Nottinghamshire Health & Wellbeing Board

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

Special Educational Needs and Disability

0 to 25 years

March 2023

Topic information	
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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 Nottinghamshire. The SEND code of practice 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 (1). 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. 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." (2). All children and young people with disabilities do not necessarily have SEN but there is significant overlap (1).

The Nottinghamshire vision is "that children and young people with Special Educational Needs and Disabilities (SEND) will be safe, healthy, and happy, and have a good quality of life and opportunities to fulfil their aspirations, develop their independence and make a positive contribution to society." (3)

Summary of Need

- 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" (12).
- 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 0-24 year olds is projected to increase by 7.1% from 226,690 in 2018 to 235,808 in 2028.

- School Census data shows that 11% of pupils in Nottinghamshire schools have SEND needs.
- Children and young people with SEN support or an EHCP are more likely to be male and white.
- The highest proportion of children with an ECHP are educated in a special school, followed by mainstream school and post 16 settings such as further education colleges.
- 16-17 year olds with SEND in Nottinghamshire have similar rates of participating in education or training as those with no SEND needs and is higher than the England average.
- The percentage uptake of annual health checks by those with learning disabilities is 66% at Nottingham and Nottinghamshire ICS Level.

Unmet need and gaps

1. There is a need for more specialised SEND provision in Nottinghamshire. For example, many 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. Funding is available and the County Council have applied to the Department for Education to build a new free school. Free schools are funded by the government but are not run by the local authority and have more control over how they do things (Free schools - GOV.UK).
2. There needs to be continued improvements 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.
3. There are delays in accessing timely health support for children and young people, with SEND due to waiting lists within respective services.
4. There are 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

	Recommendation	Lead(s)
	Data collation and reporting	
1	Improved data capture 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
2	Routinely collate and analyse data about SEND children and young people transitioning to adult services	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 SEND parent carer survey and use information to inform improvements in service provision.	ICB, health providers, LA,
5	Ensure that Nottinghamshire 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	When planning new Special Schools ensure there are secure, private clinic rooms with examination couches and handwashing facilities to facilitate health appointments in this setting	LA
7	Review options to offer Special and Language Therapy in the Youth Justice setting	Violence Reduction Unit, ICB, LA
8	Engage in review of Specialist Education provision commissioning framework review for the provision of Independent Non Maintained Schools (due to end in September 2023),	LA
	SEND Local Offer	
9	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,
10	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,
11	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,
	Covid-19 pandemic recovery	
12	Develop a Covid-19 pandemic impact assessment for SEND CYP across Nottinghamshire	ICB, health providers, LA,
13	Use lessons learned during the pandemic to develop flexible ways of working including digital delivery if preferred and appropriate with children, young people, and their families.	ICB, health providers, LA,
	National Guidance	
14	Implement as appropriate for Nottinghamshire the National SEND Improvement Plan- due for publication early 2023	SEND Accountability Board

Nottinghamshire Health & Wellbeing Board

Full JSNA report

Notable changes from previous JSNA

No previous chapter.

What do we know?

1. Who is at risk and why?

1.1 Definition and scope

The special educational needs and disability code of practice: 0 to 25 years uses the following definition of SEN (1).

"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 SEN may also have a disability under the Equality Act 2010. 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." (2). All children and young people with disabilities do not necessarily have SEN but there is significant overlap (1).

SEND includes a broad range of conditions and is categorised into 4 broad areas of need and support (1):

- 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.

1.2 National Picture

1.2.1 Numbers of Pupils with SEND

In England, the number of pupils with SEN was 1.37 million pupils in 2020. Since 2010 there has been an overall decline in the number of pupils with SEN, which may have been due to more accurate identification of children with SEN following the 2010 Ofsted SEND review and the 2014 SEN reforms (4). However, more recently (2018-2020) the proportion of children with SEN has increased and the proportion of pupils with an Educational Health and Care Plan (EHCP) has also increased to 3.3% (in 2020).

For pupils with SEN, the most common primary need reported is speech, language. and communication needs (21.9%). However, for pupils with an EHCP, autistic spectrum disorder is the most common primary need (30.1%) (4).

1.2.2 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).

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. The current framework for inspection provides 3 judgement questions that assess how effectively children and young people with SEND are identified, how their needs are assessed and met, and how effectively are outcomes improved for children and young people with SEND (6).

After an 18-month enquiry into the reforms, it was found that the reforms were correct, however, "poor implementation has put local authorities under pressure, left schools struggling to cope and, ultimately, thrown families into crisis" (7). In response, the Government acknowledged the need for the SEND system to improve, and made more funding available, improving support and leadership (8). The Government committed to a SEND review to establish how the system has evolved since the 2014 reforms in September 2019 (9).

The SEND review 'right support, right place, right time' was published in March 2022. 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 (10).

Key proposals in the SEND review include (11):

- "Setting new national standards across education, health, and care to build on the foundations created through the Children and Families Act 2014, for a higher performing SEND system;
- 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 councils 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 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 match the national standards and offer clarity on the level of support expected, and put the system on a financially sustainable footing in the future;
- 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;
- Improving workforce training through the introduction of a new Special Educational Needs Coordinator (SENCo)[1] 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 delivery model in every local area focused on early intervention. AP will form an integral part of local SEND systems with improvements to settings and more funding stability.

An Implementation Plan is due to be published by the Government in Early 2023.

1.3 Identification of SEND

1.3.1 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 (12) or

[1] A SENCo, or Special Educational Needs Co-ordinator, is the school teacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities (SEND). For more information: Link

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.

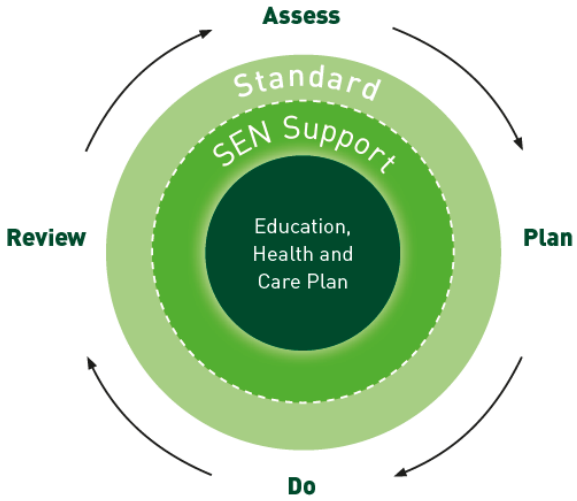
Early identification of SEND and making effective provision improves long-term outcomes for children (1). However, some children and young people's difficulties may only become evident at a later age as they develop. It is important that parental concerns are listened to and those who work with children 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.

1.3.2 SEN support and EHCP

2 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 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 (13). 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: SEN support in mainstream schools. A summary for parents and carers. Nottinghamshire County Council



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 (14).

1.3.3 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 (15).

1.4 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 disabilities (16).

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 (17). Alcohol and drug use during pregnancy can also affect foetal brain development, increase risk of poor birth outcomes and the development of learning difficulties. (18) Low birth weight and prematurity are associated with adverse developmental and educational outcomes (19) which children with low birth weight more likely to have special educational needs (20) and children born prematurely 2.85 times more likely to receive special educational assistance (21).

Poverty is strongly linked to SEND and is “both a cause and an effect of SEND” (12). 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.

1.5 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, whereas Black African pupils are underrepresented (23). Research suggests that greater socioeconomic deprivation may account for this overrepresentation.

Learning disabilities are also more prevalent in young people in custody and are estimated to be between 23 – 32%, compared to 2 – 4% in the general population. Young people with learning disabilities are also overrepresented throughout the different stages of the criminal justice system from community based sanctions such as anti-social behaviour orders through to incarceration (24).

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 behaviour, learning or speech and language difficulties, but not dyslexia. (25)

Research has shown that people with a learning disability have worse physical and mental health 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. 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 9% in the general population (26). Barriers for people with a learning disability from getting good quality healthcare include lack of accessible transport, lack of identification, lack of staff understanding, failure to make a correct diagnosis, lack of joint working and inadequate follow up and aftercare (26). All people with a learning disability over 14 years old should have an annual health check with their GP (27) which provides an opportunity for an annual assessment of health and wellbeing.

Looked-after children 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). In 2019, 55.9% of looked-after children had a special educational need compared with 14.9% of all children (29). Most children and young people become looked after because of abuse and 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 not having those requirements[2]

2. Size of the issue locally

2.1 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 Nottinghamshire. In 2018, there were 226,690 children and young people, this is projected to increase by 7.1% by 2028. This is mainly due to projected large increases in the 10-14 years and 15-19 year populations.

Table 1: ONS population projections for Nottinghamshire. Source: ONS 2018.

Age group	2018	2028	Change	% change
0-4	44,888	44,199	-689	-1.5%
5-9	49,617	46,579	-3,038	-6.1%
10-14	46,494	51,015	4,521	9.7%
15-19	42,034	50,794	8,760	20.9%
20-24	43,657	43,220	-438	-1.0%

[2] Post 16 education and labour market activities, pathways, and outcomes (LEO) Research report 2021

Total	226,690	235,808	9,118	7.1%

2.2 Size and demographics of SEND population in Nottinghamshire

According to the School Census[3] January 2021, there are currently 124,208 pupils aged 0 to 19 years in Nottinghamshire schools, of which 13,699 children have SEND (11%). Nationally this is 13.4%. Of the 11% in Nottinghamshire, 1.5% have a recorded EHCP and 9.5% have SEN support, compared to 3.1% and 10.3% nationally. The School Census does not include children and young people attending out of county schools, independent schools or colleges and further education colleges.

Table 2: Total size of SEND population (0 to 19 years) in Nottinghamshire. Source: School Census Jan 2021

	Nottinghamshire	**National average**
Pupils with no known SEN provision	110509 (89.0%)	86.6%
SEN support	11851 (9.5%)	10.3%
Pupils with an EHC plan	1848 (1.5%)	3.1%
All pupils with SEN	13699 (11%)	13.4%

The SEN2 survey shows 2840 children and young people with an EHCP aged 0 - 19 years and 3033 children and young people 0 to 25 years in Nottinghamshire. The SEN2 survey[4] includes children and young people aged 0 to 25 years in settings as per school census but also includes those attending out of county schools, independent schools or colleges and further education colleges. Figure 2 shows the age profile of children and young people 0 – 25 years with EHCP in Nottinghamshire according to SEN2 data.

[3] The School Census collects information from primary schools, secondary schools, special schools, maintained nurseries and academies and pupil referral units three times a year. It's done electronically and private schools are not included. Link
[4] The information collected via the annual SEN2 data collection provides the major source of data collected on children and young people 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. Link

Figure 2: Age profile of population with EHCP in Nottinghamshire. Source: SEN2 Jan 2021

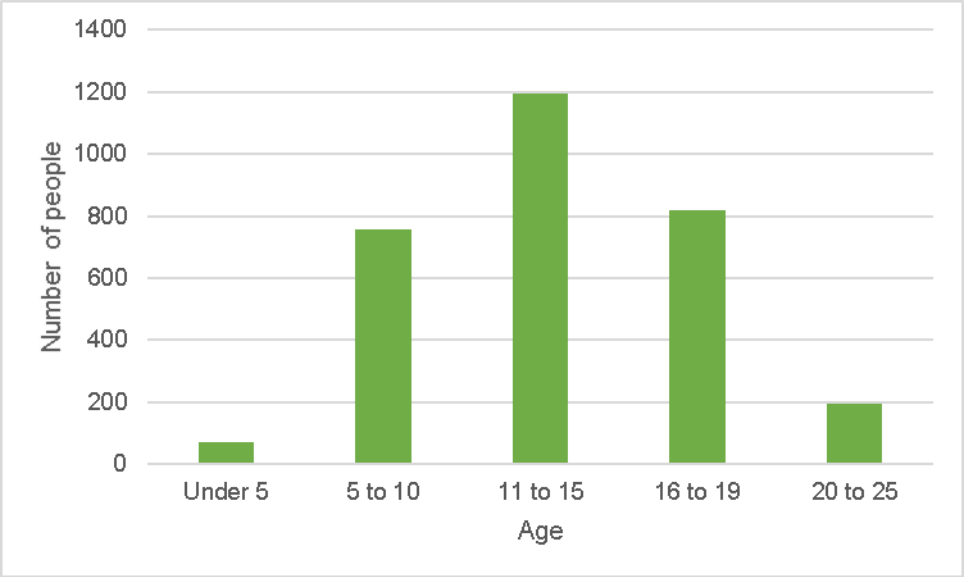


Figure 3 below shows the age profile of school age children with SEN support and EHCP according to School Census data.

Figure 3: Age profile of school age children with EHCP in Nottinghamshire. Source: School Census Jan 2021.

