



Derby City Council

Special Educational Needs & Disabilities

Insight Pack 2019/20

Produced by Derby City Public Health Department
Knowledge, Intelligence & Strategic Planning



This review has been undertaken with the support of the Corporate Core Policy & Insight Team and Education of Children in Care Team, at the request of the SEND Strategic Board.



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Executive Summary

This report presents some of the most recently published data about Special Educational Needs and Disabilities (SEND) in Derby City. It updates specific items last presented in the SEND JSNA 2016 and considers in greater depth, future projections of the total SEND population. Since the previous publication there has been considerable effort made to regularly update and present local SEND data in order to ensure that the Council and its partner agencies are able to most appropriately act to support the needs of Derby's children and young people (CYP). As such, this report does not seek to duplicate in great detail, information that is already available through other more timely sources. It does, however, recommend areas of further exploration that both the SEND Strategic and Improvement Boards may wish to prioritise a more in-depth analysis of to support their objectives.

Derby City SEND Headline

The SEND JSNA 2016 predicted a 10.4% rise in EHCPs issued between the years 2014 and 2017. The actual increase between those years was 16.4% with a further 22.7% increase between the years 2017 and 2019. It is estimated that not all children and young people in Derby with SEND requiring support have been identified.

In May 2019 Derby City Council completed a SEND Local Area Self-Assessment. It acknowledged that, like in many local areas, the introduction of the SEND Reforms in 2014 presented the local authority and its partner with many challenges. It has however, also provided considerable opportunities to review how we have been delivering our services, and what we need to do to make sure that as a local area we are meeting the needs of our children and young people and their families and carers (Walker, May 2019 edition). It was agreed that during 2019/20 the Council would focus on a small number of shared key priorities. These were presented under the themes of Identification; Assessments and meeting needs, including user experience; Supporting better outcomes, and included areas such as local area partnership working; achieving inclusive education; quality of service and experience; preparing for adulthood. More details can be found in the local area self-assessment report.

In June 2019 Derby City Council received both an inspection team led by Ofsted and the Care Quality Commission (CQC), and peer review team led by Lincolnshire County Council. Key lines of enquiry included:

- Derby City SEND Peer Review 11th and 12th June 2019 (led by Lincolnshire local authority)
 - Derby local area's approach to and provision of SEN Support/Graduated Response for children and young people who do not have an Education, Health and Care (EHC) Plan. How well is this understood by the partnership?
 - The extent to which Derby local area SEND partnership engages with its parent carers in co-production, recognising them as genuine partners in both individual cases and the wider strategic work being undertaken in the area.
 - How effectively are organisations working in partnership to deliver the SEND agenda and meet the requirements of the SEND Code of Practice: 0 – 25 Years (2015)?



- Derby City Joint local area inspection of SEND 17 June 2019 – 21st June 2019. Joint inspection led by Ofsted and CQC.
 - The effectiveness of the local area in identifying children and young people who have special educational needs and/or disabilities.
 - How effectively does the local area assess and meet the needs of children and young people who have special educational needs and/or disabilities?
 - How effectively does the local area improve outcomes for children and young people who have special educational needs and/or disabilities?
- High-level KLOEs, which HMI presented for discussion in the SEND inspection focus groups.
 - How consistent is your identification of children with Autism?
 - How consistent is identification of children with MLD, and how do you meet their needs?
 - How consistently does the area support early years?
 - How effectively do schools meet need?
 - Quality of EHCPs? Input from other agencies.
 - How effective is information to parents?
 - Meeting needs for vulnerable children?
 - Early Years – how are needs met, how effective, outcomes?
 - How effectively are young people with SEND prepared for adulthood?
 - Strategic leadership for local area

Actions and Recommendations

The following two actions are agreed and published in the Derby City Local Area Written Statement of Action (WSOA) 2019:

WSOA 1.1.1. Complete and publish an updated Local Area JSNA (this document) based on information from a number of sources including health, social care and education (updating the data from SEND JSNA 2016).

WSOA 1.1.2. Co-produce a citywide Local Area joint SEND data and quality-dashboard, which includes qualitative and quantitative information to ensure we use feedback to drive change, improve services and clearly demonstrate that we are listening.

It is further recommended that the following areas of analysis be considered:

1. Undertake a case sample audit of CYP assessed as having a primary need of Moderate Learning Difficulty. There has been a step-change in use of this category since the SEND Reforms but no clear reason why from the data available at time of producing this update.
2. Undertake a comprehensive assessment of services available to support CYP with SEND and whether there is equitability in access, support and outcomes. This should include the identification of gaps in provision, working closely with schools to determine the extent of additional services being spot purchased to meet existing needs.
3. Consider how population segmentation can support a proactive approach to targeting unmet need in 'at risk' groups of children, young people & their families.



Key findings

- Derby has a proportionally younger population than England and other Unitary Authorities. Some four in ten school children are from minority ethnic groups; proportionally more live in poverty, are at risk of family homelessness and have emotional and mental health needs. Children from poorer backgrounds are at greater risk of poorer development and the evidence shows that differences by social status emerge in early life.
- In January 2019, 16.8% of the total children and young people's population in Derby were identified as having SEND (14.9% in England) and 3.7% had an Education, Health and Care Plan (3.1% in England).
- There are estimated to be between 3,816 and 4,601 0-24 year olds with a disability in Derby – an increase of 57% since the estimates published in the JSNA 2016.
- Since the last JSNA 2016 proportionally more EHCPs have been issued to pre-school aged children, those from minority ethnic groups and to females in Derby. Primary school aged children, males and those of White ethnicity still account for the largest proportion of EHCPs.
- Unlike in England on average where Speech, Language and Communication Needs (23%) account for the most common type of primary need, Moderate Learning Difficulties represent the most common need in Derby at 28%. Similarly to England, Autistic Spectrum Disorder represents the most common type of primary need for those with an EHCP, but the proportion is considerably larger – 37% compared with 29% in England.
- The use of Moderate Learning Difficulty as a primary need in Derby seems to have increased by threefold in Primary and Secondary School settings since 2015 (coinciding with the introduction of the SEND Code of Practice and EHCP process).
- There were 444 new EHCPs made during 2018, an increase of 177 (66.3%) when compared to 2017. An anticipated 450 EHCPs are yet to be issued, which would increase the prevalence of plans to 4.8% of the total CYP population. In May 2019 there had been 123 issued during the year, with a further 282 undergoing assessment.
- There are proportionally fewer placements of children for whom the Council maintain or have commenced a new EHCP in maintained mainstream schools, compared to the national average. Proportionally more are placed in in maintained special schools and academies.
- Almost one third of EHCPs have been issued to the Mosaic population segment, 'Family Basics'; representing households often with many children living in areas of high deprivation requiring state support. The New Communities team are working with 80 children with an EHCP.
- There is a mismatch between the views of parents and practitioners about children and their parents being engaged and listened to in the support planning process. Parents should be regarded as experts and they and their children's views should be incorporated.
- 36.1% (776) of existing EHCPs have been issued to CYP regarded as being at increased need. For example, 238 children who have been placed out of area; 168 children in need; 165 young people being supported by the preparing for adulthood team, and 85 fixed term exclusions.
- Out of area placement cost over an 11 year lifetime has increased by almost £200,000 since 2016 (135%). The unit cost is now £53,375 compared with £35,544 at time of the previous JSNA 2016.



1. Introduction

1.1 Background and purpose

In early 2019 the Derby City SEND Strategic Board requested that the existing SEND HNA (Derby City Council, July 2016) be refreshed in preparation for the 2019/20 academic year. In June 2019 Derby City Council underwent a Peer Review led by Lincolnshire County Council. This identified, amongst other items, the ongoing requirement for a robust assessment of needs in all aspects of SEND provision. Furthermore, a Joint Local Area Inspection of Derby City Council led by Ofsted and the CQC also in June 2019, highlighted the effectiveness of the local area in identifying, assessing and meeting the needs of children and young people who have SEND, as a key line of enquiry. This new report therefore builds upon the original 2016 JSNA as well as a number of locally published reports and products in recent years that demonstrate the special educational needs and disabilities of children and young people from Derby, as well as the current demand for Education, Health and Care Plans (EHCPs) and patterns in primary SEND needs over recent years.

Figure 1: Chronology of recently published local SEND information and intelligence reports

Click on any of the report titles below to be taken to the publication.

<p>Disabled Children in Derby City HNA (2015)</p> <ul style="list-style-type: none"> This report described the population of children with a disability living in Derby City and projects the future population; described existing services; identified gaps; provided recommendations for further work to support the commissioning process.
<p>Special Educational Needs & Disabilities (SEN&D) HNA (2016)</p> <ul style="list-style-type: none"> This publication from Derby City Council in 2016 discussed the needs of those with SEN&D. The wider needs of this cohort are explored and services meeting their needs are discussed.
<p>Vulnerable Children and Young People HNA (2017)</p> <ul style="list-style-type: none"> This publication from Derby City Council in 2016 discusses the needs of some of our most vulnerable young groups of people. Topics include priority families; early help; child protection and looked after children; neglect; and deaths in childhood.
<p>Children and Young People's Mental Health and Emotional Wellbeing HNA (2018)</p> <ul style="list-style-type: none"> This comprehensive report was produced to inform the Local Transformation Plan (LTP) of the Future in Mind programme. It documents the mental health needs, vulnerable groups, risk and protective factors in Derby and Derbyshire, and makes recommendations in order to ensure that access.
<p>Special Educational Needs (SEN) reports in DORIS Report Library (routinely updated)</p> <ul style="list-style-type: none"> These reports are produced and updated by the Corporate Core Policy & Insight Team. They provide information about those with SEND by school and ward, and include detailed information about types of need and performance associated with the development of EHC Plans and timeliness of support.
<p>SEND Inspection Dashboard (2019)</p> <ul style="list-style-type: none"> This dashboard was produced at the request of the SEND Improvement Board. It highlights the most recent outcomes, performance and trends associated with SEND prevalence, implementation of plans, health, provision and attainment, absence and exclusions, youth services, preparing for adulthood and finance.



1.1.1 Legislation and Policy

Quick link to the Special educational needs and disability code of practice: 0 to 25 years

The SEND Code of Practice: 0 to 25 years (Department for Education & Department of Health, Special educational needs and disability code of practice: 0 to 25 years, January 2015) provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 (Legislation.gov.uk, Children and Families Act 2014, 2014) and associated regulations in England. The Code of Practice relates to children and young people with special educational needs (SEN) as well as disabled children and young people. A 'young person' in this context is regarded as being over compulsory school age (over 16) and under 25 years of age while a child is of pre-school and school age (under 16).

A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. This will include:

- 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.

Many children and young people who have SEN may have a disability under the Equality Act 2010 (Legislation.gov.uk, Equality Act 2010, 2010) – that is '...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'. This definition provides a relatively low threshold and includes more children than many realise: 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition (Legislation.gov.uk, Children and Families Act 2014, 2014).

Additional and related guidance that it may be helpful to consider includes:

- **Working Together to Safeguard Children (2013)**: Statutory guidance from the Department for Education which sets out what is expected of organisations and individuals to safeguard and promote the welfare of children
- **The Children Act 1989 Guidance and Regulations Volume 2 (Care Planning Placement and Case Review)** and **Volume 3 (Planning Transition to Adulthood for Care Leavers)**: Guidance setting out the responsibilities of local authorities towards looked after children and care leavers



- **Equality Act 2010:** Advice for schools: Non-statutory advice from the Department for Education, produced to help schools understand how the Equality Act affects them and how to fulfil their duties under the Act
- **Reasonable adjustments for disabled pupils (2012):** Technical guidance from the Equality and Human Rights Commission
- **Supporting pupils at school with medical conditions (2014):** statutory guidance from the Department for Education
- **The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005)**

1.2 Identifying children and young people's needs

Section 22 of the Children and Families Act 2014, states that local authorities must carry out their functions with a view to identifying all the children and young people in their area who have or may have SEN, or have or may have a disability. Sections 23 and 24 of the Act explain how parents, educational settings (schools and colleges) and partner agencies (CCGs and NHS Trusts) must inform the appropriate local authority if they identify a child as having, or probably having, SEN or a disability, and how local authorities may gather such information on children and young people. The Code of Practice describes how local authorities, CCGs and other partners must work together in local Health and Wellbeing Boards to assess the health needs of local people, including those with SEN or who are disabled. This overarching assessment, the Joint Strategic Needs Assessment (JSNA), informs the local Health and Wellbeing Strategy which sets priorities for those who commission services.

The JSNA is the means by which Health and Wellbeing Boards understand and agree 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 children and young people with SEND, children in 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 and how to most effectively work together across agencies towards joint outcomes. The JSNA should inform joint commissioning decisions made for children and young people with SEND, which will in turn be reflected in the services set out in the Local Offer.

The legal framework

Section 25 of the Children and Families Act 2014 places a duty on local authorities that should ensure integration between educational provision and training provision, health and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people and those with SEN. The Care Act 2014 requires local authorities to ensure co-operation between children's and adults' services to promote the integration of care and support with health services, so that young adults are not left without care and support as they make the transition from children's to adult social care.

(Department for Education & Department of Health, Special educational needs and disability code of practice: 0 to 25 years, January 2015)



Figure 2: The relationship between JSNA and the Local Offer



Key findings of the 2016/17 SEND needs assessment

- 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 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.



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

(SEND Code of Practice, Statutory Guidance, January 2015)

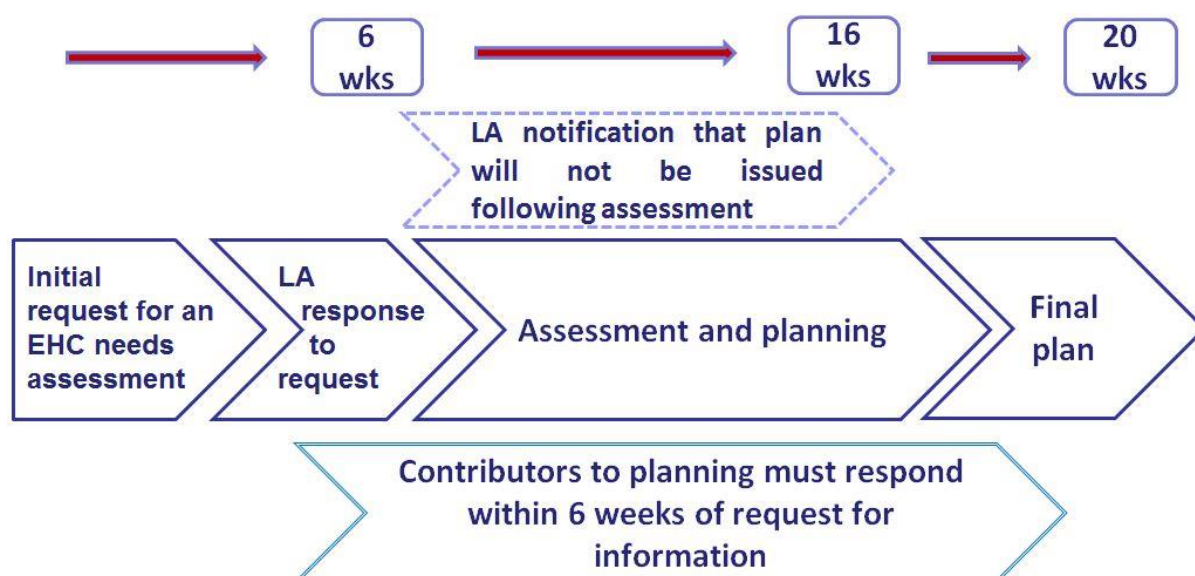
1.2.1 Education, Health and Care Plans

The 2011 Green Paper, *Support and aspiration: a new approach to special educational needs and disability* (Department for Education, *Support and aspiration: a new approach to special educational needs and disability - consultation*, 9 March 2011), proposed a new approach to joint commissioning for children with SEND. At that time, system reform was considered to be necessary because parents were not only struggling to find the services that should be helping them, but they often had to repeat their stories to different professionals across education, health and social care. The aim of the reforms that brought about the new SEND Code of Practice was to ensure that children and young people with SEND could achieve to their fullest potential through implementing a new approach to join up help across multiple agencies. Focus should be on help at the earliest opportunity, with children and young people, their parents and carers being fully involved in decisions about them.

The new requirements specified joint commissioning of services and new Education, Health and Care Plans (EHCPs) for those with more complex needs. The co-ordinated assessment and EHC planning process should:

- promote a “tell us once” approach to sharing information wherever possible;
- put children, families and young people at the centre of the process;
- have effective co-ordination between education, health and care services, with joint agreement on key outcomes;
- include consideration of a step down process for children/young people who do not have plan following assessment or who do not meet the criteria for an assessment.

Figure 3: The EHC Plan process (courtesy of Department for Education)





Replacing what were the current Statements, EHC plans are at the heart of new arrangements for those with SEND. The plan should capture:

- the child or young person's special educational needs and any health and social care needs;
- the services which the relevant commissioners intend to secure;
- the outcomes which they will aim to deliver, based on the child or young person's needs and aspirations.

Like a Statement, an EHC is a statutory document. A local authority must therefore secure the specified special educational provision for the child or young person. If the plan specifies health care provision, the responsible commissioning body – usually a CCG – must arrange the specified health care provision for the child or young person. As well as being clear, concise and accessible to multi-agencies, professionals, children and young people and their parents and carers, EHCPs much contain a checklist of the following 11 areas:

- A. Views, aspirations
- B. SEN needs
- C. Health needs
- D. Social care needs
- E. Outcomes
- F. SEN provision
- G. Health provision
- H. Social care provision
- I. Placement
- J. Personal budget
- K. Advice and information.

Deciding on shared outcomes

Local partners should identify the outcomes that matter to children and young people with SEN or disabilities to inform the planning and delivery of services and the monitoring of how well services have secured those outcomes. Outcomes refer to the benefit or difference made to an individual as a result of an intervention at three levels:

- Individual outcomes such as might be set out in an EHC plan: for example, Martha can communicate independently with her friends at playtime
- Service level outcomes: for example, paternal mental health has improved in 10 families
- Strategic outcomes: for example, there has been a 10% increase in young people supported into employment and independent living

(Department for Education & Department of Health, Special educational needs and disability code of practice: 0 to 25 years, January 2015)



1.3 Derby's SEND Local Offer

The Code of Practice places a duty on local authorities and their partner commissioning bodies to develop joint arrangements for commissioning services to improve outcomes for 0 to 25-year-old children and young people with SEND. Joint commissioning should be informed by a clear assessment of local needs and cover services for 0 to 25-year-old children and young people with SEN or disabilities, both with and without EHC plans. Services will include specialist support and therapies; speech and language; assistive technology; personal care; Child and Adolescent Mental Health Services (CAMHS) support; occupational therapy; habilitation training; physiotherapy; a range of nursing support; specialist equipment; wheelchairs and continence supplies; and also emergency provision. They may also include highly specialist services for those with severe learning disabilities. The outputs of local joint commissioning arrangements must be presented publicly in a Local Offer.

Derby's SEND Local Offer



The local offer sets out in one place, information about provision the local authority expects to be available (including what will actually be available) across education, health and social care for children and young people in their area who have SEND, including those who do not have EHC Plans. The purpose of the local offer is twofold:

1. To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it, and;
2. To make provision more responsive to local needs and aspirations by directly involving children and young people with SEND and their parents, as well as service providers in its development and review

For further information, please visit [Derby's SEND Local Offer](#) web pages.

The Local Offer should be:

- **collaborative:** local authorities must involve parents, children and young people in developing and reviewing the Local Offer, as well as co-operate with service providers
- **accessible:** the published Local Offer should be easy to understand, factual and jargon free, as well as well signposted and publicised. It should be structured in a way that relates to young people's and parents' needs
- **comprehensive:** parents and young people should know what support is expected to be available for them in education, health and social care from age 0 to 25 and how to access it.
- **up to date:** when parents and young people access the Local Offer it is important that the information is up to date
- **transparent:** the Local Offer should be clear about how decisions are made and who is accountable and responsible for them.



