

Rutland County Council

RUTLAND CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND)

Joint Strategic Needs Assessment 2016/17

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1. INTRODUCTION /STRATEGIC CONTEXT

1.1 This needs assessment will bring together a wealth of work to understand the views and needs of children and young people with special educational needs and/or disabilities. Its primary purpose is to inform commissioning at both strategic and operational levels, so that services are tailored to need and based on evidence.

1.2 One of Rutland County Council's key aims is to support individuals, families and communities in reaching their full potential.

1.3 This is supported by Rutland's Health and Wellbeing Board's vision for 'integrated health and social care services to support our communities to live healthy, independent and safe lives; including a priority to support those most at risk'.

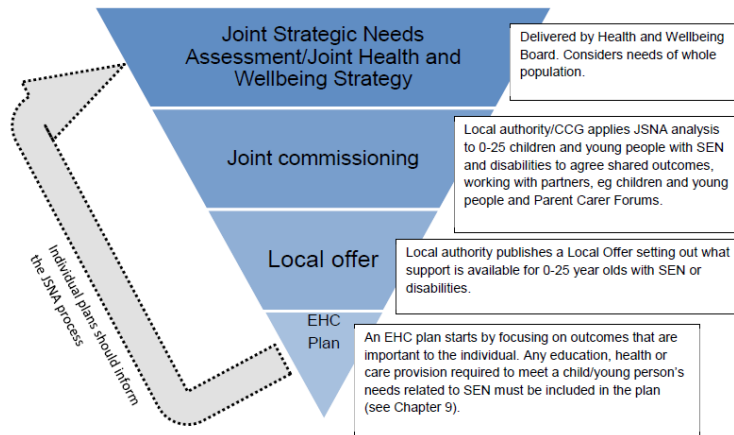
1.4 To support the delivery of this vision for children the Children's Trust has developed a Children and Young People's Plan with priority actions including:
To enhance the health and well-being of children and young people through improved service integration; and to reduce the development and achievement gap at all key stages – championing children and young people to meet their full potential.

1.5 These are particularly relevant for children and young people with special educational needs and/or disabilities (SEND). As some of the county's most vulnerable people, the local authority and its partners have a duty to protect them, care for them, and help them thrive. We must understand their needs, both collectively and individually, so that we can plan services that support them to fulfil their potential, enjoy their lives, have high aspirations, achieve their best, become confident and resilient, and make a successful transition into adulthood. Therefore achieving our vision within our SEND and Inclusion Strategy for children and young people with special educational needs and disabilities to lead healthy, independent and safe lives.

1.6 In February 2015, Rutland's Health & Well-being Board agreed to create an online JSNA for the current refresh. There are a series of online data dashboards and written documents. This approach will enable Rutland to maintain more up-to-date data sets to support clear, evidence based decisions. The overall JSNA will include:

- An overview document
- Online core dataset dashboards
- chapters covering specific themes

1.7 The following need assessment is more detailed information focusing on the specific areas of special educational needs and/or disabilities (SEND). The SEND Code of Practice 2014 puts the views of children, young people and their families at the heart of commissioning for SEND services. The JSNA is key to this process, as outlined below:



Joint understanding: Joint Strategic Needs Assessments
Source: SEND Code of Practice 2014, p.43

1.8 This needs assessment, therefore, will be shaped by those views, which have been gathered via continuous feedback and specific engagement projects.

2. WHAT DO CHILDREN AND YOUNG PEOPLE SAY?

2.1 Parent/Carer SEN Consultation

- 2.1.1 The following feedback was obtained through Parent/Carer Consultation via Rutland Parent Carer Voice. The focus was the support received by families who have children with special educational needs and disabilities.
- 2.1.2 The Participants were parent and carers of children and young people with Special Educational Needs and /or Disabilities (SEND). They were engaged in focus groups from September 2016 to January 2017.
- 2.1.3 The aim was to understand what is working well for families and what can be improved regarding support in Rutland for parents and carers and their children. Actions have been or will be undertaken to start to address some of the issues raised and fed back to parents and carers.
- 2.1.4 Parents and carers highlighted a number of areas that are working well, these were as follows:
- Aiming High – empathetic, a face, caring, non-judgmental, do what they say, honest,
 - Children’s Disability Social Worker
 - Transition Team and continuity of staff
 - New case officer
 - Direct payments
 - Use of PA s, PA list on Local Offer, PA event
 - RIASS - good understanding and listened, phoned back when they said
 - EP reports are very good
 - Person centred planning meetings for transfers are good - where they take place
 - Social care moving and Handling training for a parent and 6 other PAs

- Support from staff at The Parks/Oakham CofE
- Children’s views sometimes gained well – one social worker wrote to parent and it had a very personalised feel.
- Sunflowers Support Group (0 – 5)

2.1.5 As well as these positives parents and carers highlighted a number of areas that are not working well and agreed with services the action needed to address these issues. These were as follows:

- *Short term (0-6 months)*

You said	We did/We will
Poor communication, parents don't know who to contact, responsibilities not clear. Need single point of contact. Need more info on EHC process.	Restructure of SEND/Inclusion within Early Help (Spring 2017) will aid coordination and disseminate good practice. Structure chart to be put on Local Offer.
Children and Young people need to be more involved in all areas of their support, EHC process and reviews. Children and Young people need to be supported to give their wishes and views.	Toolkit for schools being designed to include person centred planning SENCo network – to share best practice Ongoing training. Promote and encourage use of advocacy service. Ensure on Local Offer.
Long waiting times for Educational Psychologists.	Review contract provision and scope demand.
Lack of clarity regarding process and timelines. Not always in line with Code of Practice etc.	Review of process from early identification onwards. Review EHC process and EHC template. RCC staff to attend RCPV EHCP workshop.
Monitoring of SEN process to ensure transparency and equity.	SEN panel now includes Health, Social Care and commissioner providing more robust and transparent decision making.
Publicise and advertise parent carer voice more effectively. Ensure all families' views represented.	RPCV to launch website. LA to support RPCV to encourage increased participation.
RIASS and Independent Supporters information confusing.	RIASS consider rewording/simplify literature.
Difficult to recruit PAs in some rural areas.	Continue to develop PA pool / market place Recruitment via local colleges etc.
Parents need more information on Deputyship, Mental Capacity Act etc .	RPCV to investigate information sessions by Mencap.
Local Offer is incomplete and not accessible.	Allocate resource to develop LO effectively.

- *Medium term 6 – 12 months*

You said	We will
Better use of IT and technology.	Consider better use of IT eg Face time / Skype to encourage participation.
Ethos of some schools/Head teachers needs improving. DSP provision needs to be improved. SEND pupils being excluded too often. Monitoring of element 3 funding poor. More preventative strategies needed in schools. Concern about new SEND proposals.	Develop SEND proposal to address lack of provision in county. Specialist provision being considered. Consultation regarding in county provision SEN school improvement / SENCo support/training. Consider virtual school to monitor progress. Focus has been on general school improvement over last 3 years.
Parents wellbeing needs not being met Working parents struggle to be involved in process, reviews etc.	Promote carers rights and understanding of carers assessments – ensure included on Local Offer. Ensure parent/carers wellbeing is being included in any assessment of disabled CYP. Consider working parents when planning. Provide crèche facilities as appropriate. Schools to think of timings of meetings for working parents eg at beginning or end of day.
Co-production with parents is minimal.	Continue to run regular consultations to gain parents' voice, adjust processes accordingly and feedback on changes. Involve parent/carers in development of SEND policy and practice. Develop the role of RPCV in shaping services. Help RPCV represent all families Develop role of Rutland Disabled Youth Forum in developing services Continue to develop participation ethos across the LA. Increase involvement in selection and interview process eg provide questions and model answers. Feedback on EHCP processes and annual reviews. Are we asking the right questions? LPT will ask for feedback via the Friends and family test, this is a brief questionnaire that will ask you how likely it is that you would recommend the services you have just engaged with, comments and feedback is collected monthly and reported to staff directly. http://www.leicspart.nhs.uk/Library/019_13FriendsandFamilystatement.pdf http://www.leicspart.nhs.uk/CommitmentstoCare-FriendsandFamilyTest.aspx , this links to a short animation explaining the Friends and family test. You can also feedback on line at https://www.surveymonkey.com/r/NHSFFT?