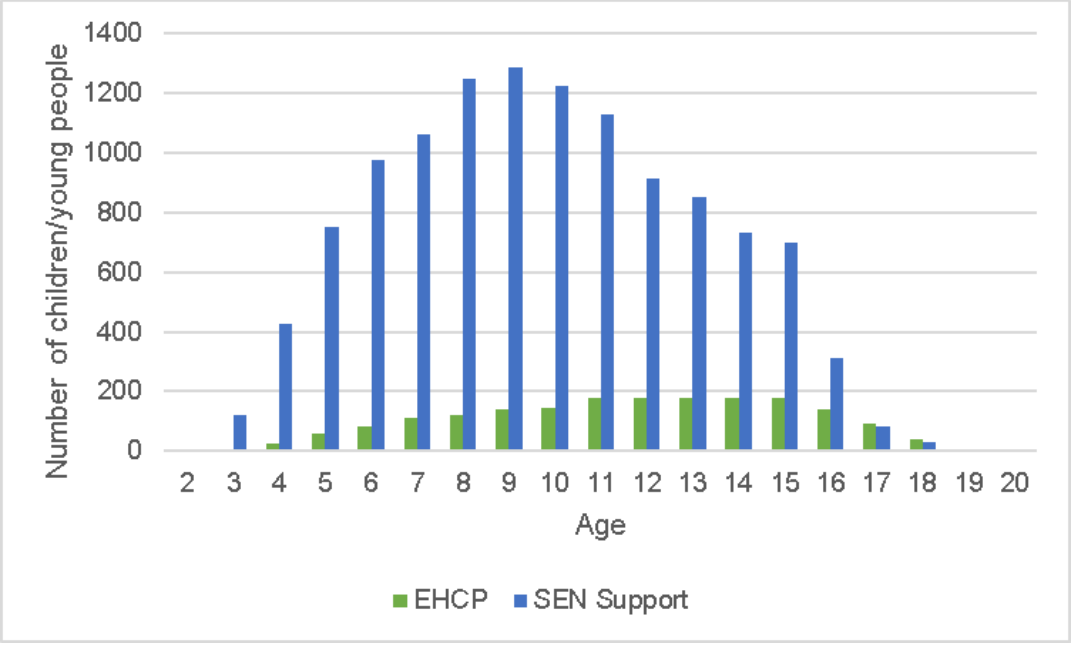


Table 3 shows the gender profile of 0 – 19 years with an EHCP, SEN support and no SEN support. Children young people with EHCP or SEN support are more likely to be male with 70% and 67.7% respectively. This pattern is echoed in the SEN2 survey showing children young people with EHCP 0 – 25 years are 71% male in Nottinghamshire and 73% nationally. This is compared to the population with no SEN support which shows a more even gender split with 48.6% male. Children young people with EHCP or SEN support in Nottinghamshire are also more likely to receive free school meals, with 39.5% of children with EHCP, 35.7% of children with SEN support receiving free school meals, compared to 15.9% of children with no SEN support (Source: School Census 2021).

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).

Table 3: Total size of SEND population (0 to 19 years) in Nottinghamshire, by gender and EHCP or SEN support. Source: School census Jan 2021.

Gender	EHCP	SEN support	No SEN
Female	560 (30.3%)	3832 (32.3%)	56829 (51.4%)
Male	1288 (70%)	8019 (67.7%)	53680 (48.6%)

We can see that a greater percentage of males have either an EHCP or receive SEN support compared to females.

Figure 4 shows the ethnicity of children and young people with an EHCP in Nottinghamshire with the highest proportion of EHCP issued to children and young people who are white.

Figure 4: Ethnicity of children and young people with EHCP (0 to 25 years) in Nottinghamshire. Source: SEN2 January 2021.

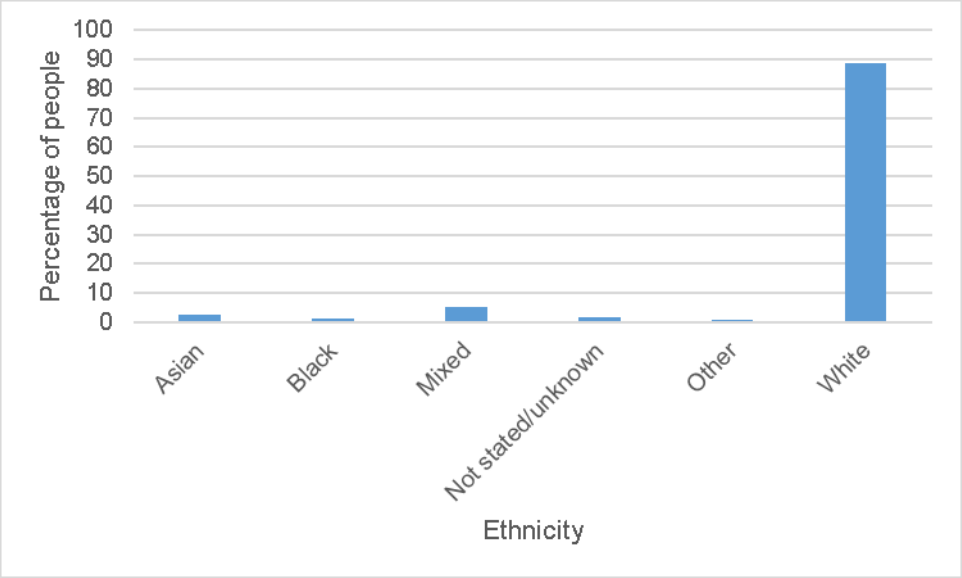


Figure 4 shows that approximately 90% of children and young people aged 0-25 with an EHCP are white, and less than 10% are from mixed, Asian, or Black ethnic groups. There are similarities in data when we compare this with the general 0-25 ethnic group population[5] in Nottinghamshire, where we can see that 87.8% of those aged 0-25 are white, 2.8% are Asian, 0.8% are black and 4.3% are from mixed ethnic groups.

[5] *Source: 2021 census link*

2.3 Change over time in SEND population in Nottinghamshire

Figure 5 shows data for all children aged 0 to 19 years with an EHCP. It shows the largest increase since 2016 in EHCP in 11 – 15 years and 16 – 19 years.

Figure 5: Number of children and young people aged 0-19 with an EHCP in Nottinghamshire by age band, 2016 – 2021. Source: SEN2 Jan 2021.

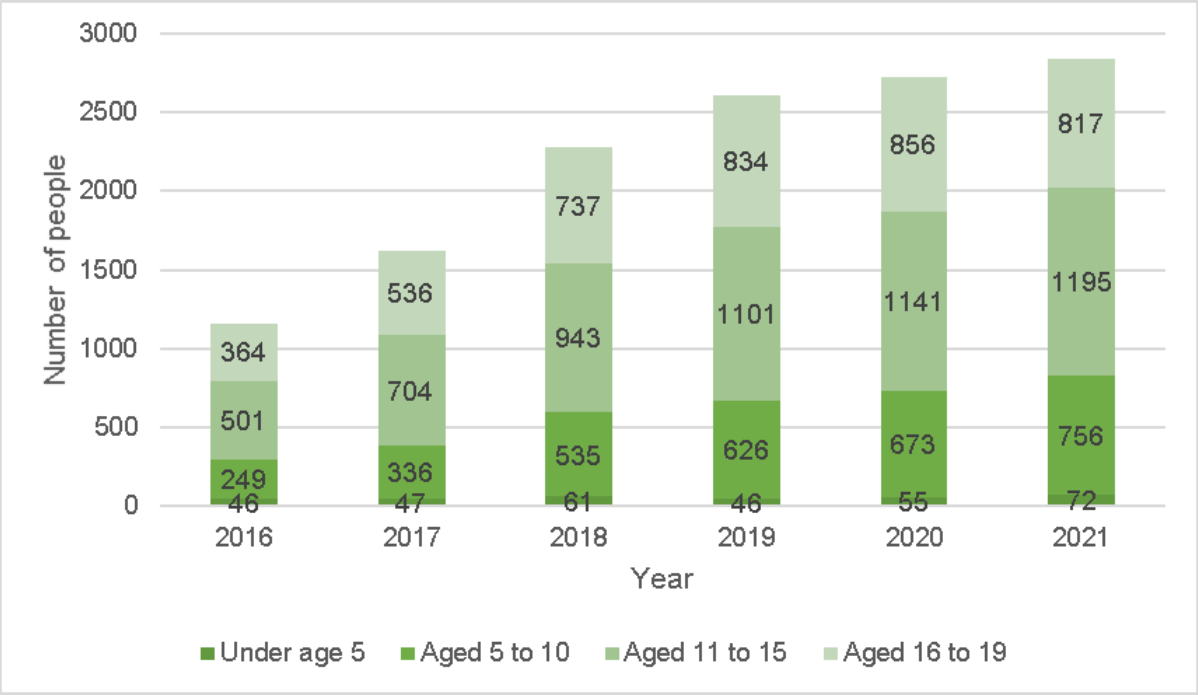


Figure 6 shows the percentage of children young people 0 to 19 years with SEN support and EHCP which shows a larger percentage increase in SEN support than EHCP since 2017.

Figure 6: Trend 2017 – 2021 of percentage of children young people 0 – 19 years with SEN support, EHCP and total in Nottinghamshire. Source: School census Jan 2021.

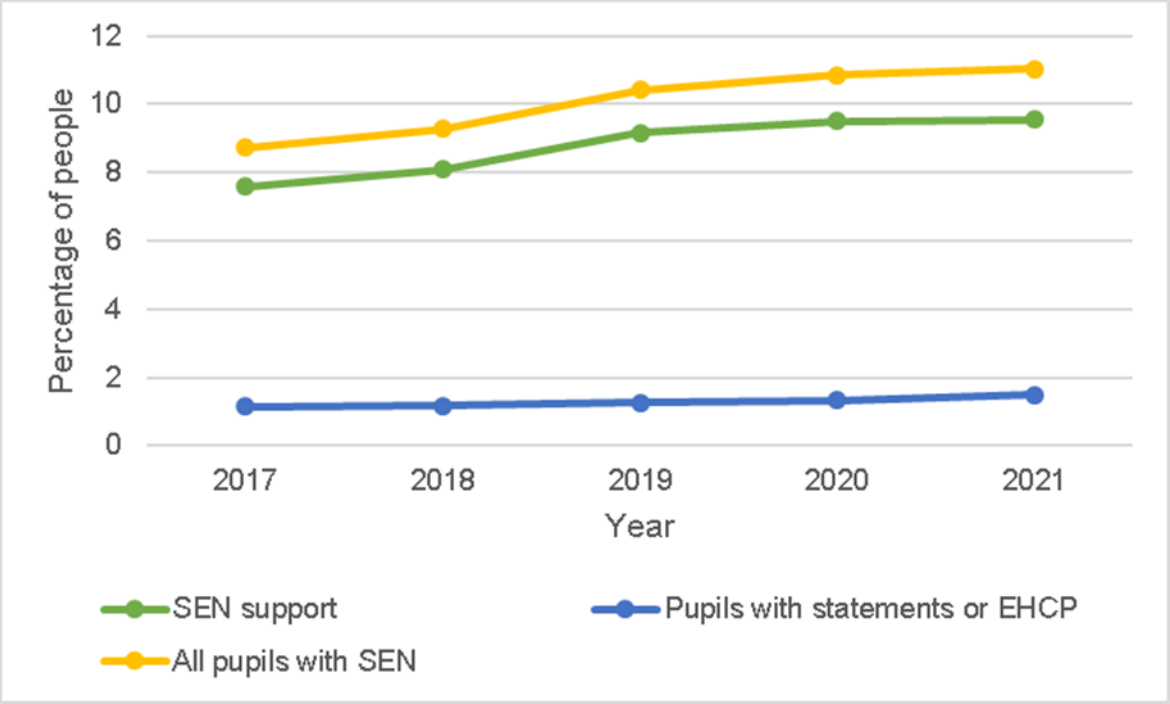
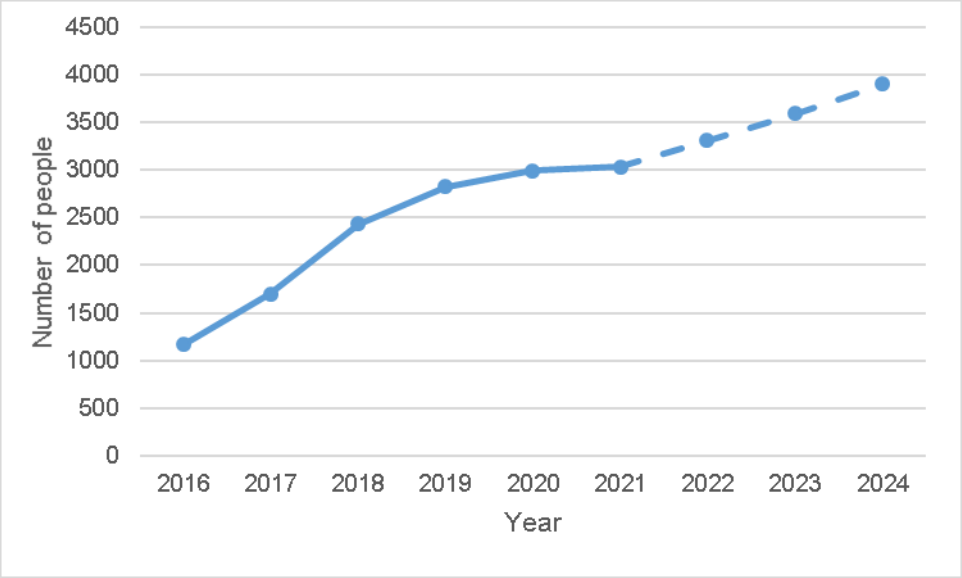


Figure 7 shows the number of children young people 0 – 25 years with EHCP with projections to 2024 which predicts an overall increase in EHCP.

Figure 7: Time trend of 0 – 25 population with EHCP in Nottinghamshire over time with projection to 2024. Source: SEN2 Jan 2021



2.4 Needs of SEND population in Nottinghamshire

2.4.1 Primary Needs

Table 4 shows the primary need of children and young people 0 – 19 years with an EHCP and SEN support in Nottinghamshire. The most common primary needs for children and young people with an EHCP are autistic spectrum disorder (44.3%), severe learning difficulty (12.8%) and social, emotional, and mental health needs (12.3%). This contrasts with children and young people with SEN support where social, emotional, and mental health (20.8%), moderate learning difficulty (20.6%), speech, language, and communication needs (15.9%) are the most common primary needs.