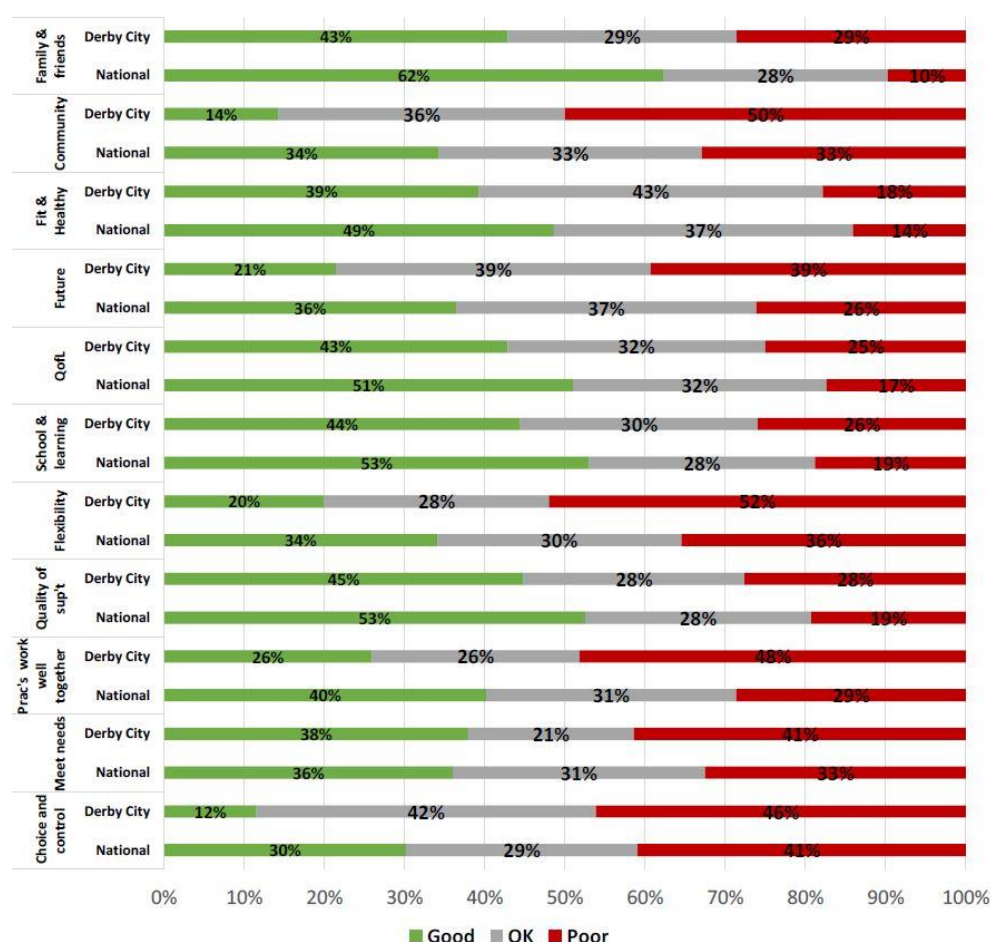
2. Engagement

2.1 The POET Survey – Parents

The POET (Personal Outcomes Evaluation Tool) Survey collects data from parents and carers of children and young people who have additional support and may have an Education, Health and Care Plan (In Control, 2019). The most recent report (July 2019) updates the previously published January 2016 data presented in the SEND JSNA 2016. In total, 31 Derby parents completed the survey on this occasion. The data is benchmarked against responses from 3,458 parents in other parts of England who have used the most recent version of POET. Results indicate that in Derby:

- Proportionally more parents are more likely to report their child needing support for Autism (31%) compared to those parents elsewhere in England (23%)
- Two per cent of parents indicated that their child had a personal budget compared with 4% elsewhere in England
- Parents from Derby were less likely to report that their child attended a special school (19%) compared to other parts of England (25%)
- Proportionally more children have a shorter duration of SEN support in Derby than reported by parents on average in England – 50% less than 6 months (45% England). This is significantly different when considering EHC plans that have been in place for less than 6 months (37% compared with 9% in England)

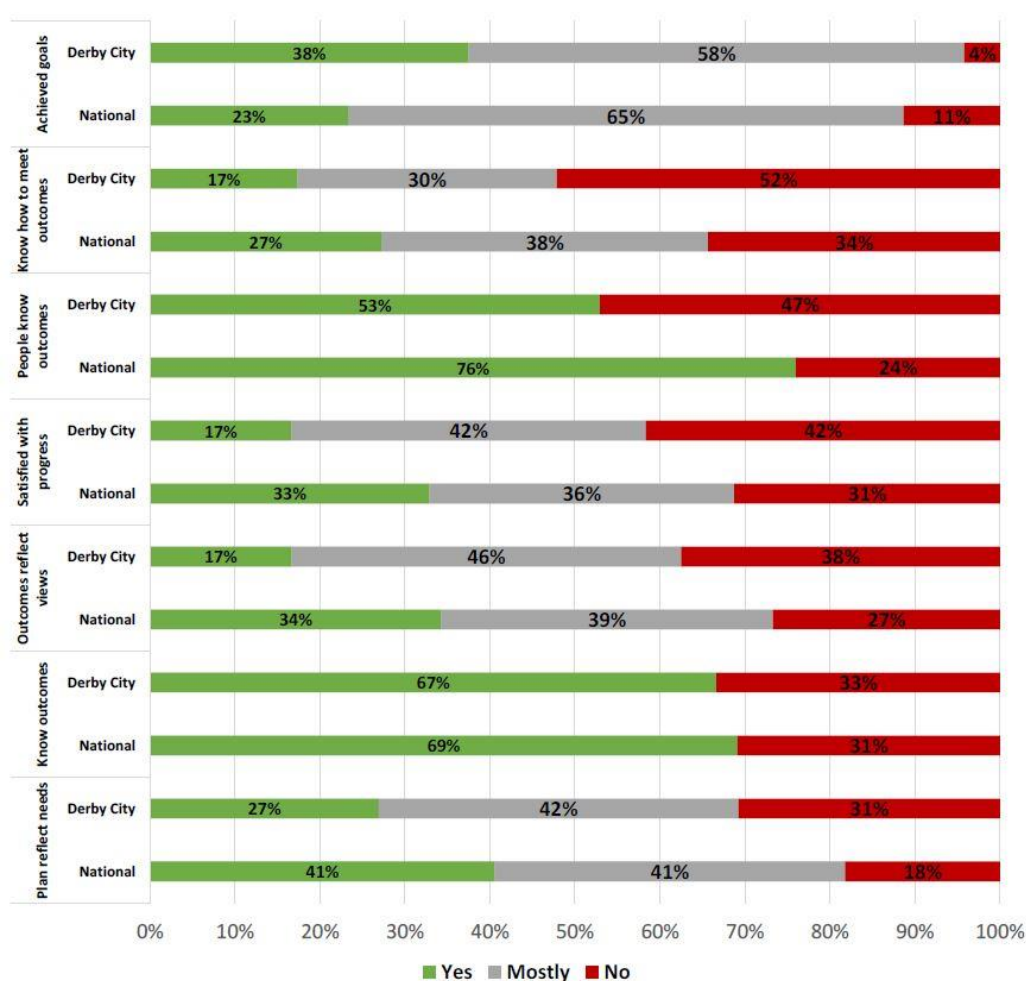
Figure 4: Experience of help and support your child receives and the impact it has had





The POET Survey asks parents whether and to what extent their views and the views of their child had been included in their support plan, and who was involved in the planning. Responses from parents from Derby were broadly similar to other areas of the country, with parents in the city less likely to report the involvement of a teacher (13%) than other areas of England (22%). Whilst proportionally more parents in Derby reflected that their full views were included in the support planning process (58% compared with 56% in England), proportionally more said that their views were not included at all (27% compared with 14% in England). For children, 35% of parents in Derby responded that their children's views were not incorporated into the planning process compared with 29% nationally. These figures suggest that proportionally less parents feel that the views of their child and themselves had been included in the support planning process, when compared to the survey results in 2016.

Figure 5: About children's outcomes



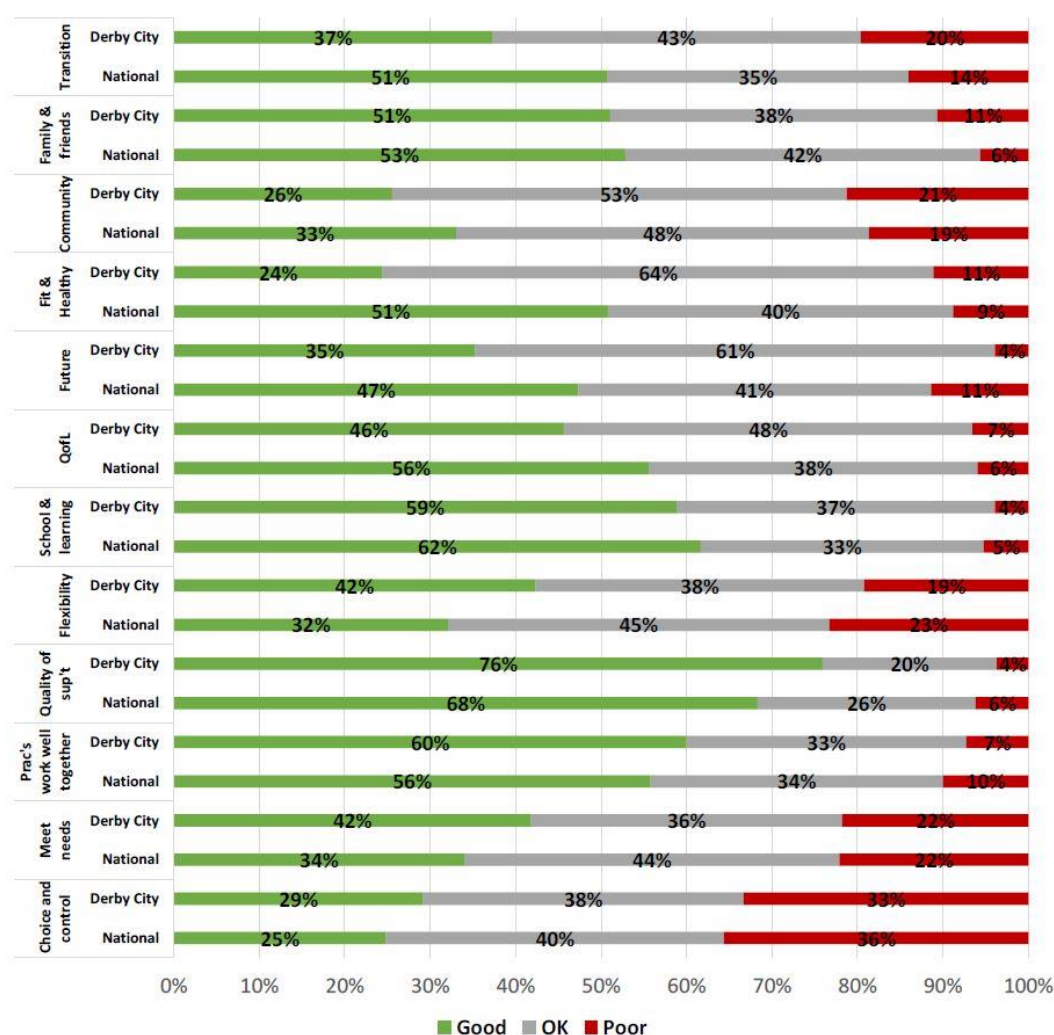
The POET Survey asked parents a series of questions about their child's outcomes, whether and to what extent they knew what outcomes were in their child's support plan, how they were progressing and if any outcomes had been achieved. Slightly more than half of parents (53%) responded that the people who support their child know what the goals are in their child's support plan, significantly less than parents from other parts of the country (76%) and just over two thirds (67%) of parents knew themselves what their child's goals were in their support plan, a slightly lower proportion compared to other parts of the country (69%).



2.2 The POET Survey – Practitioners

The POET Practitioner Survey collects data from practitioners who work with children who have additional support and may have an EHCP. Nationally, 812 practitioners completed the survey from 8 local authority areas, including 63 from Derby. Around half of the practitioners who responded to the national survey were involved mainly in providing direct support to children. Others were mainly involved either in the assessment and development of plans or management. Proportionally more respondents in Derby were working in Special Education settings (37% compared with 15% elsewhere), and with secondary school-aged children (35% compared with 25% elsewhere). From a practitioners perspective, 22% responded that the main reason why children needed support in Derby was for Autism (24% elsewhere). Seventeen percent of practitioners in Derby indicated that sensory or physical disability was a primary reason for support compared with only 10% of practitioners elsewhere.

Figure 6: How practitioners feel about the help and support children receive and the impact it has



Responses from practitioners to how they felt about the help and support available to children in their local areas was largely comparable between Derby and the other local authorities that took part in the survey. Over three quarters responded that the quality of support in Derby was high but 33% indicated that the choice and control that children and their parents/carers have over this is poor.



Parent vs Practitioner Perspectives

Of interest is the difference in response to the question of whether children and their parents/carers were involved in the SEND support planning process. Practitioners appear more confident in their assessment that they do involve them in the process with 62% and 82% responding that children's and parent's views were respectively reflected. This is compared with the 27% and 58% of responses to the same questions in the parent's survey. Other differences include that parents do not feel that teachers are involved in planning with children whereas practitioners have responded in greater proportion (13% of parents compared with 20% of practitioners). Parents also feel that more specialist roles, such as the ED specialist and SENCO are more involved in the planning with children than practitioners do. In respect of outcomes, 38% of parents surveyed in Derby felt strongly that outcomes did not reflect views, compared to 8% of practitioners in Derby. One in three parents expressed that they did not even know what the outcomes were compared to 2% of Derby practitioners, while 42% of parents were not satisfied with progress towards the stated outcomes, compared with 10% of practitioners.

(In Control, 2019)

2.3 Children and Young People

"My teachers were dismissive of my situation because they didn't know how to offer support in lessons and at points made me feel very inferior and like I was stupid. One of my teachers... categorised me as a problem child rather than a child who was ill and needed support."

(Comment from a young mental health service user in Derby, 2017)

Academic progress and achievement is strongly linked with mental health and wellbeing and indeed as set out in Chapter 6 of the SEND Code of Practice 2015, schools need to be alert to how mental health problems can underpin behavioural issues in order to support pupils effectively, working with external support where needed. To understand some of these issues from a child and young person's perspective, Derby City Council in partnership with NHS Derby and Derbyshire CCG have commissioned the social enterprise company, Leaders Unlocked, in partnership with Involve, a leading public participation charity, to roll out their MH:2K programme across Derby and Derbyshire.

MH:2K is a pioneering youth-led model for engaging young people in conversations about mental health in their local area. During 2017/18 as part of the development of the children and young people's mental health and emotional wellbeing health needs assessment commissioned by the Derby and Derbyshire Future in Mind (FiM) programme, the Derby and Derbyshire Youth Councils were engaged to help support a deeper understanding of mental health from a young persons

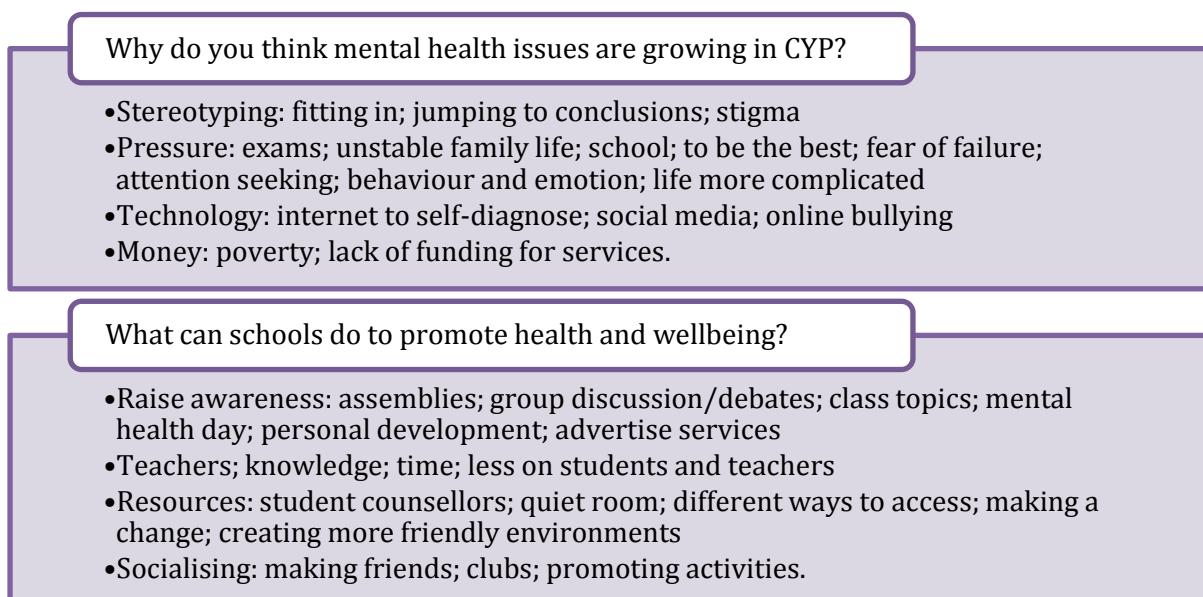


perspective, and how decision-makers can use that insight to help shape more effective solutions for prevention, support and services. The MH:2K programme will build upon this insight to specifically consider inequalities in access, support and outcomes from mental health services commissioned in our area, and will particularly focus on engaging with 'harder to reach' groups and SEND young people. The programme will run over a 9-month period from August 2019 to April 2020.

In August 2017 the Public Health Department ran a local workshop with Voices in Action. The key questions and responses from the young people representing their school, support group or youth project are outlined in Figure 7. They also stressed that our assumptions of the number of young people with mental health issues were smaller than what they actually are, as they felt that many young people would not be presenting themselves for fear of being stigmatised.

Through the process of health needs assessment associated with the FiM Programme, we were fortunate enough to engage with existing young service users. They expressed their feelings about not being able to speak up about problems at school for fear of being labelled as a "freak" or "crazy" and losing their friends. They felt that talking about mental health and other learning issues should be a normal part of the school day and readily reflected on in lessons: Its effect on a person's life; how it can affect them at school; how to notice whether someone is struggling; how to help them when they are. Many young people felt that there was either not enough of or not the right provision in schools to support their learning when they were suffering with mental illness, while others reflected on the positive impact that the growth of 'Mindfulness' is having in schools; to help relieve stress and help concentration on everyday activities and conversations.

Figure 7: Key findings from the Voices in Action workshop





What kind of therapy would work for young people?

- All preferred face to face but after building a positive relationship, would consider online/telephone support
- Important to see the same person each time
- To tell their story once.

What as a system do we need to do?

- Ensure positive social activities to help deal with mental health
- Increase awareness of mental health amongst teachers
- Improve education about mental health, including introducing 'Mental Health Day' in schools

“He [the professional] didn’t gain my trust before asking me personal question, which made me very reserved.”

(Comment from a young service user, 2017)

Nationally, almost half of young people with fewer than five GCSEs graded A*-C say that they ‘always’ or ‘often’ feel down or depressed compared with 30% of their peers with more qualifications (The Prince’s Trust, 2012). An individual’s academic achievement, however, is also reliant on their mental health. Global evidence indicates that students with frequent feelings of internalised distress (e.g. sadness or anxiety) show impaired academic performance, whilst those with externalised distress (e.g. anger or frustration) exhibit school difficulties that include learning delays, aggressive behaviour and misconduct in the classroom, and poor achievement (Roeser, Eccles, & Strobel, 1998). According to the 2015/16 national GCSE results for attainment of five A*-C grades (including English and Maths), young people in Derby achieve the lowest proportion when compared with all other upper tier Local Authorities in England.

Risk factors for mental health will largely indicate circumstances that may severely challenge a child’s mental and emotional wellbeing, rather than predict whether or not an individual child will develop a mental health difficulty. It is also important to recognise that young people will react and cope differently to risk, so individualistic approaches to responding will be necessary. The results of a recent school survey of 1,573 year 7 children within 15 schools in Derby highlighted some of these risks (Raju, 2016). Emotional wellbeing was a key focus of the survey and young people were asked to response specifically to two questions:

1. What do you worry about?
2. What would you like to change about yourself?

The headline results are outlines below and further details can be found in the [Children and Young People’s Mental Health and Emotional Wellbeing health needs assessment](#).

**School survey headlines:**

- Pupil worries can largely be grouped into the following four interconnected sub-themes, representing current and future concerns:
 - Feeling different; External circumstances; Adjusting to adult life; School/extra-curricular performance
- There were many similarities between the worries of male and female pupils, but with subtle differences in the questioning of 'sense of self'
- Girls were significantly more likely to want to change something about themselves
- Desired levels of self-change stemmed from a complex interaction between the following sub-themes:
 - Appearance; School/extra-curricular activities; Emotional wellbeing; Physical health

For Derby practitioners working with children and young people with SEND, a set of engagement tools have been developed in collaboration with the Parents/Carers Together Forum that are intended to:

- Enable the child or young person to have a voice which is listened to and acted upon
- Enable the child or young person to give their view on the support they receive
- Enable the child or young person to identify what help they would like and who from
- Enable the child or young person to identify and share what is important to them
- Enable practitioners to build positive relationships and gain a better understanding of the child or young person to best support their needs
- Enable the child or young person to give their views on actions for change
- Enable the child or young person to review what has worked or not worked for them
- Improve outcomes and evidence what differences listening to the child or young person has made.