	sm=RLbcFsTdeCDKEhdTPWtiyBPIBHwFPVi0YbdcgGKQRdQ%3d Childrens services are piloting an electronic version for use via I-pads in clinic. Please tell us how you would like to communicate with Health.
Specialist Health Visitor is missed	These roles have been integrated with Public health under the care of health visiting. However two posts were retained called "Health Visitors for Children with Additional Needs" the role is supports the co-ordination of some of the most complex, new health case moving in the Leicester, Leicestershire and Rutland. Gill Hardy County Health Visitor for Children with Additional Needs would be happy to visit the RPCV to discuss her role.
Pathways need to be clearer for diagnosis	Better information on Local Offer LPT Links are available at Leicspart.nhs.uk . Services are listed with referral route and criteria see examples below. ASD : http://www.leicspart.nhs.uk/_OurServicesAZ-AutismCarePathway.aspx CAMHS :http://www.leicspart.nhs.uk/_OurServicesAZ-ChildandAdolescentMentalHealthServiceCAMHS.aspx

- *Long term 12 months plus*

You said	We will
Need to improve provision in County. Desired out of County placements feel difficult to gain without going to tribunal.	Undertake full review of SEND placements to identify options for increased provision within county
Transitions to next stage of education poor -considered too late and stage is a worry for parents.	Preparation for secondary to start early in Y5 via Person Centred reviews. LA to work with schools to prepare CYP. Re-package and market Transition coffee mornings for all EHCP families. Ensure Local offer has good information.
Employment opportunities are limited	Develop post 18 provision and work experience including Supported internships, NCS national citizen service, Princes' Trust etc. Employment strategy to be updated.. Investigate Project search and Social enterprise options.

<p>CAMHs Initial referral – not always clear pathway Waiting times – too long Not being listening to</p>	<p>Additional funding is being put into CAHMS for early access and resilience support. CAMHS will be launching a new crisis and home treatment service in April 2017. The most recent CQC inspection acknowledged the challenges relating to CAMHS demand but commented that the Access team had reduced waiting times from 1 year to an average of 13weeks.</p>
<p>Gap between children service and adult health services a concern for many families.</p>	<p>LPT are working across children’s and adult services to better understand the “transition gap”. Emma Dawson Transition Lead (City) is heading up the working party including SEND lead for children’s services and consultant Leads from CAMHS, Adult Mental Health and Adult Learning disabilities. A communication strategy is being developed to ensure that assessments information can be shared from Childrens to adult services despite differing data systems. LLR developments are also underway in relation to “Whole Life Disability” vision which will require all agencies to work in partnership from birth to older age.</p>

2.2 Aiming High Support consultation 2016/17

2.2.1 The following feedback was obtained via Survey Monkey. The focus was the support received by families who have children with special educational needs and disabilities specifically through the Aiming High Programme. The findings show this area of the offer is a clear strength with in the overall offer for children and young people.

1. Are you?		
	Response Percent	Response Count
A child under 14 (answering with or without help)	0	0
A young person age 14-25 (answering with or without help)	10.34%	3
Parent or carer	79.31%	23
Support worker	10.34%	3
2. Has your family accessed Aiming High services during 2016/2017		
	Response Percent	Response Count
No – please go to question 3	3.45%	1
Yes – please go to question 4	96.5%	28
3. Which Aiming High support have you used during 2016/2017		
	Response Percent	Response Count
Aiming High Short Breaks Scheme	60%	15
Aiming High activities e.g. trampolining, Youth Chaos,	64%	16

cooking, Watersports, climbing etc.		
Super-Secret Siblings	32%	8
ADHD Solutions support	4%	1
Targeted Intervention	4%	1
Parenting classes	4%	1
Drop in sessions	24%	6
Summer scheme/weekly clubs	12%	3
Family Centre Activities	56%	14
Other	4%	1
4. How easy has it been to access Aiming High Support		
	Response Percent	Response Count
Very Easy	72%	18
Quite Easy	16%	4
Neither Easy Nor Difficult	4%	1
Quite Difficult	0%	0
Very Difficult	8%	2
5. How friendly and helpful have you found the Aiming High Team?		
	Response Percent	Response Count
Always very friendly and helpful	79%	19
Usually quite friendly and helpful	8.3%	2
Sometimes very friendly and helpful	8.3%	2
Rarely friendly and helpful	4%	1
Never friendly and helpful	0%	0
Comments		
All Brilliant		
Outstanding Team		
Jo is the only member of the Aiming High Team I Have found as being helpful and friendly		
Good		
The whole team are friendly and helpful all of the time both in person and via email and on the telephone. They are knowledgeable both about the provision offered and the young people they work with. They work well as a team		
Such a young hearted team who are willing to do most things, easy to get on with and understanding		
The team are very accommodating and think outside the box		
6. What positive outcomes have Aiming High support helped achieve?		
	Response Percent	Response Count
Enabled a short break for parent/carer and child/young person	64%	16
Helped reduce stress levels within the family	48%	12
Improved the family's health and wellbeing	48%	12
Helped increase child/young person's independence	76%	19
Helped improve child/young person's social and communication skills	60%	15
Provided opportunities to try new activities	60%	15
Provided opportunities to make	48%	12

new friends (CYP)		
Provided opportunities to meet other parents for peer support	44%	11
Provided information to improve life for our family	24%	6
Other	24%	6
Responses		
Improves children's self-esteem as they can say they've done things they don't normally get to do.		
None of the above. My child is not interested in any of the activities AH put on. He needs 2:1 support at all times and the PA list has been and remains a disaster for us. We have increased levels of stress in our family owing to a complete lack of any consistent, competent respite		
Has helped our autistic son and his sister as well as us as parents to understand each other and communicate better		
RCC help towards some funding so ADHD Solutions can help support families in Rutland which was lacking		
My daughter enjoys Young Stars. My son endures Youth Chaos.		
Given us time to spend with our other children doing things that they would like to do.		
7. Overall, how would you rate the support from Aiming High?		
	Response Percent	Response Count
Poor	4%	1
Average	12%	3
Good	36%	9
Outstanding	48%	12
Responses		
AH try to support us but repeatedly try to force a square peg into a round hole in my view!		
As before, one size does not fit all and is not diverse enough to meet the wide diverse needs of YP and families.		
Smiles nods and both thumbs up		
I am sure for families that gain full access it is excellent. We are only entry level so cannot be more positive		
Please see comments above. Well done - thank you!		
Jo is the bestest!		
8. How could we improve the Aiming High support?		
Nothing; you are all doing a fantastic job		
Don't think I could		
Recognize that one size does not fit all and actually listen to the issues!		
Some activities to be related to difficulties child may have - e.g. Socializing with other children with ASD. My son finds it difficult to relate to children with more severe disabilities which is ironic as we are supposed to be encouraging inclusion but he is put off attending some things as he doesn't know why he would be with children in wheelchairs		
Having more some activities like dancing at the weekend due to not being able to access during the week		
Seriously improve the diversity as to meet the going and increasing diverse needs of "ALL" YP and their families in Rutland.		
Don't know		
Offer a wider and more frequent range of activities out of term time to suit all ages and abilities. Tricky I do appreciate		
Aiming High dog!! Young male workers!!		
More activity weekends and Young Stars residential!		
Always need more funding and more opportunities		
Listen more		
9. What new Aiming High activities or support would you or your child/ young person enjoy? If		