In primary schools, speech, language, and communication needs are the most common primary need followed by moderate learning difficulty, social emotional and mental health, and autistic spectrum disorder.. In secondary schools it is social, emotional, and mental health, followed by autistic spectrum disorder and moderate learning difficulties. In special schools, severe learning difficulties and autistic spectrum disorder are the most common primary needs.

Table 4: Primary needs of school age children and young people 0 – 19 years with EHCP and SEN support. Source: School Census Jan 2021.

Primary need	EHCP	SEN support
Autistic spectrum disorder	819 (44.3%)	1779 (15.0%)
Hearing impairment	19 (1.0%)	182 (1.5%)
Moderate learning difficulty	106 (5.7%)	2447 (20.6%)
Multi-sensory impairment	9 (0.5%)	37 (0.3%)
Other difficulty / disability	67 (3.6%)	572 (4.8%)
Physical disability	78 (4.2%)	468 (3.9%)
Profound & multiple learning difficulty	106 (5.7%)	22 (0.2%)
SEN support but no specialist assessment of type of need	0	369 (3.1%)
Severe learning difficulty	236 (12.8%)	68 (0.6%)
Social, emotional, and mental health	228 (12.3%)	2469 (20.8%)
Specific learning difficulty	71 (3.8%)	1428 (12.0%)
Speech, language, and communication needs	95 (5.1%)	1886 (15.9%)
Visual impairment	14 (0.8%)	124 (1.0%)
Total	**1848 (100%)**	**11851 (100%)**

2.4.2 Life Limiting Conditions

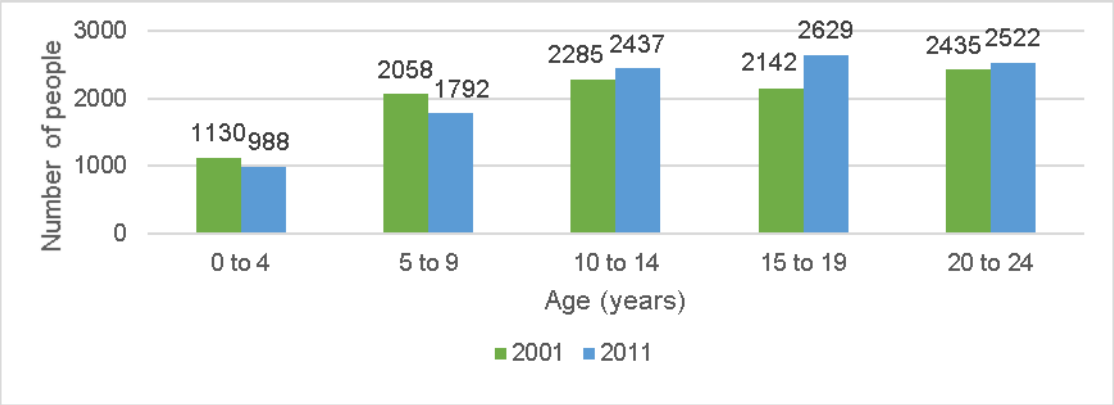
The national prevalence of life limiting conditions in children and young people (aged 0-19 years) in England had increased over 17 years from 26.7 per 10000 in 2001/2 to 66.4 per 10000 in 2017/18 (30). There are two key trends contributing to rising numbers of children with life limiting conditions:

- 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. However, Census 2011 data shows the number with limiting long term illness in Nottinghamshire increasing between 2001 and 2011 (see figure 8). The data from the 2021 Census is still awaited.

Figure 8: Children and young people (aged 0-24) with limiting long term illness in Nottinghamshire. Source: Census 2001, 2011. Adapted from: (31)

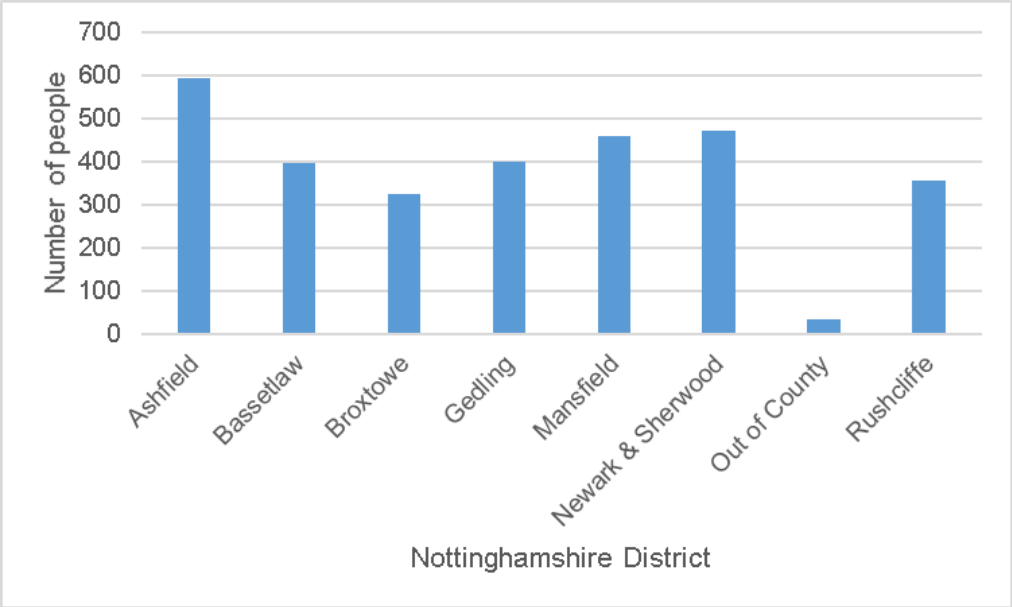


There are requirements to ensure joined up educational, social and health pathways with regard to children with life limited illness.

2.5 Where children and young people with SEND live

Figure 9 shows where children and young people aged 0 to 25 years with an EHCP live in Nottinghamshire.

Figure 9: Number of children young people with EHCP by Nottinghamshire district. Source: SEN2 January 2021.



Mansfield, Ashfield, and Bassetlaw are the most deprived boroughs in the County, with Rushcliffe the least deprived[6]. The distribution in this graph roughly follows that pattern, though Rushcliffe does not have the least number of SEN pupils (this may be due to proportion of children in the district or borough).

2.6 Where pupils with SEND are educated within Nottinghamshire

2.6.1 Schools, Colleges, and Special Schools

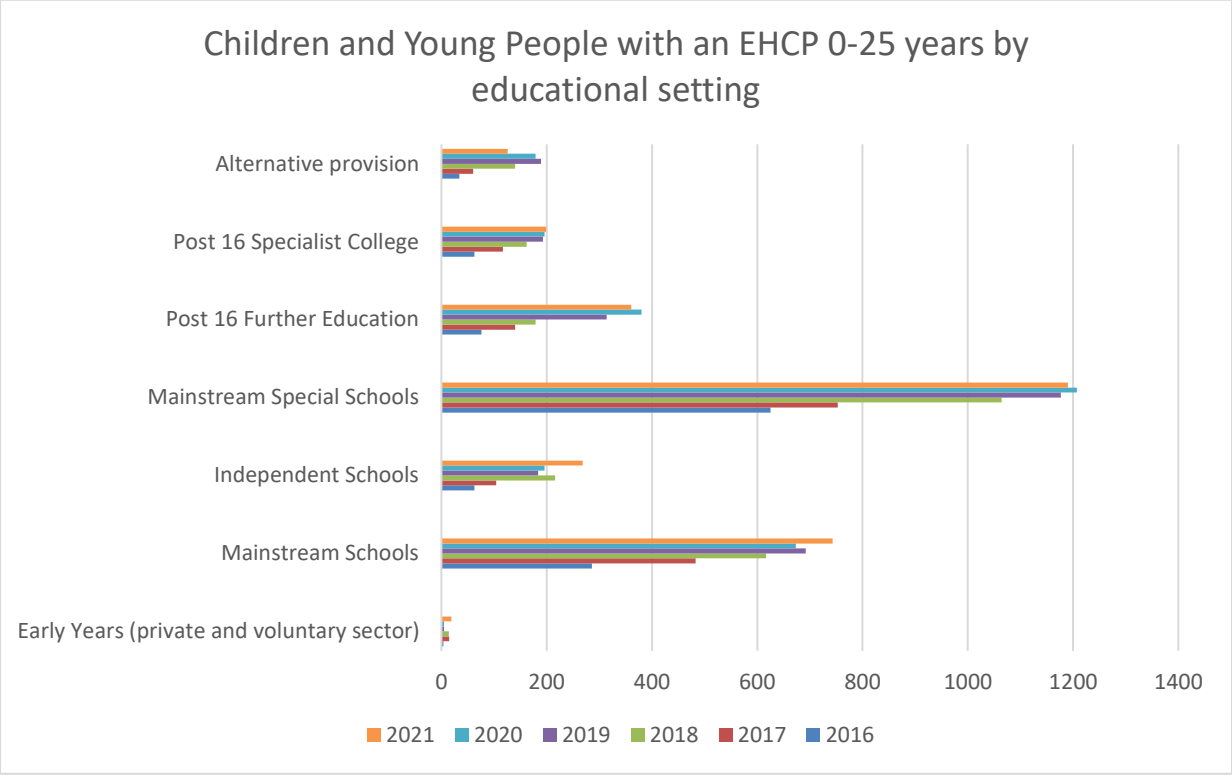
Table 5 shows where children and young people are educated according to the School Census. Table 6 shows where children and young people with an EHCP are educated and the change over time. It shows the highest proportion of children and young people with an EHCP are educated in a special school, followed by mainstream school and post 16 settings such as Further Education (FE) colleges. In addition, in the 2021 SEN2 survey, 29 children were awaiting provision, 61 had an EHCP but were not in employment, education or training and 19 were awaiting decision to cease an EHCP which is subject to an appeal to the Tribunal. In addition, 23 children were electively home educated.

Table 5: Children and young people 0 – 19 years by educational setting. Source: School Census January 2021.

	Pupils with no known SEN provision	**Pupils with SEN support**	**Pupils with EHCP**
Primary	63,720 (89%)	7,533 (10.5%)	378 (0.5%)
Secondary	46,789 (90.9%)	4,318 (8.4%)	345 (0.7%)
Special	0	0	1,125 (100%)
Total	110,509 (89%)	11,851 (9.5%)	1,848 (1.5%)

[6] Indices of Deprivation (2019) - Nottinghamshire Insight

Table 6: Children and young people with EHCP 0 – 25 years by educational setting. Source: School Census January 2021.



2.6.2 Electively home educated

In October 2021, there were 23 children and young people aged from 5 to 19 with an EHCP who were electively home educated. 57% of these were aged 14-15 years. The most common primary need of children and young people being electively home educated is Autism Spectrum Disorder (78%).

2.7 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 Nottinghamshire (including Bassetlaw from July 2022[7]).

[7] *NB: Prior to the amalgamation of the Clinical Commissioning Groups (CCG) and creation of the ICB in 2022, Bassetlaw data was previously reported separately from the rest of Nottinghamshire.*

Table 7: Total Number of Bassetlaw CYP eligible for Continuing Care. Source: Bassetlaw CCG 2021.

Year	Total Number of Bassetlaw CYP eligible for Continuing Care	New in year
2018-19	4	4
2019-20	5	1
2020-21	6	1
2021-22 (to Jan 2022)	13	7
Section 117[8]	3	3

Table 8: Total Number of Nottinghamshire CYP eligible for Continuing Care. Source: Nottingham and Nottinghamshire CCG 2022.

Year	Total Number of Nottinghamshire CYP eligible for Continuing Care	New in year
2018-19	42	
2019-20	50	18
2020-21*	40	9
2021-22 (to Jan 22)	18	

*2020 does not reflect a usual year. Referrals appear to have been impacted by Covid-19.

2.8 SEN Children and Young People in Nottinghamshire receiving social care support

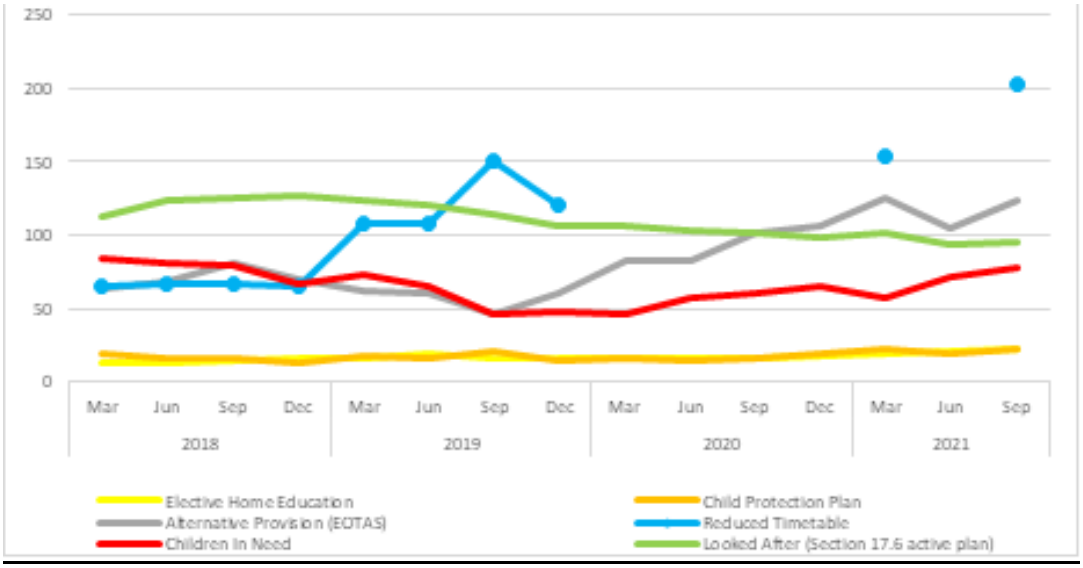
2.8.1 Children in Need

According to SEN2 January 2021 data, of the 3033 0-25 year olds with an EHCP, 65 were classified as Child in Need[9] (CIN). 19 had a Child Protection Plan, 99 were Nottinghamshire Looked after Child (LAC) and 85 were LAC in other local authorities. Figure 10 shows number of vulnerable children with an EHCP, some children may belong to more than one group. During the Covid-19 schools were closed therefore no reduced timetables were in place.

