

JSNA Supplement

Children with Disabilities

December 2009

NEEDS ASSESSMENT

SERVICES FOR DISABLED
CHILDREN IN SOUTH TYNESIDE

PREPARED ON BEHALF OF

THE AIMING HIGH FOR DISABLED
CHILDREN BOARD

DECEMBER 2009

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Executive Summary

The Needs Assessment was commissioned by the South Tyneside Aiming High for Disabled Children Board in the late summer of 2009. This was primarily in the context of their work focusing on the development of short break provision within the Borough. The objective of the commission was:

- To provide the AHDC Board with accurate up-to-date information and analysis so that they are better able:
 - To assess services against the needs of the population.
 - To ensure there is sufficient provision to meet the needs of severely disabled children and their families, including those with complex health needs.
 - To ensure there is age appropriate provision that makes certain disabled children are not disadvantaged in accessing short breaks.

The work to inform the assessment took place between September and November 2009 and involved collation and analysis of existing statistical data, meetings with service providers and stakeholders including parents and supporting research.

The Assessment identified that:

The assessment found that:

- There were approximately 700 disabled children and young people in South Tyneside who may fit in the target groups of Aiming High.
- Of these: 20% were pre-school
 - 36% were primary school age
 - 31% were secondary school age
 - 14% were 16+
- The main identified form of disability identified was:

ASD	34%
SLD/PMLD	28%
Physical Disability	22%
Sensory Impairment	14%
Other	2%

- The cohort group was 30% Female
70% Male
- Overall the proportion of the group coming from black and other minority ethnic identities was 6%. In the SLD/PMLD this proportion was significantly higher with a figure of 12%.

It was highlighted that the BME population in South Tyneside was growing particularly amongst the child population and that this had implications for the development of appropriate services.

- The number of children and young people predicted to receive funded short breaks this year is 155 and thus there is clearly potential for a high level of unmet need.

Short Break Provision

Universal Provision

- There is a wide and varied range of activities available to children and young people within universal provision that has the potential to provide short break opportunities.

However the capacity of many disabled children to make use of this provision is restricted by a range of factors including the availability of appropriate support, staff knowledge and skills funding and cultural perceptions.

No significant evidence was identified as to how such issues were to be systematically addressed and how the theory of inclusive provision would be translated into a reality.

Specialist Provision

- The availability of specialist short break services is limited, offering little real choice or flexibility. There are only small amounts of family based care and there is no overnight provision available within the child's own home. The appropriate development of specialist short break provision has been impacted by insufficient forward planning, particularly on a multi-agency/multi-disciplinary basis, leading to an over reliance on reactive and piecemeal resourcing and development.

Access to provision is frequently restricted by referral processes that are perceived as being too complex, untimely and intrusive and criteria that is overly focused on degree of the child's disability rather than the impact.

Whilst developments such as the Aiming High Access Fund (and the Early Years Panel referral pathway) are seen as positive steps in enabling appropriate access to support funding, concern is raised as to how this will be sustained once the Aiming High funding comes to an end.

SNIPS does provide a sound and tried model of specialist short break provision and benefits from its origins as a parent/carer led initiative. The potential to expand such provision and utilise the SNIPS staff and members' experience and knowledge base in doing so appears to merit exploration.

Service Provision

Referral and Care Pathways

Generally referral routes are clear and there is a good understanding by and large amongst professionals of process - if not always an agreement regarding the application of service criteria.

However what were identified as issues where:

- A lack, within children's services, of compatibility of provision across the age ranges.
- An absence of or a lack of compatibility in services when young people need to transfer to adult services. In particular this was noted in:
 - Short break provision (Predominantly in appropriate provision for those aged 18 –25 years, including both day and overnight care).
 - Therapy provision (less so within learning disability)
 - Community Nursing Care and support
 - Mental health services – particularly in relation to those with ASD
- Access to assessment for short break services when the criteria to be accepted for an assessment are not deemed to be met. This was seen to preclude a range of children and young people who had been assessed by other professionals as being in need of such services but were not perceived as being disabled enough to meet the criteria of the fund holding service. This issue is in part being addressed through the still developing work of the Aiming High Access Panel/Fund and through the pathway of the Early Years Panel.

Linked to this point was the concern that children and their families were having to go through a lengthy and intrusive process (a Core Assessment) to access short breaks. For some this was a significant barrier that led to many families not pursuing the matter.

- Access to suitable funding (and a clear and timely process for resolving any disputes around this issue) when there is disagreement as to whether the needs of the child for services (primarily respite/short break) are medical or social in origin. The absence of joint budgets and commissioning process was seen to create many difficulties for children and young people with complex needs and the capacity of professionals to access and provide the relevant level of service.

Equipment

No issues were identified regarding access to or the provision to meet most equipment needs. However it was noted that:

- The DFG is to be reduced by approximately 20% over the next two years. This will impact on access to appropriate funding for property adaptations. In the absence of available housing to be offered as alternative accommodation, there is the potential for an increase in the number of disabled children and young people living in unsuitable accommodation. This may in turn create additional demand for short break services.
- Equipment and assessment for adaptations for children and young people is currently funded in full by the adult services. Given the significant demands on the overall budgets within adult services, this arrangement is open to review and may result in the need for children's services to assume some degree of funding responsibility.

Workforce Capacity

Overall no significant issues regarding recruitment to the relevant specialist services/providers were identified bar:

- Speech and Language Therapy – this issue has been considered by other processes and thus will not be considered further here.
- Social Work – this is reflective of a widespread shortage of qualified social workers locally and nationally. Due to on-going recruitment issues, staffing levels within the Children with Disabilities Social Team are 20% below capacity. This naturally has an impact on their availability to provide services beyond their statutory and safeguarding responsibilities.

However these were the exceptions and generally there appeared to be a relatively high level of workforce stability at practitioner and first line manager level. This has contributed to a pattern of good inter-agency working at an operational level through well-established relationships and cross agency knowledge.

Services reported to be working to capacity (and beyond). Whilst demand for services routinely outstripped supply this was well managed and almost accepted as inevitable within the complex field of disabled children. Service expansion – whilst desirable – was not regarded as realistic given the current limitations on public sector funding and thus most interpretations of where there were gaps in provision lay in the absence of other services.

The Wider Agenda

Whilst service provision at the point of delivery was characterised by good inter-agency work and collaborative practices this was not reflected in similar cohesion within inter-agency working at a strategic planning and development level. This led to specific issues such as difficulties around joint funding (outwith the agreed pathways relating to residential schooling and hospice provision). As well as wider issues linked to a lack of coordination between resources, a lack of rationalisation of these resources and an absence of a shared direction in addressing some of the broader issues such as the realisation of the inclusion agenda and the absence of appropriate adult services.

In addition services have developed in isolation and practitioner initiatives such as the establishment of need specific multi-disciplinary clinics were not being fully utilised or integrated within a whole borough framework of provision.

Furthermore the absence of such frameworks precluded a common multi-agency ownership of the collective responsibility to ensure that the needs of disabled children and young people were being consistently met and continued to be met. Consequentially difficulties in addressing and resolving the various issues highlighted appear to have been placed largely in the context of inaction by one agency rather than as being a shared accountability.

Parental and Young Person Participation in Service Development

Whilst routinely involved in the planning and review mechanisms relating to their individual provision, the involvement of disabled children/young people and their parents/carers in the broader development of services was found to be very limited. It was largely restricted to a consultative role - primarily to the local authority – and was not formally linked to the wider planning processes or the development of multi- agency strategies.

To address some of the issues raised twelve recommendations are made to the Aiming High for Disabled Children Board.

Acronyms & Abbreviations

The report uses the following acronyms and abbreviations:

AHDC	Aiming High for Disabled Children Board
ASD	Autistic Spectrum Disorder
BESD	Behavioural/Emotional/Social Disorder
BME	Black and other Minority Ethnicity
DFG	Disabled Facilities Grant
Foundation Trust	The South Tyneside NHS Foundation Trust
HI	Hearing Impaired
HIU	Hearing Impaired Unit
JSNA	Joint Strategic Needs Assessment
Local Authority	South Tyneside Council – C&YP Directorate unless otherwise specified
MLD	Moderate Learning Disability
MSI	Multiple Sensory Impairment
OOB	Out of Borough
PCT	NHS South of the Tyne PCT
PD	Physical Disability
PMLD	Profound Multiple Learning Disability
OTHER	Any other category of disability/need
SALT	Speech and Language Therapy
SEN	Special Educational Needs
SLCN	Speech, Language or Communication Needs
SLD	Severe Learning Disability
SNIPS	Special Needs Integrated Play Scheme
STAN	South Tyneside Active Network
SPLD	Specific Learning Difficulty
TDC	Together for Disabled Children
VI	Visual Impairment

Introduction

This Needs Assessment was commissioned by the South Tyneside Aiming High for Disabled Children Board in the late summer of 2009. This was primarily within the context of the Board's work focusing on the development of short break provision within the Borough. The remit of the commission was:

- To identify current service provision available within South Tyneside and ascertain:
 - Numbers and range of providers
 - Unmet need and gaps in provision
 - Any Issues relating to this provision
- To identify and collate information and statistical data already collected including that from the JSNA and the Together for Disabled Children requirements.
- To identify gaps in data provision across Health, Social Care and Education relating to disability.
- To identify the extent young people and their families are currently involved in the development of services and how, if required, this could be improved.
- To examine access to services and any barriers to the uptake of services.
- To identify and map existing care pathways and referral routes for young people and determine the extent to which these are effectively integrated.
- To determine and analyse the provider workforce relating to specialist services with Health, Social Care and Education.
- To examine any evidence of service evaluations and identify and collate the main findings.
- To prepare and present a report for the AHDC Board setting out the findings of the needs assessment

The objective of the commission was to:

- To provide the AHDC Board with accurate up-to-date information and analysis so that they are better able:
 - To assess services against the needs of the population.
 - To ensure there is sufficient provision to meet the needs of severely disabled children and their families, including those with complex health needs.
 - To ensure there is age appropriate provision that makes certain disabled children are not disadvantaged in accessing short breaks.

