Joint Commissioning Strategy
for children and young people with
Special Educational Needs and Disabilities
2015-18
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1. **Introduction**

The Children and Families Act 2014 has introduced major reforms to the way local authorities and their partners support children and young people with special educational needs and disabilities. There are a number of key drivers for these changes:

- Supporting the independence of children and young people so that they may enjoy more fulfilled lives and positive outcomes;
- Reducing the cost to local authorities and NHS of lifetime support by supporting that independence through early intervention;
- The system for assessing SEN has not changed for many years and is no longer seen as fit for purpose;
- Children, young people, parents and carers rightly want more say in what services are available to them and support in accessing those services;
- Avoiding duplication of effort by joint working.

Northamptonshire has been an ‘SEN pathfinder’ for the implementation of the required changes. This has enabled the local authority and its partners to move quickly from transition to implementation.

The Act, along with the comprehensive guidance in the Special Educational Needs and Disability Code of Practice: 0-25 years (July 2014), details requirements for the planning and delivery of services to this important group of children and young people. They also require local authorities to implement joint commissioning arrangements with their health partners for the education, health and care of children and young people.

This strategy has been compiled by representatives of the County Council, the Clinical Commissioning Groups and Northamptonshire’s Parent Forum Group to describe how these arrangements will work in Northamptonshire and how partners will work with children, young people and their parents and carers to improve service provision and delivery.
2. Vision and principles
The overarching aim of this strategy is to contribute to the improvement of educational, health and emotional wellbeing outcomes for those of Northamptonshire’s children and young people who have special educational needs or who are disabled.

It is recognised that the terms ‘special educational need’ and ‘disability’ encompass children and young people with a broad range of needs. For some, the focus of support will be wholly educational whilst, for others, their families will need support from a number of statutory services and this may continue throughout their childhood and possibly into adulthood. An individual may have special educational needs, or a disability, or both.

For the purposes of this strategy, the following standard definitions are used:

**Special Educational Need:**

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

b) A child of compulsory school age or a young person has a learning difficulty or disability if he or she:
   - has a significantly greater difficulty in learning than the majority of others of the same age, or
   - has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

c) For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

d) A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in paragraph (b) above when they reach compulsory school age or would do so if special educational provision was not made for them

e) Post-16 institutions often use the term learning difficulties and disabilities (LDD). The term SEN is used across the 0-25 age range but includes LDD.

*SEN Code of Practice, 2014*

**Disability**

a) the person has a physical or mental impairment, and

b) the impairment has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities

*The Equality Act 2010*
Northamptonshire Early Help Partnership
The Northamptonshire Early Help Partnership has replaced the Children & Young People’s Partnership (CYPP) and has identified four priorities for 2013-2015. The Disabled Children & Young People’s Delivery Group (DCYPDG), a sub-group of the Partnership, has identified how services should be developed to apply these to children with SEN and Disabilities:

- All children grow up in a safe environment.
  - All partner agencies to understand and consistently apply thresholds for referrals to children’s services.
  - All services will have knowledge and skills necessary to ensure people working in universal and specialist services have the communication skills and expertise to conduct quality work with all children and young people with SEN and Disabilities and their families.
  - All children and young people with SEN and Disabilities feel safe in their communities and on line.
  - The voice of the child is evident in all assessments and interventions.

- All children and young people achieve their best in education, are ready for work and have skills for life.
  - Young children (0-4) with SEN and Disabilities receive appropriate support early to maximise potential.
  - Services monitor customer satisfaction and are responsive to customer feedback.
  - The Local Offer provides accurate and accessible information for children, young people and families on services available to support SEN and Disabilities across education, health and care.
  - The needs of children and young people with SEN and Disabilities are effectively met as close to home as possible.
  - All partners are compliant with the requirements of the Children and Families Act 2014 in respect of statutory assessment processes and timescales.
  - Children and young people are effectively supported at key times of transition.
  - Young People with SEN and Disabilities in the transition to adulthood are effectively supported and enabled to achieve to their capacity.
  - Children and young people with SEN and Disabilities are excluded from school only in very exceptional circumstances.

- All children grow up healthy, and have improved life chances.
  - Children and young people on the Autistic Spectrum and their families will receive appropriate and timely support.
  - Diagnostic pathways for ASD and ADHD are developed, publicised, understood and implemented.
  - Health inequalities for those with learning disabilities are reduced.
  - Public health initiatives within the county are inclusive of those with SEN and Disabilities.

- Children who are looked after achieve at least as good outcomes as those who are not.
  - Looked after children and young people with SEN and Disabilities will have an accurate and up to date Personal Education Plan that reflects their learning needs.
  - The numbers of disabled children and young people who are looked after will be known and used to influence commissioning and support activities.
  - Destination data, post statutory education, will be known.
The Disabled Children’s Charter
Further, the Early Help Partnership / CYPP has endorsed the nationally recognised ‘Disabled Children’s Charter’ which sets out seven key challenges / requirements of effective policy, planning and service delivery. Appendix 2 outlines the Charter’s requirements and how this strategy has attempted to meet these.

Principles
This strategy is based upon principles agreed by the DCYPDG in February, 2015 which all partners have adopted as underpinning their work with children who have special educational needs or disabilities:

- An expectation that, wherever possible, children and young people with SEN and Disabilities will be supported in local schools and settings.

- All children and young people with SEN and Disabilities should be offered full access to broad, balanced and relevant educational and social opportunities, which prepare them for a successful and fulfilled adulthood.

- Services will focus on prevention and early intervention and be designed around the needs of users.

- Services will be outcome focused, fit for purpose, monitored for impact and performance and open to change where needed.

- Children and young people with SEN and Disabilities and their families will participate meaningfully in service planning at all levels.

- Resources will be allocated to ensure maximum value for money through efficiency and effectiveness.
3. Participation and engagement

The views of children and young people
The Shooting Stars Group acts as a consultation and engagement group for the Council and represents the views of young people with additional needs (SEND) in Northamptonshire. Formed in 2011 with funding from the Northamptonshire County Council’s Disabled Children’s Service, the group continues to support the Council with developing new and existing services.

The group’s network enables a wider approach to consultation and work has been achieved in a number of group and school settings. With over 236 young people involved last year the network remains a valuable and creative resource.

The group has undertaken work with groups of children and young people to draw out what issues are most important to them. The young people talked about lots of things that they remembered when they were younger, including some of the difficulties and barriers they faced. Young people in groups also thought about other friends and family members who are currently aged under thirteen.

The key issues highlighted were:
- Rights and respect: “No one should make fun of you for the way you look and speak”
- Transport and travel: “I hate having to travel miles and miles to get to my school”
- Access to information: “Information should be easier to understand”
- Access to buildings and spaces: “Schools should be accessible and have ramps and lifts”

The views of parents and carers
Information from a series of events coordinated by the Northamptonshire Parents Forum Group (NPFG) in 2013/14 identified a number of concerns:
- School transport
- Community paediatric provision: North of the county
- Speech & language provision in schools
- Lack of provision for children with ASD and average/above average ability
- Accessing autism services
- Diagnosis processes
- Residential short break provision
- Post-16 education and development opportunities
- CAMHS response to ASD and ADHD
- Assessment pathways
- Professional engagement with statement reviews
- PMLD playschemes and opportunities
- Support for ADHD

All these issues have been considered during the development of this document and have directly informed the commissioning intentions outlined in section 6.
4. **SEND in Northamptonshire: Needs Assessment**

The joint commissioning strategy is underpinned by a needs assessment of Northamptonshire’s children and young people in relation to Special Educational Needs and Disability (see Appendix 3).

The Disabled Children’s Charter requires a commitment for Health and Wellbeing Boards to ‘have detailed and accurate information on the disabled children and young people living in our area’. With this in mind much work was undertaken by County Council, Clinical Commissioning Groups and NPFG to collate and analyse the nationally and locally available data.

**Northamptonshire Population**

Northamptonshire is the largest single growth area in England outside London, with a population of almost 700,000 and is set to grow by 20% by 2025. It is also one of the top five local authorities in England for levels of economic activity, which has a positive impact on the overall socio-economic profile of the county.

The total population of Northamptonshire was recorded by the 2011 Census as 691,952. Mid-year estimates suggest this had increased to 706,647 by 2013. In 2011 there were 211,430 children and young people (aged between 0 and 24) in the County, 30.6% of the total population.

**Disability**

Robust data concerning disabled children and young people is known to be difficult to access and under-researched with frequently quoted proportions of disabled children being drawn from data from over ten years ago. The JSNA uses mean estimates of disabilities in children in England local authority areas as being between 3% and 5.4%. This would suggest that between 4,405 and 7,928 children in Northamptonshire have some form of disability. However, information from the Family Resources Survey in 2004/5 suggests a higher incidence of 7.1% based upon family self-reporting that children met the Disability Discrimination Act definition of disability.

The 2011 census collated self-reported data on children and young people living with ‘long-term illness or disability’. This suggests that over 30,000 children and young people in Northamptonshire live with a disability or long-term illness. It is acknowledged that ‘long-term illness’ could be capturing those with medical conditions which are not considered a disability.

Further information can be gleaned from the take up of Disability Living Allowance (DLA). The care element of DLA is awarded at three different levels according to the complexity of assessed need. Government figures record take up for the under-16s in Northamptonshire as totalling 4,730, of whom 39.8% were awarded the higher rate care allowance:

The DLA data is at the lower end of the estimate used in the JSNA though it must be noted that not all disabled children will receive DLA as it is dependent upon parent / carers applying for the benefit and them meeting criteria.

**Health**

In March 2015, there were 508 children known to the occupational therapy services, 366 children receiving physiotherapy from NHFT provider services and 3,735 children known to the speech and language therapy (SALT) service. There is clear demand for SALT which is reflected in parental comments, though the data does not allow for analysis of the proportions of children who have ongoing, long term input.
Special educational needs
The school census in January, 2015 recorded 11,514 children and young people as having support with a special educational need, of whom 1,625 were placed either in a Special School (1,281 places) or a unit attached to a mainstream school (344 places). Some children received additional support through the High Needs Funding stream which supplements school budgets to ensure effective provision in mainstream school. The County Council’s Portage Team was supporting 384 pre-school children with complex disabilities in December 2014 of whom 164 were also open to the educational psychology service (EPS), reflecting the complexity of needs. At the other end of the age scale, 723 young people who were in or older than Year 12 (over-16 years) were open to the EPS, of whom nearly half (328) were over 18 years.

Some children with Special Educational Needs require placement outside of the County’s resources, either because their needs require a very specialised response, or because no suitable placement is available within Northamptonshire. In April, 2015, there were 125 children and young people placed outside the county’s resources where the SEND budget is funding their placement, comprising 20 girls and 105 (83.3%) boys.

Social care
The local authority has a statutory responsibility towards disabled children as, under s17 Children Act 1989, they are classified as ‘children in need’ and so eligible for an assessment regarding service provision. In March 2015 there were 613 children and young people under the age of eighteen recorded as having some form of disability who were open to social care.

Provision is organised such that most young people aged over fourteen are allocated to the Transitions Team, which is part of Adult Social Care and will support them through to the age of 25. In March 2015, there were 667 young people open to the Transitions Team NCC also holds the disabled children’s register, the Special Needs Index (SNIx) which currently has 1,781 children and young people registered between the ages of 0 and 21, comprising 1,218 boys (68.4%) and 563 girls (31.6%).

Local level data was collated from education, social care and health care providers. There were difficulties in analysing this data as it was discovered that no common language was used to describe the differing disability/need presentations. Moving forward, joint agreements to use definitions contained within the Children’s and Families Act, 2014 when collating data would be useful. Guidelines for those collating data would also be useful, especially when recording primary needs and / or diagnosis.