you are a parent/carer or support worker please discuss this with your child/young person where possible
Camping
Bowling, cinema, lots more horse riding & maybe day trips every so often
Professional respite by trained support workers with a bare minimum of safe handling training!
Fencing, boxing, martial arts, singing
Archery, rock bloc, young stars
Activities to help with communication
Psychotherapy, Talk Therapy Support and encourage older YP who have being using Aiming High to help encourage and support younger and new YP using Aiming High. Provide a support sharing, buddy database for Rutland families and YP to be able to find and connect/link up so they can meet and support like-minded families and YP
Don't know
Computer gaming/Lego/building. Boccia and music seem to come round too frequently and are not things of particular interest to my son.
Ice skating, job opportunities, training; first aid, H&S., cooking, drama, peer mentoring
Cooking - he has done this and would like to do more would need to be from 5pm Eve activities group trip to cinema, having a disco, but with their support person with them
Martial arts Individual sports that are not ball related
Drama, more unusual creative arts, e.g. photography, film-making, and specific techniques, e.g. pottery
Hang gliding
10. Do you have any other suggestions or comments regarding Aiming High?
Yes keep doing what you do, it's fantastic
I think it is unfair and wrong to expect parents of very challenging children to have to undertake the complete interviewing, vetting process re possible support workers. It would significantly reduce stress on a number of levels to have PA recommendations from AH on a 'will definitely work' basis as opposed to a 'hope it might work out' basis. I have said this repeatedly! It feels like a PA list is provided and then RCC does everything it can to distance itself from the whole process??
Excellent service and staff
The Aiming High team have been a great support and we are grateful for everything they've done
Don't discriminate against or make those YP and families with Hidden disabilities less as important as those with obvious or complex disabilities, its discrimination.
Don't know
I think the team work hard and do their best.
Keep it up - you are a valued team within RCC for those families who have a young person with additional needs in their mix and you also provide fantastic support to the TFC.
Nope
Carry on doing what you're doing!
More outside summer activities around Rutland water
More outside summer activities around Rutland water
It is confusing what comes from Aiming High and what is from the Family Centre: communication doesn't always seem to work

3. WHAT DOES THE DATA SAY?

3.1 Where are we now?

3.1.1 Children and young people under the age of 20 years make up 22.8% of the population of Rutland. 6.5% of school children are from a minority ethnic group.

3.1.2 The health and wellbeing of children in Rutland is generally better than the England average. Infant and child mortality rates are similar to the England average.

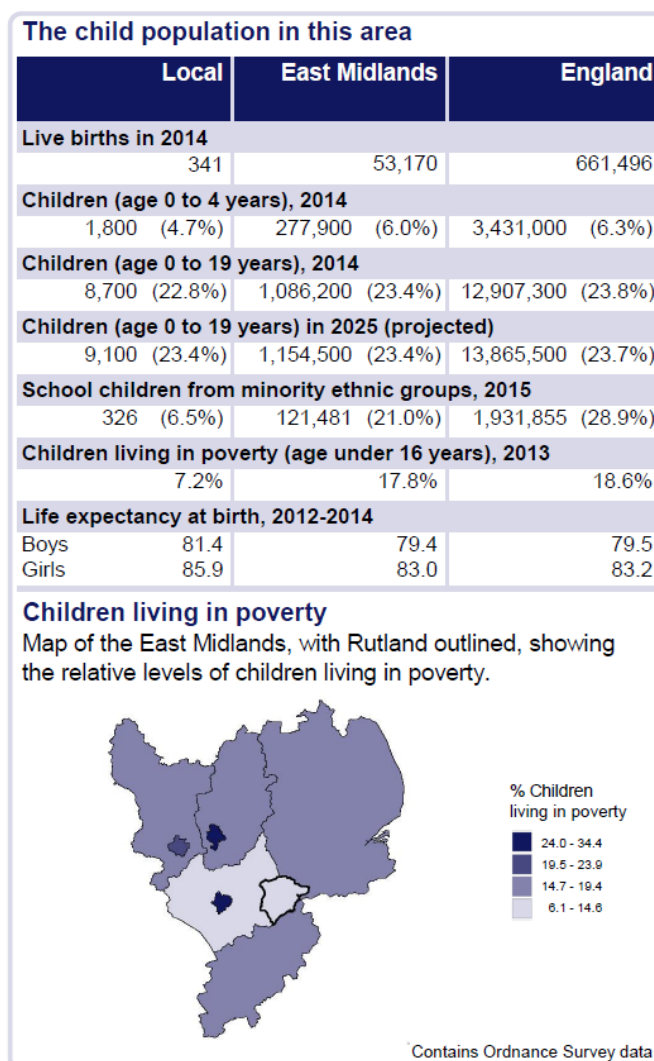
3.1.3 The level of child poverty is better than the England average with 7.2% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

3.1.4 6.5% of children aged 4-5 years and 13.3% of children aged 10-11 years are classified as obese.

3.1.5 In 2011/12, 40.3% of five year olds had one or more decayed, filled or missing teeth. This was higher than the England average. In 2014/15, there were 521 A&E attendances by children aged four years and under. This gives a rate which is lower than the England average. The hospital admission rate for injury in children is lower than the England average, and the admission rate for injury in young people is similar to the England average.

3.1.6 The Office for National Statistics (ONS) 2014-based population projections suggest that there may be a marginal increase in the 0-19 years age group in Rutland over the next ten years – projected increase of around 3% by 2025 – so we do not expect there to be substantial changes in the cohort of young people in Rutland.

3.1.7 The demand for, and the spending on services and support for children with SEND in Rutland have grown significantly. The total number of pupils with SEN, based on where the pupil attends school, is 1,137. This represents 14.6% of the total number



Child Health Profile (March 2016)

of pupils in all Rutland schools, comparable with the England benchmark of 14.4%. (Source: SFR 23/2016 Special educational needs in England: 2016)

3.1.8 Primary schools in Rutland have a similar proportion of pupils with statements/EHCP compared to the national benchmark (1.7% in Rutland and 1.3% in England) and a slightly lower proportion of pupils with SEN Support (9.3% in Rutland compared to 12.1% in England).

3.1.9 Secondary schools in Rutland have a higher proportion of pupils with statements/EHCP compared to national benchmark (2.5% in Rutland and 1.7% for England) and a similar proportion of pupils with SEN Support (12% in Rutland compared to 11% in England).

3.1.10 Rutland out-performs the national, regional and ‘most-similar’ family benchmarks for performance in issuing new EHC Plans within 20 weeks.

	<i>Excluding</i> exception cases:		<i>Including</i> exception cases:	
	2015	2016	2015	2016
Rutland	78.6	77.3	78.6	77.3
England	59.2	58.6	55.5	55.7
East Midlands	58.1	72.8	56.5	71.4
Most Similar Family Group Average	53.2	59.3	50.2	57.6

Percentage of new EHC plans issued within 20 weeks

3.1.11 53 children living in Rutland attend an out of county special school and this has risen significantly from 13/14. Although in percentage terms this is a significantly larger rise than that in the number of EHCP’s the increase in real terms is very similar. This may point to issues of local capacity to cope with increased need.

