



Derby Joint Strategic Needs Assessment

Derby City Local Area Partnership

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Derby SEND Joint Strategic Needs Assessment

September 2025

Introduction

A Joint Strategic Needs Assessment (JSNA) is a way for health, education and social care services to work together to understand what people in a community need. This helps to plan services and support that meet those needs, making sure everyone gets the right help. This JSNA looks at the needs of children and young people with SEND, who live, go to school, or use health services in Derby. It was produced across 2024 and 2025 by Derby's Local Area Inclusion Partnership Board.

Summary of findings

Finding 1 : Needs

Post pandemic we have seen an increase in ND assessment referrals, alongside referrals for EHCNA based on the executive functioning skills of children and young people, key skills that are fundamental for a child or young person to succeed and thrive in society and in learning.

Similarly, when you track into adolescence, executive functioning once again becomes a key trigger for needs reflecting the development of the adolescent brain, and environmental influences; which translates to SEMH.

- Sen inclusion fund referrals for under 4's. Over **80% of requests are for children needing support relating to either speech and language or communication and social interaction.**
- S23 notifications for under 4's: In 2024/5. Over **85% of these were related to concerns around communication and interaction.** A smaller proportion also highlighted issues linked to cognition and learning, or developmental delay.
- highest level of need for EHC needs assessment is communication and interaction particular for early years and primary. (50.6%)



40% of Traveller of Irish heritage pupils have SEN. 29% of Black British pupils have SEN. Significantly higher than the population



51.4% of EHCP pupils and 47.0% of SEN Support pupils are eligible for free school meals in Derby schools (compared to 43.8% and 39.3% nationally).



22.6% of EHCP pupils and 21.7% of SEN Support pupils have English as an additional language in Derby schools (compared to 15.4% and 15.6% nationally).

What does this mean

The volume of needs has driven demand levels are high for EHCPs, neurodiversity (ND) assessments and CAMHS assessments compared to statistical neighbours and nationally.

Environmental factors are not accurately understood and there is appears to be a tendency to identify need according to ethnicity and deprivation.

Directly impacts on suspensions, and increased use of alternative provision by mainstream schools; Children not being in school, with higher rates of EHE in Derby compared to statistical and national averages.

- NEETs for 16-18 mainly feature young people who have a fractured education offer
- Schools find it challenging to meet the volume of needs
- Some children therefore do not receive the right support at the right time

Where do we go from here

- Continue the drive for inclusion, belonging, and raising aspirations
- Develop the capacity of staff in schools to meet needs
- Establish joint commissioning or aligned commissioning around targeted interventions – building on successes already in place
- Establish a narrative that support children to remain in school

Finding 2: Some children's needs are identified later than others, meaning they miss out on early support

Derby has experienced significantly high referral rates for EHC needs assessments compared to neighbouring LAs and statistical neighbours. Year on year increases represents 775 new requests in 2023, up from 620 in 2022 and 531 in 2021. Requests continued to rise and in 2024 were at 795. However, we have seen a reduction in requests in 2025, with a forecast of 715 requests, of which we are forecasting on current activity 450 to progress to a plan. Given that the overview of 2025 is that on average 85% progressed to an assessment go onto a plan. Waiting lists for EHC finalised plans were significant in Derby until 2024/5 academic year when these reduced to zero in July 2025. This position has been maintained in September 2025. Our trajectory for the calendar year is over 50% in time. Compared to 16% in 2024.

- The majority of children and young people who have communication and interaction identified needs will be referred for neurodevelopmental condition

assessments. Clearly demonstrated in referral rates - August 2024 = 28 – compared to June 2025 = 108 . total for Derby in June 2025 = 1530 waiting for an assessment.

- With increased referrals and the lag in managing recruitment, waiting lists increase.
- ND average wait time - 67 weeks
- SaLT average wait – 8 weeks
- 69% of people have first contact with Mental Health Services within 4-weeks
- **Community Physiotherapy** – there are 131 children waiting for assessment and the current average wait time is 37 weeks.
- **OT social care** - the longest current waiting time from referral to assessment for a disabled child still on the waiting list at **24 weeks**.
- Up to 18 months wait for wheelchairs

What does this mean

- With professionals and parents looking to a statutory assessment, plan and diagnosis as the only solution, not all children receive the right support at the right time
- Parental expectations and satisfaction are impacted
- Communication remains a recurring concern, particularly around accessing timely updates,
- Poorer experiences of parents and young people

Where do we go from here

- Continue to drive the movement for meeting needs earlier as part of a **cultural shift to belonging in local provision, a more social model of meeting needs and inclusive model of education in partnership with parents/carers and young people.**
- **Maintain improved performance in the timeliness of EHCP assessments and Annual reviews.**
- In collaboration with the Derby SEND Voice continue to **strengthen our communication** with parents/carers demonstrating how we have listened and what we have done to positively impact on experiences.

- **Deliver on the CAMHS , Wheelchairs , AHC, ND, and Community Physio recovery programmes**

Finding 3: Educational attainment (how well pupils do in assessments) varies between children with SEND and those without

- At the 2.5 health check in March 2025 96.3% of children underwent the ASQ3 across the 5 domains, with 82.6% achieving above threshold in all 5 domains. That is an increase of 2.2% from March 2024
- **However, year on year analysis demonstrates that there is no correlation between the 2.5 year old check and GLD outcomes.**
- The percentage of Derby schools and settings' EYFS children who achieved a good level of development (64.8% in 2025) was lower than the national (67.7%) and our comparator authorities' (65.0%). Derby schools and settings' are nationally ranked 124th out of 153 LAs in this indicator.
- For these younger age group attainment measures, Derby's SEN pupil results are ranked in the top half of all English local authorities (10th highest for EYFS). An analysis of performance across Derby City schools demonstrates that in the five wards of highest deprivation the level of need is so great that it suppresses the overarching achievement rate for Derby City. **With schools in our most deprived ward achieving below 50% at GLD.**
- Phonics national 80%, Derby 77% and comparator LAs 79% - same as 2025
- At Key Stage 2 . Derby ranks in the bottom half of all L.A.s on this measure. Reading Writing and Maths, Derby performed worse than in 2024 by 2% at 54%, compared to national at 61% and comparator LAs at 58%.
- In 2024 at Key Stage 4 Derby pupils with no SEN needs perform worse when compared to other areas, as do those on SEN support. EHCP pupils achieve similar results for Attainment 8 score and average Ebacc points score but a lower proportion achieve a strong pass in English and Maths. At this age group Derby's SEN pupil results are ranked near the bottom of all English local authorities but have improved on last year's position.
- In 2024 a much lower proportion of Derby 19-year-olds, including those on SEN support and with EHCPs, achieve level 2 and level 3 qualifications (not specifying English and Maths) than in all benchmark areas. This was the same in previous years.

What does this mean

- **Outcomes** for pupils in Derby, at all Key Stages (particularly Key Stage 4), including for pupils with special educational needs and disabilities and in AP are too low. Leaders have recognised this, and work continues through our local area partnerships to build on the progress made.

Where do we go from here

- We have established a priority working group focusing on **Inclusive Curriculum**
- Work with the Early Years, Primary and Secondary Strategy Groups these schools to establish clusters **supporting school to school support across all education settings and by locality** .
- Moving to an **integrated 2.5 year old check** and the introduction of **a targeted 3-3.5 year old check** for those not attending early years.
- Strengthening the **home learning programmes** delivered in tandem with the Family Hubs.
- **Transition** has featured as a key issue across all areas noted above. As such specific transition activity will be established across each phase. For children with SEN and those engaged in AP.

Conclusions

Improving the experiences of families has been at the centre of driving change in the system. **A more inclusive system, that reduces the need for EHC assessments, plans and placements other than in the local schools offer** and ensures a sustainable SEND system for the future, as demand continues to grow rapidly, placing pressures on all aspects of the local area.

The pandemic and increasing cost of living created a perfect storm of anxious parents, pupils and professionals; underdeveloped executive functioning skills in pupils; the prominence of screens, social media and the internet as main methods in communication and interaction; and the increase in deprivation. All leading to environments where the sheer volume of needs are major challenges to inclusive schools; and more parents taking their children out of school and demanding independent special school placements.

The Compassionate Enquiry identified that there needed to be a stronger focus creating a more proactive, early-intervention model, and building stronger partnerships to break down the barriers between different professionals and parents.

By shifting our focus from reacting to problems, to a longer-term, strategic commitment to collaboration, we can create a more supportive future for children and young people with SEND.

- 1. Prioritise Early Intervention and Right Support at the Right Time**
- 2. Invest in Development and Support for families and professionals :**
- 3. Ensure that there are good communication channels at all levels**

Supporting Information

Compassionate enquiry into the needs of children and young people with SEND in Derby City

Introduction

It's important that we understand the experiences of children and young people with Special Educational Needs and Disabilities (SEND) in our local community. That's why the Public Health team at Derby City Council took on a project to listen and learn.

It was decided to use a compassionate enquiry approach, which involves empathetically listening to and understanding local voices. It goes beyond simply collecting data, it actively listens to and values the lived experiences and perspectives of local people.

Methodology

Survey Design

A set of questions were designed by Public Health in conjunction with the Learning, inclusion and Skills Department of the Local Authority, ICB and NHS provider organisations, and was used as an online survey as well as in focus groups. It was designed with four different sections: one for the young people themselves, and others for their parents, teachers, and service providers. The questions were open-ended, which encouraged people to share their own stories in their own words. The goal was to create a safe and welcoming space for everyone to share their experiences and help us see the human side of this important topic.

The questions are demonstrated in Table 1.

Table 1: Survey questions for each stakeholder group

Children and young people	<ol style="list-style-type: none">1. What do you think your additional need is?2. What is your dream/ambition/goal in life? How well do you think school will support you to achieve those dreams?3. How are you being supported by your school, healthcare and community?4. How do you feel about the help you get now?5. What would you like to have to support you?
Parents	<ol style="list-style-type: none">1. What type of needs do you feel your child have?2. What support would you like to see in place earlier to support your child in school, in health services or services in the community?3. What support do they receive now (both inside and outside of school)?4. How well do you believe this support is making a difference to your child's education, health or engagement in the community?
Teachers	<ol style="list-style-type: none">1. What type of additional needs do you believe the children in your class have?2. What would enable you to meet there needs earlier?3. What type of additional external support do you think would benefit children?4. What intervention has provided the biggest impact on children's outcomes?5. Are there needs you observe that are not formally recognised or requested?
Service providers	<ol style="list-style-type: none">1. What organisation do you work in? (multiple choice)2. Which of the following best describes your role in supporting SEND services? (multiple choice)3. How do you support children and young people with SEND?4. What frameworks or standards guide your identification of SEND needs?5. How do you define and prioritise the needs of children and young people with SEND?6. What are the most referred services or interventions?7. Are there services that families frequently ask for that are difficult to provide?8. What are the biggest barriers to delivering effective support to children and young people with SEND, and their families?9. What would help you to work more effectively with children and young people with SEND, and their families?

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Data Collection

In order to gather as many voices as possible, the team took the surveys directly to local events and forums, such as the local SEND Ambassadors meeting and an inclusion event for teachers and support staff. This direct, on-the-ground approach helped connect with people who might not have had the chance to fill out a survey online.

The surveys were shared with our local schools and other stakeholder groups through a variety of channels..

Data Analysis

Once the surveys were collected, we had four separate datasets, one for each of our distinct groups:

- Children and Young People
- Parents
- Teachers
- Service Providers

Data was anonymised at the point of collection, as no personalised or identifiable data was recorded - we took great care to ensure that only anonymised data was used in this report. To make sure we could deliver a thorough and timely report, AI was used to help with data analysis. Again, great care was taken to ensure data was anonymised throughout. Every part of this report was manually reviewed and edited by the team to make sure it was accurate, thoughtful, and truly reflected the insights that were shared. By carefully identifying recurring themes and key concerns through thematic analysis, the team were able to bring all this data together into a report that highlights both the successes and the opportunities for growth in our current SEND support system.

Results

As the surveys were separated into stakeholder groups, the results for this project will also be separated into each group. Thematic analysis of the responses to survey questions revealed several key themes for each group. An overview of these themes can be viewed in Appendix 1.

Children and young people

21 young people responded to our survey. Some of them were able to answer on their own, while others had help from a staff member.

Their responses give us an honest and heartfelt look into their experiences. It's clear that while many feel very positive about the support they're getting, others feel a bit let down or unsupported. Key messages that came through are that young people want support that is more consistent and personal to them, helps them make social connections, and teaches them practical skills to achieve their dreams.

What They Told Us About Their Needs

- Many of the young people mentioned having needs related to autism, ADHD, anxiety, and challenges with learning and attention.

Emotional and Mental Wellbeing

- This was a strong theme. While it's wonderful to hear children say they feel 'happy' and that their support is 'really good', we also heard from some who feel 'sad' or 'anxious'. It's a clear reminder of why this work is so important.

Social and Community Inclusion

- Many children feel socially isolated and are looking for more fun ways to get involved in their community, whether that's through clubs, sports, or other activities.
- '*Support is] good but I want more to do more activities in the community*'

School and Learning Support

- School is a huge part of their lives, and the feedback included positive feelings about their support at school. However, we also heard from young people who feel unsupported, especially with their big dreams. There's a clear and consistent message that they would love support that's tailored to their unique 'different way of learning', with a wish for more help with skills such as writing or using computers.
- '*I feel happy and safe*'
- '*My teachers are really good and my family and friends help me*'
- '*I would like more help to learn more*'

Practical and Life Skills

- Beyond schoolwork, they have a strong desire to learn practical skills that will help them as they grow up. They specifically mentioned wanting to learn how to develop skills to 'prepare for being an adult'. This shows their motivation for a more independent future.
- '*[I would like] help to learn to cook and to prepare for being an adult.*'

Consistency and Reliability

- A few young people shared some frustrations, particularly around consistency. They told us how important 'structure and routine' are to them and how difficult it can be when there are 'changes in staffing without notice'. This feedback shows us how much they value a reliable and predictable support system.

Choice and Personalised Support

- A theme that came through is the desire for more choice. Many feel that support can sometimes be a one-size-fits-all solution, and they're asking for more 'different options' and for help that is specifically tailored to them.
- '*More access to support, more options or at least one option suitable for support.*'
- '*My new school doesn't have cooking lessons like my old school had. Cooking calms me down'*

Parents

We had 24 parents of children with SEND share their experiences with us. Their responses give us an honest look at the challenges that they face every day. Some expressed a lot of frustration

and the main things we heard were about the need for earlier help, better support in schools, and fixes to the system itself.

Early Intervention and Timely Diagnosis

- Parents consistently told us how much they want to see support in place earlier. They feel that if we can identify needs and get a diagnosis sooner, we can help their children before challenges become a crisis.
- As one parent put it, they would like the '*option to refer for assessment and diagnosis much sooner when the evidence is available*'.