[8] ** 117 - Some people who have been kept in hospital under the Mental Health Act can get free help and support after they leave hospital. The law that gives this right is section 117 of the Mental Health Act, and it is often referred to as 'section 117 aftercare'.*

[9] *Children in need are a group supported by children's social care, who have safeguarding, and welfare needs, including: children on child in need plans, children on child protection plans, looked after children and disabled children. Link*

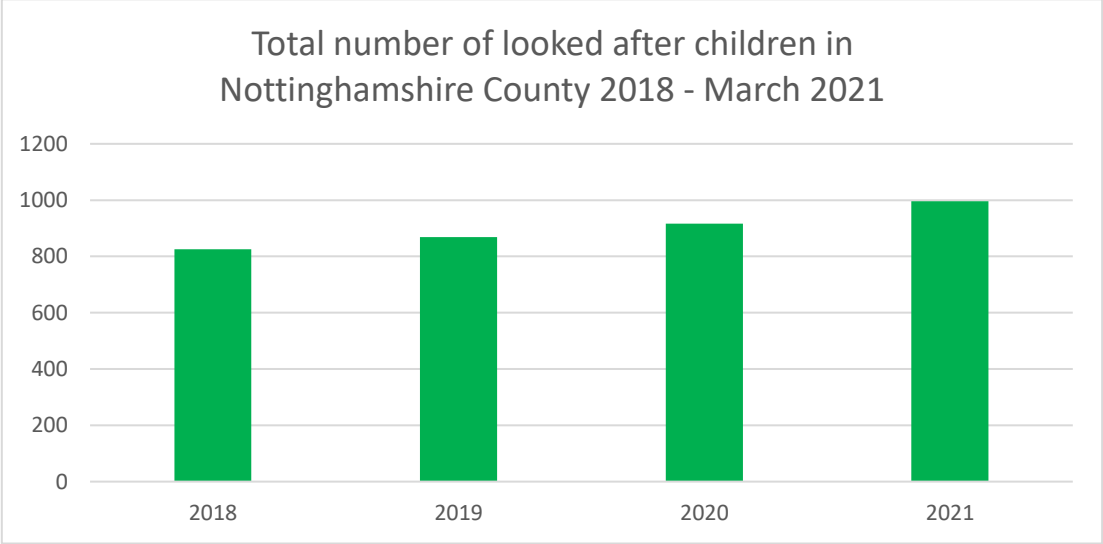
Figure 10: Number of vulnerable children with an EHC Plan. Source: requested



2.8.2 Looked after children and young people

There has been an increase in the number of looked after children in recent years with a continued increase in the numbers of CYP becoming looked after locally with graph 10 reflecting a consistent increase from 2018.

Figure 11: Number of Nottinghamshire children, young people who are looked after. Source: Annual data retrieved from the local authority.



2.9 Youth Justice

The Youth Justice service regularly benchmark and assess their practice to ensure good practice is embedded to meet the needs of children and young people within the service. All staff receive training for SEN and additional training on specific conditions such as Neuro-Developmental Disorders (ADHD and Autistic Spectrum Disorder) and speech, language and communication needs assessment and intervention is undertaken, recognising the impact these can have on communication.

Currently there is not a data system in place to identify the number of children within the Youth Justice service with SEND. Data is captured on the number of young people receiving court orders or out of court disposals[10] (OOCD) and the number and percentage of those recorded with EHCP and also those without EHCP but with SEN but this would not reflect the prevalence within the Youth Justice service.

2.10 Housing

Older young people with SEN needs may require housing support. Nottinghamshire County Council's 'Housing with Support' offer aims to provide people who have an assessed need with a clear understanding of what housing support will be available to them. 'Housing with Support' includes supported accommodation, short term residential care and providing a suitable care and support package within an ordinary house (32). In Nottinghamshire, 74.5% of adults with a learning disability live in stable and appropriate accommodation, England average 78.3% (Source: B06a Public Health Outcomes Framework 2021). Data for children and young people is not available.

Table 9: Number of people aged 18 – 35 years, receiving support by Nottinghamshire County Council – June 2019. Source: Nottinghamshire County Council

Type of accommodation	Number of people aged 18 – 35 years
Supported Accommodation	179
Residential Care	173
Ordinary housing – owned or rented	885
Live with carer, parents, family or in a shared lives arrangement	87

[10] 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 behaviour and criminogenic needs of the offender. Link

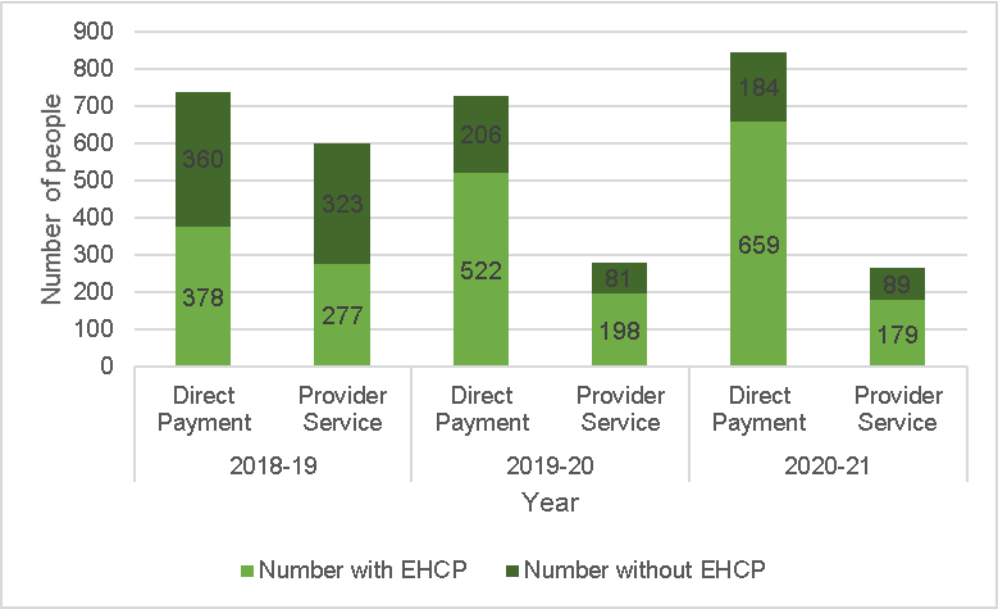
2.11 Short breaks provision

Short breaks can be offered by service providers commissioned by the local authority or via direct payments for families to buy short breaks from a registered provider (15). Figure 12 shows the number of children and young people accessing community short breaks in Nottinghamshire. Table 10 shows the average number of hours for short breaks. There has been a decline in the number of families accessing provider's services and overall, the average numbers of hours have increased by 25%.

The decrease in the number of packages and increase in hours relate to the removal of the flexible short breaks offer of 80 hours that was given prior to November 2018, following the co-produced review of short breaks in 2017-2018. All families with 80 hours reapplied for a new minimum offer of 24 hours. The number of families re-applying for short breaks dropped considerably as a result of the new criteria introduced following the review. However, many of those families applying and being assessed found that the hours offered were now higher than 80 hours. This resulted in fewer packages with a significant number of families receiving more hours. One of the criteria of the short breaks review was to offer a more focused offer to children, young people, and families. This delivery model and criteria was co-produced and agreed with the Nottinghamshire Parents and Carers Forum.

The decline in numbers of families accessing community short breaks provider services reflects the availability of these services across the county during the Covid-19 pandemic. During this period, many parents and carers requested direct payments due to provider services being closed, or as a result of health concerns. It should be noted that the number of service providers is above the pre Covid-19 numbers.

Figure 12: Number of children and young people accessing community short breaks in Nottinghamshire, 2018 – 2021. Source: Nottinghamshire County Council



Comparable 2021-22 data shows an increase in the numbers of children and young people accessing community short breaks both with and without an EHCP. 781 children and young people with an EHCP accessed community short breaks using a direct payment in 2021-22 (an increase of 122 on 2020-21) and 309 accessed community short breaks who do not have an EHCP (an increase of 124 on 2020-21).

Comparable 2021-22 data also shows an increase in the numbers of children and young people accessing community short breaks via a provider service. 309 children and young people with an EHCP accessed community short breaks via a provider service in 2021-22 compared to 179 in 2020-21 (an increase of 130), and 126 children and young people without an EHCP accessed community short breaks via a provider service in 2021-22 compared to 89 in 2020-21 (an increase of 37).

Source: Nottinghamshire County Council 2023

Table 10: Number of average hours for short breaks in Nottinghamshire. Source: Nottinghamshire County Council 2021

	Direct Payment	**Provider service**
2018-19	122	126
2019-20	144	173
2020-21	153	157
2021-22	174	175

2.12 Specialist Education provision

The County Council has a statutory responsibility to secure school places for all children including those whose special educational needs, typically set out within an Education, Health and Care Plan, are assessed as being unable to be met within a mainstream school and for whom the Council is thus obliged to procure specialist education placements within the independent / non-maintained school sector.

A gap analysis has found;

- Provision is not equally distributed around the County
- There are limited provisions not offering a mix of academic and vocational courses as well as therapeutic sessions across whole county, ultimately limiting opportunities for children and young people.
- There is a lack of provision for primary years, specifically for under eights, and Post 16 throughout the County.
- There is a lack of providers that can meet all the complex needs outlined in EHC plans and struggle to meet complex student's potential SEND needs.

In response to this the council will engage in review of Specialist Education provision commissioning framework review for the provision of Independent Non-Maintained Schools.

3. Targets and performance

3.1 Educational attainment/outcomes

As shown in table 11,16-17 year olds with SEND in Nottinghamshire have similar rates of participating in education or training as those with no SEND needs and is higher than the England average.

Table 11: Proportion of 16- to 17-year-olds recorded in education and training in Nottinghamshire. 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
Nottinghamshire	94.8%	93.5%	94%
England	89.2%	87.7%	93.2%

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. This JSNA will be updated when this data becomes available. The following summarises Nottinghamshire Attainment data from 2019 for all children and young people with SEN (33):

Key Stage 1 SEN

14.7% of SEN pupils achieved the expected standard in combined reading writing and maths. This represents an increase of 0.5 percentage points from 2018. This is lower than the National Consortium for Examination Results (NCER) national figure of 18.6%.

Key Stage 2 SEN

21.0% of SEN pupils achieved the expected standard in combined reading writing and maths. This represents an increase of 1.3 percentage points on 2018 but is still lower than the NCER national figure of 22.3%. Progress figures for SEN pupils are below national in reading, broadly in line for writing and above in maths for the same pupil group. Figures are -1.9 for reading (-1.5 nationally), -2.1 for writing (-2.2 nationally) and -1.3 for maths (-1.5 nationally).

Key Stage 3 SEN

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

Key Stage 4 SEN

15.8% of SEN pupils achieved grades 9-5 in both English and maths. This represents an increase of 4.8 percentage points from 2018, higher than the NCER national figure of 13.8%. 28.2% of SEN pupils achieved grades 9-4 in both English and maths. This represents an increase of 4.7 percentage points from 2018. NCER national figure of 26.7%. The attainment 8 figure for the cohort is 26.6% with a national figure of 27.6%. Progress figures for SEN pupils are broadly in-line with national for the same pupil group and are -0.63 compared with -0.62 nationally.

3.2 Absence, fixed term, and permanent exclusion rates

As shown in Table 12, unauthorised absence rates are higher in children with SEN support and EHCP in both primary and secondary schools compared to children with no SEN support. This is similar to the national pattern.

Table 12: Percentage unauthorised absence sessions by school type in Nottinghamshire. Source: School Census. 2019

	No SEN	**SEN support**	**EHCP**
Primary school	1.19%	1.67%	3.05%
Secondary school	1.63%	3.56%	3.93%
Special school	N/A	0.71%	1.76%

The fixed term exclusion rate is higher for children with SEN support and an EHCP in both primary and secondary schools than those without. In primary schools, the fixed term exclusion rate[11] in children with no SEN is 0.12 compared to 3.24 with SEN support and 21.03 with an EHCP. This trend is mirrored in secondary schools with the fixed term exclusion rate in children with no SEN is 6.50 compared to 29.97 with SEN support and 41.67 with an EHCP. In special schools, the fixed term exclusion rate is lower at 3.42. The permanent exclusion rate is lower (0) in children and young people with EHCP in all settings. However, it is higher in those with SEN support in secondary schools (0.21) compared to no SEN support (0.04) in secondary schools.

3.3 EHCP services in Nottinghamshire

In 2021, there were 465 assessments which resulted in an EHCP being issued and 148 requests for assessment that were refused. 22% of initial requests were refused which is in line with England average of 21.6%. 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. Nottinghamshire's most recent SEND tribunal rates are similar the mean for all English local county authorities. This is depicted in figure 13. The increase within 2017 reflects a time when the Local Authority refused a greater number of EHC assessments in the second half of 2016 which lead to a higher increase of legal challenge. Nottinghamshire still says no to a greater percentage of EHC assessment requests than the national average but a lower percentage.

