

Joint Needs Assessment 2021/2022

Prepared by Jon Ashbridge, Principal Manager (Education, Lifelong Learning and Life Chances) Improvement, Performance and Quality, Children, Young People and Family Services
Version No.: 1.5 (June 2022)

Contents

1.0 Introduction

2.0 Definitions of Special Educational Needs and Disability

3.0 The State of the City

4.0 Population Overview

5.0 Special Schools and the City's Broader Schools Estate

6.0 Prevalence of Special Educational Needs in the City

7.0 Disability Prevalence

8.0 Early Identification

9.0 Post 16

10.0 Adult Social Care

11.0 Safeguarding

12.0 Other Discrete Populations and the Prevalence of Special Educational Needs

13.0 Outcomes for Children and Young People with Special Educational Needs and Disability

14.0 Transport

15.0 Hulls Thrive Model

16.0 Community Health and Services

17.0 Risk Factors and Prevalence

Appendix 1. The Education, Health and Care Assessment and Planning Process.

Appendix 2. The City's School Estate – Contributors to the School Census.

Appendix 3. Selected Primary Needs by Year Group (numbers).

Appendix 4. Selected Pupil Characteristics.

Appendix 5. Early Years SEND Notification and Information Form.

Appendix 6. Health Visitor Referral Process.

Appendix 7. Hull Children's Specialist Mental Health Disability and Autism Teams, Pathways and Interventions.

Introduction

1.1 Introduction

This joint needs assessment for special educational needs and disability has been produced to support the commissioning of services, promote a shared understanding of special educational needs and disability, and provide an evidence base for decision making in this area. Based on available evidence, the assessment aims to provide a comprehensive overview of children and young people with special educational needs in the city of Kingston upon Hull.

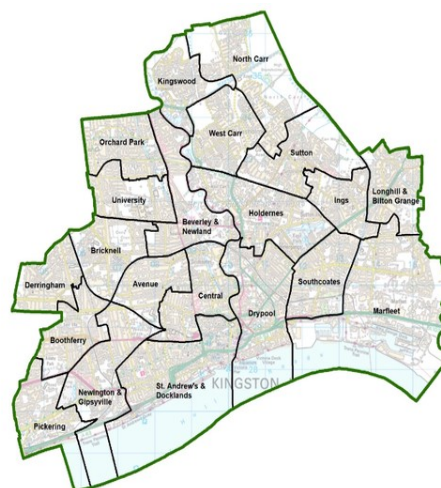
1.2 The City of Kingston upon Hull

Covering an area of approximately 28 square miles, the latest Office for National Statistics (ONS) Mid-Year Population Estimate (2020) for the city is 259,100 people.

With a tight and urban boundary, the population density of Kingston upon Hull is 36.5 people per hectare, compared to the national average population density of 4.3.

The city's population remains skewed towards 'younger' people. The largest five-year age group in Hull is 25 – 29-year-olds compared to 50 - 54 years nationally. The median age is 35.6 compared to 39.9 nationally.

Figure 1. The Geography of the City's Ward's.



1.3 Clinical Commissioning Group Areas

Clinical Commissioning Groups are the NHS organisations with responsibility for commissioning local health, well-being and social care services. In the case of Hull, the Clinical Commissioning Group area is coterminous with the Hull local authority area, but this is not always the case nationally.

1.4 Education, Health and Care Plans - Assessment Process

Information about Education, Health and Care (EHC) plan processes and pathways is included within Hull's Local Offer. This includes information about making a request for an EHC needs assessment, timelines and decision-making:

<http://hull.mylocaloffer.org/s4s/WhereILive/Council?pageId=2863>

The process is person centred with the child or young person together with parent or carer being involved throughout - ensuring that views are captured and inform the process. The service

communicates with parents/carers or the young person throughout the EHC needs assessment process. Impartial information, advice and support is available from SENDIASS. See **Appendix 1**.

Figure 2. Service Demand - Requests for Assessment.

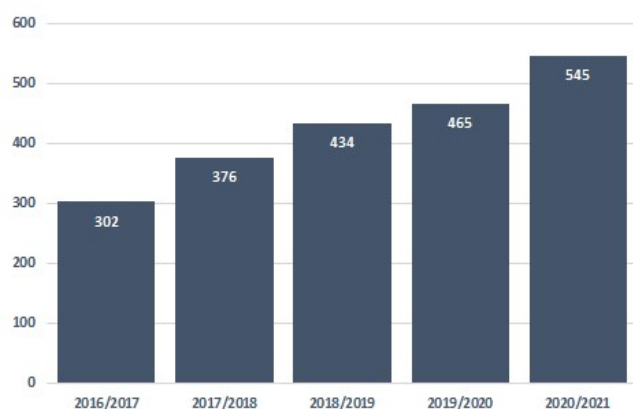


Figure 2, to the left, plots requests for assessment for the last five academic years. The latest full year (2020/2021) reflects a 17 per cent increase on the previous academic year and an eighty per cent increase on requests made in 2016/2017.

It should be noted that a typical 'no further action rate' for requests for assessment is in the region of 17%.

2.0 Definitions of Special Educational Needs and Disability

2.1 Local Authority Definitions of Special Educational Needs and Disability

The Government's vision for children and young people with special educational needs and disabilities (SEND) is the same as for all children and young people – that they achieve well in their early years, at school and in college and make a good transition to adulthood, to lead contented and fulfilled lives.

In Hull more than 18 per cent of children and young people have special educational needs and/or disability. Nationally the figure is almost 16 per cent. (A disability is described in law (the Equality Act 2010) as '*a physical or mental impairment which has a long-term (i.e. a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities*').

The Children and Families Act (2014) sets out the duties to which local authorities must have regard when supporting children and young people with special educational needs and disabilities. The legislation introduced a new **Education, Health and Care (EHC) plan** to replace statements of special educational needs and Learning Difficulty Assessments (LDA) and created a new single category of 'special educational needs (**SEN**) support' for those without a plan. In addition, there is a clearer set of expectations on schools and other service providers to support children and young people to achieve the best possible outcomes, including those relating to education.

2.2 Note on the Analysis of Special Educational Needs Data

Generally speaking, the prevalence of special educational needs at school, city or national/England level is expressed as a percentage of the corresponding pupil population, for example:

- the percentage of pupils with an Education, Health and Care (EHC) plan (EHC plans)

- the percentage of pupils at Special Educational Needs Support (SEN Support)
- the overall percentage of pupils with special educational needs (a combination of the two measures above – in other words BOTH EHC plans and SEN Support)
- The remainder of the population is normally referred to as the ‘non-SEN’ population.

Additionally, it should be noted that throughout this document small numbers have been suppressed.

2.3 Local Authority Types of Special Educational Needs and Disability

Pupils with special educational needs have learning difficulties or disabilities that make it harder for them to learn than most pupils of the same age. They may need extra help because of their ‘type’ of need – commonly referred to as a pupil’s primary need¹. At the same time, it must be understood that, although defining a primary need is a statutory duty, for some pupils with very complex needs this can be both difficult and misleading. Primary Needs are defined as follows:

ASD	Autistic Spectrum Disorder
HI	Hearing Impairment
MLD	Moderate Learning Difficulty
MSI	Multi-Sensory Impairment
OTH	Other Difficulty/ Disability
PD	Physical Disability
PMLD	Profound and Multiple Learning Difficulty
SEMH	Social, Emotional and Mental Health
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulty
SPLD	Specific Learning Difficulty
VI	Visual Impairment

¹ Under the code of practice - any pupil with special educational needs – in other words a pupil with either an Education, Health and Care (EHC) plan or a pupil in receipt of SEN Support, should have an identified ‘primary need’.

3.0 The State of the City

Kingston upon Hull is located towards the east coast of England and sits on the north bank of the Humber estuary, some 25 miles from the North Sea. Regionally, the nearest city to Hull is York (40 miles away), and Leeds - the main economic centre of the region - is 60 miles away.

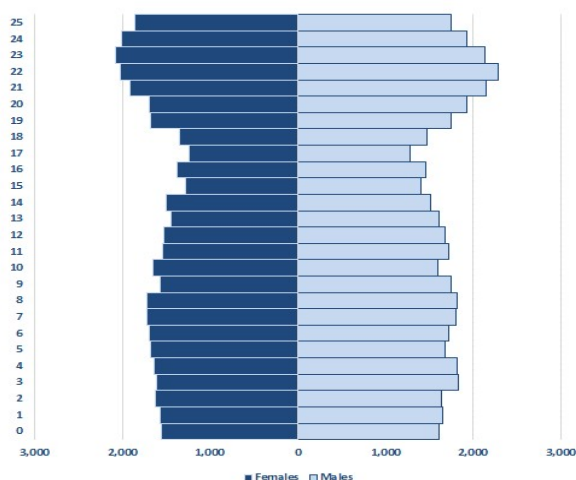
Compact and highly urbanised, Hull is the most densely populated local authority in the Yorkshire and Humber region. 64,000 children and young people (aged 0 to 19) make up a quarter of the city’s population, and a 0 to 25 population of 87,900 represents around 34 per cent of the city’s overall population. The total school population in January 2021 (excluding over 1,000 independent school pupils) was 42,244.

The English Indices of Multiple Deprivation (2019) placed Hull amongst the 2% most deprived local authority areas in the country (4th out of 317 local authority areas). According to End Child Poverty², after housing costs, more than a third (36%) of children and young people live in income deprived households. The city-wide figure masks wide disparity and the striking variation seen across the city’s electoral wards almost mirrors that seen across the country’s capital city.

Hull is a destination as opposed to an interchange and its tight urban boundary makes it difficult to compare with either the region or other local authority areas. The city’s population density suggests similarities to some London Boroughs, although its ethnic makeup does not. At the last census (2011) some ten per cent of the city’s population did not classify themselves as White British; across the city’s schools this percentage is much higher – 21 per cent (January 2021). The city continues to experience rapid and major social changes as its population becomes increasingly diverse. Over the last 10 to 14 years, the percentage of the school population that speaks English as an Additional Language has steadily increased to more than 16 per cent. This equates to more than 6,200 pupils speaking any of 116 different and discrete languages.

4.0 Population Overview

Figure 3. City Population Pyramid – 0- to 25-Year-Olds by Gender.



People’s health in the Yorkshire and Humber region is generally worse than the England average, in the city there are inequalities in health which are closely linked to deprivation. Children’s health in the city is generally worse than the England average.

There are around 87,900 children and young people aged 0 to 25 living in the city, this represents 34% of the overall population. **Figure 3**³ provides a distribution of the 0 to 25 population by single year of age and gender.

² 2019/2020, the corresponding England average is 31 per cent.

³ Figures 3 and 4 are underpinned by ONS Mid-2020 Population Estimates.

Figure 4 presents ward level populations aged 0 to 25 years, at banded intervals, as a percentage of overall ward populations.

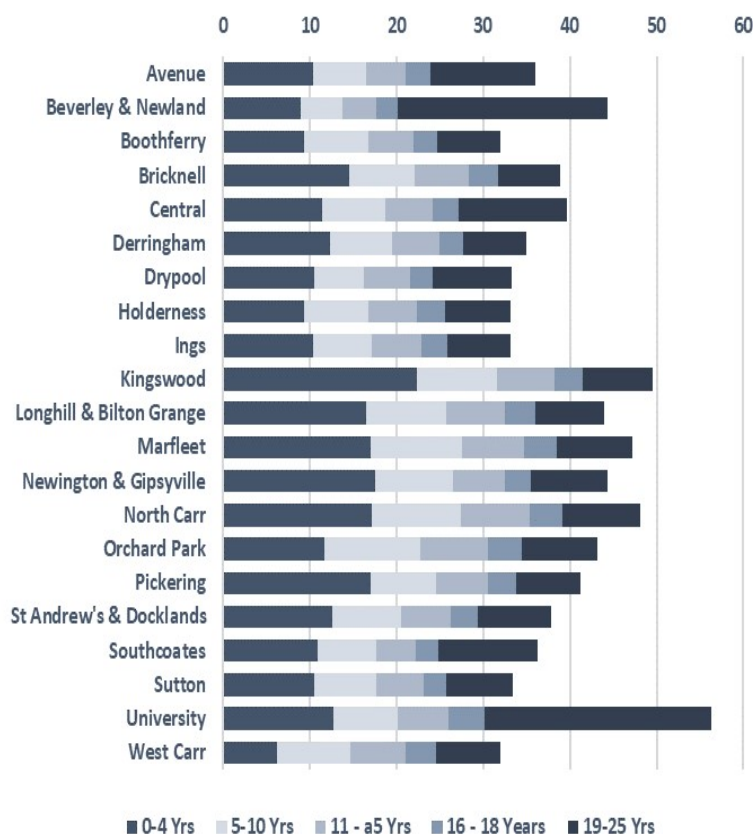
Figure 4. City Population Aged 0 to 25 by Age Band and Ward.

Overall, across the city:

- 13% of the population are aged 0 to 4 years
- 8% are aged 5 to 10 years
- 6% aged 11 to 15 years
- 3% aged 16 to 18 years, and
- 11% are aged 19 to 25 years.

Beneath these city averages significant variation is seen across individual wards.

The University ward – a popular residential area for the city’s students - naturally reflects some disproportionality, particularly in the 19- to 25-year-old age band, with children and young people representing in excess of 50% of the ward’s population. This phenomenon is present, albeit to a lesser extent, in the Avenue, Central and the Beverley and Newland wards.



Perhaps of more significance is the range seen across the city’s wards in the younger age groups:

- The largest 0- to 4-year-old population as a percentage of the ward population is seen in the Kingswood ward, at 22%, and the least in West Carr – 6%
- The largest 5- to 10-year-old population as a percentage of the ward population is seen in the Orchard Park ward – 11%, contrasted by the Beverley and Newland ward with 5%
- The largest 11- to 15-year-old population as a percentage of the ward population is seen in the North Carr and Orchard Park wards – 8%, contrasted by the Beverley and Newland ward with 4%.

Overall, the lowest concentration of the city’s 0- to 15-year-old population resides in the Bricknell ward, one of the least deprived wards in the city. The highest concentrations are seen in the Marfleet (7%), Newington and Gipsyville (7%), North Carr (9%) and Orchard Park (7%) wards. Accounting for some 20,000 children and young people, this equates to around 30% of the city’s 0- to 15-year-old population. All four of these wards are in the worst deprived 3% of 7,201 wards nationally⁴.

⁴ Index of Multiple Deprivation 2019.

Table 1 uses mid-year population estimates supplied by the Office of National Statistics to give some idea of anticipated growth and shrinkage of the 0- to 25-year-old population across electoral wards in the city.

This modelling would suggest the highest growth in the following wards:

- North Carr, Southcoates, University,

... and the highest levels of shrinkage in the following wards:

- Beverley and Newland, St Andrew's and Docklands, Holderness.

Table 1. City Population Aged 0 to 25 - Census Years 2001, 2011 and Mid-2017 Estimates, by Ward (ONS).

Ward	Age 0 to 25 Population (no.)			2020 Ward Share	Change (no.)			Change (%) 2018 to 2020
	2018	2019	2020		2018 to 2019	2019 to 2020	2018 to 2020	
Avenue	4200	4000	4000	4.5	-135	-81	-216	-5.2
Beverley & Newland	7200	6900	6500	7.4	-304	-453	-757	-10.5
Boothferry	3700	3600	3500	4.0	-58	-82	-140	-3.8
Bricknell	2300	2300	2300	2.6	8	-52	-44	-1.9
Central	4200	4300	4300	4.9	79	11	90	2.2
Derringham	3300	3300	3300	3.7	-28	-25	-53	-1.6
Drypool	3700	3600	3500	4.0	-33	-94	-127	-3.5
Holderness	3400	3400	3200	3.7	-55	-186	-241	-7.0
Ings	2600	2500	2500	2.8	-53	-54	-107	-4.2
Kingswood	2200	2100	2000	2.3	-102	-34	-136	-6.3
Longhill & Bilton Grange	4300	4300	4200	4.8	-36	-16	-52	-1.2
Marfleet	5300	5200	5200	5.9	-146	3	-143	-2.7
Newington & Gipsyville	5200	5100	5100	5.8	-96	-37	-133	-2.6
North Carr	6300	6500	6600	7.5	158	133	291	4.6
Orchard Park	6200	6300	6200	7.1	6	-6	0	0.0
Pickering	2400	2400	2400	2.7	-10	0	-10	-0.4
St Andrew's & Docklands	5100	5100	4800	5.5	16	-359	-343	-6.7
Southcoates	4700	4700	5100	5.8	-32	395	363	7.7
Sutton	3800	3800	3700	4.2	-66	-106	-172	-4.5
University	5000	5100	5300	6.1	64	248	312	6.2
West Carr	4300	4100	4000	4.6	-161	-76	-237	-5.5
City-Wide	89400	88400	87600	100.0	-984	-871	-1855	-2.1

Source: ONS Mid Year Ward Estimates 2018, 2019, 2020.

Caution must be taken here as mid-year estimates are modelled from a relatively old national census (2011) and are becoming less reliable as the release of 2021 census data approaches.

5.0 Special Schools and the City's Broader Schools Estate

Table 2. The City's School Estate and Inspection Outcomes

Provider Type	Number	Percentage Judged Good or Better at Last Ofsted Inspection	
		City	England
Nursery	1	100	98
Primary	71	87	88
Secondary	13	61	76
Special	6	100	90
Pupil Referral Unit/Alternative Provision	7	83	84

The city has six special schools and a total of 98 educational establishments. **Table 2** presents a summary by type of establishment and includes the most recent inspection outcomes at a local and national level. Historically the inspection outcomes for the city's special schools compare favourably with England data.

Source: Data view – Ofsted, at 31 August 2021.

Another way of looking at this data is on a 'percentage of learners' as opposed to 'percentage of schools' basis. At 31 August 2021, 100% of special school learners attended schools judged good or better at last inspection, this compares to an England average of 93%.

Table 3 presents some further detail regarding the city’s special schools – number of pupils on roll and summary outcomes at the most recent Ofsted inspection. The grade for ‘overall effectiveness’ at the previous inspection is also provided – at the rightmost column of the table.

Table 3. Inspection Outcomes – Special Schools (December 2021).

School	No. Pupils on Roll (Jan'21)	Date of Last Inspection	Overall Effectiveness	Leadership & Management	Quality of Teaching, Learning & Assessment	Personal Development, Behaviour & Welfare	Outcomes for Pupils	Previous Inspection - Overall Effectiveness
Bridgeview School	63	Mar-19	1	1	1	1	1	2
Frederick Holmes School	89	Sep-13	2	1	2	1	2	2
Ganton School	173	Jan-18	1	1	1	1	1	1
Northcott School	135	Mar-17	2	2	2	2	2	2
Oakfield School	99	Dec-18	2	2	2	2	2	2
Tweedykes School	163	Apr-16	1	1	1	1	1	1

Key:	Outstanding	1
	Good	2
	Requires Improvement	3
	Inadequate	4

The primary need of pupils attending special schools is presented at **Table 4** - the table presents actual numbers of pupils.

Table 4. Special Schools – Primary Need of Pupils.⁵

School	Primary Need							
	ASD	MLD	PD	PMLD	SEMH	SLCN	SLD	SPLD
Bridgeview School					50	7		
Frederick Holmes			62	6			14	
Ganton School						10	157	
Northcott Special School	70	7			15	27		
Oakfield					85			
Tweedykes School	25			7		17	98	7

It should be noted that primary need per se, particularly in the case of special schools and ultimately other pupils with an Education, Health and Care (EHC) plan, can mask an underlying complexity of need. The phenomenon of ‘primary need’ is considered in more detail in a later section of this document.

⁵ See Section 2.3, Page 7 for a list of full primary need descriptors.

6.0 Prevalence of Special Educational Needs in the City

6.1 Special Educational Needs and the Geography of the City

Figure 5. Special Educational Needs Populations by Electoral Ward.

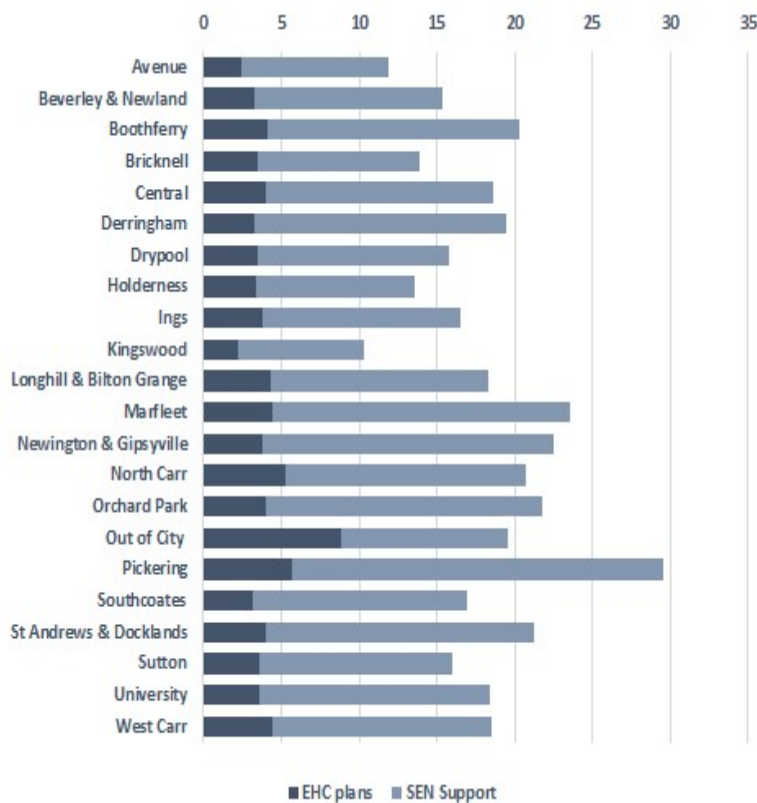


Figure 5 presents special educational needs populations by electoral ward across the city. Quite simply, the incidence of EHC plans or SEN Support is divided by the total number of pupils in each respective ward in order to calculate the percentage of pupils in each ward with either an EHC plan or in receipt of SEN Support.

Whilst considering these ward level variations it might be useful to bear in mind the overall levels of special educational needs across the city's school population:

- SEN Support 14.5%
- EHC plans 3.9%
- All SEN 18.4%

The highest incidence of SEN (overall) is seen in the Pickering (almost 30%) and Marfleet (24%) wards. By contrast, the lowest incidence of SEN is seen in the Kingswood (10%) and Avenue (12%) wards.

Isolating these ward level populations by the level of special educational needs provision reveals a different picture. The incidence of EHC plans is highest in the North Carr and Pickering wards at between 5 and 6%. In both the Kingswood and Avenue wards the incidence of EHC plans is 2% - in other words, two out of every 100 resident pupils have an Education, Health and Care (EHC) plan.

At SEN Support, the highest incidence is seen in the Pickering (24%) ward. The wards with the least incidence of SEN Support are Kingswood and Avenue (between 8 and 9%).

With special schools located in the Marfleet, Pickering, Sutton, University and West Carr wards in the city, there is some evidence to suggest a relationship between the geography of the schools and the wards with the highest incidence of special educational needs. It might be noted that a quarter of pupils with EHC plans reside in wards that host specialist provision. This is explored in more detail in the next section of this assessment.

Finally, attention should be paid to the disproportionality of EHC plans seen in the 'out of city' population. At January 2021 the city 'imported' around 1,638 pupils from neighbouring local

authorities (traditionally the city exports more pupils than it imports). Although the incidence of SEN Support amongst imported pupils is relatively low, the incidence of EHC plans is high – 9% (around 145 pupils), with half of these pupils attending acute provision – in other words, special schools – in the city. Overall, non-city residents account for almost 10 per cent of the city’s special school population.

6.2 Deprivation

Hull has high levels of deprivation as measured by the Index of Multiple Deprivation (IMD) 2019. This score is a measure of deprivation produced at lower layer Super Output Area level – in other words ‘sub-ward’ level.

These geographical areas have a minimum population size of 1,000 and a mean population size of 1,500, having been revised after the 2011 Census. The IMD 2019 is based on seven domains which are weighted according to their relative importance in relation to the overall score (weights in brackets): (i) income deprivation (22.5%); (ii) employment deprivation (22.5%); (iii) health deprivation and disability (13.5%); (iv) education, skills and training deprivation (13.5%); (v) barriers to housing and services (9.3%); (vi) living environment deprivation (9.3%); and (vii) crime (9.3%).

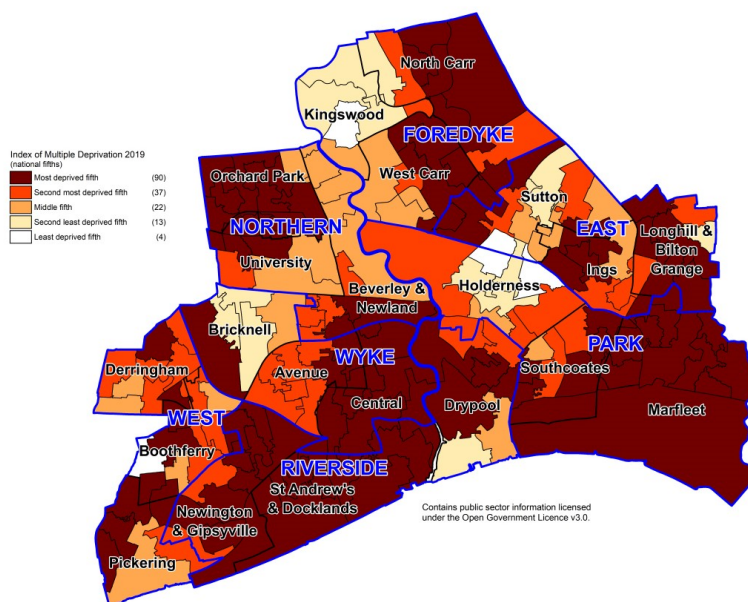
The IMD 2019 score measures deprivation but is not such a good measure of affluence. As it is applied to a geographical area, it relates to average levels of deprivation within an area. Therefore, there may be some residents of the area who are very much more deprived than the average and some very much better-off relative to the average. As mentioned in the section 3.0 (State of the City) of this paper, Hull is the fourth most deprived local authority out of 317 (bottom 2%) in terms of its IMD 2019 score.

If all of England’s 32,844 LSOAs are divided into five approximately equal-sized groups ranging from the 20% most deprived to the 20% least deprived areas, then half of Hull’s LSOAs are in the bottom / most deprived fifth (Figure 6).

