



Joint Strategic Needs Assessment (JSNA) 2015

Children and Young People with Disabilities

The JSNA considers a wide range of factors that affect the health and well-being of the people of Warrington.

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JSNA Core Refresh 2014
Children and Young People Domain
Disabled Children and Young People

EXECUTIVE SUMMARY

Introduction

This chapter seeks to draw together available information on disabled children living in Warrington. For the purposes of this chapter, children and young people are defined as those aged 0 to 18 years. It is acknowledged that the information presented and the conditions covered in this report are not exhaustive and there are limitations to what we know or can accurately describe and analyse at this time. This chapter attempts to ascertain the prevalence of various disabilities and assess the range of services in place to support disabled children and their families.

The chapter acknowledges and describes the main areas of services and support provided to disabled children and their families. Each of these service areas has a separate workstream, all of which are supported by a multi-agency working group. The Disabled Children and Young People's Strategy Group has oversight of the various workstreams and monitors progress with delivery against priorities.

There are links to some of the other JSNA Chapters in the Children and Young People's Domain, including Emotional Health and Wellbeing, Speech, Language and Communication Needs, and the chapter on Early Help and Targeted Services for Families. There are separate chapters which look at disabilities amongst the adult population.

The Disability Discrimination Act (DDA) 2005 describes disability as *"a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities."*

Key Issues and Gaps

Due to the wide range of services provided to support disabled children and young people and their families, the areas of unmet needs and service gaps have been identified in Section 3 as the services have been described. The main issues relate to:

- Ensuring appropriate provision to meet the needs of children and families, particularly in relation to education placements, short breaks, and health services.
- Ensuring services are more personalised and offer choice wherever possible.
- Ensuring early help and support to families, including good quality information and support.
- Working in partnership to develop a joint assessment and planning process for those with significant needs to ensure that their needs can be met in the most effective, joined-up way.
- Responding to the national reforms in relation to children with special education needs.

Disabled children and young people are a priority within the Children and Young People's Plan (Warrington Borough Council). The priorities identified in the Plan are as follows:

- Transition to adulthood
- Short breaks and play and leisure
- Complex health needs
- Emotional health and wellbeing
- Education, employment and training

Recommendations for Commissioning

Due to the diverse range of services covered by this chapter, it is not possible to summarise the recommendations. The recommendations in relation the following areas of provision are outlined below:

- Assessment of needs and joint planning
- Health
- Education provision
- Short breaks
- Transition, including post-16 education, employment and training

1) WHO IS AT RISK AND WHY?

Disabled children and young people are a diverse group. Some children may have highly complex needs requiring support across various agencies, including health, social services and education. Other children will require substantially less support. Quantifying the number of children at any point along this continuum is difficult as there is a lack of robust or complete counts of disability in children and young people, both at a national and local level. Some national estimates have provided condition based counts based on the literature and others have utilised specific survey data.

Disability Prevalence: due to the varying sources of data available to Local Authorities, the lack of a consistent definition of disability, and the different categorisations and interpretations of service provision, it has been difficult to assess accurately the level of health and social care services provided for disabled children and their families, and the variation in services between Local Authorities. However, using published figures on the number of children with a statement of Special Educational Needs (SEN) and the number in receipt of Disability Living Allowance (DLA), the estimated number of disabled children in England is between 288,000 and 513,000, and from this, the mean percentage of disabled children in English Local Authorities is estimated to be between 3.0 percent and 5.4 percent.

2) THE LEVEL OF NEED IN THE LOCAL POPULATION

Disabled Children: As described, quantifying the number of disabled children and young people is difficult. Significant progress has been made locally over the last few years to understand data in relation to:

- Children and young people with statements of Special Educational Needs (SEN) (to be replaced by Education, Health and Care Plans).
- Children with complex health needs who meet the continuing care framework.
- Children in receipt of additional short break support from the Local Authority (LA).

Applying the above estimates to the population of Warrington suggests that there are between 1,245 and 2,500 local children and young people experiencing some form of disability. However, not all children with a disability will require access to specialist/targeted services. Needs and conditions vary significantly, as will the level of support needed for a child/young person to reach their potential.

2.1) Estimate of Numbers Based on Disability Living Allowance Claimants: The number of children and young people in receipt of Disability Living Allowance (DLA) also provides an indication of the number of disabled children and young people in Warrington. It is possible to obtain numbers of recipients of DLA by disabling condition. Table 1 presents the number of DLA claimants in Warrington aged under 18 years as at 2012 and 2014, by main disabling condition. This indicates that within Warrington, in 2012, almost 40% (430 individuals) of all recipients of DLA under the age of 18 years were in receipt of the benefit as a result of learning difficulties, whereas in 2014 the figure increased slightly to 45% (500 individuals).