Process

This Needs Assessment included and was informed by:

- o Identification of, research into and data extraction/collation from existing information.
- o Meetings with relevant service providers and other stakeholders including parents.
- o Supporting research into the national agenda relating to disabled children/young people and the developments made within South Tyneside.

The Assessment took place between September and November 2009.

Establishing the Level of Need

Gaining a clear picture as to the number of children and young people who could be said to have additional needs as a consequence of a disability is extremely difficult. This is because of a number of factors including:

- An absence of agreed and shared definitions regarding disability.
- An absence of agreed mechanisms for the collation of relevant data and a centralised collation point for such data.
- Individual services working to different remits/age ranges.
- Cross reporting/scoring of the individual children/young people.
- Non-take up of services by certain sections of the population.

These issues notwithstanding, this assessment has attempted to establish a baseline figure that may provide some indication as to the number of children and young people living in South Tyneside who may have a disability and within that to predict how many will be in the key groups targeted by Aiming High.

This has been done by through examining the following data sets:

- The SEN census – January 2009
- The Joint Strategic Needs Assessment – 2007
- Local authority Children with Disabilities Service caseload and associated figures (including STAN) – Summer 2009
- Individual service reports/estimates
- Referral rates relating to 0 – 5 year olds
- National Statistics

Its findings are as follows.

Total Child/Young Person Population¹ - South Tyneside

	Female	Male	Total
Under 5	3700	3900	7600
5 to 14	8500	9300	17900
15 to 19	5100	5400	10500
Total	18300	18600	36000

Figures are rounded.

NB It is worthwhile to note that the Office for National Statistics predict a steady decline over the next 5 years in the 0 – 14 population in South Tyneside. It estimates a drop of 11% by 2015, reducing the number in this age range to 22,700.

National estimates suggest that 7% of the child population have some degree of disability. This would equate to a figure of 2,520 for South Tyneside. However this national estimate uses a very wide definition of disability and gives no true indication as to the level of need. As such whilst it is a useful broad base figure it has limited value in assessing the potential demand for additional services or in planning for such services.

Consequently a more accurate estimate has been sought using the available local data.

Children/young People with Special Educational Needs²

	Action Plus ³	Statement ⁴	Total
Female	516	186	702 (31%)
Male	1058	520	1578 (69%)
Total	1574 (69%)	706 (31%)	2280

NB Figures for those who have either a Statement or who are subject to Action Plus processes are both given. This is to reflect that there has been an increasing move away from using the formal statementing process as a means of assessing and responding to a child/young person's educational needs. There are therefore a significant number of children and young people who would have previously been subject to a Statement who now are being assisted through the Action Plus process.

¹ Based on Register General's Mid-2006 estimates – Office for National Statistics

² January 2009 SEN Census

³ Child/young person is identified as requiring Schools Action Plus/Early Years Action Plus

⁴ Child/young person has a Statement of Special Education Needs

The total of figure of 2280 children/young people with identified special educational needs requiring either Action Plus based intervention or a formal Statement equates to approximately 10% of the school aged children/young people educated in South Tyneside.

However looking purely at the figures for special educational need do not give any indication as to the cause of that need and as such whether that need was as a consequence of a disability. As such the figures have been further extrapolated to considered the category of special education need.

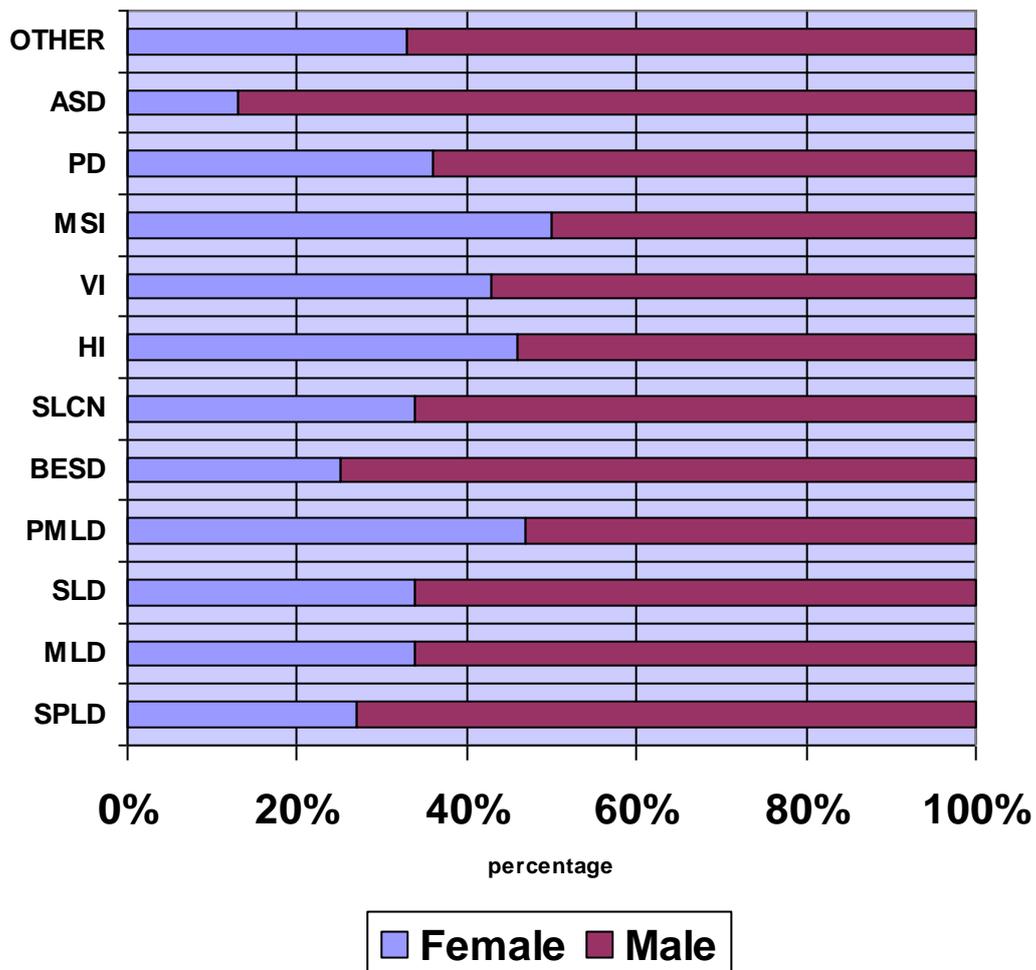
NB Glossary of abbreviations used are given on page 8

	Action Plus		Statement		Total	
SPLD	231	15%	23	3%	254	11%
MLD	293	19%	172	24%	465	20%
SLD	9	>1%	74	10%	83	4%
PMLD	4	>1%	39	6%	43	2%
BESD	316	20%	105	15%	421	18%
SLCN	358	23%	66	9%	424	18%
HI	26	2%	20	3%	46	2%
VI	8	>1%	6	>1%	14	>1%
MSI	1		1		2	
PD	38	2%	60	8%	98	4%
ASD	34	2%	115	16%	149	7%
OTHER	256	16%	25	4%	281	12%
	1574 (69%)		706 (31%)		2280	

NB The categorisation of special educational needs uses just the prime identified reason for that need. There are a significant number of children with complex needs who will have additional disabilities from the categorisation. For example a child with a severe learning disability may also have a sensory impairment and/or a physical disability. Similarly a young person with ASD may also have moderate learning difficulties.

Gender

In order to assist with relevant planning process, consideration was also given to whether there were any variations within the gender divide of the various categorisations. It was found that:



NB Data table for the above chart can be found in Appendix I

As can be seen overall males are more than twice as likely to have identified special educational needs. It is only in the categories of PMLD and those relating to sensory impairments do the proportions for each gender match the overall population gender split for school age children

Age

Consideration was also given to the ages of the children and young people who had identified special educational needs. This was to identify if there were any issues relevant to current and future service planning. Overall it found for nursery and primary school age children the following:

Nursery/Primary

Year	N1	N2	R	1	2	3	4	5	6	
SPLD	0		3	6	4	10	16	29	25	93
MLD		2	9	12	16	24	40	43	53	199
SLD			3	3	7	5	6	4	6	34
PMLD	1	3	4	2	6	2	1	1	2	22
BESD	1	21	22	31	26	23	24	34	40	222
SLCN	2	72	76	78	50	28	28	25	19	378
HI		1	1	3	1	3	5	4	4	22
VI				1	1	3	2	1	0	8
MSI				1						1
PD	1	5	5	8	3	6	7	9	6	50
ASD		3	3	7	12	11	9	10	13	68
OTHER	1	8	15	11	17	20	25	27	34	158
	6	115	141	163	144	135	163	187	202	1256

The implications of these figures in relation to service planning under Aiming High are considered later in this report.

For secondary school age children/young people the corresponding figures were as follows:

Secondary

Year	7	8	9	10	11	12	13	14	
SPLD	37	27	33	29	34	1			161
MLD	32	45	71	57	60	0	1	0	266
SLD	7	11	4	9	6	5	3	4	49
PMLD	2	3	3	1	4	3	2	3	21
BESD	22	42	38	53	43	1			199
SLCN	17	9	7	6	7				46
HI	3	6	3	6	5				23
VI	2	1	1	2					6
MSI					1				1
PD	8	6	6	11	16			1	48
ASD	19	17	15	13	14		3		81
OTHER	30	22	15	31	21	2	2		123
	179	189	196	218	211	12	11	8	1024

The implications of these figures in relation to service planning under Aiming High are considered later in this report.