	Financial Year			
	2013/14	2014/15	2015/16	2016/17
No in Out of County Special Schools	37	44	42	53

No in Out of County Special Schools

3.1.12 40 young people living in Rutland attend Post-16 out of county colleges

3.1.13 The budget for high level SEND support in Rutland has increased by 31% from £2.7 million in 2012/2013 to £3.57million now set for 2017/2018. The table below shows the budget against the rising number of EHCP’s.

3.1.14 The average costs of placements are similar to national figures. Rutland’s most expensive placements being those for children with Social, Emotional & Mental Health Social Difficulties. There are some significant differences in the funding of top ups in different settings when compared to National figures.

Financial Year	Budget £'000	Outturn £'000	No of statement/ EHCPs
2013/14	3,248	3,061	171
2014/15	3251	3098	174
2015/16	3444	3226	178
2016/17	3506	3545	189

SEN budget rises 13/14 to 16/17

3.2 Profile of Rutland SEND Children

3.2.1 The gender split for SEND children in Rutland is 78% male and 22% female

3.2.2 Two-thirds of SEND children are aged 0-11 years and one-third 12-17 years

3.2.3 As shown in the population pyramids, right, there is a higher proportion of SEND children who are male than female, and those aged 9-11 years are a particularly large group in the cohort, compared to the overall profile for Rutland.

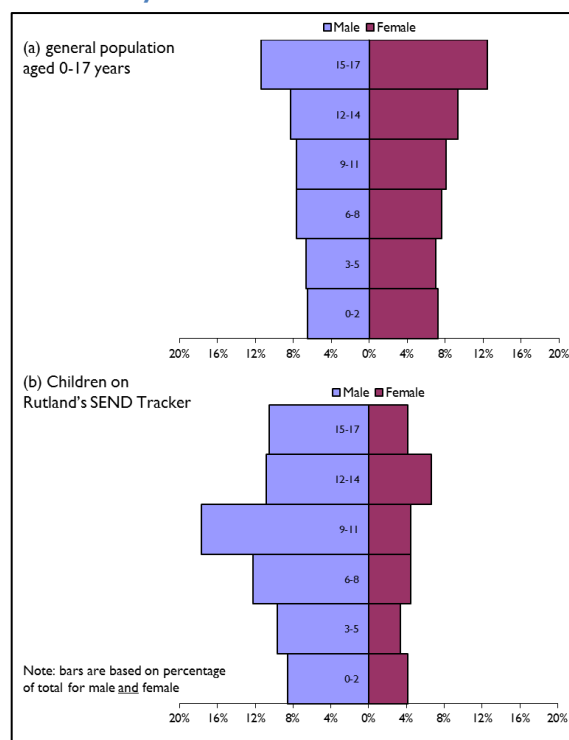
3.2.4 In Rutland, 64 boys age 9 to 11 yrs account for just under a fifth (18.4%) or all SEND children.

3.2.5 330 SEND Children (91%) are White British. The next biggest category is Mixed Other (9 or 2.5%) then White Other (7 or 1.7%). No other ethnic groups have more than 4 children.

3.2.6 There are no unaccompanied asylum seekers who are SEND in Rutland and 14 children (4%) do not speak English as a first language (3 of which are Makaton).

3.2.7 As shown in figure below, Autistic Spectrum Disorder accounts for around a quarter of all SEND Children in Rutland (87 children, 24%). This is the largest category of disability, followed by Behavioural, Emotional & Social Difficulties (74 children, 20%) and is significantly larger than the National.

Population Pyramids by three-year age bands, for 0 – 17 years



State-funded primary, secondary and special schools: Number and percentage of pupils with special educational needs by primary type of need

Pupils with SEN with statements or EHC plan or on SEN Support

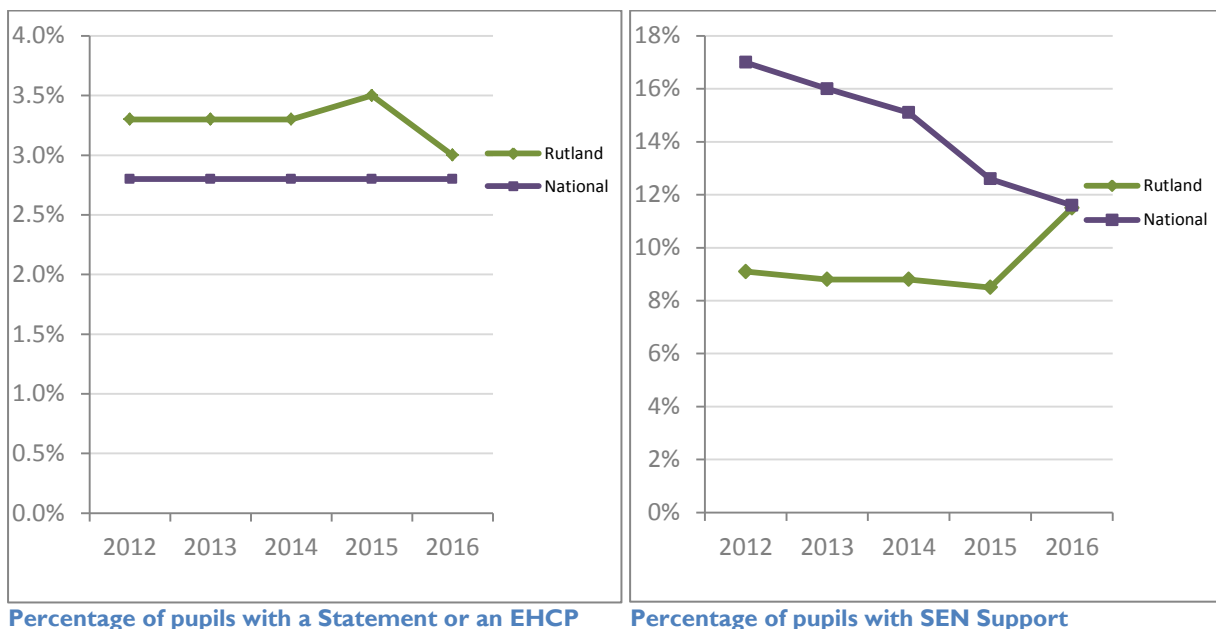
	Rutland		England	
	Number	%	Number	%
Moderate Learning Difficulty	48	13%	273,627	24%
Speech, Language and Communications Needs	44	12%	221,456	20%
Social, Emotional and Mental Health (8)	74	20%	184,930	16%
Specific Learning Difficulty	25	7%	151,153	13%
Other Difficulty/Disability	14	4%	55,196	5%
Autistic Spectrum Disorder	87	24%	100,012	9%
Physical Disability	6	2%	32,897	3%
Hearing Impairment	7	2%	20,499	2%
Visual Impairment	3	1%	11,592	1%
Severe Learning Difficulty	5	1%	32,304	3%
Multi- Sensory Impairment	0	0%	2,302	0%
Profound & Multiple Learning Difficulty	7	2%	10,914	1%
SEN support but no specialist assessment of type of need (9)	43	12%	36,025	3%
Total	363	100%	1,132,907	100%

Source: School Census

Disability categories for all SEND Children in Rutland

3.3 Analysis of pupils with Statements and Education Health and Care (EHC) Plans and pupils with SEN Support (2012 to 2016).

3.3.1 The Department for Education (DfE) publish figures on “Special education needs in England: January 2016”ⁱ. The charts below show a comparison of trends for Rutland and nationally for the percentage of pupils with a statement or EHC Plans (Fig. 4) and for pupils receiving SEN support (Fig. 5). [Note: The data is for pupils attending schools in Rutland.]



3.3.2 As shown above, Rutland has had between 3% and 3.5% of pupils with a Statement or EHC Plan over the last five years. This represents a slightly higher percentage of pupils at Rutland schools with a Statement or EHC Plan than nationally, although the gap has narrowed in the last year (2016).