School-based Support

- Schools are a central part of a child's journey, and parents had a mix of good and difficult experiences to share.
- One parent wrote, '*he is currently in an amazing specialist SEND school who are very child centred in their approaches and deliver a meaningful curriculum based on child's needs and EHCP targets*', showing us what's possible when the right support is in place.
- At the same time, some parents feel that the support their children are meant to receive isn't always being fully implemented, and they're looking for more trained teachers and specialised support: '*the EHCP has not been adhered to*'.

Health and Community Services

- Parents also spoke about the need for stronger health and community services. It can be difficult to get appointments with a GP or access mental health support, and they're looking for more support groups where they can connect with other families.
- '*Every time I call [my GP] at 8am I still can't get an appointment*'

Systemic Improvements

- Parents described the overall system as 'broken' which shows us just how challenging it can be to navigate. They mentioned a desire for better communication and a stronger sense of partnership, rather than feeling like they are constantly in a 'fight' for their child's needs.
- '*The whole system is broken and does not support disabled and SEN children or their families*'

Funding and Resources

- A recurring issue is the inadequacy of funding. Parents believe that financial constraints are a barrier to the system functioning effectively.

Parental Experience

- Finally, it's clear that the emotional toll on parents can be significant. They're working hard to advocate for their children and they shared that this constant effort can leave them feeling 'overwhelmed' and 'at boiling point'.

Teachers

We heard from 36 teachers and support staff. Their responses provide us with a very clear and honest picture of the challenges they face. The main themes we heard about were the need for more staff and funding, better training, and improved access to specialist support.

What They Told Us About Their Students' Needs

- Teachers often mentioned supporting children with needs related to autism, ADHD, anxiety, and sensory issues, along with speech and language and academic difficulties.

Staffing and Resources

- This was the most prominent theme, with teachers frequently mentioning the need for more funding and staff, especially Teaching Assistants. They believe that with more 1:1 support and smaller class sizes, they could provide even more personalised help.
- *'Gaps for children who need 1:1 support - funding needs to be available earlier and quicker'*

Specialist and External Support

- Teachers told us they would love more access to specialist services. They mentioned a need for professionals like educational psychologists, as well as for counselling and other therapies. They feel that having easier access to these professionals would be a huge help, as it would ensure more children get the support they need.
- [What additional support would benefit children?] *'Having cheaper and easier access to professionals such as SALT and Education Psychologists. The waiting lists are too long.'*

Training and Professional Development

- Teachers appear keen to learn and grow their skillset. Many expressed a desire for more 'high quality CPD' and specialised training, especially in areas like autism and anxiety. They appear eager to develop new skills to better support their students, and with the right resources, they could provide more effective strategies in the classroom.
- [What would enable you to meet their needs earlier and/or better?] *'More funding to enable more support for specific students with SEN. More staff that are trained and skilled in using BSL.'*

Emotional and Mental Health

- Teachers are observing a rise in emotional and mental health needs, and they shared that they don't always feel equipped to handle these issues alone. Their feedback highlights a key area where we can provide more holistic support.

Inclusion and Provision

- Teachers noted that some children with complex needs in 'mainstream schools' might benefit from alternative provisions as their needs aren't currently being met.
- [Unmet needs include] *'meeting the needs of the complex children who are in mainstream schools who are unable to access the curriculum.'*

Parental Engagement and Support

- Finally, teachers believe that a strong partnership with parents is key. They shared that families often need more support, particularly in areas like accessing free BSL classes or emotional support. They mentioned a desire for more training for parents and support in the home to help with consistency.
- ‘*More training for the parents*’
- ‘*Support for parents in their homes as well as in settings to help with consistency and boundaries*’

Service Providers

It's so valuable that we had three service providers share their perspectives with us. While it's a small number, their responses offer a professional look at the challenges of the system. They illustrated a system that is under a lot of pressure but that also contains dedicated people working to meet a growing need.

Funding and Resources

- A clear theme from our service providers was the need for more funding. They feel that budget constraints are a major barrier to providing the support that's needed.
- [Barriers to delivering effective support include] ‘*Budget. schools need to access more funding*’

Collaboration and Communication

- Providers expressed a desire for a more collaborative community, to work in closer partnership with schools and the local authority. They believe that if everyone were more connected and shared information more freely, we could provide more seamless and holistic support for families. Independent providers should be included in key meetings and information.

Early Intervention

- Service providers highlighted the importance of early intervention. They know that getting help to families and children sooner can make a big difference and prevent many issues from escalating later on.

Awareness and Access

- Providers outlined that many parents and schools might not be aware of all the independent services available to them. They believe that better awareness would empower people to access more specialised support outside of the local authority's commissioned services.
- ‘*Parents and school need to have more awareness of ALL independent services in Derby not just commissioned ones, so that they can make informed choices*’

Rising Need

- One provider specifically mentioned the challenge of dealing with an 'ever growing need' and a demand that is 'constantly rising'. This highlights a potential strain on existing services.

Discussion

By looking at all the surveys together, we've created a picture of what's happening in our SEND community. It's interesting to identify areas where everyone agrees and also to appreciate the unique perspective that each group brings to the table. Everyone appears to have the needs of children at the centre of their responses.

What Stakeholders Agree On

All stakeholders (from our young people to the parents, teachers, and service providers) express the same big challenges. The main aspect agreed upon is the need for **more funding and resources**. Everyone feels that with a little more support, we could provide even better services. It appears that if we can address the budget issues, we could make a big difference across the board.

Stakeholders also agreed that **getting help earlier** is important. Parents told us that support often only arrives at a point of crisis or after a long waiting time, and teachers and service providers echoed this. From their responses, it appears that early intervention could prevent so many issues from escalating.

There was also a common theme across groups related to the importance of partnership across the system. Parents and teachers agreed they should have a strong partnership, and there were also calls for **a collaborative community** in general, between schools, services and the local authority.

Unique Perspectives

While the core problems are consistent, each group sees things a little differently. The young people's responses were more personal and optimistic. They were focused on their dreams, like becoming a YouTuber or a chef, and they often expressed feeling happy with the support they have. In general, **CYP responses were more positive** than parents, teachers and service providers.

In contrast, **parents** shared their journey of **advocating for their children**, sometimes having to navigate a long and difficult path to get the right help. **Teachers**, as the frontline professionals, gave us a very **practical look** at their day-to-day challenges in the classroom, like not having enough staff or specialised training. And our **service providers** gave us a **high-level view**, focusing on how we can improve collaboration and communication to make the whole system run more smoothly.

Conclusion

By taking a compassionate approach, the JSNA is underpinned by lived experiences of people in Derby. After bringing all four surveys together, it's clear that the SEND support system is working incredibly hard, but it's also under significant pressure.

Opportunities for growth are in ensuring efficiency in the system, creating a more proactive, early-intervention model, and building stronger partnerships to break down the barriers between different professionals and organisations. By shifting our focus from reacting to problems, to a longer-term, strategic commitment to collaboration, we can create a more supportive future for children and young people with SEND.

Appendix 1: Overview of the themes from the thematic analysis

Compassionate enquiry into the needs of children and young people with SEND in Derby City: Key theme outlined in survey data (Jun-Aug 2025)			
Children and Young People	Parents	Teachers	Service Providers
Most mentioned having needs related to autism, ADHD, anxiety, and learning/attention	Desire for early intervention and timely diagnoses	Most mentioned supporting children with needs related to autism, ADHD, anxiety, sensory issues, speech and language, and academic difficulties	Desire for a more collaborative community, to work in closer partnership with schools and the local authority
Emotional aspect of living with SEND, expressing either positive or negative emotions	School plays a central role in a child's life and parents have mixed feelings about their experiences of it	Desire for more high quality continuous professional development and specialised training	The challenge of dealing with an ever-growing need
Many feel socially isolated and look for more opportunities to connect with peers, e.g. through sport clubs and activities	Advocating for their children has an emotional toll on parents	Desire for greater access to specialist services (e.g. educational psychology and counselling)	Need for more funding
School is a central part of their lives, and their feelings about it are mixed	Desire for better communication and a stronger sense of partnership across the system	Need for more funding and staff, and for smaller class sizes	Parents and schools need better awareness of independent services available to them

What do we know about the needs of Children and young People in Derby?

Derby is a compact city, very proud of its innovative past with an ambition to continue this in the present day, creating opportunities for all.

We are home to 261,400 residents according to the 2021 census, which was an increase from 2011. Whilst Derby is a relatively small city, it's culturally diverse with just over 66% of the population from a White British background and 15% from an Asian/Asian British ethnic background according to the latest census. 87.1% of Derby residents speak English as their first language, which is lower than the national average of 90.8%.

Derby has areas of high deprivation with one in three residents living in an area regarded as one of the top 20% most deprived in England. Around 96,000 people live in areas classed as within the 20% most deprived in the country and there are increasing levels of poverty in the city, including growing rates of child poverty.

In Derby:



There are just over **88,000** people in the city aged 0-25 years.

38% of children live in poverty in Derby, with **22%** of those aged 0-15 years living in low-income families.



There are **107** schools in Derby, and there are **three main NHS Trusts serving the population of Derby City and Southern Derbyshire including acute hospital services, mental health and specialist community services** - Derbyshire Community Healthcare Services (DCHS), Derbyshire Healthcare NHS Foundation Trust (DHCFT) and the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBT).

46,582 young people in the city are school aged, with **4,271** Education, Health and Care Plans maintained by Derby City Council alongside **6,729** children and young people receiving SEN Support.

Post pandemic we have seen a reduction in the executive functioning skills of children in early years and in primary, key skills that are fundamental for a child or young person to succeed and

thrive in society and in learning, but translates into communication and interaction needs. Similarly, when you track into adolescence, executive functioning once again becomes a key trigger for needs reflecting the development of the adolescent brain, and environmental influences; which translates to SEMH.

Over 2023-2025 we have focused on understanding the root cause of needs, exploring solutions whilst addressing underperformance has enabled the partnership to establish a clear action plan, central to which is generating a cultural change to understanding how to meet needs, from a medical model to a social model, and to meet the needs of children and young people earlier, at the right time.

Supporting information

Through a review of needs, communication and interaction consistently feature as underlying primary type of need for those children and young people assessed at 'SEN support', and for an EHCP. Referrals to the speech, language and communication therapy (SLT) pathway have increased consistently year-on-year; significantly since COVID and further impacted by the increase in EHCNA requests & increase in referrals for ND assessments. It is evident from all referral points into the system, whether that be at the 2.5-year-old check, applications for SENIF, referrals for EHCP requests, inclusion referrals and referrals for health assessments, that communication and interaction feature as the prevailing need in Derby for Early years into Primary.

An analysis of performance across Derby City schools demonstrates that in the five wards of highest deprivation the level of need is so great that it suppresses the overarching achievement rate for Derby City. **With schools in our most deprived ward achieving below 50% at GLD.**

The majority of children in Derby do not attend a school based nursery nor a standalone nursery schools, but attend PVIs. PVI's do not require the same level of qualifications as school based or stand standalone school nurseries, therefore the quality of education is not as strong.

2.5 year old ASQ3.

Evidence drawn from the earliest point – ASQ3 checks – would imply that EYFS outcomes should be higher than they are at reception age, if the assessment baseline from the ASQ3 accurately reflected the five assessment criteria in GLD.

At the 2.5 health check in March 2025 96.3% of children underwent the ASQ3 across the 5 domains, with 82.6% achieving above threshold in all 5 domains. That is an increase of 2.2% from March 2024.

Details show that in both years the achievement rate in communications skills remained the lowest achievement score with 2024- 86.6% 2025 – 86.5%

All other areas were measured at above 90% in 2025

- o Fine and gross motor skills 94.8%
- o Problem Solving – 93%
- o Personal and social development – 93.3

However, year on year analysis demonstrates that there is no correlation between the 2.5 year old check and GLD outcomes

Take up of universal funded early education (15-hour entitlement) is higher in Derby than in comparator L.A.s, regionally and nationally for 2, 3 and 4 year-olds:

Take up rates for 2 year olds have increased by 4.1% to 72.3% since 2020 (nationally has seen a 4.0% decrease to 65.2%)

Take up rates for 3 year olds have increased by 3.2% to 96.2% since 2020 (nationally has seen a 0.6% decrease to 90.6%)

Take up rates for 4 year olds have increased by 7.2% to 104.2% since 2020 (nationally has seen a 1.0% increase to 95.6%)

SEN status of those taking up funded early education:

A much higher proportion of Derby's 2 year old children have some level of SEN than in comparator L.A.s, regionally and nationally, this is predominantly made up of SEN support pupils, although the number of 2 year olds with EHCPs (less than 5) is too small for comparison.

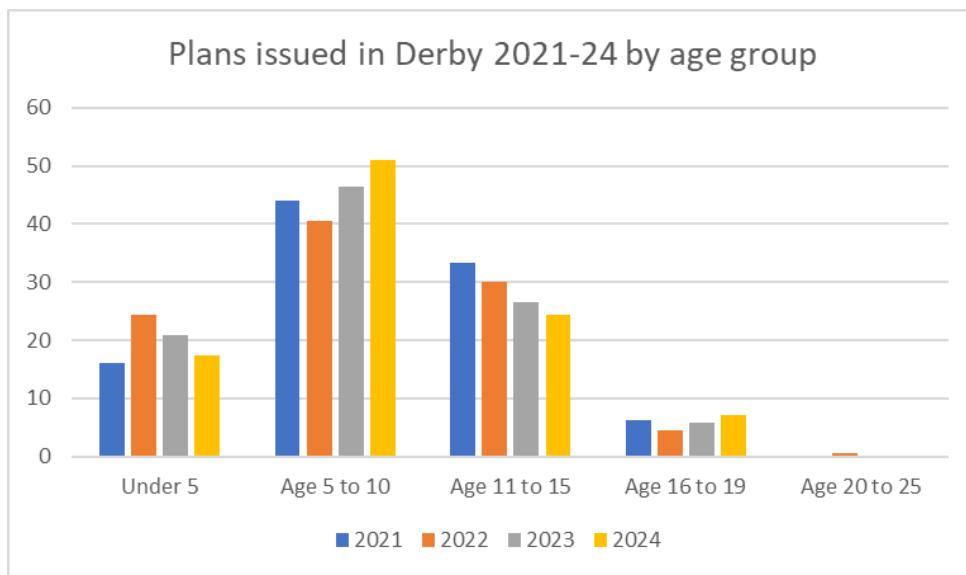
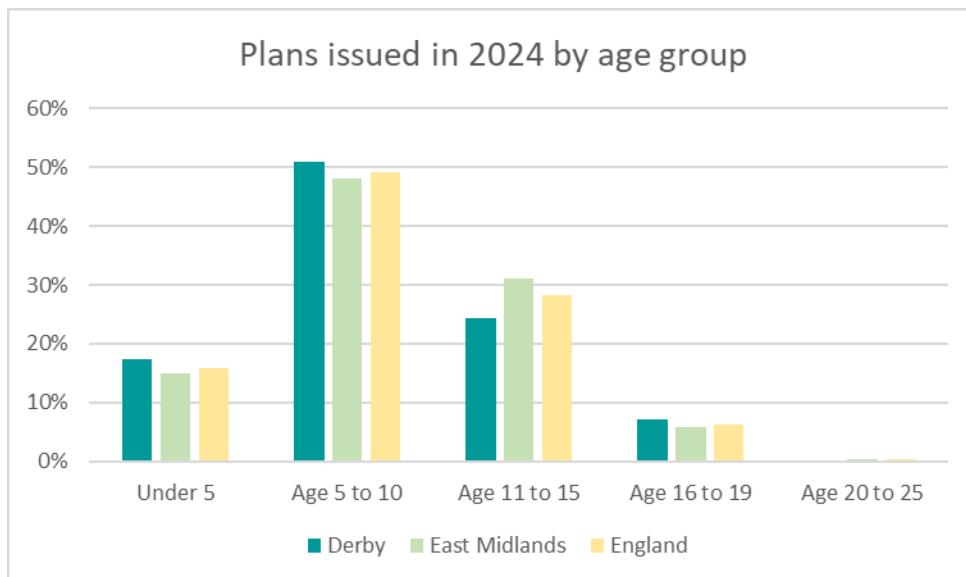
A higher proportion of Derby's 3 and 4 year old children have some level of SEN than in comparator L.A.s, regionally and nationally, this is predominantly made up of SEN support, the proportion with EHCPs is similar.