Table 1: Disability Living Allowance Claimants aged under 18 years, in Warrington

	Number of Individuals aged Under 18 Years		Percentage of Total DLA Recipients aged Under 18 Years	
	2012	2014	2012	2014
Learning Difficulties	430	500	39%	45%
Hyperkinetic Syndromes	140	180	13%	16%
Neurological Diseases	110	100	10%	9%
Diabetes Mellitus	80	70	7%	6%
Behavioural Disorder	50	90	5%	8%
Disease of the Muscles, Bones or Joints	40	50	4%	5%
Deafness	40	40	4%	4%
Blindness	30	30	3%	3%
Epilepsy	30	20	3%	2%
Chest Disease	20	0	2%	
Cystic Fibrosis	20	20	2%	2%
Skin Disease	20	20	2%	2%
Severely Mentally Impaired	20	20	2%	2%
Arthritis	10	0	1%	
Heart Disease	10	0	1%	
Cerebrovascular Disease	10	0	1%	
Metabolic Disease	10	0	1%	
Bowel and Stomach Disease	10	10	1%	1%
Malignant Disease	10	0	1%	

Source: Benefit Claimants NOMIS – Accessed June 2012 & November 2014

Note: Counts less than 10 suppressed. Figures may not sum due to rounding

2.2) Estimate of Numbers Based on Number of SEN Statements: The number of children and young people with a statement of Special Educational Needs (SEN) can also provide an indication of the number of disabled children in Warrington. However, this definition does not encompass all disabilities and would not include

those children whose additional learning needs can be met through 'school support' programmes. Children whose needs cannot be met through 'school support' programmes may be referred to the LA for an assessment for a statement of special educational needs (which will be replaced by an Education, Health and Care Plan). This cohort will include the majority of the children whose needs require targeted and specialised services.

As at December 2014, there were 969 children and young people in Warrington with an SEN statement. As Table 2 illustrates, the trend has been a slight decrease from previous years. However, 2014 figures appear to indicate a slight increase.

Table 2: Statements of Special Educational Needs in Warrington, 2009 to 2014

31/12/2009	31/12/2010	31/12/2011	16/01/14
1013	979	957	969

Source: Warrington Borough Council, SEN 2 Dataset.

The percentage of pupils with SEN statements has remained consistent at a national level at 2.8% (CI 2.75 to 2.77). As indicated in Table 2, the number of SEN pupils had been reducing in Warrington, and the percentage of SEN pupils in Warrington appears to be significantly higher than the national average.

2.2.1) SEN and Gender: Data for Warrington suggests boys are 2.5 times more likely to have a statement of SEN than girls. In 2011, 70% of all of children and young people in Warrington with a statement were male. This has reduced slightly since 2009 when male statements accounted for 73% of the total.

2.2.2.) SEN and Ethnicity: Nationally, it has been found that the prevalence of children and young people with a statement of SEN differs by ethnic group, with Black children and young people are much more likely than children from other ethnic groups to have an SEN statement, and Chinese children are much less likely to (Joseph Rowntree Foundation, 2007). Locally, data by ethnic group had only been available from the Aiming High for Disabled Children (AHDC) database. This dataset, whilst holding more detailed demographic information, was not as comprehensive as the data obtained from the SEN statement register. Of the 622 records the indications were that the vast majority (92%) were White British and, thus, 8% are from Black and Ethnic Minority (BME) groups. This is slightly higher than the estimate of the proportion of BME groups in the general population, suggesting potentially higher prevalence rates amongst BME children and young people.

2.2.3) SEN Category: When a young person has a statement of educational need, the primary need is identified. This is considered the 'need' that affects the young person's learning the most. Table 3 presents figures on the primary category of need of each child with an SEN statement in Warrington over the past 4 years.

Table 3: SEN in Warrington, by Primary Need Category, 2009 to 2014

	31/12/2009	31/12/2010	31/12/2011	16/01/14
Autistic Spectrum Disorder	190	178	174	205
Behavioural, Emotional and Social Difficulties	129	112	131	143

Hearing Impairment	17	18	17	17
Moderate Learning Difficulties	294	256	239	231
Physical Difficulties	55	52	49	48
Profound and Multiple Learning Difficulties	11	14	7	12
Social Communication Difficulties	31	32	33	32
Speech, Language and Communication Needs	188	112	125	154
Severe Learning Disabilities	68	60	66	51
Specific Learning Difficulties	47	129	104	60
Visual Impairment	18	16	12	16

Source: Warrington Borough Council, SEN 2 Dataset.

