**JSNA - Special Educational Needs and Disability 0 to 25 years**

| Topic information | |
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| **Topic title** | Special Educational Needs and Disability 0 to 25 years |
| **Topic owner** | Nicholas Lee, Director of Education Services, Nottingham City Council<br><br>David Johns, Deputy Director of Public Health, Nottingham City Council |
| **Topic author(s)** | Jennifer Burton, Public Health Manager, Nottingham City Council<br><br>Janine Walker, Head of SEND, Nottingham City Council<br><br>Anna Glozier, Programme Manager, Nottingham City Council |
| **Topic endorsed by** | SEND Partnership Assurance and Improvement Group |
| **Current version** | 2016 |
| **Linked JSNA topics** | Chapters for issues faced by children and young people, which outline service provision for these areas in Nottingham City include:<br>• Pregnancy (2019) - Nottingham Insight<br>• Avoidable injuries in children and young people (2015) - Nottingham Insight<br>• Diet and nutrition (2016)<br>• Early years (2016)<br>• Emotional and mental health needs of children and young people aged 0 – 25 years (2022)<br>• Reducing unplanned teenage pregnancy and supporting teenage parents (2017)<br>• Safeguarding children (2017)<br>• Severe multiple disadvantage (Multiple needs) (2019)<br>• Substance Misuse and alcohol |

## Executive summary

### Introduction

This chapter considers the needs of children and young people, aged 0 to 25 years with special educational needs and disabilities (SEND) also often referred to as (SEN) who live in Nottingham City. The SEND code of practice[1] highlights the importance of the Joint Strategic Needs Assessment (JSNA) for informing local authority and Integrated Care Board (ICB) joint commissioning for children and young people with SEND. The code of practice defines SEN as:

"A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

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

Children and young people who have SEND may also have a disability under the Equality Act 2010[2]. The Equality Act 2010 defines disability as "a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on person's ability to carry out normal day-to-day activities." All children and young people with disabilities do not necessarily have SEN but there is significant overlap. The Nottingham City vision is "A city where every child and young person can enjoy their childhood in a warm and supporting environment, free from poverty and safe from harm; a city where every child grows up to achieve their full potential"[3].

### Unmet need and gaps

There are a number of factors which may make a child more at risk of requiring SEND support or an Education Health Care Plan (EHCP) such as smoking and alcohol or drug use during pregnancy and poverty is "both a cause and effect of SEND"[4]

In terms of inequalities:

- There is ethnic disproportionality in the identification of SEND in England
- Although children from low-income families are more likely to be identified as having SEND, they are less likely to receive support or effective interventions.
- Research has shown people with a learning disability have worse physical and mental health than those without a learning difficulty.
- The numbers of Nottingham City 0-24 year-olds is projected to increase by 6.2% from 134,233 in 2018 to 142,587 in 2028.
- 2023 School Census data shows that 8,283 of pupils in Nottingham City schools have SEND needs.

[1] SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)
[2] Equality Act 2010: guidance - GOV.UK (www.gov.uk)
[3] Nottingham City Children and Young People's Plan
[4] Special educational needs and their links to poverty | Joseph Rowntree Foundation (jrf.org.uk)

- Children and young people with SEN support or an EHCP are more likely to be male and white.
- The school census January 2023 shows the highest proportion (60%) of children aged 0-19 in City schools with an ECHP are educated in a special school or academy, and 40% in mainstream provision. According to the SEN2 return January 2023, which looks at children and young people aged 0-25 resident in Nottingham City with EHCPs, regardless of where they attend their educational provision, the split between special and mainstream provision is much more even, with 45.5% attending a specialist setting.
- 16-17 year-olds with SEN Support in Nottingham City have a higher rate of participation in education or training than the England average, but those with an EHCP have a participation rate of 88% compared with the national rate of 91.4%.
- The percentage uptake of annual health checks by those with learning disabilities is 76% at Nottingham and Nottinghamshire ICS Level in 2022/2023 with the same target for 2023/24.
- There is a need for more specialised SEND provision in Nottingham City. For example, a number of children are awaiting placement at a SEN school where it has been identified that their needs would be best met, however due to a lack of capacity within specialist provision, they are receiving their education at mainstream school. The Nottingham City SEND Sufficiency Strategy has recently been published outlining the needs in Nottingham, and additional SEND provision is in early design stage, funded through the High Needs Capital Funding provided by the DfE and funding from Section 106 developer contributions.
- Children with profound physical disabilities are currently not well served within Nottingham and an overnight provision is required. There are currently about 20 young people who would utilise a regular overnight break service with a physical disability. Some of these take direct payments and some access provision out of the city but this is an area of highlighted need.
- There needs to be continued improvement in the quality of preparation for adulthood for children and young people with SEND. The development of an all-age approach within SEND is a driver behind much of this work.
- There are delays in accessing timely health support for children and young people, with SEND due to waiting lists within respective services including speech and language, occupational therapy, physiotherapy and the neurodevelopmental pathways.
- There are system wide gaps in data collection and reporting which need to be addressed if a complete picture of children and young people with SEND is to be obtained.

**Recommendations for consideration by commissioners**

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| | **Data collation and reporting** | |
| **1** | Improved data capture, sharing and reporting for SEND indicators in all CYP and adult health services. Continue to develop a multiagency data dashboard to robustly capture and monitor outcome-based data (with a focus on health inequalities) | ICB, health providers, LA |
| **2** | Routinely collate and analyse data about SEND children and young people transitioning to adult services to inform service development and joint commissioning. | ICB, health providers, LA, PH |
| **3** | Routinely collate and analyse data about children and young people with SEND in the Youth Justice Services. | ICB, health providers, LA, |
| | **Service delivery** | |
| **4** | Review the feedback from the annual SEND parent carer forum survey and use information to inform improvements in service provision. | ICB, health providers, LA, |
| **5** | Ensure that Nottingham City can respond to the increasing children and young people with SEN needs which will lead to an increasing demand on services | LA, ICB, health providers |
| **6** | Continue to develop a continuum of specialist provision across the City to ensure that there is adequate capacity. Ensure developments are shared with partners at an early stage of development | LA |
| **7** | Review and refresh the Transitions Strategy and:<br>• Ensure that this is embedded across the workforce<br>• Ensure that young people and families have a clear pathway and information available at the right time to support a smooth transition | LA and ICB |
| **8** | Undertake a full commissioning review of Alternative Provision to ensure there is sufficient high quality provision available for young people unable to attend school | LA |
| **9** | Review and implement improvements to health pathways for children with SEND to reduce waiting times and ensure ease of access for children and families. | Nottingham City and Notts County LA, ICB |
| | **SEND Local Offer** | |
| **10** | Continue to co-produce and refresh the current Local Offer website so that it is more easily navigated by parents and carers following earlier feedback that this was previously a challenge. | ICB, health providers, LA, |
| **11** | Develop a new communications plan for the SEND Local Offer to promote the site to members of the public and professionals | ICB, health providers, LA, |
| **12** | Ensure the SEND Local Offer information is reviewed and kept up to date through the agreed review process and engage with service providers to ensure they keep their records as up to date as possible | ICB, health providers, LA, |

| | | |
|---|---|---|
| **13** | Work with the local provider market to develop and provide a range of short breaks including those delivered through internal provision, the community, commissioned services and those purchased through personal budgets. | ICB, health providers, LA, |
| **14** | Develop local overnight short breaks provision for children with complex and profound physical disabilities. | LA, ICB |
| **15** | Continue to embed the Routes to Inclusion programme including domains Speech, Language & Communication, Cognition & Learning and Family & Community. Further development of the links between special provision and mainstream schools will extend the good practice, knowledge and expertise available across all settings, as part of ongoing CPD opportunities for teachers and support staff. | LA |
| | **National Guidance** | |
| **16** | Implement the National SEND and AP improvement plan published in 2023 | SEND Partnership Assurance and Improvement Group |
| **17** | Identifying and delivering the support needed by schools and families to keep children engaged in education who are unable to attend school due to health needs (as outlined in the DfE Guidance 2023) | LA, ICB, health providers |

# Full JSNA report

## What do we know?

### 1) Who is at risk and why?

Children and young people who have SEN may also have a disability under the Equality Act 2010[5]. The Equality Act 2010 defines disability as "a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on person's ability to carry out normal day-to-day activities." All children and young people with disabilities do not necessarily have SEN but there is significant overlap.

SEND includes a broad range of conditions and is categorised into 4 broad areas of need and support:

- Communication and interaction
- Cognition and learning
- Social, emotional, and mental health
- Sensory and/or physical needs

However, individual needs may change over time and needs can include all these areas. They can also represent a wide spectrum of needs and disability. See section 1.3 for identifying SEND.

**National Picture**

**Numbers of Pupils with SEND**

In England, the number of pupils with special educational needs (SEN) increased to 1.57 million pupils in 2023, representing 17.3% of all pupils. The proportion of pupils with SEN had been decreasing since 2010 (21.1%), however it has increased for the last 6 years. The proportion of pupils with an Education, Health and Care (EHC) plan increased to 4.3% in 2023, continuing a trend of increases since 2017. Prior to this, the rate had remained steady at 2.8%. Pupils with an EHC plan made up 25% of all pupils with SEN in January 2023[6].

The number of pupils in England with an EHC plan has increased by 9% between 2022 and 2023, and by a total of 64% since 2016.

For pupils receiving SEN Support, the most common primary need reported is speech, language. and communication needs (25.5% in Jan 2023). However, for pupils with an EHCP, autistic spectrum disorder is the most common primary need (32.2% in Jan 2023).

**SEND reforms**

The Children and Families Act 2014 reformed the SEND system, with implementation of reforms supported by guidance detailed in the special educational needs and disability code of practice: 0-25 years. The reforms placed a greater emphasis on participation of children and young people and parents in decision making, improving outcomes and support to enable those with SEN to succeed and prepare for adulthood. In addition, the reforms place responsibilities on SEND leaders for duties including joint planning and commissioning, SEN support and EHCP's and publishing a 'local offer' of support.

[5] Equality Act 2010: guidance - GOV.UK (www.gov.uk)
[6] Special educational needs and disability: an analysis and summary of data sources

Local area SEND leaders are required to be monitored and evaluated on their effectiveness on discharging their duties and meeting the needs of children and young people with SEND. This is undertaken jointly by Ofsted and Care Quality Commission (CQC) inspectors. Under the current framework[7], inspectors will evaluate the impact of the local area partnership's SEND arrangements on the experiences and outcomes of children and young people with SEND, including the extent to which:

- children and young people's needs are identified accurately and assessed in a timely and effective way
- children, young people and their families participate in decision-making about their individual plans and support
- children and young people receive the right help at the right time
- children and young people are well prepared for their next steps, and achieve strong outcomes
- children and young people are valued, visible and included in their communities

In 2019, after an 18-month enquiry into the reforms, it was found that "the 2014 reforms were the right ones…if the challenges within the system—including finance—are addressed, local authorities will be able to discharge their duties sufficiently."[8]

In response, the Government acknowledged the need for the SEND system to improve, and made more funding available, improving support and leadership[9] The Government committed to a SEND review to establish how the system has evolved since the 2014.

The SEND review 'right support, right place, right time' was published in March 2022[10]. The review identified 3 key challenges facing the SEND system: outcomes for children and young people with SEN or alternative provision are poor; navigating the SEND system and alternative provision is not a positive experience for children, young people, and their families; and despite unprecedented investment, the system is not delivering value for money for children, young people. and families. The SEND and Alternative Provision Improvement Plan[11] was published in March 2023, with key proposals that include:

- Setting new national standards across education, health, and care to set clear and ambitious expectations for what good looks like in identifying and meeting needs and clarify who is responsible for delivering provision and from which budgets, across the 0-25 system.
- A standard national EHCP template and a simplified EHCP process through digitising plans to make them more flexible, reducing bureaucracy and supporting parents to make informed choices via a list of appropriate placements tailored to their child's needs, meaning less time spent researching the right school.
- A new legal requirement for local SEND and alternative provision partnerships with a remit to introduce 'local inclusion plans' that bring together early years, schools and post-16 education with health and care services, giving system partners more certainty on who is responsible and when.
- Improving oversight and transparency through the publication of new local and national

[7] Area SEND inspections: framework and handbook - GOV.UK (www.gov.uk)
[8] Special educational needs and disabilities (parliament.uk)
[9] https://committees.parliament.uk/publications/2067/documents/19714/default/
[10] SEND Review - right support, right place, right time (publishing.service.gov.uk)
[11] Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan (publishing.service.gov.uk)

'inclusion dashboards' to make roles and responsibilities of all partners within the system clearer for parents and young people, helping to drive better outcomes.

- A new national framework for councils for banding and tariffs of high needs, to support commissioners and providers to meet the expectations set out in the National Standards.
- Changing the culture and practice in mainstream education to be more inclusive and better at identifying and supporting needs, including through earlier intervention and improved targeted support.
- Increasing the capacity of specialists such as Educational Psychologists and improving access to speech and language therapy for those who need it
- Improving workforce training through the introduction of a new Special Educational Needs Coordinator (SENCo)[12] National Professional Qualification (NPQ) for school SENCos and increasing the number of staff with an accredited level 3 qualification in early years settings; and
- A reformed and integrated role for alternative provision (AP), with a new three-tier alternative provision system, focusing on targeted early support within mainstream school, time-limited intensive placements in an alternative provision setting, and longer-term placements to support return to mainstream or a sustainable post-16 destination.

**Identification of SEND**

**Initial Identification**

Medical professionals identify disabilities involving a physical or mental impairment which have a substantial and long-term adverse effect on ability to carry out normal day-today activities. Conversely, SEN is likely to be identified in the school setting and put on a SEN Register, and children may move in or out of categories of SEN during their schooling[13] or come off the Register altogether. Local authorities must identify all children and young people who may have SEN or a disability. Anyone including parents and carers, early year providers, schools and colleges can bring a child or young person who they believe may have SEN or disability to the attention of a local authority. Health professionals working in Integrated Care Boards (ICBs), NHS Trusts and NHS Foundation Trusts have a duty under Section 23 of the Children and Families Act 2014, to inform the appropriate local authority if they identify a child under compulsory school age as having, or probably having, a SEN or a disability.

Early identification of SEND and making effective provision improves long-term outcomes for children. However, some children and young people's difficulties may only become evident at a later age as they develop. It is important that parental concerns are listened to and those who work with children and young people are alert to emerging difficulties.

In the early years, SEN may be identified by parental observation, health services and during the progress check at age two. A delay in learning and development may indicate a child has SEN. In school years, teachers should make regular assessments of progress for all pupils which aims to identify pupils who are not making expected progress for their age and circumstances which may indicate SEN. In further education and sixth form colleges, needs may be identified, and teaching staff should work with specialist support to identify potential SEN.

**SEN support and EHCP**

Two broad levels of support are in place for children and young people with SEN: SEN support, and Educational, Health and Care Plans. SEN support is support or provision which is additional

[12] What is a SENCO? | Nasen

[13] Special educational needs and their links to poverty | Joseph Rowntree Foundation (jrf.org.uk)

to, and different from what is standard. The SEND code of practice also sets out a 'graduated approach' to removing barriers and supporting pupils' learning with special provision. This is designed to be a responsive, spiral system of regular and personalised assessment, targeted action, and review[14]. It is based on personalised outcomes, has tracking for those outcomes, might involve extra planned adult support in class or for interventions and it is reviewed with parents/carers and pupils.

*Figure 1: Assess, Plan, Do Cycle. Taken from: Nottingham City Graduated response document*

Early years practitioners work with the SENCo and a child's family to assess the child's needs, which should be reviewed regularly to ensure support matches' need. In schools, teachers, with the SENCo should assess if children have SEN. SEN support should be adapted depending on effectiveness and if the child or young person is not making expected progress, an EHCP request should be considered. Legally anyone can request an EHC assessment irrespective of the graduated approach or SEN support in place. EHCP's are a statutory process which describes the pupil's needs and necessary provision. Plans are for children with the most complex needs and content will be highly individual and unique to that pupil. Pupils' needs do not remain static, and it is possible that some pupils will move between different levels of support at different times in their school career. Children can be educated in settings including mainstream schools, special schools, and SEN units. In addition, parents can choose to provide education for their children at home instead of sending them to school which is called elective home education.[15]

**Short breaks**

Short breaks are commissioned by the local authority to provide support to disabled and some non-disabled children and their families including the provision of day, evening, overnight and weekend activities. The breaks aim to provide fun and safe activities for children and provide a break from caring for parents.[16]

**Risk factors for SEND**

There are a number of factors which may make a child more at risk of requiring SEN support or an ECHP. Learning disabilities can be developed in the prenatal, perinatal, and postnatal period and can be linked to specific conditions. Learning disabilities are linked to chromosome and genetic abnormalities such as Down's syndrome, maternal and childhood infections such as rubella, meningitis and measles and cerebral palsy. Prematurity can also lead to learning

[14] Graduated Approach to Support for Children with SEND | Ask Lion - Nottingham City Directory
[15] Elective home education - GOV.UK (www.gov.uk)
[16] Short Breaks for Parents/carers of disabled children - Nottingham City Council

disabilities.[17]

Smoking in pregnancy is a modifiable risk factor for poor birth outcomes including stillbirth, miscarriage, and pre-term birth, and can increase the risk of children developing learning difficulties[18] Alcohol and drug use during pregnancy can also affect foetal brain development, increase risk of poor birth outcomes and the development of learning difficulties.