There are three different tools:

1. All About Me – to get to know different aspect of the child or young person
2. 3 Islands – if you have any safeguarding concerns
3. Improvement Ladder – to discuss improvements and change



3. Children and young people's population and outcomes

The 2019 child health profile for Derby produced by Public Health England (PHE) demonstrated that, overall, comparing local indicators with the national average, the health and wellbeing of children in Derby is worse than England. Derby has a proportionally younger demographic than England and other Unitary Authorities, such as Nottingham and Leicester. Some four in ten (41.6%) school children are from minority ethnic groups compared to 24.6% average in the East Midlands and 32.3% in England. More young people have emotional and mental health needs and one in five under the age of 16 live in poverty. Life expectancy at birth for boys and girls is below average.

Table 1: The child population in Derby (PHE, Child Health Profile, 2019)

	Local	Region	England
Live births (2017)	3,184	52,041	646,794
Children aged 0 to 4 years (2017)	17,100 6.6%	276,100 5.8%	3,384,900 6.1%
Children aged 0 to 19 years (2017)	66,500 25.9%	1,109,800 23.3%	13,169,100 23.7%
Children aged 0 to 19 years in 2027 (projected)	69,200 25.7%	1,169,500 23.2%	13,904,800 23.7%
School children from minority ethnic groups (2018)	17,117 41.6%	166,999 24.6%	2,544,753 32.3%
School pupils with social, emotional and mental health needs (2018)	1,137 2.7%	15,583 2.2%	193,657 2.4%
Children living in poverty aged under 16 years (2016)	21.0%	16.6%	17.0%
Life expectancy at birth (2015-2017)	Boys 78.5 Girls 82.7	79.4 82.9	79.6 83.1

Children and young people in the city face a number of challenges as they grow and develop, and transition into adulthood. Proportionally more than average will live in families on a low income, in poverty and at risk of family homelessness. Almost 500 children and young people went into care during 2018, the largest number in a single year for at least the last eight years. Whilst Derby has seen its reductions in first time youth offending, as a city we still sit in the bottom 25% of all local authorities for rate of first-time entrants to the youth justice system. The rate of under 18 conceptions also continues to decline but there are still approximately 100 births to teenage mothers in Derby each year. Rates of smoking during pregnancy and breastfeeding at birth, two of the most fundamental factors in ensuring the best start to a child's life, are significantly poorer than the national average and worsening in recent years.

School readiness is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge in early life. In Derby, the proportion of children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) has been increasing each year – from 40.9% in 2012/13 to 69.5% in 2017/18 – but is still significantly below the national average of 71.5%. Attainment 8 (GCSE) performance in Derby improved between 2016/17 and 2017/18 but is still significantly below the national average. Derby is ranked 12th Local Authority in England for lowest average performance. The following pages highlight over several PHE profiles, further outcomes for children and young people in Derby.



Figure 8: PHE Child Health Profile

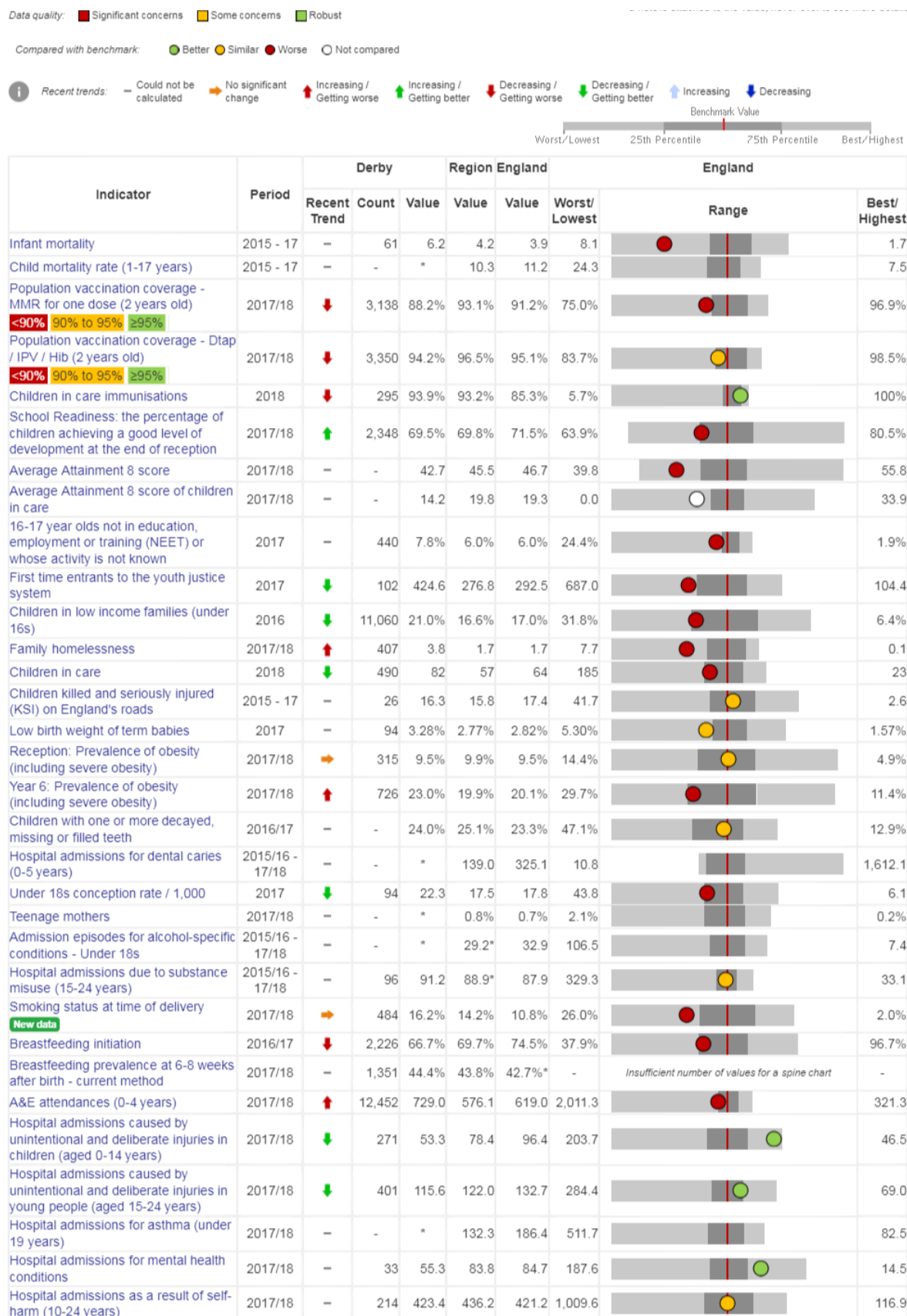




Figure 9: PHE Early Years Profile

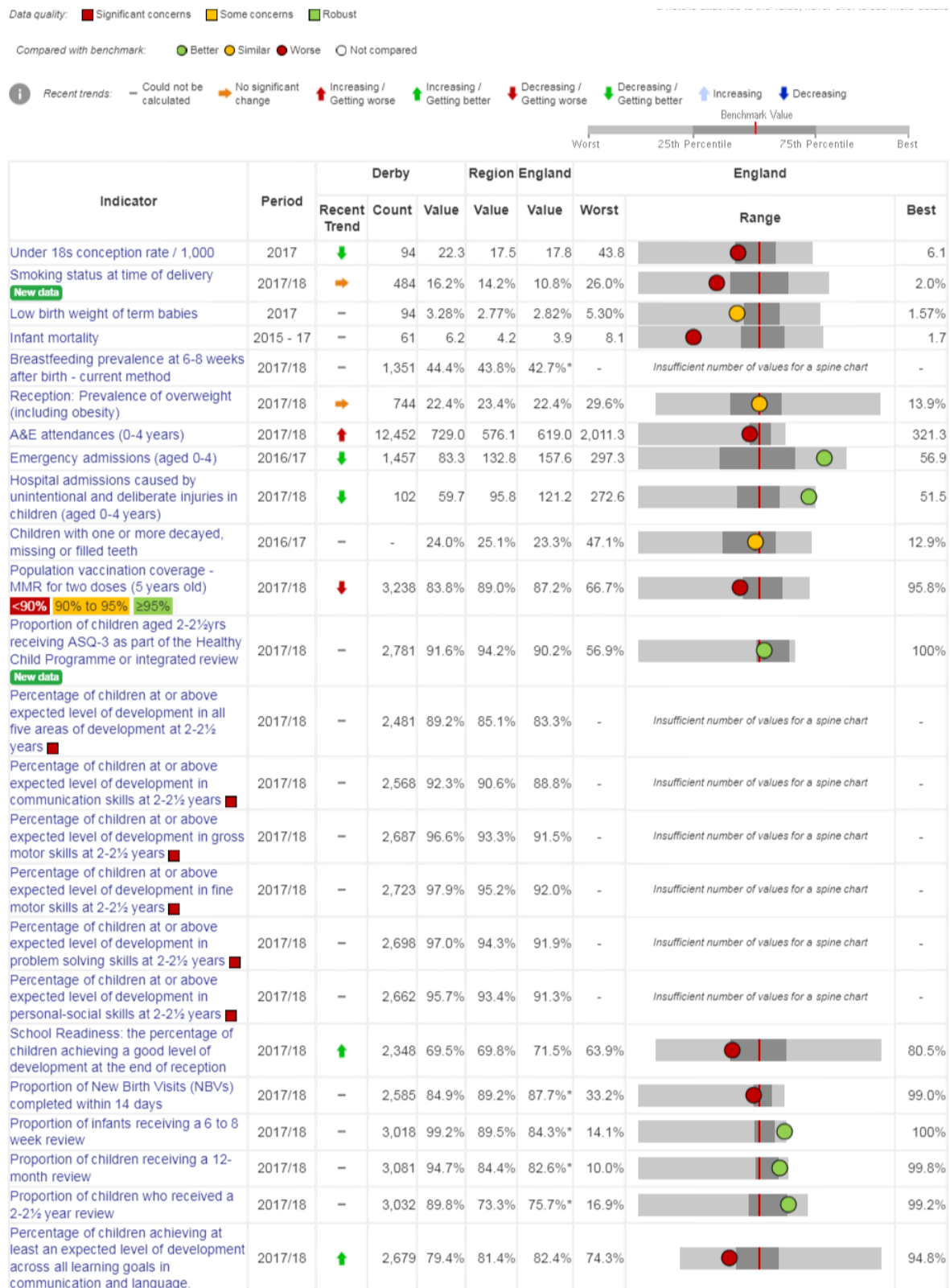




Figure 10: PHE School-aged Children Profile

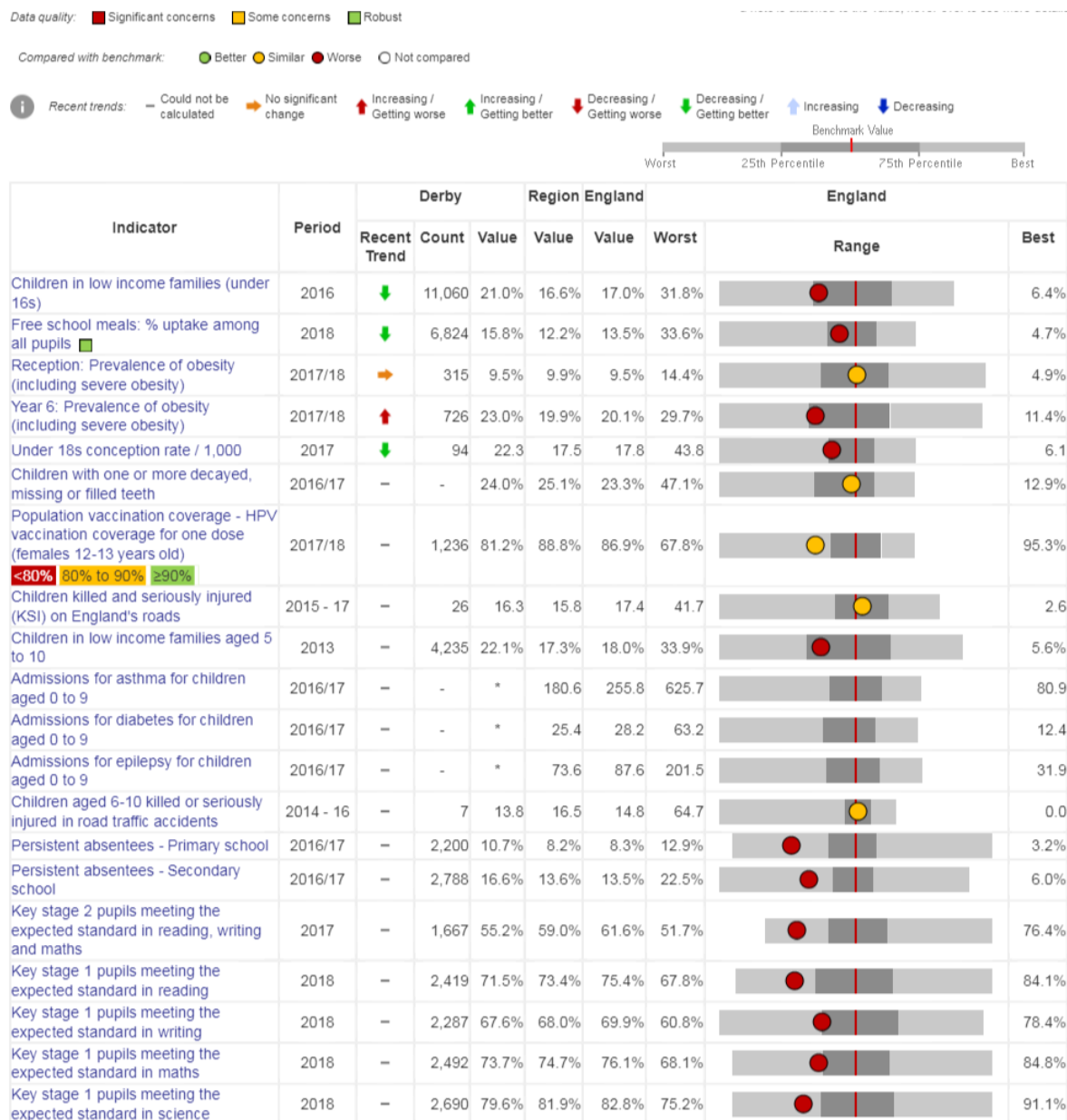




Figure 11: PHE Young People Profile

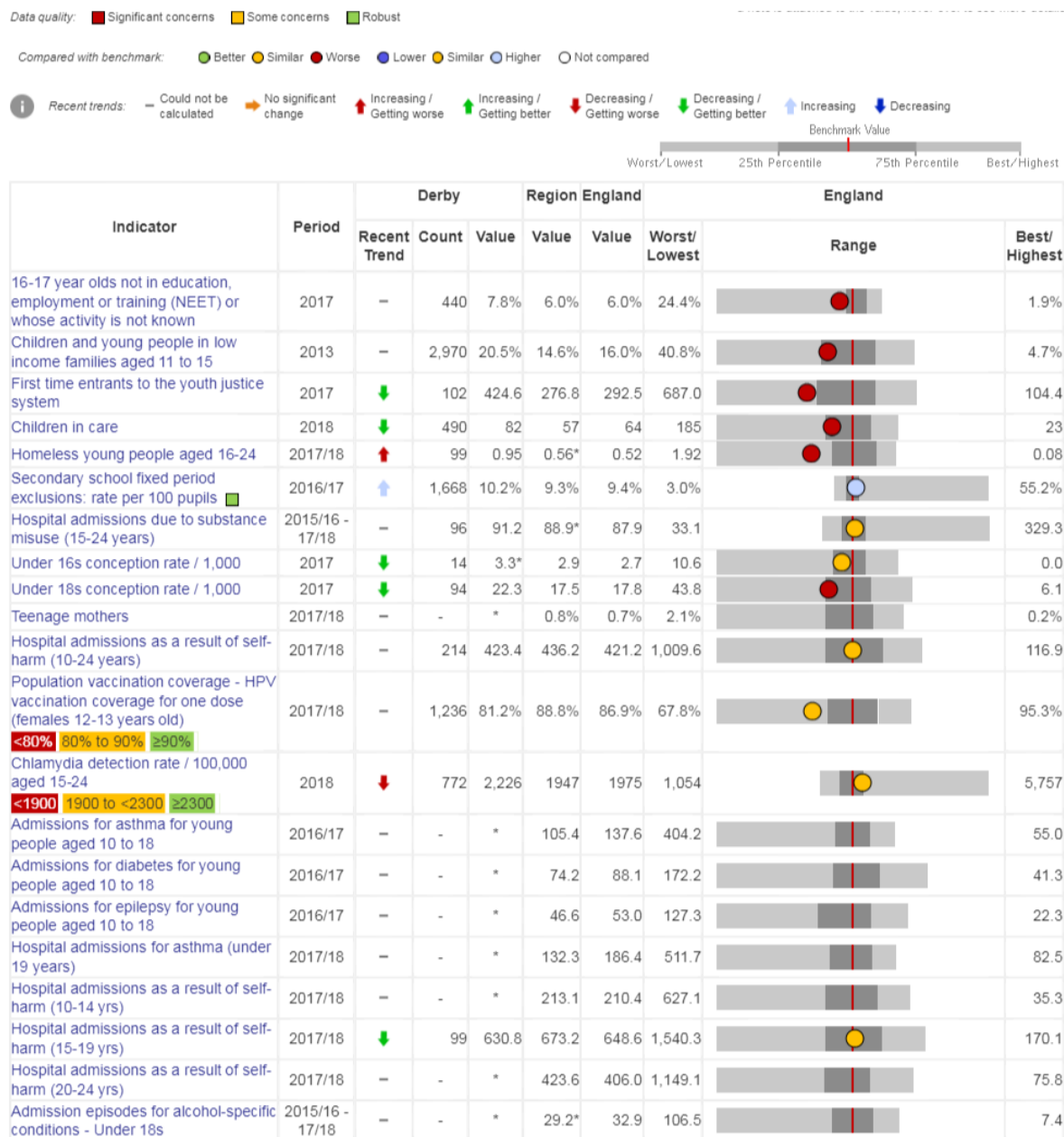




Figure 12: PHE Health Behaviours in 15 year olds Profile

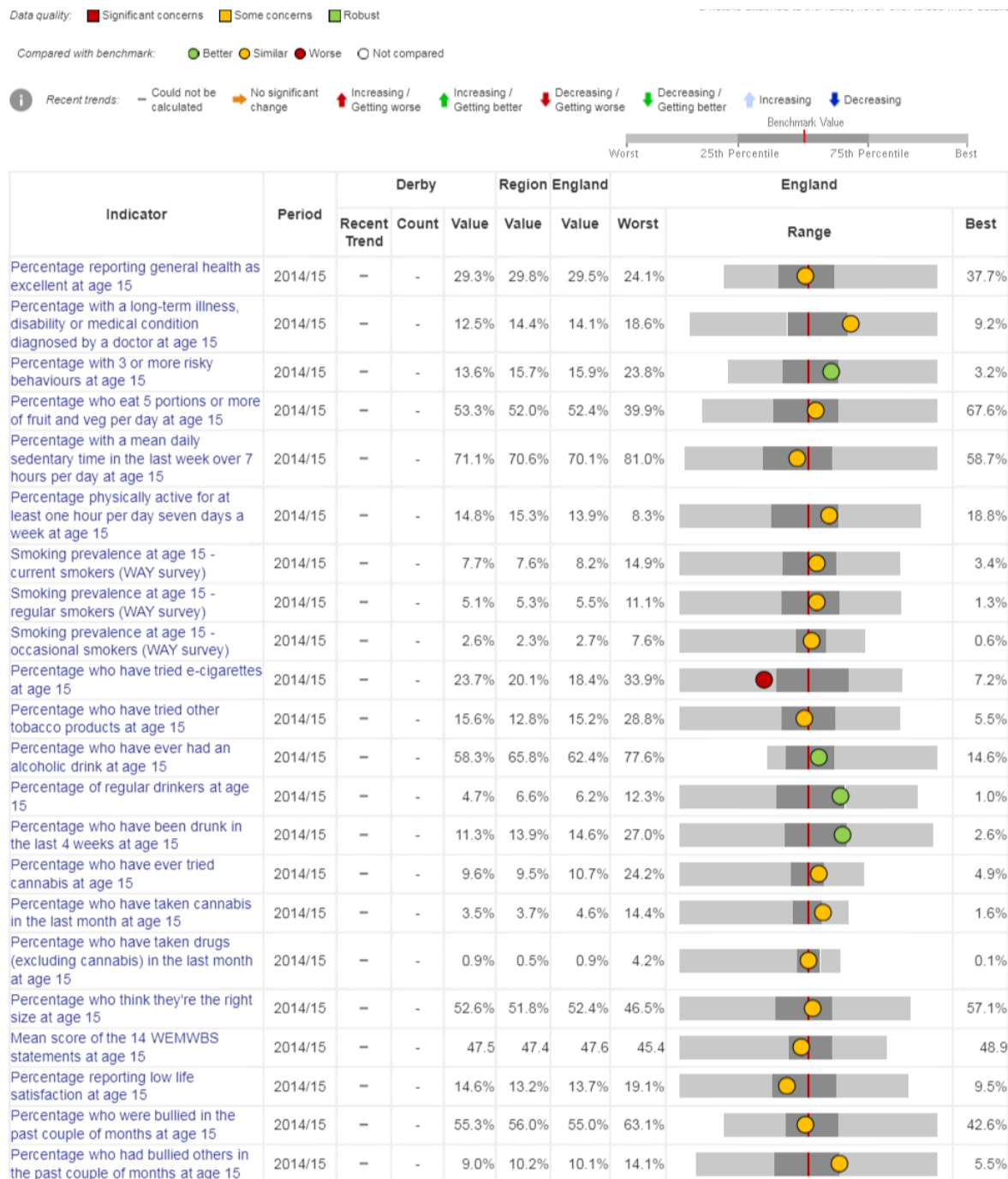




Figure 13: Vulnerable Children and Young People Profile





3.1 Health and wealth across the life course

Children growing up in wealthy households are more likely to have access to the building blocks which generate good educational outcomes, employability and an adequate income to support families of their own. Conversely, children growing up in poverty and disadvantage are at greater risk of Adverse Childhood Experiences (ACEs) and are more likely to struggle at school and leave without GCSEs, contributing to disadvantage in adulthood and difficulties affecting their own children's future.