Special Educational Needs Inclusion Fund (SENIF) referrals for under 4's supported 709 children in 2023/4. In 2024/25, the fund supported 619 children. Over 80% of requests are for children needing support relating to either speech and language or communication and social interaction.

S23 notifications – 2024/5 we received 330 health notifications. Over 85% of these were related to concerns around communication and interaction—frequently referencing challenges with sensory processing and emotional regulation. A smaller proportion also highlighted issues linked to cognition and learning, or developmental delay.

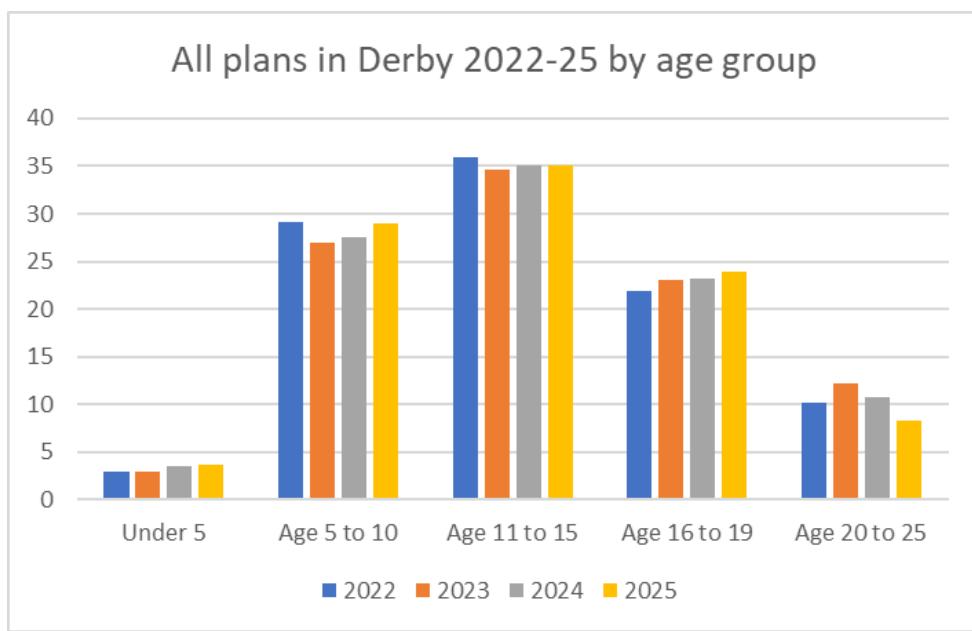
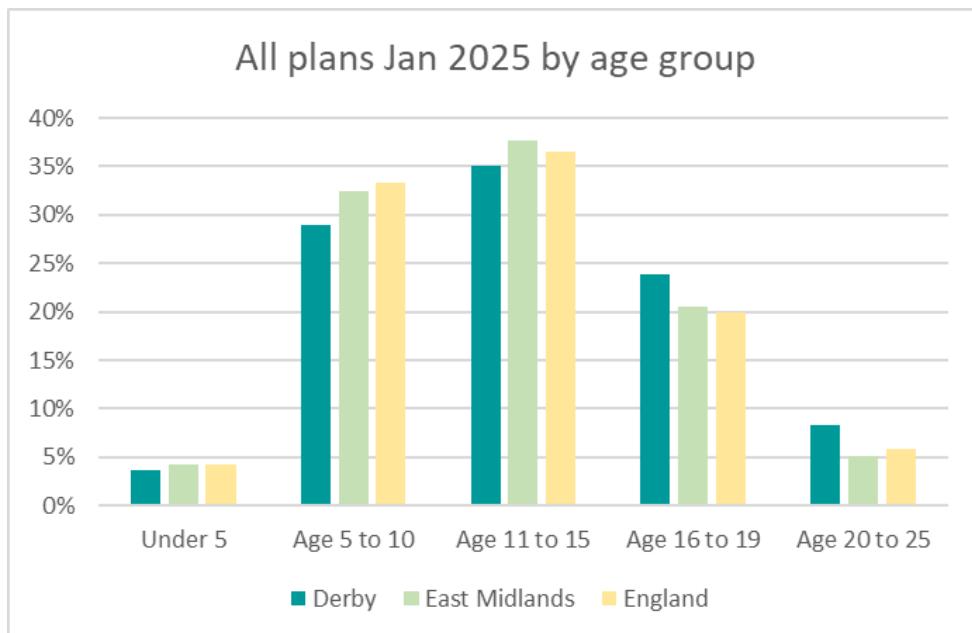
Primary need referrals for EHC needs assessments highlight presenting needs as communication and interaction, with 42% of all young people with an ECHP identified either as autistic or with speech, language and communication needs.

SEN2 data – demographics of new and existing EHCPs



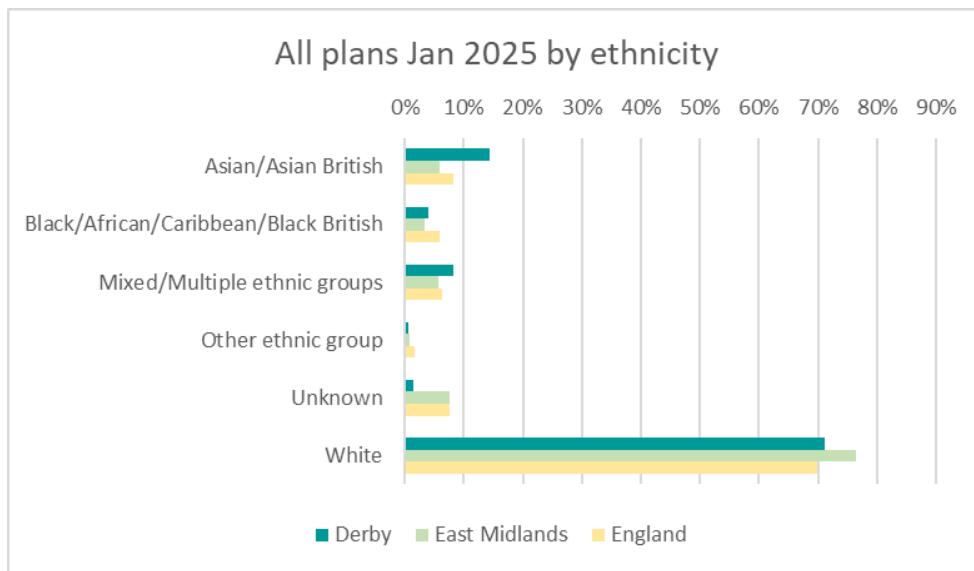
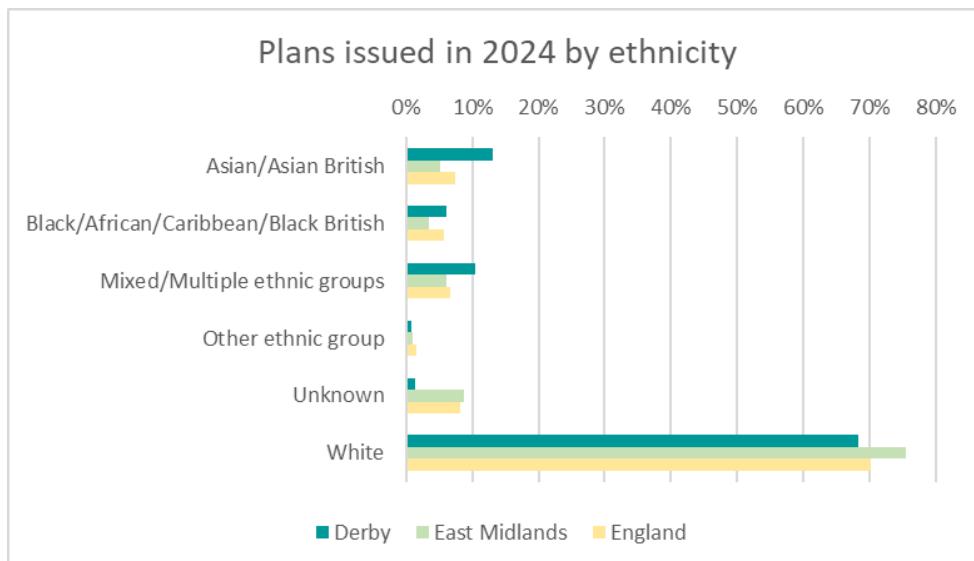
When looking at new plans issued in 2024, Derby issued slightly higher proportions at younger age groups (under 5, and 5-10) when compared to new plans issued regionally and nationally.

Those aged 5-10 still make up the largest group of new plans in Derby as they have done for the last four years.



When looking at all existing plans on Census Day, Derby still has higher proportions in the older age groups (16-19, and 20-25) when compared to all plans regionally and nationally.

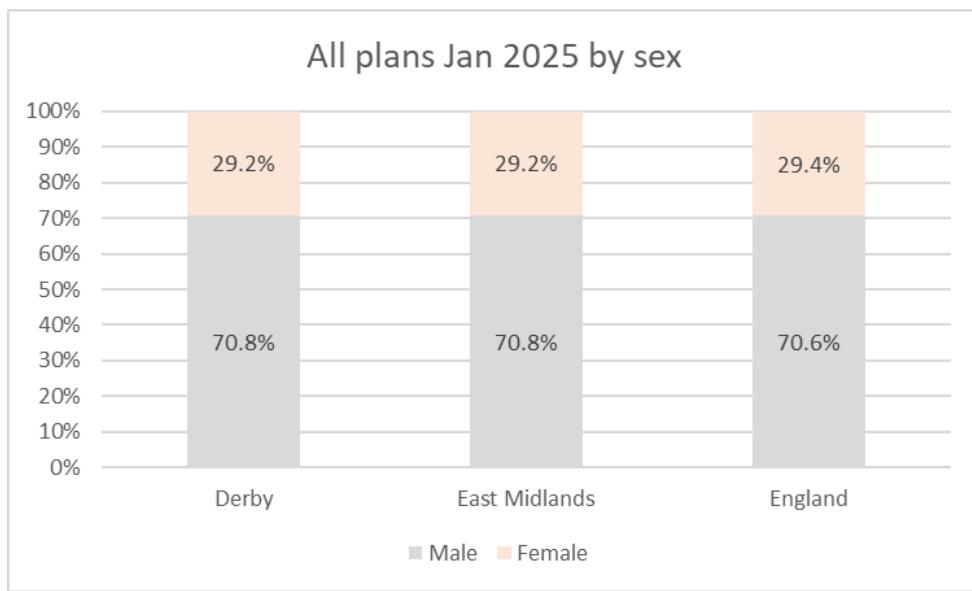
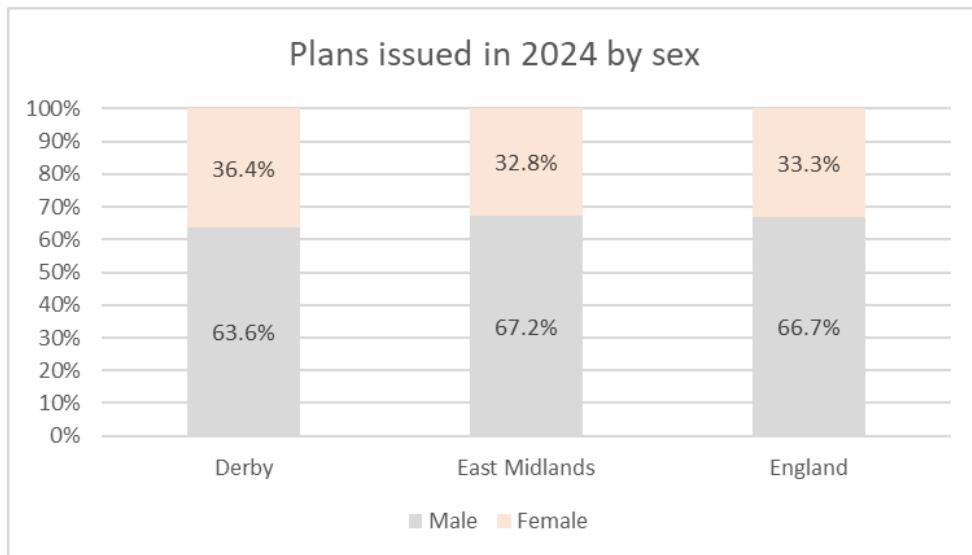
Looking at the trend over the past few years, the proportion of plans at 16-19 is increasing while 20-25 year-olds have been decreasing following targeted work to cease plans in this age group.



For new plans issued in 2024, Derby had higher proportions of Asian, Black and Mixed / multiple ethnicities compared to regionally and nationally and a slightly lower proportion recorded as White ethnic categories.