More than half (54%) of Hull’s LLSOAs are in the bottom / most deprived fifth of LLSOAs in England, and there are only four LLSOAs (2.4%) in the top / least deprived 20% of LLSOAs in England.

There is evidence to suggest that there is a statistically significant relationship at pupil level between deprivation and special educational needs. Although the relationship between school levels of special educational needs and both deprivation and disadvantage, separately, are discussed later in this paper, it might be noted that these school level relationships are not significant.

Figure 6. City Geography and Deprivation.



6.3 Special Educational Needs in Schools

The most comprehensive capture of the numbers of children and young people with special educational needs locally and nationally is the School Census. All schools (including academies) are required to submit varying degrees of pupil level information to the Department for Education at three (termly) points in the academic year. The January or Spring Term Census, commonly referred to as the ‘main’ census, is the richest source of data on the prevalence of special educational needs.

The consistency of these data collections across local authorities and their respective schools and establishments offers a wealth of opportunity for trend analyses, benchmarking and comparative studies. In addition, these rich datasets are the ‘go to’ data sets for external agencies and third parties.

For clarity, a list of establishments contributing to the School Census in the city is provided at **Appendix 2**.

It is extremely important to understand that not all EHC plans maintained by the local authority attend the city’s schools. The School Census at January 2021 captured 1,708 EHC plans – in other words at January 2021 there were 1,708 pupils with plans attending contributing schools. However, the city maintains a total of 2,100 plans – this ‘bigger’ picture is explored later in this paper.

Table 5⁶ provides city level trend data at each level of special educational needs provision. These summary trends will be considered in more detail later in this section of this need analysis.

Table 5. City Special Educational Needs Populations – 2014 to 2021.

	2014	2015	2016	2017	2018	2019	2020	2021	Eng’21
EHC Plans	3.2	3.1	2.9	3.0	3.1	3.2	3.6	3.9	3.7
SEN-Support	16.0	15.0	14.4	13.7	14.1	14.3	14.5	14.5	12.2
SEN All	19.2	18.1	17.3	16.7	17.2	17.5	18.1	18.4	15.9

Perhaps as a consequence of the 2020/2021 academic year being fragmented with school closures as a result of COVID-19, 2021 is the first year since the introduction of the new code of practice in 2017 that the city’s SEN Support has not increased.

An increase in the percentage of pupils in the city’s schools with EHC plans – from 3.6 to 3.9% has driven the overall level of SEN in the city’s schools to a post-2017 peak of 18.4%. The corresponding England average is 15.9%. It might be worth noting that historically the city’s overall SEN population has been higher than corresponding England averages due to a ‘swollen’ SEN Support population.

Nationally, the percentage of pupils with Education, Health and Care plans at January 2021 (3.7%) is a continuation of an upward trend seen since 2017. In 2021 the percentage of pupils in receipt of SEN Support, 12.2% (up slightly from 12.1% in 2020), also reflects an upward trend.

Although the gap between overall SEN percentages locally and nationally is stark, differences are much less significant when the city is compared to statistical neighbour (similar) local authorities.

The corresponding overall levels of special educational needs across corresponding pupil populations at January 2021 for the city’s closest statistical neighbours were as follows:

⁶ Table 5 uses School Census data in the public domain, the same will be used by the DfE and Ofsted in the profiling and inspection of local authorities.

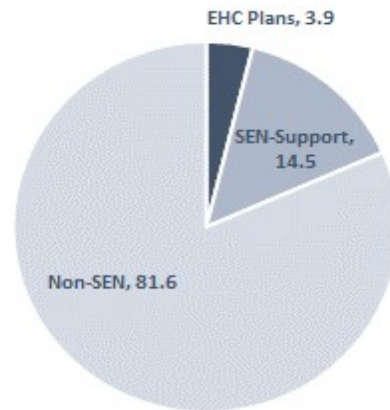
- Blackpool – 21.1%
- Middlesbrough – 17.5%
- Stoke-on Trent – 17.8%.

Figure 7 visualises these discrete special educational needs populations as a part of the larger city community of pupils.

Figure 7.
Levels of SEN Provision as a percentage of the city's pupil community.

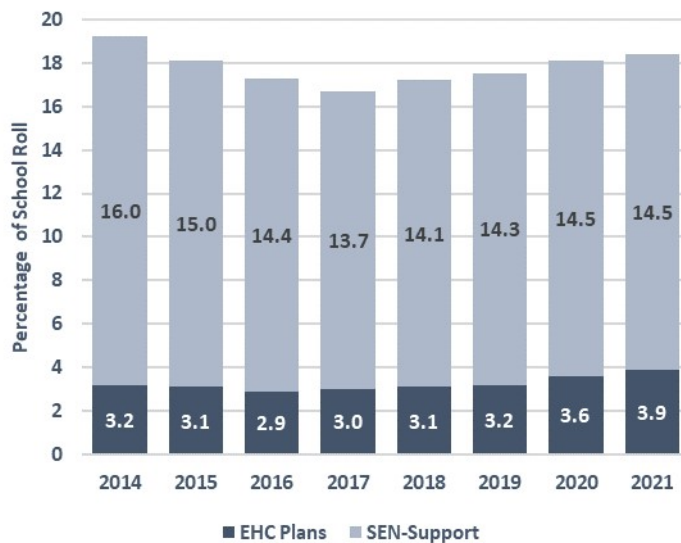
To give some idea of the numbers behind the city's 2021 summary percentages:

- 3.9% of the city's school population equates to around 1,708 pupils (1,554 in 2020)
- 14.5% represents around 6,175 (6,201 in 2020)
- 18.4%, around 7,883 (7,755).



A more striking view of the local data is presented at **Figure 8**. The consistent decline (pre-2018) and then increase (post-2017) in the proportion of pupils at the less acute level of special educational needs is clear to see, as is the sudden increase in EHC plans between 2019 and 2021.

Figure 8. City Special Educational Needs Populations: 2014 to 2021



Figures 9 and 10 break down the 2021 city special educational needs populations by national curriculum year group. This is a simple snapshot of numbers by level of SEN provision at January 2021.

Of particular interest will be the stepped increase in the incidence of special educational needs - particularly SEN Support - from the start to the end of the primary phase of learning – in other words from Reception to Year 6.

Nationally the incidence of EHC plans peaks at Year 6; SEN Support increases to Year 5 in primary schools before dropping through the secondary years.

Figure 9. EHC plans: Numbers by Year Group.

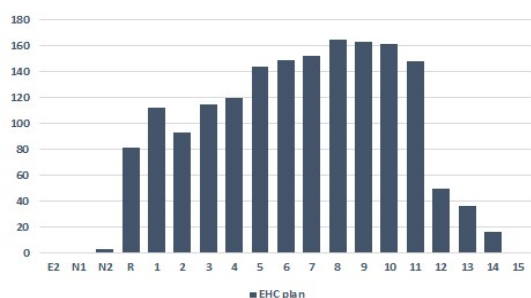
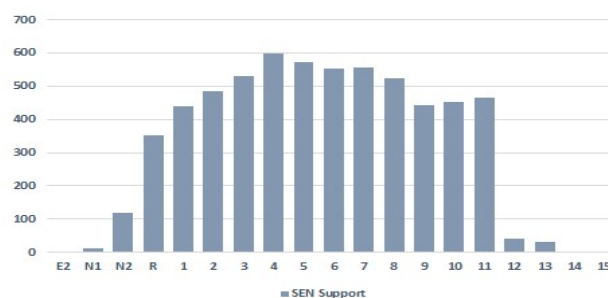


Figure 10. SEN Support: Numbers by Year Group.

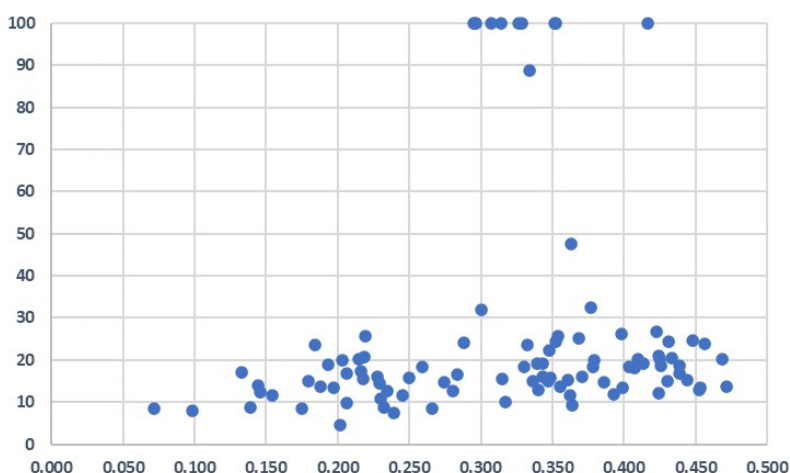


6.4 The Relationship between Special Educational Needs and Deprivation at School Level

The opportunity has been taken to examine the relationship between levels of special educational needs, deprivation and disadvantage, separately, at school level. The findings are presented in this and the following section of the needs assessment. **Figure 11** plots data for every establishment contributing to the city’s 2021 school census at:

- The average of pupils’ Income Deprivation Affecting Children Index (IDACI) score (one strand of the Index of Multiple Deprivation cited in Section 6.1 of this document) - the horizontal or ‘x’ axis (the higher the score the higher the level of deprivation)
- The percentage of roll with any level of special educational need -the vertical or ‘y’ axis.

Figure 11. School Levels of Special Educational Need and Deprivation.

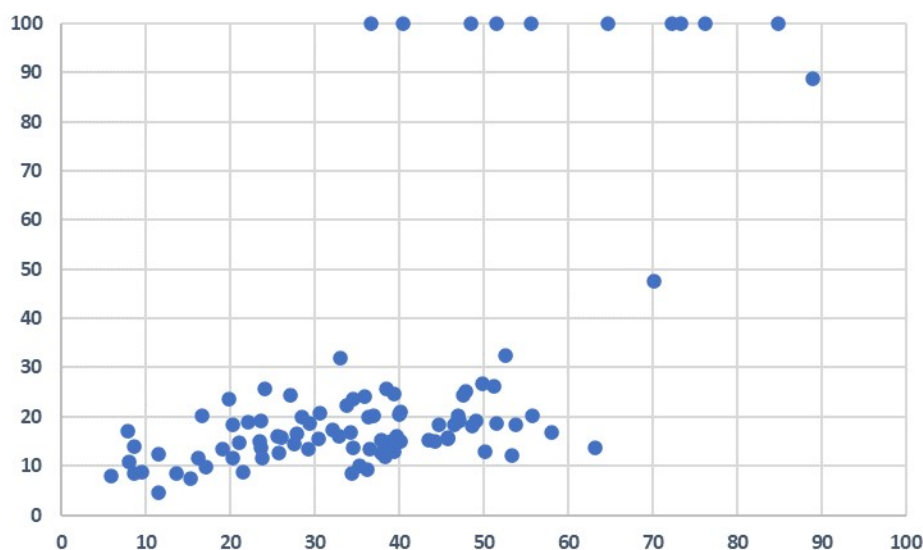


The rather ‘flat’ nature of the scatterplot at **Figure 11** reflects a ‘small effect’ or weak correlation between the two measures. In other words, a school with a high level of deprivation is just as likely to have a low level of special educational needs as a school with a low level of deprivation and of course the converse is true.

Similar patterns or relationships are seen when school levels of deprivation are considered against the incidence of SEN Support and EHC plans, separately. The outliers to the plot in the figure are the city’s special schools and (some) alternative providers.

6.5 Relationship between Special Educational Needs and 'Disadvantage'

Figure 12. School Levels of Special Educational Need and Disadvantage.



It is important to understand what is meant by 'disadvantage'. A disadvantaged pupil is a pupil that attracts additional funding (the pupil premium) through one of several routes:

- Looked after status, or
- Having been eligible for a free school meal at any point in the last 6 years (commonly referred to as 'ever 6'), or
- Being the child of service personnel.

It is equally important to understand that non-disadvantaged pupils are referred to as simply 'other' pupils. **Figure 12** plots establishment levels of special educational needs (percentages running up the vertical or 'y' axis of the plot, against levels of disadvantage – percentages running along the horizontal or 'x' axis of the plot. Statistically speaking there is a low correlation between the two measures at school level. This is not to say that it would not be worthwhile to examine the prevalence of special educational needs amongst disadvantaged pupils.

Across the total number of pupils in the city (42,244), some 14,213 are disadvantaged - in other words 14,213 pupils (34%) are in receipt of the pupil premium. (The England average is in the region of 24%). This citywide cohort can be further broken down as follows:

- 34,361 have no special educational needs provision – 30% of which (10,236 pupils) are disadvantaged
- 6,175 are at SEN Support– 50% of which (3,060 pupils) are disadvantaged
- 1,708 have an Education, Health and Care (EHC) plan – 54% of which (917 pupils) are disadvantaged

Overall, 50% of the city's special educational needs population are disadvantaged.

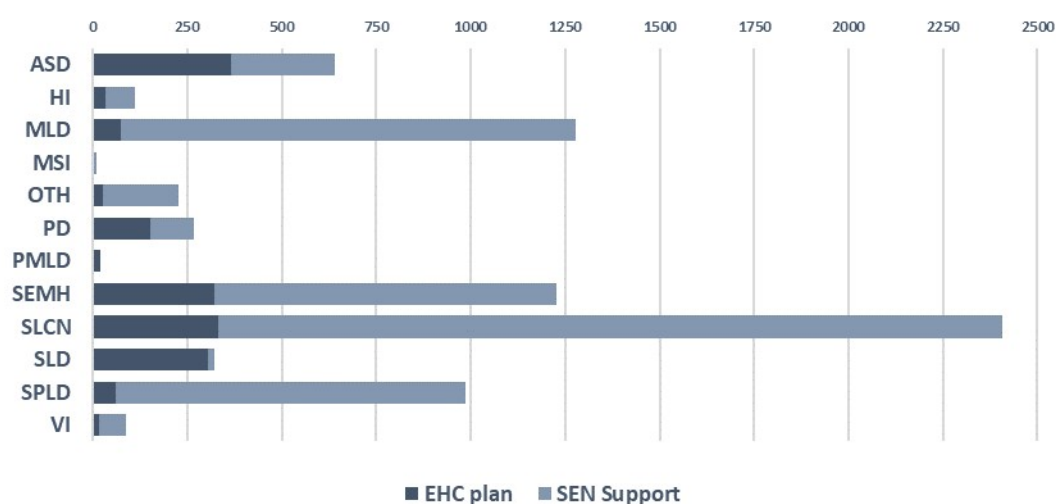
It would appear then that the incidence of disadvantage, in other words pupils in receipt of the pupil premium, is higher amongst the special needs cohort than amongst pupils with no special educational needs provision – 50% against 30%

6.6 Types of Special Educational Need

There are 11 types of special educational need⁷, plus an ‘other disability/difficulty’ category. Pupils at any level of special educational needs provision must have an identified primary need. It should be noted that pupils with special educational needs can have multiple difficulties, particularly those with an Education, Health and Care (EHC) plan, and a primary need might simply be a best fit that masks a complexity of needs and accompanying provision.

Figure 13 visualises the distribution of pupil numbers at each primary need across the two levels of SEN provision. Pupils with Specific Learning Difficulty in the city, for example, are much more likely to be in receipt of SEN Support than they are to have an Education, Health and Care (EHC) plan – and the converse is true of pupils with Severe Learning Difficulty.

Figure 13. SEN Provision by Primary Need (Numbers).



In some, perhaps more complex, cases an additional or secondary need is also identified for a pupil. With the exception of the next brief section, for the purposes of this assessment, primary need is the focus.

Table 6 presents a simple matrix that maps identified primary need to secondary need for pupils in receipt of SEN Support. To put the content of the table into context – there were 6,200 pupils in the city at January 2021 in receipt of SEN Support; of that 6,200, some 900 (around 15 per cent) had an identified secondary need.

In the city, at SEN Support, the primary need most likely to attract a secondary need is Autistic Spectrum Disorder. Here 92 out of 275 pupils (a third) have an identified secondary need, more than half of which were Speech, Language and Communication Needs. The primary need least likely to attract a secondary need is Specific Learning Difficulty – only 97 out of 926 pupils (10 per cent).

The most commonly identified secondary needs for pupils in receipt of SEN Support were Speech, Language and Communication Needs, Social, Emotional and Mental Health, and Moderate Learning Difficulty.

⁷ See Section 2.3, Page 7 for a list of full primary need descriptors.

Table 6. The Relationship between Primary and Secondary Needs – Pupils at SEN Support.

Primary Need	Number of Pupils	Secondary Need											No Identified Second. Need	
		ASD	HI	MLD	MSI	NSA	OTH	PD	SEMH	SLCN	SLD	SPLD		VI
ASD	275			6				17	54		9			183
HI	79								10					57
MLD	1203					10	14	47	64		30	8		1020
MSI	8													7
NSA	303			17				7	8		7			257
OTH	198							6	11		9			160
PD	116													96
SEMH	905	12		27		9	8			25		25		795
SLCN	2075	43		77		16	40	10	72			47		1762
SLD	16													12
SPLD	926			17		12	12		24	21				829
VI	71													59

Table 7. The Relationship between Primary and Secondary Needs – Pupils with an EHC plan.

Primary Need	Number of Pupils	Secondary Need											No Identified Second. Need	
		ASD	HI	MLD	MSI	OTH	PD	PMLD	SEMH	SLCN	SLD	SPLD		VI
ASD	366			11		10	6		20	76	7		7	222
HI	33													28
MLD	75							10	18					35
OTH	27													13
PD	153									19			6	108
PMLD	19													11
SEMH	322	20		21					20		9			243
SLCN	332	31		17			10	23		6	11			227
SLD	304	28					7			32				229
SPLD	59													41
VI	16													13

Table 7 presents a similar matrix to **Table 6**, this time the focus is on pupils with an Education, Health and Care (EHC) plan. At January 2021 there were some 1,700 pupils in the city with an Education, Health and Care (EHC) plan. Of that 1,700 some 530 (31%, double the rate seen for pupils in receipt of SEN Support) also had an identified secondary need.

For pupils with an Education, Health and Care (EHC) plan, the primary need most likely to attract a secondary need is Moderate Learning Difficulty – 40 out of 75 pupils (more than 50 per cent). The primary needs least likely to attract a secondary need are Hearing Impairment, Physical Disability and Visual Impairment.

Table 6 and **Table 7** go some way to illustrating the complexity that surrounds the special educational needs population – not just in the city but across the country.

Data at **Table 8** uses School Census data in the public domain, the same will be used by the DfE and Ofsted in the profiling and inspection of local authorities. The table presents the local and national prevalence of primary needs, separately for pupils with an Education Health and Care plan and those in receipt of SEN Support, over the last three years.

Table 8. Primary Need Trends at City and England Level (percentages).

	Education, Health and Care plans (%)						SEN Support (%)					
	City			England			City			England		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Autistic Spectrum Disorder	23.7	23.3	21.4	29.0	30.1	30.5	4.9	4.6	4.5	6.2	6.8	7.0
Hearing Impairment	1.8	2.2	1.9	2.3	2.2	2.0	1.5	1.2	1.3	1.7	1.7	1.7
Moderate Learning Difficulty	3.3	4.1	4.4	11.5	10.7	10.3	19.8	20.0	19.5	22.8	21.2	20.3
Multi-Sensory Impairment	0.1	0.1	0.1	0.4	0.4	0.3	0.1	0.1	0.1	0.3	0.3	0.3
Other Difficulty/Disability	1.8	1.5	1.6	2.7	2.6	2.6	4.2	4.1	4.9	4.8	4.6	4.4
Physical Disability	10.9	10.0	9.0	5.2	4.9	4.5	2.0	2.1	3.2	2.4	2.3	2.3
Profound and Multiple Learning Difficulty	1.5	1.4	1.1	3.9	3.6	3.3	0.0	0.0	1.9	0.1	0.1	0.1
Severe Learning Difficulty	23.0	20.3	17.8	11.9	11.1	10.3	0.4	0.3	0.3	0.3	0.3	0.3
Social, Emotional and Mental Health	15.4	17.9	18.9	13.3	14.2	14.9	13.3	13.7	14.7	18.1	19.4	19.5
Specific Learning Difficulty	2.3	2.9	3.5	3.6	3.6	3.8	16.7	16.2	15.0	14.9	14.6	14.5
Speech, Language and Communication Needs	15.0	15.4	19.4	15.0	15.5	16.3	29.2	30.9	33.6	23.4	23.7	24.5
Visual Impairment	1.1	0.9	0.9	1.3	1.2	1.2	1.4	1.3	1.1	1.0	1.0	1.0

Key	growth
	shrinkage

For example, in 2021, 21.4 per cent of pupils with EHC plans in the city’s schools had ASD as their identified primary need; the corresponding figure for pupils in receipt of SEN Support was 4.5 per cent. Sections of the table are highlighted to reflect either growth or shrinkage of 2 per cent or more over the last three years.

Nationally, and to a lesser extent locally, ASD has been the dominant primary need for pupils with an Education, Health and Care plan for several years. Locally, and to a lesser extent nationally, SLCN has been the dominant primary need for pupils in receipt of SEN Support for several years.

There are some notable differences in the prevalence of primary needs locally and nationally, particularly for pupils with Education, Health and Care plans. Where this is the case, values at **Table 8** are in bold with a bold outline. Of course, some differences will be explained by the acute provision available in the city, for example at Physical Disability.

These differences are visualised as follows:

Figure 14. Education, Health and Care plans.

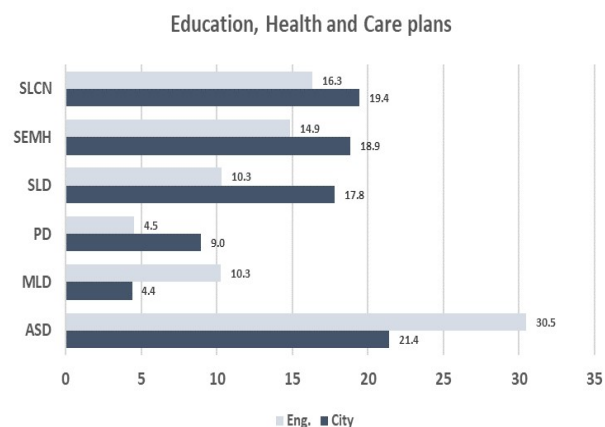
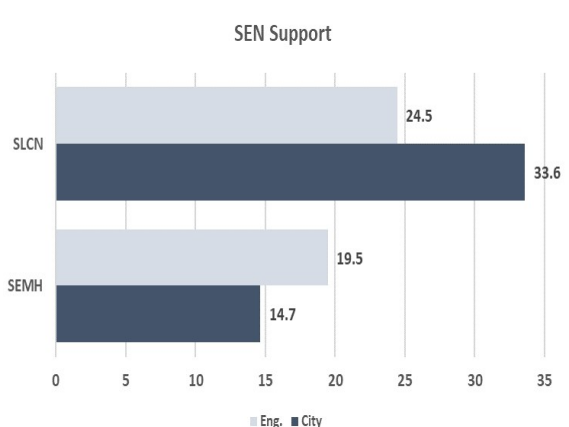


Figure 15. SEN Support.



Appendix 3 provides city year group profiles of selected primary needs by Education, Health and Care plans and SEN Support, separately.

6.7 Gender and the Prevalence of Special Educational Needs

There is a significant difference in the prevalence of special educational needs between genders. Out of the 1,708 pupils with an Education, Health and Care (EHC) plan attending the city’s provision at January 2021 – 1,263 were males. In other words – around three out every four plans in the city belonged to a male pupil. This equates to 73.9%, the corresponding England average is 73.1%.

At SEN-Support, differences are much less severe but still significant – 64.7% of the city’s SEN Support cohort is male. The corresponding England average is 73.1%.

Summary percentages of the city’s school population are presented in the simple table below.

Table 9. Special Educational Needs Provision by Gender.

	Female	Male
Education, Health and Care plans	26.1	73.9
SEN Support	35.3	64.7
All SEN	33.3	66.7
No SEN	52.0	48.0
City Gender Balance	48.5	51.5

Figures 16 and 17 present the prevalence of pupils at both levels of SEN provision by year group and gender, separately.

Figure 16. EHC plans by Gender and Year Group.

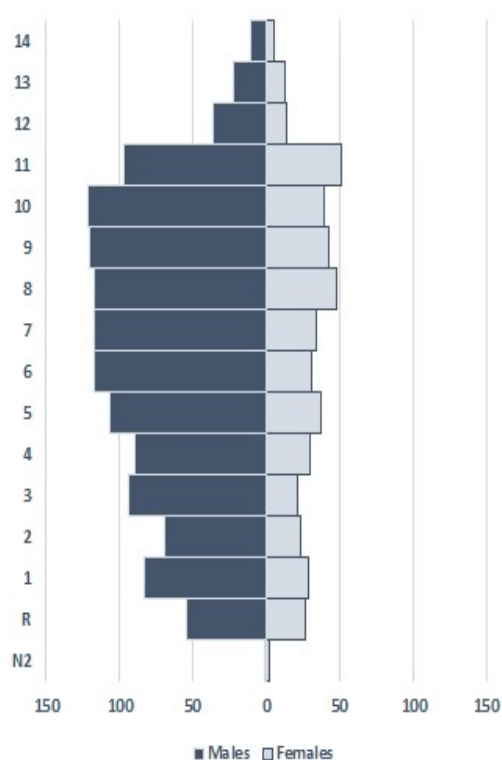
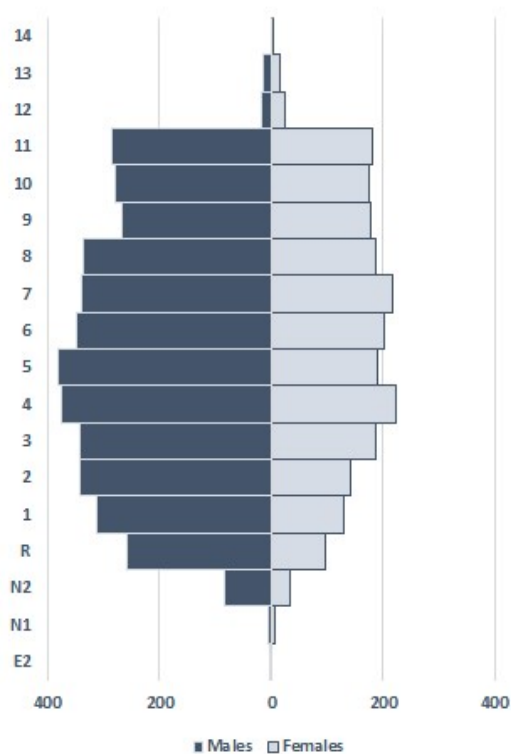


Figure 17. SEN Support by Gender and Year Group.