Some service level data gaps were noted which need to be addressed so that the fullest picture can be obtained and moving forward all local and service level data needs to be reviewed at least annually to ensure that it supports ongoing commissioning work.

There is a great deal of data in the county on children and young people with SEND from a variety of sources. When utilising data for commissioning and other activities caution is needed to ensure that the source of the data, the definitions used and limitations are fully understood.
5. SEND in Northamptonshire: Provision

Current provision

Information and advice
In addition to national services, groups, helplines, etc, for which details are available through the Local Offer website, there is a range of local sources of information, advice and support. These include:

- **Information, Advice and Support Service for SEND in Northamptonshire**
  The Information, Advice and Support Service (IASS) for SEND provides parents, carers and professionals with impartial advice, support, information and guidance around special educational needs, exclusion, choosing a school and parental involvement in decision making. Further information and guidance leaflets are available at: www.npps.info

- **Families Information Service**
  FIS provides the Children and Families Service Finder to assist those looking for childcare, information about activities for children or services that support families in Northamptonshire. This can be accessed at: www3.northamptonshire.gov.uk/councilservices/children/service-finder

- **Special Needs Index**
  The Special Needs Index (SNIX) is a voluntary electronic database of information about children aged from birth to nineteen years who have physical, learning or sensory impairments. The Children Act 1989 requires local authorities to maintain this. SNIX provides parents and carers with regular information about services and resources and information to help statutory and voluntary organisations plan better for disabled children. SNIX can be accessed at: www.northamptonshire.gov.uk/en/councilservices/children/disabled-children/Pages/snix.aspx

- **Northamptonshire’s Parents Forum Group (NPFG)**
  NPFG represents Parents and Carers through inclusive effective participation and collaboration. Their mission is to achieve positive changes for families of children and young people with additional special needs up to the age of 25 in Northamptonshire. The group can be contacted via their website: www.npfg.co.uk

The Local Offer
The Local Offer represents a new requirement for local authorities and their partners to publish information about services available for children and young people (aged 0-25) with special educational needs and disabilities. It includes:

- special educational provision
- health provision
- social care provision
- other educational provision
- training provision
- arrangements for children and young people to travel to schools, colleges and early years education

The aim is to improve choice and transparency for families, help professionals to understand the range of services and provision available locally and improve joint commissioning arrangements for services by setting out in a single place what is available. The Local Offer for Northamptonshire can be accessed at: www3.northamptonshire.gov.uk/councilservices/educationandlearning/SEND/local-offer

Early help
Early help and prevention is all about identifying needs within families early, and providing preventative support before problems become complex and more challenging. Recent changes have clarified that this specifically includes support for children, young people with disabilities and their families.

Northamptonshire County Council has been working with partners, stakeholders and users of services to re-think its approach to early help and prevention. The adopted approach is based on the principle that acting early is better than waiting until difficulties become established. Reports released by a range of bodies and individuals (for example Graham Allen MP and Frank Field MP) support the principle that prevention and early help can improve outcomes for people whilst also reducing overall service costs in the longer term.

The purpose of early help and prevention is to enable children, young people and families to access appropriate support as early as possible, to help them maintain their quality of life, prevent any problems getting worse and reduce the demand for specialist support services. Early Help does not only mean offering support to very young children. Support may be offered early in life, or early after the emergence of a particular need. Although research shows that the most impact can be made during a child’s early years, problems may emerge at any point throughout childhood and adolescence. Services are therefore provided for children and young people aged 0 – 18 (25 for children and young people with SEND).

Early Help for Disabled Children
The Early Help for Disabled Children’s Team works with families with children aged 0–18 years, where the child has a disability and the needs usually cover more than one area of development and require support from two or more agencies. The team support the whole family to access information and services which may be relevant to the needs of their child. They assess and plan what is needed in partnership with parents through the Early Help Assessment.

Children’s Centres
The management of children’s centre services is now organised across 10 areas of the county - four areas in Northampton borough and one in each of the remaining six districts/boroughs. With the exception of Corby, where the four children’s centres are currently working as a collaborative, the new area-based contracts were awarded to two children’s charities in June 2014:

- Action for Children provides the services in Daventry, Kettering, Northampton Central, Northampton East, South Northamptonshire and Wellingborough.
- Spurgeons has been awarded the contracts for East Northamptonshire, Northampton West and Northampton North.

These children’s centres have a contract with the Local Authority which includes specifications about service delivery and performance expectations. Included in this contract is an expectation that all of the centres will work with partner organisations and identify and offer support to 100% of families with children under 5 who have a disability or special educational need who live in their reach area. This is a very important contribution to supporting these families from the early stages of their child’s journey.

The children’s centres work in clusters and have taken up the offer from the Early Years Improvement Team to train a staff member for each area, so they have an identified Special Educational Needs Co-ordinators for their cluster. The Children’s Centre SENCo will liaise with their counterparts in early years settings and coordinate local services/groups/ opportunities for families who have children with additional needs. They will also keep the “Local Offer” updated and feedback gaps in services to the centres.

Health provision
In the year to 31/3/15, NGH responded to 2,813 general paediatric referrals and 1218 community referrals. In the same period, NHFT (which has no acute provision) received 1,416 community referrals. These would have been in relation to all children, not just those with special educational needs or disabilities, and would include referrals in relation to children’s health and development needs, as well as statutory processes (eg child protection medicals).

Children’s specialist health care provision is commissioned in line with statutory duties in relationship to the SEND reforms in The Children & Families Act 2014, drawing out the health elements from the 0 – 25 SEN & Disability Code of Practice. Much of healthcare for children is delivered through universal preventative services. However, there are times when children will need targeted and specialised services e.g. those with continuing care needs, a special educational need and/or disability and those with an EHC plan.

The local Clinical Commissioning Groups (CCGs) and children’s specialist healthcare providers work with colleagues in the local authority and have mechanisms in place to ensure practitioners and clinicians support the integrated EHC needs assessment process as well as contributing to the Local Offer with the emphasis on outcomes rather than process.

The local authority currently commissions Public Health services which include school nursing and, from 1/10/15, health visiting. The DCYPDG has set specific health targets in its action plan to ensure that all public health initiatives within the county are inclusive of all children and young people with SEND. In a report to the DCYPDG, Public Health have committed to ensure that all pathways and protocols for the delivery of services to children are inclusive (of SEND) and that the “voice of the child” is heard and actively responded to.

There are currently two main providers of children’s’ specialist community health services. These are Northamptonshire Healthcare NHS Foundation Trust (NHFT) and Northampton General Hospital. NHFT provide the whole range of specialist children’s services:

- Speech and language therapy
- Physiotherapy
- Occupational Therapy
- Special School Nursing
- Community Childrens Nursing
- Paediatrics
- Emotional wellbeing and mental health services (formerly CAMHS)
- Continence

In addition they also provide universal services which include:

- Health Visiting,
- School Nursing
- Family Nurse Partnership

In addition to providing acute children’s health services, Northampton General Hospital also provide:

- Community children’s nursing
- Paediatrics
- Physiotherapy

Children’s specialist services are currently undergoing transformation in preparation for a proposed re-tendering process which is looking for a single provider of these services. In preparation for this, NHFT & NGH are working with the CCGs to develop a single pathway of care for the services that they both provide. There have been significant beneficial changes
in process and service configuration as a result of the transformation work which addresses some of the concerns expressed by parents about services prior to this change.

There is recognition of the need to strengthen support for children with speech and language development needs within schools as these can impact upon an individual's educational progress. A major training programme is being commissioned for all primary schools. The aim will be to equip schools to identify and respond to speech and language needs, and also to identify specific language impairments (SLI) which require referral to the Speech & Language Therapy Service.

**Pathway Approach**
Each specialist children’s service has adopted a model where the specialist nurse/therapist works closely with colleagues in education and social care to deliver a programme of care/therapy dependent on the child or young person’s level of need. This may mean that schools or early years settings adopt a stepped approach to referral and initially implement training and tools that the nurse/therapist has provided for them which, for some children, will be sufficient intervention to meet the need without having to be seen by a qualified health professional.

A key change is the redesign and simplification of the children’s mental health and emotional wellbeing pathways, which includes the introduction of a new ADHD/ASD team in NHFT, supported from the County Council through Educational Psychology Service input, and a similar approach to unify this pathway with the service offered by NGH.

Some children and young people will need more specialist support and these are the cohort that will be referred into the Referral Management Centre (RMC):
The RMC offers a single point of access for professionals to make referrals into CYP specialist community health services.

- To facilitate all urgent and non-urgent referrals into NHFT & NGH
- To ensure that CYP are seen by the right health professional(s), with the right skills at the right time.
- To streamline the referral process all of NHFT’s CYP specialist community health services now use one single referral form.

Initial clinical screening is undertaken daily by skilled clinical practitioners to identify which specialism / specialisms best meet the presenting needs of the child or young person, ensuring a greater joined up approach between specialisms, ultimately leading to an integrated assessment and care plan for children and young people with multiple or complex needs.

Each service has written guidelines/criteria to inform the screening process. As part of the development of the RMC this aspect of the process will be developed further.

**Social Care provision**

Some children and young people with complex needs may be defined as being ‘in need’, under Section 17, Children Act 1989. The vulnerability of these children is such that they are unlikely to reach or maintain a satisfactory level of health or development or their health and development will be significantly impaired, without the provision of services. It also includes children who are disabled.

Social care involvement would normally follow on from an Early Help Assessment initiated by another agency, unless urgent child protection action is indicated.

Eligibility for services is based upon assessment of all aspects of a child’s needs and situation: their health & development, environmental factors, the ability and experience of their parents & carers and their vulnerability to harm.

In addition to supporting children within their families, the local authority has a duty to investigate any allegation that a child might be suffering abuse or neglect.

The focus would always be on supporting a child or children to live safely within their birth family. This may involve work with children, parents or both. In addition to the work of social workers there are a number of schemes designed to strengthen families and ensure children are well looked after, such as the Family Intervention Project (FIP) and the Multi-Systemic Therapy (MST) Team.

In the most complex situations, an inter-agency Child Protection Plan may be required to ensure the protection of children. Some children are unable to live with their families, either temporarily or permanently, and alternative care arrangements will be made to secure their long term welfare and stability. This may be with the agreement of the family or through a court order.

Changes to the Children and Families Act 2014 introduced greater responsibility on local authorities in relation to the assessment and support of young carers and parent carers. Jointly with the Care Act 2014, it provides a clear framework for local authorities to take a whole-family approach to assessing and supporting adults and young carers and deliver support in a coordinated way.

Under the Act, young carers and parent carers are entitled to a support needs assessment, regardless of the type or frequency of care they provide, and parent carers are now no longer required to provide a ‘substantial’ amount of care on a regular basis in order to be
eligible. The right to an assessment extends to all young carers under the age of 18, regardless of who they care for, what type of care they provide and how often they provide it.

The Children and Families Act also requires the authority to be proactive about identifying young carers in their area and acting to help reduce their need for support through the provision of information and preventative measures. The Care Act introduces obligations to young carers in transition to adulthood, requiring the Authority to undertake an assessment for a young carer if it considers that she/ he is likely to have needs for support after becoming 18 and that the assessment would be of significant benefit to him / her.

**The Disabled Children’s Team**

This team focuses on the most vulnerable disabled children. New eligibility criteria (2015) were established to ensure that children with substantial and long term disability and/or complex health needs are given every opportunity to meet their full potential and quality of life. It is these children that are allocated to the Disabled Children’s Team at the Tier 4 level.