Low birth weight and prematurity are associated with adverse developmental and educational outcomes, where children with low birth weight are more likely to have special educational needs[19], and children born prematurely are 2.85 times more likely to receive special educational assistance.[20]

Poverty is strongly linked to SEND and is "both a cause and an effect of SEND"[21]. Children from low income families are more likely to be born with and develop SEND. They are also more likely to be born into poverty and experience poverty growing up. This may be due to factors associated with poverty such as smoking and alcohol during pregnancy, low birth weight, parental stress and family breakdown which also contribute to the likelihood of the development of certain types of SEND. There is an association between higher prevalence of a life limiting condition/s and deprivation.

**Health inequalities and SEND**

There is ethnic disproportionality in the identification of SEN in England. Most ethnic minority groups are underrepresented for social, emotional, and mental health difficulties (SEMH) and moderate learning difficulties. For Social, Emotional and Mental Health (SEMH), Black Caribbean and mixed White and Black Caribbean are overrepresented relative to White British pupils, whereas Asian pupils are underrepresented[22]. Research suggests that greater socioeconomic deprivation may account for some of the disparity.

Learning disabilities are also more prevalent in young people in custody and are estimated to be between 23% and 32%, compared to 2% to 4% in the general population. Young people with learning disabilities are also overrepresented throughout the different stages of the criminal justice system[23] from community based sanctions such as anti-social behavior orders through to incarceration.

Although children from low income families are more likely to be identified as having SEND, they are less likely to receive support or effective interventions, and more likely to be excluded from school or withdraw from education. Children with SEND from low income families face multiple disadvantages throughout their lives. SEND can also exacerbate poverty as parents may need time away from work to care for their child with SEND and this can present a high cost. It can also lead to family stress and breakdown. Parsons and Platt found that socio- economic disadvantage was strongly associated with SEN conditions including behavior, learning, or speech and language difficulties, but was not associated with dyslexia[24]

Research has shown that people with a learning disability have worse physical and mental health

[17] Learning disability - applying All Our Health - GOV.UK (www.gov.uk)
[18] Smoking, Pregnancy and Fertility - ASH
[19] Low birth weight and prematurity as predictors of children's receiving special education services | Request PDF (researchgate.net)
[20] Academic performance of children born preterm: a meta-analysis and meta-regression - PubMed (nih.gov)
[21] Special educational needs and their links to poverty | Joseph Rowntree Foundation (jrf.org.uk)
[22] Ethnic disproportionality in the identification of Special Educational Needs (SEN) in England: Extent, causes and consequences (ox.ac.uk)
[23] Nobody-made-the-connection.pdf (childrenscommissioner.gov.uk)
[24] CLS-WP-2013-11-Disability-among-young-children-S-Parsons-L-Platt.pdf (ucl.ac.uk)

than people without a learning difficulty. Women with a learning difficulty have a life expectancy 18 years shorter than for women in the general population, and men with a learning disability have a life expectancy that is 14 years less than men in the general population[25]. The Confidential Inquiry into premature deaths of people with a learning disability found that 38% of people with a learning disability died from an avoidable cause, compared to 13% in the general population of England and Wales[26]. Barriers for people with a learning disability from getting good quality healthcare include lack of accessible transport, lack of identification as people with a learning disability, lack of staff understanding, failure to make a correct diagnosis, lack of joint working and inadequate follow up and aftercare, problems with advanced care planning, and living in inappropriate accommodation. All people with a learning disability over 14 years old should have an annual health check with their GP which provides an opportunity for an annual assessment of health and wellbeing[27].

Children in Care and previously looked-after children are significantly more likely to have SEN than their peers. Of those with SEN, a significant proportion will have Education, Health and Care Plans[28]. Nationally, in 2019, 55.9% of looked-after children had a special educational need compared with 14.9% of all children[29]. Many children and young people come into care because of abuse or neglect. Although they have many of the same health needs as their peers, they may also have additional health care needs and the extent of these is often greater because of the impact of their past adverse experiences. Effective close work between partner agencies is required to ensure their health needs are met. Children requiring SEN support or an ECHP also tend to have worse job prospects than those who do not[30].

## 2) Size of the issue locally

### Expected change in 0 to 25 years population

The Office of National Statistics (ONS) produces population projections. Table 1 shows the population projections for 0–24-year-olds in Nottingham City. In 2018, there were 134,233 children and young people, this is projected to increase by 6.2% to 142,587 in 2028, despite a predicted fall in birthrate. The largest projected increase is in the 15-19 population.

*Table 1: ONS population projections for Nottingham City. Source: ONS.*

| Age group | 2018 | 2028 | Change | % Change |
|---|---|---|---|---|
| 0-4 | 20,755 | 19,056 | -1,699 | -8.2% |
| 5-9 | 20,257 | 18,982 | -1.275 | -6.3% |
| 10-14 | 17,906 | 19,565 | +1,659 | +9.3% |
| 15-19 | 26,256 | 32,762 | +6,506 | +24.8% |
| 20-24 | 49,059 | 52,222 | +3,163 | +6.4% |
| Total | 134,233 | 142,587 | +8,354 | +6.2% |

[25] Learning Disability - Health Inequalities Research | Mencap
[26] The Confidential Inquiry into premature deaths of people with intellectual disabilities in the UK: a population-based study - PubMed (nih.gov)
[27] Learning disabilities - Annual health checks - NHS (www.nhs.uk)
[28] Promoting the education of looked-after and previously looked-after children - GOV.UK (www.gov.uk)
[29] k-barriers-to-and-facilitators-for-supporting-learning-needs-of-lookedafter-children-and-young-people-pdf-333471052733 (nice.org.uk)
[30] Post 16 education and labour market activities, pathways, and outcomes (LEO) Research report 2021

## Size and demographics of SEND population in Nottingham City

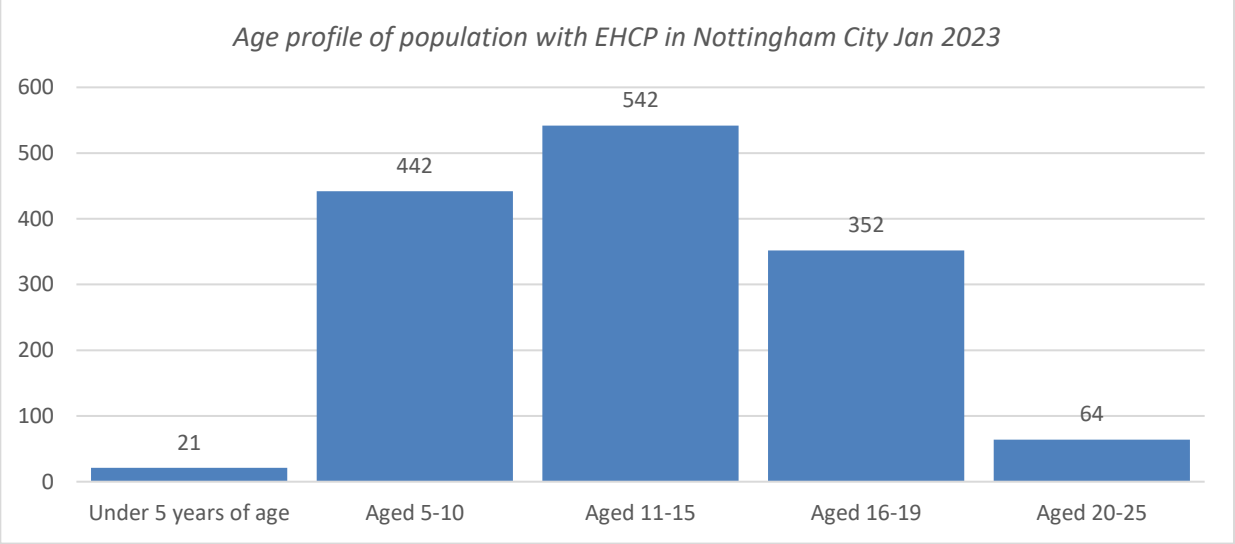
According to the School Census[31] January 2023, there are 51,681 pupils aged 0 to 19 years in Nottingham City schools, of which 8,283 children have SEND (16.0%). Nationally this is 17.3%. Of the 8,283 in Nottingham City, 2.2% have a recorded EHCP and 13.8% have SEN support, compared to 4.3% and 13% nationally. The School Census does not include children and young people attending out of city schools, independent schools or colleges, or further education colleges.

*Table 2: Total size of SEND population (0 to 19 years) in Nottingham City. Source: School Census Jan 2023*

| SEN status | Nottingham City | National average |
|---|---|---|
| Pupils with no known SEN provision | 43,398 (84.0%) | 82.7% |
| SEN support | 7,133 (13.8%) | 13.0% |
| Pupils with an EHC plan | 1,150 (2.2%) | 4.3% |
| All pupils with SEN | 8,283 (16.0%) | 17.3% |

The SEN2 survey 2023 shows 1357 children and young people with an EHCP aged 0 to 19 years and 1421 children and young people 0 to 25 years in Nottingham City. The SEN2 survey[32] includes children and young people aged 0 to 25 years in settings as per school census but also includes those attending out of city schools, independent schools or colleges and further education colleges. Figure2 shows the age profile of children and young people 0 – 25 years with EHCP in Nottingham according to SEN2 data.

*Figure 2:* Age profile of children and young people 0 – 25 years with EHCP in Nottingham according to SEN2 data.




[31] The School Census collects information from state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.

[32] The information collected via the annual SEN2 data submission is the primary data source regarding children and young people aged 0-25 with Education, Health and Care (EHC) plans. It is the only source of data on the totality of EHC plans maintained by individual local authorities

Table 3 shows the gender profile of Nottingham City children and young people aged 0 – 19 years with an EHCP, SEN support and with no SEN. Children and young people with an EHCP or SEN support are more likely to be male with 75.4% and 66.5% respectively. This pattern is echoed in the national figures with boys making up 72.4% and 62.8% respectively. This is compared to the population with no SEN support which shows a more even gender split with 48.5% male in Nottingham (48.2 % nationally).

*Table 3: Total size of SEND population (0 to 19 years) in Nottingham City, by gender and EHCP or SEN support. Source: School census Jan 2023.*

| Gender | EHCP | SEN support | No SEN |
|---|---|---|---|
| Female | 279 (24.6%) | 2258 (33.5%) | 21171 (51.5%) |
| Male | 855 (75.4%) | 4490 (66.5%) | 19917 (48.5%) |

There are higher levels of poverty amongst families with disabled children and young people. Children and young people from low income families are more likely to be identified as having SEND and are more likely to be in receipt of free school meals (25).

A higher proportion of children and young people in Nottingham City (36.7%) are eligible for free school meals than the national average (23.8%), but children and young people with EHCP or SEN support in Nottingham City are particularly more likely to receive free school meals, with 51.4% of children with an EHCP and 51.9% of children with SEN support receiving free school meals, compared to 33.8% of children with no SEN. (Source: School Census 2023).

Figure 3 shows the ethnicity of children and young people with an EHCP aged 0-19 in Nottingham City, with the highest proportion of children and young people with EHC plans, 54.2% in 2023, being white. This compares to 80.4% for the East Midlands, and 72.1% for England as a whole.

*Figure 3: Ethnicity of children and young people with an EHCP (0 to 19 years) in Nottingham City. Source: School Census January 2023*

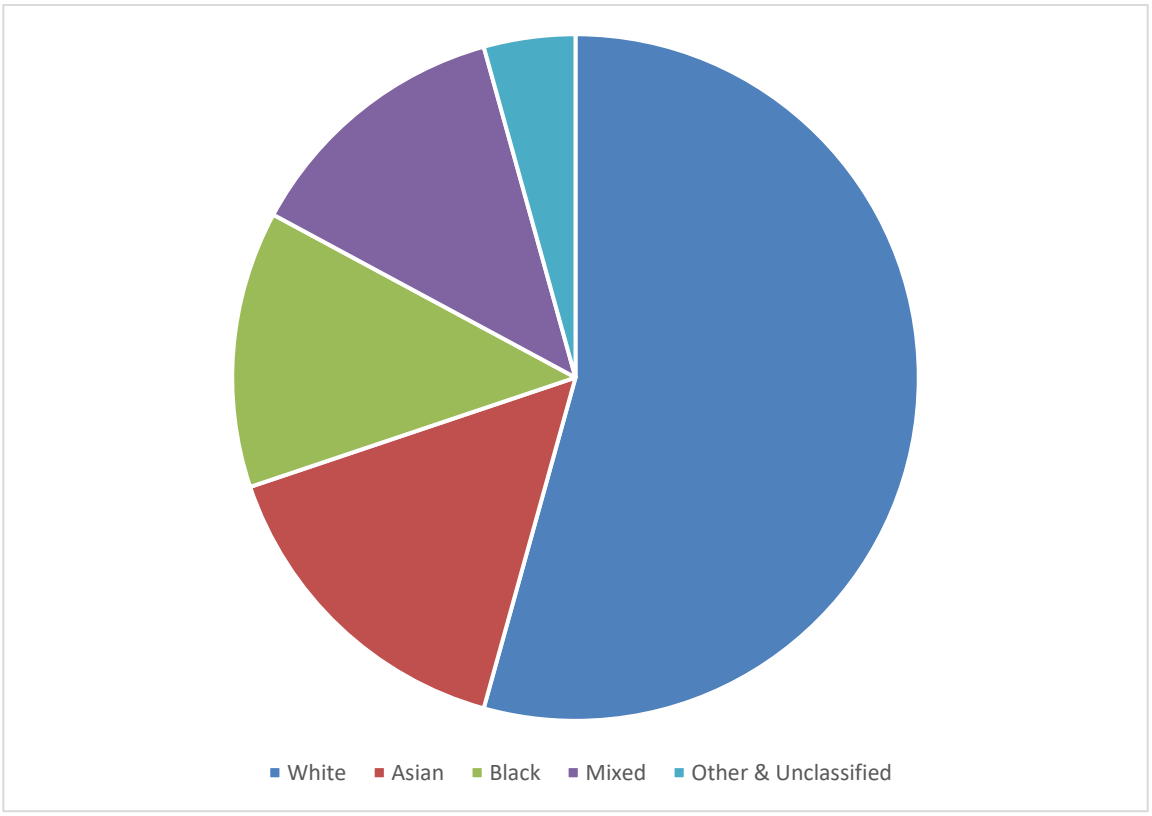


*Table 4 Ethnicity of children and young people with an EHCP, SEN Support and No SEN (0 to 19 years) in Nottingham City, the East Midlands and England. Source: School Census January 2023*

| 2022/23 | Percentages | EHCP | SEN Support | No SEN |
|---|---|---|---|---|
| **Nottingham** | White | 54.2 | 59.4 | 45.2 |
| | Asian | 15.5 | 11.9 | 21.6 |
| | Black | 13.0 | 9.7 | 13.5 |
| | Mixed | 12.8 | 15.3 | 13.6 |
| | Other/Unclassified | 4.3 | 3.5 | 6.3 |
| **East Midlands** | White | 80.4 | 83.1 | 75.8 |
| | Asian | 7.3 | 6.1 | 11.2 |
| | Black | 3.8 | 2.9 | 4.1 |
| | Mixed | 6 | 5.9 | 6.1 |
| | Other/Unclassified | 2.7 | 2.3 | 3 |
| **England** | White | 72.1 | 76.1 | 69.5 |
| | Asian | 10.4 | 8.7 | 13.5 |
| | Black | 6.9 | 5.4 | 6.1 |
| | Mixed | 7 | 6.7 | 6.8 |
| | Other/Unclassified | 3.7 | 3.3 | 4.1 |

Table 4 shows comparative figures for the ethnicity of children and young people aged 0-19 with an EHCP, SEN support and with no recorded SEN in Nottingham City, the East Midlands, and in England as a whole.