Looking at EHC plans, prevalence across both genders increases towards and then to some extent plateaus out at secondary age groups.

At SEN-Support, prevalence amongst males rises steeply in the first few years of primary school, peaking at Year 5 before dropping through secondary year groups. SEN Support amongst females increases through the early years of primary schooling, peaking at Year 4 before remaining relatively stable through secondary age groups.

6.8 Special Educational Needs, Ethnic Heritage and Language

Table 10 presents the incidence of both types of special educational needs provision by ethnic heritage and for pupils who speak English as their First Language and those that speak English as an Additional Language (EAL).

Figures are highlighted where differences occur between city and England percentages and care must be taken when small cohorts are present locally, for example in the case of pupils who are Travellers of Irish Heritage, Black Caribbean and Irish.

Nationally pupils who are Travellers of Irish Heritage are the most likely to have an Education, Health and Care plan, followed by pupils of Black Caribbean heritage.

Locally pupils who are Travellers of Irish Heritage, pupils of Pakistani heritage and pupils of Any Black Background are the most likely to have an Education, Health and Care plan. It could be argued that, with the exception of pupils of Pakistani and Chinese heritage, there is some evidence to suggest disproportionality in the ethnic heritage of the city's EHC plan demographic make-up.

The pupil groups most likely to be in receipt of SEN Support nationally are Travellers of Irish Heritage and Gypsy/Roma. Locally the groups are Black Caribbean, Gypsy/Roma and Traveller of Irish Heritage.

Table 10. Special Educational Needs and Ethnic Heritage.

Ethnic Heritage	City Pupil Numbers	EHC		SEN Support	
		City	England	City	England
White					
White British	32,953	4.4	3.8	15.6	13.0
Irish	28	0.0	3.8	14.3	12.6
Traveller of Irish heritage	11	18.2	5.6	18.2	24.4
Gypsy / Roma	133	2.3	4.4	21.8	22.5
Any other White background	3,958	2.2	2.5	10.3	9.3
Mixed					
White and Black Caribbean	276	2.5	3.8	11.6	11.8
White and Black African	91	3.3	4.5	16.5	15.4
White and Asian	223	1.3	2.9	11.7	9.3
Any other mixed background	1,111	3.2	3.7	9.8	10.7
Asian					
Indian	129	0.8	2.3	7.0	6.3
Pakistani	195	6.7	3.4	7.2	10.9
Bangladeshi	210	1.9	3.8	8.6	9.9
Any other Asian background	153	3.9	3.3	6.5	7.7
Black					
Black Caribbean	17	0.0	5.1	23.5	16.1
Black African	615	3.3	4.2	9.8	10.6
Any other Black background	224	5.4	4.8	12.9	12.2
Chinese	40	5.0	2.6	5.0	5.4
Any other ethnic group	978	2.4	3.1	11.9	10.0
First Language - English	35,266	4.3	3.8	15.4	12.6
First Language - Other (EAL)	6,775	2.4	2.9	9.9	9.8

A table of selected pupil characteristics at city and England level (2021) are provided for information/reference at **Appendix 4**.

6.9 Education, Health and Care Plans 2020 – The Bigger Picture

Much of this document focusses on pupils with Education, Health and Care plans attending the city's schools. Convention dictates that this data is captured via the January School Census each year (see **Appendix 2** for a list of contributing establishments) and reflected back to local authorities later in the year. This annual 'snapshot' not only benchmarks local authority demography but also goes some way to profiling local authorities for external agencies such as the DfE and Ofsted.

It is, however, extremely important to understand that not all EHC plans maintained by the local authority attend the city's schools and, conversely, that there will be pupils attending the city's schools with plans who are not resident in the city. If we think of pupils that are resident in the city but attend schools outside of the city as 'exports' and, conversely, pupils that are not resident in the

city attending city schools as ‘imports’, respectively, this might make some of the following a little easier to digest.

It is worth noting that, although traditionally, the city’s comparatively high level of ‘acute’ special needs provision, in other words – special schools, has attracted pupils with plans from outside of the city, increasingly these pupils are being seen in the city’s mainstream and alternative provision.

At January 2021, (similar to the position in January 2020), out of the 1,708 pupils with plans in the city’s schools, 145 were not city residents, with around half of those (72) attending special schools and the rest being split across:

- Secondary– 33 pupils
- Primary – 18
- Alternative Provision – 22.

At January 2021, some 10 per cent of the city’s special school places were taken up by non-city resident pupils with Education, Health and Care plans.

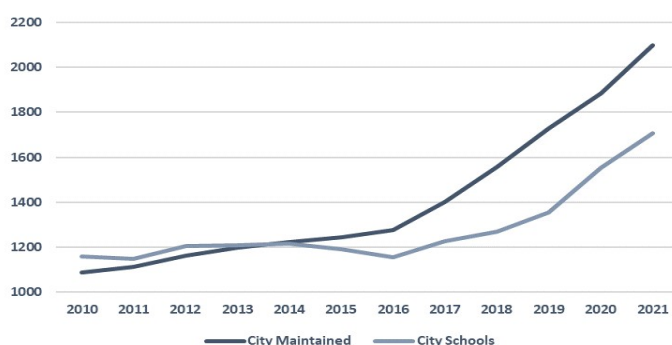
To add some further context to this, at January 2021 the city imported a total of 1,638 pupils, up by around 50 pupils on January 2020:

- 8.8 per cent of which had plans – remember that the city plan percentage across the whole school population is 3.9 per cent
- 10.8 per cent were in receipt of SEN Support – the corresponding city percentage for the whole school population is 14.5 per cent.

Table 11. City Maintained and City School Plans 2015 to 2021.

	2015	2016	2017	2018	2019	2020	2021
Total EHC plans maintained by the city	1245	1278	1403	1559	1729	1886	2100
Number of EHC plans in city schools	1191	1156	1226	1270	1356	1554	1708
Difference	54	122	177	289	373	332	392

Figure 18. EHC plans: City Maintained/Attending City Schools.



Two very separate DfE returns capture the city’s school population together with their characteristics (the School Census) and the EHC plan related ‘business’ activity of the service (the SEN2 return).⁸

The School Census at January 2021 captured 1,708 EHC plans – in other words at January 2021 there were

⁸ Currently the SEN2 return is based on aggregate numbers, plans to move towards a pupil level return have been delayed. The timeframes for the School Census and the SEN2 returns are not coterminous – there are always slight numerical differences between the two.

1,708 pupils with plans attending the city’s schools. The SEN2 return captured a total of 2,100 plans maintained by the city. **Table 11 and Figure 18** present time series of the two discrete sets of data.

Interestingly, a ‘cross-over’ took place between the 2012/2013 and 2013/2014 academic years, with the city changing from being a net importer of pupils with plans to being a net exporter. With the exception of a slight drop in numbers between 2019 and 2020, exports have increased since 2015.

The rest of this section considers this notional ‘gap’ between the numbers of plans in the city’s schools and the number of plans maintained by the local authority.

Table 12. City Maintained Plans.

Provision	No. EHC plans
Early Years (PVI)	15
Mainstream School	860
Special School (Maintained)	685
Special School (Non-Maintained)	
Special School (Independent)	25
Alternative Provision	99
Hospital School	
Post- 16	292
Section 319 (Ed. Act 1996), Section 61 (Children & Families Act 2014)	13
Elective Home Education	17
Other Section 17 (Ed. Act 1996)	
Awaiting Provision	
Not in Education, Employment or Training (NEET)	86

Table 12 presents the total number of plans maintained by the local authority, by provider type.

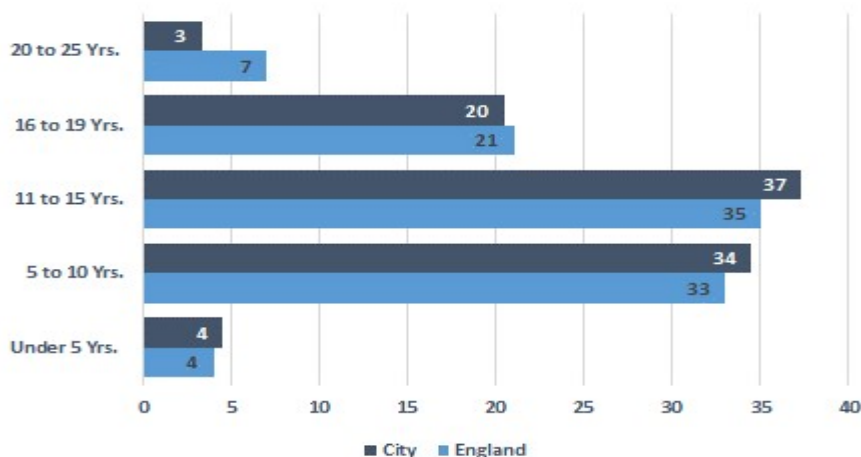
Table 13. Maintained Plans and City School Plans – Age Distribution.

	Under 5 Yrs.	5 to 10 Yrs.	11 to 15 Yrs.	16 to 19 Yrs.	20 to 25 Yrs.	Total
SEN2 2019	70	607	629	388	35	1729
SEN2 2020	97	659	742	352	36	1886
SEN2 2021	94	724	784	429	69	2100
School Census 2019	62	576	621	97	0	1356
School Census 2020	50	632	718	154	0	1554
School Census 2021	84	733	789	102	0	1708
SEN2 2021	94	724	784	429	69	2100
School Census 2021	84	733	789	102	0	1708
Difference	10	-9	-5	327	69	392

Table 13 has two purposes – firstly to illustrate the growth, or otherwise, in numbers between 2019 and 2021 across both DfE returns and, secondly, to highlight the differences by age band between the numbers captured by the two returns in 2021.

Finally, **Figure 19** considers the age distribution of the city’s maintained 2,100 plans against the national distribution.

Figure 19. City and England Distributions – SEN2 (percentages).



7.0 Disability Prevalence

There is no accurate measure of the prevalence of disability in the city. However, using nationally available statistics on Disability Living Allowance (DLA), it is possible to identify the number of children and young people who are in receipt of DLA.

DLA for children and young people is used to help with the extra costs of looking after a child or young person who is under 16 years of age and has difficulties walking or needs much more looking after than a child of the same age who does not have a disability. DLA is being phased out for adults and replaced with Personal Independence Payments, which can be applied for at age 16.

In May 2021, a total of 2,851 children and young people aged 0 to 24 years in the city were in receipt of DLA, this is broken down by age band as follows:

- 306 were aged 0 to 4 years
- 1,214 aged 5 to 10 years
- 1,136 aged 11 to 15 years
- 140 aged 16/17 years
- 55 aged 18 to 24 years.

In addition to DLA data, the England and Wales Census carried out by the Office for National Statistics offers intelligence on disability and illness. The most recent census data (2011) showed that some 3,873 children and young people aged 0 to 24 years had a disability or life limiting illness. This equated to around 5 per cent of the city’s 0 to 24 year old population. (5% of 0 – 24-year-olds).

Table 14. ONS England and Wales Census 2011: Disability or Illness.

	Hull		Region	England
	No.	%	%	%
All categories: Age	48,069	19%	18%	17%
Age 0 to 15	1,963	4%	4%	4%
Age 16 to 24	1,910	5%	5%	5%
Age 25 to 34	2,830	8%	7%	6%
Age 35 to 49	8,007	15%	12%	12%
Age 50 to 64	12,892	30%	25%	23%
Age 65 to 74	8,915	50%	42%	39%
Age 75 to 84	8,288	68%	63%	61%
Age 85 and over	3,264	86%	84%	83%

Outputs relating the ONS’s England and Wales 2021 Census will become available in Summer 2022.

8.0 Early Identification

Early identification and appropriate provision to support early years children with SEND is critical to a child’s future progress and improved outcomes. The aim in the city is to work together across agencies and settings, and in partnership with families, to provide the most timely and appropriate guidance and support. Many of the more complex needs (developmental, sensory and physical) are identified at birth through early health assessments. A wide range of support is available for children and families and, consequently, it is important that all health professionals and services understand how and where it can be accessed.

In line with the Code of Practice, where health services anticipate a child will have SEND when they start school, they are required to have a discussion with the parents and then make a notification to the local authority. See **Appendix 5**.

Where significant concerns or a special educational need or disability is identified, a targeted plan will be drawn up to support the child’s learning and development, identifying the professionals who will be involved. This does not necessarily indicate a long and persistent difficulty, ultimately resulting in the child undergoing an Education Health Care (EHC) assessment or being unable to access education.

All children are entitled to access high quality early years provision. The Early Years Access and Inclusion team has been remodelled and a range of support strategies put in place to try and ensure that every two, three and four year old in an early years setting with an identified special educational need or disability is supported to access the learning and development opportunities offered within the statutory Early Years Foundation Stage Framework and in line with the Code of Practice.

The over-riding context for the following data is the impact of the COVID 19 pandemic which saw families locked down and limited face to face contact with a range of services which support both children and families. **Table 15** confirms that the system for notifications is embedded in the practice of health visitors.

Table 15. Notifications to Local Authority (Early Years).

Financial/Reporting Year	No. of Referrals	Home visits taken place/contact made	Already in a setting	Access to 2 year funding following HV referral	Access to a setting gained	Receiving additional support funding	Portage referral	No further action	Unable to make contact yet	Awaiting contact to be made (new referrals)	EHCP in place	Support Plan in place - potential EHCP
2018/2019	7	7										
2019/2020	74	70	25	26	20	14	10					40
2020/2021	60	60	25	22	19	17	14					

The procedures in place within the local authority ensure appropriate action is taken to support the children and families involved. The fact that none of the 60 referrals made during the 2020/2021 reporting year were deemed as requiring ‘no further action’ would suggest parents are welcoming involvement and early identification from the service and feel this is adequately meeting need at this point.

There are increasing resource pressures within the early years sector in providing support to children with SEND. The demand for support from the Portage Service, which provides a home visiting service for very young children and their families - offering a carefully structured system to enable parents to support their child’s early learning and development - remains high but was impacted by the pandemic.

Table 16. Portage Data and Category of Need.

Academic Year	Portage Data							Category of Need			
	Referrals received	Referrals made	SLD	ASD	Early Help	Early Years	Audiology	C+I	C+L	SEMH	P &/OR S
2017/2018	87	28						40	13		33
2018/2019	95	33	13			13		41	18		35
2019/2020*	66	24	12			8		26	20		19
2020/2021	105							64	10		30

*to Feb 2020 only

Data shows the impact of the pandemic on the number of referrals into Portage which up until that point had increased year on year. However, of the referrals received, the prevalent needs remained communication and interaction and physical and/or sensory. The Portage team now sits within the Early Years team, which has resulted in a clear and seamless transition from Portage into the team and ensures that all necessary support and interventions are in place when a child begins their nursery education.

Hull continues to develop the integrated review for two-year-olds between health visitors and those children who attend an early years setting. This consists of the Ages and Stages Questionnaire (ASQ3) undertaken by the health visitor, and the Early Years Foundation Stage Developmental Overview assessment completed by the setting. A direct referral pathway from Health Visitors into the Early Years Area SENCO’s is in place for children identified with low communication and high social interaction at the ASQ 3 assessment. See **Appendix 6**.

Table 17. Health Visitor Referrals to Local Authority (Early Years).

Health Visitor Referrals to Local Authority (Early Years)												
Financial/ Reporting Year	Number of referrals	Home visits taken place / contact made	Already in a setting	Access to 2 year funding following HV referral	Access to a setting gained	Receiving additional support funding	Portage referral	No further action	Unable to make contact yet	Awaiting contact to be made (new referrals)	EHCP in place	Support Plan in place - potential EHCP
2018/2019	99	89	36	37	45	28	6					36
2019/2020	117	102	40	49	46	41	12		6	8		52
2020/2021	198	198	94	81	64	59	45					

The information tells us that systems are well embedded between health visitors and the local authority.

It is interesting to note that during 2020-2021 referrals from health visitors into Portage and the Early Years Team increased significantly. During this time all referrals received a contact and a number of them gained access to a nursery place, many in need of additional funding to support universal access due to their high level of need.

The focus for all referrals continues to be around communication and interaction, a key priority identified by the local authority.

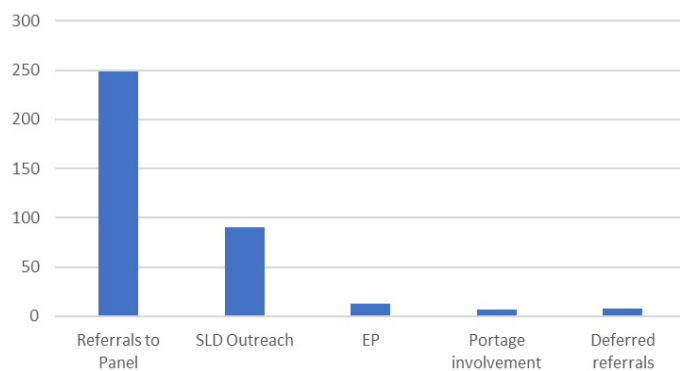
Table 18. Referrals to Panel.

Academic Year	Total No. Referrals to Panel	Level 1	Level 2	Level 3	Level 4	Level 5	Deferred
2017/2018	109	20	32	48	9		
2018/2019	176	41	78	54			
2019/2020	156	10	87	41			17
2020/2021	249	29	154	57			8

To ensure that any child with special educational needs or disability receives appropriate, timely intervention and support the local authority facilitates The Early Years Access and Resource Allocation Panel. This allows all children to be supported to access the learning and development opportunities offered within the statutory Early Years Foundation Stage Framework and in line with the Code of Practice.

The information tells us that there has been a significant rise in the number of referrals received year on year, a 65% increase during 2020-2021. This highlights the complexity of need due to the rapid rise in the number of higher levels of support required and awarded and reflects the increased severity and complexity of need being identified at this early stage.

Figure 20. Early Years Support, Resource and Allocation Panel Academic Year 2020/2021



This information is telling us that the number of referrals to other services is continuing to increase due to the complexity of the needs of the children coming through the system.

Over the last three years the Early Years Access and Inclusion team has been remodelled and expanded in order to meet the growing demand of complex needs.

Where significant concerns or a special educational need or disability is identified in a setting, the team works with the nursery manager and SENCO to ensure a targeted plan is drawn up to support

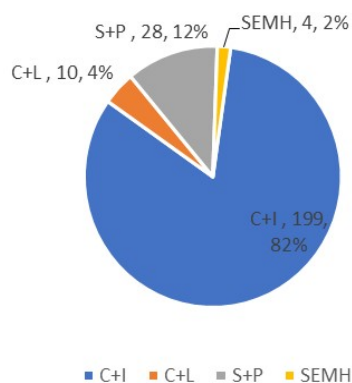
the child's learning and development and identifies the professionals who will be involved in the advice and care of the child's progress. Increasingly, this results in the child undergoing an Education Health Care (EHC) assessment.

Requests for an Education Health Care Assessment more than trebled during this academic year from 59 to 174, 142 of whom it was agreed required an assessment, with 80 receiving an Education Health Care plan, the majority receiving severe level banding.

Subsequently there has been an increase year on year in the numbers of children in early years being allocated a place in Special School. In 2020-21 the number of children from FS1, FS2 and Pre-school allocated a Special School place to start in September 2021 was 22, the majority being children in nurseries moving into reception.

This information clearly shows a rise in the complexity of the children with SEND in the early years in Hull.

Figure 21. Child's Category of Need Academic Year 2020/2021.

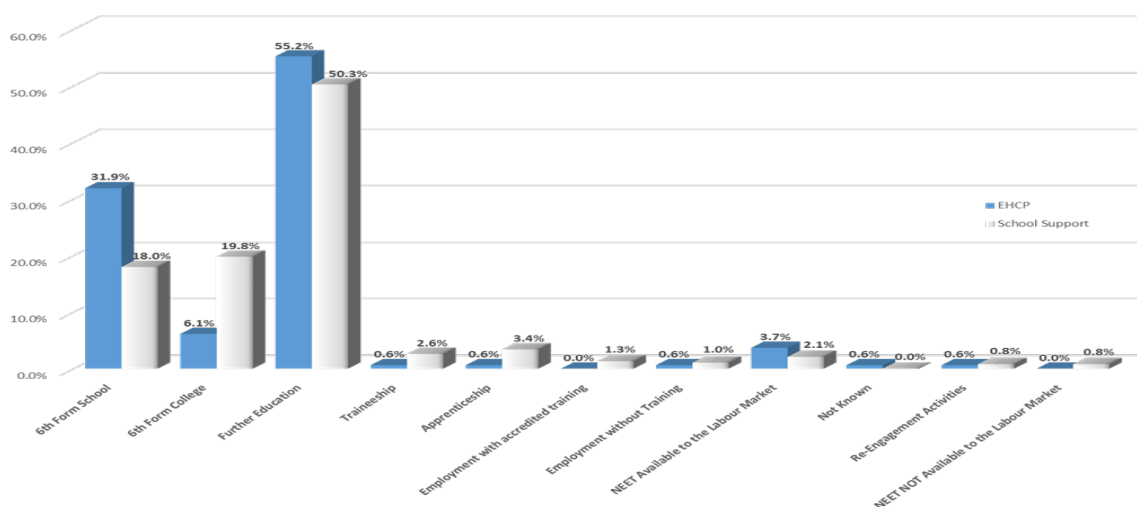


9.0 Post 16

9.1 Destinations of SEND Young People during Their Transition from Pre to Post 16

Figure 22 shows the destination of the city's Year 11 pupils with any level of SEN on 1 November 2020, who left during the academic year 2019/2020.

Figure 22. Destinations of Year 11 leavers on 01st November 2020 for the 2019/2020 academic year.



In 2020 there were 547 Hull resident young people recorded as having learning difficulties or disabilities - this equates to 19.7% of the Year 11 cohort. Of this cohort:

- 163 had an Education Health and Care Plan (EHCP)
- 384 received School Support. This is where a young person's special educational needs are supported through arrangements which can be offered in school/college. This includes young people who have been assessed for an Education Health and Care Plan but where the Local Authority has decided not to issue one
- 490 young people (89.6%) progressed into full time further education - of which 152 had an EHCP and 338 received School Support
- 19 young people (3.4%) entered an apprenticeship or employment with accredited training, of which one had an EHCP and 18 received School Support
- 11 young people (2.0%) started in a traineeship, one had an EHCP and 10 received School Support.
- 14 young people (2.6%) were NEET available to the labour market, six had an EHCP and eight received School Support and three young people (0.5%) were NEET not available to the labour market (all three received School Support)

In 2018, there were 511 young people recorded as having learning difficulties or disabilities which equates to 20.5 per cent of the cohort.

The most significant post 16 destination for both those with an EHCP and receiving SEN Support was general Further Education, followed by Sixth Form School and Sixth Form College. This was the same profile as 2019.

9.2 Transition Support Available for Post 16 SEND Young People

"For teenagers, preparation for adult life needs to be a more explicit element of their planning and support. Discussions about their future should focus on what they want to achieve and the best way to support them to achieve. Considering the right post 16 option is part of this planning. Local authorities must ensure that the Education, Health and Care (EHC) plan review at year 9, and every review, thereafter, includes a focus on preparing for adulthood."

SEND Code of Practice March 2015.

9.3 Transition Support to Post 16 Education, Training, Employment

The Connexions Service (within Young People Skills and Employability) has a major role in carrying out the duty described above. Connexions Senior Participation Advisers work in the majority of Hull's mainstream schools, all special schools, and Hull College, providing independent and impartial one to one guidance on post 16 options and encouraging young people with EHCP's to make informed choices about future education, training and employment. They also support transition to adulthood by attending annual reviews from Year 9 onwards and beyond age 19 where required. Connexions will also support transition to adulthood and post 16 decision making with young people who are home educated or educated otherwise.

Connexions Advisers also offer practical help to ensure young people with EHCP's make successful post 16 transition. This can include arranging and supporting visits of young people and their families to providers and completing applications to post 16 providers. They can also identify SEND young people who will need post 16 transport to access post 16 provision and can support with completing transport applications if required.

Some young people with EHCP's may need tailored post 16 education and training pathways which can be brokered from within the Young People Skills and Employability Team, utilising the post 16 high needs budget from the Dedicated School Grant (element 3 top up).

Where young people have SEND but no EHCP the schools/colleges are responsible for directly providing or brokering "independent" careers guidance. This is a statutory duty under section 42A of the Education Act 1997. Many schools/colleges in Hull commission Connexions to carry out this function as a traded service. Alternatively, they can use their own internal careers staff to provide guidance to that group of young people.

9.4 Independent Travel Training

The Independent Travel Training service was introduced by Hull City Council in July 2019. The initial aim of this service was to appoint 1xfte Independent Travel Trainer officer who would provide intensive 1:1 travel training for those young people with EHCP's. The service would cater for young people aged 13-19 however the initial focus would be aimed at those in year 11, due to their imminent transition to post 16 learning. The Travel Training service began with a focused approach on one school being used as a pilot as it was felt many of their students would significantly benefit from Independent Travel Training.

It became clear very quickly that, due to the intensive support needs required by the target client group, the current intensive support model, whilst highly effective, would struggle to achieve the capacity to deliver a timely and efficient Travel Training service. A number of options were considered to meet the future demands of how best for Independent Travel Training going forward. One option was to train young people in groups; however this was deemed unsuitable for the type of young people that were accessing the course. Another option considered was to appoint additional Independent Travel Trainers, however this model was considered resource intensive and would only ever deliver relatively low outputs due to the intensive needs of the customer group. The final and preferred option considered was to review the roles and responsibilities of the current Independent Travel Trainer.

The review considered the option for the current role to evolve with a view to providing more of a "train the trainer" service. Under this model the current Independent Travel Trainer would train school staff, parents and carers in groups, thus significantly increasing the Independent Travel Training capacity across the city. The outcome would be seeing school staff and others providing intensive Independent Travel Training to their respective students/young people and therefore preventing the need to go through a lengthy referral process for one sole specialist Independent Travel Trainer.

It was agreed that the "train the trainer" model warranted further exploration to establish how we could turn this concept into a reality. To this end a short consultation with schools was conducted to establish interest in accessing such a course locally. Responses received were very positive, providing further confidence this model was a step in the right direction.