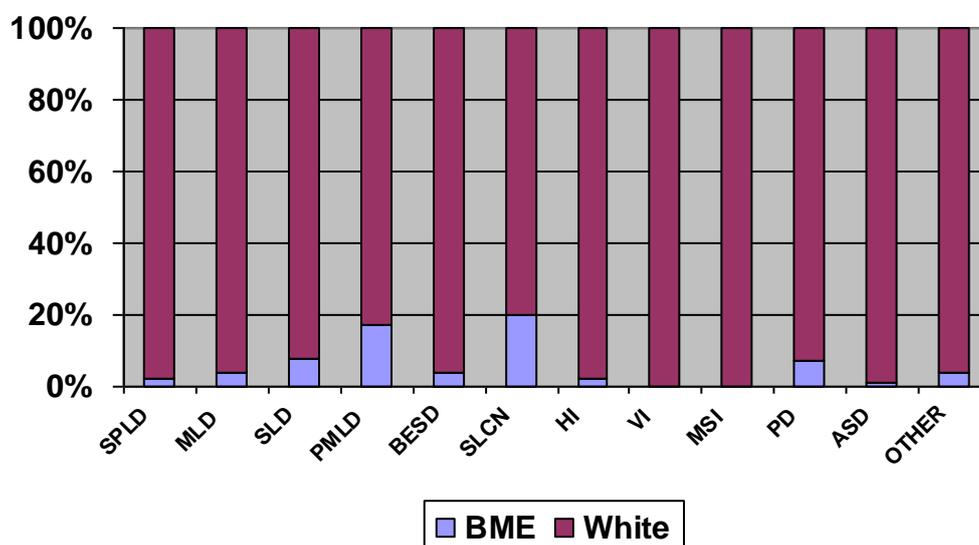
Ethnicity

In addition consideration was given to the ethnic identity of those with identified special educational needs. From that data where such information was detailed, it was found the following.

	Asian		Black		Mixed		OEI ⁵		White	
	64	3%	19	1%	20	1%	18	1%	1866	94%

The overall figure of 6% of the children and young people from an ethnic identity other than white is higher than the 4.4% noted for the overall population of South Tyneside⁶. However that figure is for all residents and the proportion in school age children and young people may well be higher.

The available data was further explored to ascertain whether there were any notable differences in the ethnic make up of the various categorisations. In looking at the comparison figures from those of black and minority ethnic groups (BME) and those identified as from white groups, it was found that.



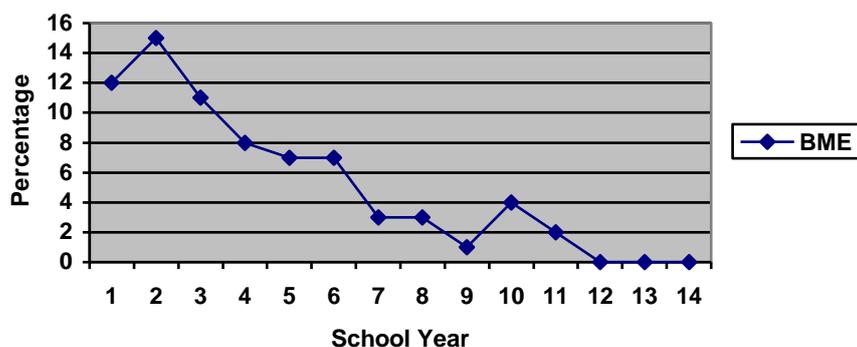
Detailed data can be found in Appendix II

The significance of this data in relation to Aiming High focused service planning and delivery is considered further in the report.

⁵ Other ethnic identity

⁶ JSNA 2007

In recognition that there has been a steadily increasing growth in the number of people from black and other ethnic minority backgrounds living in South Tyneside, consideration was given as to whether there were any variations in the proportion of BME children and young people noted across the age ranges. It was found that:



It is clear from the above that proportion of BME children with identified special educational needs is increasing with a rise of 10% between Year 11 and Year 1.

The possible factors as to this rise are not explored but its relevance to the planning of future provision is highlighted.

Where Educated

In recognition that simply looking at categorisations (or indeed whether a statement was considered necessary) does not provide any indication as to the severity of that need - for example there will be significant variations in the impact or cause of a child identified as having SEN requirements due to SLCN (speech, language &/or communication needs) – the data was further examined and consideration given to the type of education setting the child/young person was identified as requiring.

This has been broken down into the following four categories:

- Special School
- Mainstream School with an Enhanced Resource Base
- Mainstream Primary/Nursery School
- Mainstream Secondary School

Special Schools

- Bamburgh
- Epinay Business and Enterprise School
- Galsworthy Centre
- Greenfields
- Margaret Sutton
- Oakleigh Gardens

%given as totals of those attending the schools

	Action Plus		Statement		Total	
SPLD	0		0		0	
MLD	16	50%	128	31%	144	32%
SLD	1	3%	69	17%	70	16%
PMLD	3	9%	37	9%	40	9%
BESD	9 ⁷	28%	70 ⁸	17%	79	18%

⁷ Figure includes 7 educated at the Galsworthy Centre

⁸ Figure includes 49 educated at the Galsworthy Centre

	Action Plus		Statement		Total	
SLCN	0		20	5%	20	4%
HI	0		2	>1%	2	>1%
VI	0		3	>1%	3	>1%
MSI	0		0		0	
PD	0		49	12%	49	11%
ASD	1	3%	26	6%	27	6%
OTHER	2	6%	11	3%	13	3%
	32 (7%)		415 (83%)		447	

It can therefore be noted that currently just under 20% of the children and young people with identified special needs are educated in a designated special school. This includes:

- 93% of all those with PMLD
- 84% of all those with SLD
- 50% of all those with a PD
- 31% of all those with MLD
- 21% of all those with a visual impairment
- 19% of all those with BESD
- 18% of all those with ASD
- 5% of all those with SLCN.

Mainstream School with an Enhanced Resource Base

- Ashley Diagnostic and Assessment Centre
- Biddick Hall Behaviour Support Unit -
- Fellgate Autistic Unit
- Hedworthfield Language and Development Unit
- Lukes Lane Behaviour Support Unit
- Simonside Hearing Impaired Unit)/ Jarrow Hearing Impaired Unit
- Jarrow Post 11 Centre (30 places, aged 11 - 16) - for children with ASD
- Temple Park Education Support Unit

	Action Plus		Statement		Total	
SPLD	19	13%	1	>1%	20	7%
MLD	22	15%	6	5%	28	10%
SLD	3	2%	3	2%	6	2%
PMLD	0		0		0	
BESD	20	13%	17	13%	37	13%
SLCN	34	23%	24	18%	58	20%
HI	4	3%	15	11%	19	7%
VI	1	>1%	1	>1%	2	>1%
MSI	0		0		0	
PD	2	1%	1	>1%	3	1%
ASD	2	1%	63	47%	65	23%
OTHER	43	29%	2	1%	45	16%
	150 (53%)		133 (47%)		283	

It can therefore be noted that currently just 12% of the children and young people with identified special needs are educated in a mainstream school with an enhanced resource base. This includes:

- 44% of all those with ASD
- 41% of those with a hearing impairment
- 14% of all those with a visual impairment
- 9% of all those with BESD
- 7% of all those with SLCN.
- 6% of all those with MLD
- 7% of all those with SLD
- 3% of all those with a PD

Mainstream Primary/Nursery School

	Action Plus		Statement		Total	
SPLD	76	9%	1	>2%	77	8%
MLD	129	15%	16	27%	145	16%
SLD	4	>1%	1	>2%	5	>1%
PMLD	1	>1%	2	3%	3	>1%
BESD	186	21%	6	10%	192	21%
SLCN	307	35%	12	20%	319	34%
HI	7	>1%	1	>2%	8	>1%
VI	3	>1%	1	>2%	4	>1%
MSI	0		1	>2%	1	>1%

	Action Plus		Statement		Total	
PD	28	3%	5	8%	33	4%
ASD	17	2%	8	13%	25	3%
OTHER	109	13%	6	10%	115	12%
	867 (94%)		60 (6%)		927	

It can therefore be noted that of the 1256 Primary/nursery School aged children with identified special needs, 74% are educated in a solely mainstream setting. This includes from the relevant age range:

- 86% of all those with BESD
- 84% of all those with SLCN.
- 73% of all those with MLD
- 66% of all those with a PD
- 50% of all those with a visual impairment
- 37% of all those with ASD
- 36% of all those with a hearing impairment
- 15% of all those with SLD
- 14% of all those with PMLD

Mainstream Secondary School

	Action Plus		Statement		Total	
SPLD	136	26%	21	21%	157	25%
MLD	126	24%	22	22%	148	24%
SLD	1	>1%	1	1%	2	>1%
PMLD	0		0		0	
BESD	101	19%	12	12%	113	18%
SLCN	17	3%	10	10%	27	4%
HI	15	3%	2	2%	17	3%
VI	4	>1%	1	1%	5	>1%
MSI	1	>1%	0		1	>1%
PD	8	2%	5	5%	13	2%
ASD	14	3%	18	18%	32	5%
OTHER	102	19%	6	6%	108	17%
	525 (84%)		98 (16%)		623	

It can therefore be noted that of the 1024 secondary school aged children/young people with identified special needs, 61% are educated in a solely mainstream setting. This includes from the relevant age range:

- 83% of all those with a visual impairment
- 74% of all those with a hearing impairment
- 59% of all those with SLCN.
- 57% of all those with BESD
- 56% of all those with MLD
- 40% of all those with ASD
- 27% of all those with a PD
- 4% of all those with SLD

Targeting Need – Aiming High Cohort

Aiming High targets the following key groups:

- a) Children and young people with Autism Spectrum Disorder;
- b) Children and young people with complex health needs, including the technology dependent child and those requiring palliative care;
- c) Children and young people up to 18 with moving and handling needs that will require equipment and adaptations;
- d) Children and young people with challenging behaviour as a result of their impairment;
- e) Severely disabled young people 14+.