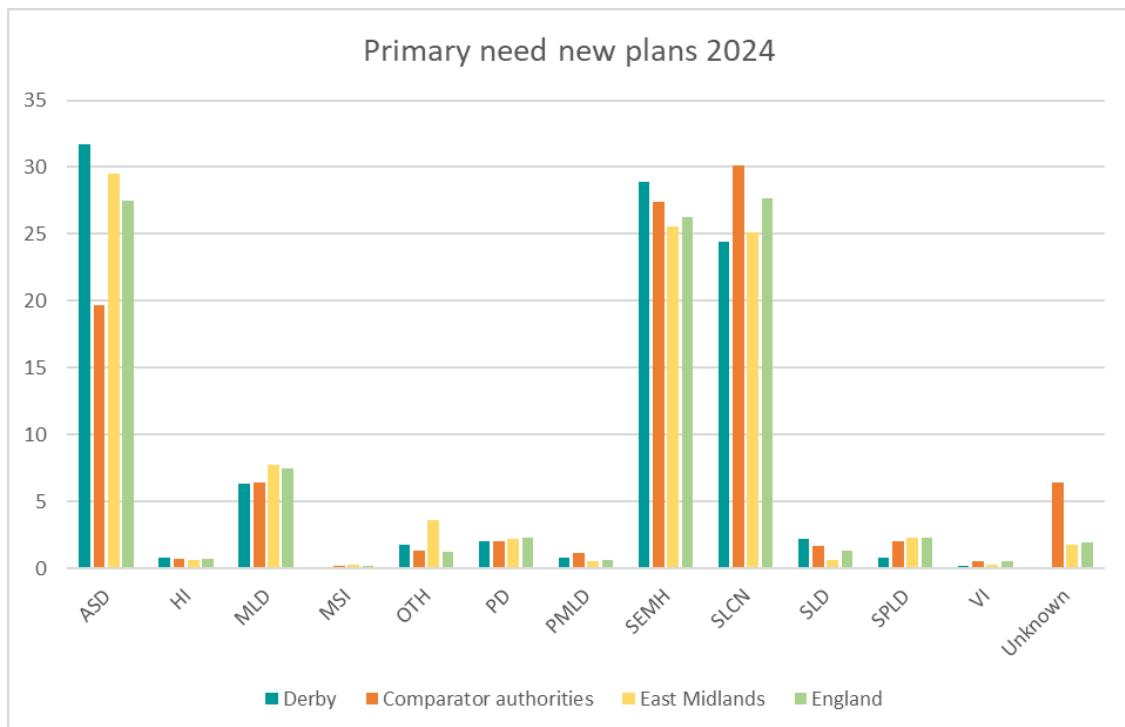
For all existing plans the proportion recorded as White was higher than regionally and similar to nationally. Those recorded as having Asian or Mixed / multiple ethnicities made up a larger proportion in Derby compared to regionally and nationally.

When compared to all young people in Derby (as recorded in the 2021 Census), all Asian groups are underrepresented. White British, Gypsy / Roma, Mixed White and Black Caribbean, and Any Other Mixed ethnicities are overrepresented.



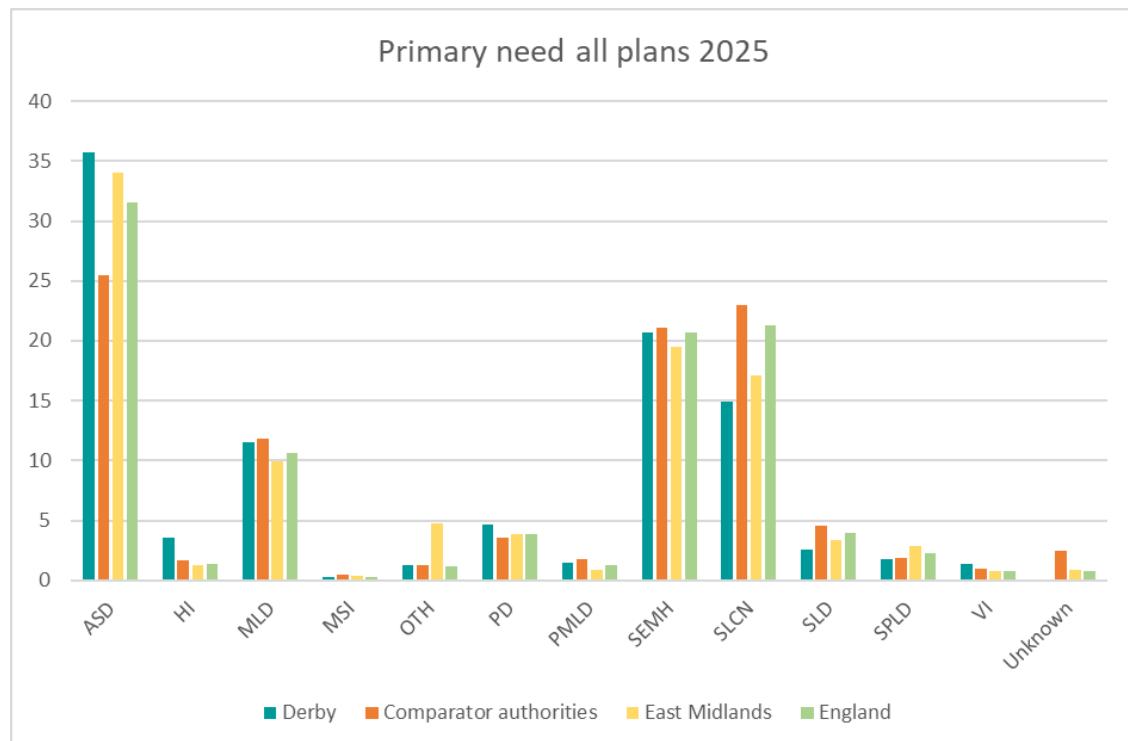
When looking at the sex of children issued new plans in 2024, females made up a slightly larger proportion in Derby compared to regionally and nationally, now accounting for over a third.

For all existing plans the male / female split is the same in Derby as elsewhere.

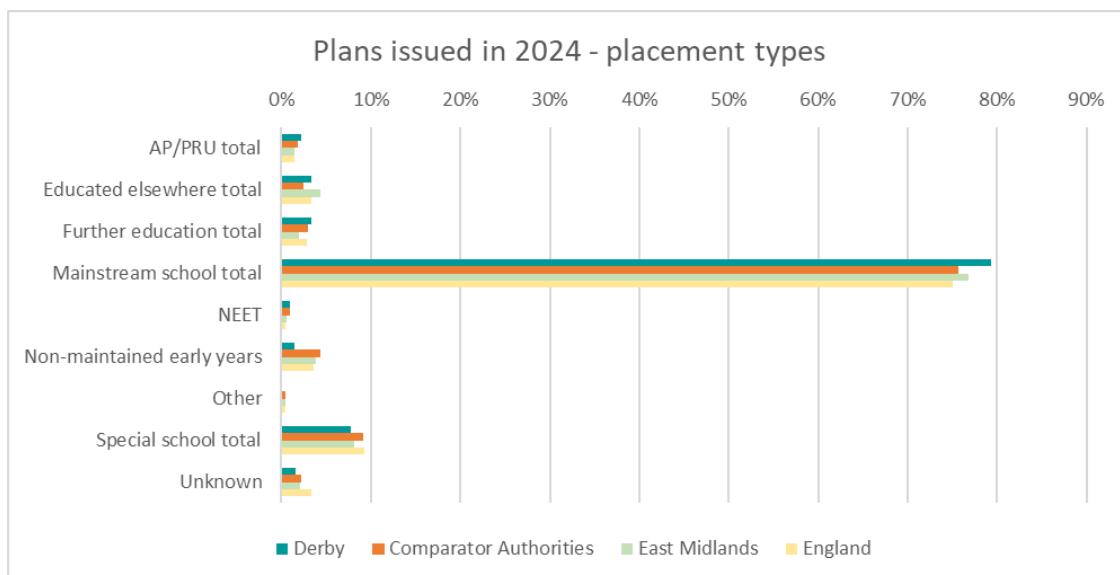


Autistic Spectrum Disorder was the most common primary need in new plans issued in Derby in 2024, accounting for nearly one third. This was much higher than in comparator authorities, and higher than regionally and nationally. Social, emotional and mental health also made up a larger proportion of primary needs in Derby than regionally or nationally. Derby recorded a smaller proportion of Speech, language and communication needs than comparator authorities, the East Midlands and England.

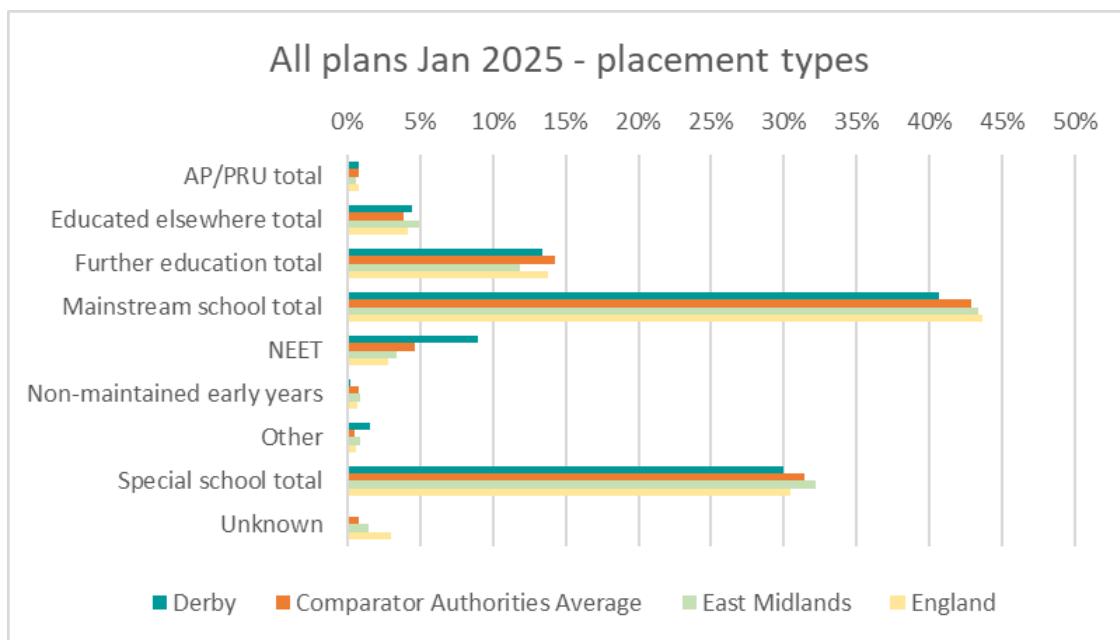
When looking at all existing plans there are some similar trends, Autism is significantly higher in Derby, Speech, language and communication needs is significantly lower in Derby, but unlike with new plans the proportion of Social, emotional and mental health is very similar to other areas.



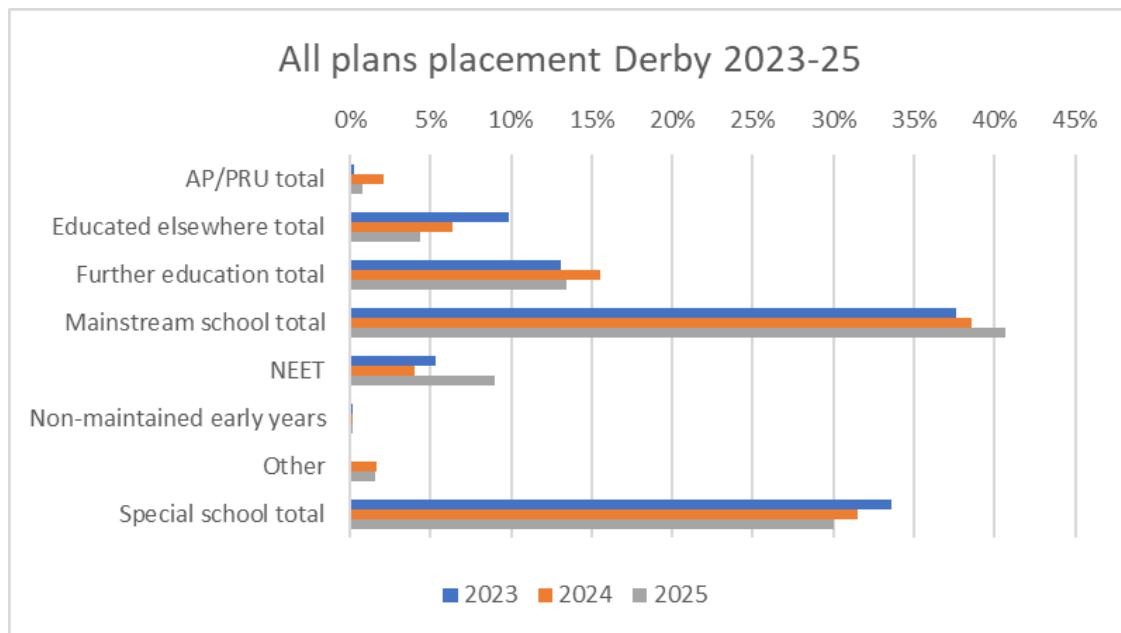
SEN2 data – placement of new and existing EHCPs



In 2024 Derby placed a larger proportion of young people with new plans in mainstream settings than comparator authorities, the East Midlands and England, and a slightly lower proportion in special settings.



When looking at all existing plan placements Derby has proportionally fewer in mainstream schools and special schools compared to all other areas. A much larger proportion were recorded as NEET in Derby; at 9% this is over twice as high as regionally and over three times as high as nationally.

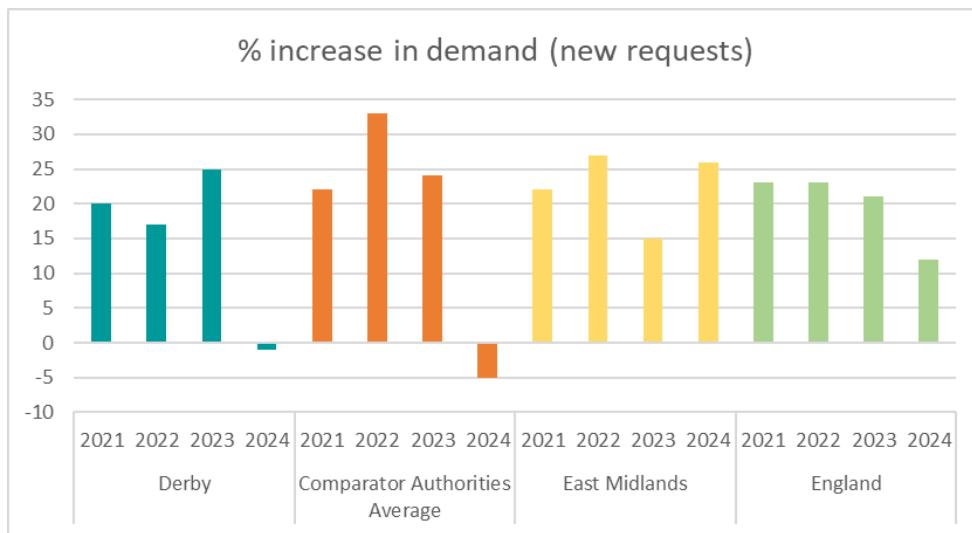


Over the last few years, the trend in Derby has been decreasing placements in special schools and increasing placements in mainstream schools. NEET has increased significantly; some of these were previously recorded as educated elsewhere e.g. with older plans where a notice to cease had been issued.