As Table 3 illustrates, the largest categories of primary need identified in SEN statements in Warrington are 'moderate learning difficulty', Autistic Spectrum Disorder, speech, language and communications needs, and 'behavioural, emotional and social difficulties'. A much smaller proportion of pupils have physical disabilities and visual or hearing impairments. Much of this pattern is in-keeping with the national picture, with the exception of Autistic Spectrum Disorder, which account for a much smaller proportion of statements nationally. This may be due to the approach to classification of primary need.

Table 4 shows the status of young people aged 16-18 with learning difficulties and disabilities (LDD) who are Not in Education, Employment or Training (NEET).

Table 4: Learning Difficulties and Disabilities NEET, 2011 and 2014, Warrington

Based on 16 - 18 Academic Age								
	May-14		May-13		May-12		May-11	
	Actual	%	Actual	%	Actual	%	Actual	%
LDD Total Cohort	363		324		450		431	
LDD NEET Cohort	40	11.0%	26	8.0%	56	12.4%	49	11.3%
NEET Available	31	8.5%	22	6.8%	42	9.3%	39	9.0%
NEET Not Available	9	2.5%	4	1.2%	14	3.1%	10	2.3%
LDD Total Cohort	363		324		450		431	
LDD NEET Cohort	40	11.0%	26	8.0%	56	12.4%	49	11.3%
Central Area	16	4.4%	10	3.1%	19	4.2%	19	4.4%
East Area	7	1.9%	5	1.5%	13	2.9%	5	1.2%
West Area	5	1.4%	8	2.5%	15	3.3%	18	4.2%
South Area	9	2.5%	3	0.9%	9	2.0%	7	1.6%
Address Not Known	3	0.8%						
LDD Total Cohort	363		324		450		431	
LDD NEET Cohort	40	11.0%	26	8.0%	56	12.4%	49	11.3%

No Formal Qualifications	16	4.4%	1	0.3%	6	1.3%	11	2.5%
Entry Level	4	1.1%	3	0.9%	8	1.8%	7	1.6%
Level 1	10	2.8%	9	2.8%	28	6.2%	27	6.2%
Level 2	10	2.8%	5	1.5%	3	0.7%	4	1.0%
Level 3	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Recorded	0	0.0%	8	2.5%	11	2.4%	0	0.0%

Source: National Client Caseload Information System.

*Distinguishes between those 'available' for education, employment or training and those not able to participate due to medical reasons.

The level of young people with LDD that are in the NEET category is high compared with other local areas and is a key priority in Warrington.

- The percentage of 16 – 18 years LDD have increased
- Welfare reform could have had an impact on this group by creating barriers to them seeking education and training opportunities, as many young people currently access various benefits.

Strengths

- Effective transition working is in place with Adult Social Care (ASC) and this has resulted in positive destinations for some of the client group but not all those categorised as NEET are in receipt of support from ASC due to them not meeting the ASC eligibility criteria.
- Travel training at Green Lane School has supported the positive progression from school to college.
- Mentor Me and Buddy Up programmes are being used to support young people to remain in education provision.
- Work is underway with Warrington Collegiate to redesign their curriculum offer to ensure there is a strong focus on employability skills being delivered.
- Warrington Collegiate are offering Supported Internships.
- A mix of education providers commissioned out of area to meet the needs of the more challenging cohort.

Ongoing Areas of Development

- Promoting work experience and volunteering opportunities for this group, including traineeships, is ongoing.
- Utilising mentors to support LDD young people to use public transport, and other barriers to accessing learning or work.
- Work in partnership to reduce the number of young people with LDD for whom we do not know their current destination
- Ensure provision can be bespoke and adapted to individual needs in order to support enabling young people to remain in Warrington rather than study outside of the area.
- Caseload review meeting, to ensure stakeholders are able to respond to the needs of individuals.

3) CURRENT SERVICES IN RELATION TO NEED

Disabled children and their families are supported by health providers, social workers/inclusion practitioners, schools and community based services.

Depending on the level of needs of the child/young person, there can be many different professionals involved in providing the services and support required to meet their needs.

