

SPECIAL NEEDS:

There is no one convenient definition of special needs. Definitions vary and statistics are difficult to obtain. Figures available include:

- The Warnock report, which estimated that 20% of pupils would have a **special educational need** at sometime during their school life, approximately almost **2 million** children;
- Between 7% and 20% of children and adolescents suffer mental health problems – and this proportion is growing;
- An estimated 300,000 – 400,000 children are defined as being ‘in need’;
- The Office of Population Censuses and Surveys’ study of disabilities showed that 3% of Britain’s children under 16 years of age have disabilities, equivalent to 327,000 children of which 110,000 are severely disabled;
- Approximately 250,000 students in England - or 3% of the school population - have a “statement” of special educational needs;
- Approximately one in seven children has asthma at some time and one in twenty children has asthma requiring medical supervision;
- 11% of all aged 16-24 have a long term disability or health problem;
- Approximately one child in 90 has an autistic spectrum disorder – a total of some 120,000 children;
- Approximately 60,000 children are looked after in statutory care at any one time (excluding those in respite care);
- Around one in 130 children in the UK has epilepsy (of which approximately 80% attend mainstream schools);
- 31/10,000 children are on the Child Protection Register;
- One in 400 babies born in the UK has cerebral palsy, a physical condition, that affects posture and movement;
- One in 700 school age children has diabetes

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STATEMENTS OF SEN

- the statementing process is the basis of identification and assessment of needs reviewed annually
- transport and mobility needs should be considered as part of this multi disciplinary assessment
- the statement will set out the child's educational and non-educational needs, and the provision to be made to meet those needs.
- the statement is binding - if it states that transport is required then this must be provided

SEN Code of Practice

- LEAs must have regard to The Code of Practice i.e. they may interpret it differently, but a court will consider whether the objectives of the Code have been considered. When considering an appeal from a parent the SEN and Disability Tribunal must have regard to any provision of the Code of relevance.
- The fundamental principles underpinning the Code are:
 - A child with SEN should have their needs met;
 - The special educational needs of children will normally be met in mainstream schools or settings;
 - The views of the child should be sought and taken into account;
 - Parents (or those with parental responsibility) have a vital role to play in supporting their child's education; and that
 - Children with SEN should be offered full access to a broad, balanced and relevant education, including an appropriate curriculum for the foundation stage and National Curriculum.

Statement of SEN

The statement must follow a prescribed format and include:

Part 1: **Introduction:** will include child's name, address, date of birth, home language, religion and the names and address(es) of parents

Part 2: **Special educational needs** – detailing each and every one of the needs identified by the LEA during the assessment and from the advice received

Part 3: **Special educational provision** the LEA considers necessary to meet the child's special educational needs

Part 4: **Placement** – the type and name of the school where the provision is to be made (or arrangements for provision to be made otherwise than at school)

Part 5: **Non-educational needs** – all relevant non-educational needs of the child as agreed between the health services, social services, or other agencies and the LEA

Part 6: **Non-educational provision** – details of relevant non-educational provision required to meet the non-educational needs of the child, as agreed between the health services, and/or social services and the LEA, including the agreed arrangements for its provision.

| All the advice obtained and taken into consideration as part of the statement, will be appended including: parental evidence, educational, medical, psychological, and social services advice as well as any other relevant advice.

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TRANSPORT NEEDS

	Physical Conditions	Speech, language and sensory impairment	Learning difficulties	Emotional and Behavioural Difficulties
Causes	Damage to the body and its physical functions including injuries to the brain, spinal cord, body systems; or affecting control of movement	May be physical or emotional leading to difficulties with the development and functioning of one or more of the senses	Various. Can be mild, moderate, severe or profound	Emotional events and experiences, learning difficulties, physical conditions or sensory impairments or illness
Examples	Cerebral palsy Spina bifida Cystic fibrosis Sickle cell Arthritis Limb deficiencies Muscular dystrophy	Speech and language difficulty including: Stammering Poor pronunciation Difficulty in understanding the meaning or structure of language Vision and / or hearing impairment	Downs syndrome, Fragile x syndrome, Autism Speech/language and Sensory impairment	Children can become: Unhappy, Disruptive, Angry, Aggressive, Withdrawn, Anti social, Un co-operative
Key points for transport staff	Many will have specialist equipment such as <ul style="list-style-type: none"> • Wheelchairs, • Walking frames, • Braces, • Callipers, or • Crutches. They may use particular feeding aids. Lifting, handling and positioning techniques are important to avoid injury to the child or carer.	Early identification is important. Support for children with sensory impairments includes adaptive materials and providing opportunities and stimulation to promote independence and confidence.	Activities and provision must match the child's actual ability level not the level expected for their age. Children with LDs often need consistency in carers/regularity of routine.	Behaviour management is key – and should be planned in conjunction with school/parent. Likely to need transport in small groups depending upon individual needs and a high adult to child ratio or one to one care, depending upon severity of need.

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