In order to gain an understanding of the level of need amongst these groups and thus the implications for the services required by the Aiming High initiative, the following figures have been extrapolated from the available data:

- All those with ASD
- All those with a physical disability
- All those with a sensory impairment
- All those with SLD/PMLD
- All those not counted in above categories who are either:
 - Attending a South Tyneside SLD/PLMD school
 - In receipt of services from the integrated children with disabilities service⁹ and attending a local school.

⁹ These were included because the criteria used by this service would indicate that the needs of the child/young person are such that they would fit in to the Aiming High key groups.

Those with ASD

Special School	27
Mainstream with Resource base	65
Mainstream Primary / Nursery	25
Mainstream Secondary	32
	149

Those with a physical disability

Special School	49
Mainstream with Resource base	3
Mainstream Primary / Nursery	33
Mainstream Secondary	13
	98

Those with a sensory impairment

Special School	5
Mainstream with Resource base	21
Mainstream Primary / Nursery	13
Mainstream Secondary	23
	62

Those with SLD/PMLD

Special School	110
Mainstream with Resource base	6
Mainstream Primary / Nursery	8
Mainstream Secondary	2
	126

Those attending a SLD/PLMD school /known to CWD team not counted in the above categories

SLD/PMLD school	2
Integrated CWD Team	7
	9

These give a total as follows:

ASD	149
Physical Disability	98
Sensory Impairment	62
SLD/PMLD – other provision	126
Other	9
	444

These 444 children/young people represent approximately **20%** of those identified as having special educational needs and being educated within the Borough.

Additional Figures

The above figures only reflect those children and young people who are currently educated within South Tyneside within a school/maintained nursery setting. In addition there will be a level of need amongst: -

The Pre-School Population

This is a difficult figure to properly estimate given that the needs of many of the children in this age group may not yet be identified or fully assessed. However using a base line figure of a 0 – 4 population of 7,600 then it can be estimated that:

- 760 may have a special educational need (20%)
- 152 (20%) of these will be likely to be with in the target group for Aiming High.

As twelve children (aged 3 & 4 years) are counted in the SEN data above, the pre-school is predicted at being approximately **140** children.

The 16+ Population

Once again this is a difficult figure to establish accurately using available data but if the base line figure of a population in the relevant age group of 6,300 is used then:

- 630 may have a special educational need (10%)
- 126 (20%) of these will be likely to be in the Aiming High target groups.

As 22 of these young people are counted in the SEN data above and a further 7 in the following figures then the estimate for the 16+ population is approximately **95** young people.

Those educated out of Borough

There are 26 children and young people with special educational needs educated outside South Tyneside. **21** of these are likely to be in the Aiming High target groups.

It would appear therefore that the total number of children and young people who are likely to be in the key target groups for Aiming High is approximately:

School Age	444
Pre-School	140
16+	95
Educated OOB	21
	700

This represents approximately 2% of the 0 – 19 population.

Identifying the Type of Provision Required

Whilst a baseline figure of 700 children and young people who may fit the key focus areas for Aiming High has been established, this figure does not give any indication as to the type of provision required.

To attempt to provide some indication as to this, consideration has been given to:

- The nature of the need/disability of the child/young person.
- The age of the child/young person
- Gender
- Ethnicity

Utilising the figures obtained of the identified children and young people from the SEN data as an indicator it can be estimated that of those 700 children and young people

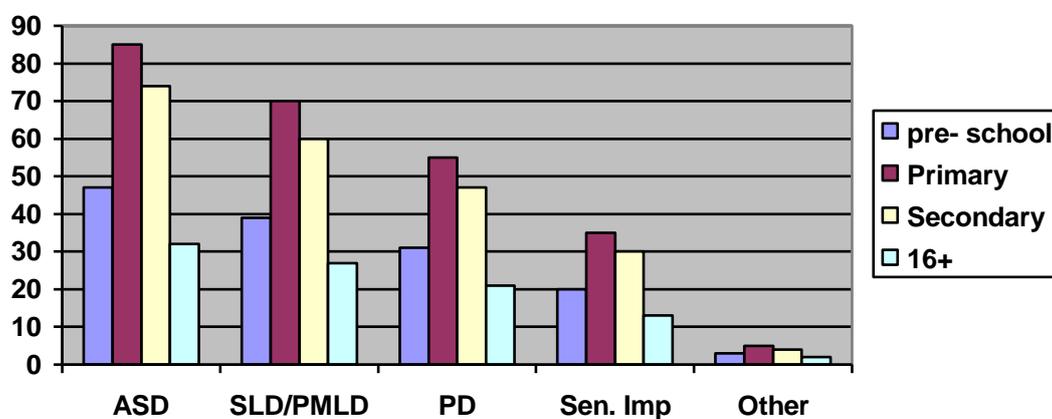
Type of disability

34% will have ASD or	238 children/young people
28% will have SLD/PMLD or	196
22% will have a physical disability or	154
14% will have a sensory impairment or	98
2% will have MLD/SLCN/BESD	14
	700

Age

	Pre-school	Primary	Secondary	16+
ASD	47	85	74	32
SLD/PMLD	39	70	60	27
PD	31	55	47	21
Sensory Imp.	20	35	30	13
Other	3	5	4	2
	140 (20%)	250 (36%)	215 (31%)	95 (13%)

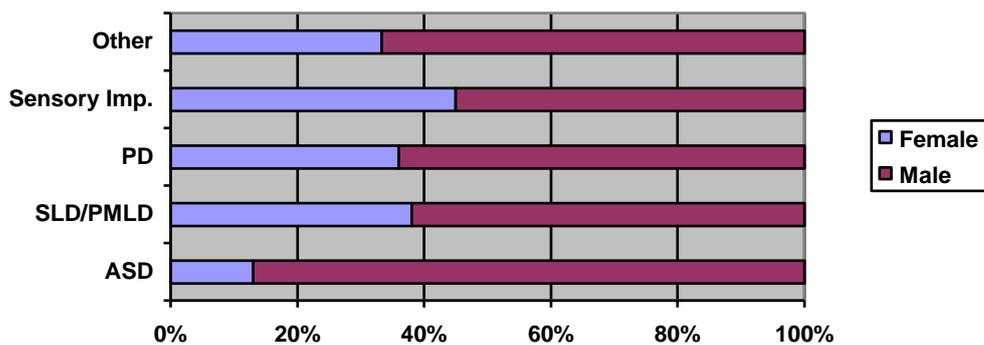
% given of 700 base line figure



Gender

	Female		Male	
ASD	13%	31	87%	207
SLD/PMLD	38%	74	62%	122
PD	36%	55	64%	99
Sensory Imp.	45%	44	55%	54
Other	3%	5	6%	9
		209		491

Using the base line figures it can be predicted that of the 700 children and young people identified in the Aiming High target groups, 209 (30%) will be female and 491 (70%) will be male.

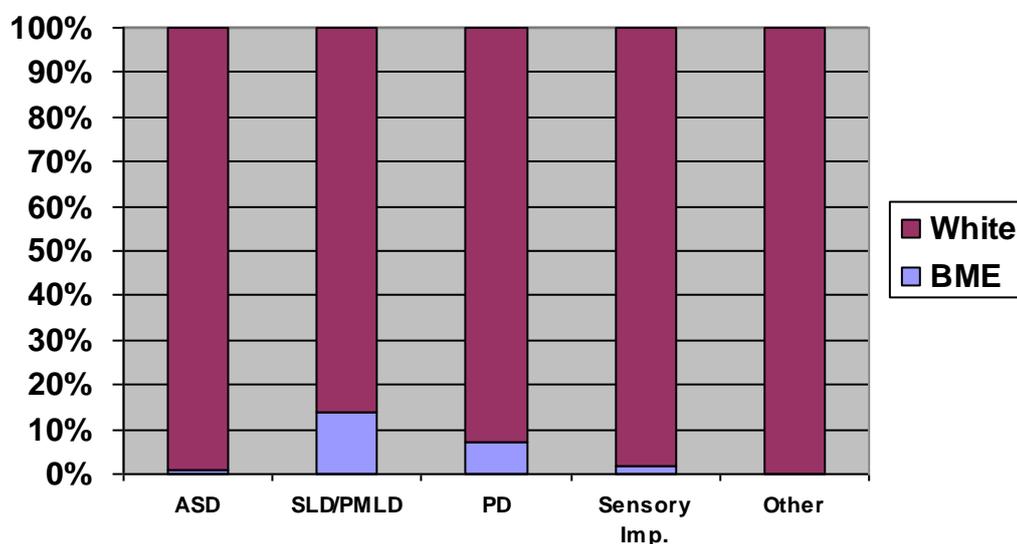


Ethnicity

	BME	White
ASD	1%	99%
SLD/PMLD	14%	86%
PD	7%	93%
Sensory Imp.	2%	98%
Other	0	100%

Overall children and young people from black and other minority ethnic backgrounds will form approximately 6% of the Aiming High key groups. There are however significant variations between categories.

That percentage rises to 14% in the SLD/PLMD category. Given that there is a rise in the overall population of children from black and other minority ethnic backgrounds within the borough it is possible that there may be a longer-term rise in the number of children with SLD/PMLD.



Statistical Conclusions

As can be seen from all of the above that in terms of those identified as being within the focus groups for Aiming High, it can be estimated that: -

- **ASD** – there are approximately 238 children and young people who have ASD. Of these 87% will male and 99% will be white.
- **SLD/PMLD** – there are approximately 196 children and young people who have SLD/PMLD. Of these 38% will be female and 14% will be BME.
- **PD** – there are approximately 98 children and young people with a physical disability. Of these 64% will be male and 7% will be BME.
- **Sensory Impairment** – there are approximately 99 children and young people with a sensory impairment. Of these 45% will be female and 2% will be BME.