There was a large amount of local interest in the first course (September 2021) from both mainstream and special schools, as a result the first cohort of the course reached its capacity of 12 within just over a week of the course becoming available for enrolment. Taking advantage of the Covid-19 lockdown period, the current Independent Travel Trainer accessed and completed the Level 3 Award in Education and Training, giving her the skills and qualification needed to be able to teach the "train the trainer" course. The proposed course to be delivered was the 'Level 2 Award in

Skills for Teaching Independent Travel' which would equip the attendees with the skills to assess, train and enable young people to successfully achieve Independent Traveller status.

Further courses are already planned for 2022, with demand remaining high.

Under the banner of Hull Training and Adult Education, Hull City Council are now a formally registered training centre to provide the aforementioned award.

In support of the above developments, local bus companies Stagecoach and EYMS have both agreed to provide an unlimited amount of Travel Trainer bus passes to any Travel Trainer who completes their course. In addition, they have also agreed to provide heavily discounted rates for young people who are in the process of being travel trained.

9.5 Transition to Adult Services

The default position adopted in the SEND Code of Practice is that the vast majority of young people with SEND are capable of sustainable paid employment and services are required to have this expectation. However, it is also recognised that there will be some who will require adult social care provision or support. Where this is the case, we aim to ensure that adult social workers should become involved at an early stage, for example from age 14, working alongside children's social workers to provide for an extended handover. Young people and their families can also access free support from an independent supporter commissioned by the local authority.

A key objective outlined in the SEND Code of Practice is to avoid a situation where young people find themselves suddenly without support and care as they make the transition to adult services. Therefore, in order to address what were perceived as weaknesses in the system, two multi agency transition groups (strategic and operational) were set up in 2017. The objective was to address delays in the transition processes from child to adult services and to provide better tracking of complex cases so that progress through the various stages from age 14 could be monitored.

Since the groups started the following improvements have been made:

- An updated Transition Protocol has been co-produced with parents and young people describing the transition pathway for all young people with SEND, which confirms the involvement of adult services from year 9 (aged 13/14) for the most complex cases and in year 11 (age 15/16) for the remainder. This is embedded in practice so that it is now common to see annual reviews attended by both adult and children's social workers
- A transition tracking tool is in use to ensure no cases are missed and is overseen by the Transition Coordinator
- The Transition Operations Group is attended by representatives from Hull Special Schools and both Children's and Adults' Social Care to discuss individual cases and monitor progress to ensure smooth transition. Cases where the individual is not in a special school can be brought to the meeting by the Transition Manager
- The 24/7 grid, a transition planning tool, has been introduced and is being utilised where appropriate to help professionals and parent/carers design and manage effective support packages for individuals with complex needs.

9.6 This-Ability Project

This-Ability is a £3.7million National Lottery Community Fund programme which began in January 2019 and will run until Dec 2023. The project is led locally by Humber Learning Consortium with the aim of engaging 350 participants and supporting at least 150 participants into sustainable employment. Original targets of 500 participants and 200 into sustained employment were amended due to lock down, as was the original end date of Dec 2022.

The aim of the programme is to provide specialist support and training for participants to access work and learning. Participants have the opportunity to explore and experience specific occupational sectors and job opportunities within the Hull and East Riding area. Participants will also complete an 'Employability Passport'. To access the programme participants must be:

- 18-29 Years old
- Live in Hull or East Riding
- Have a disability, learning disability/difficulty, long term health condition or mental health condition (no formal diagnosis needed)
- Unemployed and want to go to work.

Participants will have the opportunity to work through the following stages:

- **Stage 1** - Participant starts journey with the This-Ability project. Participants will attend a 10-week course where they will get involved in various activities that will enable them to build up the core skills they need before going into work. These 'core capabilities' form the first half of the Employability Passport
- **Stage 2** - On the next stage of the This-Ability programme, participants will join one of the partner organisations to gain sector specific employability skills and experience and complete the 7 Confederation of British Industries (CBI) Skills in their Employability Passport. These are skills recognised by employers in the Humber region as being essential to their employees
- **Stage 3** - Stage 3 of This-Ability is a supported Job Club, where participants can work with the Making Our Business Yours (MOBY) team until they find the job for them. Participants also receive in-work support if needed.

Participants can start at any stage of the programme, dependant on their existing skills and experiences. This is determined during the impartial information, advice and guidance (IAG) session at the start of the programme.

9.7 Level 2 and Level 3 at Age 19 Outcomes for Young People with SEND

In 2020, 37.1% of Hull's 19 year olds with a special educational need or disability achieved a Level 2 qualification compared to 47.2% across the Y&H region and 52.4% across England. This is a significant decrease of 10.3% on 2019 performance of 47.4%.

Hull's performance in 2020 for this measure is now considerably inferior to Y&H

and England comparisons. This fall has led to an increasing gap, resulting in Hull now lagging behind Y&H and England performance by 10.1% and 15.3% respectively.

Figure 23. The Percentage of 19 Year Olds with SEND Achieving Level 2.

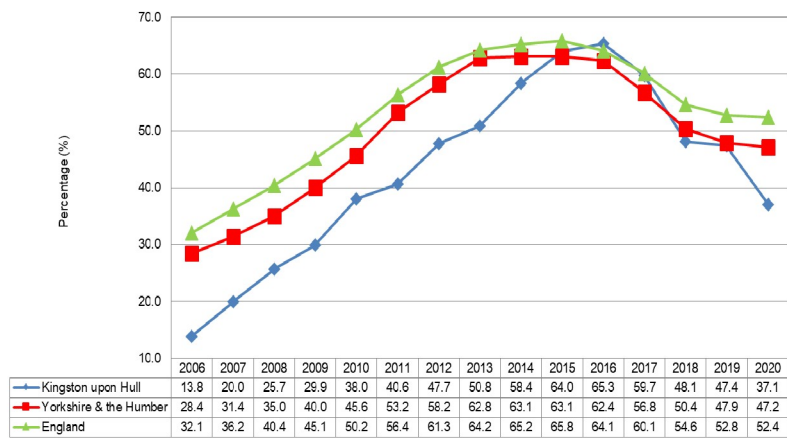
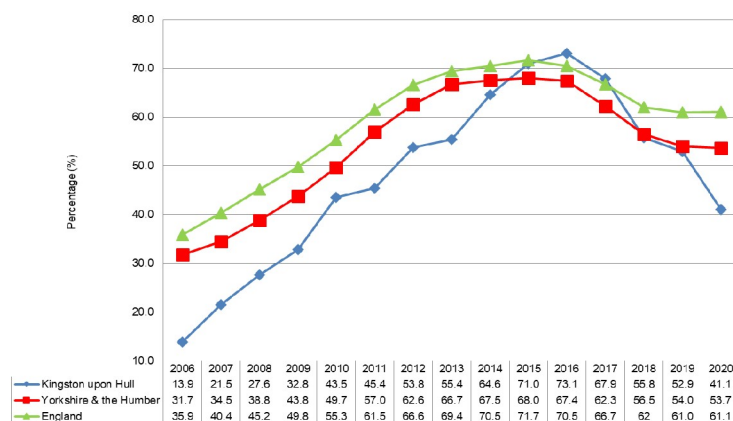


Figure 24. The Percentage of 19 year olds with SEN but without an EHC Plan Achieving Level 2.

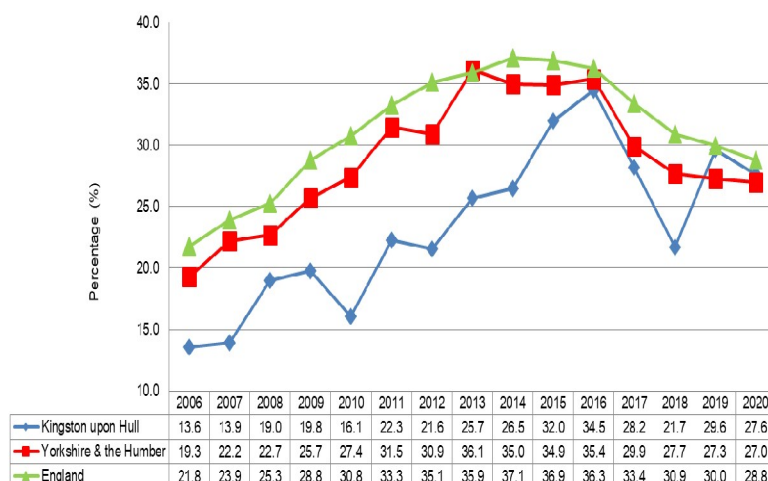


In 2020, 41.1% of Hull's 19 year olds with a special educational need or disability without statements / EHCP's achieved a Level 2 qualification compared to 53.7% across Y&H and 61.1% across England. This is a significant decrease of 11.8% on 2019 performance of 52.9%.

Hull's performance in 2020 for this measure is now considerably inferior to Y&H and England

comparisons. This has led to an increasing gap, resulting in Hull lagging behind Y&H and England performance by 12.6% and 20.0% respectively.

Figure 25. The Percentage of 19 year olds with EHC plans Achieving Level 2.



In 2020, 27.6% of Hull's 19 year olds with a special educational need or disability with statements / EHCP's achieved a Level 2 qualification compared to 27.0% across Y&H and 28.8% across England. This is a decrease of 2.0% on 2019 performance of 29.6%. Despite the decrease, Hull continues to outperform the Y&H comparison and remains close to the England average.

Level 2 Conclusions

For those young people achieving Level 2 at 19 with a special educational need or disability, Hull's 2020 performance significantly dropped to levels not seen since 2010. Following four years where Hull's performance roughly tracked both the Y&H and England comparisons, 2020 saw significant declines. On a positive note, the performance of those young people achieving a level 2 at 19 with an EHCP, has remained in line with Y&H and England comparisons over the last 2 years.

In 2020, only 14.0% of Hull's 19 year olds with a special educational need achieved a Level 3 qualification compared to 22.9% regionally and 27.0% nationally. It is the second consecutive year that Hull's performance has dropped in this measure, with the Y&H figure remaining relatively unchanged and the England figure increasing. This has led to an increasing gap, resulting in Hull lagging significantly behind both Y&H and England performance by 8.9% and 13.0% respectively.

Figure 26. The Percentage of 19 Year Olds with SEND Achieving Level 3.

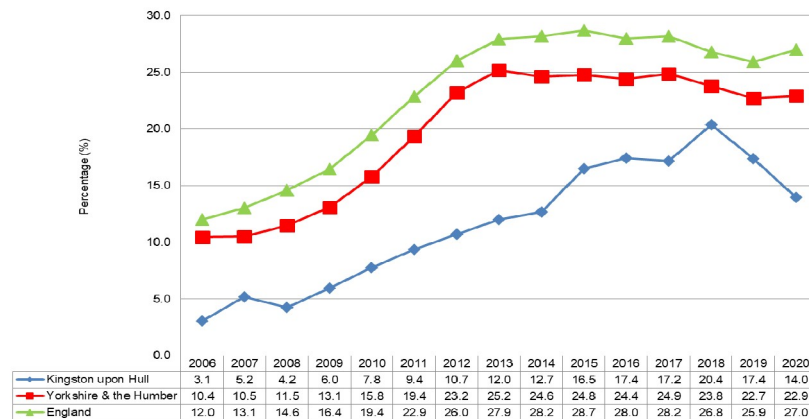
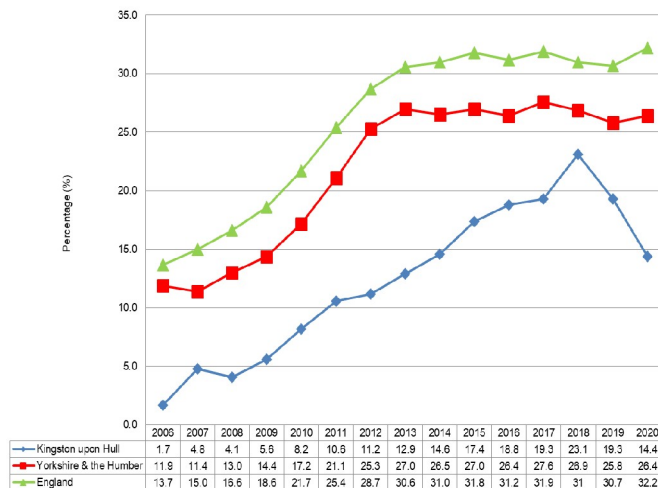


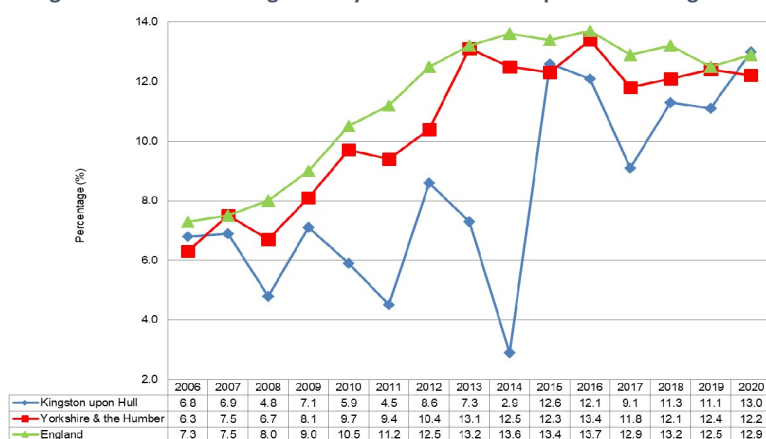
Figure 27. The Percentage of 19 year olds with SEN but without an Education, Health and Care (EHC) plan Achieving Level 3.



In 2020, only 14.4% of Hull's 19 year olds with a special educational need or disability without statements / EHCP's achieved a Level 3 qualification compared to 26.4% across Y&H and 32.2% across England. It is the second consecutive year that Hull's performance has dropped in relation to this measure, with both Y&H and England figures showing growth of 0.6% and 1.5% respectively. This has led to an increasing gap, resulting in Hull significantly lagging behind both Y&H and England comparisons by 12.0% and 17.8% respectively.

In 2020, 13.0% of Hull's 19 year olds with a special educational need or disability with statements achieved a Level 3 qualification compared to 12.2% across Y&H and 12.9% across England. This is an increase of 1.9% on 2019 performance of 11.1%. By comparison, Y&H and England performance have remained relatively unchanged, resulting in Hull closing the performance gap. Hull is now outperforming Y&H and England comparisons by 0.8% and 0.1% respectively.

Figure 28. The Percentage of 19 year olds with EHC plans Achieving Level 3.



Level 3 Conclusions

For those young people achieving Level 3 at 19 with a special educational need or disability, Hull's 2020 performance significantly dropped to levels not seen since 2014. Hull's performance has always lagged significantly behind the Y&H and England comparisons, however performance remained positive until 2018 with signs Hull was closing the gap. 2019/20 saw significant overall declines, with the gap once again widening. On a positive note, the performance of those young people achieving a level 3 at 19 with an EHCP, are now outperforming the Y&H and England comparisons.

9.8 Post 16 SEND Provision

The following is a summary of the types of provision available to young people resident in Hull with SEND:

- **Special Schools with 6th Forms** - three of the city's special schools (Ganton, Tweendykes and Frederick Holmes) have 6th forms. Collectively they have approximately 82 Hull learners in Years 12-14. Together these schools provide for young people with SLD, PD and PMLD. There is no other post 16 provision aimed at students with other primary needs
- **Mainstream Schools with 6th Forms** – currently Hull has three schools with sixth forms: St Mary's, Sirius West and Archbishop Sentamu. The Ron Dearing UTC also has a sixth form. These institutions have a range of students with SEND although do not offer specific courses for SEND students. Taken together they have approximately 18 Hull students with EHCP's
- **6th Form Colleges** – currently Hull has two 6th Form Colleges, one in the East and one in the West of the city; these are Wyke College and Wilberforce College. SEND students are mainly those with disabilities, for example visual impairment, due to the lack of level 1 or entry level courses that might be suitable for those with a learning difficulty. Therefore, most of the SEND students are studying Level 3 courses, i.e. A Levels or Level 3 BTECs. Together they have 19 Hull learners with EHCP's and 13 from East Riding. One recent development is that Wilberforce has become the education provider for Project Search Supported Internships for learners with EHCP's. For the academic year 2021-22 there were seven interns on the programme. The optimum number in subsequent years is between 10-12
- **General FE Colleges** - there is one local general further education college (Hull College) which takes young people with a wide variety of primary needs. Numbers have been rising steadily

over recent years and they currently have 95 Hull and 18 East Riding learners with EHCP's. They also have an ESFA subcontract with Motorvation which has an additional six Hull EHCP learners on motor vehicle maintenance courses. The types of provision Hull College offers include life skills and employability skills at entry Level 1, 2 and 3 and vocational taster courses at E3/Level 1. SEND students also access a range of mainstream courses at Levels 1 to 3. In addition to Hull College there are two FE colleges in the East Riding area that take Hull students. East Riding College is a general FE College that offers similar options to Hull College and has 46 Hull students with EHCP's. Bishop Burton is a former agricultural college which has broadened its range in recent years (although there is still a bias towards land based and work with animals) It currently has 33 Hull students with EHCP's

- **Specialist Post 16 Institutions-** a small number of young people/ young adults whose needs cannot be met locally are accessing places at these specialist providers which are exclusively out of area. Current examples are two Hull learners in post 16 provision at the recently opened Beverley campus of Linkage College which has its home base near Grimsby, one learner at the Royal National College for the Blind in Hereford and one CLA attending Grimsby Institute
- **Work Based Learning Providers** - a range of work-based learning providers offer study programmes, traineeships, and apprenticeships. The most significant in terms of numbers is Hull Training (part of the local authority) which currently has seven learners with an EHCP, HYA with five and Aspire-IGEN with four.

Conclusions

Currently, the vast majority of young people with EHCP's are able to access one of the above providers. Young people that are found to be difficult to place post 16 (although relatively few in number) tend to be those who exhibit extreme challenging behaviour, with or without mental health issues. Usually, bespoke provision has to be negotiated with smaller providers (not listed above) who do not normally have Education and Skills Funding Agency funding and who are not subject to Ofsted inspections. This raises some issues about how quality can be monitored, although outcomes and progression can still be measured. Examples of such providers currently being used are Densholme Farm and Hull Raceway (Fast Forward.) In both cases the placements have arisen from alternative education provision sourced by the school previously attended by two learners and are intended to be a steppingstone for transition into mainstream college or training provision.

9.9 Supported Internships

These are study programmes aimed at young people/ adults with EHCP's. Their purpose is to help to prepare those individuals for the workplace and increase their numbers into employment. A substantial element of a supported internship is a work placement designed to help improve the individual's employability skills. Currently the following providers offer Supported Internships, approximate numbers are given in brackets:

- Hull College (20)
- Northcott Supported Internships (14)
- Project Search (with Wilberforce College as the education provider (7)
- Hull Learners can also access supported internships at Bishop Burton College and East Riding College.

Hull has developed the supported internship offer in the local area in partnership with East Riding Council. The Supported Internship Forum was set up to shape and develop the offer in the local area. The Forum aims to promote supported internships, increase the availability of supported internships in the local area across different employment sectors and improve outcomes into employment for young people with EHCP's. Membership of the Forum includes supported internship providers as well as LA representatives.

The recent pandemic has been challenging for providers of supported internships, as the increase in home working and restrictions on numbers in workplaces has made it more difficult to provide the supported work experience necessary. Where possible some providers have used internal placements or simulated work experience. Some have extended the duration of the supported internship to enable the interns to have workplace experience.

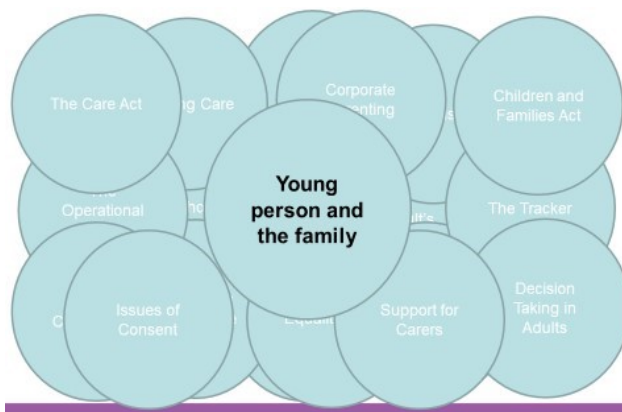
Project Search has been introduced to bring a different model of delivering supported internships. It is built on a partnership between one large employer and an education provider. In this case the employer is the City Health Care Partnership, and the provider is Wilberforce Sixth Form College. It is a licensed delivery model with Hull City Council as the license holder for three years initially. DFN Project Search offers guidance, support and training for staff involved as managers, tutors and job coaches. Young people with an EHCP are recruited to the one year programme through a selection process. The delivery model is designed to take place on the employer's premises and the emphasis is firmly focused on employability. This year seven young people aged between 17-23 are on the programme and the optimum number for future years is between 10-12. Project Search is aimed at those with EHCP's who want to work and are near to work ready. Nationally, Project Search's success rate into full time employment is 60% and 70% if part time employment is included.

Consideration is now being given as to whether to purchase another license to run a new Project Search with a different employer. Discussions are also ongoing with Project Choice, which is another national provider of Supported Internships. Health Education England is their education provider and Project Choice can provide work placements within the NHS but also with external businesses.

10.0 Adult Social Care

Transition from childhood to adulthood is often complex, and young people with SEND may require extensive support both as a child and then adult, but for others it may be that minimal intervention or support is required. Adult Social Care (ASC) within Hull aims to promote 'a life not a service', our operating model supports self-directed support, early intervention/prevention and independence and well-being.

The Hull childhood to adulthood transition protocol was implemented in May 2018 and has been reviewed in May 2021. The protocol had been developed with all partners including ASC, CYPS, education and Hull CCG. It has clarity in terms of the process and responsibilities and was coproduced with young people and their



representatives, ensuring a person centred approach was promoted. Transitions work is overseen by the SEND Accountability Forum.

The key elements relevant to adult social care are:

- Lead the development of transitions pathways and shared working
- Chair the Strategic Transitions Group
- Chair the Operational Transitions Group
- Allocate social workers transitions cases at age 16 for a statutory assessment
- Timely (post 16) completion of Mental Capacity Act (2005) and Best Interest decisions
- Ensure completion of the statutory assessment within 6 months
- Engage Brokerage from age 16.5 or earlier if complex needs
- Identify/develop a partner provider from age 17.

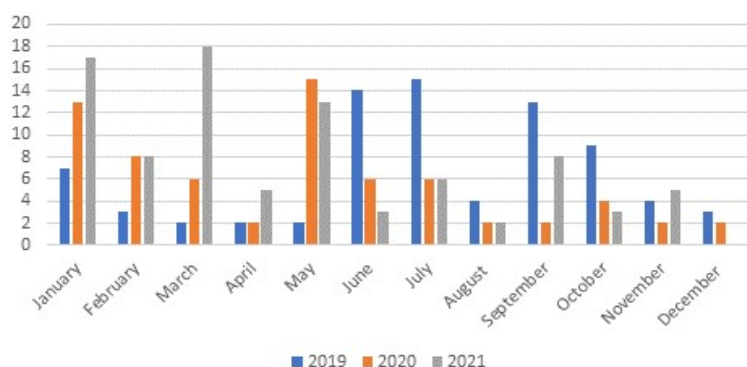
Adult Social Care works with a wide range of partners as part of the transition process; children's services, the leaving care team, schools and colleges, continuing healthcare, clinical commissioning group, safeguarding, commissioners, community team for learning disabilities, as well as engaging with a range of providers in order to identify support for young people moving into ASC.

Shared responsibilities with partners include:

- Developing the life skills and abilities of the young person to enable them to be as independent as possible at the age of 18
- Support young people to be responsible for their well-being as far as possible
- Oversee a successful move to adult provisions at age 18
- Introduce the 247 grid to the pathway of young people from age 14
- Conduct joint reviews using the 247 grid
- Develop information and advice for parents as well as young people available in schools and promote it
- Address the Continuing Care and Continuing Health Care funding differences
- Ascertain whether a young person at age 14 is likely to have needs that will require adult social care at 18
- Ascertain whether a family carer is willing and able to perform the caring role post 18
- To support family carers.

10.1 Transitions Tracker

Figure 29. Transition Referrals.



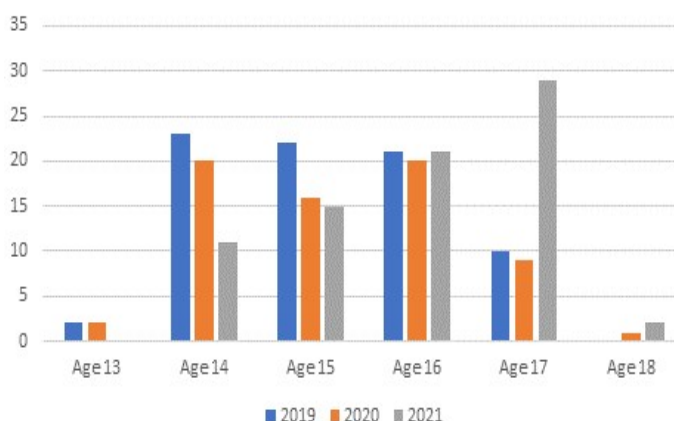
A transition tracking tool has been established to ensure that no cases are missed. The High Needs team maintains oversight of all cases, but concentrates on the most complex, offering guidance, advice and direction to other social work staff, to ensure all staff are upskilled and that cases are prioritised accordingly.

There are currently 172 young people captured on the transitions tracker. Extensive work has been undertaken to cross reference data and check for any duplication; the next step is to develop a performance framework including key performance indicators which support better intelligence and management information to be gathered.

The graph shows the number of referrals by month for the last three years. Referrals for the months of January through to May 2021 have been consistently high but have decreased during the summer months until September 2021 when they have increased once again.

The graph shows that ASC are receiving a high number of referrals for young people aged 17, a similar number at age 16 and fewer than previous years at age 15 and 14.

Figure 30. Current Age by Referral/Year.



Areas for consideration

- As part of ASC continuous improvement, work is ongoing to develop KPIs and framework for gathering information and data analysis, to review the post 18 year olds where ASC have parental responsibility and have a separate monitoring system for those with no ASC or eligible needs
- Monitor the 16+ years with high cost placements (more than £1,250 per week) and commenced appropriate commissioning within good timescales that support a smooth transition
- Develop and shape the market to ensure the correct provision and care is in place prior to a young person reaching adulthood.