### Change over time in SEND population in Nottingham City

*Figure 4: Number of children and young people aged 0-25 with EHC plans maintained by Nottingham City by age band, 2019 – 2023. Source: SEN2 Jan 2023.*

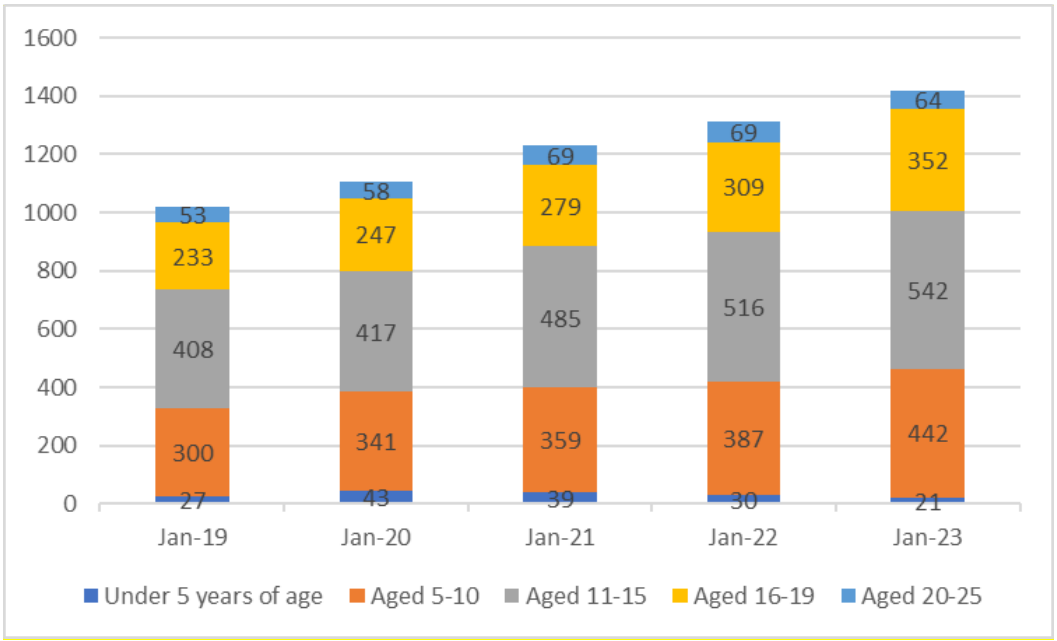



Figure 4 shows data for all children and young people aged 0 to 25 years with EHC plans maintained by Nottingham City over the last 5 years. Most of these children and young people

live within the Nottingham City boundary and attend City-based schools, colleges and other education providers, or attend provision sited in nearby local authority areas. Also included are a small number of children in care to Nottingham City that are placed at residential schools, or in children's homes with education provided on-site. The data shows the overall number of EHC plans has increased by 39% in the last 5 years with the highest increases in age ranges 16-19 (51%) and 5-10 (47%).

Figures from the Nottingham City school census (children and young people aged 0-19) also show a 37% increase in EHC plans over the last 5 years, but only a 6% increase in the number of children and young people at SEN support. The 0-19 school population headcount has increased by 4% over the last 5 years.

**Needs of SEND population in Nottingham City**

**Primary Needs**

Table 5 shows the primary need of children and young people 0 – 19 years with an EHCP and SEN support in Nottingham City. The most common primary need for children and young people with an EHCP is autism, at 46.2%, with a further 4.9% having a primary need of speech, language and communication (SLCN), which can often indicate very similar presenting needs but without an autism diagnosis. The next most prevalent primary needs are social, emotional and mental health, 13.8%, and severe learning difficulties.

Initially, the pattern of primary needs among children and young people with SEN Support looks very different, with social, emotional and mental health needs the most prevalent at 24.6%, but a clearer picture emerges when the two figures for autism (15.4%) and SLCN (19%) are considered together. The next most prevalent primary need (at 19%) is moderate learning difficulty.

*Table 5 Primary needs of school age children and young people 0 – 19 years with EHCP and SEN support. Source: School Census Jan 2023 (excludes independent schools).*

| **Primary need** | **EHCP** | **SEN support** |
|---|---|---|
| Autistic spectrum disorder | 524 (46.2%) | 1036 (15.4%) |
| Hearing impairment | 31 (2.7%) | 95 (1.4%) |
| Moderate learning difficulty | 58 (5.1%) | 1280 (19%) |
| Multi-sensory impairment | 1 (0.1%) | 11 (0.2%) |
| Other difficulty / disability (includes medical) | 30 (2.6%) | 415 (6.1%) |
| Physical disability | 39 (3.4%) | 182 (2.7%) |
| Profound & multiple learning difficulty | 68 (6.0%) | 11 (0.2%) |
| SEN support but no specialist assessment of type of need | 0 | 196 (2.9%) |
| Severe learning difficulty | 118 (10.4%) | 19 (0.3%) |
| Social, emotional, and mental health | 157 (13.8%) | 1659 (24.6%) |
| Specific learning difficulty | 44 (3.9%) | 506 (7.5%) |
| Speech, language, and communication needs | 56 (4.9%) | 1283 (19%) |
| Visual impairment | 8 (0.7%) | 55 (0.8%) |
| **Total** | **1134 (100%)** | **6748 (100%)** |

**Life Limiting Conditions**

The national prevalence of life limiting conditions in children and young people (aged 0-19 years) in England increased over 17 years from 26.7 per 10,000 in 2001/2 to 66.4 per 10,000 in

2017/18[33]. Research indicates that, using the most conservative model for calculation, the future prevalence of children with a life-limiting condition is predicted to be at least 67.0 per 10,000 by 2030. The same research also reports that there is higher prevalence of children with life-limiting and life-threatening conditions in areas of higher deprivation and in ethnic minority groups.

There are two key trends contributing to rising numbers of children with life limiting conditions:

- Improved survival rates of preterm babies and babies with congenital conditions
- Increased life expectancy for children with complex disabilities, including children with severe cerebral palsy, cystic fibrosis, and Duchenne muscular dystrophy

It is problematic to collate accurate, timely data in relation to disabled children and young people who may have a life limiting condition both locally and nationally, as definitions of disability vary widely.

**Where children and young people with SEND live**

Table 6 shows where children and young people aged 0 to 19 years with SEND live in Nottingham City. Aspley and Bilborough to the west of the City have the highest number of resident children and young people with SEND, followed by Bulwell and Bestwood in the north of the City.

*Table 6: Number of children young people with SEND by Nottingham City ward, school census summer 2023.*

| NCYrGrp<br>City Wards | N1 | N2 | E2 | R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Aspley** | 9 | 20 | 0 | 46 | 74 | 77 | 98 | 97 | 100 | 104 | 94 | 91 | 90 | 76 | 71 | 4 | 2 | 2 | **1055** |
| **Basford** | 5 | 9 | 0 | 36 | 29 | 41 | 33 | 32 | 37 | 40 | 37 | 43 | 46 | 28 | 34 | 2 | 6 | 2 | **460** |
| **Berridge** | 3 | 16 | 2 | 33 | 34 | 32 | 43 | 44 | 36 | 40 | 16 | 21 | 18 | 25 | 21 | 7 | 2 | 1 | **394** |
| **Bestwood** | 6 | 19 | 0 | 28 | 30 | 38 | 45 | 46 | 66 | 68 | 48 | 38 | 39 | 45 | 33 | 3 | 4 | 1 | **557** |
| **Bilborough** | 4 | 9 | 0 | 26 | 37 | 50 | 59 | 54 | 66 | 60 | 56 | 57 | 63 | 54 | 55 | 6 | 7 | 1 | **664** |
| **Bulwell** | 3 | 6 | 0 | 35 | 37 | 53 | 41 | 61 | 53 | 71 | 76 | 38 | 50 | 38 | 33 | 3 | 3 | 3 | **604** |
| **Bulwell Forest** | 2 | 8 | 0 | 17 | 18 | 26 | 29 | 27 | 21 | 36 | 26 | 25 | 30 | 31 | 28 | 3 | 5 | 0 | **332** |
| **Castle** | 0 | 0 | 0 | 0 | 1 | 0 | 6 | 2 | 4 | 2 | 1 | 1 | 1 | 3 | 1 | 0 | 1 | 0 | **23** |
| **Clifton East** | 3 | 12 | 0 | 19 | 27 | 34 | 50 | 39 | 52 | 43 | 49 | 58 | 32 | 44 | 34 | 8 | 6 | 2 | **512** |
| **Clifton West** | 0 | 3 | 0 | 12 | 10 | 7 | 10 | 12 | 14 | 17 | 19 | 21 | 12 | 8 | 18 | 1 | 1 | 2 | **167** |
| **Dales** | 2 | 7 | 0 | 13 | 21 | 34 | 31 | 37 | 40 | 29 | 25 | 24 | 34 | 33 | 23 | 6 | 4 | 1 | **364** |
| **Hyson Green & Arboretum** | 4 | 27 | 0 | 28 | 41 | 32 | 34 | 42 | 39 | 40 | 25 | 28 | 31 | 35 | 27 | 7 | 1 | 1 | **442** |
| **Leen Valley** | 1 | 7 | 0 | 22 | 15 | 16 | 17 | 17 | 16 | 20 | 11 | 13 | 17 | 16 | 8 | 3 | 4 | 2 | **205** |
| **Lenton & Wollaton East** | 3 | 9 | 0 | 15 | 16 | 17 | 29 | 18 | 13 | 19 | 11 | 13 | 13 | 17 | 14 | 5 | 4 | 2 | **218** |
| **Mapperley** | 1 | 8 | 0 | 16 | 15 | 20 | 14 | 30 | 22 | 37 | 23 | 12 | 17 | 17 | 11 | 1 | 2 | 0 | **246** |
| **Meadows** | 1 | 3 | 0 | 13 | 15 | 17 | 21 | 26 | 20 | 24 | 32 | 26 | 15 | 22 | 10 | 2 | 3 | 2 | **252** |
| **Radford** | 3 | 4 | 1 | 12 | 14 | 12 | 16 | 17 | 8 | 14 | 20 | 11 | 7 | 10 | 16 | 2 | 2 | 0 | **169** |
| **Sherwood** | 2 | 6 | 0 | 18 | 25 | 30 | 37 | 41 | 40 | 55 | 22 | 24 | 20 | 21 | 22 | 8 | 6 | 2 | **379** |
| **St. Ann's** | 6 | 12 | 0 | 30 | 39 | 36 | 44 | 43 | 46 | 45 | 33 | 46 | 28 | 27 | 25 | 2 | 3 | 0 | **465** |
| **Wollaton West** | 1 | 3 | 0 | 14 | 15 | 16 | 14 | 17 | 19 | 29 | 30 | 16 | 18 | 15 | 17 | 3 | 3 | 1 | **231** |
| **Grand Total** | **59** | **188** | **3** | **433** | **513** | **588** | **671** | **702** | **712** | **793** | **654** | **606** | **581** | **565** | **501** | **76** | **69** | **25** | **7739** |

**Where pupils with SEND are educated within Nottingham City (Schools, Colleges, and Special Schools)**

Table 7 shows where children and young people are educated according to the School Census

[33] Estimating the current and future prevalence of life-limiting conditions in children in England - PubMed (nih.gov)

January 2023. This shows the highest proportion (60%) of children aged 0-19 in City schools with an ECHP are educated in a special school or academy, and 40% in mainstream provision.

*Table 7: Children and young people 0 – 19 years by educational setting. Source: School Census January 2023 (excludes independent schools).*

| | **Pupils with no known SEN** | **Pupils with SEN support** | **Pupils with an EHCP** |
|---|---|---|---|
| State-funded nursery | 84 | 16 | 0 |
| State-funded primary | 24,289 | 4,043 | 243 |
| State-funded secondary | 16,652 | 2,477 | 179 |
| State-funded special school | 0 | 9 | 628 |
| Non-maintained special school | 0 | 0 | 54 |
| State-funded AP school | 63 | 203 | 30 |
| **Total** | **41088** | **6748** | **1134** |

According to the SEN2 return January 2023, which looks at children and young people aged 0-25 normally resident in Nottingham City with EHCPs, regardless of where they attend their educational provision, the split between mainstream and specialist provision is much more even with 45.5% in specialist provision, 47.9% in mainstream provision and the remainder either being educated at home, waiting for a placement, or going through the formal EHCP cease process following the end of their education. This shift in balance between mainstream and special provision when analysing the full age range 0-25 indicates that many special school leavers move on to their next educational placement with mainstream providers. In January 2023, there were 416 post16 young people normally resident in Nottingham City with EHCPs. 23.9% of these young people had stayed on into sixth form in special schools, 3.9% had done the same in mainstream schools, 4.6% had moved on to specialist colleges, but around half, 49.4%, were attending mainstream FE colleges and training providers. The mainstream provider meeting the needs of the largest percentage of post16 students with EHCPs in Nottingham City is Nottingham College:

- Retention is very good ensuring that students progress, achieve and are supported to be safe.
- The vast majority of students progress positively from their relative starting points that match their needs. Developing key personal, social, independent living & employability skills. Many progressing to higher level learning outcomes, independent living and/or employment options.
- The vast majority of students on independent living courses have reported improvements in their self-confidence, self-esteem, independence.
- Ongoing work to develop independent living skills for all SLDD/HNL/EHCP learners with local community frameworks and local authorities via community-based projects and enterprise. This develops self-confidence, improved subject knowledge, transferrable skills and an understanding of how learners can engage in their wider community and become more independent and employable.
- Employment & work-related outcomes have esceeded expectations, particularly employability outcomes via Supported Internship and students on Entry 3 & Level 1 gaining employment within the local community.

**Specialist Education provision**

Nottingham City Council has a statutory responsibility to ensure the sufficiency of and to secure school places for all children including those with special educational needs and/or disabilities.

The council has recently developed and consulted on SEND Sufficiency Strategy (2023) which identified:

- There is a growing number of young people with EHC plans whose family's preference is for specialist provision
- The most significant growth in need is for young people with autism and speech and language difficulties
- Children are being identified younger and in growing numbers demonstrated by the high level needs funding growth to support children in early years
- A number of families choose to preference specialist provision as their child moves from primary to secondary school
- In response to this the council has implemented the SEND Sufficiency Strategy and phase 1 priorities which include:
- Expanding Nottingham's special school for young people with autism by 80 places
- Developing enhanced resource provision in 2 secondary mainstream schools for young people with autism, speech and language and/or learning difficulties (30 places)
- Developing additional primary mainstream enhanced resource provision for children with autism, speech and language and/or learning difficulties
- Some wards in the city have higher levels of SEN than others so where possible, provision should be developed in these areas
- Additionally, the council is undertaking a full commissioning review of alternative provision to ensure that there is sufficient, high quality, all age provision for young people currently not able to attend mainstream provision

**Electively home educated**

In January 2023, there were 8 children and young people aged from 5 to 16 with an EHCP who were electively home educated. The most common primary need of children and young people being electively home educated was Autism (75%).

**Continuing Care**

Continuing Care is a package of care which is arranged and funded by the NHS and Local Authority for children up to the age of 18 who may have very complex care needs. Nottingham and Nottinghamshire Integrated Care Board (ICB) are responsible for the population of Nottingham City. In summer 2023 there were 27 Nottingham City children and young people in receipt of a package of support from Continuing Care.

**SEN Children and Young People in Nottingham City with a social worker**

At the end of November 2023 there were 2518 children and care leavers allocated to children's social care teams. Of these:

- 423 were on a Child Protection Plan
- 704 are Children In Care
- 618 were Children with a Child in need plan.

Of the 704 Children In Care to Nottingham City in Nov 2023, 56.6% were statutory school age, 15.1% Early Years, and 28.6% Post 16. Of the statutory school aged Children In Care, 17.7% had an EHCP and 37.2% were in receipt of SEN Support.

The 2019 government review of children in need[34] showed that at least 1.6 million children needed a social worker between 2012 and 2018 – equivalent to one in 10 of all children, or 3 children in every classroom.

The review showed that these children do significantly worse than others at all stages of education, and that poor educational outcomes persist even after social work involvement ends.

In September 2021, local authorities began receiving funding to extend the role of virtual school heads to include strategic responsibility for children with a social worker.

'Children with a social worker' includes all children who have been assessed as needing or previously needing a social worker within the past 6 years due to safeguarding or welfare reasons. It includes all children aged 0 to 18 across all education settings subject to a children in need plan or a child protection plan.

Children with a social worker face significant barriers to education as a result of experiences of adversity, most commonly abuse and neglect.

Based on data taken from the review of children in need, children with a social worker are present in 98% of state schools and face barriers to education due to experiences of adversity, most commonly as a result of domestic abuse, mental ill-health, and substance misuse, with 62% of children needing a social worker having experienced one or more of these.

On average, children with a social worker do worse than their peers at every stage of their education. In 2018, 50% of children who had a social worker in the last 6 years were able to achieve a good level of development in the early years, compared to 72% of children who never had a social worker.

Pupils who had a social worker in the year of their GCSEs were around half as likely to achieve a strong pass in English and maths than their peers, and at the end of key stage 4 were around 3 times less likely to go on to study A levels at age 16, and almost 5 times less likely to enter higher education at age 18.

After age 18 of those who needed a social worker in the year of their GCSEs, 6% were in higher education compared to 27% of those who did not have a social worker; and by age 21, half had still not achieved level 2 qualifications (including GCSEs), compared to 11% of those not in need of a social worker.

Some children with a social worker go on to become looked-after. Of the cohort of children who were looked-after children in 2017 to 2018, 62% had spent some time on a children in need plan in the previous 5 years and 39% had spent some time on a child protection plan.

Attendance has fallen for all pupils since the pandemic with children in need particularly affected. In 2021 to 2022, all social care groups (apart from looked-after children) were over twice as likely to be absent than the overall pupil population. Improving attendance is a priority for both social care and education.

Children with a social worker are around 3 times more likely to be persistently absent from school, and between 2 to 4 times more likely to be permanently excluded from school than their peers. This group are also over 10 times more likely to attend state-funded alternative provision settings than all other pupils.

A significant proportion of children with a social worker may also be identified as having special educational needs or may be disabled. These needs can increase a child's vulnerability and increase the pressure on the family due to additional care demands.

The non-statutory responsibility for promoting the educational outcomes of children with a social

[34] Review of children in need - GOV.UK (www.gov.uk)

worker is in addition to the existing statutory duties for looked-after and previously looked-after children.