- **Other** – there are approximately a further 14 children and young people whose disability is such that they will fit with in the key target groups of Aiming High. Of these 66% will be male and 100% will be white.

Overall of those children and young people in the Aiming High key target groups it is estimated that:

- 20% will be pre-school
- 36% will be Primary school age
- 31% will be Secondary school age
- 13% will be 16+

Provision Profile

Early Years and Educational Establishments

	Type	No.	Notes
Universal/ Inclusive	Children's Centres	12	Offer on-site/linked child care from 6 weeks to 5 years (full or part time) Integrated care for ¾ year olds attending early education. Also varying activities (depending on Centre) for parents/carers/children and young people.
	Maintained Nursery Schools	4	Age 3 plus
	Private Nurseries	11	Ofsted registered. Offer day care, full and part time, for those aged up to 5.
	Primary Schools	50	28 have nursery units attached.
	Secondary Schools	9	One with a 6 th Form
Targeted/ specialist	Enhanced Resource Bases	8	Attached to mainstream schools: <ul style="list-style-type: none"> • Ashley Diagnostic and Assessment Centre – assesses the needs of pupils who may have social/emotional/physical/ intellectual difficulties– 6/7 places – nursery and KS1 • Biddick Hall Behaviour Support Unit - for children with behavioural and emotional difficulties – 7 places – KS2 • Fellgate Autistic Unit (30 places, aged 3 – 11) and Jarrow Post 11 Centre (30 places, aged 11 - 16) - for children with ASD

	Type	No.	Notes
Targeted/ specialist	Enhanced Resource Bases (cont.)		<ul style="list-style-type: none"> • Hedworthfield Language and Development Unit for those with severe language and speech problems – 24 places – Nursery, KS1, KS2 • Lukes Lane Behaviour Support Unit for children with behavioural and emotional difficulties and some with complex associated medical needs – 8 places – primarily KS1. • Simonside Hearing Impaired Unit (Nursery/Primary)/ Jarrow Hearing Impaired Unit (Secondary) – for children with significant hearing impairment • Temple Park Education Support Unit for children of average ability significantly underachieving due to a specific learning difficulty – 8 places – KS2. <p>Total places = 114 plus those at the HIUs.</p>
Targeted/ specialist	Special Schools	6	<ul style="list-style-type: none"> • Bamburgh –for those with medical and physical conditions or who are emotionally vulnerable. Approximately ¼ of pupils have ASD. Takes from aged 2 (part-time) to 17years and has 120 places. • Epinay Business and Enterprise School – for of those children/young people who have MLD including some associated behavioural problems. Age range is 5 – 17 years and has 104 places.

	Type	No.	Notes
Targeted/ specialist	Special Schools (Cont.)		<ul style="list-style-type: none"> • Galsworthy Centre – for those with behavioural /emotional difficulties. Age range is 11 – 16 years. 54 places. • Greenfields School – for those with SLD including some PMLD and some ASD. Takes from aged 2 (part-time) to 19 years and has 65 places. • Margaret Sutton School – for those with MLD including some associated behavioural problems. Age range is 5 to 16 years and has 120 places. • Oakleigh Gardens School – for those with SLD/PMLD and others with some features of ASD. Takes from aged 2 (part-time) to 19 years and has 70 places.
			Total places = 533
	Post – 16 (South Tyneside College)	1 (2 Bases)	<p>College offers supported/targeted provision for young people with a range of disabilities including ASD, complex needs and learning disabilities.</p> <p>There is a 20-place full time provision for those with ASD -‘Interface’- plus approximately 100 students with various disabilities at Hebburn site.</p> <p>College also aims to make all other courses accessible to all those who have the appropriate level of academic ability.</p>

The SEN Review

Following a lengthy period of review, planning and consultation, South Tyneside Council have now (December 2009) reached a decision regarding the future arrangements for special school provision within the borough.

The review was prompted by a recognition that South Tyneside has a significantly higher proportion of special school places and children educated within these schools than was the national average.

In the academic year 2007 – 2008, 2.3% of school-aged children in South Tyneside were placed in special schools. This was nearly twice the national average for England of 1.2%.

It was acknowledged that this high level of placement was contrary to the drive towards the integration of those with a range of additional needs – including both learning and physical disabilities – into mainstream provision.

The agreed proposal does not affect the Galsworthy centre but will see the effective closure of the other five special schools and the creation of two new schools:

- One 130-place school for those with SLD/PMLD. The age range for the school will be 2 to 19 years and it is to be built on the Bedewell Primary School site.
- One 150-place school for those with a range of learning difficulties and disabilities (including physical and medical needs). The age range will be 3 to 16 years and it is to be established on the Bamburgh School site.

There will therefore be 280 places as opposed to the 479 provided by the closing schools.

The timescale for the establishment of these schools is at the earliest by 2012.

Activities & Short Break Opportunities

The focus of the work in South Tyneside being carried out under the auspices of Aiming High is on short break provision. This needs assessment has therefore attempted to identify activities available currently within the borough that either offer or have the potential to offer short break opportunities for disabled children and young people.

Defining a Short Break

In essence any activity allows the child/ young person and their parent/carer to have constructive time away from each other and a break from the respective roles and responsibilities of their relationship may be considered as a short break.

Such short breaks can be on a number of levels, ranging from:

- After school activities
- School holiday schemes
- One-to-one care (in the child's home or the child being taken out)
- Overnight care in a residential unit or a foster home.

There is also a view that the term short break does not necessarily mean the child being apart from their parent/carer but that it also encompasses whole family activities which give family groups the opportunity to do things together that the child's disability ordinarily precludes them from doing. For example a trip to a theme park or a weekend away.

The following documents the activities/provision available to children and young people within South Tyneside – both generic and specialist. The list is not exhaustive and it is recognised that there may be omissions.

Support Groups for Parents and similar arrangements have not been included as whilst of significant use to those attending do not constitute a short break.

	Type	No.	Notes
Universal/ Inclusive	Pre-school Play Groups	7	For children aged over 2½.
	Parent and Toddler Groups	35 approx	Run from a range of venues including schools and Children Centres.
	Out of School Clubs	17	Typically run from 3.15pm to 6pm. Nine offer breakfast and 13 also provide holiday clubs.
	Junior Clubs	8	Operate term time only, after school and one day per week. Targeted at those aged 5 – 14. Run by the Play Development Team at various locations around the Borough.
	Holiday Play Schemes		The Play Development Team (and the Youth Support Service) run a variety of activities during the summer and Easter school holidays. These are all offered as inclusive schemes but any additional support required by the child will have to be bought-in.
	Youth Initiative Centres	2	Open to those aged 5 to 24 years but targeted at young people. One (The CAVE) specialises in music, dance and drama. The other (Simonside) focuses on sport, climbing and outdoor activities. It does offer specialist provision for disabled children.

	Type	No.	Notes
Universal/ Inclusive	Youth Initiative Centres (Cont.)		<p>In addition to the above the Youth Support Service runs two weekly groups (one specifically for girls) that are targeted at both those with special needs (primarily learning disabilities) and non-disabled young people as well as a similarly targeted youth awards programme. They also offer a range of youth work/youth activities at 19 community associations.</p> <p>The Outdoor Education Team, based at Simonside YC, also provide school holiday activities at the Water Activities Centre.</p>
	Sport Centres	3	<p>Monkton offers outdoor activities including football specifically for those with special needs.</p> <p>Temple Park provides a range of activities including parent/toddler activity sessions, swimming, soccer skills</p> <p>Hebburn offers a range of swimming pool based activities including swimming lessons.</p>
	Libraries/museum/ local visitor attractions		<p>The Borough's 8 libraries run a range of clubs and activities for babies/ toddlers /parents and for older children. These are intended to be accessible to all. In addition the libraries' computers are mainly fitted with software to enable access by children with visual impairment.</p> <p>The South Tyneside Museum, St Bedes and the Arabia Roman Fort run various activities for children during the school holidays and occasionally during term time. Some have been specifically designed for children with special needs.</p>

Inclusion in Practice

All of the above activities state that they are open to all children and young people regardless of any disability that they may have.

However in reality the experience of those attempting to access these services is that there is frequently a number of sometimes insurmountable barriers to the child/young person's participation. Key amongst these are:

- **The availability or otherwise to the child/young person of the appropriate level of support.** Some children and young people require one-to-one or small group support in order to be able to participate and most of the universal activities do not have staffing ratios that would facilitate this.
- **The skill/knowledge base of staff.** Typically those running mainstream activities will have little experience of or knowledge about working with children and young people who have different and sometimes complex needs. This is often coupled with a lack of confidence in being able to appropriately care for or communicate with the child/young person. This combination can create a reluctance for staff to actively promote access to the activity by those who have any significant degree of disability.

It is also recognised that the care need of some child and young people (i.e. those who are dependent on technology) are such that specialist training of staff would be required to ensure the safety of the child/young person.

- **The availability of equipment** – some children and young people require additional equipment to enable them to participate in activities. Such equipment may not be readily available in universal settings and its cost may be prohibitive to it being supplied.
- **Venue facilities** – whilst there is a legal requirement to ensure that publicly accessible buildings are accessible to those with disabilities, this may not be the reality or be limited to a wheelchair ramp or a circuitous entry route (i.e. via the goods lift). Toilet facilities may not be suitable for the child/young person's personal care needs to be attended to, corridors may be insufficiently wide for powered wheelchairs, outside play areas that can only be reached via narrow or rough patches and so forth.