Figure 13: SEND tribunal appeal rate. Source: Local government interactive tool (Ministry of Justice) 2021

[11] The head teacher can exclude a pupil for a fixed period (up to a maximum of 45 days in a school year). This can comprise of a series of short exclusions or a single 45 day exclusion. Headteachers decide about the length of the exclusion in accordance with the schools behavioural policy. Link

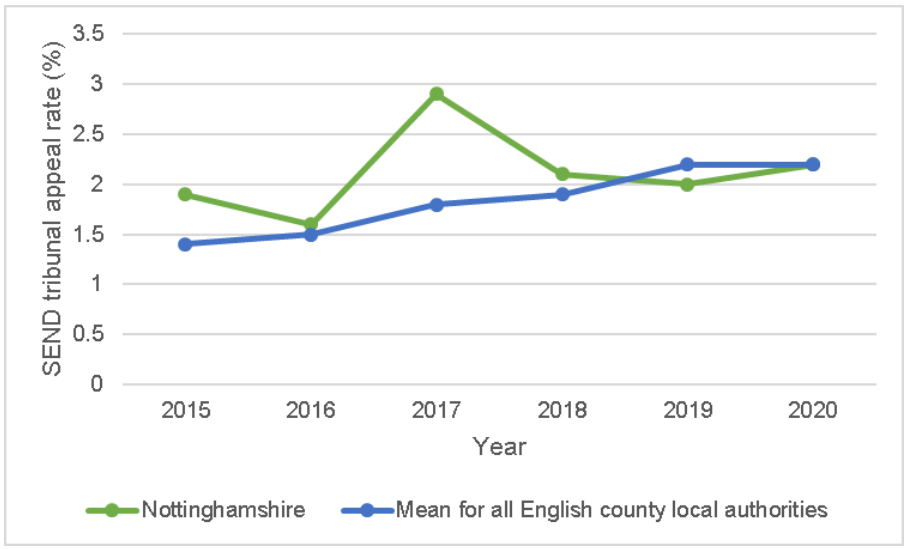
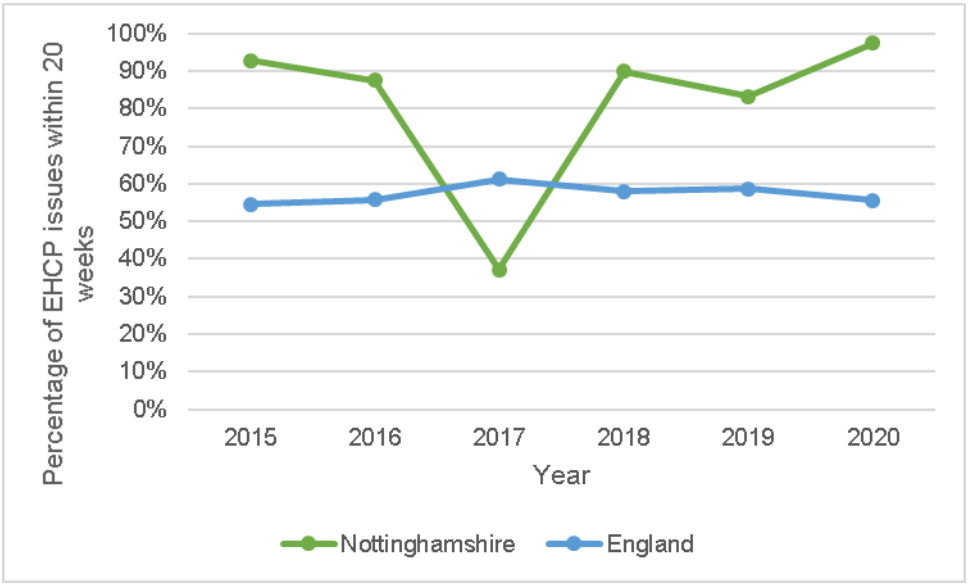


Figure 14 shows the percentage of EHCP issued within the recommended 20 weeks in Nottinghamshire compared to England average.

Figure 14: Percentage of ECHP issued within 20 weeks including exceptions. Source: SEN2 January 2021.



3.4 Annual health checks

All people aged over 14 on the GP practice learning disability register are eligible to have an Annual Health Check[12]. 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 Health and Care ICS level, it is 66%. This is better than the England average at 51.9% (2019/20 data)[13]. The range of achievement by Primary Care Networks in Nottingham and Nottinghamshire varies from 24% to 89%. For some 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. Some data for some practices is in error due to nil returns.

3.5 Ofsted

In June 2016 Ofsted and the Care Quality Commission (CQC) conducted a joint SEND inspection of Nottinghamshire 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:

- Children and young people describe very positive experiences of the support they receive from health services, social care provision and their education setting.
- Inspectors found a high level of commitment to implementing the reforms from all stakeholders. Approaches such as the education, health and care hub meetings are promoting the improved identification of children and young people's needs and also improving their outcomes.
- The local area's evaluation about how well it has implemented the reforms is broadly accurate. However, the local area's self-evaluation does not include sufficient reference to the views of parents, children, and young people.
- Most parents who spoke with or contacted the inspectors during the inspection had some dissatisfaction with at least a part of the access to health provision, social care services or education. The level of dissatisfaction was a concern to the inspection team and leaders from the local area, including the corporate director of children, families, and cultural services. However, inspection evidence indicates that parental dissatisfaction is often successfully resolved when it is identified. Special educational needs appeals by parents across Nottinghamshire are at a lower rate than found nationally.
- Health visitors and school nurses are effective in identifying children's needs at an early opportunity and this helps them to put effective support in place to improve their outcomes.
- National comparative information indicates that fewer children and young people in Nottinghamshire are identified as having special educational needs and/or disabilities than found in other areas nationally. Significantly fewer children and young people than found nationally have an education, health, and care plan. Children and young people tend to have their needs met quickly because families of schools are able to draw on expertise and funding from within their family of schools group.

[12] Learning disabilities - Annual health checks - NHS (www.nhs.uk)
[13] learning-disability-annual-health-checks-sept-2020-p2.xlsx (live.com)

- Fewer 16 and 17 year olds who have special educational needs and/or disabilities in Nottinghamshire are in education or training than found nationally.
- The quality of preparation for adulthood of children and young people who have special educational needs and/or disabilities is a concern in Nottinghamshire.
- The local authority maintains a secure children's home which benefits Nottinghamshire's young people and those from across the county. The commitment by leaders to multi-agency working is exemplary and ensures that a wide range of needs are met.

Since this inspection the SEND Accountability Board has overseen improvements in relation areas where improvements could be made.

In October 2020, Ofsted and the Care Quality Commission (CQC) visited Nottinghamshire to discuss the impact of the COVID-19 pandemic on children and young people with special educational needs and/or disabilities (35).This visit was carried out as part of a series, the findings of which were aggregated into three national reports to support whole-system learning.

The following points were identified in their summary note:

- leaders at the beginning of the pandemic moved rapidly to set up systems to help professionals across education, health, and care services to communicate and work remotely. This enabled support and services for children and young people with SEND and their families to be prioritised
- the workforce experienced considerable stress and additional workload as a result of responding to the frequent changes in national guidance, and this was often at short notice
- the vast majority of schools remained open during the pandemic, including during holiday periods. Some parents and carers advised that remote and blending learning had suited their children's needs very well
- risk assessments were completed for all children and young people with Education, Health, and Care Plans, as well as those with additional needs who practitioners deemed may need extra help. However, they were not always multi-agency in content and not all parents were aware that the risk assessment had taken place
- the provision of some health services was reduced due to the redeployment of health professionals to focus on the national response to the pandemic. Where possible, health teams devised new ways of continuing to support children and young people
- social care professionals continued their work with families using technology to support communication. They checked regularly on those who had a designated social worker before the pandemic
- some parents and carers felt abandoned due to the restrictions imposed on services. Parents and professionals felt that the needs of children and young people with SEND had not been correctly prioritised in national guidance. Other parents and carers

described feeling like they had reached 'crisis point' before getting help and support from social care professionals

- leaders are aware that the impact of the pandemic on parents and practitioners is ongoing. They are keen to reflect and learn from the way professionals have worked together in new and innovative ways to meet the needs of families during this difficult time.

Nottinghamshire Public Health is currently conducting a COVID Impact Assessment, which includes the effect on education and mental health. Results will be made available to inform this JSNA and SEN provision planning.

3.6 Service usage

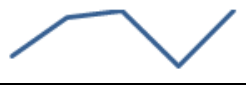
3.6.1 Health services

Figures 14 and 15 show first appointment numbers for health services in Nottinghamshire County and Bassetlaw accessed by all children. Nottinghamshire County figures for 2021/22 figures are actual Q1,2,3, and quarter 4 provisional data are added for full year estimate.

Caveats to data:

- Bassetlaw 2021/22 figures include activity position at quarter 3 uplifted for full year estimate.
- Bassetlaw children's physiotherapy and speech and language therapy (SALT) includes activity where service is clearly labelled as children
- fracture clinic is excluded from these figures as unable to spilt adult and children's data.
- Data is not available for Children's physio and SALT for 2020/21 and 2021/22 as reduced reporting was agreed to assist the provider with additional pressures due to the COVID-19 pandemic.
- In addition, Children's physio and SALT figures include an uplift at month 11 for the full year estimate.
- The ASD and ADHD pathway data includes referrals from the General Developmental Assessment Pathway.

Figure 15: First appointment numbers per service for Nottinghamshire county (excluding Bassetlaw). Source: NHS Nottingham and Nottinghamshire CCG.

Service	2017/18	2018/19	2019/20	2020/21	2021/22	Trend line
Paediatric Occupational Therapy	438	456	429	382	406	
Paediatric Physiotherapy	295	311	314	291	314	

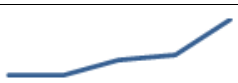
Paediatric Specialist Speech and Language Therapy	1606	1588	1966	2078	2971	

Figure 16: First appointment numbers per service for Bassetlaw. Source: Bassetlaw CCG.

Service	2017/18	2018/19	2019/20	2020/21	2021/22	Trend line
Nottingham Healthcare NHS Trust						
Childrens community nursing	55	51	67	77	72	
Children's Learning Disability Nursing	23	30	25	25	28	
Paediatric Occupational therapy.	68	75	78	70	117	
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust						
Children's Physiotherapy	254	324	385	-	-	
Children's Speech and language therapy	369	288	327	-	-	
Community Paediatrics – General Development Assessment	141	205	258	135	257	
Community Paediatrics - Autism Pathway	65	68	64	63	128	
Community Paediatrics - ADHD Pathway	51	38	44	29	85	
Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)						
Children's Epilepsy	21	19	23	9	36	

Figure 17: Referral numbers per service for Nottinghamshire county. Source: NHS Nottingham and Nottinghamshire CCG.

	2017/18	2018/19	2019/20	2020/21	2021/22	
Bassetlaw LD	25	33	30	21	29	
Bassetlaw Nursing	77	62	80	78	63	
Bassetlaw OT	111	131	116	86	120	
County Nursing	276	242	246	209	125	
County OT	511	591	661	481	515	
County Physio	339	423	460	364	407	
County SLT	2295	2405	2793	3004	3530	
Totals	3634	3887	4386	4243	4789	

The first appointment data reflects the referral data trends over the past 5 years. Whilst the year on year trend for first appointments for SLT is upwards, as would be expected with more children identified with SEND and surviving with complex needs, there is a fall in first appointments for OT and Physio that coincided with the first wave of Lockdown. Numbers have not recovered to pre-pandemic levels for children receiving OT services in the County. The provider is investigating the trend further.

3.6.2 Mental health services

Figure 18: Children and young people's access to mental health services. Source: NHS Nottingham and Nottinghamshire CCG.