Using their expertise and knowledge from working with looked-after and previously looked-after children, virtual school heads have made progress in:

- understanding and addressing the barriers and challenges this group face in attending school
- strengthening partnerships between education settings and local authorities
- establishing a culture of high aspirations that helps these children to progress in education

**Youth Justice**

The Ministry of Justice has developed a number of new Key Performance Indicators for Youth Justice Services (YJS) in England and Wales[35]. One of these, implemented from 1st April 2023, concerns children with SEND; specifically, whether they have a formal Education, Health and Care Plan (EHCP) in place and whether they are in suitable education, training or employment (ETE).

Considerable work has taken place with colleagues in the NCC SEN Team to create a pathway for the collation and integration of this dataset into normal YJS operations, with the result that all children known to YJS are now routinely checked by a SEND Welfare Officer to identify if they have an existing EHCP or a SEN support package in place at the start of their YJS intervention.

Of the 310 children open to Nottingham City YJS in Autumn 2023, 44 (14.2%) have a current EHCP. Of these, 16 are in receipt of Out of Court Disposals[36], 14 are Prevention cases, 9 are subject to Community Orders/licences, 3 are in custody, and 2 awaiting sentence with pre-sentence reports.

The YJS has also recently delivered training on assessment and is implementing a new prevention and diversion assessment tool, which also asks standard questions intended to identify a range of neuro-diverse needs which may present in children referred to the YJS, including speech, language and communication needs, Neuro-developmental Disorders and SEND.

**Housing**

Older young people with SEN needs may require housing support. Nottingham City aims to provide people who have an assessed need with a clear understanding of what housing support will be available to them. Table 8 shows the number of people aged 18 – 35 years, receiving housing support by Nottingham City Council.

*Table 8: Number of people aged 18 – 35 years, receiving support by Nottingham City Council*

| **Type of Accommodation** | **2021** | **2022** | **2023** |
|---|---|---|---|
| Live with carer, parents, family or in a shared lives[37] arrangement | 248 | 292 | 298 |
| Ordinary Housing - owned or rented | 22 | 28 | 34 |
| Residential Care | 63 | 64 | 61 |
| Supported Accommodation[38] | 60 | 56 | 54 |

[35] [KPI_Recording_Guidance_for_YJSs] (publishing.service.gov.uk)
[36] Out of Court Disposals ("OOCD's") are one of several methods of concluding criminal investigations without proceeding to a formal court prosecution. They are administered to offenders to enable the police to deal proportionately with mainly (but not exclusively) low-level, often first-time offending and with a view to maximising victim satisfaction whilst addressing the offending
[37] Shared Lives - Nottingham City Council
[38] Supported housing: national statement of expectations - GOV.UK (www.gov.uk)

**Personal budgets & Short breaks provision Nottingham City**

A comprehensive personal budget policy is published on the AskLion local offer. This provides a clear pathway for children and young people with an EHC Plan to request a personal budget.

Since the introduction of the SEND Reforms families are increasingly opting for a personal budget and a co-produced plan which focuses on clear, qualitative outcomes. Support planning enables clear identification of outcomes and allows a person centred approach and focus. Nottingham City Council's Personalisation Hub provides a support service to all children accessing their Personal Budget as a Direct Payment.

For those families accessing a Direct Payment, the Personalisation Hub offers support and advice on how to use their Direct Payment appropriately. This includes advice on becoming an employer and how to meet their legal obligations, including pre-employment checks and drawing up an employment contract. Nottingham City Council now has an internal payroll service, operated by East Midlands Shared Services, which supports citizens to fulfil their payroll requirements.

Personal Budgets are fully implemented for disabled children. This includes the use of a Resource Allocation System to allocate an upfront Personal Budget for short breaks support.

The SEN Service has reviewed and restructured High Level Needs (HLN) funding to allow an education Personal Budget to be released.

For all children with identified Continuing Care needs, a Personal Health Budget is available.

For the current financial year, the number of families accessing their child's personal budget through a Direct Payment is provided below.

- Total number of Direct Payments 337
- Total number of social care Direct Payments 330
- Total number of education Direct Payments 4
- Total number of Personal Transport Budgets 11
- Total number of health Direct Payments 15
- Total number of Keyworking Personal Budgets 6

Nottingham City Council adopts a graduated pathways approach to accessing short breaks for disabled children and their families. Pathways 1 and 2 do not require a social worker assessment and can be accessed through an application process. A personal budget of up to £1,664 can be released through Pathway 1 and a personal budget of up to £6,656 can be released through Pathway 2. Pathways 1 and 2 are suitable for those children with generally lower level needs or for those families who do not wish to complete a social worker assessment. As of January 2024, the numbers of children accessing short breaks through Pathways 1 and 2 are detailed below.

- Pathway 1 102
- Pathway 2 268
- Total 370

The numbers above include those already accessing a short breaks service (including Direct Payments) and those whose application is undergoing appraisal. The numbers accessing short breaks through Pathways 1 and 2 have increased significantly and the pressures caused by the increasing numbers applying has led to a waiting list for applications to be appraised. This has created significant delays for families to be able to access services and waits of up to six months for an application to be appraised have been unavoidable. The Short Breaks Innovation Fund project did alleviate some pressures and identify new services for families to access but the ending of the support by the DfE has led to uncertainty over whether these new services will be able to continue beyond the end of the project.

## 3) Targets and performance

### Educational attainment/outcomes

Data has not been published at the pupil level for 2020 or 2021 due to Covid-19 for educational attainment or outcomes, therefore SEN cannot be identified in the aggregate data for these years. The following summarises Nottingham City attainment data from 2018 for all children and young people with SEN.

Key Stage 1 SEN

*Table 9: Key stage 1 attainment by region and local authority for All SEN in England, the East Midlands, and Nottingham between 2017/18 and 2022/23.*

| Key stage 1 attainment - All SEN | | % meeting or exceeding the expected standard in maths | % meeting or exceeding the expected standard in reading | % meeting or exceeding the expected standard in writing |
|---|---|---|---|---|
| England | 2017/18 | 33% | 30% | 22% |
| | 2022/23 | 32% | 28% | 19% |
| East Midlands | 2017/18 | 30% | 27% | 20% |
| | 2022/23 | 32% | 26% | 18% |
| Nottingham | 2017/18 | 32% | 29% | 22% |
| | 2022/23 | 33% | 27% | 21% |

Table 9 shows that in 2023 Nottingham City SEN pupils are collectively slightly outperforming SEN pupils in the East Midlands in maths, reading and writing at Key Stage 1, and also slightly outperforming pupils with SEN across England in maths and writing and are only 1 percentage point behind the national figure for reading.

Key Stage 2 SEN

23.3% of Nottingham City SEN pupils achieved the expected standard in combined reading writing and maths in 2023, compared to the national figure of 20%.

Key Stage 3 SEN

There is no national assessment of progress at KS3 and therefore no data.

Key Stage 4 SEN

19.7% of SEN pupils achieved grades 5 and above in both English and maths in 2023. This represents an increase of 4.7 percentage points from 2019, but remains behind the East Midlands (23.5%) and the national figure (27.3%)

Key Stage 5 SEN

As shown in Table 10, 16-17 year-olds with SEN Support in Nottingham City have a higher rate of participation in education or training than the England average, but those with an EHCP have a participation rate of 88% compared with the national rate of 91.4%.

*Table 10: Proportion of 16- to 17-year-olds recorded in education and training in Nottingham City. Source: Department for Education. 2021.*

| Percentage of 16-17 years recorded as participating in education or training in 2021 | | | |
|---|---|---|---|
| | With EHCP | With SEN support | With no SEND needs |
| Nottingham City | 88% | 93% | 95.8% |
| England | 91.4% | 91.65% | 95.8% |

**Absence, fixed term, and permanent exclusion rates**

As shown in Table 11, overall absence and persistent absence rates are higher in children with SEN support and EHCPs compared to children with no identified SEN, with very similar patterns locally, regionally and nationally.

*Table 11: Overall absence and persistent absence rates 2021/22*

| 2021/22 | Overall absence rate | | | Percentage of persistent absentees (10% or more missed) | | |
|---|---|---|---|---|---|---|
| | No identified SEN | SEN Support | EHCP | No identified SEN | SEN Support | EHCP |
| England | 6.9% | 10.0% | 12.1% | 20.0% | 32.0% | 36.9% |
| East Midlands | 6.9% | 10.1% | 12.4% | 19.6% | 31.6% | 36.3% |
| Nottingham | 6.9% | 10.5% | 14.9% | 21.2% | 34.1% | 40.6% |

Table 12 shows the rate of suspensions and permanent exclusions in Nottingham City over the last 6 years. It is important to note (*) that for 2019/20 and 2020/21, while suspensions and permanent exclusions were possible throughout the academic year, pandemic restrictions will have had an impact on the numbers presented and caution should be taken when comparing across years.

*Table 12: Permanent exclusions and suspensions - by SEN characteristic in Nottingham between 2016/17 and 2021/22*

| | | EHCP | SEN Support | No SEN | All SEND Proportion |
|---|---|---|---|---|---|
| Permanent exclusions | 2016/17 | 0 | 48 | 42 | 53.3% |
| | 2017/18 | 1 | 28 | 31 | 48.3% |
| | 2018/19 | 0 | 24 | 46 | 34.3% |
| | *2019/20** | *1* | *22* | *38* | *37.7%* |
| | *2020/21** | *0* | *27* | *42* | *39.1%* |
| | 2021/22 | 2 | 39 | 45 | 47.7% |
| Suspensions | 2016/17 | 73 | 1,088 | 1,897 | 38.0% |
| | 2017/18 | 101 | 1,080 | 1,646 | 41.8% |
| | 2018/19 | 122 | 1,327 | 2,312 | 38.5% |
| | *2019/20** | *153* | *1,162* | *1,692* | *43.7%* |
| | *2020/21** | *186* | *1,984* | *3,168* | *40.7%* |
| | 2021/22 | 249 | 2,666 | 4,810 | 37.7% |

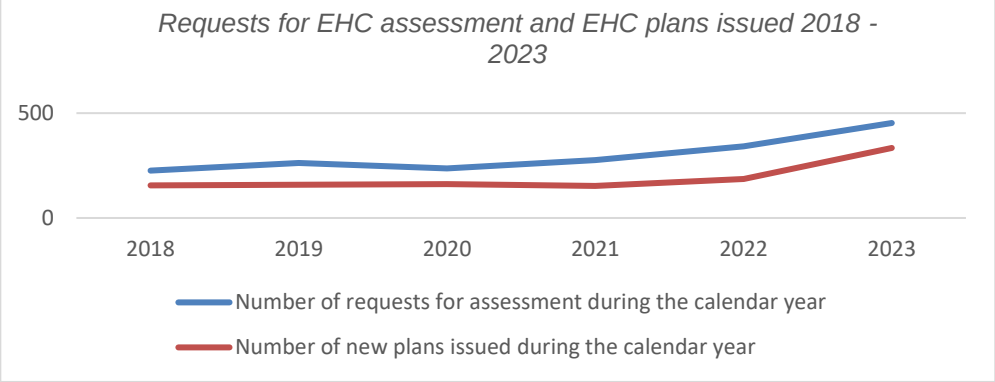
**EHCP services in Nottingham City**

Table 13 shows that in 2022, there were 341 requests for Education Health and Care (EHC) needs assessments, an increase of 23.5% from 2021. Due to the length of the assessment timeframe, there is a lag in the data where requests made in one calendar year may well result in an EHCP being issued in the following calendar year.

*Table 13 - Requests for EHC assessment, requests for assessment turned down, and EHC plans issued 2018 - 2023*

| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 unconfirmed (not yet submitted to the DfE) |
|---|---|---|---|---|---|---|
| Number of requests for assessment during the calendar year | 226 | 263 | 237 | 276 | 341 | 453 |
| Number of new plans issued during the calendar year | 155 | 159 | 161 | 153 | 186 | 334 |

*Figure 5 Requests for EHC assessment and EHC plans issued 2018 – 2023*




The SEND tribunal appeal rate is the proportion of appealable decisions of the total number of SEND appeals registered with the Tribunal in the calendar year. Nottingham City's most recent

SEND tribunal rates. 2.49% in 2022, are slightly higher than the mean for all English local authorities, 2.33% in 2022.

*Figure 6: Appeal rate to the SEND Tribunal based on total appealable decisions*

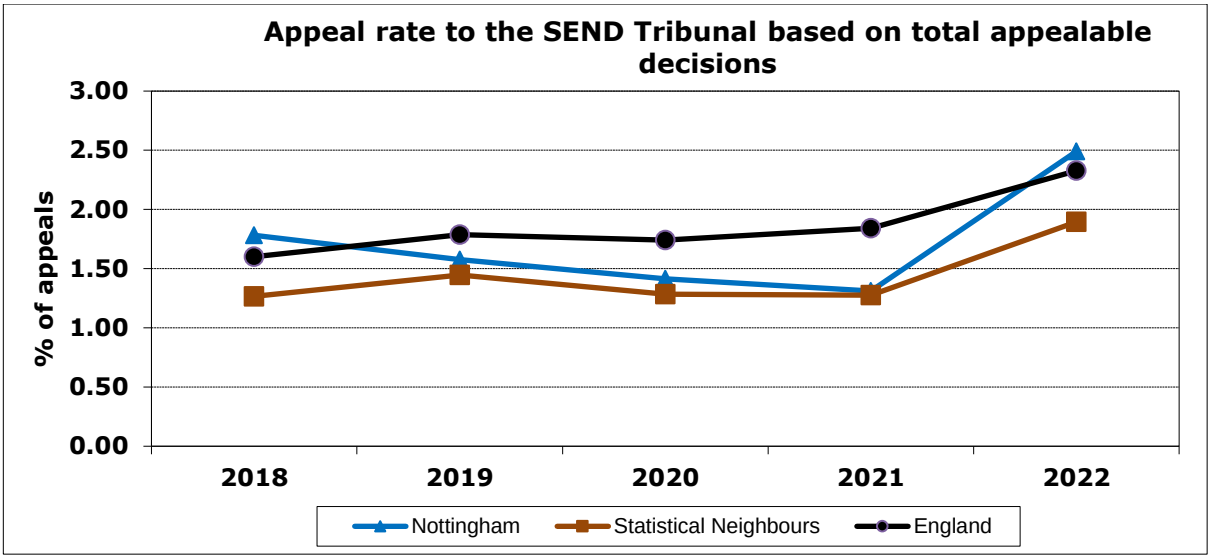



Table 14 demonstrates that decisions on whether to agree to an assessment are being made and communicated to applicants in a timely fashion, but there has been a reduction in the percentage of EHC plans issued within the 20 week deadline. This reflects a similar national picture. In 2022 Nottingham City issued 43% of EHC plans within 20 weeks, which falls below the national average of 49.2%.

*Table 14: Assessment decision response to requests made within 6 weeks and EHCPs issued within 20 weeks*

| Year | Assessment decision response made within 6 weeks of request | EHCP issued within 20 weeks |
|---|---|---|
| 2018 | 96% | 100% |
| 2019 | 99% | 98% |
| 2020 | 98% | 82% |
| 2021 | 99% | 82% |
| 2022 | 99% | 43% |

In 2023 The DfE Local Authority (LA) SEND Service Survey for Q3 2023 (Jul-Sep) reported that the national average for EHCPs issued within 20 weeks was 50%. In 2023 Nottingham issued 52.7% of EHC plans within 20 weeks, achieving slightly higher than the national average.

*Table 15: Monthly rate of Nottingham City EHCPs issued within 20 weeks in the 2023 calendar year*

| Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Monthly rate | 0.0% | 16.7% | 42.9% | 72.0% | 80.0% | 88.6% | 80.9% | 79.2% | 81.3% | 48.3% | 48.0% | 51.6% |

As shown in Table 15, the LA had significant challenges in Quarter 1 of 2023 only issuing an average of 19.8% of EHCPs within 20 weeks. Challenges were in line with nationally reported

issues of staff recruitment and retention difficulties, specifically a shortage of Educational Psychologists (EP's) to undertake statutory work. Nottingham City addressed this issue with a redesign of Educational Psychology Service delivery and an increase in the use of locum EP's. Figures for Quarters 2-4 in 2023 demonstrate a significant improvement in performance with on average 70% of EHCPs being issued within 20 weeks.

**Annual health checks**

All people aged over 14 on the GP practice learning disability register are eligible to have an Annual Health Check[39]. The check is designed to pick up a wide range of unmet health needs and leads to the treatment of health conditions which may be serious or life-threatening. In the Midlands the average uptake of Annual Health Checks is 76%. In Nottingham and Nottinghamshire, the target for 2022/23 was to complete an annual health check for 70% of the individuals on the current LD registers, aged 14 and above by the end of March 2023. This target has been achieved with 76% health checks having been completed. This equates to an LD check being performed for 4700 individuals, with 1700 of those receiving a health check in 22-23, that didn't in the previous year.

The focus for 23 -24 will be to continue to deliver annual health checks for at least 76% of people on the LD registers. In Nottingham City in 2023/24 there are 1997 people on the LD register to be offered an annual health check. As well as continuing to improve the uptake of health checks, there will also be a focus on improving the quality of the health checks to tackle the health inequalities being experienced by people with a learning disability. This will ensure that they're receiving a high-quality health check that will help to reduce those health inequalities and provide a preventative measure. For some GP practices there may be reasons for low achievement related to demographics or size, for example if they are a smaller practice in an area with lower levels of socioeconomic deprivation. GP practices will continue to receive investment for the completion of health checks and health action plans under the impact and investment fund, with the requirement of recording the ethnicity of individuals.