11.0 Safeguarding

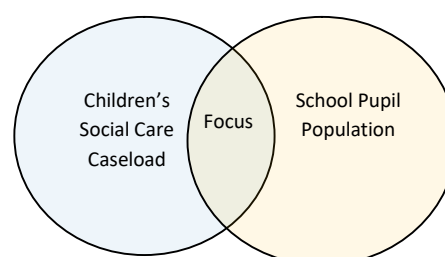
11.1 Overview

This section of the needs assessment considers the prevalence of pupils with special educational needs across the vulnerable groups of children and young people known to children's social care.

A suite of monthly scorecards detailing the incidence of pupils in receipt of SEN Support, together with those that have an Education, Health and Care plan across Children in Need, Child Protection and Children Looked After cohorts are provided to the city's Head of SEND Services and Partnership.

This level of intelligence is the result of data matching, at pupil/child or young person level, across two datasets:

- the open caseload for children's social care
- the city's school pupil dataset.



11.2 Findings

The following is based on a 'snapshot' of data at December 2021 and focuses on the percentage of cohorts with an Education, Health and Care plan.

Children Looked After

- At December 2021 there were 365 children looked after attending the city's schools, 96 of those pupils had an Education, Health and Care plan – 26.3%.

Child Protection Plans

- At December 2021 there were 415 pupils with child protection plan attending the city's schools, 26 of those pupils had an Education, Health and Care plan – 6.3%.

Children in Need

- At December 2021 there were 1,306 pupils deemed to a children in need attending the city's schools, 204 of these pupils had an Education, Health and Care plan – 15.6%.

When we consider that, overall, some 3.9 per cent of pupils attending the city's schools have an Education, Health and Care plan, there is clear disproportionality across some of these vulnerable groups of children and young people – this is particularly acute for Children Looked After where recent increases in the prevalence of plans has brought the city into line with comparative averages.

12.0 Other Discrete Populations and the Prevalence of Special Educational Needs

This section of the needs assessment considers the prevalence of special educational needs across the city's reduced provision or part time timetable, elective home education and Youth Justice cohorts.

Reduced Provision

These are pupils who are not in receipt of their full learning entitlement and attend school on a part time or 'reduced' basis. Since September 2021 the number of pupils in receipt of reduced provision has risen from around 30 to 106 pupils. The majority of this cohort are of secondary school age and more than a third are not in school full time for reasons relating to social, emotional and mental health.

- At the end of January 2022 there were a total of 106 pupils in the city that were subject to reduced provision, 25 of these pupils had an Education, Health and Care plan – 24%.

Elective Home Education

The numbers of pupils electively home educated is subject to close monitoring in the city. Growth in this cohort during the pandemic period has been seen on a local, regional and national level.

Prior to COVID-19, the significant growth seen in the city’s elective home education had stalled.

- At December 2021, out of a cohort of 401, 22 had an Education, Health and Care plan – 6%.

Youth Justice

- A recent study found that 45 cases open to the city’s Youth Justice Service attended a school in the city. Out of these 45 pupils some 17 had an Education, Health and Care plan – 38%.

13.0 Outcomes for Children and Young People with Special Educational Needs and Disability

13.1 Absence

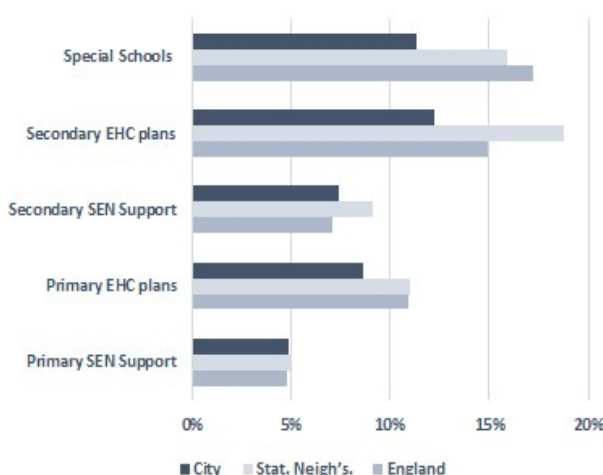
The last two academic years (2019/2020 and 2020/2021) have been fragmented by closure due to COVID-19 restrictions.

The latest available published comparative data relates to the combined **Autumn and Spring Terms of the 2020/2021 Academic Year** and are detailed in the table below.

Table 19. Autumn and Spring Term (Combined) Absence 2020/2021.

	City	Stat. Neigh’s.	England
Primary SEN Support	4.9%	5.0%	4.8%
Primary EHC plans	8.6%	11.0%	10.9%
Secondary SEN Support	7.4%	9.1%	7.1%
Secondary EHC plans	12.2%	18.8%	14.9%
Special Schools	11.3%	15.9%	17.2%

Figure 31. Autumn and Spring Term (Combined) Absence 2020/2021.



When this data is visualised, the comparatively favourable position of the city becomes clear – in particular the absence levels of pupils with Education, Health and Care plan and special schools.

Figure 32. Pupils with EHC plans – Weekly Attendance.



The figure to the left plots the daily attendance of pupils in the city with Education, Health and Care plans from 1 November 2021 to 2 February 2022.

Throughout the COVID-19 period the attendance levels of pupils with plans have been in line with or above available England averages. This position is to some extent underpinned by corresponding strong levels

of attendance across the city’s special schools.

The service continues to maximise the use of national and local data to monitor the levels of absence and attendance across providers and vulnerable groups of pupils.

13.2 Key Stage Attainment/End of Year Assessments

As was the case in the 2019/2020 academic year, 2020/2021 national curriculum assessments did not take place due to the coronavirus (COVID-19) pandemic. In 2020/2021 this meant that the following assessments, planned between April and July 2021 were cancelled:

- Early Years Foundation Stage Profile
- Key Stage 1
- Phonics Screening Check
- Multiplication Tables Check
- Key Stage 2.

In 2021, locally, schools were given the option of submitting end of year assessments on a voluntary basis at:

- Early Years Foundation Stage Profile
- End of Year 2
- End of Year 6.

Early Years Foundation Stage Profile⁹

With five schools choosing not to take part in the collection, data was received from 53 schools which were early adopters of the 2021 EYFS framework and 16 schools which were following the current framework.

The local authority took part in a national result pooling exercise organised by a third party and the national figures quoted reflect the average results of the 54 (out of 151) local authorities that submitted data.

⁹ For the 2020/2021 academic year, schools were given the option of continuing to use the existing Early Years Foundation Stage Profile (EYFSP) framework or becoming ‘early adopters’ of the new framework which was to be introduced in September 2021.

Good Level of Development

The gap between local and England averages narrowed slightly between 2017 and 2019. In 2019 the city was ranked 135 out of 151 local authorities, Quartile D.

The tables below present 2021 data in the context of published trends. 2021 data reflects a considerable drop on the latest published outcomes for the city across both current framework and early adopter schools. In both cases the gap between local and emerging England averages has narrowed significantly.

Table 20. Summary EYFSP Outcomes 2021: GLD.

	Current Framework Schools				Early Adopter Schools			
	2017	2018	2019	2021	2017	2018	2019	2021
Kingston upon Hull, City of	65.1	65.9	67.7	56.0	65.1	65.9	67.7	55.9
England	70.7	71.5	71.8	57.8	70.7	71.5	71.8	56.7

Average Total Point Score

The gap between local and England averages narrowed slightly between 2017 and 2019. In 2019 the city was ranked 133 out of 151 local authorities, Quartile D.

The tables below present 2021 data in the context of published trend data. 2021 data reflects a drop on the latest published outcomes across both current framework and early adopter schools. In both cases the gap between local and emerging England averages has narrowed.

Table 21. Summary EYFSP Outcomes 2021: ATPS.

	Current Framework Schools				Early Adopter Schools			
	2017	2018	2019	2021	2017	2018	2019	2021
Kingston upon Hull, City of	32.5	32.5	33.1	31.7	32.5	32.5	33.1	29.5
England	34.5	34.6	34.6	32.2	34.5	34.6	34.6	29.9

Achievement Gap

The achievement gap examines the difference between the attainment of all children and the lowest 20%. The larger the score the greater the gap. The maximum total point score under the 2021 EYFSP Framework is 34, compared with 51 for the current framework.

The gap between local and England averages widened between 2017 and 2019. In 2019 the city was ranked 149 out of 151 local authorities, Quartile D.

The tables below present 2021 data in the context of published trend data. Against a stable England trend the gap for current framework schools has narrowed and the converse is true of early adopter schools.

Table 22. Summary EYFSP Outcomes 2021: Achievement Gap.

	Current Framework Schools				Early Adopter Schools			
	2017	2018	2019	2021	2017	2018	2019	2021
Kingston upon Hull, City of	40.4	41.5	42.4	41.5	40.4	41.5	42.4	44.1
England	31.7	31.8	31.8		31.7	31.8	31.8	

Pupil Characteristics

The table below presents outcomes for pupil groups by early adopter and current framework schools. Values have been RAG rated as being above, broadly in line and below the outcomes of all pupils.

Table 23. EYFSP 2021: Pupil Characteristics.

	Current Framework Schools			Early Adopter Schools		
	NOR	GLD	APS	NOR	GLD	APS
All Pupils	621	56.0	31.7	2446	55.9	29.5
SEN Support	54	18.5	25.8	323	22.9	24.4
EHC Plan	9	0.0	19.3	73	0.0	18.5
No SEN	558	60.6	32.5	2050	63.1	30.7
FSM Eligible	138	39.1	28.3	717	44.9	28.2
Non-FSM Eligible	483	60.9	32.7	1729	60.4	30.0
CLA	15	53.3	28.2	9	55.6	28.2
CIN	2	x	x	63	46.0	28.3
CPP	4	x	x	25	52.0	28.1

Year 2

66 out of 71 primary schools locally submitted end of year assessments. The number of local authorities submitting data as part of the national pooling exercise was 50.

Of course, there is caution to be taken when considering any 'results' beyond the cessation of statutory assessments as we knew them in 2019. The 2021 summary results are, however, set into the context of past performance and comparative layers.

Summary:

- All summary results have dropped on 2019
- Gaps seen between local and national outcomes in 2019 are mirrored in 2021.

Table 24. Key Stage 1/Year 2 Assessments.

Reading				
Expected Standard	2017	2018	2019	2021
City	71	72	72	64
Stat. Neigh.	73	73	73	
Region	72	72	73	
England	76	75	75	67
City Rank	117 th			

Reading				
Greater Depth	2017	2018	2019	2021
City	20	21	22	16
Stat. Neigh.	23	23	22	
Region	22	23	23	
England	25	26	25	19
City Rank	111 th			

Writing				
Expected Standard	2017	2018	2019	2021
City	66	67	66	57
Stat. Neigh.	67	68	67	
Region	66	67	67	
England	68	70	69	58
City Rank	119 th			

Writing				
Greater Depth	2017	2018	2019	2021
City	14	14	14	10
Stat. Neigh.	14	14	13	
Region	14	14	13	
England	16	16	15	10
City Rank	77 th			

Mathematics				
Expected Standard	2017	2018	2019	2021
City	72	73	73	66
Stat. Neigh.	74	74	74	
Region	73	74	74	
England	75	76	76	67
City Rank	117 th			

Mathematics				
Greater Depth	2017	2018	2019	2021
City	18	19	20	14
Stat. Neigh.	19	19	19	
Region	19	20	21	
England	21	22	22	15
City Rank	97 th			

The following table breaks 2021 assessments down by **pupil groups**. Results have been RAG rated to reflect their relationship to the results for all pupils. Here, results are much more polarised than those seen at EYFSP.

Table 25. Year 2 2021: Pupil Characteristics.

	NOR	Reading		Writing		Mathematics	
		EXS	GDS	EXS	GDS	EXS	GDS
All	3080	64.3	16.0	58.0	9.6	66.6	13.7
SEN Support	468	27.8	3.8	20.3	0.9	32.5	3.4
EHC Plans	58	10.3	1.7	6.9	0.0	10.3	1.7
Not SEN	2554	72.2	18.6	66.0	11.5	74.1	15.9
FSM	1053	52.5	9.5	45.6	4.6	54.1	7.4
Non-FSM	2027	70.4	19.4	64.4	12.3	73.0	17.0
Disadvantaged	1028	52.7	9.6	45.9	4.8	54.9	7.8
Not Disadvantaged	2052	70.1	19.2	64.0	12.1	72.4	16.7

Year 6

In the absence of formal tests and assessments in 2020 and 2021, the authority collected end of Year 6 assessments from schools on a voluntary basis for both years, separately. In both cases pupil level

data played a valuable part in supporting the transition of pupils between primary and secondary schools in the city.

2020 and 2021 summary results are set into the context of past performance and comparative layers below.

Summary:

- In most cases city results for 2021 have dropped on both 2019 and 2020
- With the exception of Reading, the patterns or gaps seen between local and England averages are very similar to those seen at the last formal assessments in 2019.

Table 26. Key Stage 2/Year 6 Assessments.

Reading, Writing, Mathematics Combined					
Expected Standard	2017	2018	2019	2020	2021
City	63	67	68	72	66
Stat. Neigh.	61	64	64		
Region	58	62	63		
England	61	64	65		63
City Rank	36th				

Reading, Writing, Mathematics Combined					
Higher Standard	2017	2018	2019	2020	2021
City	8	10	11	16	12
Stat. Neigh.	7	8	9		
Region	7	9	9		
England	9	10	11		11
City Rank	54th				

Reading					
Expected Standard	2017	2018	2019	2020	2021
City	71	76	76	80	76
Stat. Neigh.	70	74	72		
Region	68	73	71		
England	72	75	73		76
City Rank	40th				

Reading					
Higher Standard	2017	2018	2019	2020	2021
City	22	29	28	29	25
Stat. Neigh.	21	25	24		
Region	22	26	25		
England	25	28	27		30
City Rank	52nd				

Writing					
Expected Standard	2017	2018	2019	2020	2021
City	77	78	79	76	70
Stat. Neigh.	77	78	78		
Region	75	77	78		
England	76	78	78		70
City Rank	71st				

Writing					
Higher Standard	2017	2018	2019	2020	2021
City	18	21	22	21	16
Stat. Neigh.	16	17	18		
Region	17	19	19		
England	18	20	20		15
City Rank	48th				

Mathematics					
Expected Standard	2017	2018	2019	2020	2021
City	76	78	80	80	74
Stat. Neigh.	75	75	79		
Region	73	74	78		
England	75	75	79		73
City Rank	52nd				

Mathematics					
Higher Standard	2017	2018	2019	2020	2021
City	20	25	26	26	20
Stat. Neigh.	20	21	24		
Region	20	21	25		
England	23	24	27		23
City Rank	69th				

The following table breaks 2021 assessments down by **pupil groups**. Results have been RAG rated to reflect their relationship to the results for all pupils and again results are much more polarised than those seen at EYFSP.

Table 27. Year 6 2021: Pupil Characteristics.

	NOR	RWM Combined		Reading		Writing		Mathematics	
		EXS	GDS	EXS	GDS	EXS	GDS	EXS	GDS
All	3106	65.8	12.1	75.7	25.7	70.1	16.2	74.2	20.6
SEN Support	522	24.3	2.7	35.6	6.1	27.8	3.6	37.5	5.6
EHC Plans	89	14.6	2.2	22.5	4.5	15.7	3.4	20.2	3.4
Not SEN	2478	76.7	14.4	86.3	30.7	81.2	19.3	84.1	24.5
FSM	975	52.4	6.3	63.9	15.3	58.1	9.0	61.5	12.2
Non-FSM	2114	72.3	14.8	81.4	30.6	76.0	19.5	80.4	24.6
Disadvantaged	1274	55.4	6.5	66.8	16.7	60.5	9.7	64.5	13.2
Not Disadvantaged	1818	73.5	16.1	82.3	32.1	77.2	20.8	81.4	26.0
Open CLA	27	44.4	7.4	51.9	11.1	48.1	7.4	51.9	11.1
Open CiN	71	45.1	5.6	64.8	9.9	49.3	7.0	60.6	8.5
Open CP	25	28.0	8.0	36.0	12.0	32.0	8.0	40.0	12.0
All CSC	123	41.5	6.5	56.1	10.6	45.5	7.3	54.5	9.8

Key Stage 4/GCSE

On 6 January 2021, the government confirmed that in summer 2021, students taking GCSE, AS and A levels regulated by Ofqual, should be awarded grades based on an assessment by their teachers. A similar statement was made, eventually in 2020 and as a result the DfE subsequently published local authority and England level data for both years.

Attainment 8

Attainment 8 scores for pupils are calculated by adding up the points achieved in their eight English Baccalaureate subjects taken at GCSE and dividing by 10. A school's attainment 8 score is the average of all of its students' scores

The city has been a low performing authority at Attainment 8 for a number of years. A score of 47.5 in 2021, although above the average of the city's statistical neighbours, saw the city ranked 124th out of 151 local authorities, with a quartile D (lowest performing 25 per cent of authorities) position.

In 2021 the performance of the city' SEN Support population dropped from a quartile C position to a quartile D position.

Table 28. Attainment 8 – SEN Support.

Average Attainment 8 score per pupil at end of Key Stage 4 for pupils with SEN Support								National Rank	Quartile Banding
	2016	2017	2018	2019	2020	2021	Change from previous year		
Kingston upon Hull, City of	34.20	29.10	31.60	31.70	34.90	32.20	-2.70	135	D
Statistical Neighbours	34.51	29.55	29.23	29.05	33.05	32.95	-0.10		
Yorkshire and The Humber	33.90	30.10	29.80	30.60	34.10	33.90	-0.20		
England	36.20	31.90	32.20	32.60	36.40	36.70	0.30		

In 2021 the performance of the city’s pupils with EHC plans secured a quartile B position – up from quartile C in 2020.

Table 29. Attainment 8 – Pupils with EHC plans.

Average Attainment 8 score per pupil at end of Key Stage 4 for pupils with SEN EHCP								National Rank	Quartile Banding
	2016	2017	2018	2019	2020	2021	Change from previous year		
Kingston upon Hull, City of	19.40	14.90	13.80	11.90	15.00	15.90	0.90	69	B
Statistical Neighbours	13.70	11.31	11.13	10.86	12.84	12.17	-0.67		
Yorkshire and The Humber	16.50	13.30	13.60	13.20	14.10	15.10	1.00		
England	17.00	13.90	13.50	13.70	15.20	15.70	0.50		

13.3 Suspensions and Exclusions

The latest published data relating to suspensions (formerly fixed period exclusions) and permanent exclusions relates to the 2019/2020 academic year. The table below provides corresponding rates across city and national populations.

At suspensions the city was consistently below corresponding England rates for pupils with any level of special educational needs provision.

At permanent exclusions, rates were below England averages for pupils with EHC plans and in line for pupils in receipt of SEN Support.

Table 30. Suspensions and Exclusions 2019/2020.

SEN Status	Suspensions		Perm. Exclusions	
	City	Engl.	City	Engl.
SEN provision - EHC	8.8	11.7	0.0	0.1
SEN provision - SEN Support	8.8	11.0	0.2	0.2
All SEN	8.8	11.1	0.2	0.2

The service has monitored suspensions and exclusions on a monthly basis throughout the COVID-19 period, the following table provides summary city data for the Autumn Term 2021.

Table 31. Suspensions and Exclusions Autumn Term 2021/2022.

	Suspensions	Perm. Exclusions
SEN provision - EHC	4.58	0.06
SEN provision - SEN Support	3.13	0.17
All SEN	3.53	0.14

14.0 Transport

14.1 Legal Duty

Hull City Council's home to school and college transport policy is in line with DfE's home to school travel and transport guidance; this states the legal duty the Council must adhere to with regards children and young people with special educational needs and disabilities:

- The LA have a duty to provide free home to school transport for eligible children of compulsory school age living in the local authority's area. There is no legal obligation to provide free transport for children who are below or above compulsory school age.
- Children living within the statutory walking distance but who are unable to walk in safety to school because of their special education needs, physical disability, or mobility problems for those supported by an EHC plans.

14.2 Demand for Home to School Transport

Perhaps hand in hand with the increasing number of pupils with Education, Health and Care plans in the city's schools, the demand for home to school transport has more than doubled since 2017:

- Autumn 2017 – 480 pupils in receipt of SEN home to school transport
- Autumn 2020 – 994 pupils in receipt of SEN home to school transport.

Children and young people are transported either on Council passenger transport vehicles or by commissioned contractor providers; each child individual needs are taken into consideration with a variety of mixed scheduling solutions available from 16, eight and six seater buses to cars/taxis transporting maximum of three to individual children.

14.3 Alternative Approaches to Home to School Transport

The Council now offers a Personal Transport Budget (PTB) to help parents/carers arrange home to school transport in a way that suits their personal circumstances. It allows families to make flexible arrangements, monitor the quality of their child's transport directly or they could work with other families to achieve the best possible travel arrangements for their children.

There are currently 84 pupils approved for a PTB. Not all will be receiving payments i.e. siblings - where only one payment is being made, or those where the parental agreement is outstanding. In December 2021 there were 64 payments made, at a total cost of £8,029.00.

Following DfE (January 2015) special educational needs and disability code of practice: 0 to 25 years identify to assist young people with pathways to employment [point 8.37]: Education and training should include help for students who need it to develop skills which will prepare them for work, such as communication and social skills, using assistive technology, and independent travel training. It can also include support for students who may want to be self-employed, such as setting up a micro-enterprise.

During academic year 2019-20 an Independent Travel Training course was devised to support young people with SEND or additional needs to obtain the skills needed to gain full independence when travelling on public transport; five young people have signed up for the training with one young person successfully completing their Independent Travel Training and can now travel independently

At January 2021, eight people are in the process of completing their “train the trainer” travel training course, with a further 10 booked for the next course (date to be confirmed). As far as we are aware, of the people who are still in the process of completing their “train the trainer” course, none have yet begun actually training young people.

To ensure the appropriateness of transport arrangements parents/carers now provide detailed information of their child’s personal and transport needs; the information provided is reviewed with parents/carers. Seventy six transport reviews have been undertaken during this academic year.

14.4 Adults Transport

Local Authorities have a duty to provide necessary assistance with transport to those people to whom it provides adult social care support, where it has been identified in the support plan as essential to meeting eligible adult social care needs, and which has been commissioned or arranged by Hull City Council Adult Social Care.

The young person’s EHC plan should set out the support that is needed to access education or training post 16. The statutory responsibility for transport for 16-19 year olds (who have started a course before their 19th birthday) rests with local authorities. This duty applies to young people with an EHC plan up to the age of 25 where the course continues beyond the age of 19.

The Care Act 2014 places a duty on Local Authorities to promote well-being and independence. Options to support the young person to travel independently or with assistance of family and friends should be considered. Travel training may also be explored to support the young person’s independence. Those in receipt of either state benefits to assist with mobility or who have the use of a motability vehicle will be expected to use either one to travel to an educational or training facility.

The ASC support plan should clearly identify the support that is needed to ensure that the young person’s care and support needs are met whilst promoting independence and well-being. As with all support commissioned through ASC, the provision of assistance with travel should be reviewed annually or in response to a change in circumstances.

When a support plan is agreed a financial assessment will be carried out to determine the person’s financial contribution towards the cost of support commissioned, this will include assistance with travel.

15.0 Hulls Thrive Model

In Hull the national Thrive Framework has been adopted to describe the range of emotional and mental health provision available. The successful HeadStart Hull bid and subsequent implementation has no doubt helped strategic leaders to recognise fully the importance of good emotional and

mental health for our children and this is reflected in the City's Health and Wellbeing Strategy and Hull's Early Help and Prevention Strategy where it is a clear priority over the coming years.

In Hull we are continuing to embed the THRIVE framework to help plan and implement change in Hull. The revised priorities outlined in the CYP Transformation Plan for 2020/21 included further developing an integrated system of support that aligns with the THRIVE quadrants as part of the strategic plan to support transition from Headstart to THRIVE activity.

The THRIVE Framework provides us with a set of principles for creating coherent and resource-efficient community of mental health and wellbeing support for children, young people and families. The Framework is needs-led and our aim is to use the principles of THRIVE to further transform our provision.



Support includes:

- Mental Health in School Teams
- Emotional Resilience Coaches
- Children's Psychological Wellbeing Practitioners (CPWP)
- Workforce training offer
- Children and Adolescent Mental Health Service (CAMHS)

Please see www.howareyoufeeling.org.uk for information on services on offer to support children, young people and families emotional and mental health.

Targeted early help services for young people aged 10-16 - If the young person feels they need additional support, talking to a Peer Mentor, joining a group, or working with an emotional resilience coach or counsellor could be the best option for them. With a choice of 1-2-1 or group sessions, these services will provide additional support as part of the Early Help offer. Services can be accessed in school or in the community. Access times for services are between four and eight weeks, depending on the service needed. There is also support for parents and carers including parent peer mentoring, parenting group work for parents and group work for parents of young people with additional needs.

Specific support for parents/carers of children with additional needs - Within the menu of options for additional support provided by the HeadStart Hull programme there is specific support for parents of children with additional needs. This service has been commissioned and is delivered by Kids. HeadStart Hull funds the support for parents of 10-16 year olds while the CCG provided funding for parents of children aged five to nine.

The service provides a range of group work delivered across Hull, offering parents/carers guidance and practical support, such as:

- Stepping Stones Triple P (children aged 5 -14)
- National Autistic Society Teen Life (children aged 10 – 16)
- Balancing Act (children aged 10 – 16)
- ASD Awareness Training.

For those parents attending the group work the service also provides up to five one to one sessions before, to ensure parents are ready to access the group work, and five after the group work to ensure the parents are supported to put into practice techniques they have learned in group. This group work can be accessed with or without a SEND diagnosis. Working with families in a wider age range of five-16 supports a whole family approach to early intervention.