At the time of the SEN2 return there were 13 young people with plans in residential settings, 40 recorded as Educated other than at school, and 16 without a school place.

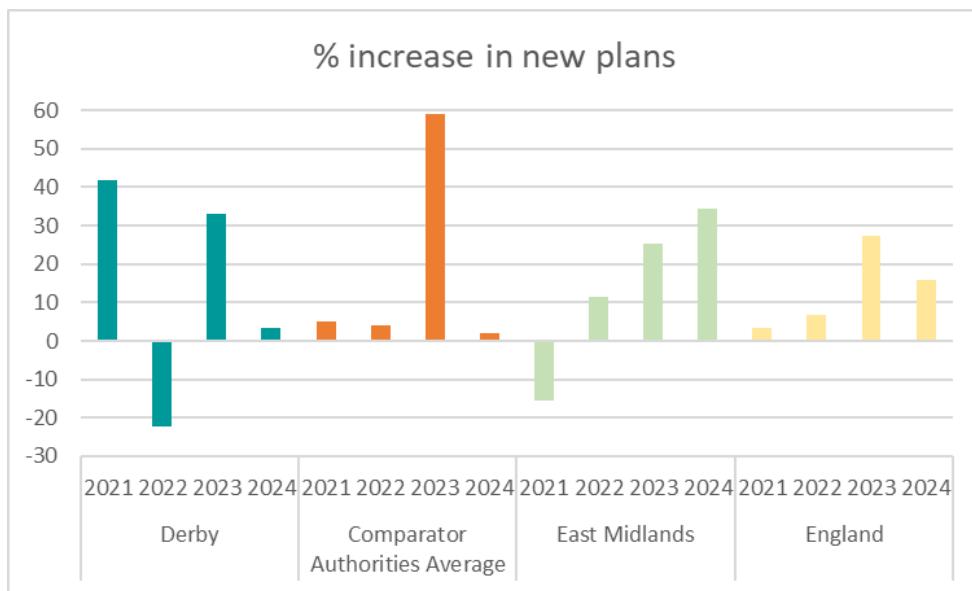
183 pupils with plans had personal budgets, 27 for Education, 149 for Social Care and 8 Organised arrangements. This was 4.5% of young people with plans in Derby, compared to 5.3% in the East Midlands and 3% in England.

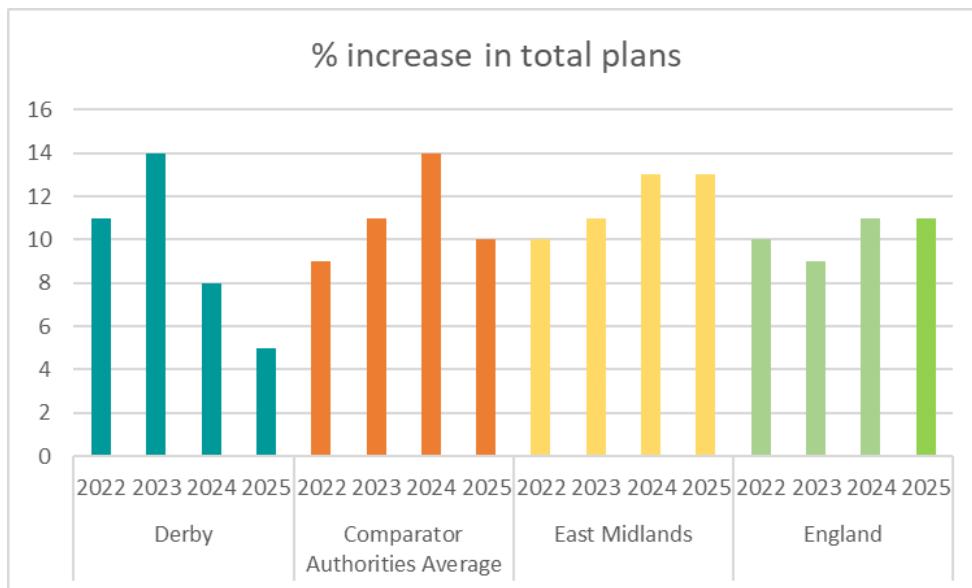
SEN2 data – demand and performance measures



The number of new requests for assessments in Derby in 2024 was almost the same as the previous year (769 compared to 775 in 2023). The average for comparator authorities decreased slightly while the East Midlands saw a 26% increase and England a 12% increase.

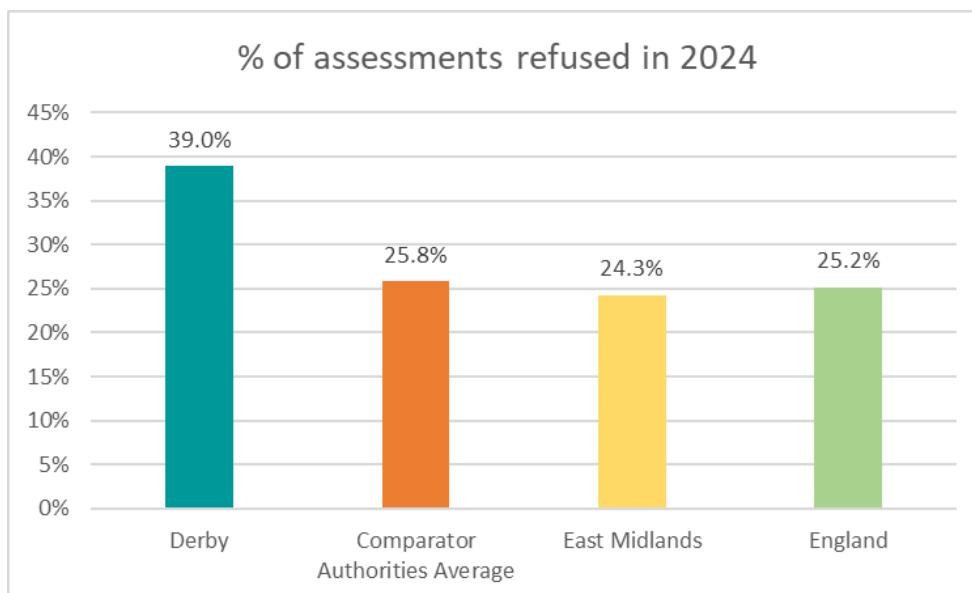
492 plans were issued in Derby in 2024, a slight increase of 3.5%. The increase was similar in comparator authorities while regionally and nationally there were much larger increases of 34.3% and 15.8% respectively.



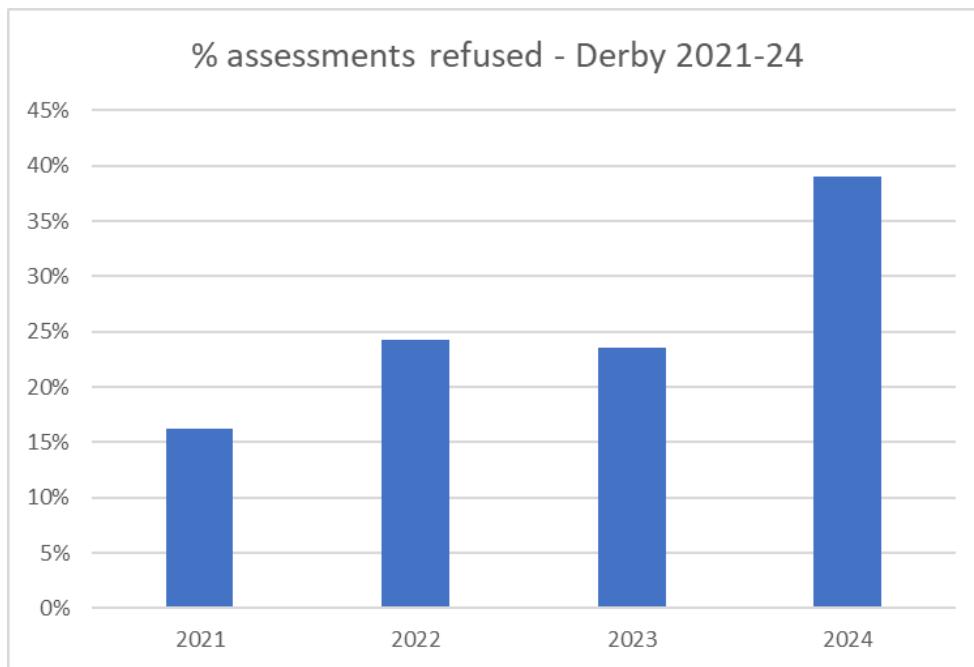


The total number of EHC plans has continued to increase in all areas. In Derby, there were 3,735 statutory EHC plans maintained in January 2025. This is an increase of 171 since the previous year. The percentage increase from 2024 to 2025 was 4.8% in Derby (10.8% nationally and 9.6% comparator authorities average).

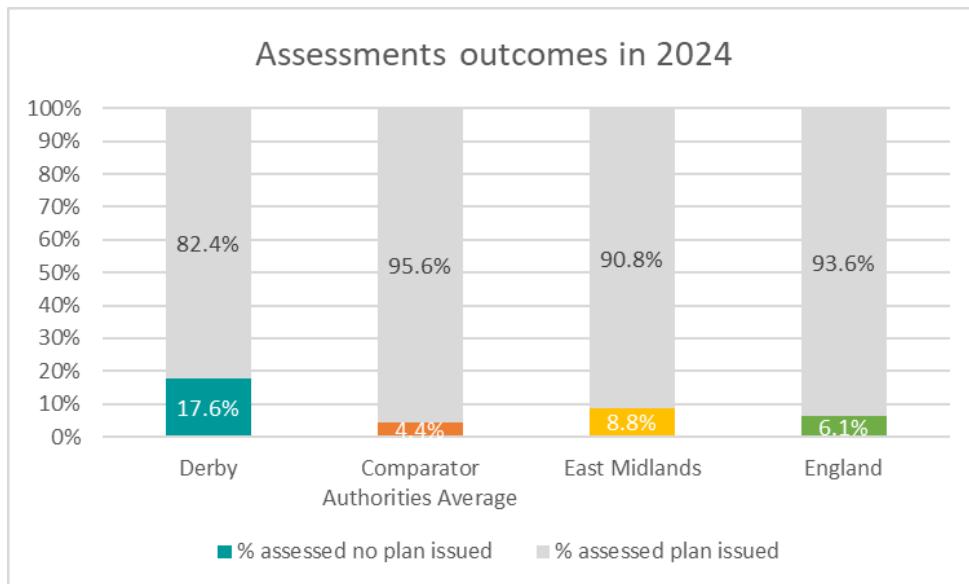
The number of new requests in 2025-to-date (at end of July) is 505 and the number of plans issued is 475. This will result in a much larger increase in total plans from 2024 to 2025.



Derby refused to assess a significantly larger proportion of new requests (39%) than comparator authorities, regionally and nationally in 2024. This was 15% higher than refusals to assess in Derby in 2023.

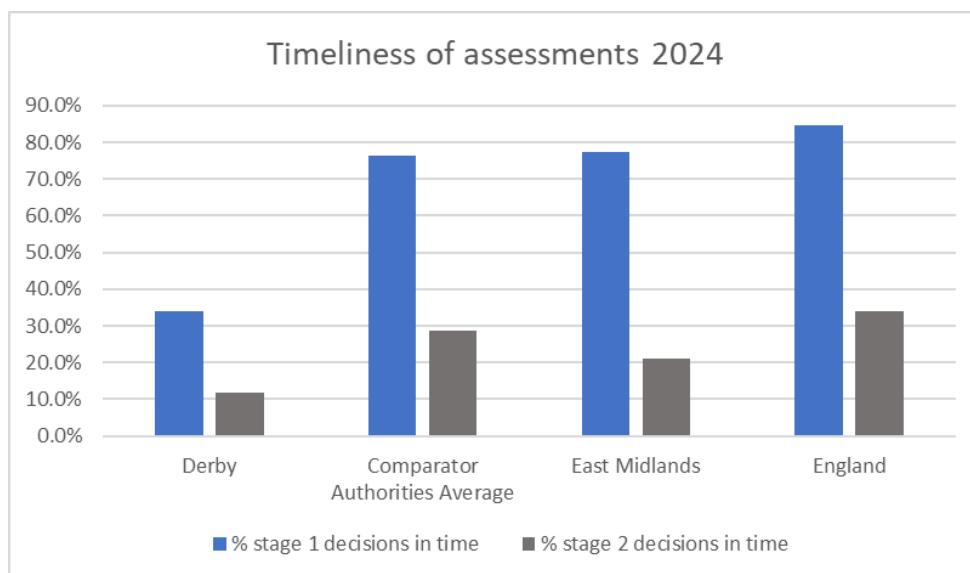
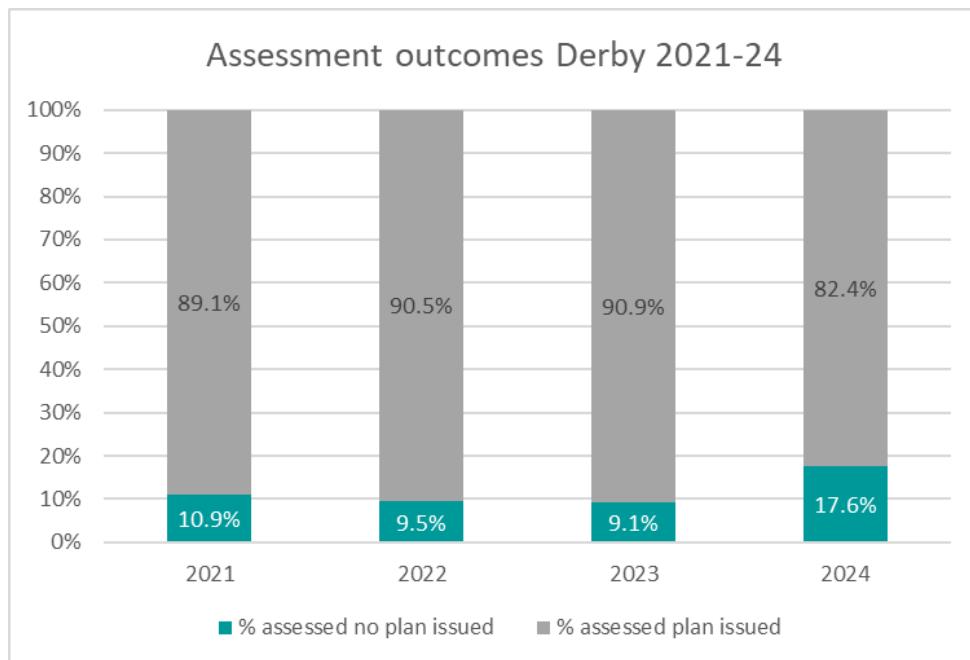


In 2025-to-date (at end of July) 47.5% of requests have been refused to assess.