**SEND Inspection Findings**

In November 2021 Ofsted and the Care Quality Commission (CQC) conducted a joint SEND inspection of Nottingham City to judge the effectiveness of implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014 (34). Main findings included:

- Area leaders were quick to respond to the SEND reforms. They undertook significant and timely actions when the reforms were introduced. Education, health and social care leaders and professionals share a common ambition for Nottingham to be a truly inclusive place to live.
- Leaders understand the current strengths and areas to improve in Nottingham's SEND arrangements. They know the shortcomings in SEND provision. There is an appropriate strategy in place to improve outcomes for children and young people with SEND.
- Recent, significant changes in the area's leadership have resulted in some disruption to the strategic oversight of the SEND strategy. Leaders are managing substantial organisational changes across services. They are beginning to overcome these challenges.
- An external review has made recommendations to improve commissioning arrangements. Leaders have responded to these recommendations by establishing structures to strengthen joint commissioning arrangements. Appropriate plans are in place to develop a joint commissioning strategy in the near future. The current absence of an overall joint

[39] Learning disabilities - Annual health checks - NHS (www.nhs.uk)

commissioning strategy limits the area's ability to use commissioning as a tool for improvement.

- Leaders have developed a coherent plan to support children and young people with SEND to prepare for adulthood. The plan identifies what should happen at each stage of a child or young person's school life. The pandemic delayed implementation of this new consistent approach. The partnership with 'Futures' strongly supports young people with SEND to transfer from schools into further education, employment or training.
- The online local offer for children and young people with SEND is not well publicised. It does not capture all the services and activities. There is no effective oversight of the local offer website to ensure that it is well maintained and accessible to all parents and carers.
- The neurodevelopmental pathway is not communicated well enough to parents. As a result, some parents have unrealistic expectations of what support their children will receive once diagnosis has been confirmed.
- Area leaders have not communicated their strategy for identifying, assessing and meeting the needs of children and young people with SEND clearly enough. A large proportion of parents do not understand or appreciate the strategy. Many do not know where to find information and guidance to improve outcomes for their children.
- Some children and young people with SEND wait too long for assessments to identify possible autism spectrum disorder (ASD). Some parents do not feel that they or their children are well supported while waiting for these assessments. They feel that the behavioural, emotional and mental health (BEMH) pathway offers only basic support for children with complex needs while they are waiting for a formal assessment. Some consider the thresholds for support and treatment to be too high. Nevertheless, the pathway provides parents and professionals working in schools with appropriate strategies to support children and young people while they wait for a formal assessment of their needs. To mitigate against this, the Integrated Commissioning Board (ICB) commissioners for LDA transformation have undertaken a system wide review of the Neurodevelopmental Pathway and recommendations and changes to services delivery have been made, the findings of the report are due to be published March 2024
- Some parents are frustrated with having to wait for assessments to identify their children's needs. Some are resorting to paying for private assessments and therapies to ensure that their children's needs are met appropriately.

**Health Service Usage**

**Community Therapies**

ICB commissioners have noted that patients accessing the three community therapies of:

- Occupational therapy
- Physiotherapy
- Speech and language therapy

will largely be from children and young people identified as having SEND. Total figures of service referrals, waits and activity of these therapies as therefore being used a proxy for SEND children and young people until patient-level cohorts data is available. These figures are at ICB level so they include Nottingham and Nottinghamshire SEND children and young people. The data analysed only includes children and young people's therapies and would not include those aged up to 25 with SEND accessing adult services. Nottingham and Nottinghamshire has no waits longer than 52 weeks reported for any of the three therapies.

*Table 16: Nottingham and Nottinghamshire Occupational therapy waits for Children and Young People 0-18 with Special Educational Needs and Disabilities, August 2023*

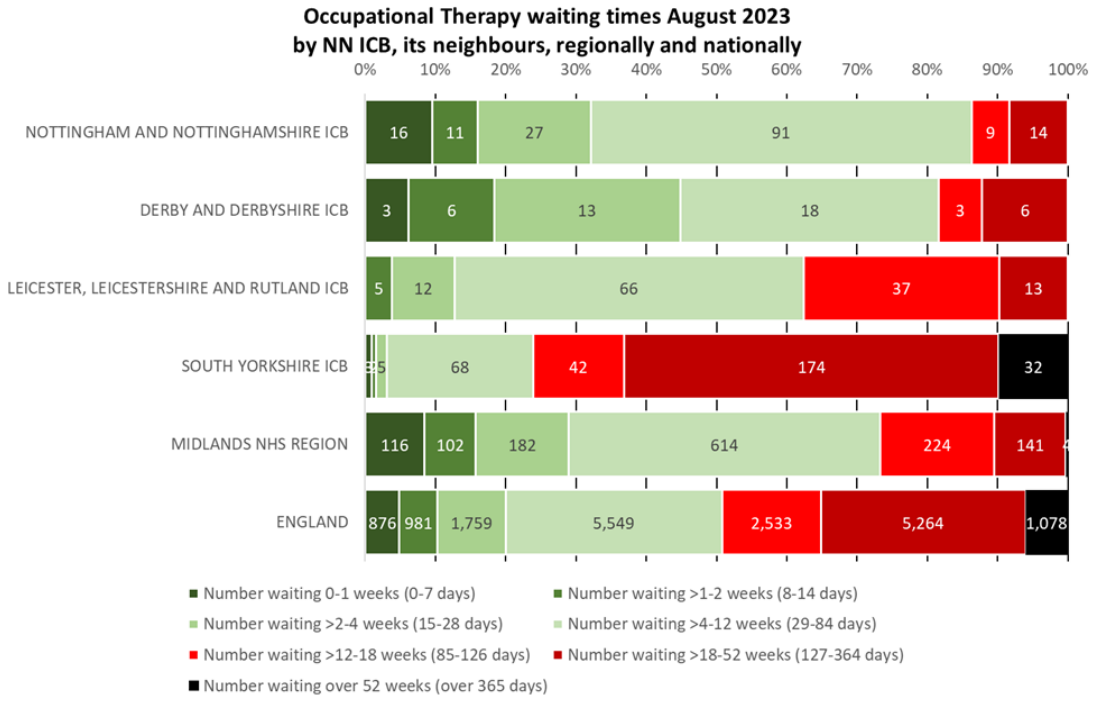



Table 16 shows the number of children and young people referred for occupational therapy and their first appointment waiting times. The figures show that Nottingham and Nottinghamshire have the lowest percentage in the Midlands region of people waiting for more than 12 weeks: 14% compared to a Midlands Region average of 27%, and a national average of 49%.

*Table 17: Nottingham and Nottinghamshire Physiotherapy waits for Children and Young People 0-18 with Special Educational Needs and Disabilities, August 2023*

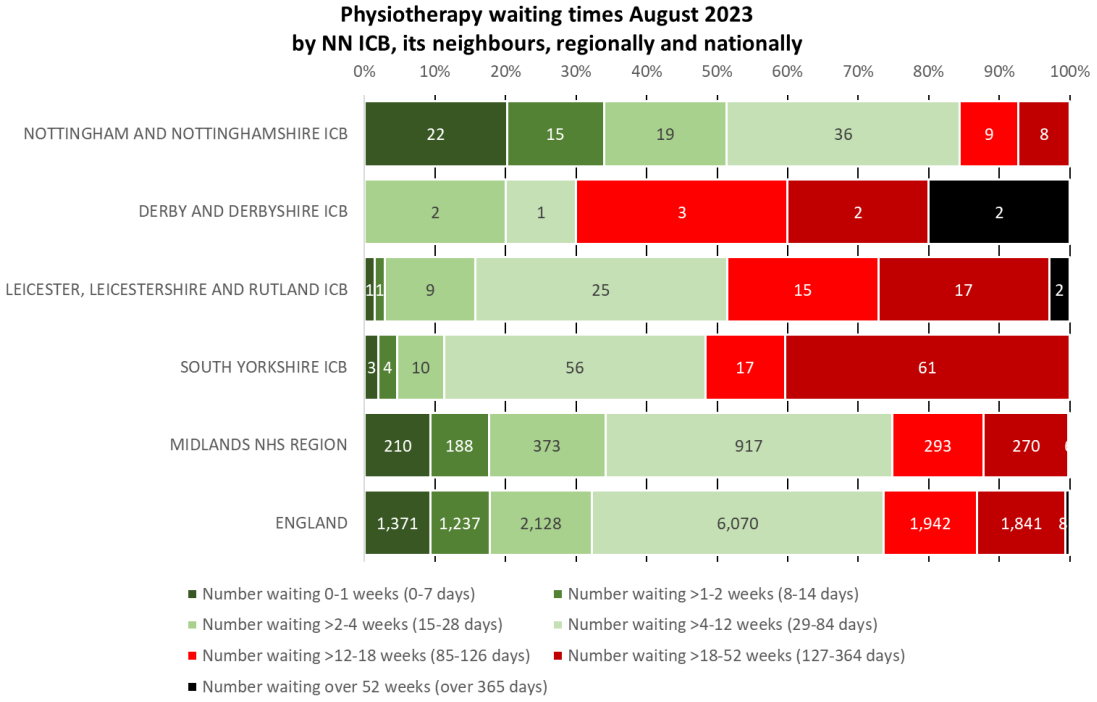


Table 17 shows the number of children and young people referred for physiotherapy and their first appointment waiting times. The figures show that Nottingham and Nottinghamshire have the lowest percentage in the Midlands region of people waiting for more than 12 weeks: 16% compared to a Midlands Region average of 25%, and a national average of 26%.

*Table 18: Nottingham and Nottinghamshire Speech and Language Therapy waits for Children and Young People 0-18 with Special Educational Needs and Disabilities, August 2023*

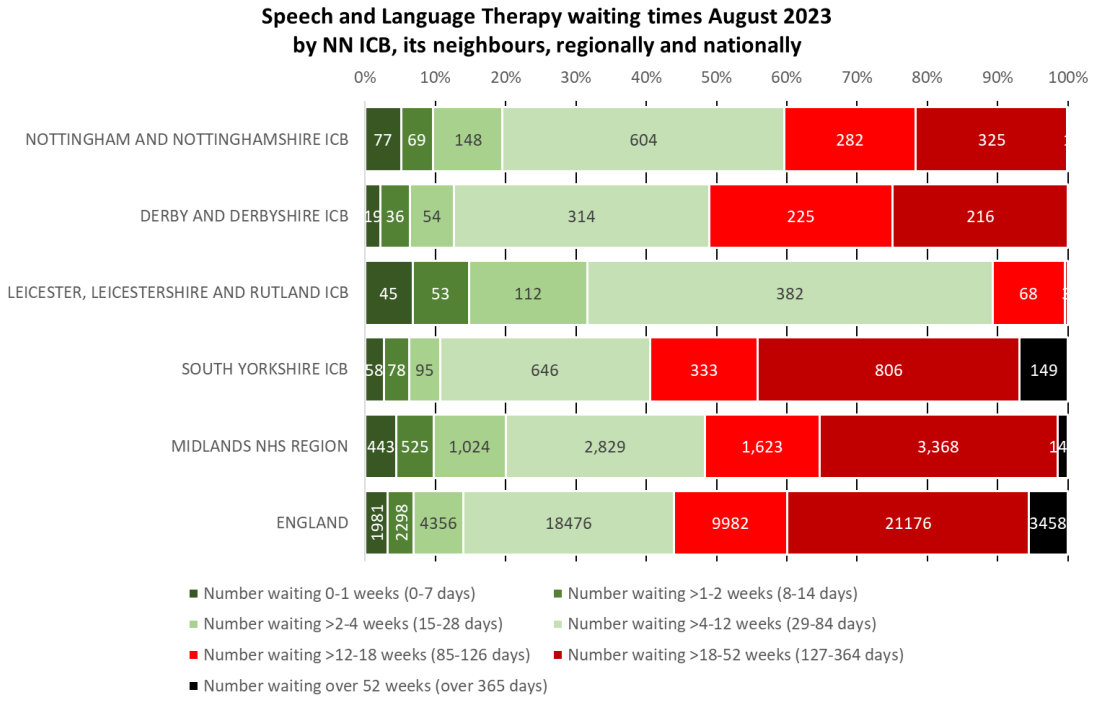



Table 18 shows the number of children and young people referred for speech and language therapy and their first appointment waiting times. The figures show that Nottingham and Nottinghamshire have the second lowest percentage in the Midlands region of people waiting for more than 12 weeks: 40% compared to a Midlands Region average of 52%, and a national average of 56%.

**Mental Health Services**

**Nottingham City Council Targeted CAMHS Service** are commissioned to deliver a Targeted CAMHS Service to children and young people aged 0-18 with *mild- moderate* emotional or mental health difficulties living in the City of Nottingham. Nottingham City Council have a Single Point of Access (SPA) for all referrals related to children and young people who reside in the City of Nottingham. The service offers culturally competent care for all children and young people and work to understand and respect all diverse needs. The service offers a partnership approach supporting collaboration with children and young people. Additionally, routine outcome measures are used collaboratively to support participation and monitoring. The service uses age appropriate, accessible communication methods to ensure children understand their treatment options and feel comfortable expressing their feelings and concerns. Table 19 shows the average waiting times for Nottingham City referrals to assessment and treatment

*Table19: Nottingham City Council Targeted CAMHS Service Average waiting times for City Referrals (referral to assessment and referral to treatment).*

| [Average Wait Figures] | Waited for assessment | Waited for treatment |
|---|---|---|
| **Oct-23** | 9.2 weeks | 13.9 weeks |
| **Nov-23** | 7.8 weeks | 15.5 weeks |
| **Dec-23** | 8.9 weeks | 16.4 weeks |

**Nottinghamshire Healthcare NHS Foundation Trust** are commissioned to deliver a Specialist CAMHS service to children and young people aged 0-18 with *moderate- severe* emotional or mental health difficulties living in the City of Nottingham. This is offered by Community CAMHS South. Referrals that require "stepping up" to Specialist CAMHS from Targeted CAMHS are discussed internally in twice- weekly Multi-Disciplinary Team (MDT) meetings. Table 20 shows the average waiting times for Nottingham City referrals to assessment and treatment.

*Table 20: Nottinghamshire Healthcare NHS Foundation Trust Average waiting times for City Referrals (referral to assessment and referral to treatment).*

| [Average Wait Figures] | Waited for assessment | Waited for treatment |
|---|---|---|
| **October 2023** | 7.5 weeks | 7.2 weeks |
| **November 2023** | 7.7 weeks | 8.0 weeks |
| **December 2023** | 6.6 weeks | 7.2 weeks |

## 4) Current activity, service provision and assets

### Local policy, strategy, action plans and Boards

### Nottingham City SEND Partnership Assurance and Improvement Group

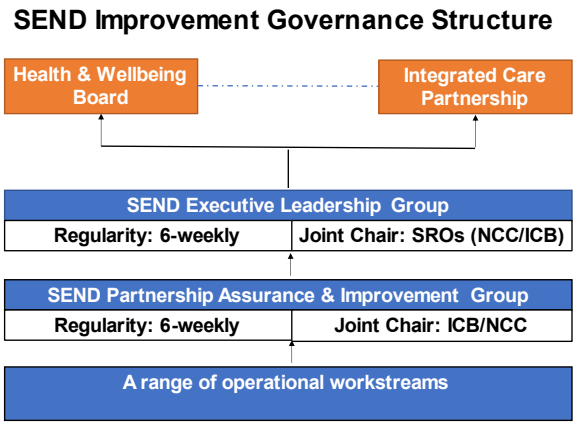
The purpose of the SEND Partnership Assurance and Improvement Group is to lead and co-ordinate continuous improvement of Nottingham City's implementation of the Children and Families Act (2014), National Institute for Health and Care Excellence guidance NG213 (2022), the Department for Education SEND and Alternative Provision Improvement Plan (2023), and the SEND Code of Practice (2015).

The SEND Partnership Assurance and Improvement Group is responsible for:

- Monitoring and oversight of SEND related strategies, policies and plans through a local area performance and outcomes framework.
- Assuring that the Nottingham City local area is inclusive through a child/young person focus and strength-based approach.
- Identifying and managing risks in a solution focused multi-agency approach and escalating where required to the SEND Executive Leadership Group.
- Ensuring that the local area partnership is effectively prepared for and responds to the outcomes of regulatory inspections.
- Assuring service improvements are effective and have a positive impact on the lived experiences and outcomes for children and young people with SEND and their families.
- Ensuring the holistic needs of children and young people with SEND are met through appropriate provision and services.
- Assuring that the local area partnership delivers its statutory responsibilities.

- Assuring that appropriate engagement and co-production has taken place with children and young people and their families.
- Assuring that appropriate engagement and co-production has taken place with partners.
- Approving and taking ownership of the SEND Local Area Self Evaluation, to ensure that an accurate picture of performance and progress is maintained, and improvement activities take place.
- Ensuring the recommendations of the Joint Strategic Needs Assessment for SEND are addressed

*Figure 7: Governance arrangements for SEND Partnership Assurance and Improvement.*




### Nottingham City SEND Policy

The 2018-2023 SEND policy was developed with partners and extensive public consultation. The policy vision is:

"…a city where every child and young person can enjoy their childhood in a warm and supporting environment, free from poverty and safe from harm; a city where every child grows up to achieve their full potential"

The policy recognises and addresses that there are more children and young people with SEND, that needs of some children have become more complex and reflects legislation to support young people with SEND until the age of 25.