The main services involved are described below:

3.1) Support, Advice and Information: There are a range of support groups and organisations in Warrington providing information and support to families of disabled children and young people. These include: Warrington Parents and Carers Forum, the Carers and Young Carers Service, National Autistic Society, Warrington Disability Partnership and smaller local charities such as Families United and Warrington Asperger's Society. A signposting booklet for families was published in autumn 2012 and information is also provided at the Warrington Play and Sensory Centre and through the Families Information Service.

The Warrington Information, Advice and Support Service provides independent information and support on educational issues for parents of children and young people with special educational needs and/or a disability.

Over recent years a number of areas have emerged that would be of benefit to parents to understand more about and to help support them in the home. These include help with managing sleep issues and access to further help relating to sensory issues, for children on the autistic spectrum.

3.2) School Access and Learning Support: Support in schools can be provided at a range of different levels, depending on the needs of the child/young person. For many children, Individual Education Plans (IEPs) are completed by Special Educational Needs Co-ordinators in school to provide a programme of support under the heading of 'school support'. Further support from other professionals such as educational psychologists and health professionals will also be available if required. If the needs of the child/young person require further support, the school may refer to the Local Authority to assess and decide whether a statutory assessment of Special Educational Needs (SEN) is needed.

If a statutory assessment is agreed, the SEN statement will be developed to describe the needs and the additional help required to meet those needs. Once in place, statements will be reviewed at least annually. From September 2014 SEN statements will be replaced by Education, Health and Care plans, which will provide an integrated support plan for a child/young person.

Of the 969 children and young people with an SEN statement, 518 attend a mainstream school. The Local Authority has an inclusive approach to the education of children with special and additional needs and seeks to educate children in their local schools where possible. There is also recognition that some young people are more vulnerable and there is a continuum of provision to meet a continuum of need. The range of specialist provision includes Designated Provisionⁱ attached to mainstream primary schools for pupils with Autistic Spectrum Disorder (ASD), 'Cognition and Learning Difficulties' or 'Behaviour, Emotional and Social Difficulties'. For Key Stage 1 children, the Designated Provisions include children with a variety of needs. For younger children, the Designated Provision is at Sandy Lane Nursery.

ⁱ A Designated Provision is a provision within a mainstream school where children and young people are mainly taught separately from their mainstream peers, but with the opportunity to integrate into mainstream classes when it is appropriate.
Source: <http://www.lysander.warrington.sch.uk/designated-provisions.htm>

There are also specialist schools in Warrington, such as Fox Wood, Green Lane and Grappenhall Hall. These schools accommodate children and young people with complex learning needs, ASD and Behaviour, Emotional and Social Difficulties. A full summary of the school settings attended by those with statements of SEN is provided in Table 5.

Table 5: School Attended by Children and Young People with SEN statements

	31/12/2009	31/12/2010	31/12/2011	16/01/14
Mainstream	570	551	518	334
Designated Provision	0	18	72	151
Enhanced Provision	122	108	67	0
LEA Special School	272	248	245	245
Other LEA Special School	0	4	4	18
Independent Mainstream School	4	4	6	8
Independent Special Day School	10	13	25	23
Independent Special Boarding School	5	7	0	0
Non-Maintained Day Special School	21	14	16	21
Non-Maintained Boarding School	2	1	0	0
Maintained Special School	0	0	2	0
Nursery	0	2	1	3
Educated Other than at School	7	3	1	4
Mainstream Free School	-	-	-	2
Academies	-	-	-	157

The Local Authority carries out periodic reviews of school provision and school places to meet the special education needs of children in Warrington. The last full review took place in 2012 and is outlined below.

The SEN review indicated that the following progress has been made in recent years:

- The introduction of Designated Provision into mainstream schools had been a successful addition to the range of provision available for a number of children and young people. It had enabled more young people to remain within the umbrella of a mainstream school.
- Grappenhall Hall School had been established as a 90 place provision for secondary age boys with social, emotional and behavioural difficulties.

However, the school had never been full, indicating that more young people with these needs have been and could be maintained in mainstream schools.

- Green Lane School had continued to be successful at meeting the needs of young people with complex needs, with parents often requesting the provision of an educational experience for young people up to the age of 19.
- Provision for children and young people with Autistic Spectrum Disorder had increased and this provision had proved to be successful in maintaining these young people within Warrington.