In order for a child or young person to be considered for support from the Team, a number of areas of need relating to the child’s disability and impact on the family are considered. Disabled children meeting eligibility for specialised tier 4 services will usually be in receipt of high rate DLA in care and mobility components. The needs identified below must be present for assessment and intervention by the Team:

- Severe learning disabilities
- Severe physical disabilities including substantial sensory impairment together with auditory and/or visual impairment
- Severe developmental delay in motor and/or cognitive functioning
- Profound multiple disabilities
- Complex and severe health problems that arise from the disability; conditions that are life limiting; degenerative illness or organic disorder resulting in severe disability
- Children who experience severe mental ill health that makes them a risk to self or others, who are subject to the Mental Health Act 1983.

Some children with disabilities who do not meet the criteria for the Team may require support from the Children in Need teams or the specialist Early Help for Disabled Children Team.

Improving outcomes for children and young people with disabilities is a priority and the service is reviewing and developing its policies and procedures to ensure that:

- Children, young people and their families are in receipt of services and intervention at the earliest point
- All disabled children and young people are given every opportunity to remain in their family home and access to services and activities in their communities
- Service provision and activities are provided as close to their family home whenever and wherever possible
- Children, young people and their families are viewed as vital partners in the decision making process. It is important that their voice be heard and that they are part of the care planning and assessment process
- Children/young people and their families are involved in the delivery and design process of policies and procedures that impact on their lives
- Disabled children and young people fulfil their potential and are given every opportunity for independence, including education, employment opportunities and transition to adult services

Along with a review of all care packages associated with each child/young person, the Team recognises the need to review its current provider contracts to ensure they are fit for purpose and are meeting the needs of each disabled child and young person to facilitate better
outcomes for all. Gaps in service provision have been identified and the Team will work with commissioning colleagues to address these.

Residential short breaks
Residential short breaks services are part of the specialist services for disabled children and their families provided by Northamptonshire County Council (NCC) and the Clinical Commissioning Group (CCG). This is currently being delivered by Northamptonshire Health Care Foundation Trust (NHFT); the contract period is from the 1st August 2013 to the 1st May 2018 with the option to extend for 12 months subject to an annual review of performance. A commissioning manager has been assigned to this contract and monitoring and quality assurance processes will be in place by December 2015.

The overall aim is to provide appropriate support in the least intrusive and most effective manner, minimising the effect of children’s disabilities and giving the opportunity for these children and their families to live as normal lives as possible. This service currently runs three units:

- **Complex Disabilities (North)**. The Squirrels provide six beds
- **Complex Disabilities (South)**. John Greenwood Shipman Centre provides 10 beds, plus one emergency bed. The total includes 4 additional beds for young people with severe learning disabilities and complex behaviours.
- **Autism Spectrum Disorder**. 82, Northampton Road provides six beds.

Family link
Family-based short breaks are provided through the Family Link service. This is part of the local authority’s fostering provision and involves a disabled child being linked with a family with whom they are then able to stay for short breaks. These can range from a few hours to a series of overnight stays. Carers are rigorously assessed and subject to the same statutory framework as foster carers. There are 22 approved households, currently supporting 38 children and arrangements are made flexibly between the two families.

Other short breaks
In addition to the short breaks away from the family home, there are currently 24 contracts funded to deliver short break services to children and young people with disabilities. These contracts were initially funded from the Aiming High money first provided by government in 2008. The provision currently comprises:

- 11 contracts to provide short breaks (mainly Saturday Clubs, Out of School and Holiday Clubs). These providers have contracts to 31st March 2016.
- 8 contracts to provide Youth Club services. As at July 2015 there was spare capacity in these services across the County though much of it is based in schools where they cater solely for their own pupils. Three of these providers have contracts to 31st March 2016, the other 5 until 31st August 2016.
- 5 contracts to provide specialist support and advice. These contracts all expire on 31st March 2016.

Parents and carers noted a lack of provision for children and young people with profound and multiple learning disabilities. Whilst some contracts do provide for this group, it will be important to investigate further whether it is the right type of provision in the right location.

Contract monitoring is taking place and the data being collated will be used to inform future commissioning. Further work will be required to identify potential efficiencies, improve quality and achieve better value for money through the commissioning process. All commissioned activity would be subject to rigorous quality assurance and performance monitoring to ensure delivery of improved outcomes for children, young people and their families.
Commissioning
There are currently three Panels where children and their needs can be presented to obtain resources. All have multi-agency representation, though the relationship between them is complex and currently under review.

- **The Needs Panel** can make decisions on packages up to £50k for those disabled children requiring services at the "specialist" level of intervention. There are criteria to determine at what level cases are eligible and the funding arrangements.

- **The Highly Complex Needs Panel** ensures that children whose needs cannot be met within local education, health, and/or social care services receive a joined up response with all three agencies contributing to planning suitable provision.

- **The Continuing Care Panel** purely determines complex health cases and agrees threshold, joint funding, and support arrangements.

There is also, within education, a High Needs Panel to which schools can apply for funding to meet the additional needs of children and young people who do not have statements or EHC Plans. All these panels could be an effective way to capture information about the needs of disabled children and young people and the current review will provide an opportunity to consider how this information is recorded. A data capture sheet has been devised to record unmet need and demand that is being highlighted at panel. Information to date has indicated that there is an increased need for overnight stays, hours of support during school holidays, access to youth services/activities and domiciliary care. The majority of overnight stays appear to be catered for via the short breaks service, however the increased hours for over school holidays and domiciliary care are currently being spot purchased.

The Council spent over £350,000 in 2014/15 on spot purchasing a range of services for disabled children and young people. Improved processes will enable the Council to have a further understanding of need, demand, services purchased and cost implications.

In order to consistently secure good quality services and achieve value for money, the Council will commission a domiciliary care framework for disabled children and young people. The commissioning manager will scope options for completing this in partnership with Adult Social Care and the Clinical Commissioning Groups (CCGs) whilst learning from other local authorities.

In addition to this, options will be considered for developing an offer that promotes specialist youth services for disabled children & young people and promotes access to universal and voluntary activities and clubs. This should reduce the spot purchasing and the need for direct payments to access youth activities.

**Education provision**
It is Northamptonshire County Council’s role to plan, organise and commission educational provision in a way that raises standards, manages supply and demand and creates a diverse infrastructure.

The Council’s has a legal duty to:
- ensure sufficient schools and places in each locality,
- ensure sufficient early years & childcare places,
- ensure sufficient post 16 provision,
- provide appropriate education provision for children with special educational needs and disabilities,
- promote high education standards,
- ensure fair access to educational opportunity,
• promote the fulfilment of every child’s education potential, and
• promote diversity and parental choice.

It does this in partnership with schools, colleges and settings that are maintained by the local authority, free schools and academies and, in certain circumstances, schools managed in the independent sector, and in early years through partnership with a range of private, voluntary and independent providers.

Most children and young people have their needs met at a local mainstream school or early years setting. Those with more complex needs require more specialist provision and will attend special schools or unit provision within mainstream schools. The majority will be placed within Northamptonshire’s resources, but a small number will require highly specialist placements sourced from independent providers.

Where it is necessary to commission an external school placement, this will be guided by the following principles:
• Children and young people should be placed in schools within Northamptonshire, and as near to home as possible.
• Attendance as a day pupil is preferable to boarding, unless there is a compelling reason why integrated residential support is required.
• Children and young people should be placed in county schools unless this cannot adequately meet their needs. Placement in ‘out of county’ provision requires explicit Head of Service approval.
• Placements should normally only be made in schools rated as ‘good’ or ‘outstanding’ by Ofsted.
• In the first instance, placements would be agreed only to the end of the pupil’s current phase with an expectation that planning and annual reviews are partly geared towards effecting a return to Northamptonshire provision at this point.

Ensuring sufficiency of placements is a complex task as the population, and with it the educational needs of children and young people, is always changing. Currently, a period of population growth is anticipated and this will be recognised and addressed in a ‘Schools Sufficiency Strategy, to cover the period 2016-21.

Education support services
Educational Psychology Service.
The service works to promote positive child development and learning through the application of psychology, helping children and young people overcome barriers to successful learning. These can arise from physical, medical or sensory needs, learning difficulties and disabilities and/or from social and emotional needs that lead to difficulties in sustaining positive relationships. The EPS works:
• at an individual, group or whole-school level,
• with local authority officers, the health service and other agencies
• in partnership with parents and carers, teachers and other adults in schools and early years settings,
• with very young children and their families in their homes
• with individuals and groups of children and young people from birth to twenty-five years (for those remaining in education or training).

Much of the support from the EPS is provided through the county council’s ‘core funding’ and about one third of its work arises from commissioning directly from schools and other commissioners.
Portage and SEN Early Years
The Portage and SEN Early Years Team supports children aged 0-4 who have additional educational needs, developmental delay or disability.

The role of the team is to empower and support families and Early Years settings, pre-schools, playgroups, nurseries or childminders to:

- Build on each child’s individual strengths and to identify next steps for their development
- Encourage children’s social interaction with their peers and adults
- Fully include children in a range of Early Years activities

The team will work with families and settings to agree learning and developmental objectives and Individual Education Targets and support families and settings to review and monitor these plans. The aim is to promote learning through play.

Autism Outreach
The Autism Outreach Team consists of workers trained in all aspects of autism, the use of TEACCH, PECS, Social Stories and other complimentary interventions.

In collaboration with parents and professionals the team aim to:

- improve the understanding of autism and autistic behaviours,
- empower children, parents and professionals to manage and modify behaviour and
- teach parents and professionals how to modify their behaviour when interacting with a young person on the autistic spectrum.

Hospital & Outreach Service
Hospital and Outreach Education (HOE) is a Pupil Referral Unit which provides educational support for children and young people with complex medical and/or mental health needs which prevent them from attending school full time. It covers the whole of Northamptonshire and is organised structurally into two 'mini teams' which cover the North and South of the county respectively.

There are two teaching provisions at Kettering and Northampton General Hospitals and at two in-patient tier 4 Child and Adolescent Mental Health (CAMHs) Units in Northampton. There are also two outreach teaching bases in Kettering and Northampton for HOE.

Sensory Impairment Services
The Visual Impairment Service and Hearing Impairment Services have worked in all county schools with pupils who have a visual or hearing impairment, supporting the work of the school in enabling these pupils to achieve their full potential. From September 2015 they will be part of a combined Sensory Impairment Service.

SEND funding in schools
Schools are funded to meet the costs of providing for the special needs of their pupils through the AWPU (Average Weighted Pupil Unit: a standard amount they receive for each child) and their individual schools formula budget, up to an additional cost of £6,000 per child. The notional SEN budget is part of the local authority’s Schools Block funding formula and is calculated as 8.3% of the AWPU and 12.0% of the deprivation funding.

There is an expectation that schools will meet the needs of most children through their existing resources. The ‘Special Educational Needs Descriptors’ document outlines what schools would normally be required to provide. Should the complexity of a child’s needs require more costly provision and the child not be subject to an EHC Plan, the school can apply for top-up funding to the (monthly) High Needs Panel. Support is similarly available in respect of children in the Early Years phase.
For pupils with an Education Health and Care Plan, a Resource Allocation System (RAS) is being developed to provide an accurate and sustainable method of funding, based on a model that supports the integration of health, social care and educational assessment. Should a child’s needs significantly change or cannot be met within the funding allocated, this will be addressed through the EHC review process.

**EHC process**

Education, health and care plans (EHC) replace statements of special educational needs and learning difficulty assessments (LDA).