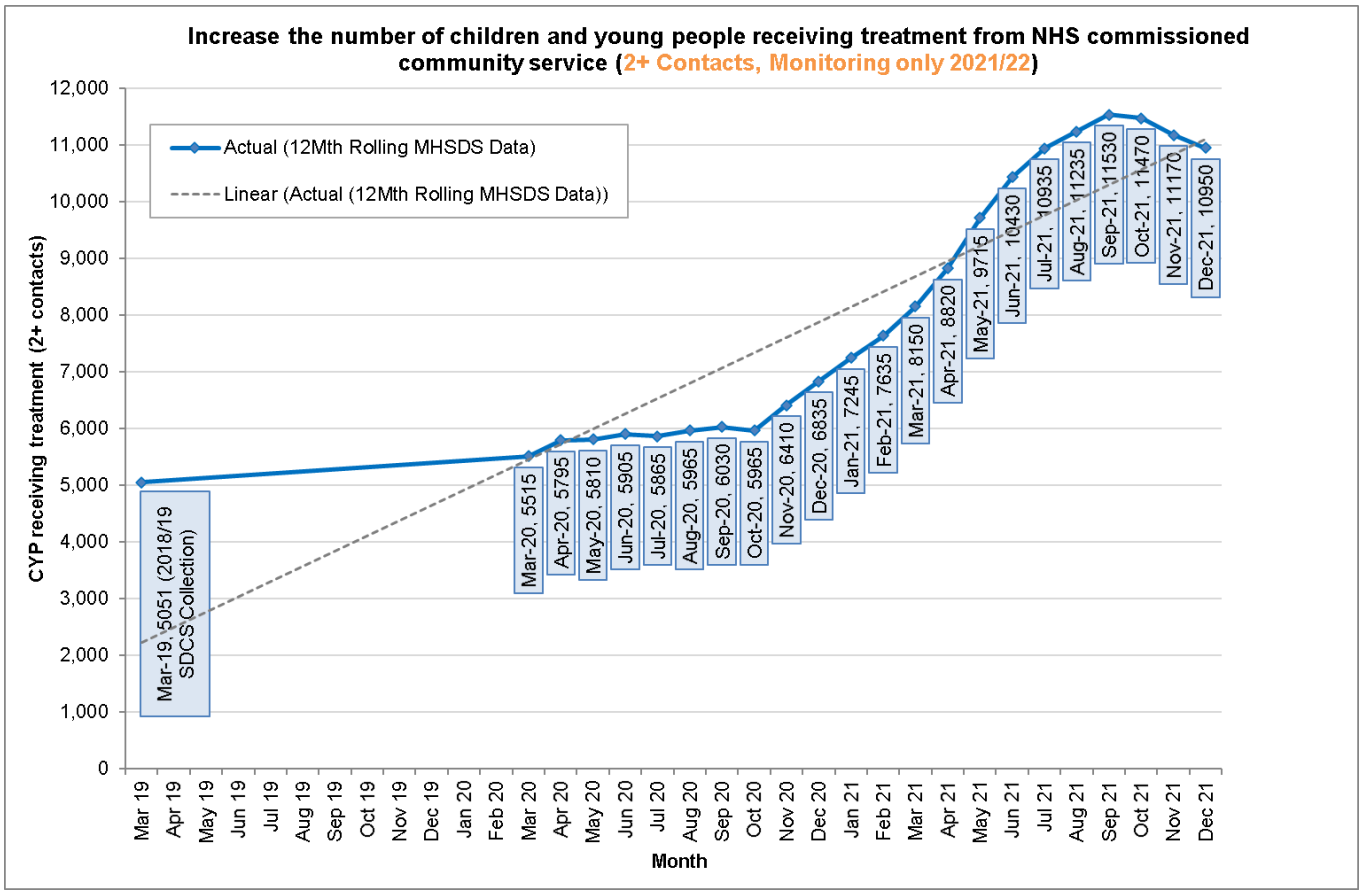


Figure 18 reflects the increased numbers of children and young people accessing mental health services (with 2 contacts) in Nottingham and Nottinghamshire. This includes children with SEND and those without. Since October 2020 there has been a significant increase in the number of children and young people accessing support, this is in part a reflection of providers submitting improved data submissions, but also due to increased investment in children and young people's mental health services, which has increased the support available. The Joint Local Transformation Plan outlines the investment made to children and young people's mental health services locally.

Table 13: Nottinghamshire Healthcare NHS Foundation Trust CAMHS teams The average waiting time for the Community Teams as of March 2022 Source: NHS Nottingham and Nottinghamshire CCG.

Waiting times	North Team	South team	West team	Numbers waiting
Waiting time from referral to assessment (weeks)	11.4	14.2	11.3	(607 patients)

Waiting time from referral to treatment (weeks)	15.3	23.1	13.2	(62 patients)

Additional early support provision to ensure responsive provision is in place has been commissioned to meet needs earlier. This includes Mental Health Support Teams and Be U Notts.

4. Current activity, service provision and assets

4.1 Local policy, strategy, action plans and Boards

4.1.1 Nottinghamshire SEND Accountability Board

The purpose of the SEND Accountability Board is to lead and co-ordinate the continuous improvement of Nottinghamshire's implementation of the Children and Families Act 2014 and the SEND Code of Practice. The SEND Accountability Board regularly reviews and monitors the SEND Strategic Action Plan and strategy. The Board is accountable to the following governance arrangements as shown in Figure 19.

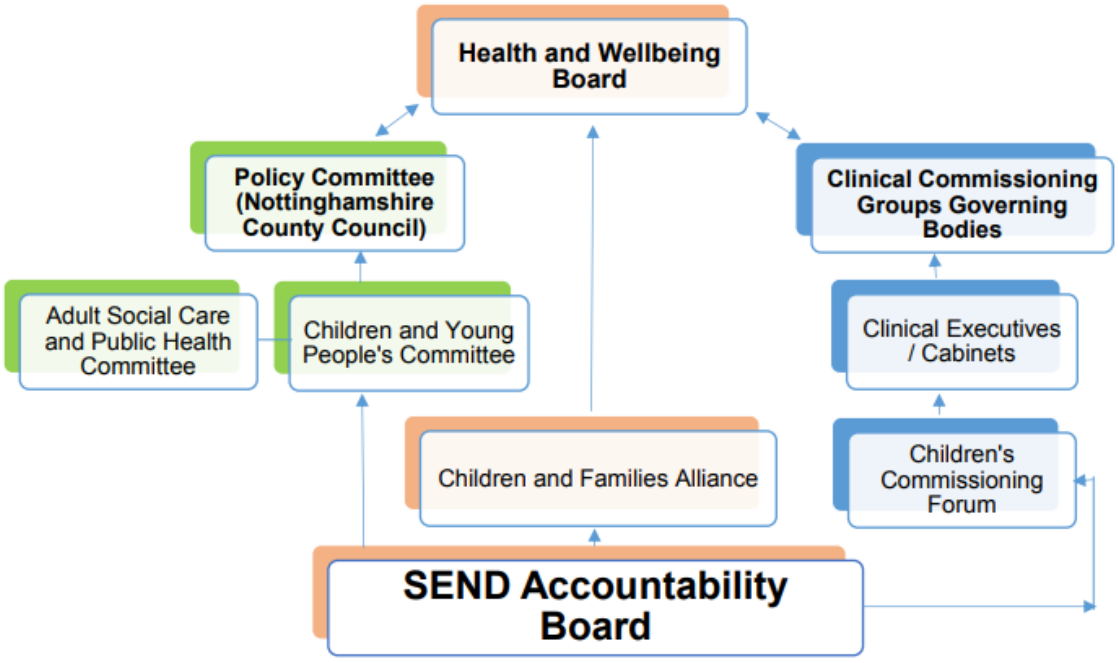


Figure 19: Governance arrangements SEND Accountability Board. Source: Nottinghamshire Local Area Special Educational Needs and Disabilities (SEND) Accountability Board Terms of Reference

4.1.2 Nottinghamshire Special Educational Needs and Disabilities (SEND) Policy (0-25 years), 2020-2023

The 2020-2023 SEND policy was developed with partners and extensive public consultation. The policy vision is:
"…that children and young people with Special Educational Needs and Disabilities (SEND) will be safe, healthy and happy, and have a good quality of life and opportunities to fulfil their aspirations, develop their independence and make a positive contribution to society."

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.

4.1.3 Nottinghamshire's Special Educational Needs and Disabilities (SEND) Strategic Action Plan (January 2021 to March 2023)

The multi-agency Strategic Action Plan outlines key actions to implement the policy including SEND partnership, SEND provision, SEND systems, SEND workforce, and SEND communication.

4.1.4 Nottinghamshire Integrated SEND Commissioning Strategy 2021 - 2023

This Strategy describes how Nottinghamshire will build upon its successes in meeting its commissioning responsibilities as set out in the Children and Families Act 2014, SEND Code of Practice and Equality Act 2010 and continue to remove the barriers to learning and achieving, whilst building resilience and taking a preventative approach. It describes how Nottinghamshire is working together to collaboratively commission services which improve health, social and educational outcomes, reduce inequalities for Nottinghamshire's children and young people with SEND.

4.1.5 SEND Local Offer

Local Authorities, including Nottinghamshire, 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 Nottinghamshire Local Offer provides information on:

- Education
- Health and social care
- Preparing for adulthood
- Getting around
- Things to do
- Short breaks

4.1.6 Designated Clinical and Medical Officers for Special Education Needs and Disabilities

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) have 3 DMOs and 2 DCOs in post, supported by an Associate DCO. 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.

4.1.7 Nottinghamshire Best Start Strategy 2021 to 2025

The Best Start Partnership aim is to assess local needs and subsequently provide and co-ordinate the effective delivery of the Best Start Strategy which will focus on pre-conception to statutory school age concentrating on the first 1,001 days. This group will champion and deliver effective and meaningful multi-agency planning and service delivery to give every child in Nottinghamshire the best start in life, through delivery of the 10 key ambitions of the Nottinghamshire Best Start Strategy. The strategy can be accessed here and outlines how partners will work together to ensure all children, including those with SEND achieve a good level of development and that transition arrangements for this cohort are strengthened.

4.1.8 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 2022. Provision for children and young people who reside in Bassetlaw is considered as part of this work, but the specialist /secondary care is provided as part of the South Yorkshire ICS.

4.1.9 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.

4.1.10 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 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 section below outlines the governance structure.

4.11 Preparing for Adulthood Project Board

This group is responsible for the overview and authorisation of the Children and Young People's Community 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.

4.2 Education services

4.2.1 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. This involves supporting individual children and groups of children with direct work with Nottinghamshire 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 (core offer), to lead group problem-solving meetings to help people to navigate complex or 'stuck' situations e.g., Solution Circles, training and development work in schools and organisations and independent evaluation research (sold services).

4.2.2 Schools and Families Specialist Service (SFSS)

A team of specialist teachers and teaching assistants with additional qualifications and extensive experience in working with children and young people with special educational needs/disabilities (SEND) aged from 0-19. Teaching, advice, support, and training for pupils with the most complex needs, and for the staff who work with them, is available free of charge to all Nottinghamshire schools, including academies and primary, voluntary, or independent settings.

4.2.2.1 Habilitation Officer

The Habilitation Officer works within the Sensory Team as part of Nottinghamshire County Council's Schools and Families Specialist Service (SFSS). The Officer works with families, babies, children, and young people who have a significant visual impairment and who are resident in Nottinghamshire. Any Nottinghamshire school/setting where a young person will a visual impairment is on roll can also seek advice and support from the Habilitation Officer. The Habilitation Officer offers advice to families on paediatric mobility, sensory development, and the development of physical skills.

4.2.3 Integrated Children's Disability Service (ICDS)

The Integrated Children's Disability Service was created in September 2016 and brings together colleagues from education and social care into one team to deliver a holistic approach to support for children and young people with disabilities aged 0 to 25 years. There is a variety of support, advice, and information available to help disabled children and their families with everyday tasks.

The service consists of 6 teams:

- Education, Health, and Care Assessment Team – Pre 16
- Education, Health, and Care Assessment Team – Post 16
- Specialist Support Team
- Short Breaks Assessment and Review Team
- Children's Occupational Therapy Team
- Physical Disability Support Service

4.2.3.1 Physical Disability Specialist Service

PDSS 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.

4.2.4 Early Years Quality and Attainment Team

The team promote and support the delivery of high-quality early education and childcare provision, in addition to fulfilling the role of Area Special Educational Needs and Disabilities Coordinator (SENDCo) in order to raise attainment, especially for vulnerable children. Early Years settings (childminders, schools, day nurseries or preschools) who are registered with Ofsted are allocated one of three levels of support. The level of support identified will be based upon the settings RAG rating, the numbers of vulnerable children and in a discussion with the setting. The offer aims to be flexible and responsive to settings needs. The level of support offered to the setting will be regularly reviewed and adjusted depending on Ofsted grading and numbers of vulnerable children.

4.2.5 Health Related Education Service

This service supports children who are unable to attend school for health-related reasons including: pregnant school age learners and school age mothers, learners in hospital receiving treatment and children who are too ill to attend school.

4.2.6 Personal, Social and Emotional Development (PSED)

Specialist teachers and teaching assistants provide advice and support to schools and to partnerships of schools with regard to the social and emotional needs of children aged 3 to 11 years. The service aims to secure and strengthen the school places of the primary aged children with the most severe and complex emotional and social needs; where such children are without a school place, the team has responsibility for ensuring that they have access to appropriate education.

4.2.7 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 Nottinghamshire 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 Direct Travel Assistance Payment (DTAP), parental mileage allowance or the provision of special/medical transport.

In addition, Independent Travel Training (ITT) helps people to travel independently without the need for Council-funded transport. 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 is tailored to participants' needs and circumstances and delivered by staff in schools, colleges and voluntary services.

4.2.8 Nottinghamshire EHC Assessment Teams

The Education, Health, Care and Assessment Team is responsible for delivering the EHCP statutory duty as detailed in the Children and Families Act 2014 to children and young people with SEND. The team manages requests for EHC needs assessments and for the writing of plans describing the statutory education, health and social care provision needed in order to meet the young persons need. The team will work with the family and young person to produce an EHCP detailing the specialist education needs of the child/young person, the provision needed in order to meet the need and the desired outcomes.

4.2.9 Youth Justice Service and SEN Education (YJS)

The YJS have a dedicated education team who pick up anything that relates to education for young people in the youth justice system. The team consists of the Senior Education Practitioner, Training & Employment Co-ordinator, 3 Education, Training and Employment Advisers based in each locality team, 1 Functional Skills Tutor, and a Speech, Language and Communication Therapist. The team works with young people with special educational needs in the youth justice service, which includes sharing educational information and SEN with the custodial establishment, carrying out EHCP reviews, brokering support necessary and practicable in a custodial setting, and education, training, and employment advice.

4.3 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.

4.3.1 0-19 offer

The Healthy Families Programme is provided by Nottinghamshire Healthcare NHS Foundation Trust 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 Nottinghamshire. Healthy Family Teams 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, behaviour and continence and refer or signpost to other services who will be able to provide ongoing help.

4.3.2 Community paediatrician service

Community Paediatrics are specialist children's doctors (Paediatricians) and nurses who have expertise in a range of medical and developmental conditions, including complex disability. Clinics may be held in schools, health centres or hospital settings.

4.3.3 Community Learning Disability Team (CLDT)

The teams have the remit of being the gatekeeper to services, providing a seamless, needs-led service to adults with a learning disability living in the community. There are 10 CLDTs that cover the whole of the county.

4.3.4 Children and Adolescent Mental Health Service (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) are for children/young people up to 18 years old. They offer a range of services for children and young people who are experiencing issues with their emotional wellbeing and mental health from mild to complex. 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. 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

4.3.5 Community Mental Health Teams (CMHT)

They work with service users, aged between 18 and 65, who have mental health difficulties which require the involvement of specialist mental health services and cannot be managed by the GP surgery.