Key priorities over the past three years have been to:

1. Develop a more seamless continuum of support for pupils with behaviour, emotional and social difficulties, including the Pupil Referral Unit (PRU), Grappenhall Hall School, Bridgewater Trust, Designated Provision, the Behaviour Support Team, the Child Development Centre (Sandy Lane) and staff within the Local Authority. Although there has been a great deal of work already this remains on-going.
2. To develop Green Lane School to a 14-19 school with entry criteria to the 16-19 provision to support those with ASD and pupils following the vulnerable groups' pathway in Key Stage 4. This is now completed.
3. To develop a combined Fox Wood / Green Lane post-16 centre on the site of the former Woolston High School site. The Woolston 6th Form College is now operational.
4. To implement the necessary changes to policy and practice as a result of future legislation on *Reform of provision for children and young people with Special Educational Needs*. These are being implemented from September 2014.

The Local Authority Inclusion Service provides advice on special educational needs and disability to parents, schools, educational settings and those working with children. They also provide specialist teachers and educational psychologists to support the assessment of additional needs and advise on suitable programmes and plans to meet those needs. A further targeted service for Children with Disabilities and Additional Needs is due to be launched in 2015. The Inclusion service will be a part of this.

3.3) Family Support (Inclusion Practitioners) and Social Care Services: Some families with a disabled child or young person may need additional help and support from specialist services. Children and Family Practitioners (formally Inclusion Practitioners) or Social Workers (depending on the level of need) will work with families to assess the needs of the family as a whole and to provide appropriate support. Support may include referral to other professionals, such as Child and Adolescent Mental Health Services, or specialist Learning Disability Nursing Teams. Some families may need support through a short break (see Section 3.4). The Children and Families Practitioner (through the Common Assessment Framework) or the Social Worker (through the Child in Need Framework) will work with the family to assess needs and develop a plan as to how those needs can be met. Plans will be reviewed regularly.

Disabled children accommodated by the Local Authority were either allocated to the Children with Disabilities Team, Children in Need Team or Children in Care Team depending on the circumstances and their legal status. In preparation for the new targeted service, in October 2014 the Children and Families Practitioners were

integrated with the Children with Disabilities Team. Further integration, in December 2014, means that the Children with Disabilities Team now manage CIN, CIC and CP cases. This is only the beginning of the new service and further disciplines from health and education are also working towards integration with this service.

3.4) Short Breaks: One area in which the Local Authority can provide support to families is through a short break, where the main carer(s) have a break from the caring responsibilities. The Local Authority has a statutory duty to provide a range of short break services to enable to support carers to continue to care effectively. The type and range of short break services available is published in the [Short Breaks Services Statement on the council's website](#). The statement also describes the way in which the needs of the family and the child/young person are assessed and describes the decision making arrangements.

Following an assessment of need, a 'targeted' short break may be provided, this may include support from a carer via an agency, overnight stays in residential settings, specialised group based activities, or a Direct Payment allowing families to recruit a personal assistant to support their son/daughter either in the home or to access community activities.

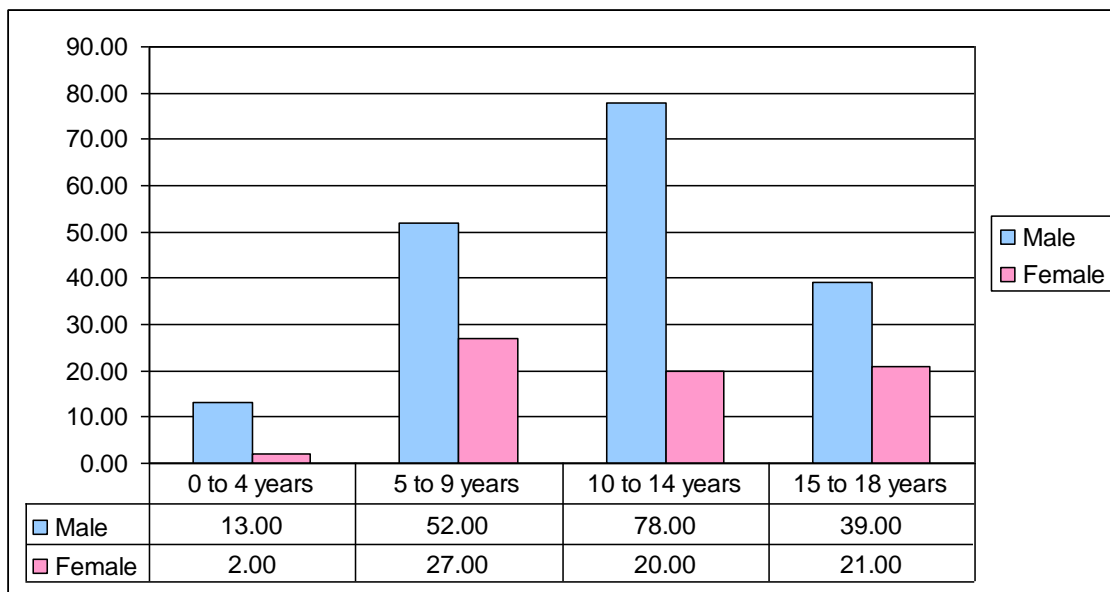
In addition to 'targeted' short breaks, the Statement sets out the 'universal offer' of a range of opportunities for support and activities within a universal setting, without the need for a formal assessment. These include youth clubs, activity groups and support groups. A regular listing of inclusive activities in the Warrington 'What's On' guide provides invaluable signposting to parents on the range of activities available.