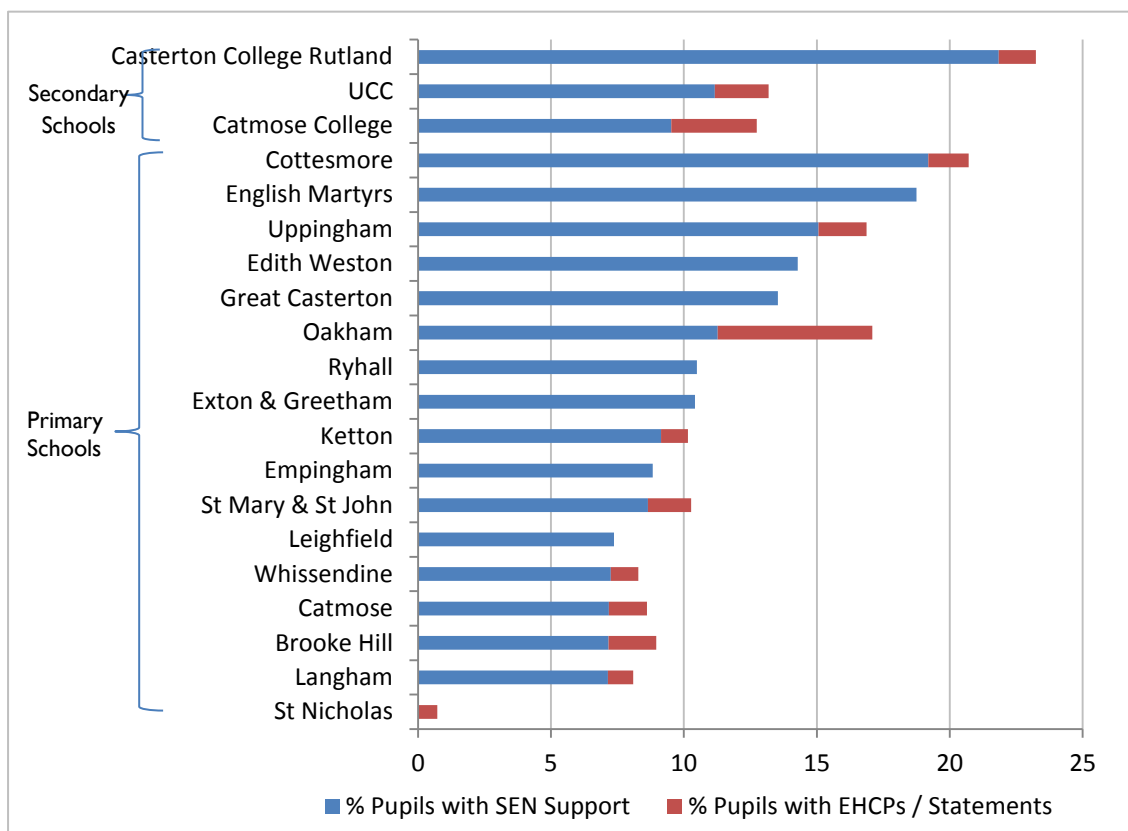
3.3.3 Rutland had a much lower percentage of pupils with SEN Support than the national comparator between 2012 and 2015, however there was a sharp increase in the last year, up from 8.5% in 2015 to 11.5% in 2016.

3.3.4 At the same time the national figure has decreased steadily over the last five years with a broadly similar figure to Rutland in 2016 (11.6%). Thus in 2016 there were fewer pupils in Rutland schools with a Statement/EHC Plan and more receiving SEN Support (compared to previous years).

3.3.5 In the figure below, shows the percentage of pupils with SEN Support and the percentage with Statements or EHC Plans, by school in Rutland. The chart is ordered (most-to-least) for secondary and primary schools. For secondary schools, this shows that Casterton College Rutland has the largest percentage of pupils with SEN Support (22% of pupils on roll) and Catmose College has the largest percentage with a Statement/EHC Plan (3.2%). For primary schools, Cottesmore has the largest percentage of pupils with SEN Support (19.2%) and Oakham school has the largest percentage with Statements/EHC Plan (5.8%).

3.3.6 The Parks School currently has nine pupils on roll, three of whom receive SEN support and six who have EHC Plans.

3.3.7 For Post-16 provision Harrington has very low numbers and percentages with SEN Support (1 person) or a Statement/EHC Plan (1 person). At Rutland County College, there are 10 people with a Statement or EHC Plan (equating to 14.1% of pupils) and 4 with SEN Support (5.6%).



Percentage of pupils on roll with SEN support and EHCPs or Statements (Spring School Census 2017)

3.3.8 Table below, shows the actual number of pupils on roll in Rutland schools with SEN Support, a statement or EHC Plan and with neither (as at School Census, January 2017). This shows that the actual number of pupils in each category reflects the same pattern as the percentages (in Fig. 6) with the highest number with Statement/EHC Plan at Casterton and the highest number with Statement/EHC Plan at Catmose College.

Secondary Schools	EHCP / Statement	SEN Support	No SEN	Total NOR
Casterton College Rutland	9	140	492	641
UCC	18	99	770	887
Catmose College	30	89	815	934

The numbers of pupils on roll (NOR) in Rutland Secondary Schools with a Statement/EHCP, SEN Support and without (School Census, January 2017)

Primary Schools	EHCP / Statement	SEN Support	No SEN	Total NOR
Cottesmore	3	38	157	198
Oakham	16	31	228	275
Uppingham	3	25	138	166
Brooke Hill	6	24	305	335
English Martyrs	0	24	104	128
Ketton	2	18	177	197
Ryhall	0	17	145	162

St Mary & St John	3	16	166	185
Langham	2	15	193	210
Catmose	3	15	191	209
Whissendine	2	14	177	193
Leighfield	0	14	176	190
Edith Weston	0	14	84	98
Great Casterton	0	13	83	96
Empingham	0	6	62	68
Exton & Greetham	0	5	43	48
St Nicholas	1	0	136	137

The numbers of pupils on roll (NOR) in Rutland [Primary Schools with a Statement/EHCP, SEN Support and without](#) (School Census, January 2017)

3.3.9 The numbers shown above relate to pupils on roll in Rutland schools and therefore the number of children receiving SEN support or who have a Statement or EHC Plan will be different to the number of children who Rutland are responsible for, due to the number who may attend out of county schools or specialist provisions.

3.3.10 Table below shows the numbers (and percentage) of children at Rutland schools split by their place of residence: in Rutland or out of county. This shows that almost half of the children with SEN support in Rutland secondary schools live out of county. For this cohort of 153 (out of county children with SEN Support, at secondary schools), 94 pupils attend Casterton College and, in the main, live in the Stamford area, 48 attend Uppingham Community College and live in the villages of Leicestershire and Northants and 11 attend Catmose College.

	Primary Schools		Secondary Schools	
	Rutland Children	Out of County Children	Rutland Children	Out of County Children
Statement / EHCP	35 (85%)	6 (15%)	41 (72%)	16 (28%)
SEN Support	253 (88%)	33 (12%)	175 (53%)	153 (47%)

Number and percentage of pupils

3.4 Post 16

3.4.1 100% of 16-18 year olds who are Statemeted or have a ECHP are known and all 30 of this cohort are in education employment and training

3.4.2 For 18-25 year olds (Statemeted or have a ECHP) 70% (n82) remain known of which only (n4) 5% are not in education employment and training.

3.5 Summary of support for SEND Children

3.5.1 There are a further 56 non-statutory EP requests outstanding, the length of time to clear this back log depends on the level of EP assessment required which can vary from 1 to 3 days.