- **Transport** – for some children and young people travel on public transport is not an option. Likewise they may not have access to a private car or the parent/carer may not be able to transport them because of other care responsibilities (younger siblings etc.). Additionally there is the issue that for some young people a key element of the enjoyment of an activity is the opportunity to travel to the venue independently from their parents/carers.
- **Perception/Culture** – the segregation of disabled children and young people has been long standing in many, if not all, areas of the country and markedly so within South Tyneside. No doubt linked to the historic tendency to educate high numbers of disabled children in special schools, the prevailing culture within the borough appears to have been one where activities are only seen as being available to/for disabled children and young people if they are specifically designated as such.

This has been underpinned by an understandable protectiveness by many parents and carers, concerned about how their child will be treated in non-specialist activities and how safe they will be.

One consequence of this has been that demand for disabled children and young people to attend non-specialist activities has been low and thus steps towards systematically addressing the barriers which preclude ready access have been limited if non-existent.

There is much to suggest that the culture of segregation is gradually shifting towards a more inclusive approach but as with all such changes this is likely not to be a rapid process.

The above notwithstanding, it is important to acknowledge that some disabled children and young people will never be able to utilise mainstream/universal activities in anyway that is meaningful to or enjoyable for them.

Some, as a consequence of their disability, cannot function or be kept safe within a group setting and require individual activities.

Others may have such a complexity of needs that this curtails their ability to use all but the most specially adapted provision.

As such it is clear that however inclusive universal services become, specialist short break provision will be required for some children and young people.

Specialist Provision

	Type	No.	Notes
Targeted/ specialist	Parent/child Groups		<p>Whitburn and All Saints Children's Centres run groups specifically for children with special needs and their parents/carers.</p> <p>In addition there are a number of service specific groups run by individual services that offer regular groups for parents and children. These often have a therapeutic/treatment component or this is the intended outcome.</p>
	Out of School Clubs		<p>Greenfields School run after school clubs 4 days per week. These are also open to pupils from Oakleigh Gardens and Fellgate/Jarrow Schools</p> <p>In addition Margaret Sutton School runs after school clubs 3 days per week and there is a variety of additional activities taking place at the other schools.</p> <p>The Hearing Impaired and Visual Impaired Services also run weekly groups for the children and young people that they work with.</p> <p>For those children and young people placed at Thornhill Autistic School (Sunderland) there are after school clubs every day during term time.</p>

	Type	No.	Notes
Targeted/ specialist	Play Schemes		<p>Started in 2002, The Special Needs Integrated Play Scheme (SNIPS) offers as its core activity a Saturday club held at Margaret Sutton School. The club provides a range of activities including much outdoors, arts and crafts, cookery classes and sessions from visiting guests. It employs 4 staff to support activities.</p> <p>In addition there are annual events such as a sports day, Christmas dinner/party as well as coach trips, weekends away etc.</p> <p>The scheme, which has charitable status, is now a contracted service of Local authority (currently until 2011) and there is no charge for activities.</p> <p>Membership as 31/03/09 was 81 adults and 81 children</p> <p>The local authority currently contract a private provider to run a Saturday Club for six children (maximum attendance of bi-weekly) – those attending are children who are in receipt of services from the Children with Disabilities Team.</p> <p>Whilst not regarded as a play scheme it is noted that the local authority has run three coach day trips this year to local attractions. These have been open to all those registered on STAN.</p>

	Type	No.	Notes
Targeted/ specialist	Holiday Play Schemes		<p>The Play Development Team run a special summer play scheme which is open to children/young people attending Greenfields, Oakleigh Gardens and Fellgate schools.</p> <p>This summer it offered 2 days per week per child/young person for 4 weeks and was used by approximately 27 children. The sessions are divided in age bands – either 4 – 11 or 12 –18 years.</p> <p>A special play scheme was also held this October half term and offered 1 day per child/young people. As with the summer scheme it was only open to those attending Greenfields, Oakleigh Gardens and Fellgate schools.</p> <p>Thornhill Autistic School have regular school holiday schemes, which are utilised by the local authority for a few children/young people with autism.</p>
	Specific /Individual Child/Young Person (Day Care)		<p>The local authority contracts a private provider to provide one-to-one activities/care – both in and out the child's home.</p> <p>The service is provided only following assessment by the Children with Disabilities Service.</p> <p>In 2007/2008 this service was provided to 34 children/young people who collectively received 6,506 hours of care.</p>

	Type	No.	Notes
Targeted/ specialist	<p>Specific /Individual Child/Young Person (Day Care) (cont.)</p>		<p>In 2008/2009, 37 children/young people were provided with this service with a collective input of 7,524 hours of care.</p> <p>It is projected that in 2009/2010, the number of children/young people receiving this service will rise to 48 (8,500 hours in total) and by 2010/2011 to 56 children/young people being in receipt (9,500 hours in total).</p> <p>NB The above figures also include those children and young people who receive Direct Payments. Namely:</p> <p>2007/2008 – 18 2008/2009 – 31 2009/2010 – 42 (projected) 2010/2011 – 53 (projected)</p>
	<p>Specific /Individual Child/Young Person (Overnight)</p> <p><i>NB Funding for this provision is only available following assessment by the Children with Disabilities Service and when in relation to hospice provision also via a joint (PCT/Local authority) commissioning process</i></p>		<p>In-home Care</p> <p>Currently South Tyneside does not provide/fund any overnight short break services within the child/young person's own home.</p> <p>Foster Carers</p> <p>South Tyneside have 3 in - house foster carers who offer respite to children with disabilities. In addition the local authority currently uses 2 respite foster carers via an independent fostering agency (St Cuthberts)</p>

	Type	No.	Notes
Targeted/ specialist	<p>Specific /Individual Child/Young Person (Overnight) (cont.)</p>		<p>Residential Provision</p> <p>There is currently no residential provision for children and young people with disabilities within South Tyneside. Such provision (a 5-bedded unit) is in the process of being developed with the aim that it be opened in late 2010.</p> <p>At present use is made of the following:</p> <ul style="list-style-type: none"> • The Alan Shearer Centre – Newcastle (St Cuthberts) South Tyneside has a contact for 5 beds/places at the weekend and 4 during the week. • The Percy Hedley Foundation Unit - Newcastle - Used on an ad hoc basis/ only occasionally for small amounts of respite. • The Leybourne Unit - Newcastle (also run by Percy Hedley) A term time Monday to Friday provision only and for those attending Percy Hedley School. Used very occasionally. • Interact Care – County Durham (The Lodge) Used specifically for one child. <p>Hospice Provision</p> <ul style="list-style-type: none"> • Butterwick House Children's Hospice - Stockton Provides day, respite and end of life care. • St Oswald's Children's Unit - Newcastle <p>Provides specialist residential short break service to children/young people with progressive, life shortening conditions.</p>

Level of Provision - Overnight Short Breaks

Currently around 35 children and young people have overnight short breaks funded by the local authority (and the PCT as applicable). This figure is a slight increase on previous years. The available data shows that:

In **2007/2008** – **31** children had overnight breaks

The service provided comprised
 830 nights in residential units
 218 nights in hospices
 330 nights in family based care

This was an average of 44 nights per child per year

The cost of this was:	Residential/hospice provision:	£462,376 (LA)
		£18,627 (PCT)
	Family based:	£33,826 (LA)
	Total:	£514,829

In **2008/2009** – **34** children had overnight breaks

The service provided comprised
 1117 nights in residential units
 240 nights in hospices
 345 nights in family based care

This was an average of 50 nights per child per year

The cost of this was:	Residential/hospice provision:	£474,857 (LA)
		£18,944 (PCT)
	Family based:	£52,220 (LA)
	Total:	£546,021

In **2009/2010** (projected) – **37** children will have overnight breaks

The will comprise
 1064 nights in residential units
 326 nights in hospices
 275 nights in family based care

This will be an average of 45 nights per child per year

In 2010/2011 (projected) –	41 children will have overnight breaks
The will comprise	1124 nights in residential units 386 nights in hospices 295 nights in family based care
This will be an average of	44 nights per child per year

Total Funded Short Breaks

The following figures include those children and young people who attended the summer holiday schemes and other funded group activities as well as those who have had individual input and overnight short breaks.

- 2007/2008: **97** children/young people
- 2008/2009: **110** children/young people
- 2009/2010 (projected): **155** children/young people
- 2010/2011 (projected): **300** children/young people

Analysis/Issues arising/Commentary/Findings

As highlighted earlier the predicted number of disabled children and young people who fit within the target groups of Aiming High is 700.

Given that the projected number of children and young people to receive funded short breaks this year is 155, there is clearly a potential significant level of unmet need within that cohort. Furthermore there will be further need amongst those children and young people who do not sit within the Aiming High target groups.

The work of the assessment has highlighted that:

Universal Provision

- There is a wide and varied range of activities available to children and young people within universal provision that has the potential to provide short break opportunities.

However the capacity of many disabled children to make use of this provision is restricted by a range of factors including the availability of appropriate support, staff knowledge and skills funding and cultural perceptions.

No evidence was identified as to how such issues were to be systematically addressed and how the theory of inclusive provision would be translated into a reality.

Specialist Provision

- The availability of specialist short break services is more limited, offering little real choice or flexibility. There is limited family based care and there is no overnight provision available within the child's own home. The appropriate development of specialist short break provision has been impacted by insufficient forward planning, particularly on a multi-agency/multi-disciplinary basis, leading to an over reliance on reactive and piecemeal resourcing and development.

Access to provision is frequently restricted by referral processes that are perceived as being too complex, untimely and intrusive and criteria that is overly focused on degree of the child's disability rather than the impact.

Whilst developments such as the Aiming High access fund (and the Early Years Panel referral pathway) are seen as positive steps in enabling appropriate access to support funding, concern is raised as to how this will be sustained once the Aiming High funding comes to an end.