The new plan looks at all of a child’s needs and brings together education, health and care services to identify, work towards and achieve agreed outcomes. The focus is very much on what is important for children and young people – what they and their parents want to achieve now and in the future. EHC plans are available from birth to 25 years. Information about needs and gaps in provision can be used to inform service development and future commissioning.

The new plans put children, young people and families at the centre of the assessment and planning process (person centred planning) and is all about increasing their choice and control. Sixteen to 25 year olds should be especially involved in the formulation of their plans.

The EHC Team located within the County Council is responsible for making sure all the services are brought together and that the plan is well co-ordinated.

The decision to compile an EHC Plan for a particular child is based on a formal assessment of their needs. Not all children and young people will require a plan to ensure that their needs are met, just those whose needs or circumstances are the most complex. However, the Local Offer is available to everyone regardless of whether a plan is in place.

Each EHC plan would include the aspirations and outcomes we wish to achieve for the child/young person as well as a description of their needs, barriers to learning and any provision required to overcome these. The plan can cover health and social care services alongside education if appropriate for the individual child.

The required support would normally be provided within a child’s current school, but the assessment and plan may identify the need for more specialist provision, such as a local Special School.

There is a timetable in place to ensure that existing statements and LDAs will all have been converted to EHC plans by 2018.

Plans are reviewed annually to ensure the child or young person is making progress towards the identified targets, but also to take account of any changes in their needs as they grow up. Parents are involved in every stage of the EHC process which is designed to be both collaborative and supportive.

Further information is available on the County Council’s website at: www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/special-educational-needs-disability-support/EHC-assessment-plans-policies

**Personal budgets**

Where an EHC plan is in place, parents and young people are able to request a ‘personal budget’. A personal budget is an amount identified by the local authority as being available to secure particular provision that is specified, or proposed to be specified, in the EHC plan. Once identified, parents and young people can then request that some, or all, aspects of the personal budget be converted into a direct payment, but the local authority and the education provider where relevant, must agree to this and have significant discretion about what is agreed.
Complaints, mediation and disagreement resolution
Decisions about provision for children and young people with SEN or disabilities should be made jointly by providers, parents, and children and young people themselves, taking a person-centred approach, with the views of children, young people and parents a central consideration. Relations between education, health and social care services and parents and young people should be marked by open communication so that parents and young people know where they are in the decision making process and always know the reasons why decisions have been made.

Parents and young people will be given information and, where necessary, support so that they can take part in both decision making and complaints processes. Support can be provided by statutory or voluntary organisations. All schools and education settings will have a complaints policy that can be requested from the setting.

Parents and young people can access informal support in resolving disagreements through the local impartial information, advice and support service and, between 2014 and 2016 (the transitional period for statements), with the help of independent supporters.

Arrangements are in place for independent support in resolving disagreements about the EHC process. While ‘disagreement resolution’ and ‘mediation’ are often used interchangeably, under the Children and Families Act 2014 they refer to different processes. Disagreement resolution arrangements apply more widely and are distinct from the mediation arrangements which apply specifically to parents and young people who are considering appealing to the Tribunal about EHC needs assessments and the special educational element of an EHC plan or who want mediation on the health and social care elements of an EHC plan.

Whereas parents and young people must contact a mediation adviser before registering an appeal about EHC needs assessments or the SEN element of an EHC plan they do not have to engage with the disagreement resolution services at any time, including before registering an appeal.

Use of the disagreement resolution services is voluntary and has to be with the agreement of all parties. The service is independent of the local authority as no-one who is directly employed by a local authority can provide disagreement resolution services.

Detailed information about complaints procedures and the support services available within the EHC process can be accessed at:

Post -16 education and training
The post-16 education and training landscape is very diverse. It encompasses school sixth forms (both mainstream and special schools), sixth form colleges, general further education (FE) colleges, 16-19 academies, specialist post 16 institutions (SPIs) and vocational learning and training providers in the private or voluntary sector. The range of available study programmes is broad and includes AS/A levels, vocational qualifications at all levels, apprenticeships, traineeships, supported internships and bespoke learning.

High quality study programmes for students with SEN
All students aged 16-19 (and, where they have an EHCP, or an LDA up to the age of 25) should follow a coherent study programme which provides stretch and progression and enables them to achieve the best possible outcomes in adult life. Providers are expected to
design programmes which enable students to progress to a higher level than their prior attainment, take rigorous, substantial qualifications, study English and maths, and engage in work experience and non-qualification activity. Students should not be repeating learning they have already completed successfully. For students not taking qualifications, their study programme should focus on high quality work experience, and on non-qualification activity which prepares them well for employment, independent living, being healthy adults and participating in society.

**Funding for SEN support**

All school and academy sixth forms, sixth form colleges, further education colleges and 16-19 academies are provided with resources to support students with additional needs, including young people with SEN and disabilities.

These institutions receive an allocation based on a national funding formula for their core provision. They also have additional funding for students with additional needs, including those with SEN which is not ring-fenced and is included in their main budget. Like mainstream schools, colleges are expected to provide appropriate, high quality SEN support using all available resources. It is for colleges, as part of their normal budget planning, to determine their approach to using their resources to support the progress of young people with SEN. This enables colleges to provide a clear description of the types of special education provision they can normally provide. This will help parents and others understand what they can normally expect the college to provide for young people with SEN.

Colleges are not expected to meet the full costs of more expensive support from this core and additional funding. They are expected to provide additional support which costs up to a nationally prescribed threshold per student per year. The responsible local authority, usually the authority where the young person lives, should provide additional top-up funding where the cost of the special educational provision required to meet the needs of an individual young person exceeds the nationally prescribed threshold. This should reflect the cost of providing the additional support that is in excess of the nationally prescribed threshold.

There is no requirement for an EHC plan for a young person for whom a college receives additional top-up funding except in the case of a young person who is over 19. But where the local authority considers it is necessary for special educational provision to be made through an EHC plan it should carry out an EHC needs assessment. Local authorities should be transparent about how they will make decisions about high needs funding and education placements. They should share the principles and criteria which underpin those decisions with schools and colleges and with parents and young people. It should be noted that SEN post 16 education and training would normally consist of 3 days per week at the provider.

Northamptonshire County Council wants to ensure that opportunities for developing new outstanding provision are always available and will fund new provision where it adds value and is a high quality addition to the existing offer for young people.

NCC is currently exploring the need for replacement provision in the north of the county and is open to discussions regarding new provision with existing Education Funding Agency funded further education providers and commercial and charitable providers (CCPs) with an Ofsted overall rating of good or outstanding.
6. Commissioning intentions
This strategy took as its starting point the views of children and young people, their parents and carers, about what they require from the services provided and commissioned within Northamptonshire and the developments they would wish to see. It includes an outline of the needs and characteristics of children and young people with special educational needs and disabilities, and of the provision currently in place to meet those needs.

The views of children and young people, their parents and carers have been cross-referenced to the work of the Disabled Children and Young People’s Delivery Group to identify which of their concerns are being addressed, and the progress that is being made, but also to identify concerns where specific actions have not been identified.

On the next page, this is presented in tabular form. The concerns/issues raised by children and young people and by parents/carers are linked to the relevant outcome sought by the DCYPDG’s Action Plan. Where an issue is not being addressed, this is highlighted as a ‘gap’ and the box is shaded.

Progress against the Action Plan outcomes is briefly summarised and where there is a need for substantial further work, this is similarly indicated as a ‘gap’.

The gaps identified have helped inform the commissioning priorities for this strategy.
### Children & young people

1. Rights and respect: “no one should make fun of you for the way you look and speak”
2. Transport and travel: “I hate having to travel miles and miles to get to my school”
3. Access to information: “Information should be easier to understand”
4. Access to buildings and spaces: “Schools should be accessible and have ramps and lifts”

### Parents and carers

5. School transport
6. Community paediatric provision: North of the county
7. GAP: Speech & language provision in schools
8. Lack of provision for children with ASD and average/above average ability
9. Accessing autism services
10. Diagnosis processes
11. GAP: Residential short break provision
12. Post-16 education and development opportunities
13. CAMHS response to ASD and ADHD
14. Assessment pathways
15. Professional engagement with statement reviews
16. GAP: PMLD play schemes and opportunities
17. Support for ADHD

### DCYPDG Plan Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>All partner agencies to understand and consistently apply thresholds</td>
<td>New countywide Early Help Assessment training includes SEND</td>
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<tr>
<td>for referrals to children’s services</td>
<td></td>
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<tr>
<td>All services will have knowledge and skills necessary to ensure people</td>
<td>SENCo training programme linked to N’ton Uni and including schools.</td>
</tr>
<tr>
<td>working in universal and specialist services have the communication</td>
<td>Inclusion Network Meetings share best practice.</td>
</tr>
<tr>
<td>skills and expertise to conduct quality work with all children and</td>
<td>Training in person centred planning.</td>
</tr>
<tr>
<td>young people with SEND and their families (4,6)</td>
<td>GAP: Catalogue of required training for prof. groups</td>
</tr>
<tr>
<td>All children and young people with SEND feel safe in their</td>
<td>GAP: E-Safety and bullying training pack to be developed and linked to</td>
</tr>
<tr>
<td>communities and on line (1)</td>
<td>“Talk out Loud”</td>
</tr>
<tr>
<td>The voice of the child is evident on all assessments and interventions</td>
<td>Training on 1-page profiles, p/centred planning. Quality audits in NCC.</td>
</tr>
<tr>
<td>Young children (0-4) with SEND receive appropriate support early</td>
<td>SEND in Children’s Centre core business. Plan to promote take up of</td>
</tr>
<tr>
<td>to maximise potential</td>
<td>2-year places. SEN Premium in place</td>
</tr>
<tr>
<td>Services are improved and are responsive to customer feedback</td>
<td>All services reporting on quality to DCYPDG.</td>
</tr>
<tr>
<td>The Local Offer provides accurate and accessible information for</td>
<td>GAP: Analysis of tribunals to include lessons learned</td>
</tr>
<tr>
<td>children, young people and families on services available to support</td>
<td>Good coverage; content regularly reviewed and updated.</td>
</tr>
<tr>
<td>SEND across education, health and care (3)</td>
<td>Annual report on user feedback</td>
</tr>
<tr>
<td>The educational needs of children and young people with SEND are</td>
<td>NCC Transport group to increase flexibility of approach.</td>
</tr>
<tr>
<td>effectively met as close to home as possible (2,5)</td>
<td>GAP: School Place Sufficiency Strategy</td>
</tr>
<tr>
<td>Children and young people are effectively supported at key times of</td>
<td>All Partners are compliant with the requirements of the Children</td>
</tr>
<tr>
<td>transition</td>
<td>and Families Act 2014 in respect of statutory assessment processes and</td>
</tr>
<tr>
<td>Young People in transition to adulthood are effectively supported and</td>
<td>timescales (15)</td>
</tr>
<tr>
<td>to achieve their potential (12)</td>
<td></td>
</tr>
<tr>
<td>Children and young people with SEND are not excluded from school</td>
<td>Employment strategy being developed (Transitions Commissioner)</td>
</tr>
<tr>
<td>except in very exceptional circumstances</td>
<td></td>
</tr>
<tr>
<td>Evidence informed, diagnostic pathway for ASD is developed,</td>
<td>Behaviour &amp; Inclusion Strategy to include development of</td>
</tr>
<tr>
<td>publicised, understood and implemented (13,14)</td>
<td>toolkit for schools. To report 12/15</td>
</tr>
<tr>
<td>Children and young people on the Autistic Spectrum and their families</td>
<td>Autism Strategy Group developing clear pathway for assessment, support</td>
</tr>
<tr>
<td>receive appropriate and timely support (8,9)</td>
<td>and diagnosis</td>
</tr>
<tr>
<td>Evidence informed, diagnostic pathway for ADHD is developed,</td>
<td>Redesign and simplification of pathways, including a new ADHD/ASD team</td>
</tr>
<tr>
<td>publicised, understood and implemented (10,13,17)</td>
<td>in NHFT and a similar approach to unify this pathway with the service</td>
</tr>
<tr>
<td>The health needs of children and young people with SEND are effectively</td>
<td>offered by NGH.</td>
</tr>
<tr>
<td>met (6)</td>
<td></td>
</tr>
<tr>
<td>Health inequalities for those with learning disabilities are reduced</td>
<td>Pilot of CTPLD children’s staff working alongside specialist children’s</td>
</tr>
<tr>
<td>Public health initiatives within the county are inclusive of those</td>
<td>health services</td>
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<tr>
<td>with SEND</td>
<td>Recent reporting has been more specific to SEND</td>
</tr>
<tr>
<td>Looked after children and young people with SEND will have an accurate</td>
<td>Virtual School being strengthened to assure quality of PEPs.</td>
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<tr>
<td>and up to date Personal Education Plan that reflects their learning</td>
<td></td>
</tr>
<tr>
<td>Commissioning activity is informed by the views of LAC and young</td>
<td>This will be incorporated in a wider approach to involving children &amp;</td>
</tr>
<tr>
<td>people with SEND (1-4)</td>
<td>young people in commissioning approaches</td>
</tr>
</tbody>
</table>
Commissioning Priorities