A review and refresh of the current strategy is beginning at the time of the updating of the SEND JSNA chapter and extensive consultation and co-production will take place with all stakeholders in developing the new strategies.

### Nottingham City's Special Educational Needs and Disabilities (SEND) Strategic Action Plan (2018-2023)

The multi-agency Strategic Action Plan linked to the current SEND strategy outlines key actions to implement the policy including SEND partnership, SEND provision, SEND systems, SEND workforce, and SEND communication. This action plan will be updated as part of the SEND strategy review and refresh.

### Early Help Partnership Strategy

The partnership strategy for Early Help Services[40] in Nottingham City is a multiagency approach. Over seventy people, representing forty-three different services and organisations attended the

[40] Resources | Early Help Nottingham

Early Help Partnership Strategy Workshop in Spring 2023. Comments and feedback from parents, partners including academies, Children's Social Care, Department of Work and Pensions, Early Years Services, Health, Housing, Police and Voluntary and Community organisations have helped to shape this strategy. This strategy lays out five priority areas, which will form a focus for all partners working together to achieve good outcomes for all families.

The strategy is sponsored by Nottingham City Safeguarding Children Partnership's (NCSCP) Strategic Leadership Group (SLG).

**Joint Integrated SEND Commissioning Strategy**

There is currently no Joint integrated Commissioning Strategy, but the LA is working with ICB Commissioning leads to develop one. Nottingham City Council are developing the Childrens Commissioning Strategy which will incorporate SEND and the findings from the SEND sufficiency strategy, this work is due to take place in 2024.

**SEND Local Offer**

Local Authorities, including Nottingham City, must produce a 'Local Offer'. The Local Offer brings together useful information across education, health, and social care within one website with information, advice and guidance and a range of provider services listed who support children and young people with SEND.

The Local Authority (LA) continuously reviews its SEND Local Offer[41] to children and families including the dedicated website which was launched in September 2014. The LA and Rainbow Parent Carer Forum (PCF) worked in partnership to develop the information provided on the local offer and its accessibility to children, young people and their families:

In 2016, Children's and Adults' services developed a single new directory of services and information for health and social care, which is known as 'Ask Lion'. This is available for all citizens and incorporates the SEND local offer. This directory is an 'all services hub' providing information about services for children, adults, health and social care. Ask Lion was co-produced with families and young people and brings together a range of information from statutory, private, voluntary and independent services.

The information is reviewed regularly and we publish an annual statement of feedback in the form of a "You said, we did" webpage.

The local offer website now has a responsive design that adjusts to mobile, tablet and desktop screens. We have also implemented a new data sharing module that allows us to import relevant information from Nottinghamshire local offer and NHS articles. Published information is also available in printed format on request through the Families Information Service.

A leaflet about the local offer has been widely distributed to universal and targeted settings across Nottingham City.

The Nottingham City Local Offer provides information on:

- Education
- Health
- Care
- Preparing for adulthood
- Getting around
- Things to do
- Short breaks

[41] www.asklion.co.uk/localoffer

In the calendar year 2023, the Local Offer was accessed by 2707 users, with 4630 page views.

**Designated Clinical and Medical Officers**

The Designated Medical Officer (DMO) and Designated Clinical Officer (DCO) play a key part in implementing the SEND reforms and in supporting joined up working between health services and local authorities. The Code of Practice states that the DMO and DCO roles are non-statutory. The persons in these roles must have appropriate expertise and links with other professionals to enable them to exercise them in relation to children and young adults with EHC plans from the age of 0 to 25 in a wide range of educational institutions.

Nottingham and Nottinghamshire Integrated Care System (N&N ICS) currently commission a Designated Clinical Officer for SEND team, comprising of a DCO and an Associate DCO who are supported by DMOs when medical expertise, as required. The team provides expert advice to the N&N ICS to support the organisation and health partner providers in meeting their statutory duties, outlined within the Children and Families Act (2014), which focus on improving outcomes for children and young people with SEND, by working collaboratively with education, health, and social care partners to support children and young people (CYP) aged 0-25 years to achieve their full potential.

The DCO team not only provide strategic leadership and oversight to assure the N&N ICS; but acts on behalf of the N&N ICS as a point of contact for health providers partners education and social care settings, parent carer forums and works with a range of stakeholders, including CYP and their families, to provide;

- Expert knowledge and guidance, strategically and operationally, when navigating SEND legislation
- Continued improvements of Education, Health and Care Plan systems, mechanisms, and processes
- Supporting pupils with complex medical conditions to access their education within appropriate settings
- Embed the Preparation for adulthood agenda and improve transition experience for children and young people with SEND, as they progress into adulthood
- Ensure that up to date health information is appropriate and available to be accessible on the SEND Local Offer and other platforms and resources for children and young people with SEND and their families
- Inform commissioners for children and young people and for adults of any identified gaps in provision to ensure needs are met and outcomes improved.
- To ensure that the local area partners are signed up to a joint commissioning strategy.
- To support local area partners to prepare for readiness of future joint SEND local area inspections
- Embed co-production in practice to ensure children and young people with SEND and their families voices are captured and involved in decision making about their care and future planning.

In addition to these specific policy, strategy and action plans which directly support improvement in the health and care with SEND the following areas support improvement in specific areas of SEND which support the overall approach to improvement

Other roles within the local system are now being embedded within provider organisations, such as a SEND coordinator role with Nottinghamshire Healthcare NHS Foundation Trust. These roles

will further ensure the requirements for SEND are embedded within clinical services, safeguarding, training and service planning.

**Children and Young People's Transformation Programme Board**

There are a range of physical health strategic groups that are condition-specific, either as part of an all ages Nottingham and Nottinghamshire ICS group such as Diabetes or Palliative and End of Life Care or have been created to implement an ICS wide, but CYP focussed approach such as Asthma or Obesity. A CYP Transformation Programme Board oversees the NHS Long Term Plan for Children and Young People and has met to consider purpose, membership, and function, it will be developed and established further during 2024.

**Children and Young Peoples Mental Health Local Transformation Plan and Executive**

The aim of the Children and young People's Mental Health Executive is to bring together commissioners, providers, and stakeholders at a strategic level to work in partnership and collaboration to agree and oversee delivery of the Children and Young People's 0-25 Mental Health and Wellbeing Transformation Plan for Nottinghamshire and Nottingham City.

Part of their role is to oversee and implement a cross organisational delivery plan ensuring local and national priorities in relation to children and young people's mental health is achieved.

**Nottingham and Nottinghamshire ICS: Learning Disability and Autism**

Nottingham and Nottinghamshire is an established ICS, within which Learning Disabilities and Autism Transformation is overseen by the partnership Executive Board, reporting into the ICS Board. The Executive Board has strategic oversight of the transformation programme and its associated risks, the operational detail of which is overseen by the Operational Delivery Group. The Operational group determines the direction and agrees action of four main themes/action groups.

The CYP LD/ASD steering group is an integral part of the Nottingham and Nottinghamshire LD/A Transformation governance structure and as such benefits from strong links with the other steering groups (including the Key working steering group) and themes which changes outcomes, and the shared model is agreed.

The ICS all age autism strategy has been co-produced across the system based upon the National Strategy for autistic children, young people and adults 2021-2026: This Strategy replaces existing draft (Nottinghamshire County Council) and published strategies developed locally from both Nottingham City Council (2018-2022) and Bassetlaw Clinical Commissioning Group. The ICS vision is for collaborative approach to develop services to improve the health (both physical and mental health) and wellbeing of autistic Children and Young People (CYP) and adults to ensure that they can live happier, healthier, and longer lives.'

**Preparing for Adulthood Project Board**

This group is responsible for the overview and authorisation of the Community Children and Young People's Services (CCYPS) Transition developments, planning, updates on best practice and will facilitate ownership by the Directorate. This ensures all young people within the CCYPS caseload receive good quality transition planning and empowerment, before they move to adult services.

**Education services**

**Educational Psychology Service (EPS)**

The Educational Psychology Service consists of a team of Educational Psychologists who support the development and wellbeing of children and young people 0-25. This involves supporting

individual children and groups of children with direct work with Nottingham City schools. Most work is with adults who are with children on a day-to-day basis such as teachers, parents and other professionals. The service offers: support and advice for schools in understanding and supporting children with complex needs, group problem-solving to help people to navigate complex or 'stuck' situations e.g., Solution Circles, and training and development work in schools and other organisations to support whole school understanding of SEND.

**The Learning Support Team**

Are a team of specialist teachers and teaching assistants who work with all schools in Nottingham City to ensure that children and young people with SEND are able to access an appropriate curriculum, participate fully in school life and achieve to their maximum potential. The team will support schools in identifying a child's learning need, help to set aspirational but realistic targets for children and young people, and provide strategies and resources to help them meet their targets.

**The Autism Team**

Are a team of specialist teachers and transition support workers who offer specialist support, training, advice and guidance to schools and settings in order to develop good autism practice. Schools are supported in using the graduated approach – assess, plan, do, review - to meet the needs of all children and young people with autism.

The team offer tailored transition support for neurodiverse young people moving between school settings. Support to families is offered through sharing information and resources, liaison with schools and settings, attending meetings where applicable, and through the delivery of a range of parent/carer workshops.

**The Sensory and Physical Team**

work with children and young people to provide specialist assessments and interventions, including services for children and young people who are deaf, visually impaired, multi-sensory impaired or who have complex physical difficulties. In Nottingham City, the team consists of specialist teachers, educational audiologists, BSL instructors, specialist teaching assistants and moving and handling specialists.

The physical disability element of the service is responsible for providing specialist advisory support and guidance to schools, pre - schools and post 16 educational settings to support the inclusion of pupils with significant physical disabilities and complex medical/health needs to access their educational setting.

Nottingham City commission Habilitation Services from the Guide Dogs[42] organisation. They work with families and children and young people who have a significant visual impairment who are resident in Nottingham City.

Any Nottingham City school/setting where a young person has a severe visual impairment can seek advice and support from the Habilitation Officer through the Sensory Team. The Habilitation provision offers advice to families on paediatric mobility, sensory development, and the development of physical skills.

**The Behaviour Support Team (BST)**

The Behavioural and Emotional Health (BEH) Team is commissioned by Nottingham and Nottinghamshire ICB and provided by Nottingham City Council. The service provides autism and ADHD pre-assessment and post-diagnostic support to families of children and young people up to 18 years old following completion of the SEND graduated response. The service offers support

[42] Guide Dogs | The Guide Dogs for the Blind Association

and guidance including parental workshops and programmes on autism and ADHD, and pre-assessment review for those children and young people with suspected Autism and/or ADHD as part of the children and young people neurodevelopmental assessment pathway in Nottingham City.

In line with the Nottingham and Nottinghamshire Autism Strategy (2022-2025) and NHS Long Term Plan (2019), the service and commissioners continue to work together to reduce waiting times for the service and CYP neurodevelopmental assessment pathway by improving efficiencies within the service/pathway and providing additional investment to increase capacity in line with demand.

**The Mental Health Support Team (MHST)**

Nottingham City currently offers support across over 70 schools and colleges within the city. This team is part of a project funded by the NHS to make sure that children in both Primary and Secondary schools, as well as colleges gain the timely mental health support they need and deserve. MHST work in participation with children, teenagers and their families to make sure they are part of decisions that shape the services they receive and use evidence- based treatments and plans that sure are good at helping children and young people feel better.

MHST's have three core functions:

- To offer evidence-based support for mild-to-moderate mental health issues.
- To assist the Senior Mental Health Lead in schools and colleges to create or develop a whole school or college approach.
- To provide timely guidance to education staff and connect with specialists to ensure children and young people receive the right support and stay in education.

**The Early Years and Early Years SEND Team**

Supports early years settings, including day nurseries, pre-schools, childminders, foundation stage provision in schools, including independent schools, and out of school provision. Key responsibilities are to:

- Ensure sufficient childcare and early education places for the City
- Support the provision of funded places for 2, 3, and 4 year-olds including sufficiency of quality and accessible provision
- Disseminate relevant National Early Years policies
- Implement and manage the Early Years Foundation Stage Profile (EYFSP) Moderation process
- Produce continuous professional development opportunities for the early years' workforce
- Ensure the inclusion of children with Special Educational Needs and Disabilities (SEND) in the early years sector.
- Manage the Early Years SEND Referral Pathway through a single access referral route for
- health professionals and Private Voluntary & Independent (PVI) settings to refer young children who have/may have SEND.

## Nottingham City SEND Service

The Special Educational Needs and Disability (SEND) Service is responsible for delivering the statutory duties detailed in the Children and Families Act 2014[43] towards children and young people with SEND. The team work primarily with children and young people aged 0 to 25 with special educational needs and their families who live in the City of Nottingham, but also with children in care to Nottingham City but living elsewhere, and sometimes with those who live elsewhere but attend a City school. The work of the Service mainly involves supporting children and young people with the most severe, complex and long-term special educational needs.

Key responsibilities are:

- Co-ordinating Education, Health and Care (EHC) needs assessments
- Writing, issuing and maintaining EHC plans
- Providing advice to schools on statutory requirements around special educational needs
- Managing all placements at specialist provisions in Nottingham City
- Monitoring reviews of EHC plans and ensuring that the plans are kept up-to-date
- Providing advice to parents about adapted schools and support available for their child's specific needs
- Identifying and developing appropriate help for students with special educational needs
- Assessing and arranging travel assistance for eligible students with special transport needs
- Assisting schools in implementing individual programmes for pupils
- Providing schools with advice on where to obtain specialist training and support
- Administering SEN support funding to schools

## Special Needs Travel Assistance

Most children and young people with Special Educational Needs or Disabilities (SEND) do not have a special transport need. Travel assistance may be available for a child or young person living in Nottingham City if they are assessed as being eligible, this includes living within walking distance of the school/college but cannot walk or travel to school even if accompanied by a parent/carer or is unable to use public transport when accompanied. Travel assistance can include provision of a personal transport budget (PTB), parental mileage allowance or exceptionally the provision of special/medical transport.

Independent Travel Training (ITT)[44] helps people to travel independently. On completion of the programme, participants should be able to travel independently to local and more widespread landmarks, work, day centres, work experience, school/college and back home.

The training develops independence and life skills through individual training programmes, which involve the use of buses and trams. It encourages children and young people with special educational needs to reach their potential.

ITT is a free service for children and young people who have Special Educational Needs and Disabilities (SEND) and are on transport provided by Nottingham City Council or who can be proactively supported prior to requiring transport provision.

[43] Children and Families Act 2014 - Explanatory Notes (legislation.gov.uk)
[44] Independent Travel Training - Nottingham City Council

### Hospital and Home Education Learning Centre[45]

This service supports children who are unable to attend school for health-related reasons including: learners in hospital receiving treatment and children who are too ill to attend school. There are four strands of education delivery:

- Secondary Pathways and NEST - Secondary Pathways is small group provision for students in KS3 and 4 (Years 7 -11) who are unable to attend their own schools due to anxiety–related reasons, but who are able to work outside of their homes.
  NEST is a full-time 50 place educational provision for asylum seeker and refugee young people, aged 15-19 years. The curriculum selected for the students is based on a comprehensive initial assessment and tailored to their individual learning needs;
- Primary Pathways - Primary Pathways provides small group education for primary aged pupils (Key stages 1 and 2) with medical and anxiety-related needs, who find it challenging to attend their mainstream school. Occasionally, KS 3 pupils may be admitted to Primary Pathways due to their very specific needs
- The Lookout Education - The Lookout Adolescent Unit is a 32 bed inpatient facility for young people aged 12-18 years. These young people are experiencing mental health difficulties that can no longer be managed in the community. This may include eating disorders or difficulties, mood disorders such as depression and anxiety, obsessive compulsive disorder, schizophrenia and bipolar disorder.
- Children's Hospital School (CHS) - The Children's Hospital School serves all paediatric wards of the 150+ bed Children's Hospital at QMC. The CHS supports 7 main groups on 12 wards of the Children's Hospital, each with discrete needs.

### The Virtual School

Nottingham City Virtual School[46] is a statutory service that supports and monitors the education of children in care and previously looked-after children.

The Virtual School provides advice and support to professionals working with Nottingham City children in care and children who reside in the Nottingham local authority area who have previously been looked-after. They work closely with teachers, school governors, social workers, independent reviewing officers (IROs), parents and carers.

The service monitors the educational provision, attendance, progress and attainment for all Nottingham City looked-after children, irrespective of where they are placed. The Virtual School take a strategic role in ensuring the corporate parenting responsibilities of the local authority are met, with regard to the education of children in care.

The team work closely with the SEND Team to ensure that the needs of young people with SEND in care are met. This includes the teams working together on training, advice, provision of joint resources and monitoring of provision and outcomes.

### The Youth Justice Service

The purpose of the Youth Justice Service (YJS) is to prevent offending and reduce re-offending by children and young people. Key activities involve:

- Assessing the likelihood of re-offending and the risk of causing harm, and planning and managing interventions to reduce these risks
- Strengthening protective factors against further offending
- Ensuring that children and young people completing YJS have access to the full range of

[45] Home - Hospital and Home Education Learning Centre Nottingham (hhe.nottingham.sch.uk)
[46] Nottingham City Virtual School | Supporting the education of Nottingham City children in care

services to help their life chances

- Ensuring that interventions with children and young people understand the victims and communities affected by their offending
- Identifying children and young people at risk of becoming involved in offending, and ensuring that evidence-based interventions are provided, either directly or by commissioning services to address needs
- The YJS consists of staff from the City Council, Police, Probation, Health and Nottingham Futures, and is overseen by a partnership board chaired by the Corporate Director for People.