- 3.5.2 Information about Free School Meals is recorded for around half (53%) of SEND Children, with 16% (31 children) in receipt of free school meals
- 3.5.3 Information on Pupil Premium is recorded for around a third (34%) of SEND Children, with 23% (28 children) qualifying for Pupil Premium
- 3.5.4 41% of SEND children (90 children/families) receive DLA/PIP out of the 220 children (61%) for whom information is recorded.
- 3.5.5 Just over a third (37% or 135) of SEND children/families access Aiming High Positive Activities/group work programme. 40 children accessed Aiming High Short breaks funding as a Direct Payment and 25 of these have a current EHCP.
- 3.5.6 However, as only one family are listed as having a personal budget, work will need to be done on ensuring parents understand their personal budget and how they can use this to meet social care needs.
- 3.5.7 15 SEND children are currently open (10) or previously open (5) to Children's Social Care (4%); 7 are Children with Disability, 4 are Children in Need and 1 is a Looked After Child.
- 3.5.8 10% of children/families (36) have had an EHA since 01/04/2016
- 3.5.9 2 SEND children are currently open/previously open to Adult Social Care (1%)
- 3.5.10 Just over half of SEND children (54%) have a Statement (24) or EHC Plan (171), with 8 children (2%) currently being assessed for EHC Plan
- 3.5.11 91% of SEND children are currently receiving SEN Support including EYFS SEN Support (formerly School Action/Action Plus); 3% are not and 5% are not known
- 3.5.12 10 SEND children have a fixed-term exclusion from school; 3 have elective home education. The number of permanent exclusions has decreased significantly from a high in 14/15. It is not clear however on the relative impact of activity in schools and the impact of a rise in EHCP's and the number of children educated out of county.

Financial Year	2013/14	2014/15	2015/16	2016/17
No of Permanent Exclusions	6	10	6	2

3.6 Performance of Rutland schools in meeting the needs of SEND pupils

3.6.1 The tables below, show the number of pupils on roll at each Key Stage and whether they have any Special Educational Needs or not. The percentage of pupils achieving the “required standard” at each Key Stage, according to their Special Educational Needs, as defined in 2016.

3.6.2 This shows that no one with a Statement/EHC Plan achieved the required standard for EYFSP, KS1 or KS2, and this is based on low numbers in each of those cohorts. A quarter (4) of the 16 pupils on roll at KS4 with a Statement/EHC Plan achieved the required standard (5+ A*-C GCSEs including English and Maths). Of those with SEN Support, just under half (48%) achieved the required standard at KS4, higher than at any other Key Stage.

Key Stage	Statement/ EHC Plan	SEN Support	No SEN
EYFSP	2	18	377
Phonics (Year 1) ⁱⁱ	2	26	400
KS1	1	34	373
KS2	14	39	322
KS4 ⁱⁱⁱ	16	52	421

Number of pupils on roll at Rutland schools at the end of each Key Stage (KS) in the academic year 2015/16

Key Stage	Measure	Statement / EHCP	SEN Support	No SEN
EYFSP	Good Level of Development	0%	30%	75%
Phonics (Year 1)	Achieving “Working At” level	0%	42%	89%
KS1	Reaching Expected Standard in RWM	0%	6%	70%
KS2	Reaching Expected Standard in RWM	0%	10%	60%
KS4	5+ A*-C GCSEs including English & Maths	25%	48%	75%

Percentage of pupils achieving the “required standard” as defined below in 2016

3.6.3 The figure, below, shows the gap between the percentage of those with SEN Support, and without, achieving the required standard at each Key Stage. This shows that the largest gap is at KS1 (64 percentage points) and the smallest gap is at KS4 (27 percentage points).

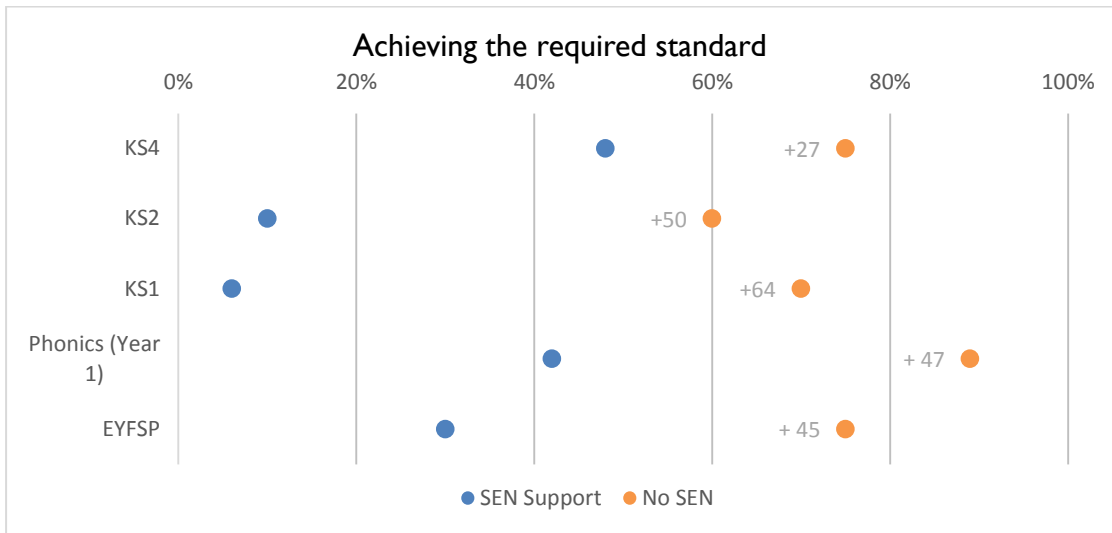
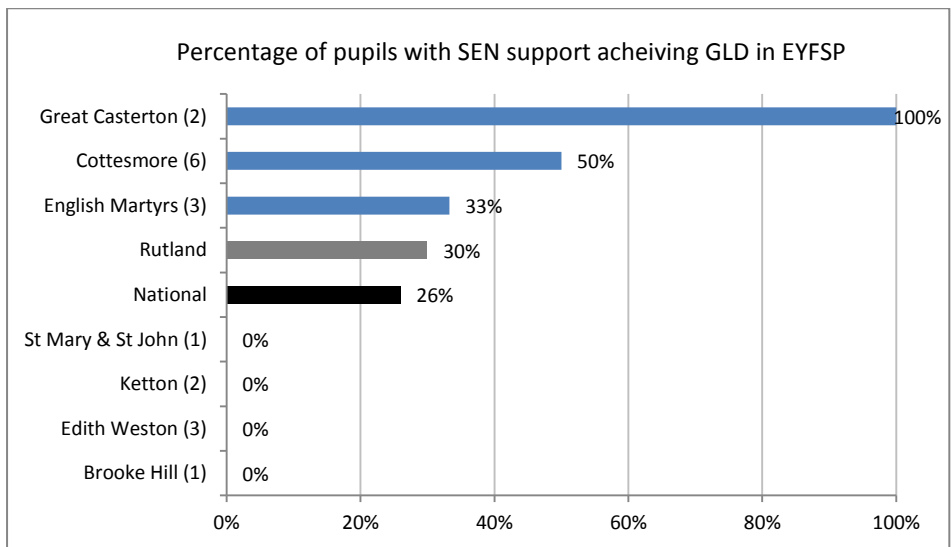