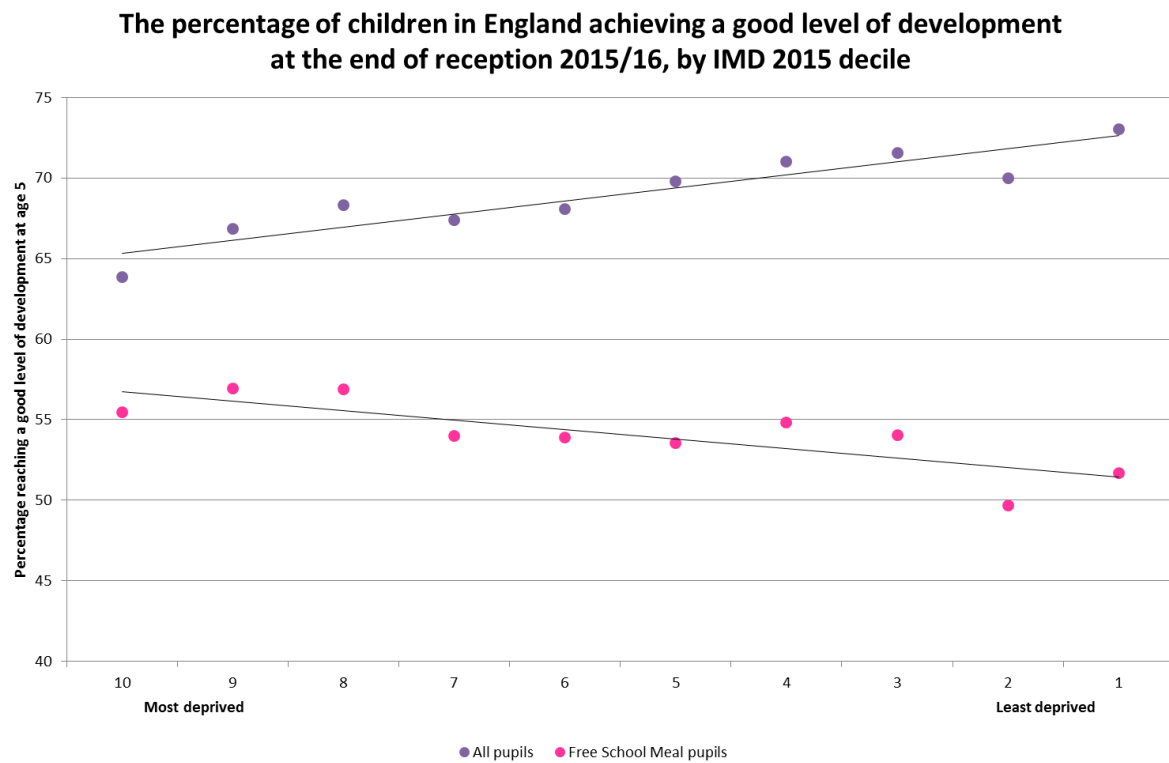
All children are born ready and eager to learn and develop and it is important that they are given opportunities to make the best start to life. The vast majority of infants and pre-schoolers will pass successfully through transient periods as part of normal child development. However, some children will get stuck in negative patterns of relating to the world around them which can be distressing for both the child and parent/carers (Khan, 2016). Between the ages of 2-5 years, poor child development, mental health or neurodevelopmental difficulties (e.g. attention deficit hyperactivity disorder and autism) tend to be identified through tracking Early Years developmental milestones and/or the persistence of severe difficulties. Through use of this framework approach the stages that our children are anticipated to reach by certain months of their young lives can be monitored, and offer indications of potential issues at the population level where additional support or national adaptation of policy may be required.

Recent analysis from the UCL Institute of Health Equity and Professor Sir Michael Marmot, has highlighted inequality in the level of development at end of reception year between all pupils and those eligible for free school meal (FSM) status (Marmot, Donkin, & Goldblatt, 2017). FSM pupils are considered to be a more vulnerable group though not necessarily in poverty (Montemaggi, Bullivant, & Glackin, 2017). Nonetheless, as Figure 14 highlights, the most deprived FSM pupils in England seem to have a greater level of development at age 5 than FSM pupils in some of the country's less deprived areas. This is a mirror image of the general trend and what would perhaps be expected for all pupils; where the better levels of development are found in pupils living in less deprived areas. This may be highlighting a more intense resourcing and delivery of services at a scale disproportionate to the level of need, and perhaps at the expense of vulnerable pupils with greater needs but living in less deprived areas.

At a meeting of Derby Voices in Action Youth Council in March 2019 the group considered what more education, health and leisure services could do to support children and young people living in poverty to access the same opportunities as their peers. Feedback associated with practitioners included that they could be less judgemental and more understanding, offer more encouragement to thrive and achieve in education, ensure more focussed support to those who require it during the school day, and provide better access to health services including counselling. The group suggested that young people could do more to support their friends in disadvantage by encouraging inclusion and genuinely asking how they are; becoming mentors/coaches and offering a positive support system within school, and generally being more open about issues that their friends may be facing.



Figure 14: Inequality in level of development at end of reception school year

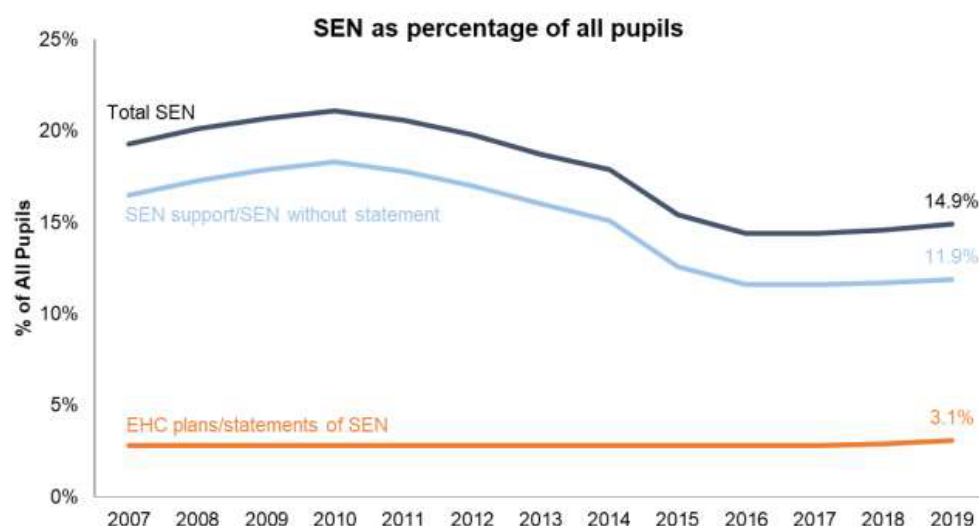




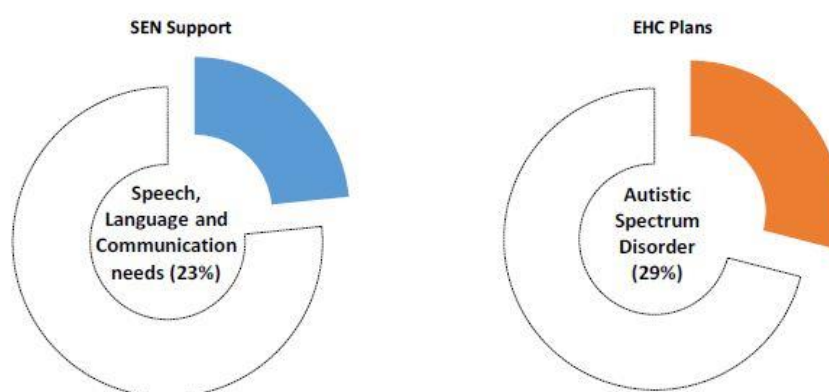
4. Special educational needs in England

In England, 14.9% of all pupils had special educational needs in January 2019, with 3.1% of all pupils having an Education, Health and Care Plan.

Figure 15: Trend in SEN in England



The number of pupils with special educational needs (SEN) has increased for a third consecutive year to 1,318,300 in January 2019, representing 14.9% of the total population. This has primarily been driven by increases in both the number of pupils with an EHCP and with SEN support, for which the most common types of primary need are Autistic Spectrum Disorder (29%) and Speech, Language and Communication needs (23%) respectively.

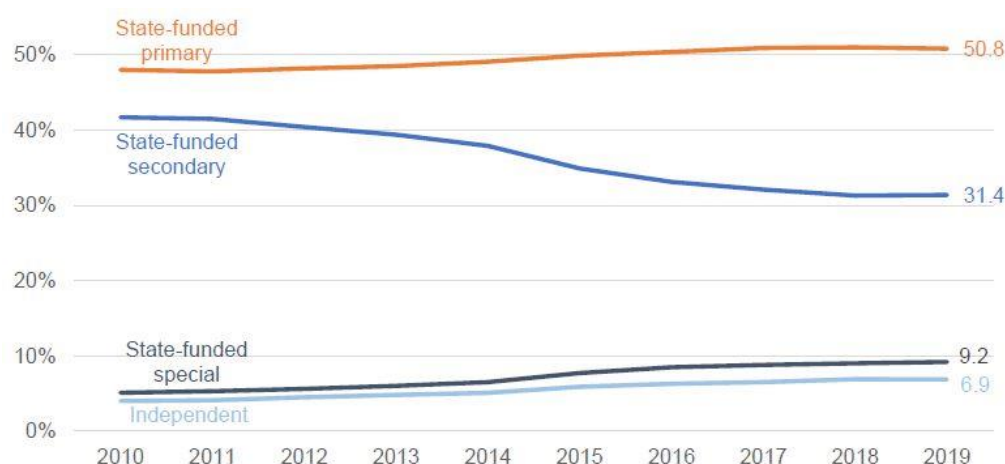


In state-funded primary schools the number of pupils with SEND has increased by 3% while the population has remained fairly steady. As a result, the incidence of SEN has increased slightly to 14% of all pupils. Pupils with SEN in state-funded primary schools make up 51% of all pupils with SEN, while in state-funded secondary schools it is 31%; state-funded special schools it is 9%; pupil referral units it is 1%; independent schools it is 7%. For those with an EHCP, the percentage attending state-funded special schools and independent schools has decreased to 44% and 6% respectively. The



percentage of pupils with SEN support attending state-funded primary schools has decreased slightly to 57% while in secondary schools the proportion has increased to 34.2%.

Figure 16: Placement of pupils with SEN has changed over the past ten years

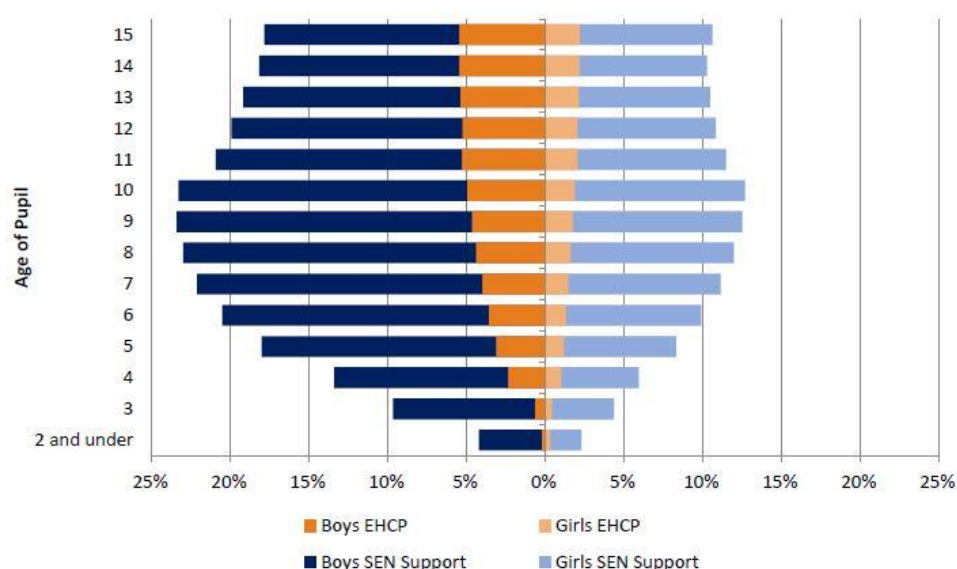


Source: School Census and School Level Annual School Census 2010-2019

Special educational needs remain more prevalent in boys than girls with 4.4% of boys and 1.7% of girls having an EHC plan. Boys were almost twice as likely to be on SEN support – 15% compared to 8% of girls. By age, SEN is most prevalent among boys at age 9 and for girls at age 10. As age increases the percentage of pupils with EHC plans also increases up to the age of 16, where nearly 4% of pupils have an EHC plan.

Figure 17: Prevalence of EHC plans increases as age increased for both genders

State-funded primary, secondary and special schools, England, January 2019



Source: School Census 2019

[For more detailed information, see the Department for Education 'Special educational needs in England: January 2019' National Statistics publication \(4 July 2019\)](#)



4.1 SEND headlines for Derby

Between the last JSNA 2016 and this current publication there have been proportionally more EHCPs issued to pre-school aged children, those of mixed and multiple ethnicities as well as Black children and young people, and to females in Derby.

Conversely to the situation in England in total, the number of children and young people with SEND in Derby decreased in January 2019 to 16.8% of the total population. Prevalence of EHCPs increased to 3.7% (1,653) from 3.3% (1,478) in 2018, while the total number with SEN support decreased to 13.1% (5,886) from 13.9% (6,150) in 2018. For those with SEN support, unlike in England, Moderate Learning Difficulties represent the most dominant primary need at 28% (20% in England) of the entire cohort, while similarly to England, Autistic Spectrum Disorder represents the most prevalent primary need for those with an EHCP at 37% (29% in England). Moderate Learning Difficulties had previously been the most common primary need in England but this has reduced overall while in Derby, it's use has increased.

The figures below present the changing demographic profile of issued EHCPs between the previous SEND 2016 JSNA (using 2015 data) and this most recent publication using data to May 2019. It should be noted that the most recent figure of 2152 EHCPs also includes those that were converted from Statements. As highlighted, over the last few years whilst the largest number of EHCPs are still issued to those aged 5-14 years, of a White ethnicity and predominantly male; there has been growth in EHCPs issued to those of a pre-school age, of mixed or multiple ethnicity as well as Black children and young people, and females.

Table 2: Changing profile of newly issued EHCPs by Age Group

Age Group	Actual no. EHC Plans issued					Undergoing Assessment	June-Dec Expectation	2019 Full Year Prediction	% diff 2018 - 2019	No. diff 2018 - 2019
	2015	2016	2017	2018	2019 (Jan - May)					
0-4			4	22	20	58	35	113	414.0%	91
5-9	9	29	121	172	43	118	75	236	37.5%	64
10-14	7	18	108	170	43	82	75	200	17.9%	30
15-19	6	22	41	64	17	24	30	71	10.7%	7
20+			3	5		2	0	2	-60.0%	-3

Table 3: Changing profile of newly issued EHCPs by Gender

Gender	2015		2019		difference	
	No.	%	No.	%	No.	%
Male	974	72.5%	1548	71.9%	574	-0.7%
Female	370	27.5%	604	28.1%	234	2.0%
Total	1344		2152		808	



Table 4: Changing profile of newly issued EHCPs by Ethnicity

Ethnicity	2015		2019		difference	
	No.	%	No.	%	No.	%
White	859	63.9%	1434	66.6%	575	4.3%
Mixed / multiple ethnic groups	83	6.2%	223	10.4%	140	67.8%
Asian / Asian British	188	14.0%	277	12.9%	89	-8.0%
Black / African / Caribbean / Black British	35	2.6%	64	3.0%	29	14.2%
Other ethnic group	18	1.3%	26	1.2%	8	-9.8%
Information Not Yet Obtained	161	12.0%	123	5.7%	-38	-52.3%
Refused	-	-	5	0.002323	5	-
Total	1344		2152		808	

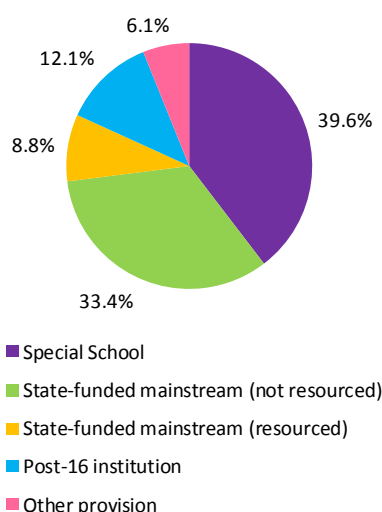
Key Points from the SEN2 Spring 2019 return (as of Jan. '19)

- There were 1,895 EHC plans maintained by the LA – a percentage increase of 12.6% between 2018 and 2019 (10.7% nationally)
- There were 444 new EHC plans made during 2018 – an increase of 177 (66.3%) when compared to 2017 (16% nationally and 17% amongst comparator LAs)
- Placement of children for whom Local Authorities maintain a statement of special educational needs (SEN) or EHC plan was as follows:
 - 15.1% attended a LA maintained mainstream school (18.2% nationally),
 - 33.0% attended LA maintained special schools (23.7% nationally)
 - 18% attended academies (14.5% nationally)
 - 6% attend a resource provision in a LA mainstream maintained school (1.8% nationally)
 - The remaining 27.8% of children and young people attended other establishment types or were educated through other arrangements
- Placement of children with a new statement of SEN or EHC plan was as follows:
 - 31.8% of all new plans issues during 2018 were for children in LA maintained mainstream schools (37.7% nationally)
 - 19.8% attended LA maintained special schools (12.8% nationally)
 - 26.6% attended mainstream academies (22.3% nationally)
- Children aged 11-15 years accounted for the largest percentage with EHCPs (39% in Derby and 36% nationally)
- Resourced provision in maintained mainstream schools has reduced to 6% from a high of 17% in 2014 (1.8% in England and 2.2% amongst comparator authorities)
- There were 24 personal budgets in plan for EHCPs issued or reviewed during 2018 in Derby compared to average 72 across comparator local authorities
- There were 41 mediation cases held in 2018 of which 21 (51.2%) were followed by appeals at tribunal (26.4% nationally and 24.6% amongst comparators)

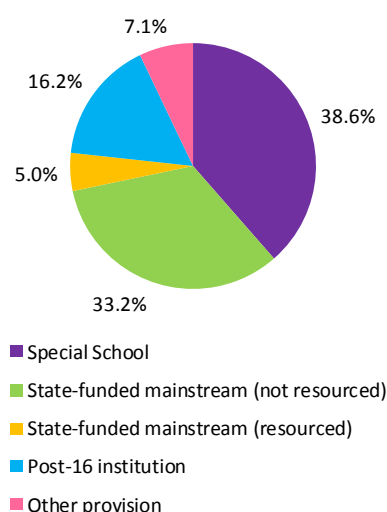


Figure 18: Provision for those with an EHCP

% of EHCPs in Derby



% of EHCPs in England



In Derby, 39.6% of EHCPs are provided support in special school settings (38.6% nationally). Provision for those with an EHCP in state-funded non-resourced mainstream settings is comparable to the national average while in resourced settings there are proportionally more children – 8.8% in Derby compared with 5% nationally. There are proportionally less young people with EHCPs in post-16 institutions. Looking geographically by Ward in Derby, 17.6% of children and young people in Chaddesden have SEND support in place with a further 3.7% with an EHC plan. This is compared with 7.2% with SEND support and 2.2% with an EHCP in Allestree. The greatest proportion of EHCPs are found in Derwent Ward at 5.2%.