**Health services**

This section provides an overview of the key services which work with children and young people aged 0 to 25 years with special educational needs and disabilities. In addition to these services universal services are available.

**0-19 offer**

The Healthy Families Programme is commissioned by Nottingham City Council and provided by City Care, Children's Public Health 0-19 nursing service and brings together care provided by Specialist Public Health Practitioners (Health Visitors and School Nurses) and their teams to support all children, young people, and families in Nottingham. Children's Public Health 0-19 nursing service offer universal health reviews for all children and deliver first level support and advice on health issues such as maternal mental health, breastfeeding, formula feeding, minor ailments, eating, parenting issues, behavior and continence and refer or signpost to other services who will be able to provide ongoing help.

**Community Paediatrician service**

Nottingham University Hospital NHS Community Paediatrics service includes community paediatricians (children's doctors) and specialist nurses who have expertise in a range of medical and developmental conditions, including complex disability. Clinics may be held in schools, health centers or hospital settings.

**Community Learning Disability Team (CLDT)**

The Nottinghamshire Healthcare NHS Foundation Trust provides Community Learning Disability Teams (CLDT's). Specialist Learning Disability Nurses provide a service is for adults over 18 with a diagnosis of an intellectual (learning) disability and provides advice and support for physical and mental health conditions.

**Children and Adolescent Mental Health Service (CAMHS)**

Nottinghamshire Healthcare NHS Foundation Trust provides Community CAMHS to young people up to the age of 18 and their families, who experience mild to severe emotional and mental health needs. The service offers a mix of consultation, assessment, and therapy. Children and young people may also receive support from the CAMHS Intellectual Disability Service who provide support to those who have a diagnosed learning disability, including autism, and who are presenting with an emotional/mental health need.

Nottingham City provide targeted CAMHS for children and young people with moderate emotional and/or mental health needs. Targeted CAMHS offer a range of evidence based, therapeutic interventions. The service also provides SHARP which helps to raise awareness around self-harm and support to young people through secondary school clinics and one to one sessions.

Information on all mental health services can be accessed from the local system website for

children and young people's mental health www.nottalone.org.uk[47]

**Local Mental Health Teams**

Nottinghamshire Healthcare NHS Foundation Trust provides Local Mental Health teams service for people, aged between 18 and 65, and their families, who have a wide range of mental health difficulties which require the involvement of specialist mental health services and cannot be managed by the GP surgery.

**Community Children and Young Peoples Service (CCYPS)**

Nottinghamshire Healthcare NHS Foundation Trust provides Community Children and Young Peoples Service provides specialist therapy and community children's nursing services for children and young people up to the age of 18 requiring advice and support for Occupational, Physiotherapy, Speech and Communication and Language support and nursing.

**Children's Occupational Therapy Team**

Occupational Therapy team provide assessment for disabled children and young people resident in Nottingham who have a permanent and substantial disability which has an adverse effect on their ability to carry out normal day to day activities within the home environment. Occupational Therapy aims to provide support and intervention to help children and young people with disabilities develop to their full potential, considering the stage of development the child/young person has reached. It can assist with overcoming practical problems and maximising a child/young person's independence in their own home, as well as supporting parents/carers to care for their disabled child/young person safely.

**Children's Speech and Language Therapy Service**

The Speech and Language Therapy Service supports children in Nottingham city, from birth to the end of school. Children meeting the service entry criteria will receive assessment, diagnosis, and support. The service offers support and advice to parents/carers of children with eating, drinking and communication difficulties.

**Specialist Children's Speech and Language Therapy**

The Specialist Children's Speech and Language Therapy service supports children in Nottingham City, including those with SEND. They support children who need support with, for example, understanding what is being said to them, using words and linking them together, saying sounds and speaking clearly and using alternative ways of coping.

**Children's Physiotherapy Team**

The core purpose of the children and young people's physiotherapy therapy element of the ICCYPS service is to provide physiotherapy intervention through assessment, treatment, management, education and evaluation for children and young people who have disorders of movement and posture, disabilities or illness which may be improved or controlled by therapeutic skills and use of specialist equipment.

**Specialist Physiotherapy Team**

The children's physiotherapy service provides physiotherapy assessment and treatment for children who have a disability or long-term health condition affecting their movement, coordination, or ability to engage in activities of daily living.

**Children and Young People's Community Nursing**

[47] Local mental health advice and help for young people in Nottingham and Nottinghamshire, all in one place | NottAlone

The children and young people's community nursing service provides community-based nursing care, which includes holistic health needs assessments and individual nursing care plans for children and young people with acute and additional health needs including disability and complex needs and those requiring palliative and end of life care. This is for children with acute and short-term conditions requiring interventions over and above those provided by universal and primary care services, to avoid hospital admission and/or reduce length of stay, as well as children with long-term conditions. It excludes the activity delivered by condition specific Clinical Nurse Specialists based within Acute Trusts.

**Community Training Team**

The community Training Team provide training and support to a range of agencies caring for children and young people who have additional health care needs within the community. The service is available for all children and young people registered with a GP in Nottingham City.

The service works alongside the community nursing team and other agencies, such as specialist nurses and therapy teams, to enhance the service that families receive. The service aim is to ensure that children and young people with additional healthcare needs receive safe and effective care, wherever they are.

**Nottingham City Council's Whole Life Disability Occupational Therapy**

Whole Life Disability Occupational Therapy support children who have physical disabilities, complex health needs, sensory impairments (including those who are blind and/or deaf), or behavior that challenges and who require specialist intervention to enable them to engage in activities of daily living. The service continues to support these children into their adult lives. The team is made up of both Occupational Therapists and Occupational Therapy Assistants. These workers visit children and young people at home to assess how they and their family are managing everyday activities, such as, mobilising within the home, toileting, and bathing. The assessment also considers the child's ability to access essential facilities within their home, and any requirement for postural support and/or moving and handling advice or equipment. The team works closely with the Adaptations Agency to enable essential adaptations to the home if required.

**Key-working Service**

The Key-working service provides support to children and young people with autism and/or a learning disability who are deemed at risk of hospital admission or placement breakdown due to mental health struggles. The service works with children and young people (CYP) up to the age of 25 years old and referrals can be made for a child or young person who is on the Dynamic Support Register (DSR). The DSR is owned and maintained by the Integrated Care Board (ICB) and it is there to support young people, parents/carers, and professionals to work together and may include thinking about whether there is a need for a Community Care Education and Treatment Review (CETR). The aim is to report concerns early enough that actions are taken to reduce the risk of children or young people going into hospital. The keyworker will manage a caseload with focus on providing therapeutic intervention that is strengths-focused, evidence-based and tailored to meet the needs of the child/young person and their family/carer.

**Annual Health Checks**

All people aged over 14 on the GP practice learning disability register are eligible to have an Annual Health Check[48]. The check is designed to pick up a wide range of unmet health needs and leads to the treatment of health conditions which may be serious or life-threatening. More information on the latest performance of GP practices for Annual Health Checks is in section 3.

**Continuing Care for Children and Adults**

[48] NHS England » Annual health checks

Children's Continuing Care and Adults Continuing health care assessments are undertaken by City Care adults and children's continuing health care team. The team assess patients who have been identified as likely to be eligible for continuing healthcare, or who are placed in a nursing home and are eligible for receipt of funded nursing care. The review patients who receive fully funded continuing care packages.

Continuing Care is a package of care, which is arranged and funded by the NHS for children up to the age of 18 who may have very complex care needs. Children with such complex needs may need additional health support to that which is routinely available from GP practices, hospitals or in the community. A referral can be made when a registered health, social care or education professional has identified that a child's health needs may not be met through universal, targeted or specialist services and where needs are such that they may meet eligibility for a package of continuing care. The health assessor will make a case to a panel of experts, who decide based on the evidence, and the recommendation, if the child or young person has a continuing care need. A decision is usually made 6-8 weeks from referral for package of care which is kept under regular review to ensure needs are supported.

**Butterfly Project**

A team of Project Workers are able to work closely with families who have a child with a life limiting condition or at end of life to meet essential needs of the family as a whole. A Project Worker can be allocated to support the family and to act as an advocate. Support can be provided such as help with benefits, short breaks, and access to equipment and activities. They carry out one-to-one Home Visits to support individuals and carry out focused work with siblings plus signpost parents to relevant agencies and to support them by attending key multi- professional meetings. The service covers the current ICS footprint which excludes Bassetlaw

**Youth Justice Team: Nursing Service**

Nottinghamshire Healthcare NHS Foundation Trust provides specialist nursing service undertaking health needs assessments to children and young people within the criminal justice system and are part of the wider Children in Care and Adoption Team for the city and county.

The service aims to reduce health inequalities and improve health outcomes for vulnerable children and young people who are under the supervision of the Nottingham City and Nottinghamshire County Youth Justice Services. Through the delivery of health interventions for 10 to 19-year-olds to:

- improve psychological wellbeing, emotional and mental health
- promote healthy eating and lifestyle choices
- promote and increase uptake of the immunisation programme
- reduce teenage pregnancy and improve sexual health through contraception advice, screening and offering C-Card
- reduce the impact of substance misuse and reduce avoidable injuries and harm.

The team also support the wider Youth Justice Service and court processes by contributing to reports and risk and vulnerability assessments.

**Social Care Support**

**Nottingham City's Threshold of Needs Approach**

Nottingham Safeguarding Children Partnership has developed the Threshold of Needs[49] document, alongside multi-agency partners, for use by practitioners and their managers in agencies working with babies, children, young people, and families in Nottingham. The aim of

[49] final-version-6-06-06-2023-nottingham-city-threshold-of-needs.pdf (nottinghamcity.gov.uk)

the Threshold of Need document is, 'to determine whether the child and family can be appropriately and safely helped by services providing early intervention and support, or whether the level of need and risk is such that statutory social care involvement is required'. The Threshold of Need document sets out four levels of need where support and intervention including Early Help may be needed. The intention is that interventions will be delivered by a range of partners and agencies.

Universal Support (Level 1) – Children and families are doing well and their needs are met within universal services including health development and achievement.

Early Help (Level 2) - Children and families are experiencing problems requiring universal services to offer additional support or work together with other support services to prevent problems increasing.

Targeted Support (Level 3) - Children and families are experiencing a range of increasing problems that require intensive multi-agency support to meet the needs of the whole family and crisis is likely to be prevented.

Specialist and Safeguarding (Level 4) - Children and young people who are very vulnerable and where interventions from Children's Social Care are required.

- Children in Need - Children are 'in need' if they are disabled or unlikely to achieve a reasonable standard of health or development unless services are provided (Children Act 1989).
- Child Protection - Children who are suffering or likely to suffer significant harm.
- Children in Care & Care Leavers - The family's needs may change over time and their level of support will move between the levels.

**Nottingham Early Help Partnership[50]**

The Nottingham partnership of Early Help services provides a whole family approach so that the right help is provided at the right time. The aim is to provide advice, support, and effective evidence-based interventions to prevent or reduce the chance of escalation of need and therefore the involvement of statutory services. Strengths-based approaches are used to empower children, young people, and families to achieve the best outcomes they can. Services are matched to needs and interventions are informed by evidence-based research.

Family Hubs established in former Children's Centres, in North, South and Central localities of Nottingham. provide a range of partnership services for families from pre-birth through to adulthood, ensuring:

- Access: there is a clear and simple way for families with children of all ages to access help and support through a Family Hub building and a Family Hub approach.
- Connections: Services work together for families, with a universal 'front door', shared outcomes and effective governance.
- Professionals work together through co-location, data-sharing and a common approach to their work. Families should only have to tell their story once, the services are more efficient, and families receive more effective support. Statutory services and voluntary and community sector partners work together to get families the help they need.
- Relationships: The Family Hub prioritises strengthening relationships and builds on family strengths. Relationships are at the heart of everything that is delivered in Family Hubs. The Reducing Parental Conflict programme provides support for families experiencing relationship

[50] Homepage | Early Help Nottingham

distress.

**Whole life Disability Team (Children with disabilities Social Work Team)**

The Whole Life Disability Teams are composed of social workers, community care officers, disabled children support workers, occupational therapists, and other skilled social care staff, who are able to work with disabled children, young people, adults and their families or carers.

The Whole Life Disability Childrens Team is a frontline social care team that provide specialist social care services for disabled children which include:

- Sign posting, advice, information and assessment of Disabled Children who have a Permanent and Substantial Disability (Children's Act 1989);
- Parent Carers assessments of parents whose children are likely to need specialist services.
- Arranging statutory short breaks provision.
- Arranging other services outlined in the chronically sick and disabled Persons Act;
- Undertaking Child protection enquiries in relation to children who have severe and complex disabilities.
- Meeting statutory requirements in relation to severely Disabled Children Looked After including those for whom adoption is required.

**Whole Life Approach to Preparing for Adulthood**

Nottingham City Council (NCC) recognises that preparation for adulthood (PFA) starts in childhood and requires all key agencies, parents/carers and young people to work together. As part of ensuring PFA outcomes are achieved NCC has introduced the Whole Life Approach to preparing for Adulthood Protocol. The protocol creates a basis for work across Children's and Adults social care disciplines that ensures transitions between Children's and Adults services from between the age of 17.5. It recognises that transition between services is a challenging time for young people and their families and seeks to provide as smooth a process as possible. The protocol is one part of NCC and its Partners approach to improving outcomes for young people that have life-long social care needs.

From the age of 14 + parents/carers will be provided information by Disabled Childrens Support Workers and Children's Social Workers to help them start to prepare for adult life. This will be fed into the child's EHCP review.

At Age 16 a Disabled Children's Social Worker will undertake a Children and Families Assessment focused on preparing for adulthood.

Childrens Team Mangers and Adult Team Mangers will attend a meeting on a quarterly basis to share upcoming 17 years olds in preparation for allocation of an Adult Social Worker.

Children with more complex concerns can be discussed between the Childrens Team Manager and Adults Team Manager for an early allocation and joint working from the age of 16.

**Whole Life Disability Occupational Therapy Team**

The Nottingham City Council Whole Life Disability Occupational Therapy Team carries out assessments for children and young people aged 0-18 (19 if in specialist education) who have a permanent and substantial disability and who have eligible unmet needs under the Children's Act or the Care Act.

The team complete assessments and aim to find solutions to difficulties with everyday activities within the home (including foster homes and Nottingham City Council Short Breaks settings) for example, providing or arranging:

- Specialist equipment
- Minor adaptations
- Major adaptations
- Recommendations for re-housing
- Advice and information

The team support children who have physical disabilities, complex health needs, sensory impairments (including those who are blind and/or deaf), or behaviour that challenges and their parents/guardians.

Currently, if a young person turns 18 whilst having an open episode of care with an Occupational Therapist or Occupational Therapy Assistant, the intervention will continue until completed.

**Community Short Breaks Provision**

A 'Short Break' means providing a break to a young person with a disability, who lives in Nottingham City. The Short Break is both for the young person, and their family. Short Breaks can come in many different forms, and we will look at these later.

At Nottingham City Council we are committed to helping and supporting disabled young people and their families. We think that they should have the same opportunities as everybody else, and part of that includes being able to have a short break. We know that having a disabled child can sometimes bring additional challenges to families, and we want to support with these challenges.

**Link Work and Befriending**

Our link work and befriending service is an internal CQC registered provision.

A link worker / befriender usually comes to the family home to collect the young person, and then takes them out into the community to access varied outcome-based activities before returning them home. This is a good option if they need a break for a couple of hours each week, or they want their child to get out and about.

They can either employ someone they know through their personal budget which is known as a Personal Assistant (PA) or opt for a befriending service. This could be through our internal Link Work service where one of the City Council's employed link workers support the child, or, a befriending service from one of our external commissioned providers.

Link workers / befrienders are very well trained and will have different experience and skills. The right link worker would be matched through a person centred matching process.

**Sitting Services**

An internal CQC registered provision. This is a bit like link working, but instead of the young person being taken out, the link worker would stay at the young person's home, whilst the parent/carer goes out. The link worker will do various outcome-based activities in the home.

This is a good option if parent/carers want to be able to go out and do things that they might not always be able to do, or if for some reason the young person is not able to go out of the house. This could be in the daytime, or in the evening, but will be an assessed need.

**Group Activities**

This would include things such as youth clubs for disabled children, or specialist activity groups. These can happen after school, in the evenings, at weekends, or in the school holidays. The Ask Lion website is where to look for what's available.

**Family Based Short Breaks (Fostering)**

This is a home from home provision, where overnight stays for disabled children are provided by short break foster carers. The disabled child or young person will stay with a foster carer for overnight stays in either their own home, or in our bungalow which has all the necessary adaptations and equipment required to care and meet the needs of the disabled child.

The foster carers are highly skilled and well trained. They would be matched to children and young people, so that they have the same foster carer each time. This is a good option where an overnight break is required and for children that struggle to be in group settings, deal with changes in staff etc, as they would have consistent foster carer and therefore will be able to build a good relationship with.