16.0 Community Health and Services

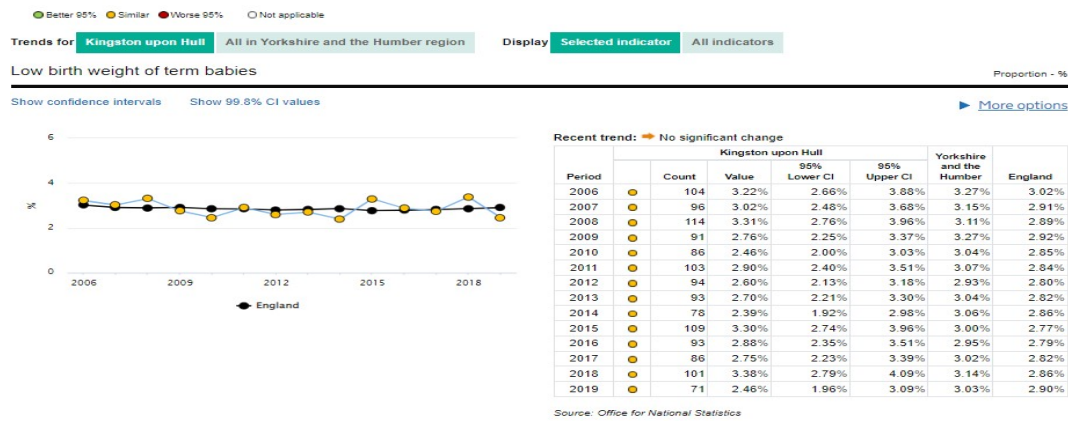
There are limits to the amount of health intelligence available for children with SEND in Hull. While it is possible to identify some of the determinants of disabilities in infant health and consider prevalence of some conditions based on population data, there is limited actual health data and intelligence about children with SEND.

16.1 Maternity Services

Maternity services are provided both in the community and at the Women and Children's Hospital (on the Hull Royal Infirmary site) and include midwifery-led and obstetric-led care. The majority of women registered with a Hull GP choose to receive their care from this provider. The service includes provision of antenatal and new-born screening programmes which supports early identification of congenital anomalies. The service provides support and care to women and their families throughout the screening process, working with specialist services as appropriate.

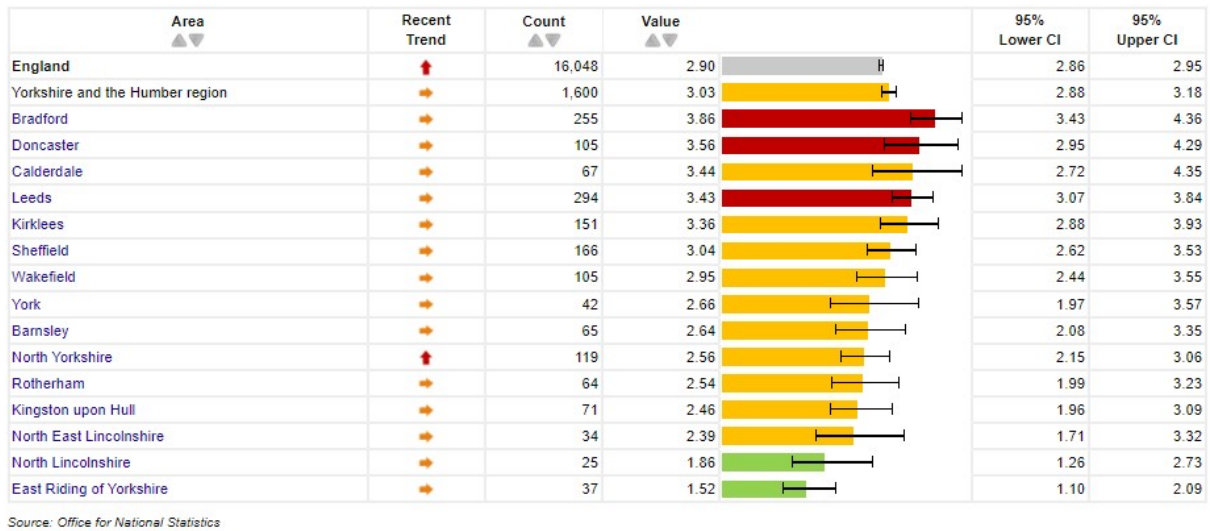
Public Health data for key child and maternal health indicators are shown below for Hull.

Figure 33. Low birth weight of term babies, proportion under 2,500g (%), 2019.



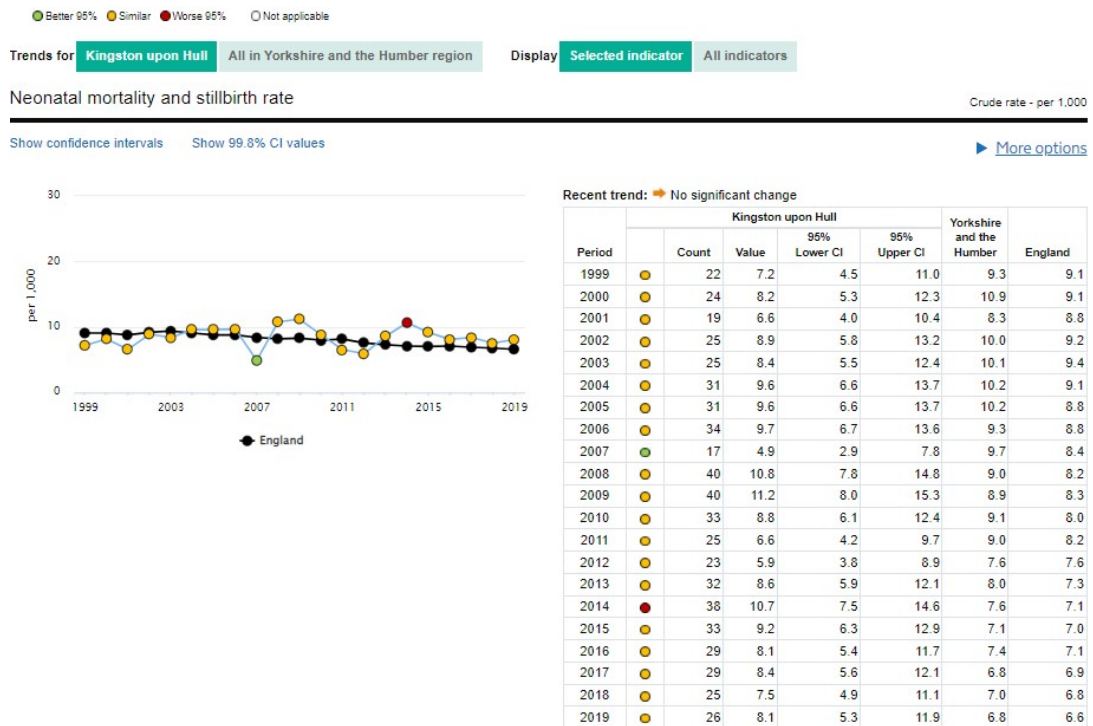
Child and Maternal Health - Data - PHE

Figure 34. Hull compared to regional neighbours (2019) - Low birth weight of term babies, proportion under 2,500g (%).



Child and Maternal Health - Data - PHE

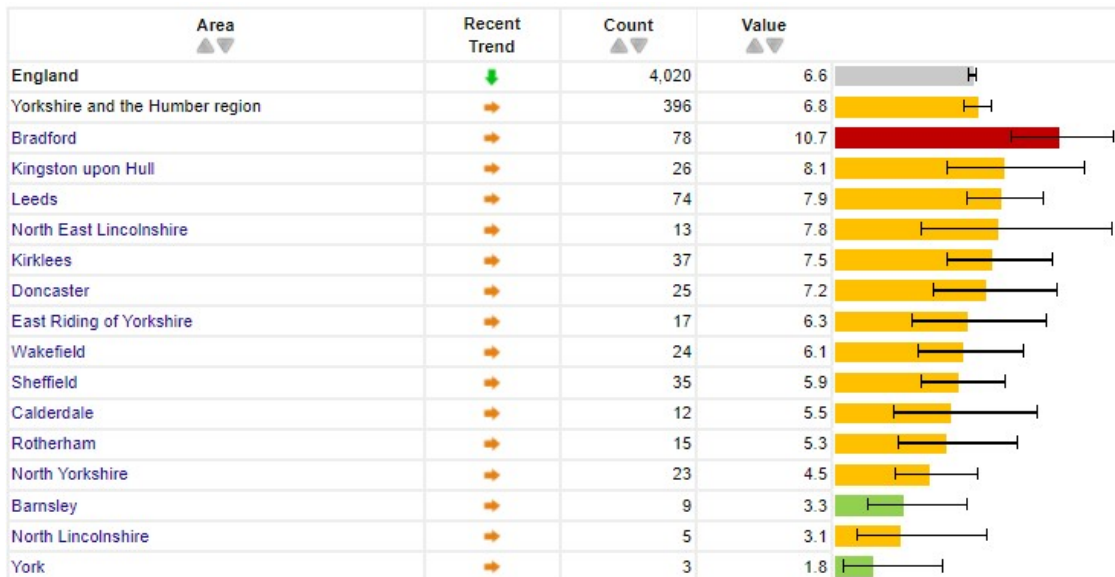
Figure 35. Hull Neonatal mortality and stillbirths (rate per 1,000), 1999 – 2019.



Source: NHS Outcomes Framework, NHS Digital

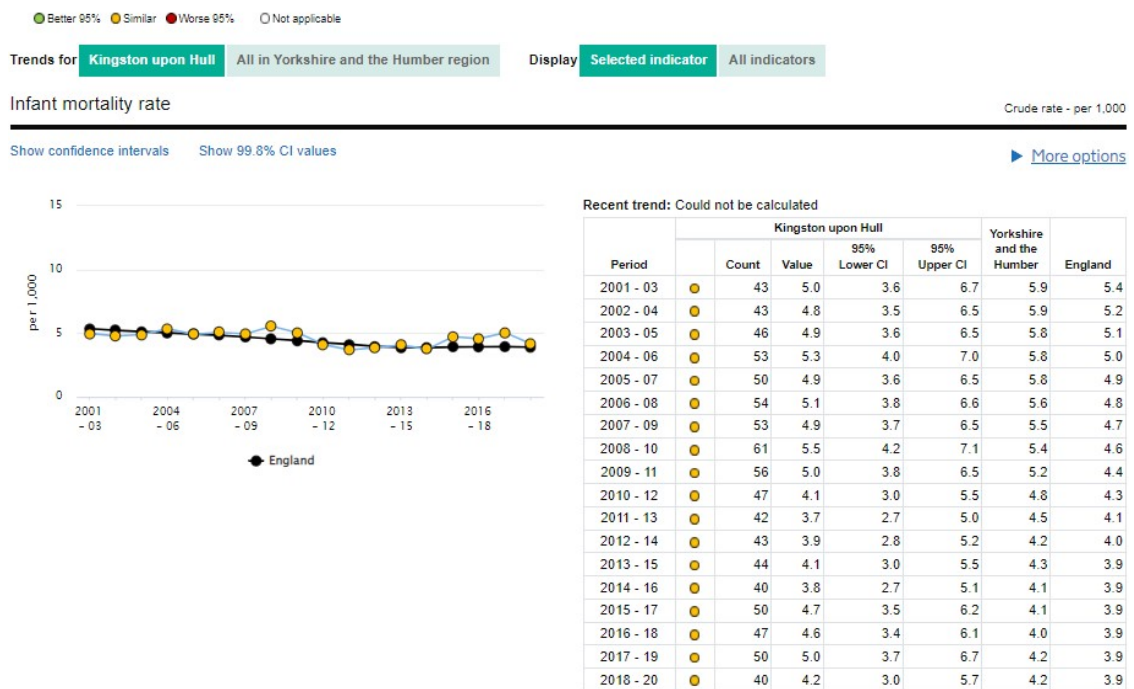
Child and Maternal Health - Data - PHE

Figure 36. Hull compared to Yorkshire and Humber neighbours - Neonatal mortality and stillbirth rate (per 1,000), 2019.



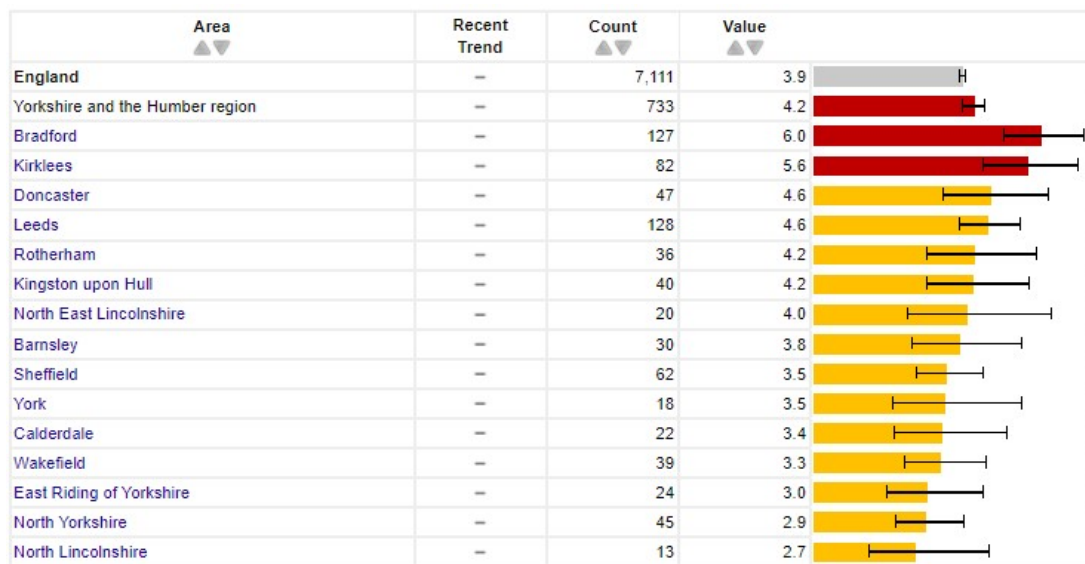
Source: NHS Outcomes Framework, NHS Digital

Figure 37. Infant Mortality Rate, Under 1 Year (per 1,000 Live Births):



Hull is statistically similar to the England rate.

Figure 38. Infant Mortality Rate, Under 1 Year (per 1,000 Live Births), Yorkshire and Humber.



16.2 Register of Congenital Anomalies

Congenital anomalies are defined as being present at delivery, originating before birth, and include structural, chromosomal, and genetic anomalies. Screening during pregnancy can detect some congenital anomalies, with others found at birth or detected as a baby grows older.

The National Congenital Anomaly and Rare Disease Registration Service (NCARDRS) records those people with congenital abnormalities and rare diseases across the whole of England, publishing annual statistics.

NCARDRS Congenital anomaly statistics 2019:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021335/NCARDRS_congenital_anomaly_statistics_report_2019.pdf

16.3 Neonatal Care Services

The Neonatal Unit is a 26-cot regional tertiary unit serving Hull, East Yorkshire and the Yorkshire and Humber region. The unit consists of five intensive care cots, seven high dependency cots and 14 special care cots. Admissions to NICU are babies who are either preterm or require some level of care following birth. These babies are either born at the Women and Children's hospital or transferred from other units due to the level of care they require.

The Neonatal Unit is in the Women and Children's Hospital on the Hull Royal Infirmary site. There are facilities available for parents to be resident and stay with their baby in the special care area. The following babies will be admitted to the neonatal unit:

- Babies < 35 weeks gestation
- Babies with a birth weight < 1.8 Kg
- Babies requiring medical investigation, treatment or nursing care for unexpected conditions e.g. hypoglycaemia, respiratory distress, possible sepsis, jaundice requiring double phototherapy
- Babies with a known antenatal condition or congenital abnormality where additional monitoring or nursing care is anticipated e.g. Rhesus incompatibility, Pierre robin syndrome, some congenital heart disease
- Babies requiring observation for neonatal abstinence syndrome (except babies born to mothers who are stable within a methadone programme as assessed by the MDT AND who are on < 30mls/day of methadone)
- Babies born to insulin dependent diabetic mothers (gestational or pre-existing diabetes)
- Babies transferred back from other hospitals for ongoing medical or nursing care (ideally admitted into isolation until MRSA swabs proved negative).

16.4 Paediatric Hospital Services

Emergency, acute, general medical, surgical, and nursing services for children and young people and their families are provided predominantly at the Hull Royal Infirmary site. The Queens Centre hosts the Teenage and Young Adult Service which provides inpatient and outpatient services for 19-24 years old within the region and a shared care service for those patients aged 16-18 years having treatments in Leeds.

Community paediatric medical, neurodisability and specialist nursing services have a specific focus providing health care to children and young people with SEND. These and paediatric community audiology, physiotherapy (age 0 to 2 years) and ophthalmic services are provided in both hospital and community settings. The Community Paediatric Medical Service hosts the Designated Doctor for SEND and provides medical information to the Local Authority as part of the EHC planning process. It also provides medical services related to children who are looked after and those with a

plan of adoption.

16.5 Children's Community Nursing Services

The service provides nursing assessment, treatment and support for children and young people aged 0-18 years, and is available in clinics, at home, school or other appropriate venues where needed. The service provides care and support to children who have long term conditions, life limiting conditions and/or complex health needs including oncology care, stoma care and those who have been prescribed intravenous antibiotics to be administered at home.

The service supports young people with long term health needs to transition to adult health services and tailored training and support for parents and carers. The service also offers:

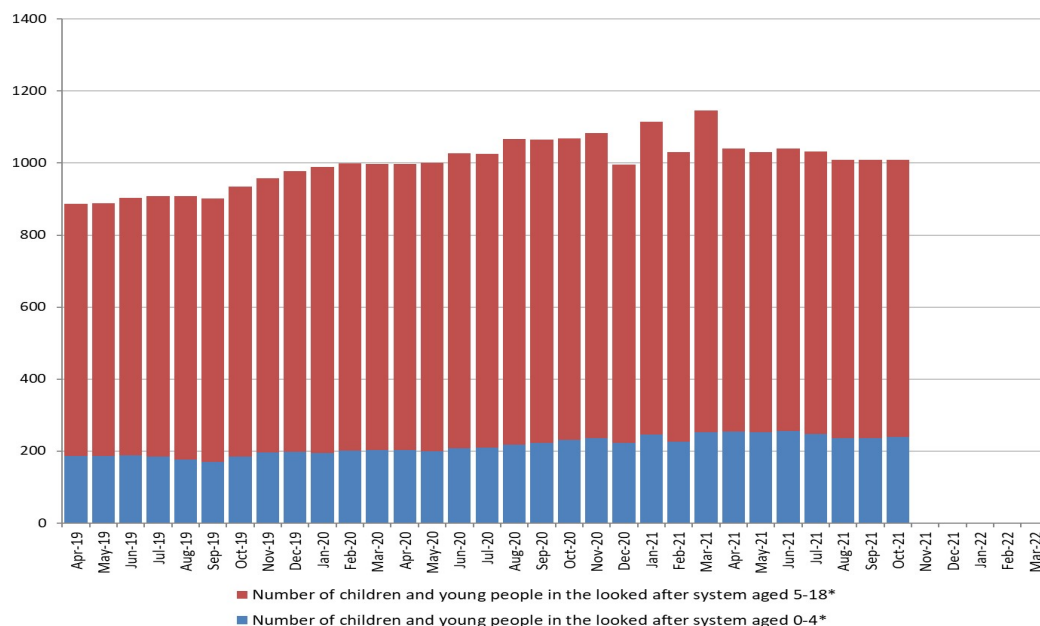
- Phlebotomy, wound care, and post-operative care including support and advice following surgery
- Nursing care and support to children and young people who attend special schools in Hull and East Riding. This supports their access to education, by meeting their health needs during the school day
- Continence - assessment, advice, support and treatment for enuresis and constipation. Nursing advice and support for children and young people with specialist continence needs, for example, catheterisation and continence products
- End of Life Care: 24 hour on call nursing advice and support for children and young people who are nearing the end of their life
- Sunshine House offers short breaks for children and young people with long term conditions, life limiting conditions and/or complex health needs. End of life care is available if this is the child, young person and/or their family's preferred place for care.

16.6 Looked After Children's Health Service

These services form part of an integrated network of health and multi-agency children looked after services. Between them they provide Initial, Review and Leaving Care health assessments and support, including emotional and mental health support to children, young people and care leavers. Health assessments are linked to Educational Health Care plans.

The services support young people in transition to and between services including health, social care, education and children and adult's services, including when children experience changes in placement and co-ordination of care where children are placed out of area. Services provide training, including regarding emotional and mental health to health and social care professionals and to foster carers. Psychologist advice and support is also offered to social workers, personal advisors, residential staff, and foster carers.

Figure 39. Total Looked After Children (LAC) Numbers.



The total number of LAC placed in area as reported by CHCP, including any children from outside of the CCG area which are placed within the boundary as CHCP are responsible for completing the health checks for these children.

16.7 Children’s Speech and Language Therapy Service

The service provision varies depending on the child’s individual need, but may include:

- Treatment planning, liaison with parents/carers, liaison with education staff, liaison with other relevant professionals, individual therapy, group therapy, training others, referral to other agencies, contributing to multidisciplinary meetings, advice and support.

The SLT service provide a range of specialist and mainstream services across early years, schools and colleges and in the community, which include supporting:

- Language Delay
- Developmental Speech & Language Disorder
- Phonological Delay
- Phonological Disorder
- Verbal Dyspraxia
- Social Communication Needs
- Hearing Impairment
- Dysphasia
- Feeding & Swallowing problems
- Stammering
- Selective Mutism
- Voice Problems
- Non-Complex Augmentative and Alternative Communication Needs.

The SLT service supports children from 0-19 years, helping them to meet their individual goals. They also work with parents and carers, who may be asked to participate in therapy sessions and carry out therapeutic activities at home.

Figure 40. SLT Seen within 18 Weeks (%).

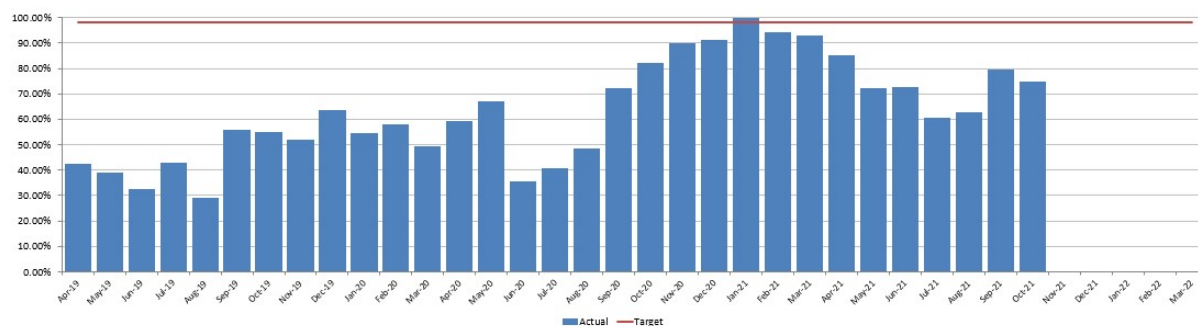
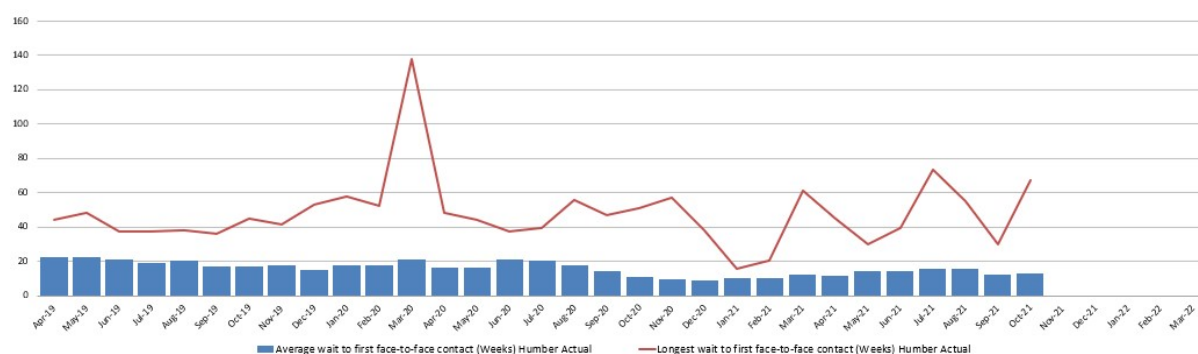


Figure 41. Average Wait/Longest Wait for first contact (weeks) – SLT.



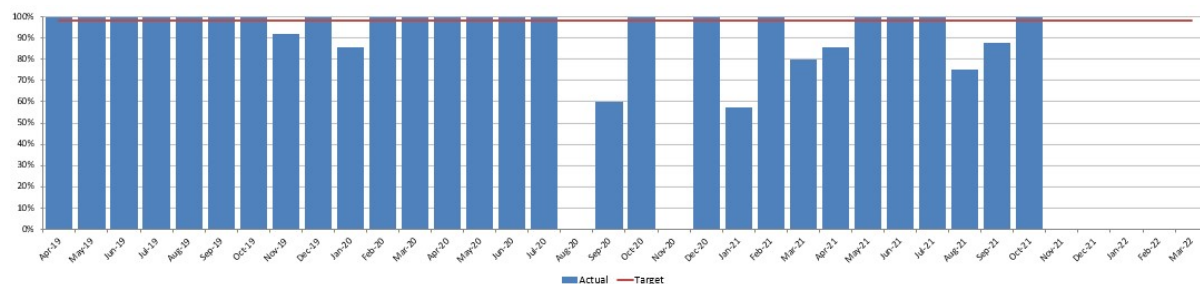
16.8 Children’s Occupational Therapy Service

Everyone has an occupation. A child’s occupation is to grow, learn and play. Working as part of a team, Occupational Therapists help children and young people to learn different ways to carry out everyday activities that they may find difficult because of their illness, injury or disability. Occupational Therapists enable these children to be as independent as possible in their home, educational and other community settings.

Each child has an initial assessment which includes information gathering and goal setting. The following may be offered as appropriate:

- A block of individual treatment to work on specific skills
- Therapy advice programme to develop skills needed for everyday tasks e.g. activities to develop pincer grip which may help with dressing skills, such as fastening buttons
- Assessment and recommendations made for equipment, e.g. specialist seating for postural support, bathing equipment to assist with personal care or aids to help a child use the toilet independently
- Referrals to other specialist services, e.g. wheelchair assessment service and the local authority for housing adaptations
- Professional reports provided which contribute to a child’s Education, Health and Care (EHC) plan.

Figure 42. Occupational Therapy - % CYP seen within 18 Weeks.