The development of this strategy has led to the identification of some gaps in provision, but also gaps in information that have made it difficult to make concrete recommendations about some aspects of need and provision. The following Priorities, once confirmed, would be formulated into an action plan and timescales set. The subsequent Recommendations are intended to improve information gathering and better inform future service planning and commissioning which would seek to identify potential efficiencies, improve quality and achieve better value for money.

All commissioned activity would be subject to rigorous quality assurance and performance monitoring to ensure delivery of improved outcomes for children, young people and their families.

1. Within the lifetime of the current contract, a review of residential short breaks provision to be undertaken to ensure the most effective use of limited resources. This should include an analysis of unmet need and structured feedback from children, young people and their families.

2. Review of other short break provision to include a requirement for improved information gathering. This should include input from service recipients, and also from families who might need, but do not take up, services and also investigate the shortfall identified by families in opportunities for children with profound and multiple learning disabilities.

3. Commissioning of comprehensive speech and language training programme for all primary schools to equip them to identify and respond to speech and language needs, and also to identify specific language impairments (SLI) which require referral to the Speech & Language Therapy Service.

4. A ‘School Place Sufficiency Strategy’ to be developed to respond to the current pressure on school places and the demographic trends facing Northamptonshire in the next five years. This would include both mainstream and special schools and could have implications for other services, such as School Nursing and Therapies.

5. The Council will commission a domiciliary care framework for disabled children and young people. The commissioning manager will scope options for completing this in partnership with children, young people and parents/carers and Adult Social Care and the Clinical Commissioning Groups (CCGs) whilst learning from other local authorities.

6. Options will be considered for developing an offer that promotes specialist youth services for disabled children & young people and promotes access to universal and voluntary activities and clubs.

7. To further develop the knowledge and skills of all staff working with SEND, a catalogue of training required by each professional group and universal services will be compiled and all partner agencies will be asked to commit to raising skill levels within their services.

8. To ensure the safety of children and young people, both online and from bullying, training packs will be developed for children and young people and linked to the ‘Talk Out Loud’ initiative. These should be differentiated to support all need and ability groups and utilise the materials developed by the Keep Safe Scheme.
9. Detailed analysis will be undertaken of the local authority’s involvement in education tribunals to identify any trends or lessons that might be learned to inform future provision and planning.

10. Multi-agency guidance will be developed to ensure that children and young people are effectively supported through all transition points in a coordinated way.

11. The local authority will work with partners to ensure that all aspects of the statutory assessment processes are of high quality and completed within statutory timescales.

12. Further exploration to be undertaken of the need for replacement post-16 provision in the north of the county with existing Education Funding Agency funded further education providers and commercial and charitable providers (CCPs) with an Ofsted overall rating of good or outstanding.

**Recommendations**

There are additional recommendations arising from the limited availability of data encountered when developing this strategy:

   a) Management information gathered by services does not often identify whether the child or young person has special educational needs or a disability. Consideration should be given to developing this within partners’ management information systems to assist with future service planning needs.

   b) Consideration should be given to the development of a single set of SEND descriptors, based on those outlined in the Code of Practice, for use across all services.

   c) Where services are accessed through a panel mechanism, unmet need should be systematically recorded to inform future commissioning. Similarly, information gathered through the EHCP process about needs and gaps in provision can be used to inform service development and future commissioning.

**Monitoring arrangements**

Once the above actions have been finalised, an Action Plan will be developed to include clear actions, timescales and also the lead people who will be responsible for reporting progress on a regular basis.

**Governance arrangements**

Responsibility for the delivery of this strategy lies with the Disabled Children & Young People’s Delivery Group. To ensure rigorous monitoring and implementation, it is proposed that a sub-group be established to oversee delivery, reporting quarterly to the main group.

Accountability is outlined in the diagram at Appendix 4.
Consultation on the Strategy
The strategy will be the subject of consultation with children, young people, parents/carers, voluntary and public sector partners until 16th October, 2015

This will be hosted on line at:  
which includes an online response survey for your comments

There is also a copy of the consultation form at Appendix 6.  
This can be posted or emailed to:

Martin Adams, Commissioning Manager,  
Northamptonshire County Council,  
John Dryden House  
Northampton, NN4 7YD  
madams@northamptonshire.gov.uk
Appendices:
1. Action Plan: to be developed following consultation once priorities agreed
2. Disabled Children's Charter
3. Needs Assessment
4. Governance hierarchy
5. DCYPDG membership / Terms Of Reference
The Disabled Children's Charter

The Early Help Partnership / CYPP has endorsed the nationally recognised ‘Disabled Children’s Charter’ which sets out seven key challenges / requirements of effective policy, planning and service delivery:

- There is detailed and accurate information on the disabled children and young people living in the area, and public information on plans to meet their needs. *This strategy is based on a detailed analysis of the local population and uses this to inform resource prioritisation.*

- There is direct engagement with disabled children and young people and their participation is embedded in the work of the Health and Wellbeing Board. *Engagement with young people on their needs, wishes and feelings has informed this strategy and they are also invited to comment on the key priorities and plans it contains. Their input will be fed back to the Health and Wellbeing Board.*

- There is direct engagement with parents and carers of disabled children and young people and their participation is embedded in the work of the Health and Wellbeing Board. *Parents and carers have contributed to the formulation of this strategy and are also invited to comment on the key priorities and plans it contains.*

- Clear strategic outcomes are set for partners to meet in relation to disabled children, young people and their families, progress is monitored towards achieving them and they hold each other to account. *This strategy has led to the creation of an action plan and governance arrangements to ensure it is delivered in a timely fashion.*

- Early intervention is promoted and smooth transitions supported between children and adult services for disabled children and young people. *The importance of both early help and intervention and effective transitions have been identified by children, young people, parents, carers and professionals as priorities for this strategy.*

- There is work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners. *This is a joint commissioning strategy that outlines how services work together and identifies priorities and opportunities for future joint working.*

- Cohesive governance and leadership across the disabled children and young people’s agenda is provided by linking effectively with key partners. *This strategy has been commissioned by the Disabled Children & Young People’s Delivery Group (DCYPDG) on behalf of the Early Help Partnership and the Northamptonshire Health and Wellbeing Board. It will be presented to both Boards who will hold the DCYPDG to account for its effective delivery.*
Appendix 3

SEND Commissioning Strategy: Needs Assessment

All Children & Young People
Northamptonshire is the largest single growth area in England outside London, with a population of almost 700,000 and is set to grow by 20% by 2025. It is also one of the top 5 local authorities in England for levels of economic activity, which has a positive impact on the overall socio-economic profile of the county.

The total population of Northamptonshire was recorded by the 2011 Census as 691,952. Mid-year estimates suggest this had increased to 706,647 by 2013.

In 2011 there were 211,430 children and young people (aged between 0 and 24) in the County, 30.6% of the total population.

<table>
<thead>
<tr>
<th>Area</th>
<th>0-4</th>
<th>5-10</th>
<th>11-15</th>
<th>16-17</th>
<th>18-24</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corby</td>
<td>4,519</td>
<td>4,339</td>
<td>3,760</td>
<td>1,578</td>
<td>5411</td>
<td>19,607</td>
</tr>
<tr>
<td></td>
<td>9.8%</td>
<td>8.8%</td>
<td>8.9%</td>
<td>8.9%</td>
<td>9.7%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Daventry</td>
<td>4,350</td>
<td>5,540</td>
<td>4,922</td>
<td>2,120</td>
<td>5489</td>
<td>22,421</td>
</tr>
<tr>
<td></td>
<td>9.5%</td>
<td>11.2%</td>
<td>11.6%</td>
<td>12.0%</td>
<td>9.8%</td>
<td>10.6%</td>
</tr>
<tr>
<td>East Northamptonshire</td>
<td>5,233</td>
<td>6,171</td>
<td>5,785</td>
<td>2,512</td>
<td>5957</td>
<td>25,658</td>
</tr>
<tr>
<td></td>
<td>11.4%</td>
<td>12.5%</td>
<td>13.6%</td>
<td>14.2%</td>
<td>10.7%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Kettering</td>
<td>6,256</td>
<td>6,819</td>
<td>5,591</td>
<td>2,303</td>
<td>7022</td>
<td>27,991</td>
</tr>
<tr>
<td></td>
<td>13.6%</td>
<td>13.8%</td>
<td>13.2%</td>
<td>13.0%</td>
<td>12.6%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Northampton</td>
<td>15,845</td>
<td>15,000</td>
<td>12,168</td>
<td>5,168</td>
<td>21004</td>
<td>69,185</td>
</tr>
<tr>
<td></td>
<td>34.4%</td>
<td>30.3%</td>
<td>28.7%</td>
<td>29.1%</td>
<td>37.6%</td>
<td>32.7%</td>
</tr>
<tr>
<td>South Northamptonshire</td>
<td>4,771</td>
<td>6,235</td>
<td>5,559</td>
<td>2,176</td>
<td>5305</td>
<td>24,046</td>
</tr>
<tr>
<td></td>
<td>10.4%</td>
<td>12.6%</td>
<td>13.1%</td>
<td>12.3%</td>
<td>9.5%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Wellingborough</td>
<td>5,038</td>
<td>5,323</td>
<td>4,647</td>
<td>1,876</td>
<td>5638</td>
<td>22,522</td>
</tr>
<tr>
<td></td>
<td>10.9%</td>
<td>10.8%</td>
<td>10.9%</td>
<td>10.6%</td>
<td>10.1%</td>
<td>10.7%</td>
</tr>
<tr>
<td><strong>Northamptonshire</strong></td>
<td><strong>46,012</strong></td>
<td><strong>49,427</strong></td>
<td><strong>42,432</strong></td>
<td><strong>17,733</strong></td>
<td><strong>55,826</strong></td>
<td><strong>211,430</strong></td>
</tr>
</tbody>
</table>

Northamptonshire population, 0-24, in 2011, by age group and area.
Percentages are proportion of county population in each age group by area

There were slightly more males (50.8%) than females overall.
Approximately 21.8% were aged 0-4, 23.4% were 5-10 and 28.5% were between 11 and 18.