Table 5: SEND children and young people by Ward

ward	SEND stage K (SEND support)		SEND stage E (EHC plan)		no SEND	
	number of pupils in ward	% of ward	number of pupils in ward	% of ward	number of pupils in ward	% of ward
Abbey	312	14.9	64	3.1	1,712	82.0
Allestree	116	7.2	36	2.2	1,457	90.6
Alvaston	416	15.3	99	3.7	2,196	81.0
Arboretum	526	13.7	137	3.6	3,163	82.7
Blagreaves	231	11.9	64	3.3	1,641	84.8
Boulton	391	16.0	110	4.5	1,947	79.5
Chaddesden	380	17.6	80	3.7	1,704	78.7
Chellaston	230	8.6	71	2.7	2,370	88.7
Darley	125	9.0	37	2.7	1,234	88.4
Derwent	397	14.3	144	5.2	2,244	80.6
Littleover	219	8.6	63	2.5	2,279	89.0
Mackworth	416	19.1	102	4.7	1,662	76.2
Mickleover	203	13.3	62	4.1	1,261	82.6
Normanton	675	15.6	119	2.7	3,543	81.7
Oakwood	175	11.8	54	3.6	1,257	84.6
Sinfin	555	15.7	126	3.6	2,849	80.7
Spondon	203	12.3	58	3.5	1,383	84.1
Derby ward total	5,570	13.6	1,426	3.5	33,902	82.9
pupils living outside Derby but attending Derby	180	8.3	88	4.0	1,908	87.7
invalid postcodes	62	11.4	16	2.9	467	85.7
Pupils attending Derby schools total	5,812	13.3	1,530	3.5	36,277	83.2



Figure 19: Number of SEN cases with Education, Health and Care Plans, by LSOA (July 2019)

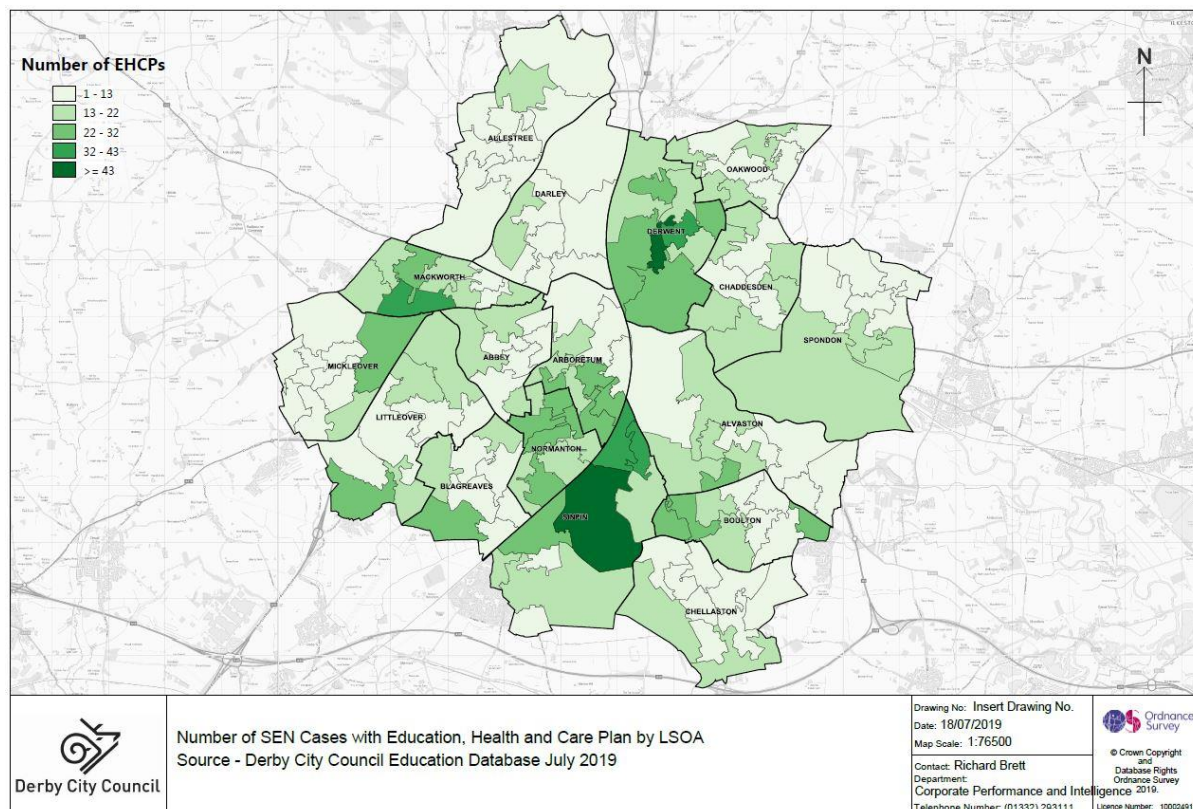
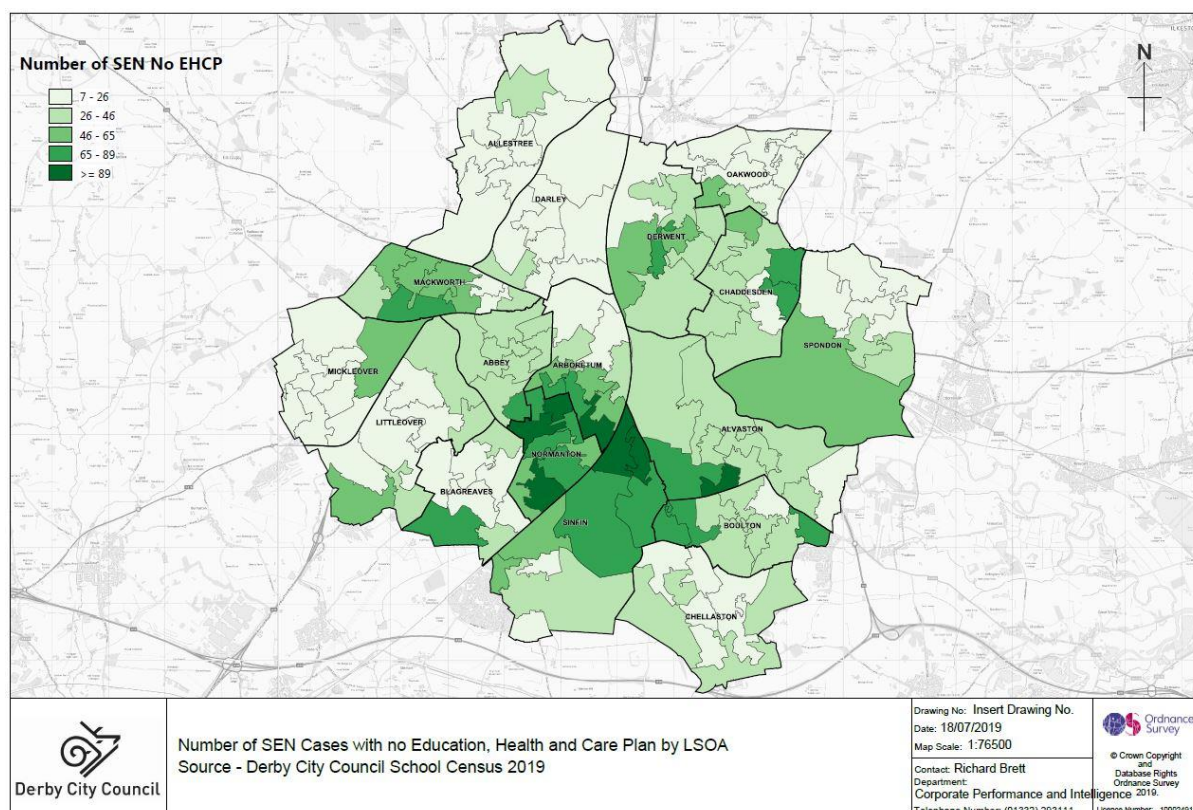


Figure 20: Number of SEN cases with no Education, Health and Care Plans, by LSOA (July 2019)





4.1.1 Disabled children

Estimates constructed in 2014 suggested that there were between 1,629 and 2,932 children and young people (0-24 years) living with a disability in Derby. More recent estimates suggest that this figure could now be between 3,816 and 4,601. Applying the Family Resources Survey (FRS) methodology to the local population suggests that 7,356 children and young people have a disability in the city, which is comparable with the total SEND population known to Derby City Council.

In 2014 a local health needs assessment for disabled children in Derby City was published by the Public Health Department. It was a collaborative piece of work with multiple stakeholders from both inside and out of Derby City Council to illustrate the breadth of the disabled population; including trend and projections, specific needs and provision to support, and feedback from parents and professionals. The estimated number of disabled children and young people in Derby was calculated using a methodology applied by the Institute of Education (Mooney A et al, 2008) that provided lower and upper bounds based on the national mean percentage of disabled children in England – between 3.0% and 5.4%.

Thomas Coram Research Unit (TCRU)

Applying the same methodology to the most recent children and young people's population in Derby suggests that between 2,556 and 4,601 individuals are experiencing some form of disability.

Table 6: Thomas Coram Research Unit methodology for estimating number of CYP with disabilities (2018)

	2018 mid-year population estimate (0 – 24 years)	Lower bound (n)	Lower bound (%)	Upper bound (n)	Upper bound (%)
Derby (0 – 15 years)	53,993	1,620	3.0	2,916	5.4
Derby (16 – 24 years)	31,202	936	3.0	1,685	5.4
Derby (0 – 24 years)	85,195	2,556	3.0	4,601	5.4

In 2014 the estimates for children and young people experiencing some form disability were between 1,629 and 2,932. The 2018 estimates therefore indicate a significant rise in line with growth in the 0-24 year old population. However there are several sources which provide varying prevalence estimates of the number of children with disabilities. Two alternative sources to the Thomas Coram Research Unit estimates include the Census and the Family Resources Survey.



Census – Limiting long-term health problems and disabilities

The last Census, conducted in 2011, recorded the population which reported having a long term health problem or disability which limits daily activity. The Census recorded that 3,777 children and young people in Derby have a long-term health problem or disability where day-to-day activities are limited a lot or a little. This equates to a prevalence of 4.5% which falls within the limits of the TCRU methodology. If this prevalence has remained unchanged it would suggest that there are 3,817 children and young people who are living with a long-term health problem or disability limiting day-to-day activity. Where such conditions were self-reported to be limiting daily activities a lot, this would in 2018 have represented a cohort of 1,474 (1.7%) children and young people in Derby.

Table 7: Long-term health problem or disability recorded in Census 2011

Population	Day-to-day activities limited a lot	Day-to-day activities limited a little	Total population in 2011 Census
Derby all ages (n)	20,608	23,979	248,752
Derby all ages (%)	8.3	9.6	100.0
Derby 0-24 ages (n)	1,460	2,317	84,380
Derby 0-24 ages (%)	1.7	2.7	100.0

Family Resources Survey

The [Family Resources Survey](#) is an annual report on the incomes and living circumstances of households and families in the UK. The survey collects respondents information on: incomes; housing tenure; caring needs and responsibilities; disability; housing expenditure; education; pension participation; childcare; family circumstances; child maintenance. The 2017/18 financial year findings are derived from interviews with 19,000 households. Information on children in the household is collected by proxy from a responsible adult. Interviews are conducted with all adults aged 16 and over, except those aged 16 to 19 who were classed as dependent children. Key findings include:

- FRS disability definition: “A person is considered to have a disability if they have a physical or mental impairment that has ‘substantial’ and ‘long term’ negative effects on their ability to do normal daily activities. This is the core definition of disability in Equality Act 2010.”
- The percentage of people reporting a disability varied by age:
 - State Pension age adults – 44%
 - Working-age adults – 18%
 - Children – 8%
 - Disability prevalence increases with each age group.
- 21% (13.3 million) of people reported a disability in 2017/18. The proportion has increased over the last ten years, from 18% (10.9 million) in 2007/08.
 - Part of the increase in the last ten years has been from the reporting of children (6% to 8%) with a disability.



- Disability prevalence for all ages varies by region between 25% in the North East and 13% in London. In the East Midlands 22% report a disability which is slightly greater than the UK (21%) and England (20%) prevalence.
- Compared to adults, children have a greater proportion of learning (36%) or social / behavioural (43%) impairments. A number of the impairment types within this survey correspond with the primary assessed needs of SEND.

Table 8: Derby City disability estimates derived from the FRS

Age	National prevalence	Derby population (mid-year 2018 population estimates)
0 - 4	3	500
5 - 9	8	1,431
10 - 14	9	1,483
15 - 19	11	1,723
20 - 24	12	2,219
0 - 24		7,356

Table 9: National impairment type for children from FRS applied to Derby estimated disabled population (n = 7,356)

Impairment type	Children	Derby disabled CYP population estimate (0 - 24 years)
Mobility	19	1,398
Stamina /breathing /fatigue	24	1,765
Dexterity	11	809
Mental health	23	1,692
Memory	11	809
Hearing	8	588
Vision	9	662
Learning	36	2,648
Social /behavioural	43	3,163
Other	18	1,324



5. Predicting need for services

The SEND JSNA 2016 predicted a 10.4% rise in EHCPs issued between the years 2014 and 2017. The actual increase between those years was 16.4% with a further 22.7% increase between the years 2017 and 2019.

The SEND Code of Practice statutory guidance suggests that to inform commissioning decisions, partners should draw on a range of data about the likely education, health and social care needs of children and young people with SEND (Department for Education & Department of Health, Special educational needs and disability code of practice: 0 to 25 years, January 2015). Sources could include:

- population and demographic data;
- prevalence data for different kinds of SEN and disability among children and young people at the national level;
- numbers of local children and young people with EHC plans and their main needs;
- use of out-of-area placements for those with low-incidence needs;
- analysis of key performance indicators that are shared across health, education and social care as part of the new joint commissioning arrangements;
- the outcomes of developmental assessments (including the two-year-old check);
- information from the Early Years Foundation Stage (EYFS) profile;
- where children or young people with SEN or disabilities are educated;
- an analysis of local challenges and sources of health inequalities – for example, the level of local economic deprivation, historic data about previous support offered through statements and EHC plans, and the education and health needs of young offenders;
- employment rates for young people leaving education;
- local data on disabled children from the register of disabled children in their area (including those with impaired hearing and vision) which local authorities are required to keep under Schedule 2 of the Children Act 1989.

5.1 Total children and young people with SEND

Nationally published prevalence estimates of children and young people with SEND for the period 2012 through 2018 has been acquired from both internal and external sources, including the Statistics: special educational needs portal of the Department for Education website (Department for Education, Statistics: special educational needs (SEN), 2019). These statistics represent numbers of children and young people known to local authorities and submitted by those local authorities as part of national performance returns to central government. In recent years there have been a considerable number of both national and international studies estimating the total prevalence of SEND in their respective child and young person's populations. Approximately 70% of the reviewed



published literature identified estimates of the total prevalence of SEND to be at least 20%. Based on these estimates a projected total prevalence of children and young people with SEND in Derby is estimated to fall within a range of 17.7% and 25%. These percentages have been applied to the latest Office of National Statistics population projections of school-aged children to the year 2041 to give an indication of the estimated number of children with SEND in the local authority area (represented by the purple lines in Figure 21).

Table 10: Prevalence estimates of SEN in children and young people, by country and author

UK	Sweden	The Netherlands	Ireland	United States of America	Australia
26% Croll and Moses (2003)	15-20% Niholm et al (2007)	30% Van Dijk et al (2003)	17.7% NCSE (2006)	18% Newacheck et al (1998)	22% Goldfield et al (2012)
17.8% Department of Education (2009)					
22% Hills et al (2010)	20% Persson (2003)	26% Van der Veen et al (2010)	25% ESRI (2011)	15% Boyle et al (2011)	32% Westwood and Graham (2009)

Of note from the published data about SEND in Derby is that prior to the Children and Families Act 2014, the updated SEND Code of Practice and introduction of EHC Plans, prevalence of total SEND averaged 19.4% over the years 2012-2014. However since the reforms the number of children and young people recognised by Derby City Council has fallen to an average 16.8% over the years 2016-2018. This could indicate that by end of 2019 the estimated number of all children and young people with SEND in Derby could be approximately 7,742, but on the basis of the estimated total prevalence range (17.7% - 25%) this could mean that as few as 204 or as many as 3,481 children and young people are yet to be identified as having needs that require a level of support.