16.9 Children’s Community Physiotherapy Service including Orthotics

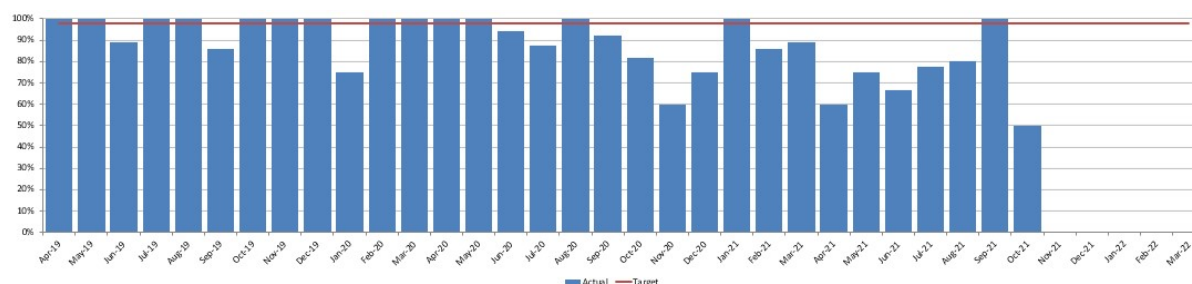
The service is a team of Physiotherapists who specialise in treating children. The service aims to improve the quality of life of children and young people by promoting independence and encouraging physical fitness and wellbeing. Assessment and intervention may take place at home, school and within short break care for:

- pre-school children at home or nursery
- children in mainstream school
- children attending special school
- children’s centres and clinics
- home address
- physiotherapy gym led groups held at Sport Centres.

The service works in close partnership with the child and their family, education, social work, other healthcare professionals and the voluntary sector. The service provides:

- Formal and informal assessment, such as observation. The assessment will look at strength and co-ordination, motor development, posture and balance, quality of movement and function
- Advice to parents, carers and other relevant professionals
- Refer onto other services
- Provide physical management programmes for home, nursery and schools
- Assessment for specialist equipment
- Assessment for Orthotic needs.

Figure 43. Physiotherapy - % CYP seen within 18 Weeks.



16.10 Children’s Sensory Processing Difficulties: Assessment and Support Service

This service provides resources, advice and guidance, training, assessment and care planning for children and young people with sensory needs and their families. It provides education and training, advice and guidance to those who work to support this cohort of children and young people including those working in learning and education settings.

16.11 Children’s SEND Sleep Service

The SEND Sleep Service provides training and support (including resources) for parents and families who are experiencing sleep problems with their child or young person who has SEND. It leads and coordinates the delivery and development of a sleep practitioner network across the city, delivering interventions to parents and carers through workshops, 1-1 and telephone support. The service is community based and delivered in partnership with local provider organisations including statutory, voluntary and community sector providers.

192 children and young people were referred into the service during 2020/21 compared to 183 the previous year (2019/20).

16.12 Autism – Assessment and Diagnosis Service

NHS Hull CCG commission an assessment, diagnosis and post diagnosis support service for CYP in Hull with Autism – the service operates in line with NICE Guidelines. All referrals are sent via SENCOs within schools, with GPs referring only for young people who are not in education. The service provides assessment, diagnosis and post diagnostic support and is delivered in partnership with Kids Charity and Matthews Hub Charity to ensure that CYP and their families receive a range of support pre and post diagnosis.

The service model has been enhanced with additional recurrent funding from 2019/20 and comprises of a MDT of 14 specialist staff. There is a service specification in place with clear care pathways.

16.13 Attention Deficit Hyperactivity Disorder (ADHD): Assessment and Diagnosis Service

NHS Hull CCG commissions a CYP ADHD service from Humber Teaching NHS FT which is part of the wider CAMHS offer within the city. The service offers assessment, diagnosis and post diagnostic support. The service works in partnership with local charitable organisations in offering pre and post diagnostic support to CYP and their families.

The service received additional funding during 2019/20 to increase the number of specialist staff working within the team and an additional Locum Consultant Psychiatrist has been appointed, working across Hull and East Riding to support further reduction of the waiting list. The service was relaunched during 2019 with a new service specification and care pathway.

16.14 Children’s Community Team Learning Disability (CTLD) Service

NHS Hull CCG commissions a CYP LD service from Humber Teaching NHS FT which is part of the wider CAMHS offer within the city. The service offers assessment, diagnosis and post diagnostic support. The service works in partnership with local charitable organisations in offering pre and post diagnostic support to CYP and their families. The service specification for CAMHS LD lies within the NHS Hull CCG wider CAMHS service specification.

16.15 CAMHS

NHS Hull CCG commissions a CAMHS service from Humber Teaching NHS FT.

The primary focus of this service is “to work together in partnership with children, young people, families, significant others and professionals to promote, maintain and improve the mental health and emotional well-being of children and young people in Hull, from birth to their 18th birthday, and during any transition period.”

This service will deliver support to children and young people with mental health and emotional wellbeing problems, through a range of interventions, including targeted support for those children and young people most at risk of developing mental health problems. The aim is for children and young people with suspected mental health problems to be identified early in a range of settings.

The Service will operate a single point of access (Contact Point). Experienced clinicians will provide advice/triage/consultation to young people, their families and professionals to assess the young person’s vulnerability in relation to their emotional and mental health, taking into consideration risk factors in order to determine the most appropriate intervention.

Needs that will be met by this service could include the following but is not restrictive to this list and will be based on the individuals presenting need and vulnerability:

- Autistic Spectrum Disorder (ASD), Learning Disability, ADHD, Conduct, Trauma, Deliberate Self-harm, Eating Disorders, Anxiety, Depression, Psychosis.

Please see **Appendix 7** for the Specialist Service Pathways within the CAMHS service.

16.16 Children’s Continuing Care (CC) and Adults Continuing Health Care (CHC)

Some children and young people (up to age 18 years) may have very complex health needs. Children with such complex needs may require additional health support to that which is routinely available from GP practices, hospitals or in the community. This additional package of care is called continuing care. Hull Clinical Commissioning Group (CCG) has responsibility for assessing children and young people to see if they need a package of continuing care (CC).

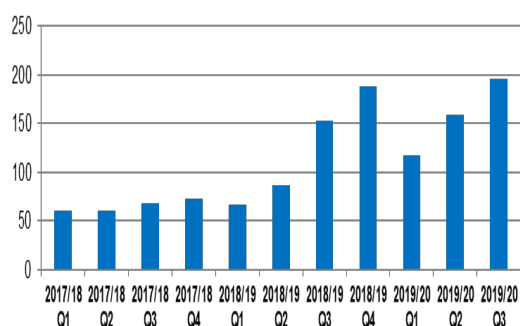
The Hull Continuing Care team is co-located with the adults Continuing Healthcare (CHC) team which better supports young people and their families through transition into adulthood.

The team is currently supporting approximately 68 children & young people in the community through Personal Health Budget (PHB).

16.17 Personal Health Budgets

A Personal Health Budget (PHB) is an amount of money which can be used to support an individual's health and well-being needs and is a means through which people can have more choice and control over how these needs can be met. As part of Transforming Care and Universalised Personal care the CCG is placing a strong emphasis on personalised care, support planning and personal health budgets. Our aim is to identify opportunities to improve access to Personal Health Budgets and Integrated Personal Budgets (IPB), for children and young people across the city.

Figure 44. Total number of children and young people with a Personal Health Budget (PHB) – Hull CCG.



Currently NHS Hull CCG provide PHB's as a default offer to those children and young people who are funded under Continuing Care and those who meet the eligibility criteria for the provision of a wheelchair to meet their postural or mobility needs. A proof of concept is also being implemented to identify opportunities through which unmet health needs identified within an Education, Health and Care (EHC) plan can be met through the provision of a PHB.

Reporting was paused due to the pandemic. The latest reported total number of children and young people with a personal health budget was 196 YTD (Quarter 3, 2019/20).

In terms of 'at place partnership working' and collaboration to ensure that need is met, there are several Joint Health and Social Care budgets in place – where the individual is CC funded and social care funded, this approach is supported via a PHB and 50% recharge to social care. In addition, the city also has two PHB's supporting interim support for education, joint funded with the education department until the individual's education budget has been finalised.

16.18 Learning Disability in Primary Care

The Hull Children's Community Learning Disability Team is a specialist health service, offering evidence based interventions to children / young people with a diagnosis of a learning disability in a range of appropriate community settings, including the family home, schools and local authority settings. The team offer the following:

- Completing initial assessments following referral. This process is undertaken within six weeks of receiving the initial referral.
- Undertaking consultations with a number of different agencies involved with children and young people with a learning disability.
- Undertaking evidenced based intervention with children/young people with a diagnosis of a learning disability and their carers.

- Undertaking group interventions where appropriate.
- Working with service users as part of a process of monitoring and reviewing care to inform the care planning process. All practitioners care plan for evidence based interventions.
- Providing a robust supervision structure that underpins all aspects of service delivery to ensure safe/best practice is delivered at all times.
- Support the SEND reforms

Total number of registered Patients aged 14-18 is 169 (October 2021).

16.19 Adult CTLD (Age 18 – 25)

Currently no activity data.

16.20 Adult ASD (age 18 – 25)

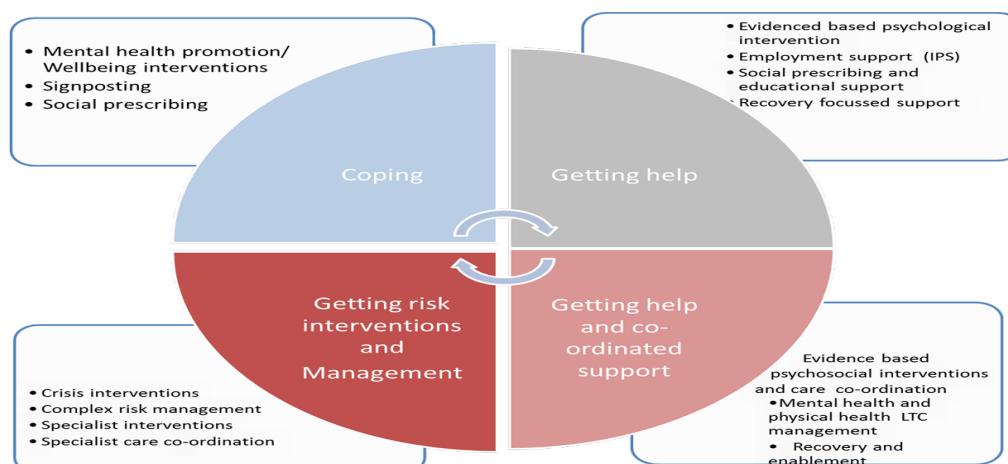
Autism Spectrum Disorder is a developmental disorder of variable severity that is characterised by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behaviour.

NHS Hull CCG commission adult (over 18 years of age) autism assessment and diagnosis from Humber Teaching NHS Trust. This service is specifically for people who have not received an autism diagnosis prior to the age of 18 and is commissioned on a cost per case basis. The service provides assessment, diagnosis and, if required, medication and treatment, furthermore patients will also be signposted to wider support services as required.

16.21 Adult MH (Age 18 – 25)

The fundamental purpose of the service is to ensure that people with severe and/or enduring mental health problems are appropriately supported and treated, and they maintain or regain their place in the local community, achieving their full potential as members of their community.

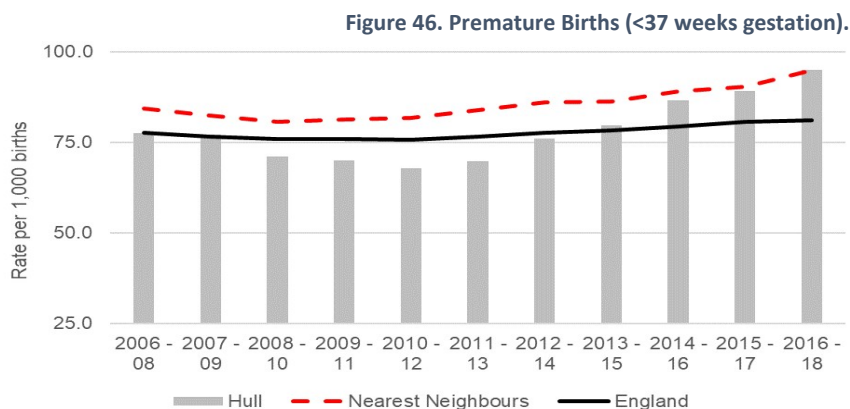
Figure 45. Service Model.



17.0 Risk Factors and Prevalence

17.1 Premature and Multiple Births¹⁰

Babies born prematurely have an increased prevalence of neuro-developmental impairment with greater impairment linked to the length of gestation (45% at 22-23 weeks, 30% at 24 weeks, 25% at 25 weeks and 20% at 26 weeks).



The average pregnancy length of twins is 37 weeks whilst the average pregnancy length for triplets is 34 weeks. This means that due to the higher risk of impairment due to premature labour, babies born from multiple birth pregnancies are at a higher risk than single births.

The rate of premature births in England has remained relatively static nationally with an emerging upward trend in recent years and a sharper increase can be observed amongst the nearest neighbours comparator.¹¹

Table 32. Multiple Births.

Period	Hull	Nearest Neighbours	England
2010	12.6	16.0	15.7
2011	11.4	14.7	16.2
2012	11.7	13.0	15.9
2013	15.6	14.5	15.6
2014	14.8	14.3	16.0
2015	13.8	12.6	16.0
2016	11.0	13.2	15.9
2017	12.0	13.0	15.9
2018	13.8	15.3	15.4

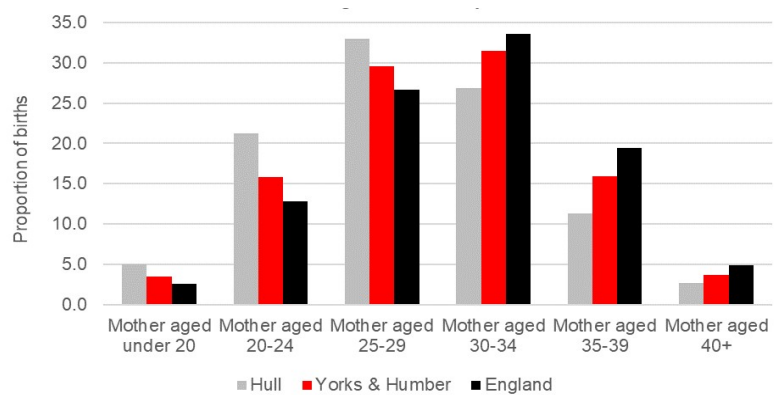
¹⁰ Data source: <https://fingertips.phe.org.uk/profile/child-health-profiles/data>, accessed 16.12.2021

¹¹ Nearest neighbours for all indicators in this section unless otherwise stated are the 4 closest Authorities within the Children Services Statistical Neighbours Benchmarking Tool (Middlesbrough, Stoke on Trent, Hartlepool, Blackpool).

17.2 Age at Maternity¹²

Nationally, the age at which a woman gives birth has been increasing over time. This may be due to several factors. However, biologically the optimum age for childbearing is between 20 – 35 years of age. This means that, by delaying the age of pregnancy, there are increased risks of complications during the pregnancy.

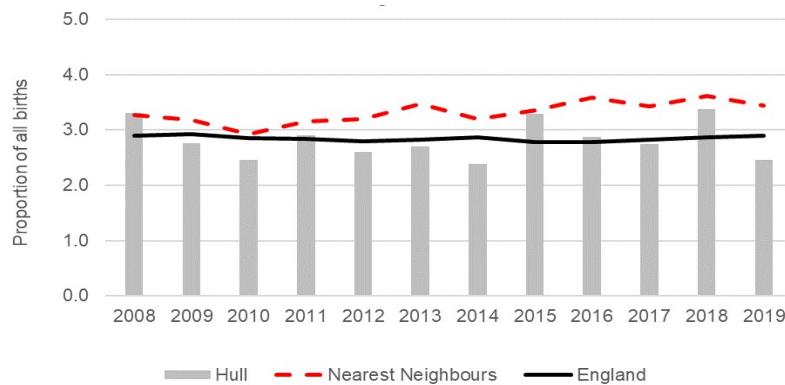
Figure 47. Mother's Age at Maternity, 2020.



The graph shows the age at birth of Hull resident mothers during 2020, compared to the Yorkshire & Humber region and England. As can be seen the trend in Hull differs from that shown both regionally and nationally with a higher proportion of births to younger mothers (up to the 25-29 year age band) with 59% occurring for mothers aged 29 or under in Hull compared to 49% (Yorkshire and Humber) and 42% (England).

17.3 Low Birth Weight¹³

Figure 48. Low Birth Weight of Term Babies.



Low birth weight increases the risk of childhood developmental problems and is associated with poorer health in later life. Low birth weight is classed as under 2,500g. For most years the proportion of low birth weight babies in Hull has been below the national and comparator average, with

the current rate (2019) at 2.5% of all term babies.

¹² Data source <https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=205> accessed 16.12.2021

¹³ Data source: <https://fingertips.phe.org.uk/profile/child-health-profiles/data>, accessed 16.12.2021

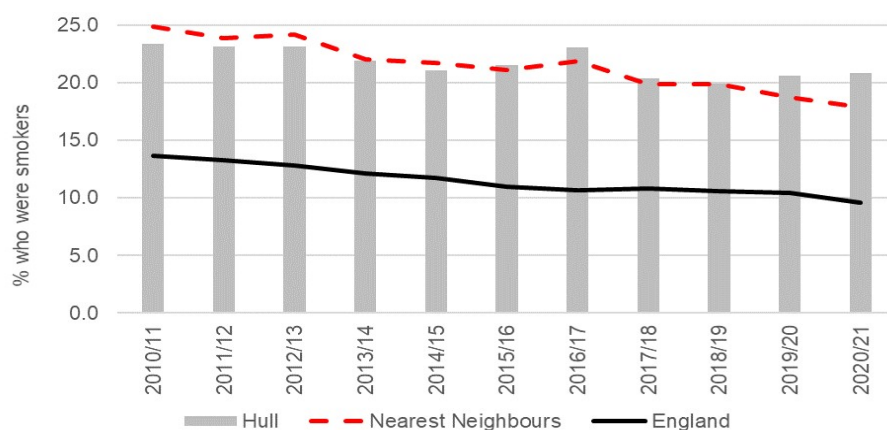
Table 33. Low Birth Weight.

Period	Hull	Nearest Neighbours	England
2008	3.3	3.3	2.9
2009	2.8	3.2	2.9
2010	2.5	2.9	2.9
2011	2.9	3.1	2.8
2012	2.6	3.2	2.8
2013	2.7	3.5	2.8
2014	2.4	3.2	2.9
2015	3.3	3.4	2.8
2016	2.9	3.6	2.8
2017	2.8	3.4	2.8
2018	3.4	3.6	2.9
2019	2.5	3.4	2.9

17.4 Smoking during Pregnancy¹⁴

Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth and placental complications which could lead to disabilities. Whilst the proportion of women smoking at time of delivery has shown a positive reduction in recent years in Hull, the rate has been statistically significantly worse than the rate for England since 2010, with current levels increasing in Hull to 20.8% compared to a reducing trend nationally to 9.6%.

Figure 49. Smoking Status at Time of Delivery.



¹⁴ Data source: <https://fingertips.phe.org.uk/profile/child-health-profiles/data>, accessed 16.12.2021

Table 34. Smoking Status at Time of Delivery.

Period	Hull	Nearest Neighbours	England
2010/11	23.4	24.9	13.6
2011/12	23.2	23.9	13.3
2012/13	23.1	24.2	12.8
2013/14	21.9	22.1	12.2
2014/15	21.0	21.8	11.7
2015/16	21.5	21.1	11.0
2016/17	23.1	21.9	10.7
2017/18	20.4	19.9	10.8
2018/19	19.9	19.9	10.6
2019/20	20.6	18.7	10.4
2020/21	20.8	17.9	9.6

17.5 Maternal Mental Health¹⁵

Maternal mental health issues can have an adverse effect on the woman herself and on the future development of her infant. Between 10% and 20% of women develop a mental illness of some kind during pregnancy or within the first year after the baby's birth (Centre for Mental Health / LSE 2014).

The table identifies the national estimated prevalence of mental health problems expected for this cohort for 2017/18.

Table 35. Maternal Mental Health.

Condition	Expected cases in Hull 2017/18
Postpartum psychosis	5
Chronic serious mental illness	5
Severe depressive illness	78
Mild-moderate depressive illness	260 - 390
PTSD in perinatal period	78

¹⁵ Data source <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health> accessed 16.12.2021

17.6 Prevalence of Congenital, Chromosomal and Neurological Conditions¹⁶

Prevalence estimates for the following conditions can only be produced based on national data, therefore in order to identify how these conditions affect Hull residents an estimate of prevalence can be made based on 2020 ONS mid-year population estimates.

These estimates must be treated with caution as there are other factors which may influence the prevalence in Hull which cannot be accounted for in such estimates.

Table 36. Prevalence of Congenital, Chromosomal and Neurological Conditions

Condition	National Prevalence Estimate	Hull Estimated Numbers aged 18 or under (unless stated) using 2020 ONS MYE
Cerebral Palsy	0.3%	151
Down's Syndrome	0.1%	60
Autism Spectrum Disorder	1.0%	604
Hyperkinetic Disorders (aged 5-16)	1.9%	731
Cystic Fibrosis	0.04%	24
Epilepsy	1.0%	604
Hearing Loss	0.15%	91
Sight Loss	95 blind and partially sighted children aged 0-17.	

17.7 Foetal Alcohol Syndrome

There are no current accurate prevalence figures for Foetal Alcohol Syndrome (FAS) in the country. FAS is caused by maternal use of alcohol during pregnancy. The main symptoms are:

- typical facial abnormalities
- intrauterine growth restriction and failure to catch up
- Neurodevelopmental abnormalities causing learning disability, cognitive impairment and behavioural problems.

¹⁶ Multiple data sources accessed 16.12.2021:

<https://www.cerebralpalsy.org.uk/>

<https://www.downs-syndrome.org.uk/about/general/>

<https://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938133090/pat/6/par/E12000003/ati/102/are/E08000036/iid/91139/age/246/sex/4>

<https://www.cysticfibrosis.org.uk/what-is-cystic-fibrosis/faqs>

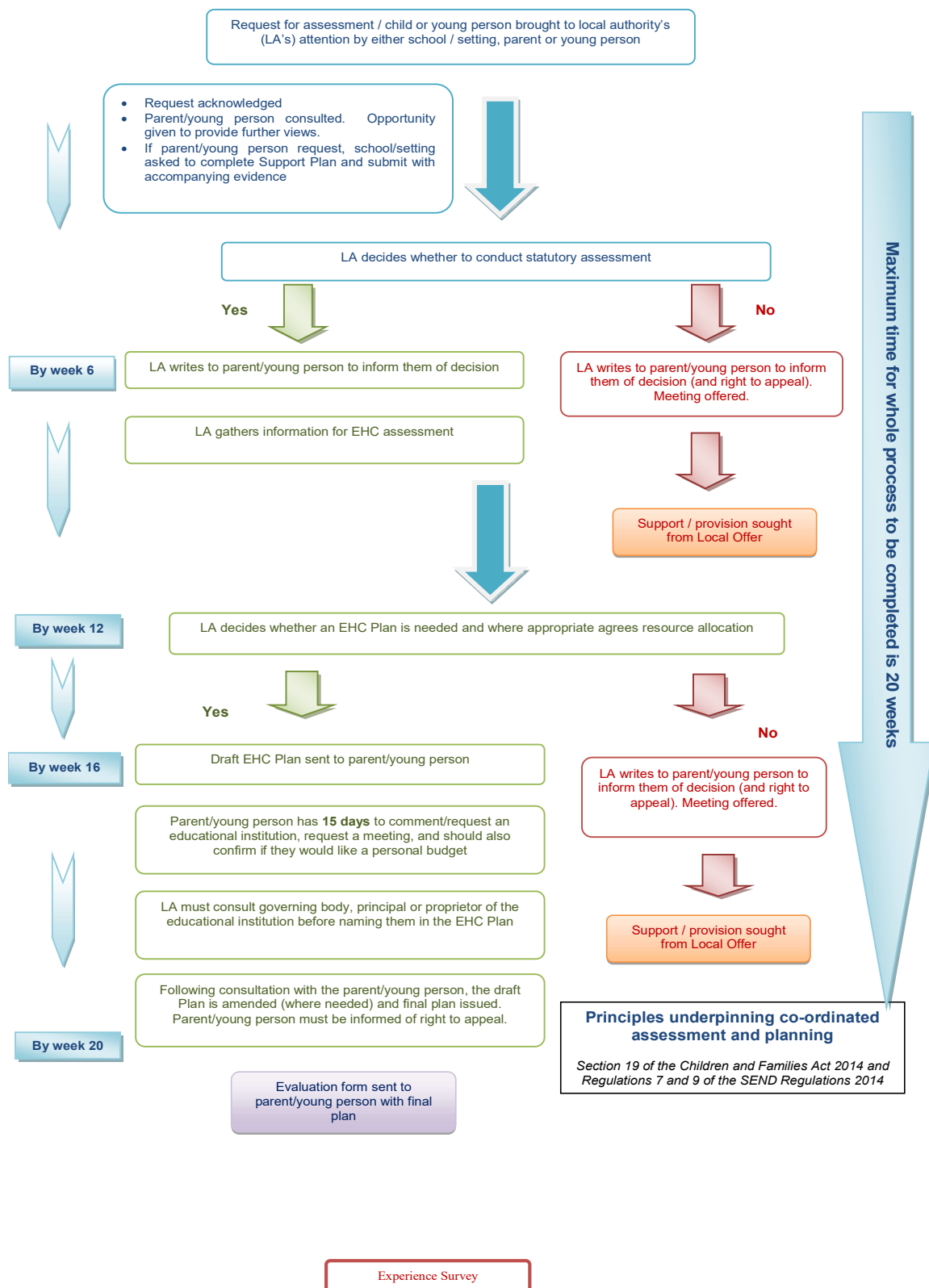
<https://www.epilepsy.org.uk/press/facts>

<https://publichealthmatters.blog.gov.uk/2019/06/05/health-matters-hearing-loss-across-the-life-course/>

<https://publichealthmatters.blog.gov.uk/2019/06/05/health-matters-hearing-loss-across-the-life-course/>

<https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

Appendix 1. The Education, Health and Care Assessment and Planning Process.