The Short Breaks Statement also describes how families are involved in planning short break services and, as a result, a number of commissioning priorities are identified. For 2012/14, these include:

- Support to families to recruit and train personal assistants.
- Continue to work with agency service providers to ensure responsive, quality services are available to meet the needs of families.
- Develop group based play and leisure activities, including after-school activities and sessions for children with very complex medical needs.
- Develop a sustainable programme of activities for the play and sensory centre to meet the needs of local families, including activities for pre-school children.
- Publish a signposting booklet and continue to develop a range of factsheets and web-based information.

In March 2014, 256 disabled children and young people were receiving a short break. Chart 1 shows the age and gender profile of the children. Of the 256 children and young people receiving a short break package, 70 are female and 182 are male.

Chart 1: Age and Gender Profile of Children and Young People Provided with a Short Break



The main type of short break provided is through a Direct Payment, which families use to recruit a personal assistant to support them. By 2013, 70% (170) families were receiving Direct Payments. In addition, 51 young people received support from a carer employed by agency services contracted through the Local Authority. 38 children and young people were receiving overnight short breaks, the majority of which were using the Local Authority's residential setting, or placed with family based carers through the Local Authority fostering scheme. 7 young people received overnight short breaks at settings outside of the local area, most of which are linked to school settings.

3.5) Health Services and NHS Continuing Care Packages: In addition to universal services, such as GPs and health visitors, there are a range of specialist health services providing support for disabled children. The Child Development Centre at Sandy Lane provides a focus for a number of assessments and services, particularly therapy services such as Physiotherapy, Speech and Language Therapy, and Occupational Therapy. Community Paediatricians are also based at the centre. Wherever possible, services are provided in school or community settings.

A Specialist Learning Disability Nursing Team works in the community to offer support and advice to parents of children with learning difficulties, delayed development and Autistic Spectrum Disorder. A Community Nursing Team work with children with very complex health needs. This includes children with long term and life-limiting conditions.

The Continuing Care Framework for Children (Department of Health, 2010) sets out the framework through which the needs of children with the most complex health needs should be planned for and provided. As required by the framework, a Continuing Care Health Needs Assessor is in post to help facilitate the co-ordination of care planning and support for this group of children and young people.

Support for children and young people with emotional health and well-being issues is provided at Tier 3 and above (specialist interventions for more severe and complex needs) through the Child and Adolescent Mental Health Services (CAMHS). A gap has been identified in relation to Tier 2 emotional health and well-being services for disabled children and young people.

3.6) Early Years Services: There are a number of services for pre-school children with disabilities, and Sandy Lane nursery school is the Borough's designated resource centre for children with a range of developmental delays, as well as sensory, physical and medical needs.

A family advisor works within the Information, Advice and Support Service and can provide individual support for families to identify the specific childcare they need.

3.7) Transition: There is multi-agency planning process, which is designed to plan for the transition of children with disabilities from childhood to adulthood. This process begins when the child is in Year 9 (for complex young people) or Year 11 (non-complex) and a transition plan outlines the role of different agencies when moving forward. Planning includes consideration of benefits, further education, higher education, employment, health issues, transport, housing, leisure opportunities, social care services, short break services and individualised budgets.

A transition pack was launched in October 2012 to help families through what can be a difficult time. Families continue to be supported by their Social Worker or Children and Families Practitioner during the period of transition as well as meeting with their worker from Adults Services.

The Transition Strategic Group oversees the transition agenda and identifies local priorities for improvement. The current group has three current priorities as follows:

- Moving into adulthood with good health.
- Developing post-16 options and the provider market so that young people have choice and control over paid jobs, independent living and good health and community inclusion when they move into adulthood.
- Ensure that the experience of young people and their families inform commissioning, local services and community developments.