Figure 21: Projected prevalence of children and young people with SEND in Derby

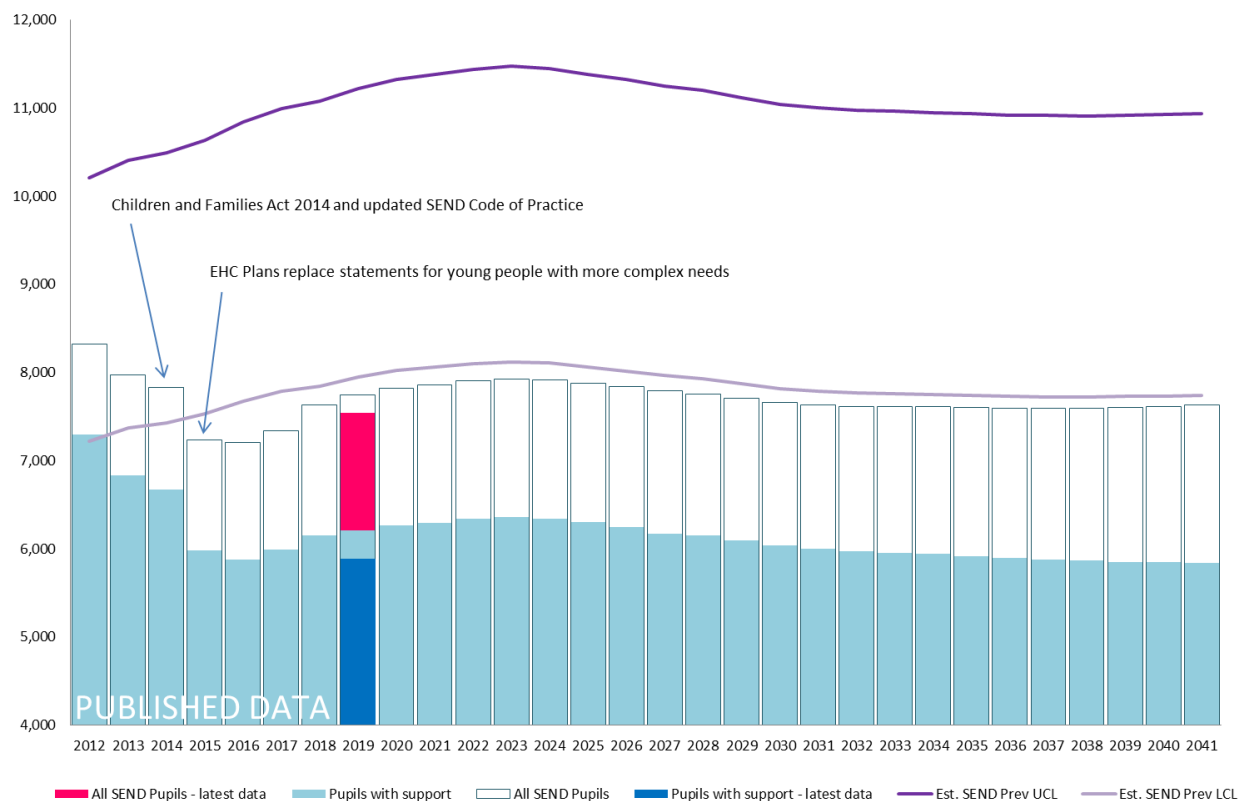


Figure 22: Projected coverage of EHC Plans in Derby

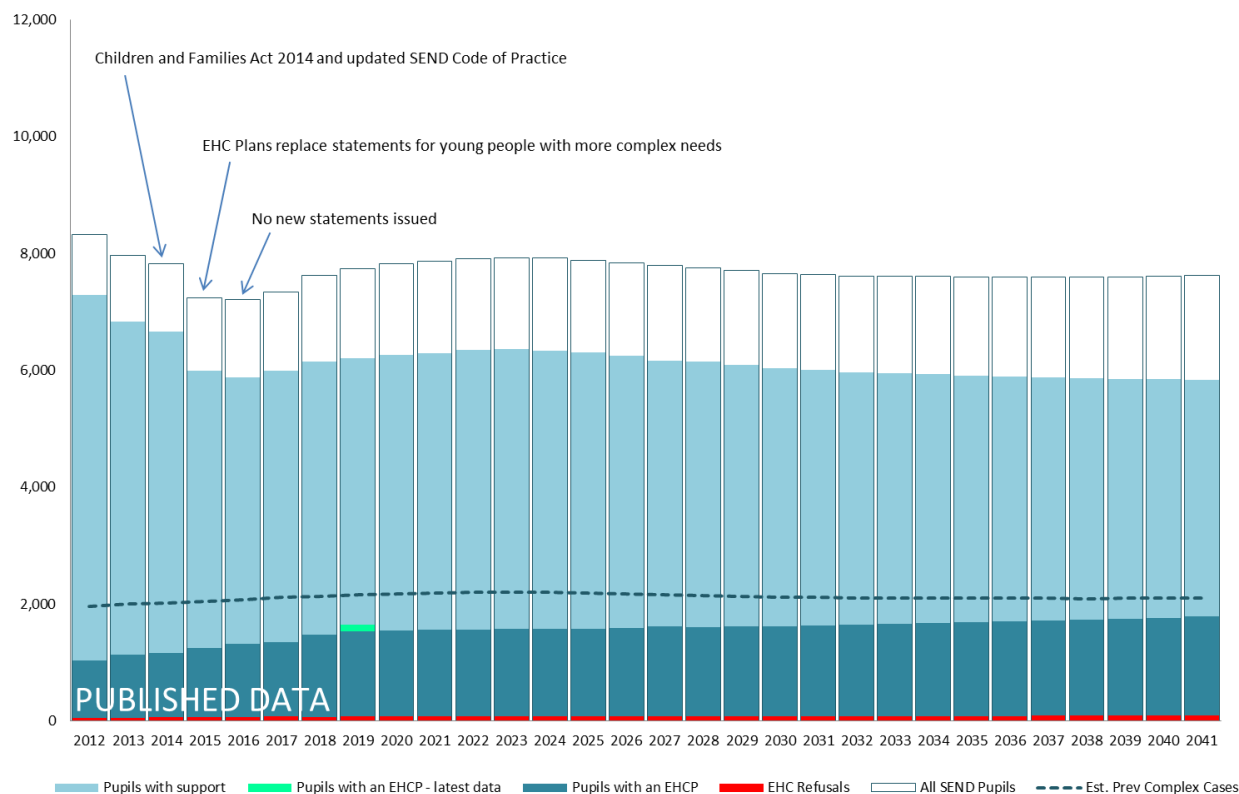




Figure 22 demonstrates the coverage of Education, Health and Care (EHC) Plans in Derby. Similarly to the estimated total prevalence of SEND, an estimate of the likely prevalence of complex cases requiring an EHC Plan has been derived from various sources. In 2018 the highest proportion of EHC Plans were issued by Torbay Council, at 4.77% of their total child population. At the same time the average rate of issue for England had increased to 2.9% (from 2.8% in 2014). Research conducted by the Economic & Social Research Institute (ESRI) in 2011 estimated that 4.8% of children could have a chronic physical or mental health problem, illness or disability hampering their daily life (Banks & McCoy, November 2011). Furthermore, year-on-year demand for EHCPs continues to rise and it is considered unlikely that any one local authority has complete coverage of assessments for those who require it. As such, a notional 4.8% of complex cases requiring EHC planning has been used to determine the expected coverage of assessments in Derby.

Taking this estimate and applying it to the most recent ONS population projections of children and young people would suggest that there are an average 2,100 individuals requiring an EHC Plan in Derby. In 2018 there were 1,478 children and young people with EHC Plans in the city. This could indicate that a further 600 children and young people require an EHC Plan which, based on the current rate of completion of new EHCPs each year (Figure 22) could mean that it will take until the year 2020 until we have met the existing needs of those who require that level of assessment. Each year there will be a proportion of requests for assessment refused. During 2018, Derby refused 16.5% of requests (63 of 382). This compares to an average 24.7% refusals in England and 24.9% amongst Derby's comparator authorities.

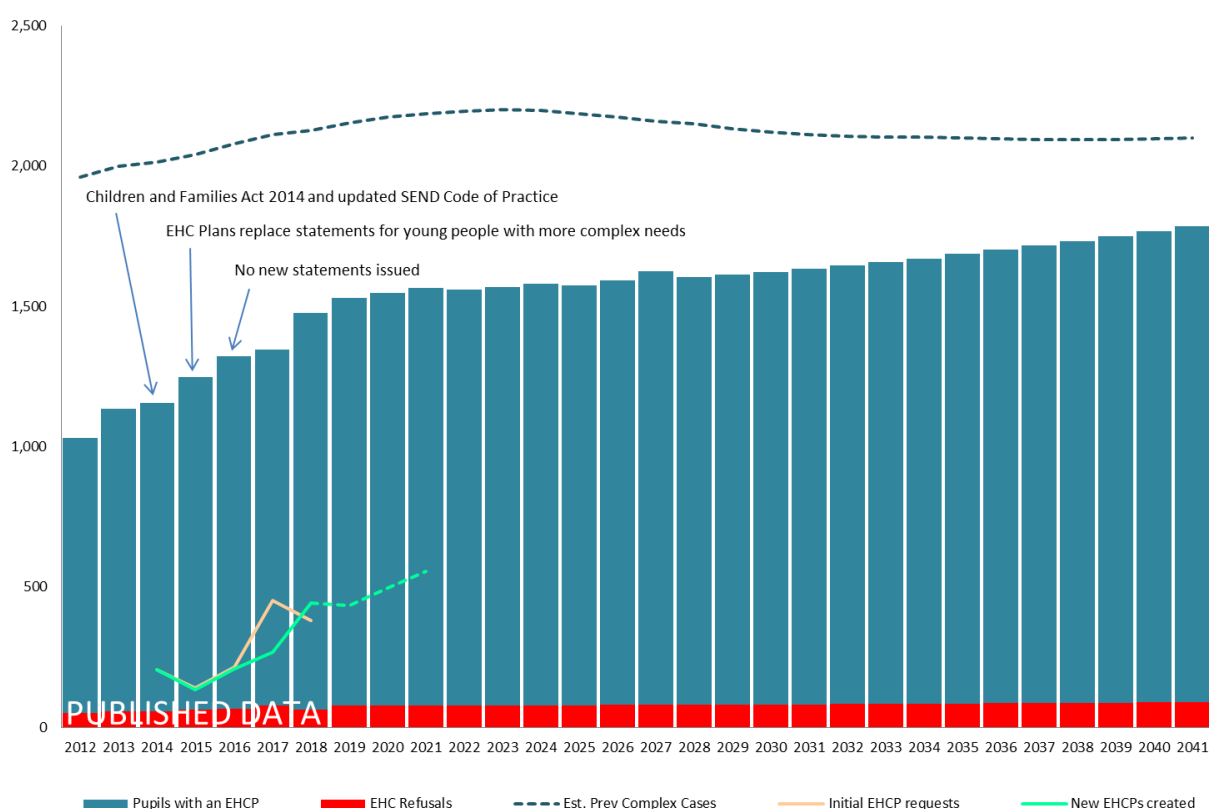
In July 2019 the latest annual release of SEND statistics was published by the Department for Education. The statistics, reflecting data as of January 2019, highlight that 1,653 EHCPs were issued in Derby. This reduces the total anticipated remaining EHCPs based on the local demographic and expected prevalence (4.8%), to 450. Based on local data as of May 2019 there had been an additional 123 EHCPs issued with a further 282 undergoing assessment. Based on the proportion issued by month in previous years it is anticipated that a further 216 EHCPs could be issued between June and December 2019. This would amount to a total of 339 EHCPs issued in 2019 in total. If all 282 currently undergoing assessment were also issued in 2019, that would bring the total number of new EHCPs issued in the current year to 621.



Table 11: Changing profile of newly issued EHCPs by Education Year Group

Education Year Group	Actual no. EHC Plans issued					Undergoing Assessment	June-Dec Expectation	2019 Full Year Prediction	% diff 2018 - 2019	No. diff 2018 - 2019
	2015	2016	2017	2018	2019 (Jan - May)					
Nursery 1				1	4	18	7	29	2801.8%	28
Nursery 2			4	12	15	37	26	78	552.6%	66
Reception			10	43	10	20	18	48	10.6%	5
NC Year 1		3	36	38	11	25	19	55	45.5%	17
NC Year 2	2	11	27	31	8	27	14	49	58.2%	18
NC Year 3	5	5	21	33	4	19	7	30	-9.0%	-3
NC Year 4	2	8	22	31	10	22	18	50	59.8%	19
NC Year 5		5	16	32	11	22	19	52	63.4%	20
NC Year 6	2	4	15	37	19	26	33	78	111.7%	41
NC Year 7	2	3	23	34	8	11	14	33	-2.8%	-1
NC Year 8		4	32	26	3	18	5	26	1.0%	0
NC Year 9		3	23	40	2	9	4	15	-63.7%	-25
NC Year 10	7	3	21	21	5	12	9	26	22.7%	5
NC Year 11	2	9	14	20	11	6	19	36	81.5%	16
NC Year 12		7	5	13		2	0	2	-84.6%	-11
NC Year 13		2	2	9	2	4	4	10	5.7%	1
NC Year 14		2	2	5		1	0	1	-80.0%	-4

Figure 23: Projected incidence of EHC plans in Derby





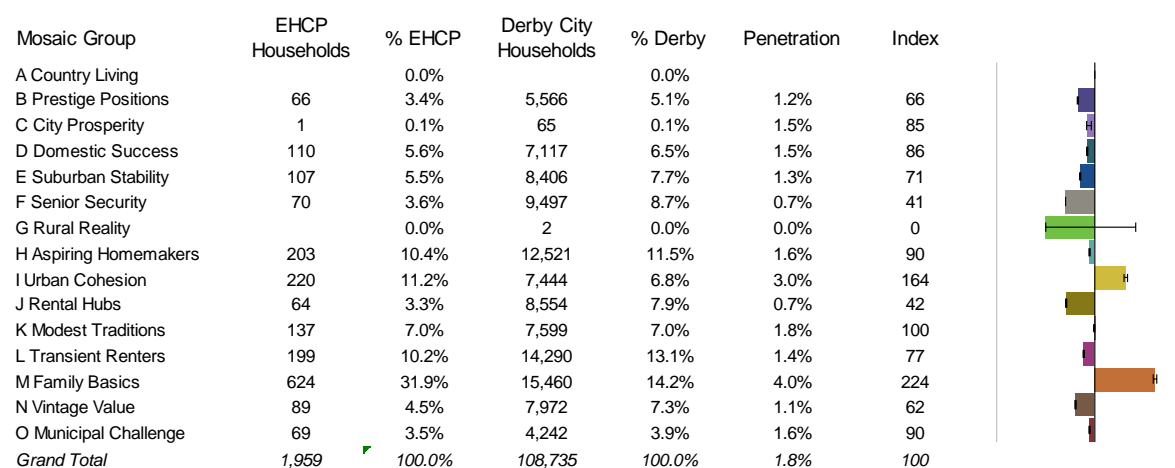
5.1.1 Closing the gap in EHC Plans

Education, Health & Care (EHC) Plan coverage, 2019

Approximately one in every four local authorities in England had issued EHC Plans to 3.5% or more of the child population living in their area. The coverage in Derby was 3.7%. The national average was 3.1% over the same period. Eleven local authorities had issued EHC Plans to at least 4% of the population, including Torbay, Tower Hamlets, Wandsworth, Lambeth, Isle of Wight, and Islington. Torbay had issued EHCPs to over 5% of its local children and young people's population.

Taking a population segmentation approach to determining potential groups of children and young people that require an EHC Plan presents a compelling argument to the case for achieving 4.8% coverage of the population. Using Mosaic Public Sector, an Experian PLC segmentation product (Experian PLC, 2014), to analyse the population segment types that were known to Derby City Council as having SEND in July 2019, identifies a type known as 'Family Basics' that dominates the dataset. Family basics represent households often with many children living in areas of high deprivation who will require support. They have limited resources and have to budget to make end meets. Almost one in three households with SEND children and young people fall into this group, followed by 11% in the type called 'Urban Cohesion'. This type represents residents of settled urban communities with a strong sense of identity. They will be multicultural, extended families living largely in the suburbs.

Figure 24: Propensity chart of SEND households by Mosaic Group

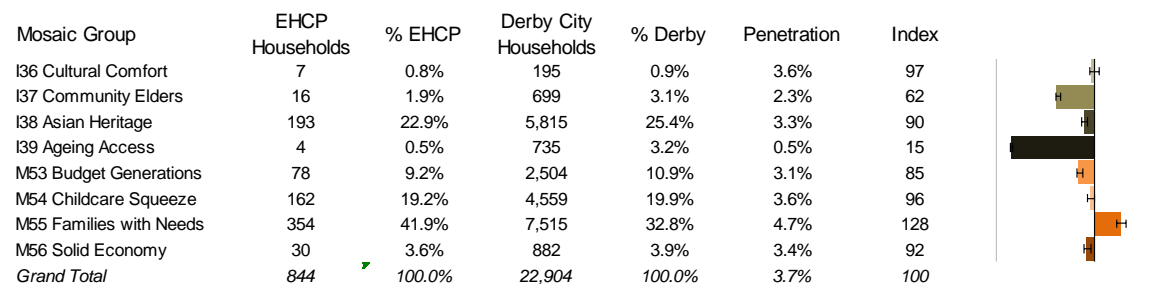


Whilst two further types – Aspiring Homemakers and Transient Renters – together represent a further 20% of SEND households, it is the Family Basic and Urban Cohesion groups that are regarded as over-represented based on Derby's total population that fall into each Mosaic Group. At a type level for these two specific groups, it is 'Families with Needs' that are over-represented. These families will largely be living in low value social housing making limited resources go a long way. Despite being relatively young, health outcomes are poor and unhealthy lifestyle behaviours (such as smoking) are high. They will require support with a range of benefits and are the most likely type to experience issues with debt. The second largest volume of SEND children and young people are



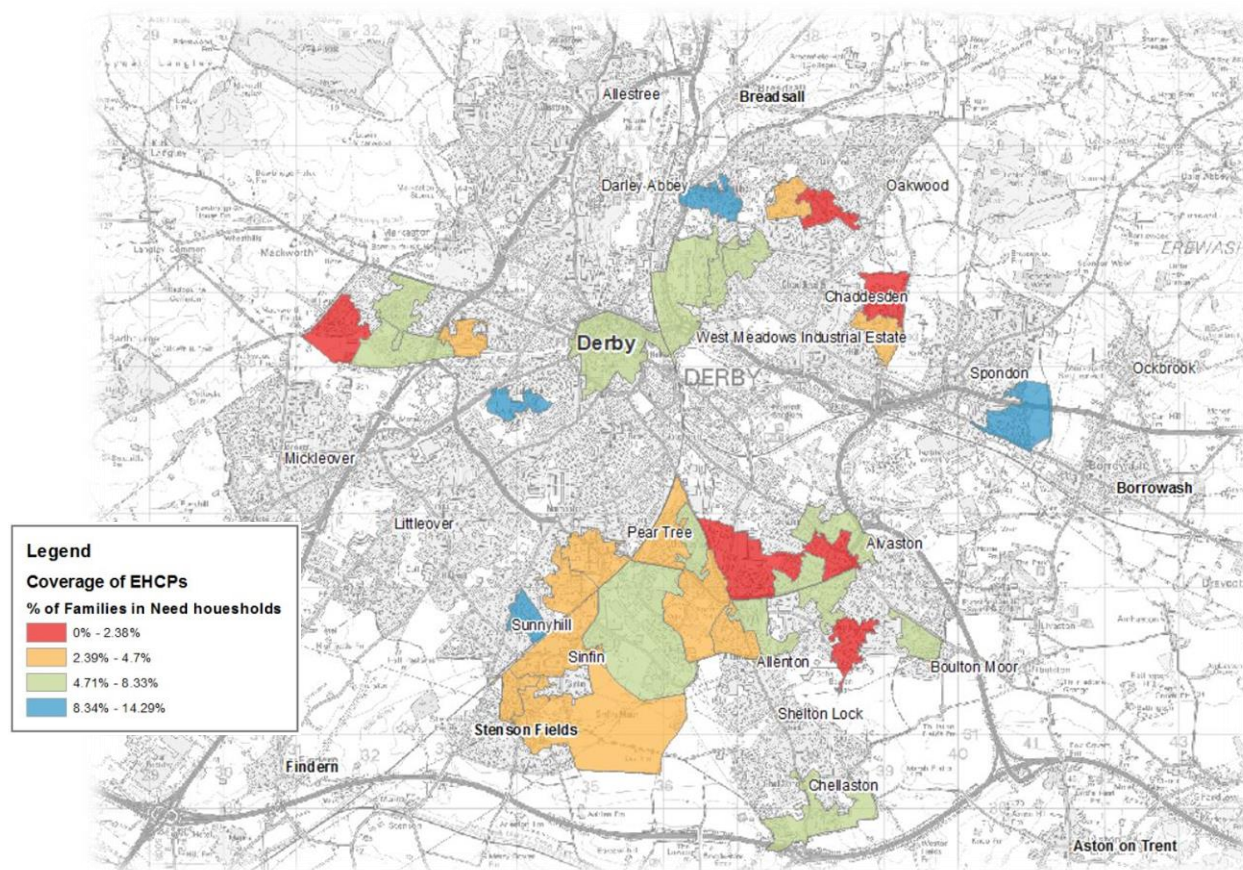
found in the type known as 'Asian Heritage'. This type represents large multicultural families living in traditional terraces, often in areas with high South Asian population. Issues for this community include unemployment, higher than average levels of crime and instances of single parenting.

Figure 25: Propensity chart of SEND households by Mosaic Type



Of note in relation to the aim for 4.8% total coverage of EHCPs, is that 4% of Family Basics households overall and 4.7% of the specific Families with Needs, already have an EHCP. At a lower super output area (LSOA) level, approximately 40% of the 450 additional children and young people requiring EHCPs could be found in only 17 LSOAs in Derby. These LSOAs represent communities of Families with Needs who, if brought up to the Mosaic Type average of 4.7%, would capture an additional 184 children and young people with needs warranting an EHCP assessment. Furthermore, in considering both Family Basics and Urban Cohesion groups combined, all of the 450 additional EHCPs could be achieved if the LSOAs where those types reside are brought up to the average.

Figure 26: Map of LSOAs home to Families with Needs, at or below the type average for coverage of EHCPs





Applying the same approach at a school level, 168 additional children and young people requiring EHCPs could be attending only 12 schools. This has been determined by cross-referencing the whereabouts of the two aforementioned Mosaic types by LSOA with the school catchment populations (where those schools cover at least 50% of a LSOA's total households), and determining the difference in current EHCP coverage with the 4.8% target. Of note is that Markeaton Primary School and The Bemrose School already have 4.2% and 4.3% EHCP coverage respectively. It should be noted that these are estimates and not necessarily a true reflection of school-level need.