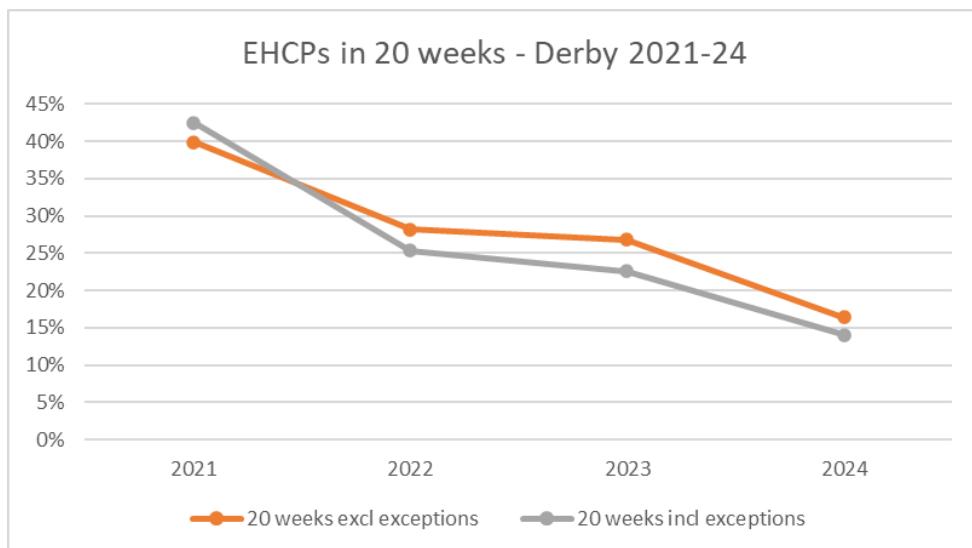
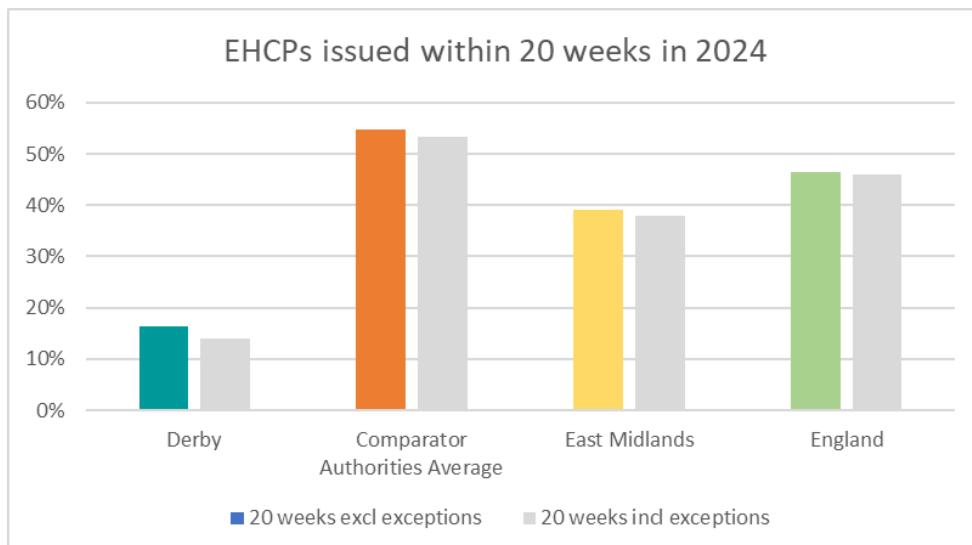
Derby turned down plans following assessments at a significantly higher rate (17.6%) than comparator authorities, regionally and nationally in 2024. This was 8.5% higher than no to plan decisions in Derby in 2023.

In 2025-to-date (at end of July) 14% of assessments have resulted in no to plan decisions.



In 2024 Derby performed much worse than comparator authorities, regionally and nationally in the timeliness of decision-making at stages 1 and 2. The SEN Team have worked intensively this year to clear a backlog of older assessments and improve timeliness at 6 and 16 weeks.

In 2025-to-date (at end of July) 86.1% of stage 1 decisions have been made in 6 weeks, and 54.4% of stage 2 decisions have been made in 16 weeks. If this is maintained it would represent a massive improvement and Derby would exceed other areas for 2025.



Of the new plans issued in 2024 in Derby (excluding exceptions and appeals), 16.4% were issued within the 20-week time limit (compared to 46.4% nationally and 54.8% comparator authorities average). Derby's percentage decreased by 10.4% since last year. Derby was ranked 132nd nationally for % of plans issued within 20 weeks (down 10 places on the previous year).

Having cleared the backlog of older assessments awaiting decisions there has been a substantial improvement in the proportion of plans issued in 20 weeks. In 2025-to-date (at end of July), 31.4% of plans have been issued in time. Derby is forecast to achieve a local target of 50% issued in time in 2025, bringing it in line with the national average.

Send data from Spring School Census 2025 (Derby schools only)

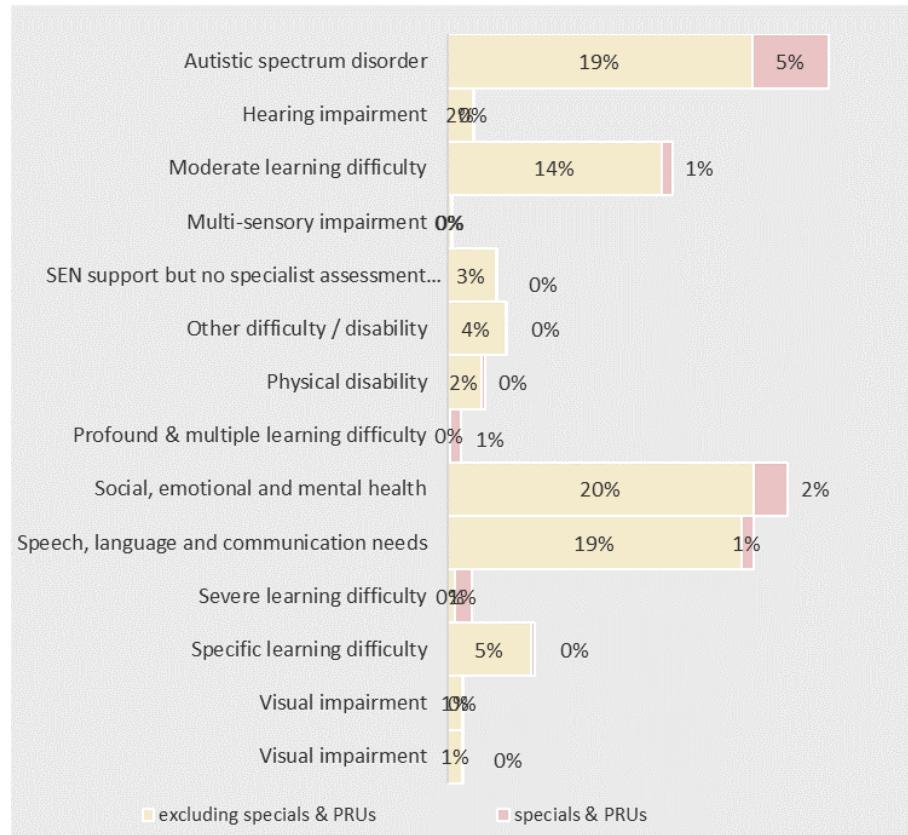
The number of SEN support pupils has increased by 394 to 6,624. 14.2% of children in Derby schools are receiving SEN Support in 2025. This is the same as nationally and similar to the comparator authorities' average. This is an increase of 0.7% since 2024 in Derby, similar to the 0.6% increase nationally.

The number of EHCP pupils in Derby schools has increased by 246 to 2,545. Overall, the percentage of all SEN pupils has increased by 1.3% to 19.8% since January 2024.

Number of SEN pupils on roll



% of SEN by primary need



Autistic Spectrum Disorder is the largest SEN primary need in Derby schools with 2,231 pupils, followed by Social, Emotional and Mental Health with 1,991 pupils.

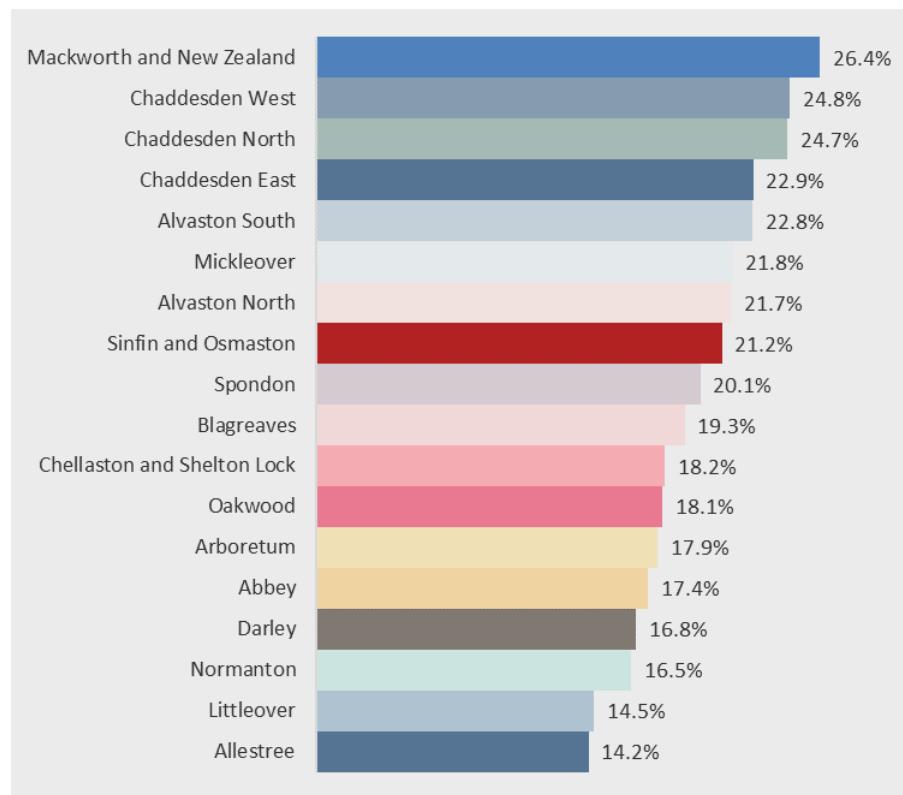
The main differences between Derby schools' SEND pupils primary needs and comparator authorities, regionally and nationally are a much higher proportion Autistic Spectrum Disorder (8% higher in Derby) and much lower Speech, language and communication needs (5-7% lower in Derby). Derby school SEND pupils have half the proportion of primary needs recorded as Specific Learning Difficulty as nationally.

All SEND pupils from Spring School Census and benchmarking

Primary need	Derby	Comparator authorities	East Midlands	England
ASD	24.0	15.2	16.3	16.2
HI	2.8	1.7	1.6	1.5
MLD	14.2	15.9	15.1	12.6
MSI	0.2	0.3	0.3	0.3
OTH	3.8	2.5	3.3	3.1
PD	2.3	2.1	2.5	2.2
PMLD	0.8	0.9	0.6	0.7
SEMH	21.5	20.3	23.0	21.6
SLCN	19.3	26.4	19.5	24.4
SLD	1.5	2.0	2.1	2.0
SPLD	5.5	8.3	11.2	11.0
VI	1.0	0.9	0.9	0.8
NSA	3.0	3.5	3.4	3.6

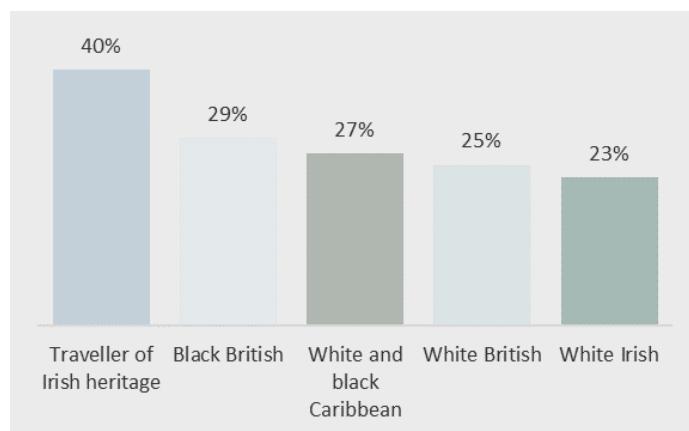
Mackworth and New Zealand ward has the largest percentage of SEN pupils (26.4%) followed by Chaddesden West (24.8%) and Chaddesden North (24.7%).

% of ward who are SEN



40% of Traveller of Irish heritage pupils have SEN. 29% of Black British pupils have SEN.

% of ethnic group who are SEN – Top 5



51.4% of EHCP pupils and 47.0% of SEN Support pupils are eligible for free school meals in Derby schools (compared to 43.8% and 39.3% nationally).

22.6% of EHCP pupils and 21.7% of SEN Support pupils have English as an additional language in Derby schools (compared to 15.4% and 15.6% nationally).

Derby has a high proportion of children and young people who are deaf, predominately supported by the Royal School for the Deaf. Audiology data for hearing assessments in Derby from April 2025: 383 waiting for a first appointment, average waiting time 12.4 weeks, maximum waiting time 56 weeks. Whilst there is no national target for screening, access to hearing assessments are critical for children to succeed and thrive, as in part we know that characteristics linked to communication and interaction are demonstrated when hearing is affected. therefore, identifying and supporting need earlier means that children are supported earlier.

The impact of this focused work on communication and interaction has contributed to improved access to universal and targeted interventions and as such the waiting lists for children with SLC reduce from 36 weeks in 2024 to 8 weeks, in 2025.

However, progress in communication and interaction is still not being realized at both the 2.5 yr check and again in GLD assessments for 4-5 year olds, which was 64% in 2024/5 AY.

The majority of children and young people who have communication and interaction identified needs will be identified for neurodevelopmental condition assessments: Whilst we acknowledge children and young people in Derby still wait too long for ND assessments, and where appropriate a diagnosis, NHS providers and the local authority have a joint recovery plan in place that have begun to impact on waiting lists:

- ND Referral numbers:
 - o August 2024 = 28 – compared to June 2025 = 108
 - o Average for the 11 months from August 2024 to June 2025 = 105

ND average wait times:

- o August 2024 = 46 weeks
- o June 2025 = 69 weeks

ND number waiting:

- o August 2024 = 1332
- o June 2025 = 1530

Currently there is a **45-week waiting** list for community paediatrics appointments in Derby and Derbyshire, with 2,331 children waiting an assessment (2024). Average wait time (weeks) for July 2025 is 64 weeks. The number of children waiting for assessment July 2025 is 1282. Whilst recruitment and retention have had an impact on the capacity of the Community Paediatric Service, which is contributing to the long waits, the main driver is the demand for ND assessments. The NHS provider responsible for delivering the service has appointed to all current vacant roles and the successful applicants are going through the final stages of the recruitment process.