Almost 70,000 children and young people live in Northampton, 32.7% of the total under 25. Kettering has the next largest total with 13.2%, and Corby the smallest (9.3%).

More than a third (34.4%) of children under 5 were living in Northampton, with Kettering having the next highest number (13.6%).

A smaller proportion (28.7%) of those aged 11 to 15 live in Northampton, with East Northamptonshire having the next largest contingent (13.6%).
Population growth

Northamptonshire has a rapidly growing population and this trend is expected to continue in coming decades, increasing demand for school places, health and social care services. All future planning must take account of this growth and the likely pressure on resources.

Whilst all areas are expected to grow by at least 13%, this will be most marked in Corby where the population is expected to increase by almost a third by 2037.

There has been a 15% increase in the numbers of Reception children on roll in the past 5 years, with almost 30% increases in Corby and Northampton. There is a projected increase of almost 18% in the numbers of Year 7 pupils on roll in the next 5 years, with an almost 30% increase in Northampton and 32% in Corby.
Deprivation and related issues

Any consideration of the needs of children and young people in a county as diverse as Northamptonshire must include not just financial deprivation, but also the impact of geography and mobility/access to services.

Children in Poverty

Percentage of dependant children under 20 in relative poverty (living in households where income is less than 60% of median household income before housing costs. Source Public Health England

Northamptonshire as a whole has a significantly lower proportion of children living in relative poverty than the averages for both the East Midlands and England.

Corby has the highest proportion within the county, closely followed by Wellingborough and Northampton which are well above the the East Midlands average. South Northamptonshire has a particularly low percentage of children living in relative poverty, both in relation to England and the East Midlands, but also the other boroughs of Northamptonshire. This presents a mixed picture across Northamptonshire which needs to be considered when planning provision of services. (JSNA)
Transport and Access to Services

Access to services is measured by two indicators:
- % of users with access to primary schools within a reasonable time by public transport or walking
- % of users with access to GPs within a reasonable time by public transport or walking

The urban areas of Northamptonshire enjoy generally good access to services. As a semi-rural county, there are large areas that have worse than average access to services, as might be expected. These areas are mostly in South Northamptonshire, Daventry and the ‘mostly rural’ East Northamptonshire.

Disability
The JSNA notes that research estimates the prevalence of disabilities in children at between 3% and 5.4% (ChiMat). This suggests that between 4,405 and 7,928 children in Northamptonshire have some form of disability. It also reports that both mild and severe disabilities are more frequent in those from manual worker’s family backgrounds, whilst the lowest levels of childhood disabilities are in families from a professional and managerial background.

Information from the Family Resources Survey in 2004/5 suggests a higher incidence of 7.1% based upon family self-reporting that children met the DDA definition of disability.
(Blackburn et al., 2010). This would equate to around 11,050 children and young people in Northamptonshire.

The 2011 census collated self-reported data on children and young people living with ‘long-term illness or disability’. This suggests that over 30,000 children and young people in Northamptonshire live with a disability or long-term illness. It is acknowledged that ‘long-term illness’ could be capturing those with medical conditions which are not considered a disability.

**Disability Living Allowance**

Further information can be gleaned from the take up of Disability Living Allowance which is awarded at different rates according to the complexity of assessed need. Government figures record take up for the under-16s in Northamptonshire as totalling 4,730, of whom 39.8% were awarded the higher rate allowance:

<table>
<thead>
<tr>
<th>Area</th>
<th>Total</th>
<th>Higher Rate</th>
<th>Middle Rate</th>
<th>Lower Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corby</td>
<td>520</td>
<td>240</td>
<td>250</td>
<td>20</td>
</tr>
<tr>
<td>Daventry</td>
<td>390</td>
<td>170</td>
<td>190</td>
<td>20</td>
</tr>
<tr>
<td>East Northamptonshire</td>
<td>540</td>
<td>220</td>
<td>300</td>
<td>30</td>
</tr>
<tr>
<td>Kettering</td>
<td>680</td>
<td>300</td>
<td>360</td>
<td>20</td>
</tr>
<tr>
<td>Northampton</td>
<td>1610</td>
<td>580</td>
<td>930</td>
<td>100</td>
</tr>
<tr>
<td>South Northamptonshire</td>
<td>400</td>
<td>140</td>
<td>240</td>
<td>20</td>
</tr>
<tr>
<td>Wellingborough</td>
<td>590</td>
<td>230</td>
<td>330</td>
<td>30</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>4730</td>
<td>1880</td>
<td>2600</td>
<td>240</td>
</tr>
</tbody>
</table>

*Source: DWP. Rounded data at August 2014*

The proportion of recipients who live in Northampton (34.0%) is higher than the proportion of the county’s under-sixteens living in the borough (31.2%)

The same applies to Corby (11.0% compared to 9.1%), Wellingborough (12.5% and 10.9%) and Kettering (14.4% and 13.5%). Elsewhere, the proportion of claimants is lower than the proportion of the county’s under-16s in that district.

**Specific needs**

Estimates place the prevalence of visual impairment at 20 per 10,000 population, suggesting there are between 97 and 184 children in Northamptonshire with a visual impairment. 3.9 per 10,000 population of under 17 were registered as hard of hearing in the county in 2010, with 1 per 10,000 children being registered deaf.

Studies of family-reported autism and ADHD suggest an incidence of 1.7% of all children having autism, 1.4% having ADHD and 0.3% having both.

**NHS information**
In the year to 31/3/15, NGH responded to 2,813 general paediatric referrals and 1218 community referrals. In the same period, NHFT (which has no acute provision) received 1416 community referrals. These would have been in relation to all children, not just those with special educational needs or disabilities, and would include referrals in relation to children’s health and development needs, as well as statutory processes (eg child protection medicals).

A range of therapeutic services are commissioned by the Nene and Corby CCGs and provided by NHFT and NGH. A significant number of children will receive input from one or more of these services. A system called TOMS (therapy outcome measures) is used to assess the effectiveness of individual interventions. A positive outcome is recorded where the individual shows a maintained or improved level position at case closure.

**Occupational therapy**
In March 2015, there were 508 children known to the NHFT occupational therapy services, of whom 340 (66.9%) were boys and 234 (46.1%) were aged under 5. For those who had a TOMS assessment, the support was assessed to have been effective in 97% of cases.

**Physiotherapy**
There were 366 children receiving physiotherapy through NHFT, of whom 214 (58.5%) were boys and 228 (62.3%) were under 5. In 100% of cases where a TOMS assessment was completed, the intervention was considered to have been successful. Due to a change in recording systems, information was not available for NGH.

**Speech & Language Therapy**
At the same point in time, there were 3,735 children known to the (countywide) speech and language therapy service provided by NHFT. Of these, 2,702 (72.3%) were boys and 2,982 (79.8%) were aged under 5. Where progress was assessed through TOMS, positive outcomes were recorded in 95% of cases.

**Local authority information**
**Special Needs Index**
The maintenance of a ‘register of disabled children’ is a requirement of the 1989 Children Act intended to help local authorities and their partners plan services, whilst providing a focal point for information and advice services. In Northamptonshire, this is delivered through the Special Needs Index (SNIX) which is administered through the Local Offer and is the basis for the publication of the termly SNIX Newsletter.

Parents are able to register their children online, which means inclusion in SNIX does not require a formal diagnosis or a ‘professional opinion’ of disability. It is also likely that many children with disabilities have not been registered, so the data adds to the general picture rather than being definitive.
<table>
<thead>
<tr>
<th>Need Type</th>
<th>Incidence</th>
<th>Disabilities and Needs</th>
<th>Incidence</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Disorder</td>
<td>160</td>
<td>Learning Disability</td>
<td>1,455</td>
<td>81.7</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>61</td>
<td>Hearing Impairment</td>
<td>71</td>
<td>4.0</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>1,353</td>
<td>Communication Disorder</td>
<td>179</td>
<td>10.1</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>179</td>
<td>Physical Disability</td>
<td>521</td>
<td>29.3</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>29</td>
<td>Visual Impairment</td>
<td>46</td>
<td>2.6</td>
</tr>
<tr>
<td>Motor (including hand function)</td>
<td>669</td>
<td>Motor (including hand function)</td>
<td>669</td>
<td>37.6</td>
</tr>
<tr>
<td>Feeding</td>
<td>481</td>
<td>Feeding</td>
<td>481</td>
<td>27.0</td>
</tr>
<tr>
<td>Dressing &amp; Bathing</td>
<td>777</td>
<td>Dressing &amp; Bathing</td>
<td>777</td>
<td>43.6</td>
</tr>
<tr>
<td>Sight</td>
<td>224</td>
<td>Sight</td>
<td>224</td>
<td>12.6</td>
</tr>
<tr>
<td>Behaviour</td>
<td>1,237</td>
<td>Behaviour</td>
<td>1,237</td>
<td>69.5</td>
</tr>
<tr>
<td>Consciousness (seizures/fits)</td>
<td>148</td>
<td>Consciousness (seizures/fits)</td>
<td>148</td>
<td>8.3</td>
</tr>
<tr>
<td>Mobility</td>
<td>644</td>
<td>Mobility</td>
<td>644</td>
<td>36.2</td>
</tr>
<tr>
<td>Toileting</td>
<td>776</td>
<td>Toileting</td>
<td>776</td>
<td>43.6</td>
</tr>
<tr>
<td>Hearing</td>
<td>233</td>
<td>Hearing</td>
<td>233</td>
<td>13.1</td>
</tr>
<tr>
<td>Learning</td>
<td>1,404</td>
<td>Learning</td>
<td>1,404</td>
<td>78.8</td>
</tr>
<tr>
<td>Social &amp; Emotional Needs</td>
<td>1,155</td>
<td>Social &amp; Emotional Needs</td>
<td>1,155</td>
<td>64.9</td>
</tr>
<tr>
<td>Communication</td>
<td>1,252</td>
<td>Communication</td>
<td>1,252</td>
<td>70.3</td>
</tr>
</tbody>
</table>

There are currently 1,781 children and young people registered between the ages of 0 and 21, comprising 1,218 boys (68.4%) and 563 girls. Of the total, 95 (5.3%) are under five years of age; 478 (26.8%) are over five, but under eleven; 609 (34.2%) are over 11 but under 16 and 599 (33.6%) are sixteen or over.

When recording a child’s primary needs onto SNIX, more than one option can be selected and the same applies to more detailed information about their particular disabilities and needs. Consequently, whilst the following table gives an indication of the extent and range of needs, some children have been counted more than once. The percentages record the proportion of all registered children for whom each disability/need has been identified.

**Educational Psychology Service (EPS)**
During the financial year 2014-15, 1,981 children were opened as ‘live cases’ to the EP Service. The Service provided approximately 7,800 visits during this period for these children and a further 800 visits to provide ‘unnamed’ consultation to SENCOs and other key staff to discuss and promote effective responses to children’s educational challenges. Around 150 of these were looked after children.

Of those whose primary need is recorded, 44.4% were identified as having an autistic spectrum disorder, 24.7% had some form of speech, language or communication needs (SLCN), 9.9% had a severe learning difficulty and 8.2% had social, emotional or mental health needs (SEMH).

**Portage**
The County Council’s Portage Team works with pre-school children with complex disabilities. Caseload information from December 2014 indicates that they were working with 384 children of who 269 (70%) were boys.

Of the total, 82 were aged under a year at the point of referral, 84 were between 2 and 3 years old, 132 were between 3 and 4 and the remaining 87 were over 4, though not yet in school.
There is a markedly higher proportion of the Portage caseload located in Corby (15.1%) when compared to the proportion of the County’s under-5s who live there (9.8%).