Table 12: EHCP opportunity by school

School	Total pupils	SEND Stage K (SEN support)		SEND Stage E (EHC plan)		All SEND		New EHCP opportunity based on 4.8% target
		No. of pupils	% school population	No. of pupils	% school population	No. of pupils	% school population	
Lakeside Community Primary School	672	73	10.9%	7	1.0%	80	11.9%	25
Cherry Tree Hill Primary School	613	125	20.4%	8	1.3%	133	21.7%	21
Dale Community Primary School	551	82	14.9%	16	2.9%	98	17.8%	10
Ashgate Primary School	325	48	14.8%	2	0.6%	50	15.4%	14
Breadsall Hill Top Primary School	420	72	17.1%	2	0.5%	74	17.6%	18
Markeaton Primary School	405	32	7.9%	17	4.2%	49	12.1%	2
Village Primary School	707	139	19.7%	13	1.8%	152	21.5%	21
The Bemrose School	1092	287	26.3%	47	4.3%	334	30.6%	5
Redwood Primary School	663	50	7.5%	11	1.7%	61	9.2%	21
Bishop Lonsdale Church of England	239	36	15.0%	3	1.3%	39	16.3%	8
Cavendish Close Infant School	319	48	15.2%	4	1.1%	52	16.3%	11
Allenton Primary School	404	55	13.6%	10	2.5%	65	16.1%	9
Derby LA		5,812	13.3%	1,530	3.5%	7,342	16.8%	168

Focussing on Derby's special schools, 45% of the total SEND population comes from the Mosaic Family Basics and Urban Cohesion segments (219 and 70 children respectively from a total of 641 with SEND). At least 98% (628) of the special school SEND population have an EHCP. As Table 13 illustrates, when considering the wider circumstances of children and young people with SEND, it is important to recognise that not every school profile is equal. Ivy House School, for example has the largest proportion of pupils from the Urban Cohesion segment (22%) while one in every two children at Kingsmead fall into the Family Basics segment. At St Clare's School, the second largest proportion of total SEND children fall into the Aspiring Homemakers segment, representing the largest proportion of this group across each of the special schools. This segment represents younger households of often cohabiting couples and, where there are children, usually of nursery or primary school age. There are higher than average instances of single parents within this group.

Table 13: Profile of Mosaic Groups by Special School

Mosaic Group	Ivy House School	Kingsmead School	St Andrew's School	St Clare's School	St Giles' School	St Martins School
B Prestige Positions	3.66%	0.00%	3.30%	0.93%	3.57%	3.07%
D Domestic Success	7.32%	1.16%	5.49%	3.74%	4.46%	4.91%
E Suburban Stability	4.88%	2.33%	4.40%	5.61%	2.68%	5.52%
F Senior Security	2.44%	2.33%	1.10%	0.93%	0.89%	2.45%
H Aspiring Homemakers	13.41%	3.49%	13.19%	14.95%	10.71%	9.82%
I Urban Cohesion	21.95%	8.14%	13.19%	8.41%	11.61%	6.75%
J Rental Hubs	0.00%	2.33%	1.10%	1.87%	3.57%	3.07%
K Modest Traditions	4.88%	3.49%	7.69%	7.48%	5.36%	9.20%
L Transient Renters	10.98%	17.44%	10.99%	7.48%	16.96%	6.75%
M Family Basics	18.29%	51.16%	35.16%	36.45%	32.14%	32.52%
N Vintage Value	7.32%	3.49%	3.30%	7.48%	3.57%	10.43%
O Municipal Tenants	4.88%	4.65%	1.10%	4.67%	4.46%	5.52%



5.2 Primary SEND needs

The 0-25 SEND Code of Practice 2015 describes four broad areas of Special Educational Need that allow schools to gain an overview of their pupils' range of needs:

- Communication and interaction
 - Speech, Language and Communication
 - Autistic Spectrum Disorder, including Asperger's Syndrome
- Cognition and learning
 - Moderate Learning Difficulties
 - Severe Learning Difficulties
 - Profound and Multiple Learning Difficulties
 - Specific Learning Difficulties (Dyslexia)
- Social, emotional and mental health difficulties
 - A wide range of social and emotional difficulties which may reflect underlying mental health difficulties or conditions
- Sensory and/or physical needs
 - Visual Impairment
 - Hearing Impairment
 - Physical Disability
 - Multi-sensory Impairment

A significant area of change from the previous Code of Practice is that 'social, emotional and mental health' has replaced the 2001 category, 'behaviour, emotional and social difficulty'. This reflects the change in thinking around causes of 'challenging behaviour' and growing concern about young people's mental health. Although Government wishes to move away from assumptions about pupils' needs based upon their difficulty or disability, they still need information about specific categories of need to allow them to predict levels of future resource. This is collected through the statutory 'School Census'. The table below outlines the census categories of SEND.

Table 14: SEND categories of need

ASD Autistic Spectrum Disorder	HI Hearing Impairment	MLD Moderate Learning Difficulty	MSI Multi-Sensory Impairment	NSA SEN support but no specialist assessment of type of need
OTH Other difficulty/disability	PD Physical Disability	PMLD Profound & Multiple Learning Difficulty	SEMH Social, Emotional and Mental Health	SLCN Speech, Language & Communication Needs
	SLD Severe Learning Difficulty	SPLD Specific Learning Difficulty	VI Visual Impairment	



‘The purpose of identification is to work out what action the school needs to take, not to fit a pupil into a category. In practice, individual children or young people often have needs that cut across all these areas and their needs may change over time... A detailed assessment of need should ensure that the full range of an individual’s needs is identified, not simply the primary need.’
(SEND Code of Practice, Statutory Guidance, January 2015)

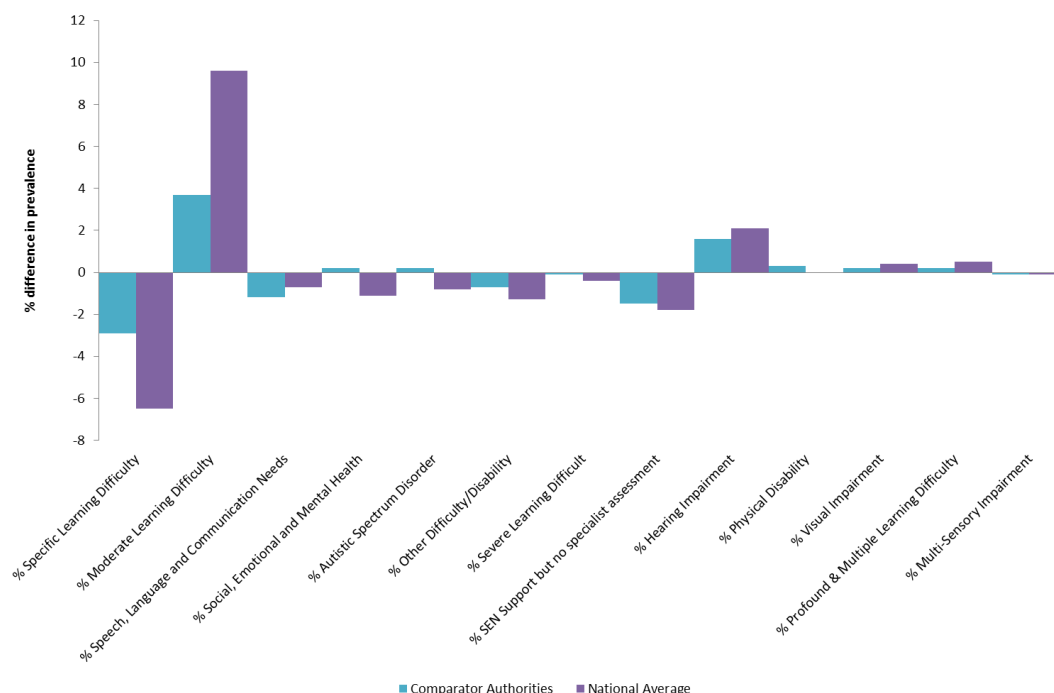
In England, the most common primary types of needs in 2019 were for speech, language and communication (total SEND) and Autistic Spectrum Disorder (EHCPs). In Derby primary and secondary school settings the most prevalent need identified in children with SEND is ‘Moderate Learning Difficulties’. Children described as having this need tend to require support across all areas of the curriculum, although they may develop particular skills at a different rate. These children are likely to experience poor self-esteem and have a profile of need encompassing social and/or emotional factors. A number of children will have other difficulties or disabilities including physical, sensory, language impairment or autistic characteristics.

Of note in the following figures is the step-change increase in use of MLD as a primary category of need when the new Code of Practice was introduced in 2015. At the same time, a step-change reduction was seen in prevalence of Autistic Spectrum Disorder, physical disability, impairments, more profound difficulties and the use of ‘other’ as a category in primary school. Whilst numbers in these categories have not reduced, the considerable volume of new cases assessed as MLD has shifted the prevalence rates. It is assumed that this can in part be explained by the fact that School Action cases pre-2015 were not required to have their primary type of need recorded. In secondary schools a similar shift in categorisation of need is apparent except in the use of the ‘other’ category, which initially increased post-2015 before steadily declining; and social, emotional and mental health which decreased in use by approximately 10 percentage points.

When considering the prevalence of primary SEND need in Derby compared to the city’s comparator local authorities and England, specific learning difficulty (Dyslexia) is under-represented while moderate learning difficulty is over-represented, particularly in comparison with the national average. The data suggests that since 2015, use of MLD as a specific category of need in Derby has increased at the expense of other categories that could have identified a potentially more specific need. Conversely in Derby’s special schools, the introduction of the 2015 Code of Practice and associated tools has impacted less on the assessment of needs. The trend in identification of ASD has increased over the period 2010 to 2019 while hearing impairment and specific learning difficulties have decreased. Children assessed as having MLD has been steady since 2013, as have those assessed as having profound and multiple learning difficulties and social, emotional and mental health difficulties.



Figure 27: Difference in prevalence of primary needs between Derby, comparator authorities and England



Each primary SEND need has a different profile of onset (Figure 28). For example, Autistic Spectrum Disorder is most prevalent in children aged 5 to 14 in primary school education, while moderate learning difficulties is most apparent in those aged between 15 and 19 years in secondary education. More than 50% of all multi-sensory impairment is identified as a primary need in those aged 5-9 years. Other dominant primary needs in the 5-9 year old age group include physical disabilities and visual impairments. Profound and multiple learning difficulties; social, emotional and mental health; speech, language and communication needs; and severe learning difficulties are most apparent in the 10-14 year old group. Specific learning difficulties (dyslexia) manifest themselves in secondary school.

Identifying SEN in schools

... In practice, individual children or young people often have needs that cut across [the four broad areas of need] and their needs may change over time. For instance speech, language and communication needs can also be a feature of a number of other areas of SEN, and children and young people with an Autistic Spectrum Disorder (ASD) may have needs across all areas, including particular sensory requirements. A detailed assessment of need should ensure that the full range of an individual's needs is identified, not simply the primary need.

(Department for Education & Department of Health, Special educational needs and disability code of practice: 0 to 25 years, January 2015)



Figure 28: Profile of prevalence of primary SEND need by age group, based on EHCP assessment