Improving the experiences of families has been at the centre of understanding demand in the system.

Derby has experienced significantly high referral rates for EHCNA compared to neighbouring LAs and statistical neighbours. Year on year increases represents 775 new requests in 2023, up from 620 in 2022 and 531 in 2021. Requests continued to rise and in 2024 were at 795. However,

we have seen a reduction in requests in 2025, with a forecast of 715 requests, of which we are on average 85% progressed to an assessment go onto a plan.

It must however be noted that these demand pressures significantly impacted on timeliness and consequently impacted on communication, an increase in complaints, tribunals and reports to the LGOSC over 2022-2024. **DATA**

Between 2022-2024, 280 plans were delayed which negatively impacted on the experiences of young people and their families, children and young people did not receive the right support at the right time. The recovery plan was implemented in 2024 and within 12 months, April 2025, all plans that had experienced over 25 week delays were finalised and issued. From May/June 2025 no plans were over 20 weeks.

Timeliness for EHCP finalised plans have begun to improve and completions excluding exceptions hit 100% in July 2025, and 100% for August, with a forecast cumulative year timeliness of over 50%. This has been achieved after a 12-month recovery programme for delayed plans utilising additional agency staff and expanding the establishment team.

Increasingly social and emotional mental health needs have been highlighted as a primary need in Derby for adolescents since the pandemic. This often displays through suspensions, but also through referrals to the CAMHS and ND assessments for ADHD, and an EHC assessment request for SEMH at year 7, and an increase in suspensions and exclusions at SEN Support.

DATA on referrals at year 7

The Public Health school nursing service provides an annual insight into the wellbeing of students in Derby through the use of The Lancaster Model (TLM). 6134 young people responded to the annual survey in 2024/5 academic year. Over the last two years emotional health has been identified as a top priority for year 9's, although the number of year 9's identifying this as the main priority has reduced over the last two years from 24% to 21%. For year 6 and year 12 students, body image was the top priority. For year 12's the focus was on sexual health and drug use. Overall the number of children and young people experiencing anxiety is reducing, from 65% in 2023/4 to 63% in 2024/25.

The Derby and Derbyshire Mental Health JSNA for children and young people (July 2025) has identified the following:

- National evidence shows a **doubling in probable mental disorders*** from:
- 12% of CYP aged 8-16, and 10.1% of those aged 17-19 (2017-2023)
- 20.3% of CYP aged 8-16, and 23.3% of those aged 17-19 (2017-2023)
- Bullying is common, and a cause of concern and mental health issues. School based surveys indicate that **almost half of secondary school aged children have been bullied** in Derbyshire (40%).

Key recommendations to address needs earlier include focussing on transitions across all schools and settings. Transition periods (entering school, primary to secondary, leaving care, adolescence and leaving home/care are key risks and opportunities to mental health and wellbeing)

Attainment of SEN pupils

Derby schools' pupils achieve good results across many attainment measures at primary school ages and younger. In Early Years and Phonics, pupils on SEN support and with EHCPs achieved similar or higher performance when compared with pupils in comparator L.A.s, the East Midlands and England.

For these younger age group attainment measures, Derby's SEN pupil results are ranked in the top half of all English local authorities (10th highest for EYFS).

At Key Stage 2 in 2024, pupils on SEN support and those with EHCPs achieved similar results to pupils in comparator L.A.s, the East Midlands and England. Derby ranks in the bottom half of all L.A.s on this measure but has improved on last year's position.

At Key Stage 4 Derby pupils with no SEN needs perform worse when compared to other areas, as do those on SEN support. EHCP pupils achieve similar results for Attainment 8 score and average Ebacc points score but a lower proportion achieve a strong pass in English and Maths. At this age group Derby's SEN pupil results are ranked near the bottom of all English local authorities but have improved on last year's position.

At Key Stage 5 the average points score per entry looks at the grades achieved by those taking A levels and equivalent applied general and technical qualifications. A big caveat for these results is that very few SEN pupils in Derby are undertaking A Levels (9 with EHCPs and 47 on SEN support). This is a very small proportion of the SEN pupils who are in this age group.

When we look at % of 19 year olds who are qualified to level 2 with English and Maths, Derby pupils with no SEN, on SEN support and with EHCPs achieve similar results to comparator L.A.s but lower than regionally and nationally.

A much lower proportion of Derby 19-year-olds, including those on SEN support and with EHCPs, achieve level 2 and level 3 qualifications (not specifying English and Maths) than in all benchmark areas. This was the same in previous years.

Inclusion data for SEN pupils and other cohorts

The tables (in Local Area file) show the latest published benchmarked data which has a time lag. When compared with regional and national rates in the academic year 2023/24, the rate of permanent exclusions in Derby was lower for pupils with EHCPs and pupils on SEN support and similar for those with no SEN.

When compared with regional and national rates in 2023/24, the rate of fixed-term exclusions (suspensions) in Derby was lower for pupils with EHCPs and those on SEN support and similar for those with no SEN.

Looking at the data for pupils enrolled who have had one or more suspensions, Derby schools rates are similar for pupils with no SEN, lower for those with EHCPs and those on SEN support compared to regionally and nationally.

Our own latest data shows that there have been 36 confirmed permanent exclusions from Derby schools in 2024/25 to date (at 07/07/2025). Of the 8 excluded from primary schools, 6 were on SEN support, 0 had EHCPs and 1 was undergoing assessment. Of the 28 excluded from secondary schools, 14 were on SEN support and 3 had EHCPs.

There have been 3,516 fixed-term exclusions (suspensions) in Derby schools in 2024/25 to date (at 07/07/2025). Of the 353 suspensions from primary schools, 99 had EHCPs, 159 were on SEN support and 8 were undergoing assessment. Of the 3,163 suspensions from secondary schools 216 had EHCPs, 1,179 were on SEN support and 8 were undergoing assessment.

Exclusions - Looked after Children

Derby has a cohort of 1,344 Looked After Children. Exclusion data is available for pupils who have been matched in Nexus (attainment software) attending mainstream and special schools but not including the independent sector.

The suspension rate for Derby's CLA cohort was 13.99 in 2023/24. This was similar to the national CLA cohort suspension rate of 13.59 in the same year.

The suspension rate for Derby CLA pupils with SEN was 53.68 in 2023/24, similar to the national equivalent rate of 54.13.

The permanent exclusion rate for Derby's CLA cohort was 0.15 in 2023/24. This was higher than the national CLA cohort permanent exclusion rate of 0.07 in the same year. NB. this is only 2 pupils.

The permanent exclusion rate for Derby CLA pupils with SEN was 0.87 in 2023/24. This was higher than the national equivalent rate of 0.24 in the same year. NB. this is only 2 pupils.

Absences by school type and SEN status:

The tables (in Local Area file) show the latest published benchmarked data on absence levels in Derby schools, regionally and nationally for the Spring term 2025 by school type and SEN status.

At Derby primary schools the rates of overall absence are similar for all pupil categories (no SEN, SEN support and EHCPs) to regionally and nationally. The rate of authorised absence in Derby primary schools is slightly lower for SEN support and EHCP pupils while the rate of unauthorised absence is slightly higher. The % of persistent absentees in Derby primaries is similar to regionally and nationally for SEN support and EHCP pupils.

At Derby secondary schools the rates of overall, authorised and unauthorised absence of pupils on SEN support and those with no SEN are similar to regionally and nationally. Pupils with EHCPs at Derby secondaries have lower levels of overall, authorised and unauthorised absence compared to the East Midlands and England, and the same proportion of persistent absentees as in England.

For the data on special schools, the numbers with no SEN or on SEN support will be extremely low. For those with EHCPs (nearly all special school pupils), Derby has slightly higher levels of overall, authorised and unauthorised absence, and persistent absentees compared to England.

Attendance by SEN status and other groups:

Attendance data from Derby schools that are submitting weekly to the IDAMs system (100 schools) includes other categories of disadvantaged pupils as well as by SEN status and all pupils.

In 2024/25 pupils who were receiving free school meals had similar levels of attendance and absence to pupils receiving SEN support, which was slightly worse than for all pupils.

Current and previously Looked After Children and Children in Need have similar levels of attendance and absence, slightly worse than those on SEN support and worse when compared with all pupils.

EHCP pupils had the lowest overall attendance, highest overall absence and highest proportion of persistent absentees of all groups apart from pupils on a Child Protection Plan. Half of CPP pupils were recorded as persistently absent.

These patterns are very similar to the previous academic year. The overall absence rate for CIN pupils and CPP pupils was lower in 2024/25 and the proportion of these two groups who were severely absent was much lower. Not much should be read into this due to the very small cohort sizes.

Electively Home Educated:

Of **868** pupils recorded as EHE in July 2025, **68** have EHCPs (**8%**) and **228** were recorded as receiving SEN support (**26%**). All pupils with SEN needs represent a third of EHE pupils. 95 pupils moved to EHE in the most recent quarter, **35** with SEND, which was **37%** of all moves.

The main reasons given for moving to EHE for all pupils are 'philosophical or preferential reasons' (42%), and 'mental health' (17%).

For SEN pupils moving to EHE at any time, the most common reasons given are:

Philosophical or preferential reasons - 28%

Mental Health - 20%

Dissatisfaction with the school SEND - 11%

Youth Offending Service:

Of 89 pupils who were open to the youth offending service in March 2025, **24** have EHCPs, which represents **27%**. This is consistent with the numbers and proportions open to YOS who had EHCPs in previous years. 29 receive SEN support (33%) and 36 have no identified SEN (40%).

Of the 89 pupils, **1** was confirmed as permanently excluded between September and March, who had no identified SEN. **13** pupils open to YOS have had fixed-term exclusions from September to March (15%). Of these 13, 1 has an EHCP, 5 are receiving SEN support and 7 have no identified SEN.

Participation

NEET status with SEND all age groups benchmarking:

In March 2025, Derby had lower proportions of both year 12 and 13 pupils with SEND engaged in education or training compared to regionally and nationally. This was 4-5% lower in Derby for years 12 and 13 combined. The proportion who were known to be NEET was 7% higher for this age group in Derby than regionally and nationally. Derby had only 0.2% recorded as current activity not known, due to carrying out better tracking than other authorities to determine where young people with SEND are attending.

For those aged 18, 19 and 20-24 with SEND, Derby had significantly higher proportions engaged in education or training. The proportion who were known to be NEET was more than twice as high in these older age groups. Not much can be drawn from this other than Derby's superior activity tracking, due to the really high proportions (over half) of pupils whose current activity is not known regionally and nationally at this time of year.

These measures vary quite a lot depending on the quarter. DfE uses the 3-month rolling average for December to February for their yearly benchmarking, as tracking of pupils is better across all L.A.s for that period. Previously Derby has always performed worse than comparators on NEET measures in the DfE published time period. In all quarters the status of year 12 and 13 pupils is easier to ascertain; the proportion who are unknown increases with age and is highest in the over 20s.

For this data SEND is defined as pupils with a declared learning difficulty or disability, producing numbers which correspond more closely with EHCP pupils only (not those on SEN support). In May there were ~250 more pupils with EHCPs who were aged 16-24 from our own data compared with the cohort used for this data.

Participation of YOS pupils

Of 89 pupils who were open to the youth offending service in March 2025, 20 were recorded as NEET.

This represents 22.5%. Of these 20, 7 had EHCPs, 8 received SEN support and 5 had no identified SEN.

Adult Social Care Users

In the latest quarter there were 204 young people aged 18-25 with a learning disability open to adult social care. Only 1% of these were in paid employment. 74.5% were living on their own or with family.

EHCP matched data for different cohorts

Open to Adult Social Care / Care Leavers with EHCPs (May 2025)

- Open to ASC – 172
- Care leavers - 58

Open to Children's Social Care with EHCPs (June 2025)

- Child Looked After – 80
- Child In Need – 116
- Child Protection – 26
- Early Help - 54

Children with disabilities (where known) (January 2025)

- EHCPs - 1375
- SEN Support - 181

Elective Home Educated with SEND (June 2025)

- 64 EHCPs
- 8 EHCA (undergoing assessment)
- 211 SEN Support
- 283 total from 813, 34.8%

Open to Youth Offending with EHCPs

- 26 (June 2025)

Children Missing Education (July 2025)

Category	Count
Missing child	19
Missing left area	10
Missing left country	31
Missing placed on roll DNA	4
Missing application in but then family left	14
Total	78

Category	Count
WASP	96
Appeal process	9
WASP EWO	7
WASP IYFA	20
Place offered primary waiting to start	97
Place offered Secondary waiting to be placed on roll	91
WASP SEND	2
Total	322

Children's Social Care context (Q4 2024-25)

Contacts: 19,131 contacts received in the last six months, showing a decrease of 2.5% from the previous report's 19,620 contacts

Police contacts reduced from 47% to 42%, school contacts increased from 9% to 12%.

Early Help: Early Help assessments remained similar to the previous report (407).

Referrals: 1,732 referrals completed in the last six months, which is an 4.3% decrease from the previous report

The referral rate per 10,000 has decreased from 602 to 577, marking the lowest rate recorded in Derby (according to published data) over the past five financial years.

The percentage of re-referrals has remained at 20%, aligning with the 2023-24 national average (20%) and the comparator average (21%).

Assessments: 1,873 assessments completed in the past six months, which is a 3.6% increase from the previous report

86% of assessments were completed within 45 working days. The 2023-24 national average was 84%, and the comparator average was 80%, indicating that Derby is performing above both averages.

The average duration of assessments has reduced from 30 to 29 days.

Section 47s and ICPCs: 693 S47 enquiries were conducted, showing a 2.4% decrease.

83% of completed S47s did not require an ICPC, a decrease from 85% in the previous report.

ICPCs: 109 S47 enquiries led to an ICPC.

95% of ICPCs occurred within 15 working days of the S47 enquiry, well above national average of 80%

ICPC to Child Protection Plan: 94% of ICPCs resulted in a child protection plan.

Children in Need (CIN): Current CIN with a plan: 639 as of 31 March 2025 which is an increase from 632 as of 31 December 2024.

Timeliness of CIN visits: Seen in the Past Six Weeks: Improved to 75% from 73% previously

Child Protection Plans (CPPs): New CPPs started: 132 (a 12% increase).