In both Kettering and Northampton there is also a larger proportion of the caseload than of the under-5s.

<table>
<thead>
<tr>
<th>Age</th>
<th>Need</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>Diagnosis/syndrome (including ASD)</td>
<td>111</td>
</tr>
<tr>
<td>0-2</td>
<td>6 month development delay</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Hearing Impairment</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Multi-Sensory Impairment</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Physical disability</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Visual Impairment</td>
<td>2</td>
</tr>
<tr>
<td>2-5</td>
<td>Physical/medical needs</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Play, cognition, learning needs</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Social, emotional, behavioural needs</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Communication/interaction needs</td>
<td>76</td>
</tr>
</tbody>
</table>

By contrast, the proportion of the children on the caseload living in East Northants (5.7%) is exactly half of the proportion of all under-5s living in the area. In Daventry, South Northants and Wellingborough it is also less than the corresponding proportion of under-5s.

The table above gives further information about the primary need of the children known to the team, where this has been assessed.

**Sensory impairment.**

The Hearing Impairment Service works with children and young people who have a diagnosis of childhood hearing loss. The service includes teachers who are specialists in hearing loss and child development/learning, an educational audiologist, teachers of British Sign Language and Communication Support Workers.

Hearing loss ranges from mild to profound and can be permanent or temporary. Some children with hearing loss require little or no support at school while others may need intensive support for communication and learning for all of their education. All schools have a special needs co-ordinator who should be aware of the basic strategies that are helpful for a deaf child in the classroom. If the school requires further advice or support they can make a referral to the support service.

Within the county, there are 380 children with permanent childhood hearing loss aged 5 to 19 and a further 90 aged under 5. At any one time around 25% of them are receiving a service from the team with the remainder able to access support on request.

The Visual Impairment Service works in all county schools with pupils who have a visual impairment, supporting the work of the school in enabling these pupils to achieve their full potential. They also work in the home with pre-school children. They teach the skills necessary to enable the child or young person to fully access the curriculum including Braille and touch typing, and providing both adapted resources and IT equipment to pupils. They work very closely with parents and involve them at all stages,
including providing weekly Braille classes for parents and will work with teachers to provide support and advice to enable the pupil to fully access the curriculum and broader activities the school offers. Parents are actively involved in the observation and assessment of a pre-school child, and in any subsequent programmes. The Mobility Officer also works with parents of pre-school children.

There are currently 185 children and young people known to the service, of whom 64.8% have a statement or EHC Plan. Of the total, 102 (55.1%) are boys and 83 (44.9%) are girls.

**Autism Outreach**
The Autism Outreach Team supports children, young people and their families where there is a confirmed diagnosis of autism.
In May 2015 they had 493 open cases of which 369 (75%) were receiving a service. Around 30% were referred by parents and 40% by educational settings; 367 were boys (75% of the total).

At the time of referral, 61 (12.4%) were aged under 5, 194 (39.3%) were over 5 and under 11, 223 (45.2%) were aged 11 to 16 and 15 (3.0%) were 17 or over.
There was a wide range of presenting concerns, with anxiety reported most often (for 56% of children), followed by educational setting issues (49.4%), self esteem issues (31.9%) and concerns with transitions (26.2%).

**Children’s Social Care**
The local authority has a statutory responsibility towards disabled children as, under s17 Children Act 1989, they are classified as 'children in need' and so eligible for an assessment regarding service provision.

In March 2015 there were 613 children and young people under the age of eighteen recorded as having some form of disability who were open to social care.

<table>
<thead>
<tr>
<th>District</th>
<th>Gender</th>
<th>Number</th>
<th>% open cases</th>
<th>% all under 18s in area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corby</td>
<td>Female</td>
<td>20</td>
<td>8.8</td>
<td>9.1</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daventry</td>
<td>Female</td>
<td>19</td>
<td>8.0</td>
<td>10.9</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Northants</td>
<td>Female</td>
<td>19</td>
<td>8.8</td>
<td>12.7</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kettering</td>
<td>Female</td>
<td>36</td>
<td>15.0</td>
<td>13.5</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northampton</td>
<td>Female</td>
<td>89</td>
<td>37.7</td>
<td>31.0</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>142</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Northants</td>
<td>Female</td>
<td>19</td>
<td>7.2</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellingborough</td>
<td>Female</td>
<td>25</td>
<td>11.9</td>
<td>10.9</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out Of County</td>
<td>Female</td>
<td>7</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>613</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
Of the total, 379 were boys (61.8%). 37.7% of the total caseload were living in Northampton, significantly higher than the proportion of the county’s under-18s living in the Borough (31%). Wellingborough and Kettering also had a higher proportion of the children open to social care than their ‘share’ of the County’s children and young people. The remaining boroughs and districts each had smaller shares.

Provision is organised such that most young people aged over fourteen are allocated to the Transitions Team, which is part of Adult Social Care and will support them through to the age of 25. Children’s social care cases can broadly be categorised according to case type: where there is a Child Protection Plan (CPP), where the child is ‘looked after’ (LAC, sometimes called ‘in care’ but including children who have a high level of short breaks) and where the focus is on support, either through a ‘child in need’ (CIN) plan or where a young person is leaving care (LC) and moving into adulthood.

The following table gives a breakdown by area, age and case type.

<table>
<thead>
<tr>
<th>District</th>
<th>Age Group 0-4</th>
<th>Age Group 5-10</th>
<th>Age Group 11-15</th>
<th>Age Group 16-17</th>
<th>Case Type CPP</th>
<th>Case Type LAC</th>
<th>Case Type CIN/LC</th>
<th>Transitions Team 14-25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corby</td>
<td>4</td>
<td>10</td>
<td>25</td>
<td>15</td>
<td>4</td>
<td>13</td>
<td>37</td>
<td>50</td>
</tr>
<tr>
<td>Daventry</td>
<td>7</td>
<td>11</td>
<td>23</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>37</td>
<td>61</td>
</tr>
<tr>
<td>E/Northants</td>
<td>6</td>
<td>12</td>
<td>27</td>
<td>9</td>
<td>6</td>
<td>11</td>
<td>37</td>
<td>55</td>
</tr>
<tr>
<td>Kettering</td>
<td>7</td>
<td>25</td>
<td>35</td>
<td>25</td>
<td>7</td>
<td>12</td>
<td>73</td>
<td>81</td>
</tr>
<tr>
<td>Northampton</td>
<td>19</td>
<td>54</td>
<td>107</td>
<td>51</td>
<td>27</td>
<td>38</td>
<td>166</td>
<td>257</td>
</tr>
<tr>
<td>S/Northants</td>
<td>4</td>
<td>6</td>
<td>24</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>31</td>
<td>57</td>
</tr>
<tr>
<td>Well’boro</td>
<td>6</td>
<td>19</td>
<td>28</td>
<td>20</td>
<td>9</td>
<td>14</td>
<td>50</td>
<td>82</td>
</tr>
<tr>
<td>Out of County</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>7</td>
<td>9</td>
<td>(+24 not matched)</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>143</td>
<td>283</td>
<td>142</td>
<td>69</td>
<td>114</td>
<td>440</td>
<td>667</td>
</tr>
</tbody>
</table>

NCC Social Care caseload data at March 2015.

**Special Education provision**

There were some 11,524 pupils with some level of support in response to their special educational needs recorded in the 2015 Schools Census. This includes School Action, School Action Plus and a Statement/ EHC Plan and is recorded by age band and area (first chart) and by type of need (second chart, below).
Northamptonshire School Census by Age and Home Postcode of Pupil - January 2015

Most children have their educational needs met in a ‘mainstream’ school and, having assessed those needs, schools can apply for additional top up funding where the cost of meeting those needs exceeds the notional allowance for SEN provision within their budget.

During the academic year 2014-15 (to 8/4/15) a total of 265 children have had ‘high needs’ funding agreed, of whom 201 (75.8%) are boys.
The additional finance agreed (up to 8/4/15) totals in excess of £1.5m, an average of just under £6,000 per child.

A proportion of pupils with special educational needs will require placement in a Special School. Across the county, there are four special schools at the primary stage, six at the secondary stage and two ‘all through’ schools, with a total of 1281 places.
There is also a wide range of unit provisions integrated into mainstream schools throughout the county with a total of 344 places between them.
<table>
<thead>
<tr>
<th>Special School</th>
<th>Location</th>
<th>Age range</th>
<th>Needs range*</th>
<th>Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Brook School</td>
<td>Northampton</td>
<td>3-19</td>
<td>CLD, SigLD, SLD, ASD</td>
<td>167</td>
</tr>
<tr>
<td>Fairfields Community Special School</td>
<td>Northampton</td>
<td>3-11</td>
<td>SigLD, SLD, PMLD, ASD</td>
<td>90</td>
</tr>
<tr>
<td>Friars School and Sports College</td>
<td>Wellingborough</td>
<td>11-19</td>
<td>CLD, SigLD, ASD</td>
<td>145</td>
</tr>
<tr>
<td>Gateway School &amp; Technology College</td>
<td>Towcester</td>
<td>11-19</td>
<td>SEMH</td>
<td>57</td>
</tr>
<tr>
<td>Greenfields Specialist School for Communication</td>
<td>Northampton</td>
<td>11-19</td>
<td>PMLD, SLD, ASD</td>
<td>90</td>
</tr>
<tr>
<td>Isebrook SEN Cognition &amp; Learning College</td>
<td>Kettering</td>
<td>11-19</td>
<td>CLD, SigLD, SLD, ASD</td>
<td>132</td>
</tr>
<tr>
<td>Kings Meadow School</td>
<td>Northampton</td>
<td>5-11</td>
<td>SEMH</td>
<td>40</td>
</tr>
<tr>
<td>Kingsley School</td>
<td>Kettering</td>
<td>3-11</td>
<td>SigLD, SLD, ASD</td>
<td>110</td>
</tr>
<tr>
<td>Maplefields Academy</td>
<td>Corby</td>
<td>3-19</td>
<td>SEMH</td>
<td>104</td>
</tr>
<tr>
<td>Northgate Specialist Arts College</td>
<td>Northampton</td>
<td>11-19</td>
<td>SigLD, SLD, ASD, PH, VI, HI</td>
<td>130</td>
</tr>
<tr>
<td>Rowan Gate Special School</td>
<td>Wellingborough</td>
<td>2-11</td>
<td>SigLD, SLD, HI, VI, ASD</td>
<td>100 56</td>
</tr>
<tr>
<td>Wren Spinney Community Special School</td>
<td>Kettering</td>
<td>11-19</td>
<td>SLD, PMLD, ASD, VI</td>
<td>60</td>
</tr>
</tbody>
</table>

* Needs descriptors: ASD: Autism and Autistic Spectrum Disorder; CLD: Complex Learning Difficulties; HI: Hearing Impairment; PMLD: Profound and Multiple Learning Difficulties; SigLD: Significant Learning Difficulties; SLD: Severe Learning Difficulties; SEMH: Social, Emotional and Mental Health difficulties

Pupils placed in special schools:

<table>
<thead>
<tr>
<th>District</th>
<th>2-4</th>
<th>5-10</th>
<th>11-15</th>
<th>16-18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corby</td>
<td>2</td>
<td>18</td>
<td>28</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Daventry</td>
<td>5</td>
<td>33</td>
<td>54</td>
<td>18</td>
<td>110</td>
</tr>
<tr>
<td>East Northants</td>
<td>3</td>
<td>66</td>
<td>80</td>
<td>9</td>
<td>158</td>
</tr>
<tr>
<td>Kettering</td>
<td>11</td>
<td>82</td>
<td>133</td>
<td>34</td>
<td>260</td>
</tr>
<tr>
<td>Northampton</td>
<td>19</td>
<td>128</td>
<td>250</td>
<td>63</td>
<td>460</td>
</tr>
<tr>
<td>South Northants</td>
<td>2</td>
<td>22</td>
<td>63</td>
<td>12</td>
<td>99</td>
</tr>
<tr>
<td>Wellingborough</td>
<td>10</td>
<td>84</td>
<td>117</td>
<td>9</td>
<td>220</td>
</tr>
<tr>
<td>Outside Northants</td>
<td>6</td>
<td>16</td>
<td>6</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
<td><strong>439</strong></td>
<td><strong>741</strong></td>
<td><strong>153</strong></td>
<td><strong>1385</strong></td>
</tr>
</tbody>
</table>

Northamptonshire Special School Population, January 2015, by pupil home postcode

Some children with Special Educational Needs require placement outside of the County’s resources, either because their needs require a very specialised response, or because no suitable placement is available within Northamptonshire.