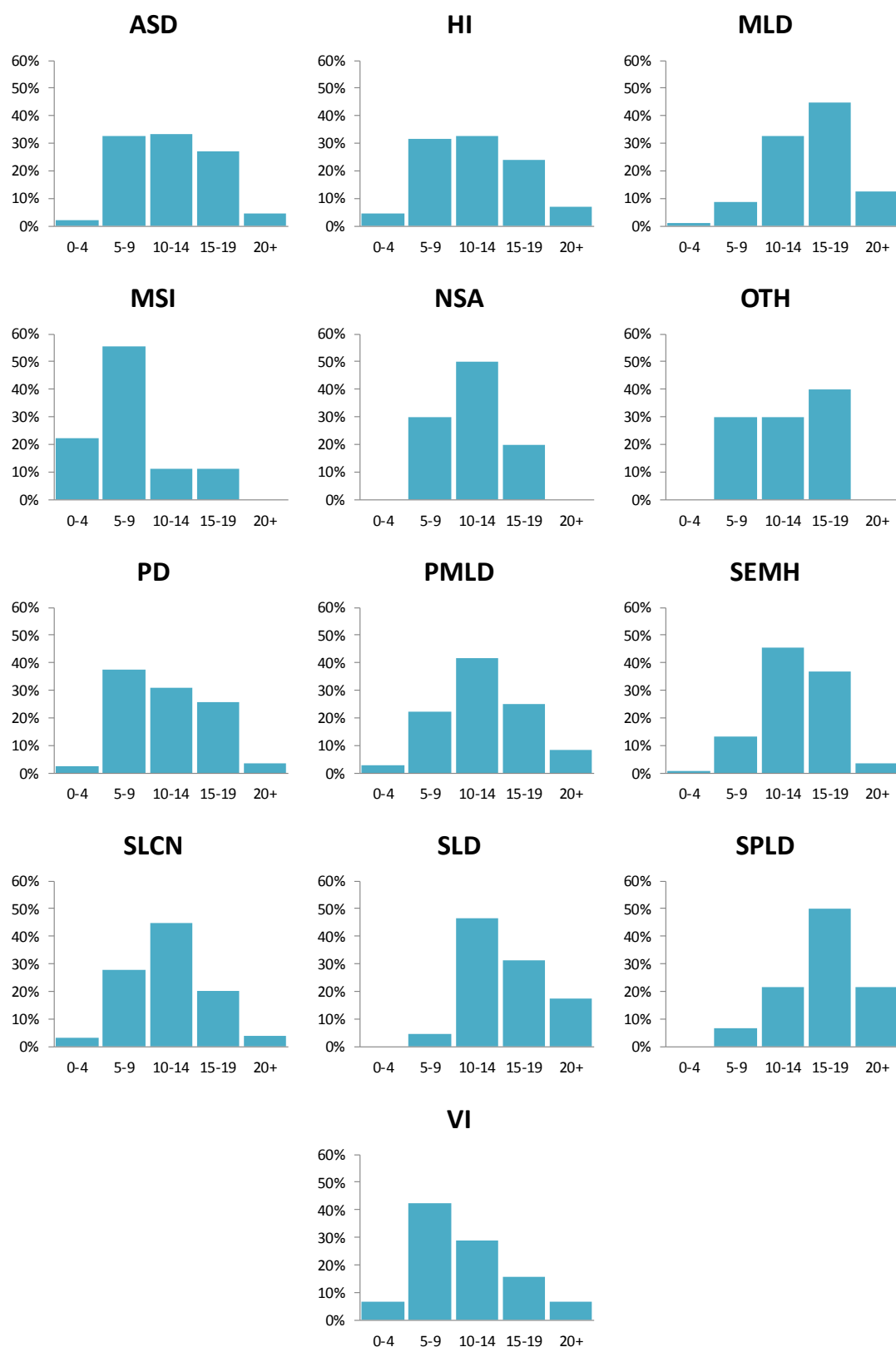




Figure 29: Trend in primary SEND needs in Primary School

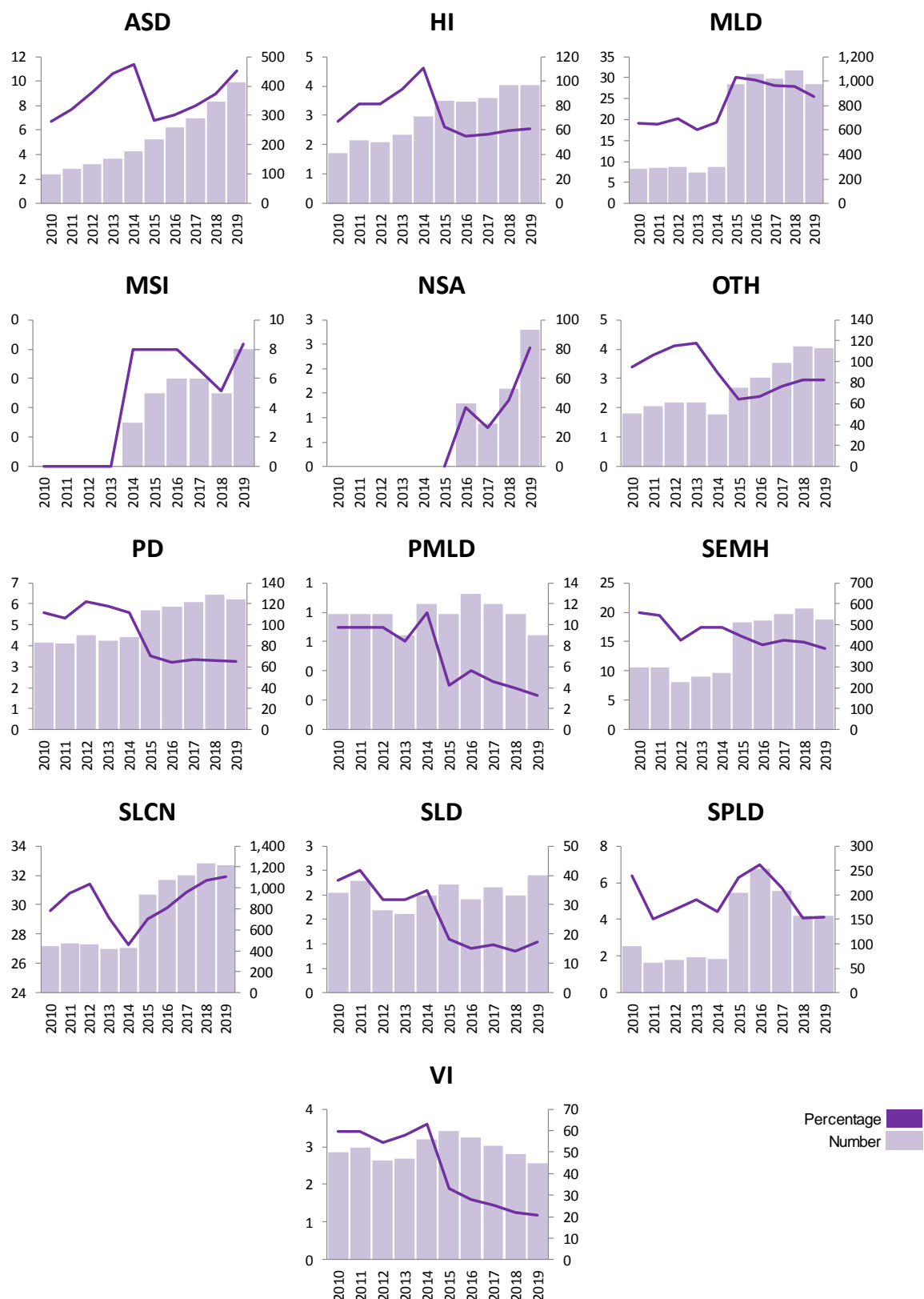




Figure 30: Trend in primary SEND needs in Secondary School

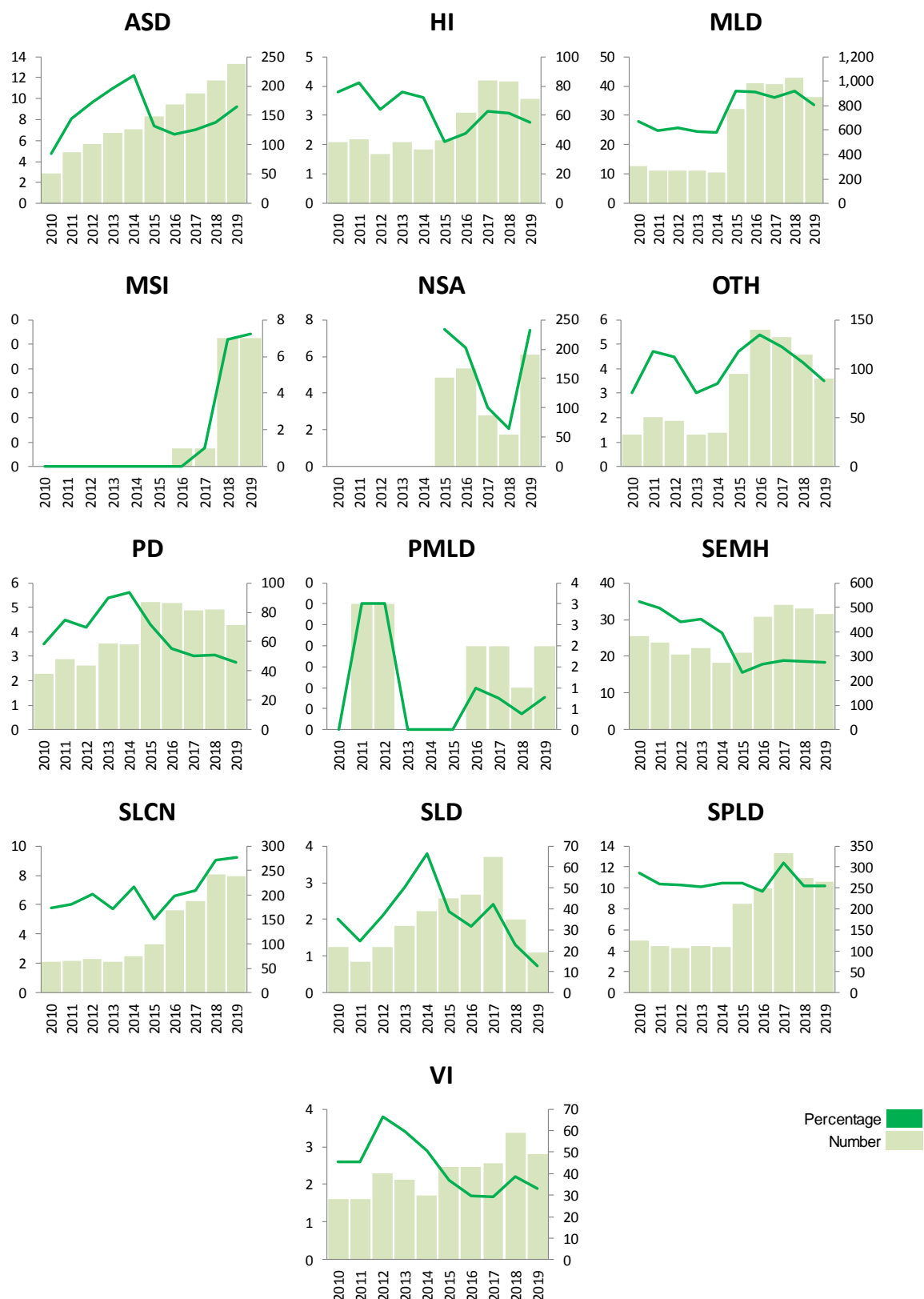




Figure 31: Trend in primary SEND needs in Special Schools

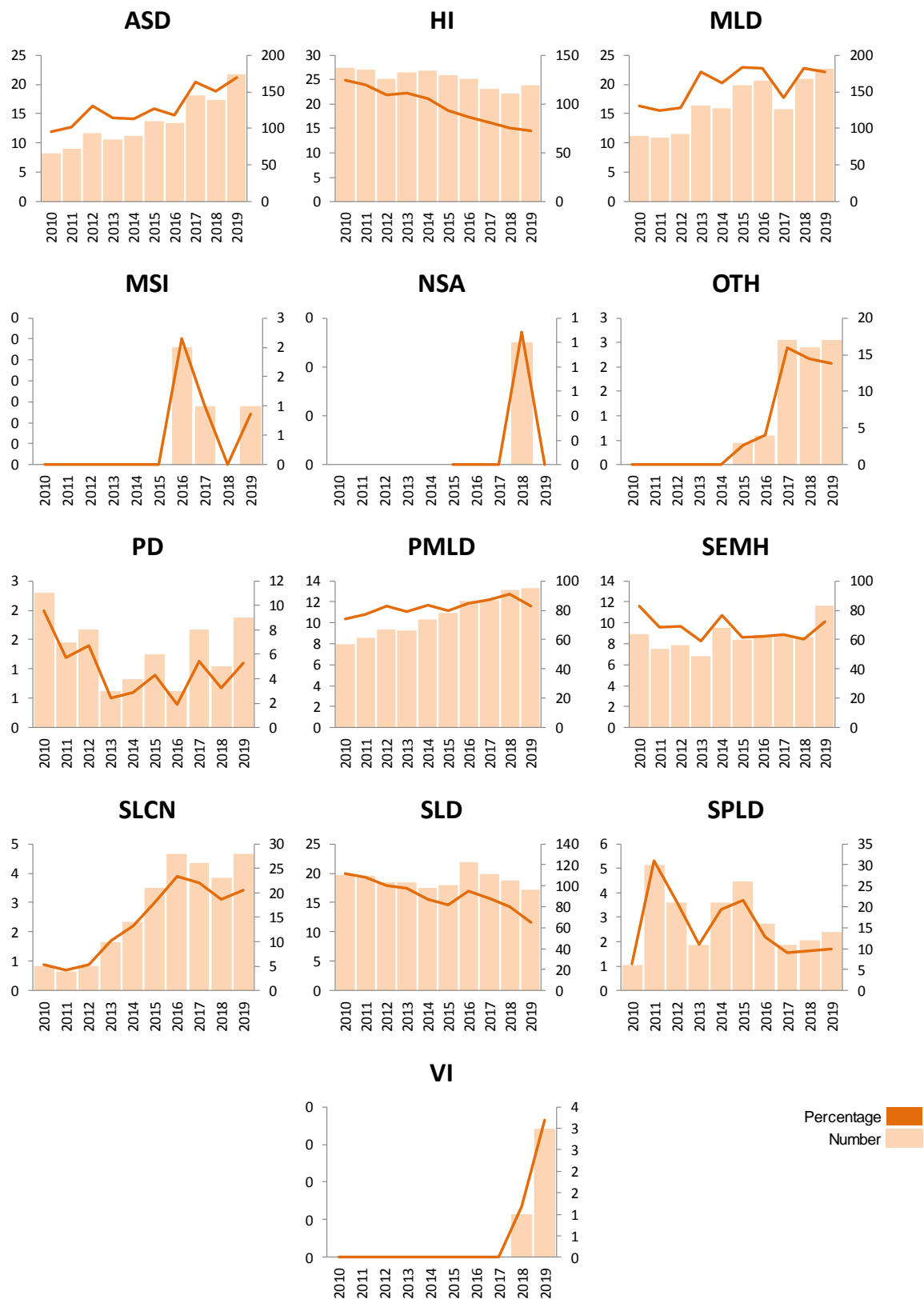




Figure 32: Comparison of trend in prevalence of primary SEND needs across school settings

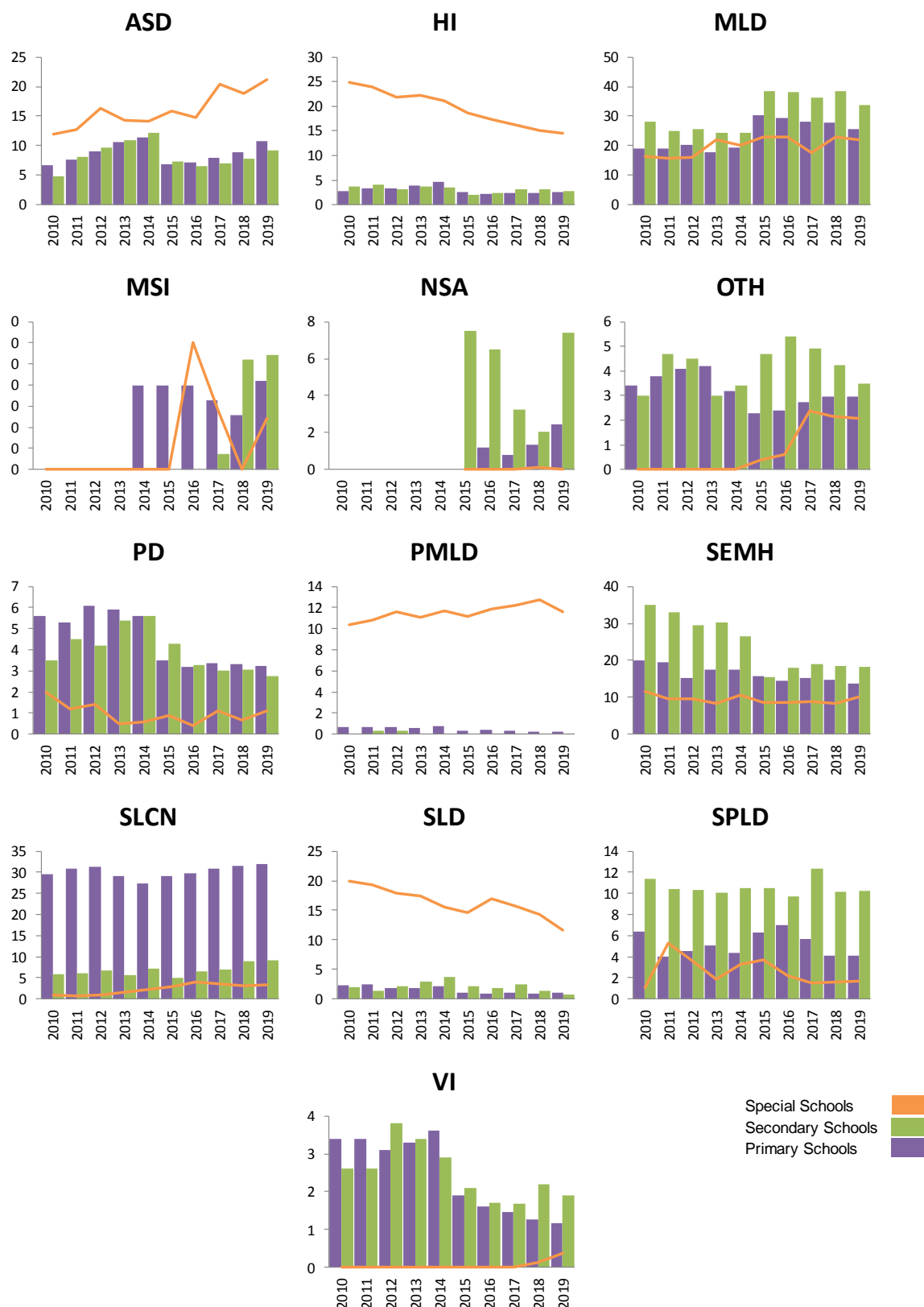
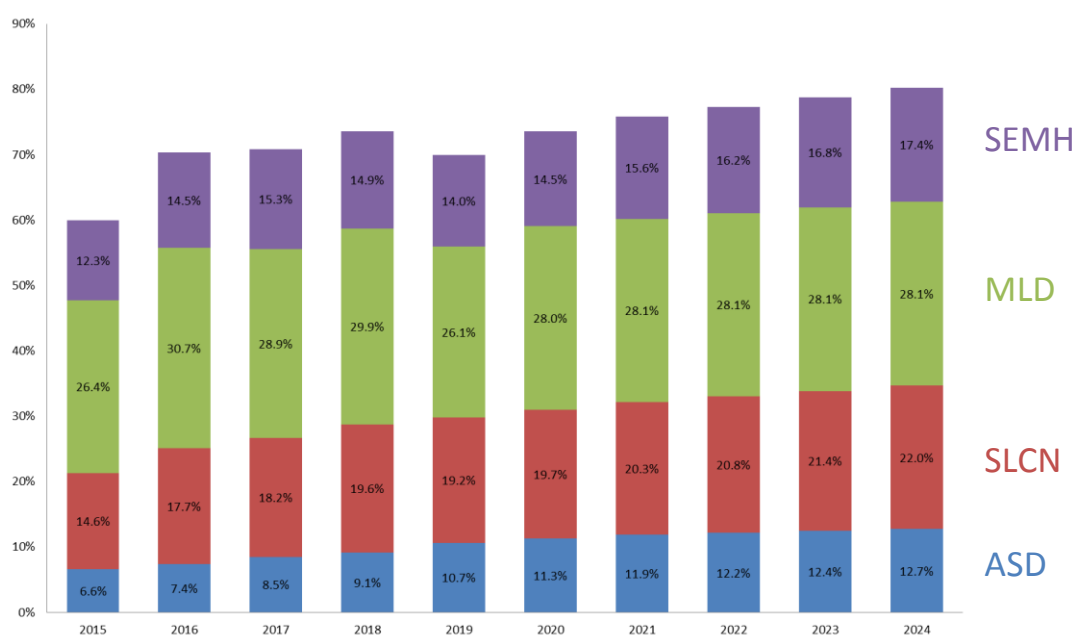




Figure 33: Predicted prevalence in the top four primary SEND needs



Moderate Learning Difficulties; Speech, Language and Communication Needs; Social, Emotional and Mental Health issues; and Autistic Spectrum Disorders comprise the largest number of primary SEND needs for the total Derby SEND cohort – representing 7 in 10 assessed needs in 2019 and predicted to account for 8 in 10 over the next five years. Based on growth in prevalence and comparison with other local authorities, it is estimated that the annual rise in number of new cases with these four primary needs could be as many as follows: ASD at approximately 35 new cases each year; SLCN at approximately 50 new cases each year; SEMH at approximately 65 new cases each year; MLD at approximately 80 fewer cases each year¹.

Table 15: Changing profile of newly issued EHCPs by Primary Need

Primary Need	Actual no. EHC Plans issued					June-Dec Expectation	2019 Full Year Prediction	% diff 2018 - 2019	No. diff 2018 - 2019
	2015	2016	2017	2018	2019 (Jan - May)				
ASD	9	26	101	176	40	70	110	-37.4%	-66
HI	1	4	12	22	4	7	11	-49.9%	-11
MLD	4	11	37	39	17	30	47	20.1%	8
MSI			1	4	3	5	8	106.6%	4
NSA			2	1	6	11	17	1552.6%	16
OTH		1	3	6	4	7	11	83.6%	5
PD	2	5	17	22	5	9	14	-37.4%	-8
PMLD	1		5	6		0	0	-100.0%	-6
SEMH	2	13	48	87	26	46	72	-17.7%	-15
SLCN		7	33	49	13	23	36	-26.9%	-13
SLD	1		5	2		0	0	-100.0%	-2
SpLD		2	1	9	1	2	3	-69.4%	-6
VI	2		12	8	3	5	8	3.3%	0
Not confirmed				2	1	2	3	37.7%	1
Grand Total	22	69	277	433	123	216	339	-21.8%	-94

¹ This reduction has been estimated based on turning the curve in rate of diagnosis of MLD as a primary health need. This figure may otherwise be approximately 10 new cases each year based on the current trend.



6. Vulnerable children and young people

36.1% (776) of all existing EHCPs have been issued to children and young people regarded as being at increased need to their SEND EHCP peers. These include 238 people who have been placed out of area in more specialist settings, 168 children in need, 165 young people being supported by the preparing for adulthood team, and 85 fixed term exclusions.

Between 2016 and 2018 there was an increase of over 700% in fixed term excluded children with a newly issued EHC Plan (3 to 26). The full year prediction for 2019 is that there will be 30 fixed term excluded children with an EHCP. Children in need with an EHCP have increased from 3 in 2015 to 29 in 2018, though based on a 2019 full year prediction are expected to fall to 17 children this year. Whilst there are 165 young people with an EHCP known to the Preparing for Adulthood Team, the numbers with newly issued plans (as opposed to conversions from Statements) is small and in decline. In May 2019 there were no newly issued EHCPs associated with that team. The number of newly issued EHCPs to out of area placements has been in considerable decline since 2018.

Figure 34: Profile of specific CYP groups with an EHCP (May 2019)

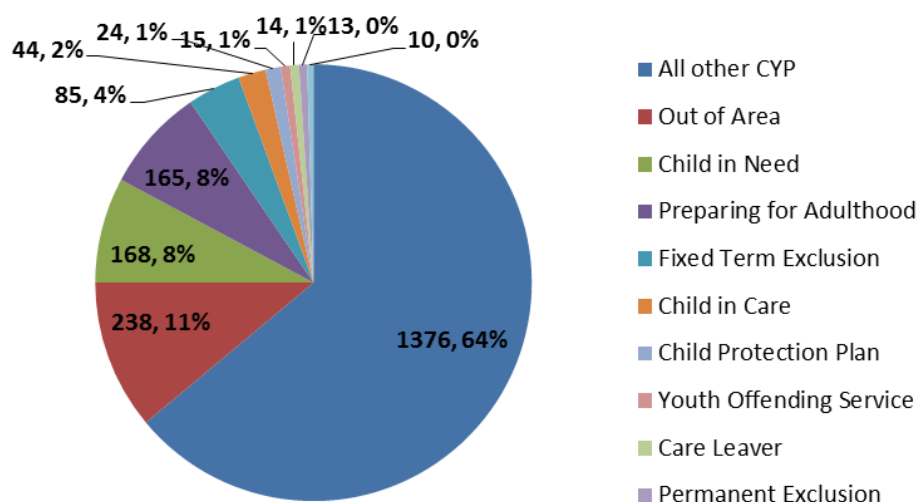


Table 16: Trend in numbers of newly issued EHC Plans associated with vulnerable CYP groups

Child Group	Actual no. EHC Plans issued					June-Dec Expectation	2019 Full Year Prediction	% diff 2018 - 2019	No. diff 2018 - 2019
	2015	2016	2017	2018	2019 (Jan - May)				
Out of Area	3	8	32	29	2	4	6	-81.0%	-23
Child Protection Plan			2	9	3	5	8	-8.2%	-1
Child in Care	2	2	7	9		0	0	-100.0%	-9
Child in Need	3	5	15	29	6	11	17	-43.0%	-12
Care Leaver		1		1		0	0	-100.0%	-1
Preparing for Adulthood		4	3	1		0	0	-100.0%	-1
Youth Offending Service		2	2	2	2	4	6	175.4%	4
Hospital Tuition			1	8	1	2	3	-65.6%	-5
Fixed Term Exclusion		3	19	26	11	19	30	16.5%	4
Permanent Exclusion		1	3	6	2	4	6	-8.2%	0



6.1 Out of Area Placements

Between 2016 and 2019 there has been a 43% increase in spend associated with out of area placements - £5,213,880 in 2015/16 compared with £7,466,923 in 2018/19. Numbers have remained consistent.

Children with SEND that are being supported through independent arrangements that are not under the control of a local authority, excluding academies, are regarded as being in out-of-area (OOA) placements. The needs of these individuals will often be more complex than in the general SEND population. For example in May 2019, the primary need of more than 50% (125 of 238) OOA placements with an EHCP was Autism. This is compared with 35% of all other children with an EHCP. The second largest prevalence of primary need in the OOA cohort is social, emotional and mental health at 16% (37 of 238) which is comparable with all other children with an EHCP not placed out of area. In addition, 8% of Derby's current OOA cohort with an EHCP is a child in care compared to 1% of all other children with EHCPs, and 20% (one in five) are being supported by the Preparing for Adulthood Team compared with 6% of other children with an EHCP. There are proportionally fewer children of a primary school age placed OOA and proportionally more people aged over 20 years.

Table 17: Comparison of OOA placements and spend, 2016 - 2019

	2016	2019	Difference / notes
Derby maintained school (unit costs)	£22,368 £246,048 over 11yr lifetime		
Out of area school (unit costs)	£35,544 £390,984 over 11yr lifetime	£53,375 £587,125 over 11yr lifetime	£17,831 50% increase
Additional 11yr OOA spend over maintained provision	£144,936	£341,077	£196,141 135% increase
Current placements	145	146	1
Top 3 primary needs	ASD, BESH, MLD (73% of the total)	ASD, SEMH, HI (95% of the total)	22% increase in top 3
Predominant Age	14-16 years	11-16 years	11 years old is now the most common age at placement
16 years and over	26% are aged over 16	12% are aged over 16	16 years is a critical age to target for in-area support.



7. Concluding remarks

In response to the Ofsted and CQC Local Area SEND inspection that took place in June 2019, the [Derby City local area Written Statement of Action \(WSOA\) 2019](#) affirms our pledge that we want children and young people with SEND in Derby to be all that they can be, and that we will work together as Derby City Council, NHS Derby and Derbyshire CCG and all our partner agencies, including Parents Carers Together and the Derby Schools Forum, to ensure that children and young people are informed, involved and able to access the right support at the right time (Derby City Council, Ofsted and CQC information updates and reports, 2019). This local area 'Insight Pack' will be published by Spring 2020 and builds on our 2016 SEND Joint Strategic Needs Assessment (WSOA action 1.1.1). This document looks at our latest data and forecasts future trends on the possible level of SEND need in the local population. It has been used to shape some of the actions in our Written Statement of Action and will also be used to shape our SEND Strategy (action 2.1.4) and our Joint Commissioning Strategy (action 1.3.1).

This document describes the current Special Educational Needs and Disabilities (SEND) of children and young people in Derby City. Whilst it updates the data highlighted in previous publications, it should be used in conjunction with those other documents as each contains significant wider insight into the needs of children and young people in our area, including risks associated with the development of SEND, and what we should do as a system to best support those needs. A significant headline for 2019 is that the issuing of Education, Health and Care Plans (EHCPs) between 2014 and 2017 increased by 16.4%, with a further 22.7% increase between the years 2017 and 2019 – to 1,895 in January 2019. Furthermore, it is estimated that not all children and young people in Derby with SEND requiring support have been identified and that in the region of 200 to 3,000 additional children could require assessment. This emphasises the extent of need in the local population and considerable pressure that our system has and will continue to face to ensure that Derby's children and young people are efficiently assessed and effectively supported in education, health and social care, to improve their outcomes and ensure they have the best start to life.

One of the key lines of enquiry of the Derby City joint local area inspection of SEND in June 2019 (led by Ofsted and CQC) was to determine the effectiveness of the local area in identifying children and young people who have special educational needs and/or disabilities. The analysis in this document should be used as evidence to inform the overarching strategy and operational plans to identify and meet those needs. It presents opportunities to proactively target 'at risk' groups of children, young people and their parents/carers, as well as tackle some of the underlying risks to child development in the early years. It also illustrates issues relating to existing data capture and quality, and points to explore where Derby appears to be an outlier from other areas. For example in the use of 'Moderate Learning Disability' as a primary SEND need. Most importantly, through the trends and projections of SEND need as described in earlier chapters, it should form the basis for which joint resource can be considered and planned to meet the growing needs of children and young people in the city in forthcoming years.



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