During the child's short breaks, their foster carer will support them to access the community to engage in various activities and they will be supported to develop independent and self-care skills during their stays or any other outcomes which may have been identified for the child.

**Nottingham City Parent Carer Forum (PCF)**

Rainbow Parent and Carer Forum[51] are a parent carer-led support group and independent voice for families who have children with special educational needs and/or a disability (SEND), in Nottingham and surrounding areas.

Rainbow Parent and Carer Forum are linked to the National Network of Parent Carer Forums[52] (NNPCF) and other parent-led support groups throughout the region.

**Support for Young Carers**

Young Carers Notts is a free and confidential service that supports unpaid young carers aged 5-17 who live in Nottinghamshire and Nottingham City to take a break and get practical advice and information about caring. The service offers a one-stop-shop for young carers to join group sessions, access short breaks, socialise with other young carers, take part in fun activities, and access advice support to help them in their care role.

Young Carers Notts also offer carers assessments, access to young carers ID cards, contingency planning and support, group-based peer support, social events and outreach and drop-in sessions.

**ASK US Nottinghamshire**

ASK US Nottinghamshire[53] is the local Information and Advice Support Service (IASS) for Nottingham City and Nottinghamshire. Ask Us offers a range of advice from signposting, helpline support and one-to-one advice and intensive support for complex issues, including education, EHCPs and health and social care issues. The service provides impartial advice, information and support to parents and carers of children and young people with SEND, as well as children and young people themselves.

**Additional JSNA chapters**

In addition to the information presented here, there are dedicated JSNA chapters for issues faced by children and young people, which outline service provision for these areas in Nottingham City. These include:

- Pregnancy (2019) - Nottingham Insight
- Avoidable injuries in children and young people (2015) - Nottingham Insight
- Diet and nutrition (2016)
- Early years (2016)

[51] Home - Rainbowpcf
[52] National Network of Parent Carer Forums C.I.C – Company Number: 12362344 (nnpcf.org.uk)
[53] Home | Ask Us Nottinghamshire (askusnotts.org.uk)

- Emotional and mental health needs of children and young people aged 0 – 25 years (2022)
- Reducing unplanned teenage pregnancy and supporting teenage parents (2017)
- Safeguarding children (2017)
- Severe multiple disadvantage (Multiple needs) (2019)
- Substance Misuse and alcohol

## 5) Evidence of what works

### Children and Families Act 2014

The act reformed the system for identifying children and young people in England with SEN, assessing their needs, and making provision for them. Local authorities must pay attention to views, wishes and feelings of children and their parents, importance of participating as fully as possible in decision-making, providing information to enable this and supporting children and young people's development and helping them to achieve the best possible educational and other outcomes. It also promotes joint working across agencies, service and institutions and education, health and care assessment and plans[54]

In addition to the Children and Families Act, other key legislation includes:

- Equality Act 2010
- Education Act 1996
- The Special Educational Needs and Disability Regulations 2014
- The Special Educational Needs (Personal Budgets) Regulations 2014
- Care Act 2014

### Special educational needs and disability code of practice: 0 to 25 years

The code of practice provides statutory guidance for organisations who work with and support children and young people who have special educational needs or disabilities. It includes statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014.

### Local area SEND inspection: framework

Ofsted and the Care Quality Commission (CQC) jointly inspect local areas to see how well they fulfil their responsibilities for children and young people with special educational needs and/or disabilities. This framework sets out the inspection principles for local area inspections.

### Joint Strategic Needs Assessments

The SEND code of practice states "there is a clear relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans". The JSNA informs joint commissioning decisions made for children and young people with SEND.

### The SEND and AP Improvement Plan[55]

The SEND and Alternative Provision Green Paper explored the issues present within the current SEND system. It set out the government's proposals to improve outcomes for children and young people; improve experiences for families, reducing the current adversity and frustration they face; and deliver financial sustainability. It also considered the specific issues facing the alternative provision sector. This is because 82% of children and young people in state-place funded

[54] Department for Education (publishing.service.gov.uk)
[55] Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan (publishing.service.gov.uk)

alternative provision have identified special educational needs (SEN) and it is increasingly being used to supplement local SEND systems.

**Early years**

In 2017 the Department for Education published the results of a qualitative study[56] based on 16 case studies of early education and development: Meeting the needs of children with special needs and disabilities in the early years. Key conclusions and recommendations of this study include:

- the importance of making information about SEND provision more accessible to parents
- the significance of building strong communication strategies with children's parents for more effective early identification of SEND
- a reflection that communication between parents and providers generally works well
- a recognition that the EHCP process could be slow and administratively burdensome
- the feedback that the greatest barrier settings faced to fully meeting the needs of children with SEND was resource constraints, including a lack of additional funding. There were also issues with the complexity of funding application processes and the length of time it took to receive additional funding, as well as the adequacy of amounts.

**SEN in Mainstream Schools**

The Education Endowment Foundation provides evidence-based guidance and recommendations for mainstream primary and secondary schools to improve their provision for pupils with SEND and is complementary to the SEND code of practice[57]. The guidance focuses on improving quality of teaching and learning in mainstream classrooms and ensuring pupils are full members of the school community who have a rich and positive experience[58]. Key recommendations from the 2020 guidance include:

- Create a positive and supportive environment for all pupils without exception
- Build an ongoing, holistic understanding of your pupils and their needs
- Ensure all pupils have access to high quality teaching
- Complement high quality teaching with carefully selected small-group and one-to-one interventions
- Work effectively with teaching assistants

**SEND systems**

The Local Government Association commissioned a project to look at what partners in local areas and systems can do to effectively identify needs, provide support, use existing resources to best effect and achieve the best outcomes for children and young people with SEND. Key themes from the 2018 report 'Developing and sustaining an effective local SEND system'[59] include:

- Partnership working and co-production with parents and carers, and with young people
- Strategic partnership working and joint commissioning across education, health and care
- Identifying, assessing young people's needs and ensuring they can access the support that they need
- Building inclusive capacity in mainstream schools and settings

[56] Study of Early Education and Development (SEED): Meeting the needs of children with special educational needs and disabilities in the early years (publishing.service.gov.uk)
[57] EEF_Special_Educational_Needs_in_Mainstream_Schools_Guidance_Report.pdf (d2tic4wvo1iusb.cloudfront.net)
[58] Special Educational Needs in Mainstream Schools | EEF (educationendowmentfoundation.org.uk)
[59] Developing and sustaining an effective local SEND system (squarespace.com)

- Developing responsive, flexible, and effective local specialist provision
- Preparation for adulthood

**Health Services**

NHS England has provided guidance for health commissioners and providers of health services for children and young people with SEND[60]. It highlighted the importance of the health system working closely with the education system as educational attainment can be affected by school absences due to health issues. At the time of writing the JSNA, this guidance was under review. Further guidance[61] is provided for commissioners for personal health budgets and Integrated Personal Commissioning (IPC) for children and young people.

**Transition between children and adult services**

NICE guidance[62] on transition from children's to adults' services for young people using health or social care services aims to help young people and their carers have a better experience of transition from children's to adults' health and social care services by improving planning and delivery. Overarching principles include involving young people and their carers in service design, delivery and evaluation related to transition, ensure transition support is developmentally appropriate, ensure support is strength-based, uses person-centred approaches and service managers work together to ensure a smooth and gradual transition for young people.

## 6) What is on the horizon?

The number of children and young people (0-25 years) in Nottingham City with an EHCP is projected to continue increasing. There is a need to continue to revisit the SEND Sufficiency Strategy and ensure that support and challenge is provided to mainstream settings to enable them to continue to meet the needs of the majority of children and young people with SEND.

The NHS long term plan was published in January 2019 and sets out key ambitions for the NHS over the next 10 years. This includes the promise for keyworker support for children and young people with learning disability, autism or both with the most complex needs, for those who are inpatients or at risk of being admitted to hospital and the most vulnerable children with a learning disability and/or autism. "NHS staff will receive further training and guidance on how to support people with complex needs, and over the next five years, the whole NHS will be implementing national learning disability improvement standards across all of its services, while also working with the Department for Education and local authorities to improve their support for children and young people with learning disabilities and autism."

The SEND and AP Improvement Plan was published in March 2023. It included National Standards which will be further developed to clarify:

- what types of support should be made available, based on the evidence of what works
- whose job it is to make different types of provision available
- which budgets should be used to pay for support

The National Standards will set out what provision headteachers/CEOs, governing boards, college principals, directors of children's services and Integrated Care Boards, need to make available for

[60] NHS England » Special educational needs and disability (SEND)
[61] Personal health budgets and Integrated Personal Commissioning quick guide: Children and young people (england.nhs.uk)
[62] Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE

all children with SEND in every local area, nursery, school and college.

The SEND Code of Practice is expected to be amended following consultation. The aim is for the Code to support the National Standards alongside newly created practice guides.

Local SEND and alternative provision partnerships will be introduced to bring together partners to plan and commission support for children and young people with SEND and in alternative provision. The plan proposes to standardise the templates and processes around Education, Health and Care Plans (EHCPs), to improve consistency and best practice, and to digitise EHCPs.

To help parents see what they can expect in their area, the plan proposes a tailored list of suitable settings, informed by the local inclusion plan.

The creation of a three-tier alternative provision system will focus on targeted early support within mainstream school, time-limited intensive placements in an alternative provision setting, and longer-term placements to support return to mainstream or a sustainable post-16 destination.

The plan places a renewed focus on supporting children and young people through all stages of their education and beyond. Guidance will be published to support effective transitions between all stages of education and into employment and adult services

## 7) Local Views

### SEND Parent and Carer Survey

The Nottingham City Rainbow Parent Carer Forum have advised that they have not run their usual annual survey since the pandemic lockdowns. We will report their findngs here when they next run the survey, and work with them to reflect their views in the delivery and development of services.

### Child Friendly Nottingham[63]

Nottingham City Council is working in partnership with the UK Committee for UNICEF (UNICEF UK) to be recognised in the UK and internationally as a child-friendly city[64].

The goal of the programme is to make cities and communities places where all the local children and young people have a positive and meaningful input, so they can benefit from the plans, decisions, spaces and services they use and that impact their lives where they grow up.

Nottingham City Council and partners such as SSBC, the NHS, the Police and local organisations will work together with UNICEF UK to support and promote children's rights and put them into practice. Child Friendly Nottingham will make positive changes for all children and young people of our city. Having opened the consultation phase in summer 2022, we have brought the city's children and young people together so they could say what was important to them[65]. To become a child-friendly city, Nottingham's children and young people have chosen their priorities that they want the city to focus on. They told us they want to:

- Be safe and secure
- Have great opportunities to learn
- Have a healthy, active lifestyle
- Live in a kind and inclusive city

The city's children and young people have chosen three blue 'badges' that reflect and align to their

[63] Child Friendly Nottingham - Nottingham City Council
[64] Child Friendly Cities Initiative | Child-Friendly Cities Initiative
[65] Child Friendly Nottingham - YouTube

priorities that will support their lives. The badges are;

- Healthy
- Safe and secure
- Education and learning

UNICEF UK has three mandatory 'badges' for city organisations – Communication, Co-operation and Leadership, and Culture.

The next step is to put together an action plan of changes and activities based on the goals identified.

**Further Engagement**

Current engagement and co-production priorities include a review of the Local Offer webpages, and a new combined SEND and Inclusion Strategy which will reflect and expand on the progress made during the period covered by the 2018-2023 SEND Strategy[66][67]

## 8) Unmet needs and service gaps

- The current absence of an overall joint commissioning strategy limits the use of commissioning as a tool for improvement.
- There is extensive published information available for parents, including through the online Local Offer for children and young people with SEND. However, not all families are aware of the Local Offer, and families that are aware can find it challenging to navigate.
- Not all families understand the strategy for identifying, assessing and meeting the needs of children and young people with SEND. Some parents do not appreciate the range of support that is made available for their children who do not have a formal diagnosis or education, health and care (EHC) plan. Many do not know where to find information and guidance to improve outcomes for their children.
- Some children and young people with SEND wait too long for assessments to identify possible autism spectrum disorder (ASD). The neurodevelopmental pathway is not communicated well enough to parents. As a result, some parents have unrealistic expectations of what support their children will receive once diagnosis has been confirmed.
- There are significant recruitment difficulties within some therapy teams. This is particularly the case for occupational therapy and physiotherapy teams. Some parents are frustrated with having to wait for assessments to identify their children's needs.
- There are significant recruitment and retention difficulties in respect of Educational Psychologists.
- There are limited social and recreational opportunities in the community that children and young people with SEND can access. The short-break offer does not currently meet the range of diverse needs and disabilities of children and young people and their families. Some parents find it difficult to access the short breaks and respite provision they want.
- Not all families are confident that transition from children to adult services will be well-managed and that they will continue to have their needs met.

[66] nottingham_city_send_strategy_document_final_1.pdf (openobjects.com)
[67] ncc-send-strategic-priorities-2018-2023.pdf (nottinghamcity.gov.uk)

- There has been a significant increase in demand for specialist placements, and there is very limited supply even in the independent sector.

### 9) Knowledge gaps

- The identification and awareness of children and young people's with SEND needs are not clearly understood by the SEND partnership leaders to enable immediate and long-term changes to service provision, be made, through effective joint integrated commissioning.
- It is problematic to collate accurate, timely data in relation to disabled children and young people who may have a life limiting condition both locally and nationally, as definitions of disability vary widely.
- Although data intelligence is available this is not routinely collated, analysed and reported on in a meaningful way to inform and support strategic oversight. This lack of system reporting can provide challenges to predict trends and appropriately plan to support meeting the needs of children and young people and their families with SEND (0-25). To help to mitigate this, a local SEND data dashboard is being developed in partnership with Nottinghamshire County Council.
- Formal governance structure or assurance mechanisms in relation to SEND are not fully established or embedded.
- Partnership leaders do not work together effectively in order to meet their statutory requirements for joint commissioning fully. There is currently no Joint integrated Commissioning Strategy, but the LA is working with ICB Commissioning leads to develop one.

## What should we do next?

### 10) Recommendations for consideration by commissioners

| | **Data collation and reporting** | |
|---|---|---|
| **1** | Improved data capture, sharing and reporting for SEND indicators in all CYP and adult health services. Continue to develop a multiagency data dashboard to robustly capture and monitor outcome-based data (with a focus on health inequalities) | ICB, health providers, LA |
| **2** | Routinely collate and analyse data about SEND children and young people transitioning to adult services to inform service development and joint commissioning. | ICB, health providers, LA, PH |
| **3** | Routinely collate and analyse data about children and young people with SEND in the Youth Justice Services. | ICB, health providers, LA, |
| | **Service delivery** | |
| **4** | Review the feedback from the annual SEND parent carer forum survey and use information to inform improvements in service provision. | ICB, health providers, LA, |
| **5** | Ensure that Nottingham City can respond to the increasing children and young people with SEN needs which will lead to an increasing demand on services | LA, ICB, health providers |

| | | |
|---|---|---|
| **6** | Continue to develop a continuum of specialist provision across the City to ensure that there is adequate capacity. Ensure developments are shared with partners at an early stage of development. | LA |
| **7** | Review and refresh the Transitions Strategy and:<br>• Ensure that this is embedded across the workforce<br>• Ensure that young people and families have a clear pathway and information available at the right time to support a smooth transition | LA and ICB |
| **8** | Undertake a full commissioning review of Alternative Provision to ensure there is sufficient high quality provision available for young people unable to attend school | LA |
| **9** | Review and implement improvements to health pathways for children with SEND to reduce waiting times and ensure ease of access for children and families. | Nottingham City and Notts County LA, ICB |
| | **SEND Local Offer** | |
| **10** | Continue to co-produce and refresh the current Local Offer website so that it is more easily navigated by parents and carers following earlier feedback that this was previously a challenge. | ICB, health providers, LA, |
| **11** | Develop a new communications plan for the SEND Local Offer to promote the site to members of the public and professionals | ICB, health providers, LA, |
| **12** | Ensure the SEND Local Offer information is reviewed and kept up to date through the agreed review process and engage with service providers to ensure they keep their records as up to date as possible | ICB, health providers, LA, |
| **13** | Work with the local provider market to develop and provide a range of short breaks including those delivered through internal provision, the community, commissioned services and those purchased through personal budgets. | ICB, health providers, LA, |
| **14** | Develop local overnight short breaks provision for children with complex and profound physical disabilities. | LA, ICB |
| **15** | Continue to embed the Routes to Inclusion programme including domains Speech, Language & Communication, Cognition & Learning and Family & Community. Further development of the links between special provision and mainstream schools will extend the good practice, knowledge and expertise available across all settings, as part of ongoing CPD opportunities for teachers and support staff. | LA |
| | **National Guidance** | |
| **16** | Implement the National SEND and AP improvement plan published in 2023 | SEND Partnership Assurance and Improvement Group |
| **17** | Identifying and delivering the support needed by schools and families to keep children engaged in education who are unable to attend school due to health needs (as outlined in the DfE Guidance 2023) | LA, ICB, health providers |

**Key contacts**

Nicholas Lee, Director of Education Services, Nottingham City Council
**nicholas.lee@nottinghamcity.gov.uk**

Jenn Burton, Public Health Manager, Nottingham City Council
**Jennifer.burton@nottinghamcity.gov.uk**