A business plan has been developed to monitor the delivery of key actions against the priorities. Management and performance information is currently being developed by the Transition Operational Group.

4) PROJECTED SERVICE USE AND OUTCOMES

Table 6 presents the projected number of children with disabilities in Warrington. The projected numbers were calculated based on the findings from the Thomas Coram Research Unit (TCRU, 2008), which estimated that the prevalence of disability in children was somewhere between 3.0 percent and 5.4 percent. These percentages have been applied to ONS population projections (2010 to 2035) for ages 0 to 17 years for Warrington. The first column of numbers present the lowest expected number of children with disabilities, whilst the second column presents the highest expected number of children with disabilities.

Table 6: Projected Number of Children aged 0 to 17 years with Disabilities (2010 to 2035)

Year	Lowest number population)	expected (3.0% of	Highest number population)	expected (5.4% of
2010	1,294		2,328	

2015	1,347	2,425
2020	1,427	2,568
2025	1,498	2,697
2030	1,508	2,714
2035	1,495	2,691

The table illustrates that the expected number of children with disabilities will rise in each time period until 2035, although the rate of increase in 2030 is much lower than previous years. This is due to the ONS population projections estimating that the number of children in Warrington will rise each year from 2010 to 2025, with the rate of increase reducing and then a reduction in the size of population will be seen from 2030 onwards. This analysis should be interpreted with caution as it assumes that the prevalence of disability will not change over time, but it is known that the prevalence of children with severe disabilities and complex needs has increased (Department of Health 2004). A number of factors have contributed to this which includes an increased survival of pre-term babies and children who survive trauma and illness. Increases in life expectancy for certain conditions, such as cystic fibrosis, have occurred due to better treatment and support and increased identification of autistic spectrum disorders (Department of Health 2004).

5) EVIDENCE OF WHAT WORKS

Whilst there will be specific evidence relating to each area of provision, this section is focusing on general issues relating to good practice which can be applied to any service.

There are many areas of good practice guidance nationally, along with good practice guidance from campaign groups. A key document is the national Core Offer (Department for Education and Skills 2007), a statement which was initially introduced as part of the Aiming High for Disabled Children programme, outlining the standards that families with disabled children can expect across the country from local services. The Core Offer refers to early years, education, youth, social care and health services, but housing, leisure and transport are also very important for families with disabled children. The three main elements of the core offer are as follows:

- **Information and Transparency** - The information provided should be tailored to the individual needs of children and their parents and be readily accessible in a range of formats.
- **Assessment** - Disabled children and young people should receive child-centred multi-agency co-ordinated services from the point of referral through identification and assessment to delivery.
- **Participation and Feedback** - Disabled children and young people and their families should be routinely involved and supported in making informed decisions about their treatment, care and support, and in shaping services.

In addition to the above, there is a need to understand the needs of families and commission appropriate services to provide early help and prevention and that the support provided is tailored to the needs of the family.

6) (TARGET) POPULATION/SERVICE USER VIEWS

Extensive consultation and engagement takes place with parents and carers of disabled children. This is facilitated primarily through Warrington Parents and Carers Forum, who also link into a range of support groups facilitated by parents and the voluntary sector. The Forum has a website and they also facilitate regular coffee mornings and events at Warrington Play and Sensory Centre. The Forum provides experienced parent representatives who contribute significantly to a range of working groups and strategic groups relating to services and support for disabled children and young people. In addition, consultation with disabled children and young people is facilitated through the Oi Listen Group.

Specific consultations also take place directly with families in relation to key strategic developments such as short break provision and SEN reviews.

Feedback from families is fed into the various workstream areas and is overseen through parental representation in the Disabled Children and Young People's Strategy Group.

Significant issues for families in recent years include:

- Supporting young people and families through transition to adulthood
- Increased play and leisure opportunities
- Development of the short breaks workforce
- Services for children with very complex health needs
- Emotional, health and well-being services
- Improved information about services and support available

These issues have been identified as priorities for the Children and Young People's Plan 2011-14.

7) UNMET NEEDS AND SERVICE GAPS

Due to the wide range of services provided to support disabled children and young people and their families, the areas of unmet needs and service gaps have been identified in Section 3.

8) RECOMMENDATIONS FOR COMMISSIONING

Education Provision

- To implement the necessary changes to policy and practice as a result of future legislation on *Reform of provision for children and young people with Special Educational Needs*.
- To implement changes following the SEN review (started in September 2014).