4.3.6 Children's Occupational Therapy Team

The team provides specialist assessment for disabled children and young people resident in Nottinghamshire up to the age of 18, 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.

4.3.7 Occupational Therapy

There is a County Children's Occupational Therapy team and a Whole Life Disability Occupational Therapy team in the City who provide specialist assessment for disabled children and young people up to the age of 18, 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. It can assist with overcoming practical problems and maximising a child/young person's independent in their own home, as well as supporting parents/carers to care for their disabled child/young person safely.

4.3.8 Speech and Language Therapy Service

The Children's Speech and Language Therapy Service supports children in Nottingham city and county, 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.

4.3.9 Specialist Children's Speech and Language Therapy

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

4.3.10 Children's Physiotherapy

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.

4.3.11 Specialist Physiotherapy

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.

4.3.12 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.

4.3.13 Annual Health Checks

All people aged over 14 on the GP practice learning disability register are eligible to have an Annual Health Check. 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. (27). More information on the latest performance of GP practices for Annual Health Checks is in section 3.

4.3.14 The Concerning Behaviours Pathway

Concerning behaviour can arise for many different reasons which could be social, emotional or medical. The pathway is for all children and young people who are registered with an NHS Nottinghamshire County GP (and their families) who have behaviours that are causing concern to them, to their family, or that have been identified by someone working with them e.g. a Teacher, Nursery Nurse or Health Visitor. The pathway supports children and young people 0-19 and up to their 25th birthday where an Education and Health Care plan (EHC) is in place. The Bassetlaw Concerning Behaviours Pathway mirrors and reflects the approach in Nottinghamshire County and Nottingham City, ensuring cohesion and consistency for service users.

4.3.15 Deaf and Visual Impairment service

In Nottinghamshire County, the deaf and visual impairment service consists of specialist teachers and teaching assistants who work with children and young people to provide specialist assessments and interventions, including services for children and young people who are deaf, visually impaired, autistic and have cognitive learning difficulties

In Nottingham City, the hearing impairment and visual impairment team service consists of specialist teachers, educational audiologists, BSL instructors and specialist teaching assistants. The visual impairment team consists of specialist teachers and teaching assistants and mobility officers. Both teams work closely with hearing and visually impaired children and families in order for children to achieve their full potential.

4.3.16 Children and Young People's Continuing Care

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.

4.3.17 Children and Young People's Community Nursing

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.

4.3.18 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 current ICS footprint which excludes Bassetlaw

4.3.19 Youth Justice Team: Nursing Service

This nursing team provides health needs assessments to children and young people within the criminal justice system. Children and young people are automatically referred to the service when they enter the Youth Offending Service and referrals can be made by professionals, parents, carers, and children and young people. The team delivers health interventions for 10 to 19-year-olds. They 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.

4.4 Social Care Support

4.4.1 Nottinghamshire's Pathway to Provision

The pathway (accessible here) is Nottinghamshire's multi-agency approach to assessing the needs of children and young people and the level of support that they may need. It is recognised that children, young people, and their families may have different levels of need and also that these needs may change over time. There are four levels which separate the different levels of need and the types of services that can be accessed at each level:

Universal (Level 1) – For children and young people who are achieving expected outcomes and have their needs met within universal service provision without any additional support. This provision could include GP's, schools, children's centres, and Healthy Family Teams including health visitors and school nurses.

Early Help (Level 2) - Children and young people where some concerns are emerging and who will require additional support usually from professionals already involved with them. This could include the Level 1 support but also services such as the Early Help Unit.

Targeted Early Help (Level 3) - Children and young people who are causing significant concern over an extended period or where concerns recur frequently. This may include mainstream services where the child/young person does not have to have a disability such as the Family Service and CAMHS but there are also services specifically for children and young people with disabilities including the Integrated Children's Disability Service (ICDS) and the Specialist Support Team.

Specialist (Level 4) - Children and young people who are very vulnerable and where interventions from Children's Social Care are required. This would include child protection cases where children are at risk of harm. This would be support/services through the Children's Disability Service and would include children in need of specialist support, children in need of protection and children in need of care. Additional services at this level could include The CAMHS Children Looked After and Adoption Service, Fostering Support, Support After Adoption and the Youth Justice Service.

4.4.2 Early Help Unit

The Early Help Unit provides a central contact point for families to access early help services in Nottinghamshire. They can provide information and advice and will signpost to non-County Council Services, as well as accepting referrals on behalf of Nottinghamshire County Council's early help services. This includes Children's Centre and Family Service which provides early help support children and young people aged 5 to 18 with a variety of needs.

4.4.3 Specialist Support Team

The Specialist Support Team offers bespoke, individualised packages of support for children and young people aged 0-18 years, either within their own homes or local communities, delivered by trained / experienced support workers. The team is registered and inspected by Care Quality Commission (CQC). The team offers personal care and family support, and specialised short breaks and interventions.



4.4.4 Children's Disability Social Work Team

The Children's Disability Social Work Team is a frontline children's social care team and Level Tier 4 service. The team works with families who are in crisis and need specialist services, or for whom there are safeguarding concerns. CDS also works with children with disabilities who are looked after; and with children and young people who have been detained under the Mental Health Act.

4.4.5 Community Short Breaks and Short Break Assessment and Review Team

A short break is a planned break from the routine of caring for a child or young person. It is usually planned in advance and is not the result of an emergency or crisis. A short break is intended to give the carer a break from caring and the child/young person the opportunity to experience new or different opportunities.

The Short Break Assessment and Review team are responsible for delivering Nottinghamshire County Council's Community Short Break offer to children and young people with disabilities that do not meet the threshold for social care intervention. The offer which was co-produced with children, young people and families in 2018, and aims to enable children and young people with disabilities to participate in positive activities which promote independence as well as giving their parents and carers a break from caring. Requests to the service are via an online self-assessment which young people, parents and carers can access directly.

4.4.6 Short Breaks for children with life limiting conditions and at end of life

There are 2 children's hospices in Nottinghamshire that are able to offer overnight care and health support in home for children and their families with life limiting conditions or are at end of life. This includes play therapy that aims to increase opportunities for the child or young person to have fun and maximise their cognitive and physical skills. The service is open 24 hours a day, 365 days a year, a member of staff is available to families at all times.

4.4.7 Personal budgets

There are two types of Personal Budget in Nottinghamshire: Personal Social Care Budget and Personal SEND budget. The Personal Social Care Budget is the budget made available to a child or young person following a local authority assessment to meet their identified outcomes. A Resource Allocation System (RAS) is used for identifying the indicative short break budget. The RAS assessment will be used alongside other assessments to set the amount of the personal social care budget. The Personal SEND Budget is made available to a child or young person following a local authority assessment to make SEND Home to School/College Transport provision for a child/young person who meets the appropriate eligibility criteria. The Council may elect to make a Direct Payment for a child or young person with an Education Health & Care plan, as part of a Personal SEND Budget, for education provision as part of an assessed need.

4.4.8 Maximising Independence Service

The service is open to any young person with disabilities aged 17 and over and support can be provided for up to 12 weeks, depending on individual's needs and goals. Promoting Independence workers typically work with people face-to-face, either in their own home or in the community on a 1:1 basis. Workers have a discussion with the individual to identify their personal goals. They can help to develop people's skills and confidence relating to several areas, including travel, household routines, shopping, managing finances, meal planning, transitioning to adulthood and undertaking voluntary or paid work.

4.5 Transitions

4.5.1 Transitions Pathway

The Nottinghamshire Transitions Pathway for Young People aged 13-25 years with disabilities is currently under review as part of the County Council's 'All Age Approaches' programme of work. This 'whole life course' approach focusses on improving outcomes for people with disabilities (including SEND, autism, and mental health) by minimising risk factors and making effective interventions at key life stages, including transitions. The aim of the programme is to:

- Achieve better outcomes for people at every life stage and raise/nurture aspirations from an early age to adulthood
- Collaborate across the Council and with partner organisations, putting individuals at the centre
- Understand and improve the journey through services for people (including the Council's offer to them, and pathways for all disabilities including SEND, autism, and mental health)
- Understand current and future demands/costs to enable better planning for services
- Identify investment needed to better support people to achieve their outcomes.

Anticipated benefits of the 'All Age Approach' programme include:

- Preparation for adulthood begins at an earlier age, with plans and support in place to develop independence beginning prior to the young person reaching their 18th birthday
- Young people and their parents/carers having a clear understanding of what will happen as part of preparing for adulthood, and what support will look like post-18 years
- Less reliance on high-cost packages of care as people are supported from an earlier age to develop the skills to live as independent lives as possible
- More adults with disabilities being in employment, through increased opportunities to gain work experience and develop the skills needed for work.

This programme of work being led by the Corporate Director, Adult Social Care and Health. The Preparing for Adulthood Steering Group is actively involved and reports to the All Age Approaches Programme Board.

4.5.2 Preparing for Adulthood Team

The Preparing for Adulthood Team is comprised of Social Workers and Community Care Officers who provide strengths-based support including advice, promoting independence, assessment and planning for young people who require Adult Social Care Provision due to support needs arising from a health condition or disability. The Team uses a 'Conversation Based' model of assessment and support planning to work with young people and their families, focussing on their social care outcomes. The team's role is to ensure that appropriate support is in place from the age of 18 when they move from Children's to Adult Social Care.

They work in partnership with colleagues from the NCC Children and Families service, NCC Maximising Independence Service and external partners including the NHS, District Council and the Provider and voluntary sectors. To access the service young people can be referred between the ages of 14 and 17.5; the age at which they start to work with a young person depends on their needs.

4.6 Parent/Carer Support

4.6.1 Nottinghamshire Parent Carer Forum (NPCF)

Nottinghamshire Parent Carer Forum is an independent parent carer led organisation run by volunteers who represent the views, experiences and ideas of families that live or access services in Nottinghamshire and have a child or young person with an additional need and/or a disability. The NPCF is part of the regional and national network of over 150 Parent Carer Forums.

4.6.2 Nottinghamshire County Council Young Carer's Support

Young carers are aged between 5 and 18 and provide care, assistance, and support to someone else in their family. After a Young Carers Assessment, the council can offer support including help towards school or college activities, leisure activities, hobbies, and a personal budget.

4.6.3 ASK US Nottinghamshire

ASK US Nottinghamshire is the local Information and Advice Support Service (IASS) for Nottingham and Nottinghamshire. Ask Us offers a range of advice from signposting, helpline support and one-to-one advice for intensive support for complex issues, including education, EHCPs and health and social care issues. This 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. A quarterly IRIS magazine provides information on local events, groups, and news to help young people with additional needs, as well as parents of children with SEND.

In addition, there are dedicated JSNA chapters for issues faced by children and young people, which outline service provision for these areas in Nottinghamshire.
These include:

- 1001 days: From conception to age 2 (2019)

- Avoidable injuries in children and young people (2019)
- Breastfeeding and healthy start programme (2014)
- Child poverty (2016)
- Early years and school readiness (2019)
- Emotional and Mental Health of Children and Young People (2021)
- Excess weight in children, young people and adults (2016)
- JSNA 2013: Children and young people
- Teenage pregnancy (2017)
- Youth offenders (2014)

5. Local Views

5.1 Key headlines from the SEND Parent and Carer Survey 2022

The parent and carer Special Educational Needs and Disability (SEND) survey 2022 was co-produced with the Nottinghamshire Parent Carer Forum (NPCF). The survey was shared with the SEND Accountability Board in July 2021. The survey offered the opportunity for parents and carers to comment on education provision and services as well as health and social care services.

The survey was available from 24 January 2022 to 28 February 2022, and in total there were 738 responses. The number of responses reflect the strong communication plan for the survey.
Colleagues across Education, Health, and Social Care and the NPCF were driven and supportive in sharing the survey with families who they work with. Other ways the survey was promoted was via the following:

- Nottinghamshire SEND Accountability Board members,
- SEND Local Offer,
- Children Centres,
- Family Information Service,
- Short break providers
- IRIS E-Newsletter
- NCC Social Media

It should be noted that for individual questions the number of responses were considerably lower reflecting the level of access to individual services and possibly the willingness of respondents to answer the more detailed questions. However, respondents provided considerable individual comments in the 'free text' boxes which provided a rich source of information about the lived experiences of families with children and young people with SEND in Nottinghamshire.

'Based on your experience, overall, how satisfied are you with the services/provision in Nottinghamshire for children and young people (aged 0 – 25) with additional needs and or disabilities?

- 34% of parents and carers in Nottinghamshire are either **satisfied** or **very**
- **satisfied** with received services and provision for children and young people with SEND.

- 18% of parents and carers are **neither satisfied of dissatisfied** with received services and provision for children and young people with SEND.
- 43% of parents and carers were either **dissatisfied** or **very dissatisfied** with received services and provision for children and young people with SEND.
- 5% of respondents either did not know or did not answer the question.

5.2 Education

- 60% of responses were from parents and carers whose child/young person was attending a mainstream school/academy.
- 50% of parents and carers either **agree** or **strongly agree** that their child/young person is making positive progress in their current placement, this is compared to 28% of parents and carers who either **disagree** or **strongly disagree.**
- 57% of parents and carers either **strongly agree** or **agree** that their school or colleges listens to their views as the parent or carer, this is compared to 23% of parents and carers who either **disagree** or **strongly disagree.**
- 54% of parents and carers either **strongly agree** or **agree** that their child's educational placement is helping their child or young person to prepare for adulthood by developing their independence, this is compared to 22% of parents and carers who either **disagree** or **strongly disagree.**
- For those parents and carers whose child or young person has an Education, Health and Care plan 37% either **strongly agree** or **agree** that their current educational setting meets the needs and outcomes specified in their final plan, this is compared to 32% who either **disagree** or **strongly disagree**.