SNIPS does provide a sound and tried model of specialist short break provision and benefits from its origins as a parent/carer led initiative. The potential to expand such provision and utilise the SNIPS staff and members' experience and knowledge base in doing so appears to merit exploration.

Specialist Services

The following charts the main services operating within South Tyneside that provide specialist input for disabled children and young people.

Type	Name	Age Range	Staffing (Applicable)	Referral Route	Agency
Equipment	Wheelchair Service Wheelchairs/seating	Any (Inc. adults)	1 Wheelchair Technician 1 p/t Technical Instructor (20 hours)	No self referrals Medical/community/social care professionals	Foundation Trust
	Star Centre (Inc. assessment for adaptations/DFG) Approx £50k spend on children's equip. DFG (8children) last year (April to April) Spend of £107, 193 - £79,184 from DFG	Any (Inc. adults)	1 Team Manager 2 Senior Practitioners 10 Occupational Therapists 8 Assistant O/Ts (1 Senior Practitioner and 2 O/Ts have specialism in Paediatrics)	<ul style="list-style-type: none"> • Via Referral Service (Laygate) for children and young people/carers/parents • Designated health professionals • Disabled children's service • HI/VI services 	Local Authority Adult Services

Type	Name	Age Range	Staffing (Applicable)	Referral Route	Agency
Therapies	Speech and Language Therapy	Any	1 Head of Special Needs Service (Children) 5.1 fte clinicians ¹⁰	Open including self referral	PCT
	Physiotherapy (Special Needs Service)	0 -16 (0 – 19 if in education) Adults if learning disability	4 Physiotherapists (including head of service) (2 full time/2 part time) 1 junior physiotherapist ¹¹ 3 p/t assistant physiotherapists	Any health professional	Foundation Trust
	Paediatric Occupational Therapists	0 - 16 (0 – 19 if in special school)	3 fte Occupational Therapists	Any health professional/ Professional from related service	Foundation Trust
Health (General)	Community Paediatricians	0 – 16	2 Consultants 1 Paediatrician	Any health professional/related service	Foundation Trust

¹⁰ Staffing issue – 1 post, recently filled, was vacant for seven months.

¹¹ Staffing issue – this is a rotational training post and is on occasion not filled

Type	Name	Age Range	Staffing (Applicable)	Referral Route	Agency
Health (General)	Children's Community Nursing Team Provide direct nursing care as well as education, support & liaison	0 – 16 (0 – 19 if SEN)	2.1 fte Nurses 1 Nursery Nurse 1 p/t Nursery Nurse 1 Health Care Assistant	Any health care professional (Generally via consultant)	Foundation Trust
	Specialist Health Visitor (Special Needs) Support and coordination	0 – 19	1 full time health visitor	Open Generally via other health care professionals	PCT
	Dentistry	Any	1 Senior Dental Officer (Special Needs)	Open access but mainly via health care professional	PCT
	Dietetics	Any	6 dieticians	Via health care professionals. Generally health visitor/GP	PCT

Type	Name	Age Range	Staffing (Applicable)	Referral Route	Agency
Health (General)	Community Learning Disability Nursing Team <i>(Integrated service with Disabled Children's Social Work Team)</i>	0 – 19	1 clinical lead 2 fte nurses 1 nursery nurse 1 Health Support Worker	Via local authority referral processes	Foundation Trust
Emotional Well being	Child and Family Unit Assessment and intervention around emotional/behaviour issues and assessment around ASD	3 - 16	1 p/t Consultant Psychiatrist (3 days per week) 1 Consultant Psychologist 1 Senior Nurse 3 Nurse Therapists 2 Social Workers 3 Occupational Therapists 1 Teacher 1 Psychotherapist 1 trainee psychotherapist	Referral via GP, Ed Psychology or Social Care staff. No self-referrals	Foundation Trust MH Trust Local Authority (Children & Young People's Directorate)

Type	Name	Age Range	Staffing (Applicable)	Referral Route	Agency
Education	Visually Impaired Service	0 – 19 <i>(Must have a Statement of SEN identifying visual impairment as an issue)</i>	1 Teacher in Charge 2.5 fte teachers 4.3 Specialist Assistants/Nursery Nurses 0.4 Rehabilitation Officer *1 Family Support Worker *1 Technical Support Worker (* Both posts shared with Hearing Impaired Service)	Usually via ophthalmologist or health visitor	Local Authority (Children & Young People's Directorate – Social Inclusion & Achievement)
	Hearing Impaired Service	0 – 19 (Must use a hearing aid)	1 Teacher in Charge 5 fte teachers for the deaf 8 fte nursery nurses inc. 3 communicators Plus shared posts above	Via hospital screening (birth) or school if issue develops later	Local Authority – as above

Type	Name	Age Range	Staffing (Applicable)	Referral Route	Agency
Education	Educational Psychology Service	0 – 19	Educational Psychologists Teachers		Local Authority (Transitions & Well Being)
	Connexions LD/D Service	14 – 25	1 Service Development Manager 3.5 Advisors	Automatic via year 8/14+ school review and SEN review	Local Authority (Transitions & Well Being)
	Parent Partnership Service <i>Offers independent support and information to parents/carers whose children have or may have special educational needs.</i>	Any child with identified SEN	1 Parent Partnership Officer	Open	Local Authority (Social Inclusion & Achievement)

Type	Name	Age Range	Staffing (Applicable)	Referral Route	Agency
Education	Portage and Pre-School Service	0 – 3	1 Teacher-in-Charge 1 Portage Supervisor 3 Portage Home Visitors 8 fte Nursery Nurses	Via Early Years Panel	Local Authority (Transitions & Well Being)
	Children with Disabilities Service <i>(Integrated team – also includes learning disability nurses – see above)</i>	0 – 17	1 Team Manager 1 Senior Practitioner 4 Social Workers ¹² 1 Social Work assistant <i>1 part time Network Coordinator (30 hours)</i>	For Social Work Team via <ul style="list-style-type: none"> Local authority ref. process Early Years Panel Children’s Panel Open to Network Coordinator	Local Authority (Early Intervention & safeguarding)
Social Work	Transitions Service (Community Learning Disability Team)	17 + (Learning Disability)	1 Transitions Social Worker	Primarily from Disabled Children’s Service & via school review	Local Authority (Adult Services)

¹² Staffing issue – one vacancy

Findings

Referral and Care Pathways

As can be seen from the above charts there are four main referral routes for services. Namely via:

- Health Professionals (Both primary, e.g. Health Visitors, GPs, and 2nd tier)
- Education Assessment and Planning Processes
- The Early Years Panel (and to a lesser extent, The Children's Panel)
- Referral Services for the Early Intervention & Safeguarding section of the Children and Young People's Directorate

Whilst opportunities for self referral (inc. parent/carer) are limited this was not identified as an issue during the conduct of this needs assessment.

Generally referral routes are clear and there is a good understanding by and large amongst professionals of process - if not always an agreement regarding the application of service criteria.

However what were identified as issues where:

- The lack of comparable services to refer children and young people on to at key transition points namely those from pre-school to primary school, from primary to secondary school and from children to adult services. As a consequence service input could not be maintained, as there was no service to refer onto once the child/young person ceased by virtue of age to meet the criteria for the existing provision.
- Access to assessment for short break services when the criteria (that of the Children with Disabilities Service) to be accepted for an assessment are not deemed to be met. This was seen to preclude a range of children and young people who had been assessed by other involved professionals as being in need of such services but where not perceived as being disabled enough to meet the criteria of the fund holding service. This issue is in part being addressed through the still developing work of the Aiming High Access Panel/Fund and through the pathway of the Early Years Panel.

Linked to this point was the concern that children and their families were having to go through a lengthy and intrusive process (a Core Assessment) to access short breaks. For some this was a significant barrier that led to many families not pursuing the matter.

- Access to suitable funding (and a clear and timely process for resolving any disputes) when there is disagreement as to whether the needs of the child for services (primarily respite/short break) are medical or social in origin. The absence of joint budgets and commissioning process was seen to create many difficulties for children and young people with complex needs and the capacity of professionals to access and provide the relevant level of service.

Equipment

No issues were identified regarding access to or the provision to meet most equipment needs. However it was noted that:

- Previous funding streams for in-school hearing systems had been altered and difficulties were being experienced in finding alternative monies.
- The DFG is to be reduced by approximately 20% over the next two years. This will impact on access to appropriate funding for property adaptations. In the absence of available housing house to be offered as alternative accommodation, there is the potential for an increase in the number of disabled children and young people living in unsuitable accommodation. This may in turn create additional demand for short break services.
- Equipment and assessment for adaptations for children and young people is currently funded in full by the adult services. Given the significant demands on the overall budgets within adult services, this arrangement is open to review and may result in the need for children's services to assume some degree of funding responsibility.

Workforce Capacity

Overall no significant issues regarding recruitment to the relevant specialist services/providers were identified bar:

- Speech and Language Therapy – this issue has been considered by other processes and thus will not be considered further here.
- Social Work – this is reflective of a widespread shortage of qualified social workers locally and nationally. Due to on-going recruitment issues, staffing levels within the Children with Disabilities Social Team are 20% below capacity. This naturally has an impact on their availability to provide services beyond their statutory and safeguarding responsibilities.

However these were the exceptions and generally there appeared to be a high level of workforce stability at practitioner and first line manager level. This has contributed to a pattern of good inter-agency working at an operational level through well-established relationships and cross agency knowledge.