9) IMPLEMENTATION OF THE SEND REFORMS

The Children and Families Act 2014 introduced a number of reforms related to children and young people with special educational needs and disabled children and young people. The changes have been implemented in Warrington and they include the following:

Local offer

There is a local offer website which includes the education, health and care services available to support children and young people from birth to 25, including services available outside of the local area.

Education, health and care assessment and plans

Education, health and care plans (EHCP) replace statements of special educational needs for children and young people. The threshold for an assessment, which may lead to a plan, remain the same as for statements. EHCP have been extended to cover 16 to 25 year olds in further education and training and children aged 0 to 3. Parents/carers can request independent support about the EHC assessment and plan through an independent support service.

The EHC assessment and production of a plan will involve the child/young person and parent/carer as much as possible in this process. The assessment will enable and encourage professionals to work together to provide timely and integrated assessments, with the child/young person at the centre.

There is a plan in place to transfer statements of special educational needs to EHC plans between 2014 and 2018.

Personal Budgets

Local authorities have to prepare a personal budget in relation to an EHC plan where a request has been made by parent or young person. Work is ongoing to identify and include education, health and/or care services in a personal budget.

Engagement and participation of children, young people, parents and carers

The views of children and young people with special educational needs and their families have been taken into account during the development of practice to implement the SEND reforms.

Local changes

Alongside the national changes, Warrington has been developing an Integrated Service for Children and Young People with Additional Needs and this will become operational in 2015. It will include professionals from education, health and care services who will work together to provide an integrated approach to meeting the needs of disabled children and young people and their families. Parents and carers have been involved with the development of the service.

Short Breaks

The Short Breaks Statement describes how families are involved in planning short break services and as a result, a number of commissioning priorities were identified. For 2012/14 these include:

- Support to families to recruit and train personal assistants.
- Continue to work with agency service providers to ensure responsive, quality services are available to meet the needs of families.
- Develop group based play and leisure activities, including after-school activities and sessions for children with very complex medical needs.
- Develop a sustainable programme of activities for the play and sensory centre to meet the needs of local families, including activities for pre-school children.
- Publish a signposting booklet and continue to develop a range of factsheets and web-based information.

Assessment of Needs and Joint Planning

The project to integrate services for Children and Young People with Disabilities is underway. The first phase of integration is co-location of services and the first wave are due to move to the new site on the 11th of November. This development is consistent with the Governments proposals to reform provision for children with SEN, as set out in the disability green paper *Support and Aspiration*, published in March 2011, and the subsequent *Next Steps* document published in May 2011. The draft provisions published in September 2012 established:

- A new duty for joint commissioning which will require Local Authorities and health bodies to take joint responsibility for providing services.
- A requirement on Local Authorities to publish a local offer of services for disabled children and young people and those with special educational needs.
- New protections for young people aged 16-25 in further education and a stronger focus on preparing them for adulthood.
- Parents and young people, for the first time, to be entitled to have a personal budget, extending their choice and control over their support.
- Further Education colleges for the first time and all academies, including Free Schools, to have the same duties as maintained schools to safeguard the education of children and young people with SEN.

Health

- Develop group based activities for children with complex health needs.
- Implement the national Continuing Care Framework.
- Develop joint commissioning arrangements for complex children.
- Develop a clear pathway for transition into adult services for young people with complex health needs.
- Review of therapy services and their effectiveness in meeting the needs of children with complex health needs.
- Ensure clear pathway for palliative care and end of life.
- Develop capacity within the long term conditions nursing team to provide nursing support in the community as appropriate and reduce the requirement for hospital admissions.
- Review of physiotherapy and education support for children with complex health needs.
- Review interventions for sleep problems.
- Pilot specific workstreams in relation to Emotional Health and Wellbeing and Sensory Integration.

Transition, including Post-16 Education, Employment and Training

- Moving into adulthood with good health.
- Developing post-16 options and the provider market so that young people have choice and control over paid jobs, independent living and good health and community inclusion when they move into adulthood.
- Ensure that the experience of young people and their families inform commissioning, local services and community developments.

9) RECOMMENDATIONS FOR NEEDS ASSESSMENT WORK

It is recommended that further work is undertaken in relation to the following:

- Health data relating to service provision to understand the characteristics of caseloads and needs, particularly in relation to 0-5s, therapeutic services and Child and Adolescent Mental Health Services.
- Continue to understand and map the needs of young people approaching transition to support the commissioning of services for young disabled adults.

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