In April, 2015, there were 125 children and young people placed outside the county’s resources where the SEND budget is funding their placement, comprising 20 girls and 105 (83.3%) boys.

Understanding the type and complexity of these children’s needs helps build a picture of ‘unmet need’ and, hence, priorities for the commissioning of school places. There are two aspects to this: the planning of the county’s own provision and the purchasing of individual placements, including encouraging independent providers to set up locally.
<table>
<thead>
<tr>
<th>SEN Primary Need</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic spectrum disorder</td>
<td>33</td>
</tr>
<tr>
<td>Behaviour, Emotional and Social Difficulties</td>
<td>52</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>8</td>
</tr>
<tr>
<td>Moderate learning difficulty</td>
<td>18</td>
</tr>
<tr>
<td>Profound &amp; multiple learning difficulty</td>
<td>2</td>
</tr>
<tr>
<td>Speech, language and communication needs</td>
<td>2</td>
</tr>
<tr>
<td>Severe learning difficulty</td>
<td>5</td>
</tr>
<tr>
<td>Specific learning difficulty</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125</strong></td>
</tr>
</tbody>
</table>

*School placement outside the county’s resources by SEN need type, April 2015*

Of the total, 108 are placed in non-maintained or independent special schools and 17 are in small independent schools. All have statements or EHC Plans.

The overall aim is to ensure that as many children as possible are educated as day pupils and as close to home as possible. A total of 32 children attend on a residential basis, 6 weekly, 9 termly and 17 on a full time (52-week) arrangement. The remaining 93 all attend daily and most have support with transport.

These children have a range of needs, though two broad categories dominate the picture. For 52 (41.6%), their primary need is seen as ‘behaviour, emotional and social difficulties’ (BESD, now referred to as ‘social, emotional and mental health (SEMH) to focus on the cause rather than just on the behaviour) and for a further 35 (28.0%) it is an autism spectrum disorder (ASD).

The total annual spend on these placements is approximately £5m. During the 2014-15 academic year, 40 new placements were started for 7 girls and 33 (82.5%) boys with a combined total cost of £1.9m. Seven were primary age children, 30 were at secondary stage and three were aged 16+:

<table>
<thead>
<tr>
<th>SEN Primary Need</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic spectrum disorder</td>
<td>13</td>
</tr>
<tr>
<td>Behaviour, Emotional and Social Difficulties</td>
<td>15</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>2</td>
</tr>
<tr>
<td>Moderate learning difficulty</td>
<td>7</td>
</tr>
<tr>
<td>Speech, language and communication needs</td>
<td>1</td>
</tr>
<tr>
<td>Severe learning difficulty</td>
<td>1</td>
</tr>
<tr>
<td>Specific learning difficulty</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

*School placement outside the county’s resources by SEN need type, started in 2014-5*

As previously noted, the aim is to keep children in schools as local as possible to their homes as this ensures continuity of family life, supports peer friendships and access to services, etc. Whilst some of the above children have especially complex needs which require a placement so specialist that it would not be viable to establish one in county, for the majority it indicates a resource shortfall that might be met by increasing capacity in existing schools and/or modifying their offer to align with needs or by stimulating the market to provide appropriate placements either within, or accessible to, Northamptonshire.
16-19 provision
There is concern to ensure a wider range of appropriate provision to young people with learning difficulties or disabilities. 947 of the 1,112 young people with statements are in education, employment or training and a total of 125 (11.2%) are ‘NEET’ (not in education, employment or training) compared to 4.86% of the general population of people the same age.

800 young people with statements (71.9%) are in education, compared to 74.2% of the wider population; A further 104 (9.4%) are in employment, compared to 15.8% and 33 (3%) are in training compared to 1.2%.

<table>
<thead>
<tr>
<th>Education, Employment &amp; Training status of Learners with Learning Difficulties and/or Disabilities (LLDD), March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Post Compulsory Education Age</td>
</tr>
<tr>
<td>EET Total</td>
</tr>
<tr>
<td>Current situation not known</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EET Group</th>
<th>No</th>
<th>NEET Group</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In education, post Year 11:</td>
<td>800</td>
<td>Available to labour market:</td>
<td>99</td>
</tr>
<tr>
<td>School Sixth Form</td>
<td>224</td>
<td>Working Not For Reward</td>
<td>1</td>
</tr>
<tr>
<td>Sixth Form College</td>
<td>0</td>
<td>Not Yet Ready For Work Or Learning</td>
<td>11</td>
</tr>
<tr>
<td>Further Education</td>
<td>551</td>
<td>Start Date Agreed</td>
<td>1</td>
</tr>
<tr>
<td>Higher Education</td>
<td>18</td>
<td>Seeking employment, education or training</td>
<td>86</td>
</tr>
<tr>
<td>Part time Education</td>
<td>3</td>
<td>Not available to labour market:</td>
<td>26</td>
</tr>
<tr>
<td>Gap Year students</td>
<td>0</td>
<td>Young carers</td>
<td>0</td>
</tr>
<tr>
<td>Other Post 16 Education</td>
<td>4</td>
<td>Teenage parents</td>
<td>5</td>
</tr>
<tr>
<td>Employment:</td>
<td>104</td>
<td>Illness</td>
<td>12</td>
</tr>
<tr>
<td>Apprenticeship</td>
<td>45</td>
<td>Pregnancy</td>
<td>2</td>
</tr>
<tr>
<td>Employment with accredited training</td>
<td>4</td>
<td>Religious grounds</td>
<td>0</td>
</tr>
<tr>
<td>Employment without training</td>
<td>28</td>
<td>Unlikely to be economically active</td>
<td>7</td>
</tr>
<tr>
<td>Employment with non-accredited training</td>
<td>16</td>
<td>Other reason</td>
<td>0</td>
</tr>
<tr>
<td>Temporary employment</td>
<td>2</td>
<td>Other (not EET or NEET):</td>
<td>3</td>
</tr>
<tr>
<td>Part Time Employment</td>
<td>9</td>
<td>EFA funded Work Based Learning</td>
<td>22</td>
</tr>
<tr>
<td>Training:</td>
<td>33</td>
<td>Custody</td>
<td>3</td>
</tr>
<tr>
<td>Other Training</td>
<td>10</td>
<td>Refugees/Asylum seekers</td>
<td>0</td>
</tr>
<tr>
<td>Training delivered through the Work Programme</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traineeships</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-engagement Provision:</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-engagement Provision</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Governance hierarchy

Appendix 4
Appendix 5

Disabled Children and Young People’s Delivery Group
Terms of Reference
(May 2015)

Vision
The Children and Early Help Partnership aims to ensure that all children and young people in Northamptonshire are healthy, safe and are able to enjoy and achieve, so that they will make a positive contribution throughout their lives. This will be achieved through a focus on early help and early intervention / preventative work. The Disabled Children and Young People’s delivery group will support development and delivery of this vision.

Purpose
The Disabled Children and Young People’s delivery group purpose is to develop plans and proposals in line with the agreed strategic priorities of the Children’s Early Help Partnership, horizon scan for policy and research to inform strategy and delivery and develop and oversee implementation of the groups Strategy and action plan. This will include commissioning services that support delivery of the plan.

The group will:

- Ensure effective co-ordination and implementation of services for disabled children within Northamptonshire provided at home, at school.
- Ensure the integrated planning, development and delivery of services for disabled children and young people in their families, schools and settings across Northamptonshire.
- Ensure that the views of children, young people and their families are integral to the planning and implementation processes.
- Monitor outcomes for disabled children and young people in Northamptonshire and amend service delivery according to trends and needs identified through the monitoring process.

Governance
The Disabled Children and Young People’s delivery group is accountable to the Children’s Early Help Partnership and will provide finance, planning, progress and performance reports as requested.

The Delivery Group will receive regular feedback from all Disabled children workstreams to enable effective performance management and monitoring on the progress in each of the workstream/project areas.

The following groups will report progress into the Disabled Childrens and Young peoples Delivery Group:

- Childrens Hearing Services Working Group (CHSWG)
- ASD Group (Young Healthy Minds Partnership Board)
- Special Schools/LA/Health Working Group.
- Education Health and Care Improvement and Development Board
- Transitions Programme
- Shooting Stars will be invited to attend Disabled Childrens and Young Peoples Delivery Group at least once a year to feedback to the partnership. Delivery Group members are welcome to the Shooting Stars group meetings to speak to the members and obtain their views.

Key activities

- To assist in the development of strategic direction and the production of the delivery plan.
- To provide ongoing monitoring and evaluation of progress with implementing the delivery plan, with a focus on the outcomes for disabled children and young people across Northamptonshire.
- To ensure that families, including the children and young people themselves, are fully involved in the process of planning for service delivery.
- To provide creative and flexible solutions to removing barriers for disabled children, young people and their families.
- To provide an overview of issues relating to workforce development in the county necessary to deliver the agenda.
• To inform strategic decision making at this group, on behalf of the agencies represented through its membership.
• To ensure two-way communication between contributing Delivery Group members and the staff teams they represent who are engaged in service delivery.
• To facilitate the implementation of national agendas, guidance and best practice at a county and local level.
• To advise on quality standards for services to disabled children and how these might be monitored

**Group members**

Representation from the full range of professional groups, community sector organisations and service users. Membership will include key representatives from each of the local organisations as well as the leads for each of the work plan areas or task and finish groups that are set up to improve services. For details of individual members please see Appendix 1

Members are expected to attend each meeting or to send a substitute who has the knowledge to support decision making.

Members are expected to:

• actively contribute to all aspects of the group’s work, including needs assessment, planning, developing partnership approaches, service redesign, consultation, monitoring and evaluation.
• gather and articulate the perspectives of their parent organisation and/or as appropriate, their sector.

The Group may invite attendance by others with particular expertise or experience from time to time. This is to be agreed in advance.

**Frequency**

The Group will usually meet every 2 months and will ensure it meets for a minimum of four times a year. Additional meetings can be called by the Chair or any member in consultation with the Chair.

**Chair**

The Chair will be elected / re-elected on an annual basis in April, by nomination or self nomination and vote from the members of the group. In the absence of the agreed Chair the group will nominate a deputy.

The Chair will manage meetings effectively, adhering to agenda and time, agree the agenda and minutes ensure the group adheres to the purposes outlined above, develop partnership work through consensus management secure agreement and clarity over actions. They will also act as the group’s spokesperson to Children’s Early Help Partnership

The responsibility to organise the meetings, send out the agenda, take and circulate minutes will be with the elected Chair.

Agenda items are to be sent to the chair one week before the meeting, to allow time for circulation of the agenda. AOBs can be declared at the beginning of each meeting