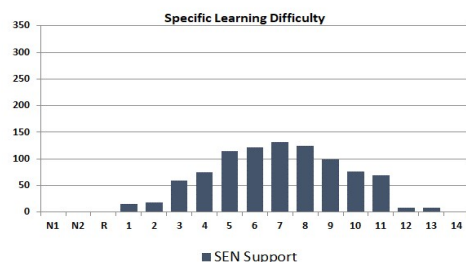
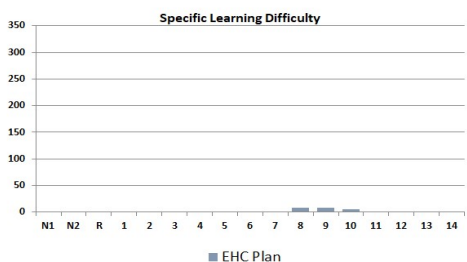
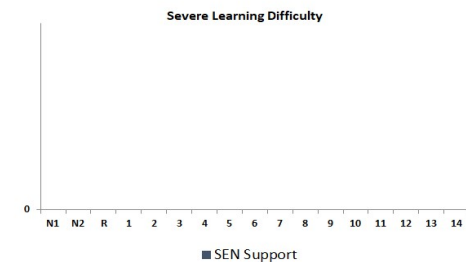
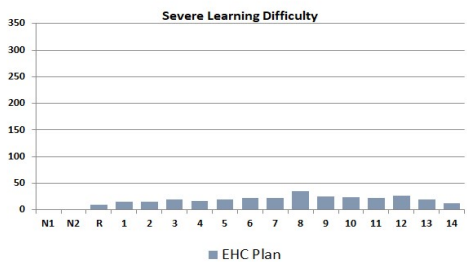
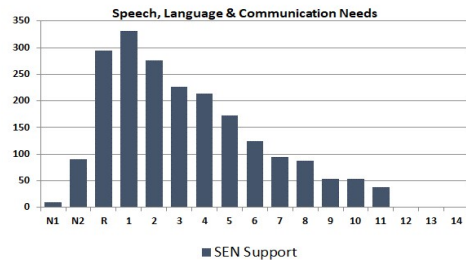
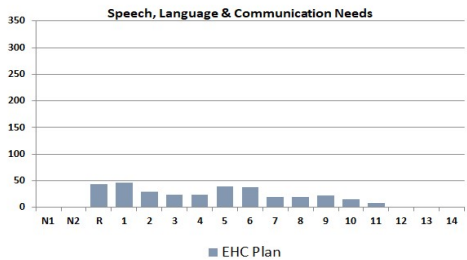
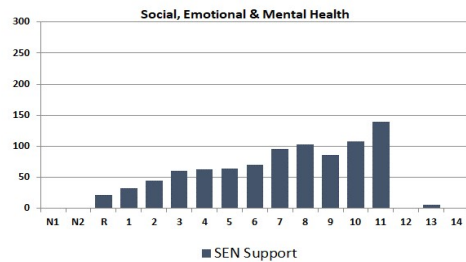
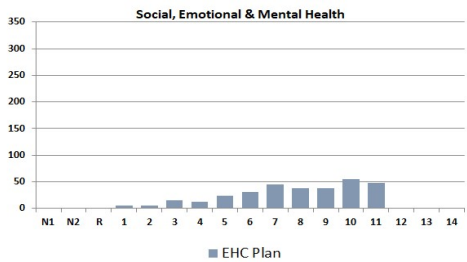
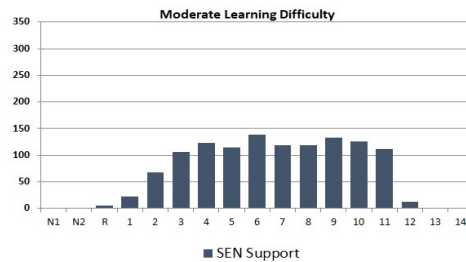
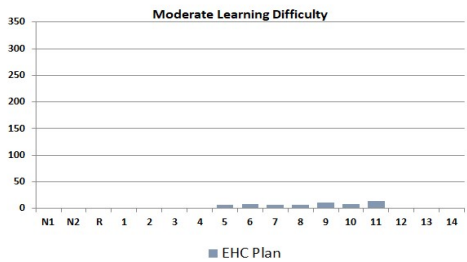
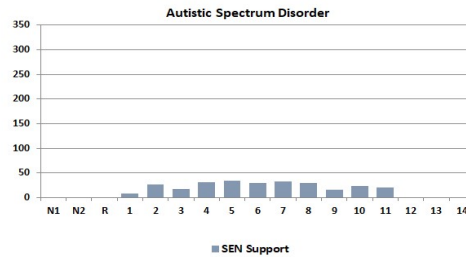
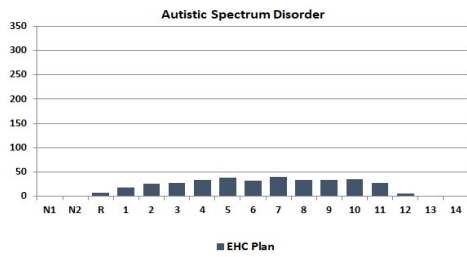


Appendix 2. The City's School Estate – Contributors to the School Census.

School Name	Total NOR	Number of Pupils				Percentage of Pupils			
		SEN Support	EHCP	SEN	No SEN	SEN Support	EHCP	SEN	No SEN
Primary School Totals	25359	3624	550	4174	21185	14.3	2.2	16.5	83.5
Secondary School Totals	15696	2364	319	2683	13013	15.1	2.0	17.1	82.9
Special School Totals	722	3	119	271	57	0.4	16.5	100.0	0.0
Alternative Provision Totals	328	152	119	271	57	46.3	36.3	82.6	17.4
Local Authority Totals	42244	6175	1708	7883	34361	14.6	4.0	18.7	81.3

School Name	Total NOR	Number of Pupils				Percentage of Pupils			
		SEN Support	EHCP	SEN	No SEN	SEN Support	EHCP	SEN	No SEN
McMillan Nursery	139	33	11	33	106	23.0	7.9	16.8	83.2
Nursery Totals	139	33	11	33	106	23.0	7.9	16.8	83.2
Adelaide Primary School	449	80	11	91	358	17.8	2.4	20.3	79.7
Ainthorpe Primary School	328			55	273			16.8	83.2
Alderman Cogan's CE Primary Academy	444	33	10	43	401	7.4	2.3	9.7	90.3
Appleton Primary School	315	41	8	49	266	13.0	2.5	15.6	84.4
Bellfield Primary School	246			33	213			13.4	86.6
Biggin Hill Primary School	660	107	14	121	539	16.2	2.1	18.3	81.7
Bricknell Primary School	667	37	22	59	608	5.5	3.3	8.8	91.2
Broadacre Primary School	440			64	376			14.5	85.5
Buckingham Primary Academy	269			32	237			11.9	88.1
Bude Park Primary School	249			46	203			18.5	81.5
Cavendish Primary School	339	40	7	47	292	11.8	2.1	13.9	86.1
Chiltern Primary School	465	103	12	115	350	22.2	2.6	24.7	75.3
Christopher Pickering Primary School	448	118	25	143	305	26.3	5.6	31.9	68.1
Cleeve Primary School	443	70	13	83	360	15.8	2.9	18.7	81.3
Clifton Primary School	349	62	9	71	278	17.8	2.6	20.3	79.7
Collingwood Primary School	315			41	274			13.0	87.0
Craven Primary School	216			20	196			9.3	90.7
Dorchester Primary School	318	57	26	83	235	17.9	8.2	26.1	73.9
Eastfield Primary School	630	130	18	148	482	20.6	2.9	23.5	76.5
Endike Primary Academy	427	78	7	85	342	18.3	1.6	19.9	80.1
Endsleigh Holy Child VC Academy	312			34	278			10.9	89.1
Estcourt Primary Academy	335			54	281			16.1	83.9
Francis Askew Primary School	436	57	8	65	371	13.1	1.8	14.9	85.1
Gillshill Primary School	497	31	8	39	458	6.2	1.6	7.8	92.2
Griffin Primary School	462			74	388			16.0	84.0
Hall Road Academy	357	43	10	53	284	12.8	3.0	15.7	84.3
Highlands Primary School	466	114	11	125	341	24.5	2.4	26.8	73.2
Ings Primary School	285	53	6	59	226	18.6	2.1	20.7	79.3
Kingswood Parks Primary School	628			53	575			8.4	91.6
Longhill Primary School	387			59	328			15.2	84.8
Marfleet Primary School	211			32	179			15.2	84.8
Maybury Primary School	244			33	211			13.5	86.5
Mersey Primary Academy	190			19	171			10.0	90.0
Mountbatten Primary School	304			37	267			12.2	87.8
Neasden Primary School	269	26	8	34	235	9.7	3.0	12.6	87.4
Newington Academy	379	65	6	71	308	17.2	1.6	18.7	81.3
Newland St John's Church of England Academ	250	48	16	64	186	19.2	6.4	25.6	74.4
Oldfleet Primary School	372	85	6	91	281	22.8	1.6	24.5	75.5
Paisley Primary School	350			78	272			22.3	77.7
Parkstone Primary School	350	48	7	55	295	13.7	2.0	15.7	84.3
Pearson Primary School	205	23	8	31	174	11.2	3.9	15.1	84.9
Priory Primary School	444	80	9	89	355	18.0	2.0	20.0	80.0
Rokeby Park Primary School	195	44	6	50	145	22.6	3.1	25.6	74.4
Sidmouth Primary School	337	31	8	39	298	9.2	2.4	11.6	88.4
Southcoates Primary Academy	366			55	311			15.0	85.0
Spring Cottage Primary School	488	44	16	60	428	9.0	3.3	12.3	87.7
St Andrew's CE Primary	632	44	9	53	579	7.0	1.4	8.4	91.6
St Anthony's Voluntary Catholic Academy	222			30	192			13.5	86.5
St Charles Voluntary Catholic Academy	188			22	166			11.7	88.3
St Georges Primary School	230	28	6	34	196	12.2	2.6	14.8	85.2
St James' CE Academy	222	46	8	54	168	20.7	3.6	24.3	75.7
St Mary Queen of Martyrs Primary School	324			48	276			14.8	85.2
St Nicholas Primary School	198			40	158			20.2	79.8
St Richard's VC Academy	293	50	10	60	233	17.1	3.4	20.5	79.5
St Thomas More Voluntary Catholic Academy	169	21	7	28	141	12.4	4.1	16.6	83.4
St Vincent's Voluntary Catholic Academy	197	30	6	36	161	15.2	3.0	18.3	81.7
Stepney Primary School	220			52	168			23.6	76.4
Stockwell Academy	384	70	11	81	303	18.2	2.9	21.1	78.9
Stoneferry Primary School	188	21	7	28	160	11.2	3.7	14.9	85.1
Sutton Park Primary School	399	58	6	64	335	14.5	1.5	16.0	84.0
Thanet Primary School	441	54	7	61	380	12.2	1.6	13.8	86.2
The Green Way Academy	412			69	343			16.7	83.3
The Parks Academy	326	38	7	45	281	11.7	2.1	13.8	86.2
Thoresby Primary School	551	42	6	48	503	7.6	1.1	8.7	91.3
Thorpepark Academy	606	66	13	79	527	10.9	2.1	13.0	87.0
Victoria Dock Primary School	308			53	255			17.2	82.8
Wansbeck Primary School	253	29	17	46	207	11.5	6.7	18.2	81.8
Westcott Primary School	304			35	269			11.5	88.5
Wheeler Primary School	444	78	7	85	359	17.6	1.6	19.1	80.9
Wold Primary Academy School	524	92	7	99	425	17.6	1.3	18.9	81.1
Woodland Primary School	208			42	166			20.2	79.8
Primary School Totals	25359	3624	550	4174	21185	14.3	2.2	16.5	83.5
Archbishop Sentamu Academy	1440	345	18	363	1077	24.0	1.3	25.2	74.8
Hull Trinity House Academy	649	39	16	55	594	6.0	2.5	8.5	91.5
Kelvin Hall School	1502	228	34	262	1240	15.2	2.3	17.4	82.6
Kingswood Academy	1164	134	13	147	1017	11.5	1.1	12.6	87.4
Malet Lambert School	1528	175	33	208	1320	11.5	2.2	13.6	86.4
Newland School for Girls	641	94	6	100	541	14.7	0.9	15.6	84.4
Ron Dearing UTC	568	14	12	26	542	2.5	2.1	4.6	95.4
Sirius Academy North	1222	375	21	396	826	30.7	1.7	32.4	67.6
Sirius Academy West	1539	334	36	370	1169	21.7	2.3	24.0	76.0
St Mary's College, Voluntary Catholic Academ	2362	124	51	175	2187	5.2	2.2	7.4	92.6
The Boulevard Academy	599	104	11	115	484	17.4	1.8	19.2	80.8
The Marvell College	1163	199	25	224	939	17.1	2.1	19.3	80.7
Winifred Holby Academy	1319	199	43	242	1077	15.1	3.3	18.3	81.7
Secondary School Totals	15696	2364	319	2683	13013	15.1	2.0	17.1	82.9
Bridgeview School	63	0	63	63	0	0.0	100.0	100.0	0.0
Frederick Holmes	89			89	0			100.0	0.0
Ganton School	173	0	173	173	0	0.0	100.0	100.0	0.0
Northcott Special School	135			135	0			100.0	0.0
Oakfield	99	0	99	99	0	0.0	100.0	100.0	0.0
Tweedykes School	163	0	163	163	0	0.0	100.0	100.0	0.0
Special School Totals	722	3	119	272	0	0.4	99.6	100.0	0.0
Aspire Academy	116	75	41	116	0	64.7	35.3	100.0	0.0
Rise Academy	107	13	38	51	56	12.1	35.5	47.7	52.3
The Boulevard Centre	36	21	15	36	0	58.3	41.7	100.0	0.0
The Compass Academy	30			30	0			100.0	0.0
The Sullivan Centre	30	11	19	30	0	36.7	63.3	100.0	0.0
Whitehouse	9			9	0			100.0	0.0
Alternative Provision Totals	328	152	119	271	57	46.3	36.3	82.6	17.4
Local Authority Totals	42244	6175	1708	7883	34361	14.6	4.0	18.7	81.3

Appendix 3. Selected Primary Needs by Year Group (numbers).



Appendix 4. Selected Pupil Characteristics.

Selected Pupil Characteristics - January 2021

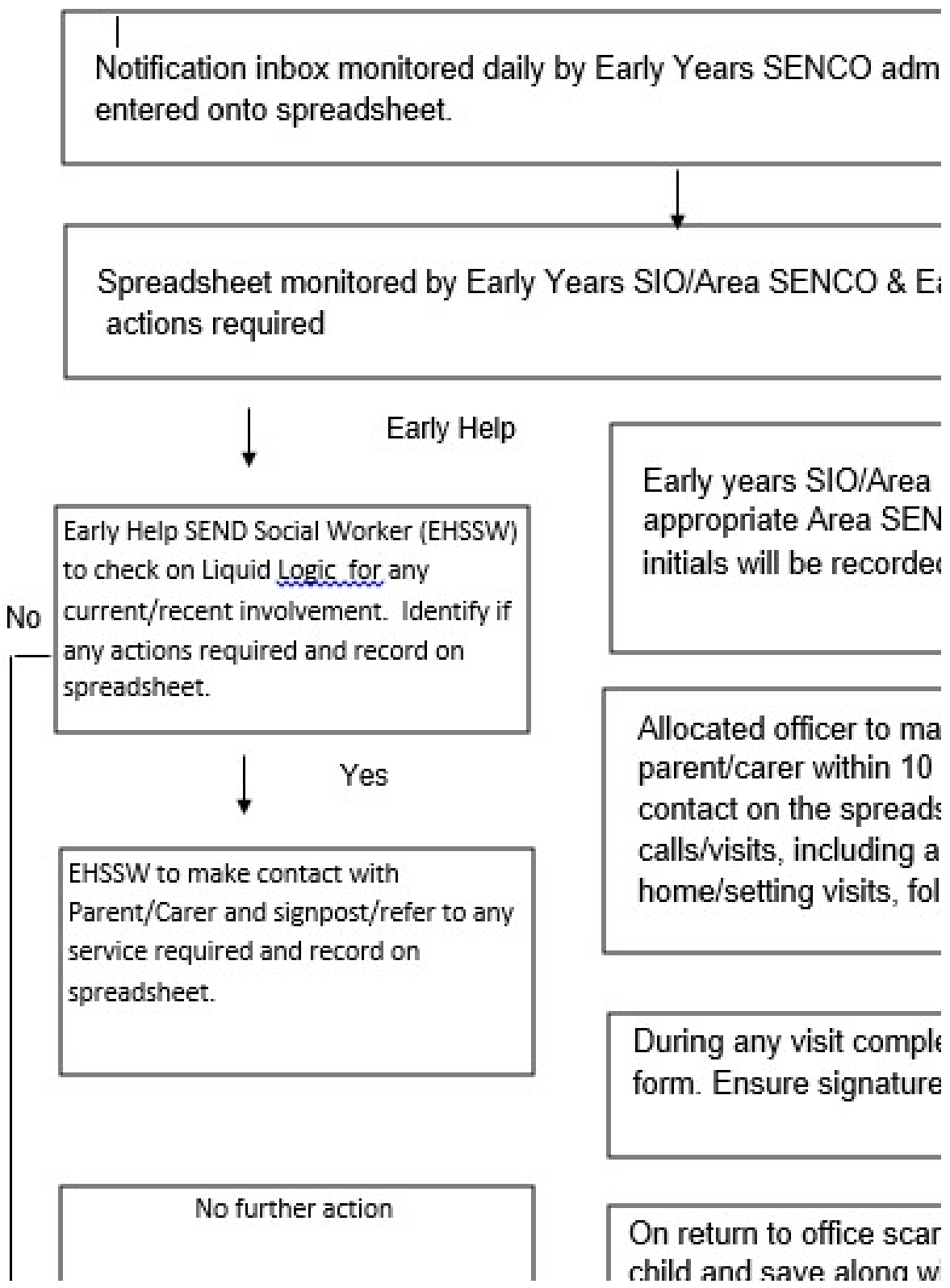
Ethnic Heritage	Eng'21 (%)	City'21 (%)	City'21 (n.)
White			
White British	64.9	78.1	32998
Irish	0.3	0.1	28
Traveller of Irish heritage	0.1	0.0	11
Gypsy/Roma	0.3	0.3	133
Any other White background	6.8	9.4	3960
Mixed			
White and Black Caribbean	1.6	0.2	92
White and Black African	0.9	0.7	276
White and Asian	1.5	0.5	223
Any other Mixed background	2.4	2.6	1112
Asian			
Indian	3.3	0.3	129
Pakistani	4.5	0.5	195
Bangladeshi	1.8	0.5	210
Any other Asian background	1.9	0.4	153
Black			
Black Caribbean	1.0	0.0	17
Black African	3.9	1.5	615
Any other Black background	0.8	0.5	224
Chinese	0.5	0.1	40
Any other ethnic group	1.8	3.0	1248
Unclassified	1.6	1.4	580
BAME	35.1	21.9	9246
(Non White British Ethnic Heritage)			

English as an Additional Language	Eng'21 (%)	City'21 (%)	City'21 (n.)
English as First Language	80.3	83.6	35,313
English as an Additional Language (EAL)	19.3	16.0	6,773
Unclassified	0.4	0.4	153

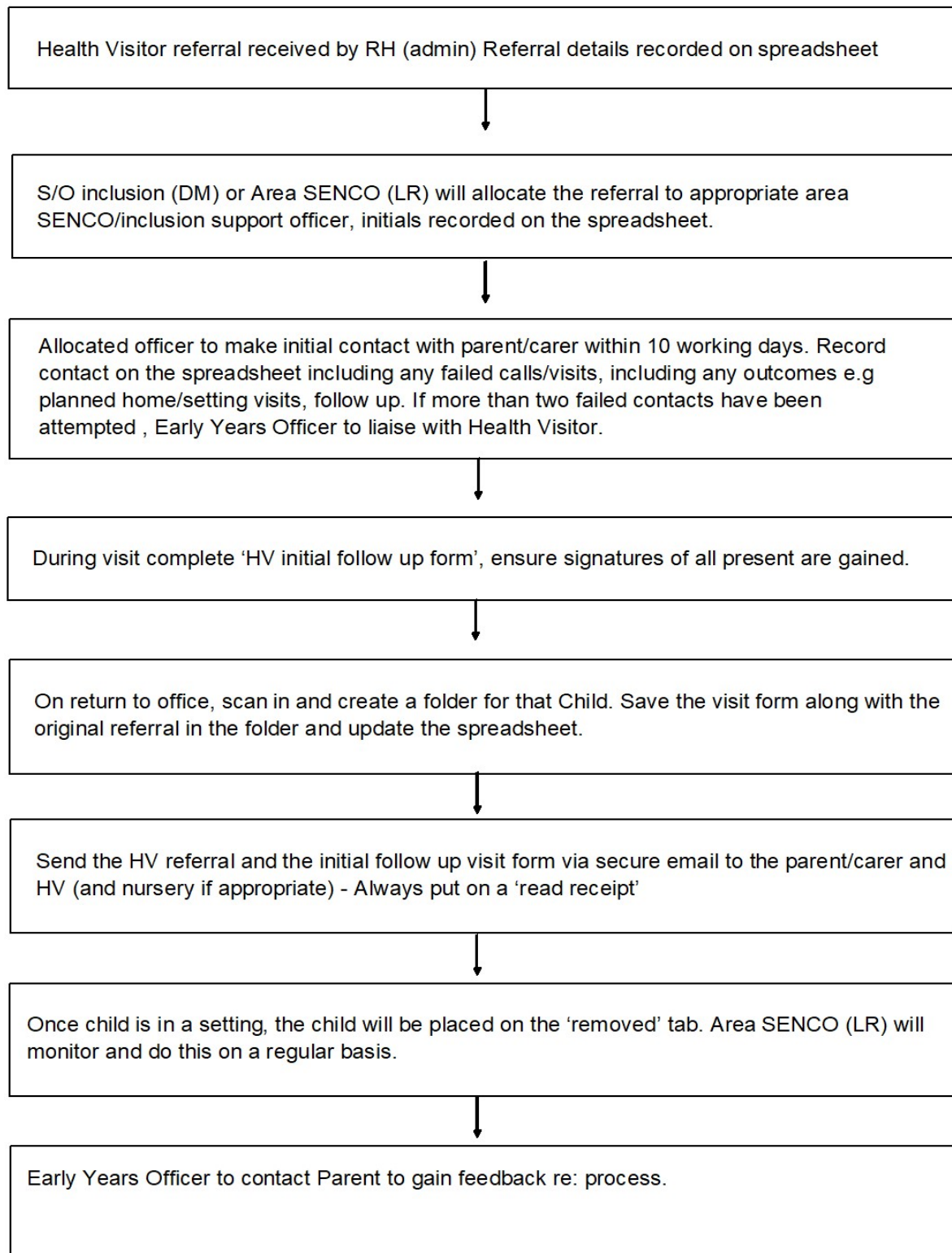
Free School Meal Eligibility	Eng'21 (%)	City'21 (%)	City'21 (n.)
Eligible for Free School Meals	20.8	29.8	12596

Appendix 5. Early Years SEND Notification and Information Form.

Early Years SEND Notification and Information Form



Appendix 6. Health Visitor Referral Process.



Appendix 7. Hull Children’s Specialist Mental Health Disability and Autism Teams, Pathways and Interventions.

<p>Hull Contact Point Thrive: Getting advice and Getting help</p>	<p>Autism Team Thrive: Getting advice</p>	<p>Hull Specialist Children’s Mental Health and Learning Disability Intervention Teams Thrive: Getting help and Getting more help</p>			<p>Eating Disorder Service (Hull and East Riding) Thrive: Getting advice and Getting more help</p>	<p>CAMHS Crisis Team (Hull and East Riding) Thrive: Getting risk support</p>	<p>Forensic CAMHS Thrive: Getting more help and Getting risk support</p>
<p>Pathways Single point of access Consultation Service Low intensity Psychological Intervention Service</p>		<p>Pathways Low mood Anxiety Early onset psychosis</p>	<p>Pathways Conduct ADHD Long Term Conditions Learning Disability pathways: Sleep Positive Behaviour Sexualised Behaviour</p>	<p>Pathways Deliberate Self Harm Trauma</p>	<p>Pathway Eating Disorders</p>	<p>Pathway Emergency Risk Assessment Time limited crisis response and support</p>	<p>Pathways Hull specific: Youth Justice Service Regional: Services to Hull, East Riding, North East Lincolnshire and North Lincolnshire</p>
<p>Interventions Telephone Triage Assessment Consultation Advice Supervision Brief protocol driven exposure therapy Group work for parents (anxiety) Brief protocol driven CBT Therapy assisted bibliotherapy (SHELF HELP) Brief Behaviour Activation Co-ordination of interventions across a range of providers Delivery of other therapeutic interventions will be provided by teams under the umbrella of Hull Specialist Children’s Services or other agreed providers</p>	<p>Interventions Assessment Psychometrics Diagnosis Consultations</p>	<p>Common Interventions Assessment Consultation Cognitive Behaviour Therapy (CBT) Interpersonal Therapy for Adolescents (IPT-A) Systemic Practice CBT Groups for young people (BOOST) CBT Groups for parents and children (Timid to Tiger) Parent Group for children with anxiety and autism (pilot) Creative Therapy Medication Multi-agency working Intensive Intervention outreach work</p>	<p>Common Interventions Assessment Consultation Diagnostic Assessment Incredible Years Parenting Programme Cognitive Behaviour Therapy (CBT) Systemic Practice Range of Psychometrics Qb test Creative Therapy Medication Scotland Sleep programme Sexual Health Education Understanding Learning Disability Parent Group Multi-agency working Intensive Intervention outreach work</p>	<p>Common Interventions Assessment Consultation Systemic Practice Cognitive Analytical Therapy (CAT) Cognitive Behaviour Therapy (CBT) Trauma focussed Cognitive Behavioural Therapy (CBT - trauma) Eye Movement desensitization and reprocessing (EMDR) Psychodynamic Psychotherapy Creative Therapy Play Therapy Medication Aromatherapy Intensive Intervention outreach work</p>	<p>Common Interventions Assessment Consultation Systemic practice Cognitive Behaviour Therapy for eating disorders (CBT-E) Motivational interviewing Multi-Family Therapy (MFT) Physical monitoring Medication Intensive Intervention outreach work</p>	<p>Common Interventions ‘The Assessment and Risk Assessment of Adolescents in Crisis using existing clinical skills and Davies’s structured interview’ (APT) Consultation Systemic Practice Medication Emotional regulation Stress/anxiety management Brief psychological interventions Relapse prevention In-patient prevention</p>	<p>Interventions Consultation Assessment Range of Psychometrics</p>