Services reported to be working to capacity (and beyond). Whilst demand for services routinely outstripped supply this was well managed and almost accepted as inevitable within the complex field of disabled children. Service expansion – whilst desirable – was not regarded as realistic given the current limitations on public sector funding and thus most interpretations of where there were gaps in provision lay in the absence of other services. These were primarily:

- A lack, within children’s services, of compatibility of provision across the age ranges.
 - I.e. high levels of support being available in early years education but similar levels not available when the child transferred to primary school and thus concern that progress was not sustained.
 - Enhanced resources often target primary aged children and thus there is limited access to such resources for those in secondary school.
- An absence of or a lack of compatibility in services when young people need to transfer to adult services. In particular this was noted in:
 - Short break provision (Predominantly in appropriate provision for those aged 18 –25 years, including both day and overnight care).
 - Therapy provision (less so within learning disability)
 - Community Nursing Care and support
 - Mental health services – particularly in relation to those with ASD

As highlighted earlier whilst practitioners worked well together on a case-by-case basis this was not reflected in similar cohesion within inter-agency working at a strategic planning and development level. This led to specific issues such as difficulties around joint funding (outwith the agreed pathways relating to residential schooling and hospice provision). As well as wider issues linked to a lack of coordination between resources, a lack of rationalisation of these resources and an absence of a shared direction in addressing some of the broader issues such as the realisation of the inclusion agenda and the absence of appropriate adult services.

In addition the opportunity to influence and inform the wider development agenda (i.e. around future housing and employment/training needs) was not being utilised.

As a consequence of the lack of appropriate multi-agency planning structures services developed in isolation and practitioner initiatives such as the establishment of need specific multi-disciplinary clinics were not being fully utilised or integrated within a whole borough framework of provision.

Service Development - Parents and Young People's Participation

It is clear that in most instances parents/carers and as appropriate children and young people are involved in the planning activity that takes place in direct relation to the individual services that they receive. Participation by families appears standard practice for most individual planning and review processes and no issues were identified in relation to this matter.

The involvement of parents and young people in the wider planning and service development context is less straightforward.

No examples of such involvement in individual service development were identified nor of parental or young people representation on interagency planning forums. However there is the Listen for a Change Parent's Group that has acted as a consultative body. This has been primarily to the local authority but also to a lesser degree to the PCT.

This group was originally established to organise and convene the first Listen for a Change Conference. This was held in November 2008 and led to the development within South Tyneside of a parent participation model (based on the Contact a Family format).

This model has as its core a Parent Steering Group which links to a larger parent forum (the Conference) and to a series of small focus/reference groups. In South Tyneside there are three focus groups tasked with looking at either:

- Short Breaks
- Information
- Workforce Development

The Parent's group meets monthly and was responsible for the arranging of a further Listen for a Change Conference in July 2009.

Whilst evident that the group has been supported by the local authority through the provision of resources – both financial and staff time (primarily that of the Network Coordinator and the Parent Partnership Officer), it has yet to be formally embedded within the planning frameworks of the authority.

The group currently has no terms of reference and there is no formal reporting route between it and the Children and Young Peoples Directorate or indeed the wider Children's Alliance. Nor is its existence incorporated within the relevant planning structures of these bodies.

It is therefore currently questionable as to the extent that meaningful parental participation has so far been developed within South Tyneside and concern that the present arrangements, in the absence of the appropriate level of formalisation, are vulnerable to fragmentation/decline.

In terms of the involvement of young people in the development of services, there has been a number of consultative group exercises but no clarity was reached as to whether these were part of a systematic consultative arrangement or as more ad hoc response to specific issues.

There does not appear to be a specific group for disabled young people (in terms of service development/consultation/planning) and thus any meaningful participatory activity is limited to that arising from the work of the Young People's Parliament and its linkage to the wider planning mechanisms of the Borough Council.

Summary

Whilst the absence between service provider of a unified system of data collection and shared definitions has created difficulties, this needs assessment has attempted to establish baseline figures relating to the level of need within South Tyneside for provision for disabled children and young people. This is particularly in the context of short break provision and in relation to the key target groups for Aiming High.

The assessment found that:

- There were approximately 700 disabled children and young people in South Tyneside who may fit in the target groups of Aiming High.
- Of these: 20% were pre-school
36% were primary school age
31% were secondary school age
14% were 16+
- The main identified form of disability identified was:

ASD	34%
SLD/PMLD	28%
Physical Disability	22%
Sensory Impairment	14%
Other	2%
- The cohort group was 30% Female
70% Male
- Overall the proportion of the group coming from black and other minority ethnic identities was 6%. In the SLD/PMLD this proportion was significantly higher with a figure of 12%.

It was highlighted that the BME population in South Tyneside was growing particularly amongst the child population and that this had implications for the development of appropriate services.

- The number of children and young people predicted to receive funded short breaks this year is 155 and thus there is clearly potential for a high level of unmet need.

Key Findings:

Short Break Provision

Whilst there is an extensive range of available activities within universal provision, the potential for these to be truly inclusive and utilised as short break opportunities was impeded by a number of barriers.

There was no evidence identified that these barriers were being systematically and meaningfully addressed.

Current specialist short break provision is limited, providing little choice, flexibility or age appropriate activity. Access to funding is problematic and the pathway to such funding frequently seen as intrusive and unwieldy.

The past development of specialist short break provision appeared largely reactive and not subject to any significant degree of proactive planning or any within a multi-agency context.

The Aiming High Access Fund whilst a very positive development requires a suitable strategy as to how it will be sustained when the Aiming High funding comes to an end.

Service Provision

Service provision at the point of service delivery was characterised by good inter-agency work and collaborative practices.

Demand for services routinely outstrips supply but of more concern was the lack of compatible services both as the child progressed through child and as they moved into adulthood.

The Wider Agenda

Underpinning all the issues raised was the difficulties identified by the lack of appropriate multi-agency planning and development frameworks at a strategic and organisational level. This created a lack of cohesion around all aspects of service delivery and provision and thus not only were opportunities to rationalise resources, simplify processes being missed but also to build on the wealth of good practice and expertise being seen at an operational level.

Furthermore the absence of such framework precluded a common multi-agency ownership of the collective responsibility to ensure that the needs of disabled children and young people were being consistently met and continued to be met. Consequentially difficulties in addressing and resolving the various issues highlighted appear to have been placed largely in the context of inaction by one agency rather than as being a shared accountability.

To address some of the issues raised twelve recommendations to the Aiming High for Disabled Board are made:

Recommendations

1. Develop a multi-agency/multi-disciplinary strategic and attendant planning framework for the provision of services to disabled children/young people and their families.
2. Within that agree a multi-agency data collection tool and the mechanism by which this information will be collated. This to be used to inform future planning and development.
3. Develop a strategy to systematically realise the inclusion agenda relating to all aspects of service provision for disabled children/young people but with specific reference to those universal resources that provide short break opportunities. This to include funding routes, assessment pathways, staff training and workforce development, information, transport, equipment availability and other accessibility issues.
4. Formalise the reporting routes/links between the Listen for a Change Parents Group and reach agreement with them as to their terms of reference and key priority work areas.
5. In conjunction with the Youth Support Service and South Tyneside College explore the feasibility of establishing a disabled young people's council/forum and in the event of this being achievable, agree and formalise the reporting routes between this group and the Aiming High Board.
6. Utilise the opportunities provided by the development of the two new special schools to reach agreement with the relevant parties as to the level and remit of the extended services they will offer. This to include but not be limited to the provision of after school and holiday activities and the use of school premises for additional services.
7. Reach agreement as to the usage of the proposed in-borough residential short break unit both in terms of those children and young people it will prioritise for service and also in terms of the extended services it will provide or play host to.
8. Utilising the findings of this needs assessment and the information obtained through the Listen for A Change Conferences, agree and prioritise the development of a rolling programme of specialist short break provision that is reflective of age, complexity of disability, gender and ethnic identity and targets those least able to access universal provision.

9. In conjunction with adult and youth services explore the feasibility of establishing a range of specialist provision that meets the needs of young people aged 16 to 25 years old. This to include short break provision,
10. Develop and agree joint commissioning and funding pathways for the provision of short break care within the normal residence of children and young people when such care is assessed as being most appropriate to meet the child/young person's needs.
11. Develop and agree a long-term strategy for sustaining all developments made through Aiming High funding to ensure that the ending of such funding does not lead to a reduction in services.
12. Develop formal links with the relevant Adult Planning processes to ensure that information relevant to the future provision of services is available to them and can be utilise within the development of appropriate levels and types of service.

Gender – Data Table

	Female		Male		Total
SPLD	68	27%	186	73%	254
MLD	160	34%	305	66%	465
SLD	28	34%	55	66%	83
PMLD	20	47%	23	53%	43
BESD	107	25%	314	75%	421
SLCN	143	34%	281	66%	424
HI	21	46%	25	54%	46
VI	6	43%	8	57%	14
MSI	1		1		2
PD	35	36%	63	64%	98
ASD	20	13%	129	87%	149
OTHER	93	33%	188	67%	281
	702 (31%)		1578 (69%)		2280

Ethnicity – Data Table

	Asian		Black		Mixed		OEI		White	
SPLD (249)	1	>1%	2	>1%	1	>1%	1	>1%	245	98%
MLD (444)	12	3%	1	>1%	3	1%	3	1%	427	96%
SLD (78)	1	1%	3	4%	1	1%	1	1%	72	92%
PMLD (35)	3	9%	2	6%	0		1	3%	29	83%
BESD (375)	6	2%	0		7	2%	0		362	96%
SLCN (272)	30	11%	10	4%	3	1%	11	4%	218	80%
HI (44)	1	2%	0		0		0		43	98%
VI (13)	0		0		0		0		13	100%
MSI (2)	0		0		0		0		2	100%
PD (86)	3	4%	0		2	2%	1	1%	80	93%
ASD (143)	0		1	>1%	1	>1%	0		141	99%
OTHER (243)	7	3%	0		2	1%	0		234	96%
	64	3%	19	1%	20	1%	18	1%	1866	94%