5.3 Health

- 48% of parents and carers who have accessed their GP practice in the last 12 months for their child and young person with SEND either **strongly agree** or **agree** that they had provided appropriate services, this is compared with 25% who either **disagree** or **strongly disagree**.
- Nearly 50% of parents and carers stated that their child or young person's mental health has **declined** in the last 12 months, this is compared to 18% of parents and carers felt that their child or young person's mental health had **improved** over the last 12 months. 27% of parents and carers commented that there had been **no change** in their child or young person's mental health.
- Families regularly commented that being in the correct education setting and receiving the correct medication was the biggest contributions to their child/young person's mental health. Many families also commented that home schooling during Covid-19 had a positive impact on their child/young person's mental health.
- 27% of parents and carers either **strongly agree** or **agree** that health services are helping their child or young person to prepare for adulthood by developing their independence, this is compared to 32% of parents and carers who either **disagree** or **strongly disagree.**
- Positive feedback from parents and carers indicated that many families have had a positive experience with the service provided from their Paediatrician.
- Negative feedback indicated that CAHMS waiting times and service provided did not meet family's expectations.

5.4 Social Care

- 47% of parents and carers who have accessed social care for their child or young person with SEND in the last 12 months either **strongly agree** or **agree** that they found the service was easy to access this is compared with 18% who either **disagree** or **strongly disagree**.
- Many families commented that they were not aware of the adult social care transitions team (PFA Team).
- To those parents and carers whose child or young person received a County Council Short Break, 65% either **strongly agree** or **agree** that they felt involved and listened too, this is in comparison to 15% who either **strongly disagreed** or **disagreed** with that statement.

5.5 Further Engagement

In January 2022 a further consultation focussed on the Notts help yourself page, further information on the findings can be reviewed on the You Said, We Did (SEND) feedback page. Respondents shared that the page was convoluted and confusing to use and in response the local authority are undergoing the process of a wireframe upgrade to improve the general accessibility to the site.

In addition to this there is going to be a refresh of the site design, which will include the SEND Local Offer pages. This should help to improve the navigation of the site to enable users to find the information they need more easily. This work is taking place through the Notts Help Yourself working group and will involve user engagement to ensure that the re-designed site will meet the needs of local residents. It is anticipated this work should be completed by Spring/Summer 2022.

6. Evidence of what works

6.1 National strategies, legislation, and policy

6.1.1 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 (5). 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 (36).

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

6.1.2 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.

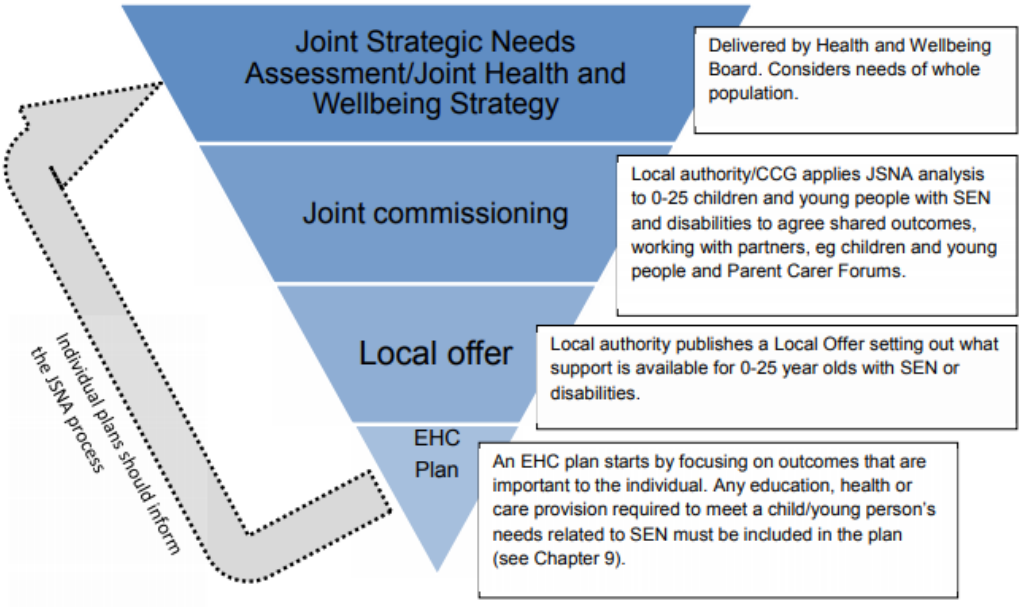
6.1.3 Local area SEND inspection: framework

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.

6.1.4 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”. Figure 20 outlines this relationship. The JSNA informs joint commissioning decisions made for children and young people with SEND.

Figure 20: Joint strategic needs assessments. Source: SEND code of practice. 2015.



6.2 Evidence, guidance, and recommendations for best practice for SEND

6.2.1 Early years

A qualitative study based on 16 case studies for the Department for Education of early education and development: meeting the needs of children with special needs and disabilities in the early years. Key conclusions of this study include; making SEND provision more accessible to parents, significance of building strong communication strategies with children's parents, communication between parents and providers, introduction of EHC plans and the greatest barrier to fully meeting the needs of children with SEND was resource constraints (37).

6.1.3 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. 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 (38). Five key recommendations from the 2020 guidance include:

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

6.1.4 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 include:

1. Partnership working and co-production with parents and carers, and with young people
2. Strategic partnership working and joint commissioning across education, health and care
3. Identifying, assessing young people's needs and ensuring they can access the support that they need
4. Building inclusive capacity in mainstream schools and settings
5. Developing responsive, flexible, and effective local specialist provision
6. Preparation for adulthood

6.1.5 Health services

NHS England provides guidance for health commissioners and providers of health services for children and young people with SEND. It highlights 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 (39). Further guidance is provided for commissioners for personal health budgets and Integrated Personal Commissioning (IPC) for children and young people (40).

6.1.6 Transition between children and adult services

NICE guidance 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.

6.1.7 Impact and recovery from the COVID-19 pandemic

In May 2020, to give organisations more flexibility in responding to demands placed on them due to the coronavirus pandemic, aspects of legislation regarding EHC needs assessments and plans timescales, changed temporarily until September 2020 (41). In Spring 2021, the All-Party Parliamentary Group for Special Educational Needs and Disabilities, published a report on the experiences of young people with SEND and their educational transitions during the COVID-19 pandemic in 2020. Key recommendations include: an urgent parliamentary review to assess the COVID-19 impact, call for new and additional funding for support, recovery, delays, and mental health in relation to SEND, and that support children and young people with SEND must be a feature in all future pandemic planning (42).

Ofsted published a report in June 2021, about the experiences of children and young people with SEND and their families during the pandemic. The report states that many families were already experiencing flaws in services they were receiving before the first national lockdown in March 2020. The pandemic and related lockdowns exacerbated these issues. During the pandemic, local areas had to adapt ways of working to continue to provide services and success was related to quality of their work with families and implementation of reforms before the pandemic. When looking to recovery from the pandemic the report highlights the importance of good-quality universal services for children and young people with SEND across education, health, and wider children's services, alongside more specialist health or social care support where needed (43).

7. What is on the horizon?

As shown in Section 2, the number of children and young people (0-25 years) in Nottinghamshire with an EHCP is projected to continue increasing. This is from the current 3033 in 2021 to nearly 4000 by 2024. Between 2021 and 2026, Nottinghamshire will require an additional 490 specialist educational placements (44). These places will be delivered through a mixture of provision including the expansion of the current Nottinghamshire Special

School estate, the building of a new Special School, and the development of Specialist Satellite Centres on existing mainstream schools or new mainstream schools being planned to be built.

To improve the uptake and experience of children and young people to access learning disabilities annual health checks (AHC) a multi-agency working group has been established. A population profile is being established to identify areas requiring targeted support and monitoring as follows: amending local LD AHC reporting to provide a breakdown of performance by age, providing a baseline and enabling progress to be monitored; and developing the profiling tool to provide a profile of those on the verified LD registers by age, ethnicity, and deprivation. Further developments include to increase opportunities for children and young people with SEND to have a single visit to have their health needs assessed and reviewed by specialists spanning community and acute Trusts.

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.” (45)

The SEND review: right support, right time place, right time, green paper is undergoing consultation from March to July 2022. Following completion of the consultation, a national SEND delivery plan, setting out the government’s response to the consultation and how the proposals will be implemented, will be published in 2022 (10).

Pending: Ofsted inspection updates

What does this tell us?

8. Unmet needs and service gaps

- In education services, staff are not always able to meet the needs outlined in EHC plans. Staff with appropriate training and skills are not always available to meet needs.

- Education report for health appointments in the special school settings in some areas there is a lack of adequate facilities. There is a lack of secure, private clinic rooms with examination couches and handwashing facilities.

- Protected Speech and Language Therapy is not currently available in Youth Justice Services.

- Transition services and Children's Disability Service can find it challenging to meet young people and their family's needs in the way they prefer due to limited resources.

- Families can find the Local Offer challenging to navigate.

- There is a gap in the assessment and diagnosis of learning difficulties, especially for those children and young people without severe or clear moderate learning needs. This gap in provision has an impact on community provision such as Annual Health Checks.

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

- Health and education partners reported Sensory assessments are not available readily for families.

- Though there are many services commissioned there is limited data available on health outcomes.

9. Knowledge gaps

- There is limited collated data reporting for SEND children transitioning to adult services. Although information is available on an individual level, this is not routinely collated, analysed and reported. This lack of systematised reporting can provide challenges to predict trends and appropriately plan to support young people as they transition to adulthood.

- There is limited routinely collated data reporting for health care services which support children and young people with SEND. Improved data on prevalence and outcomes is required.

- There is limited collated data reporting for children and young people with SEND in the Youth Services. Although information is available on an individual level, this is not routinely collated, analysed and reported.

- There is limited information about the primary needs of young people with EHCP and SEN support aged 19 – 25 years. There is a gap on information for employment outcomes for over 18s with SEND.

- 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. Most recent available data is from the 2011 census.

- There is potential for duplication in reporting across Youth Justice, Children in Need and Looked After Children as children and young people can be classed in multiple groups.

- There is limited educational attainment data collated 2020 onwards for children and young people with SEND, due to disruption due to the COVID-19 pandemic.

What should we do next?

10. Recommendations for consideration

	Recommendation	Lead(s)
	Data collation and reporting	
1	Improved data capture 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
2	Routinely collate and analyse data about SEND children and young people transitioning to adult services	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 SEND parent carer survey and use information to inform improvements in service provision.	ICB, health providers, LA,
5	Ensure that Nottinghamshire 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	When planning new Special Schools ensure there are secure, private clinic rooms with examination couches and handwashing facilities to facilitate health appointments in this setting	LA
7	Review options to offer Special and Language Therapy in the Youth Justice setting	Violence Reduction Unit, ICB, LA

8	Engage in review of Specialist Education provision commissioning framework review for the provision of Independent Non Maintained Schools (due to end in September 2023),	LA
	SEND Local Offer	
9	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,
10	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,
11	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,
	Covid-19 pandemic recovery	
12	Develop a Covid-19 pandemic impact assessment for SEND CYP across Nottinghamshire	ICB, health providers, LA,
13	Use lessons learned during the pandemic to develop flexible ways of working including digital delivery if preferred and appropriate with children, young people, and their families.	ICB, health providers, LA,
	National Guidance	
14	Implement as appropriate for Nottinghamshire the National SEND Improvement Plan- due for publication early 2023	SEND Accountability Board

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Appendix 1: SEND glossary of terms

Taken from: Nottinghamshire County Council. Nottinghamshire Special Educational Needs and Disabilities (SEND) Policy (0-25 years) 2020-23. Available from: https://search3.openobjects.com/mediamanager/nottinghamshire/fsd/files/glossary_of_terms.pdf

Appendix 2: Summary of services for children and young people with SEND

Education								
Educational Psychology Service (EPS)	Schools and Families Specialist Service (SFSS)	Integrated Children's Disability Service (ICDS)	Physical Disability Specialist Services	Health Related Education Service	Personal, Social and Emotional Development (PSED)	Special needs travel assistance	Nottinghamshire EHC Assessment Team	Youth Justice Service and SEN Education (YJS)
Early Years Quality and Attainment Team								
Health								
Community paediatrician service	Community Learning Disability Team	Children and Adolescent Mental Health Service (CAMHS)	Community Mental Health Teams (CMHT)	Children's Occupational Therapy Team	Occupational Therapy (Adults)	Butterfly Project	Children and Young People's Community Nursing	Youth Offending Team: Nursing Service
Specialist Children's Speech and Language Therapy	Speech and Language Therapy Service (Adult Intellectual Disabilities)	Children's Physiotherapy Therapy	Specialist Physiotherapy Intellectual Disabilities Service	Annual Health Checks	Children and Young People's Continuing Care	The Concerning Behaviours Pathway	Adult Deaf and Visual Impairment Service (ADVIS)	
Social care support								
Nottinghamshire's Pathway to Provision	Early Help Unit	Specialist Support Team	Children's Disability Social Work Team	Short Breaks and Short Break Assessment and Review Team	Personal budgets: social care and SEND	Maximising Independence Service		
Transitions		**Parent/carer support**						
Nottinghamshire Transitions Pathway For Young People aged 13-25 years with disabilities	Preparing for Adulthood Team	Nottinghamshire Parent Carer Forum (NPCF)	Nottinghamshire County Council Young Carer's Support	ASK US Nottinghamshire				


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