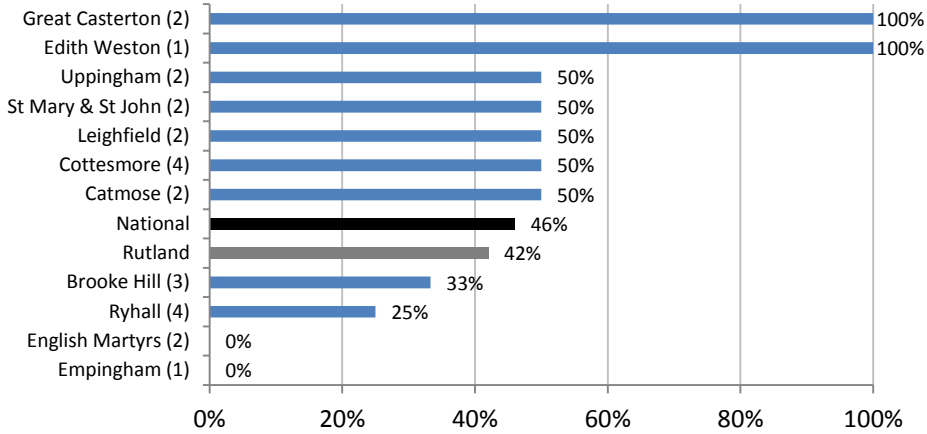
Chart showing the gap between pupils with SEN Support and those without, for achieving the “required standard” at each Key Stage, for the academic year 2015/16 [Note: annotation on chart denotes the size of the gap in percentage points]

3.6.4 Figures 8 to 11 (below) show the results at school level for pupils receiving SEN support; it also shows the Local Authority and National results (where the measure is published nationally). Schools are only shown if they had pupils in the specific Key Stage receiving SEN support. The numbers in brackets next to the school name are the numbers of pupils with SEN support.



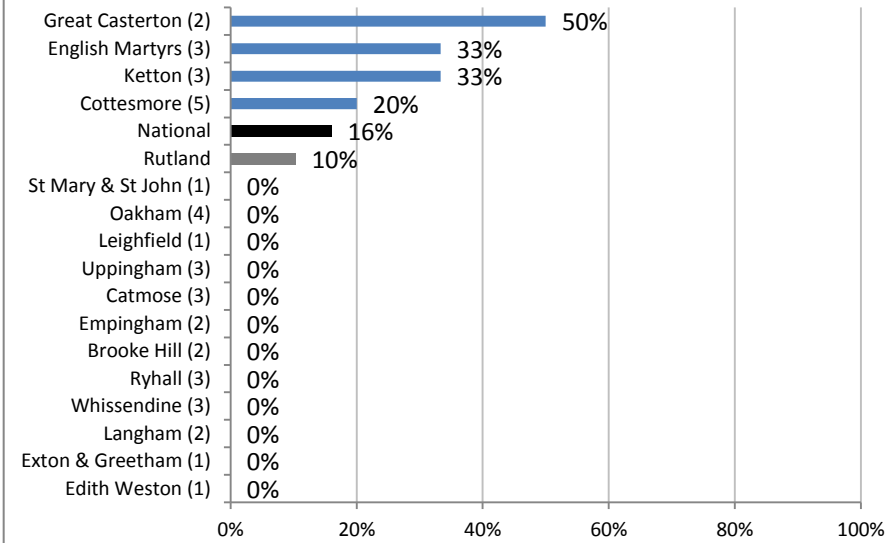
Percentage of pupils with SEN support achieving a ‘Good Level of Development (GLD) in the Early Years Foundation Stage Profile (EYFSP), Rutland Schools, 2016

Percentage of pupils with SEN support achieving the expect standard in Phonics (Year 1)

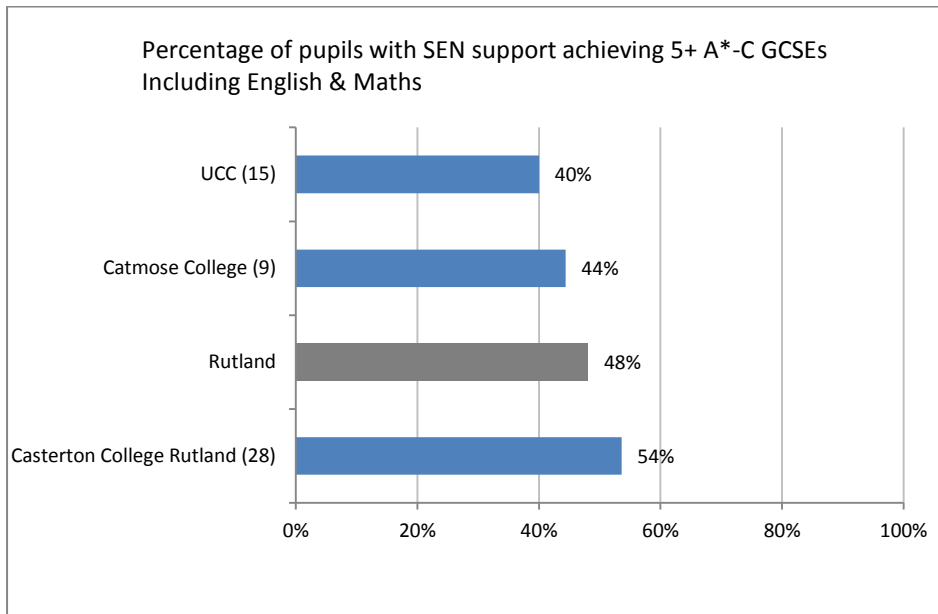


Percentage of pupils with SEN support achieving the expect standard in Phonics (Year 1)

Percentage of pupils with SEN support achieving the expected standard in RWM KS2 2016



Percentage of pupils with SEN support achieving the expected standard in Reading Writing and Maths (RWM) at KS2, 2016



Percentage of pupils with SEN support achieving 5+ A*-C GCSEs Including English & Maths

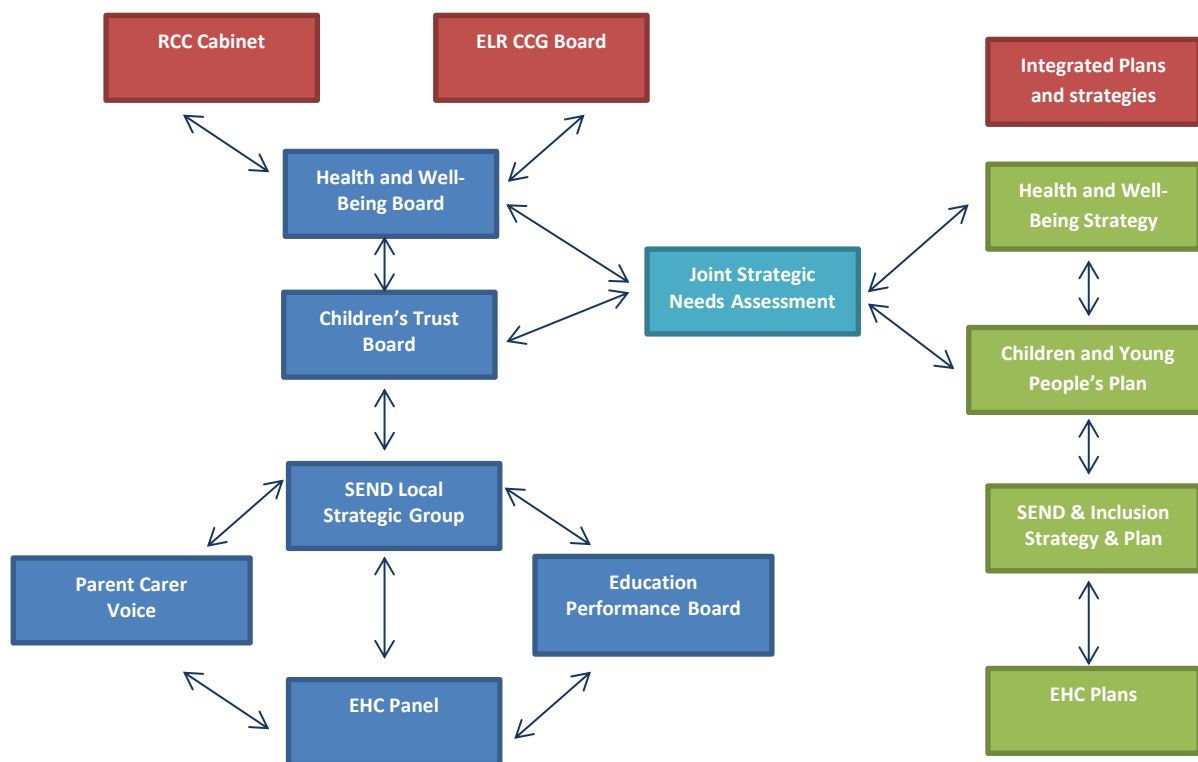
3.6.5 There is an improving trend in schools in the following areas:

- The percentage of SEN Support achieving phonic threshold is up from 20% in 2013 to 42% in 2016 but still below national comparator (46% in 2016).
- Attainment for Reading/Writing/Maths at KS1: average point score (APS) is up from 11.4 in 2013 to 13.0 in 2015, moving above national comparator of 12.5 in 2015 (2016 figures not comparable due to change in assessment)
- Attainment for Reading/Writing/Maths at KS2: average point score (APS) up from 24.0 in 2013 to 25.6 in 2015, marginally above national comparator 25.0 in 2015 (2016 figures not comparable due to change in assessment)
- Students in KS4 have achieved Rutland's highest percentage of 5 or more A* to C (inc English and Maths) in 2016; 48% for children on SEN Support and 31% for Statement/EHCP. Compared to 2015 national figures that were 23% and 9% respectively.

4. JOINT COMMISSIONING OF SERVICES TO MEET NEED

4.1 *Joint Commissioning Governance Arrangements*

4.1.1 Governance arrangements provide a framework for the delivery of services for children and young people with SEND and for achieving the priorities set by the Health and Well Being strategy. These arrangements enable commissioners to have joint engagement and ownership of commissioning arrangements and integrated strategies.



4.2 Good Practice in Joint Commissioning

- 4.2.1 There is a committed to putting children and families at the heart of the planning processes, with the aim of improved decision making building on meaningful participation, effective consultation and information sharing. There is evidence engagement processes for children, young people with SEN and disabilities and their families, providing their useful insights and how to improve services and outcomes.
- 4.2.2 Groups of carers have been involved in the establishment of a Local offer but they have said they do not feel there is sufficient co-production yet. That said there are examples of the development of services in relation to parent and carer feedback, for example support for Aiming High provision which parents report as accessible and beneficial and reflects co-production with parents.
- 4.2.3 There is a good use of direct payments in certain circumstances but the recorded uses of personal budgets are low.
- 4.2.4 Partners have agreed the EHC Plan documentation, an overall EHC assessment and planning process.
- 4.2.5 EHC Panel is the hub at the heart of decision making for each individual case - both in terms of deciding whether an EHC Plan is necessary so an assessment needs to take

place and following an assessment, decide whether it is necessary to develop an EHC plan. This panel will comprise of senior representation from partners and the Designated Clinical Officer signs off on health provision in EHC Plans.

4.2.6 Responsibility for commissioning support is mainly divided between the LA and CCG.

Level of provision	Rutland County Council		East Leicestershire and Rutland CCG
	Care	Education/ training	Health
Universal Access	<ul style="list-style-type: none"> • Children Centres • Youth and Play Clubs and activities • Leisure and Sport 	<ul style="list-style-type: none"> • Early Years Providers • Children Centres • Mainstream School including SENCO Support • Post 16 Settings • Apprenticeships 	<ul style="list-style-type: none"> • 0-19 Healthy Child Programme (Health Visiting and School Nursing)* • Hospital • GP • Dentist • Mid-Wife • Community Nurse <p><i>* RCC Commissioned</i></p>
Specialist Support	<ul style="list-style-type: none"> • Outreach Support • Short Breaks • Parenting Support • Direct Payments • Parenting Courses • Specialist Child Minding • Joint Health/Care Packages • Family Support Workers • Transition Support • Foster Carers • Special Transport 	<ul style="list-style-type: none"> • Educational Psychologists • Physiotherapy • Special Transport • Specialist Educational Resources • Specialist Equipment • Teaching Assistant - Support In School/ Setting • Transition Support 	<ul style="list-style-type: none"> • CAMHS • Continence Support • Occupational Health Therapy • Personal Care Packages • Physiotherapy • Specialist Equipment • Speech and Language Therapy • Transition Support
High Need Specialist Support	<ul style="list-style-type: none"> • Overnight Short Breaks • Residential Placement 	<ul style="list-style-type: none"> • Resourced/Specialist Nursery Places • Specialist School Provision • Independent Specialist Schools • Out Of County Specialist (Day/ Residential) Schools 	<ul style="list-style-type: none"> • Residential Placements • Hospital Placements

4.2.7 Rutland Health and Social Care agencies have some successful joint commissioning arrangements that are managed under a formal Section 75 agreement, which describes arrangements for pooling of budgets. This includes a generic integrated wellbeing service for 18+ and a mental health recovery service.

4.2.8 There are opportunities to build on this positive work, which supports parents, carers and wider family members, to expand arrangements into services directly aimed at children. However it is understood that this may need to be delivered after a review of how funding is allocated in the system.

5. Conclusions/Recommendations for commissioners

5.1 Prevalence and demand rises

- 5.1.1 There is a significant difference between the % of SEN children and young people with Autistic Spectrum Disorder as their primary need compared to the National picture. This may be factor relate to our demographic but is not clearly understood. Work needs to be undertaken to understand the drivers surrounding this difference, further analysis of similar authorities and communities is required. Once understood a review of commissioned services to meet this need should be undertaken.
- 5.1.2 There was a sharp increase in the percentage of pupils with SEN in Rutland compared to a decreasing picture nationally. More needs to be done to understand this and its potential impact on future services, particularly with regard to support in schools.

5.2 Effective use of funding

- 5.2.1 There is an increasing number of out of county placements and rising from 37 in 13/14 to 53 in 16/17. This appears to be a key driver in the rise in SEN spend. There are differences between the top ups we give to mainstream schools and academies compared to independent schools, which might be a missed opportunity to support children to remain in mainstream or academy provision.
- 5.2.2 Parents have also indicated that they would want more in-county provision. A review should be undertaken to look at the current approach to using the funding available and introduce more creative approaches to supporting children in Rutland. This should include strengthening the targeted school improvement work with schools to narrow the gap in attainment at key phases.

5.3 Opportunities for extending pooled funding and joint commissioning

- 5.3.1 There are examples of where services supporting the community have been commissioned under pooled funding arrangements. These are not currently child focused services but are an excellent strength to build on.
- 5.3.2 Once there has been a review of the use of funding and creative opportunities have been identified, commissioners should explore how they might extend the current use of section 75 arrangements to commission services that best meet need.

5.4 Co-production

- 5.4.1 There are some positive examples of co-production with parents/carers and children. However parents/carers have indicated that this is an area that should be improved on.

- 5.4.2 There are two area provide opportunities to extend this and meet parents expectation. The first is to build on the positive work in the use of direct payments to promote choice and control in aiming high. Work should be undertaken to be more explicit in ECH plan process about the cost of care and the individuals personal budget.
- 5.4.3 The second area is in the development of further pooled budget arrangements. Commissioners need to ensure that children, young people, parents and carers are at the heart of designing how services might change further to meet their changing needs and aspirations.
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