Current CPPs: 251 as of 31 March 2025, a 9% increase from 231 as of 31 December 2024

Ceased plans open for 2 years or more: 0.7%, down from 1.4%.

Subsequent Child Protection Plans: Percentage increase: From 18% to 28%. Derby's performance is higher than the latest national figure of 25%.

Children Looked After (CLA):

Increase in CLA Cases Started: Total: 78 cases started in the past six months, a 11% decrease from the previous report's 88 cases.

CLA Cases Ceased: Total: 87 cases ceased in the past six months, compared to 98 in the previous report.

Total CLA: 550 down from 559 at the end of December 2024 (a 1.6% decrease).

Unaccompanied Asylum Seeking Children (UASC): There were 50 UASC as of 31 March 2025, down from 52 in the previous report. UASC make up 9% of the CLA, compared to the national average of 9%.

In-House Foster Care Provision: The percentage of in-house foster care provision increased to 40%.

Care Leavers: Total care leavers: 671.

Engagement with Care Leavers: The leaving care team were in touch with 95% of 17-18 year-old care leavers and 94% of 19-21 year-olds.

Suitable Accommodation for 19-21 year-old care leavers: 92% of 19-21 year-old care leavers were in suitable accommodation, which is higher than the 2023-24 national average of 88%.

Education, Employment, or Training (EET) for 19-21 year-old care leavers: 54% of 19-21 year-old care leavers were engaged in EET, in line with the 2023-24 national average of 54%.

Adoptions:

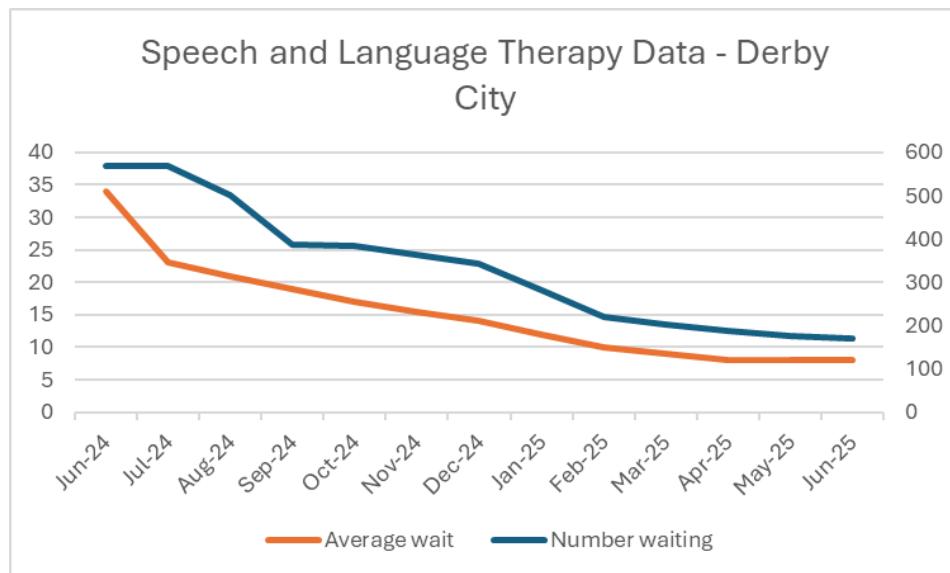
Adoptions Granted: 25 adoptions were granted over the past 12 months, which remains unchanged from the previous report.

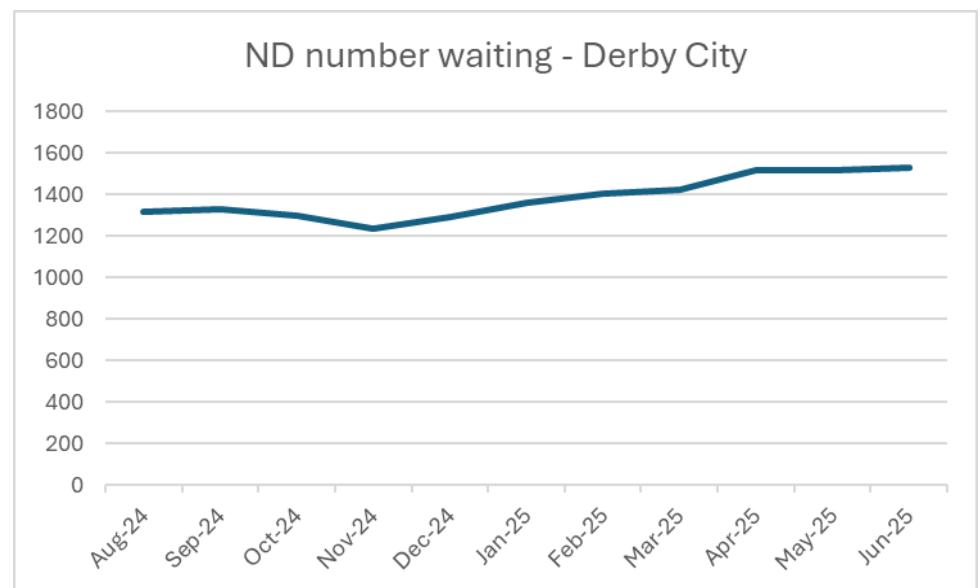
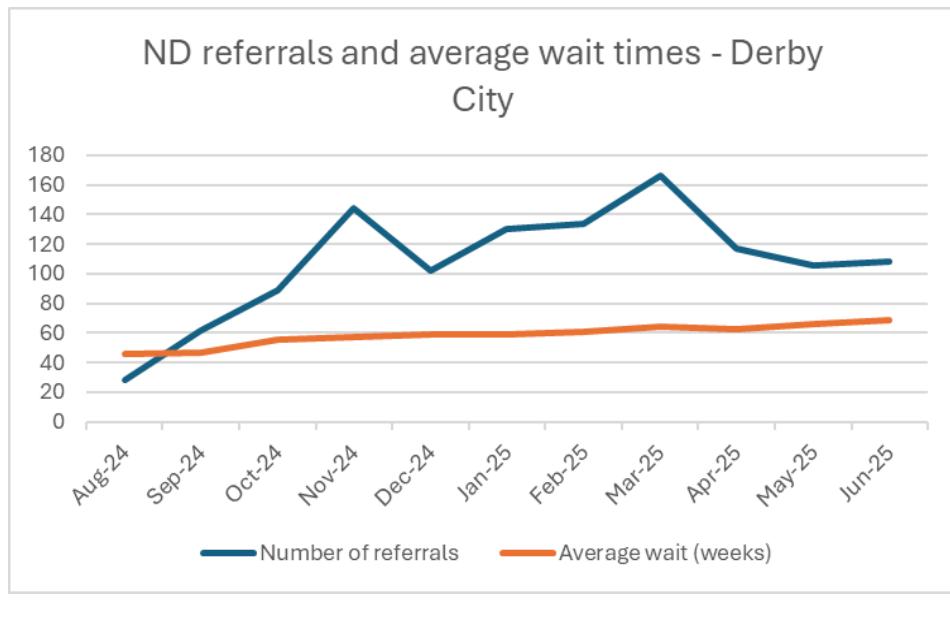
Current Adoption Status (as of 31 March 2025)

- Placed for adoption, awaiting adoption order: 30 children
- Placement order granted, awaiting a match: 30 children
- Best interest decision recently made, awaiting a placement order: 13 children

Health

DCHS	Indicator	Quarter 1 24/25			Quarter 2 24/25			Quarter 3 24/25			Quarter 4 24/25			Quarter 1 25/26		
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Speech and Language Therapies	Number Waiting	570	570	501	388	383	363	343	282	220	204	189	175	169		
	Average Wait (Wks)		34	23	21	19	17	16	14	12	10	9	8	8	8	
	Maximum Wait (Wks)		71	71	74	72	67	61	54	43	31	35	26	27	28	

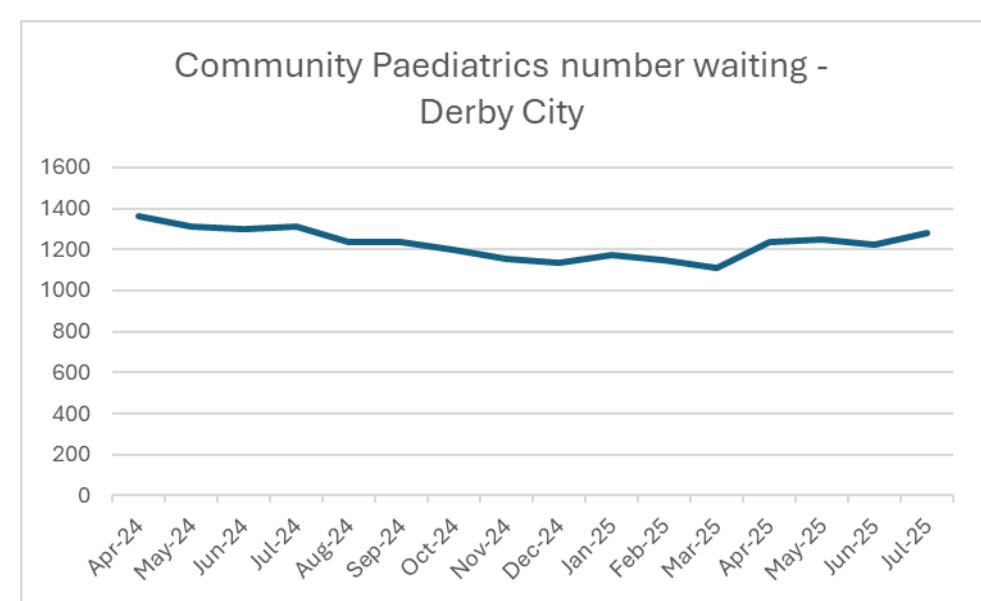
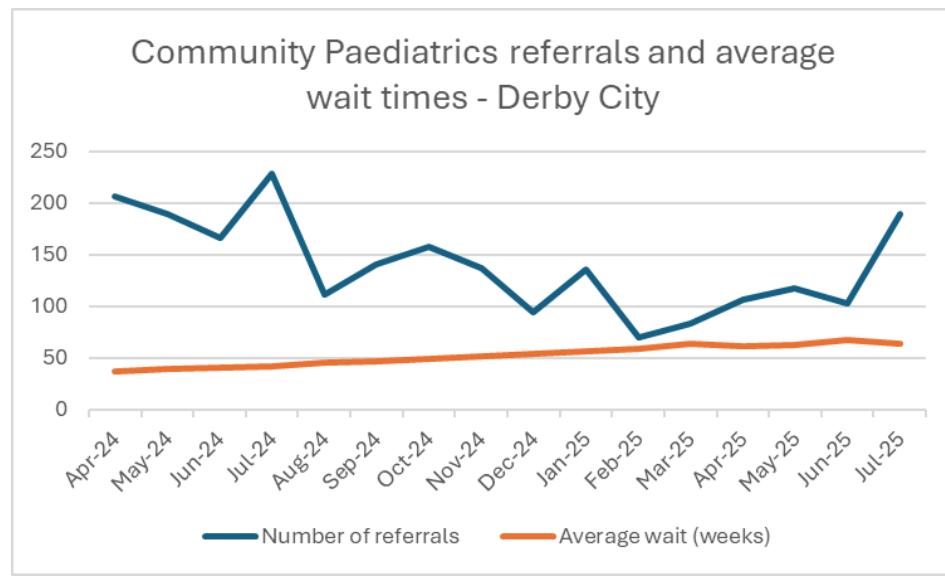




ND Data from UHDB	Number of Referrals	Quarter 1 24/25			Quarter 2 24/25			Quarter 3 24/25			Quarter 4 24/25			A	
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
		10	17	14	16	13	17	8	48	9	13	54	56		
ND Data from UHDB	Number of Contacts	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	A	
		46	40	45	42	41	50	42	49	31	43	33	40		
		Derby City Only													
		Quarter 2 24/25			Quarter 3 24/25			Quarter 4 24/25			Quarter 1 25/26				
Clinical Psychology Team		Indicator	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	
ASD Assessment	Number Waiting		498	500	469	436	482	486	520	553	575	583	613		
	Average Wait (Wks)		68	66	67	69	64	65	62	58	56	60	58		
	Maximum Wait (Wks)		181	186	190	194	199	203	207	203	207	216	217		
Autism (Other)	Number Waiting		27	24	20	15	16	17	15	14	13	11	11		
	Average Wait (Wks)		65	67	70	71	71	83	80	86	95	102	103		
	Maximum Wait (Wks)		159	135	139	138	143	147	151	156	160	159	161		

Referrals

ND Data from DHcFT			Derby City Only										Sparkli Summ	
ND Data Waiting in Month by Service			Quarter 2 24/25			Quarter 3 24/25			Quarter 4 24/25			Quarter 1 25/26		
		Indicator	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
	Number Waiting	742	792	808	807	785	796	861	869	856	929	921	906	
	Average Wait (Wks)	48	46	47	56	57	59	59	61	64	62	66	69	
	Maximum Wait (Wks)	99	97	94	98	103	103	102	105	109	113	117	121	
			Derby City Only										Sparkli Summ	
ND Data Assessed in Month by Service			Quarter 2 24/25			Quarter 3 24/25			Quarter 4 24/25			Quarter 1 25/26		
		Indicator	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
	Number Waiting	65	32	43	36	39	22	55	39	35	44	38	22	
	Average Wait (Wks)	49	81	49	65	85	51	33	42	37	69	35	70	
	Maximum Wait (Wks)	88	100	98	116	102	97	107	104	109	111	114	117	
First Referrals			143	15	45	81	96	93	117	80	110	75	82	73



		Quarter 1 24/25			Quarter 2 24/25			Quarter 3 24/25			Quarter 4 24/25			Quarter 1 25/26	
	Indicator	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
	Current Waiting	1411	1368	1350	1367	1294	1297	1278	1241	1210	1172	1148	1107	1240	1251
Community Paediatrics	Average Current Wait (weeks)	37	39	40	41	44	46	48	50	53	56	59	64	61	63
	Max Current Wait (weeks)	97	101	100	104	108	113	102	103	107	102	105	109	113	117
	Number of Referrals	207	189	166	228	111	140	158	137	94	136	70	83	106	117

1. Kooth

As part of the graduated offer for Mental Health NHS Derby + Derbyshire ICB commission Kooth to provide universal online emotional and mental health support for children and young people (up to 25yrs) in Derby City. The support offered includes chat functions, self-help information, forums, text based counselling support and access to moderated online forums where concerns and relevant articles can be shared and discussed. There are no wait times to access this support

For Derby city there were 702 new registrations from April 2024 to June 2025 with 871 logins registered between April 2025 and June 2025.

Kooth also delivered 1251 hours of targeted intervention (to deliver chats, messages direct and indirect clinical contacts) or community support (moderation of content on the website from uploads made by Derby CYP) to Derby City CYP from April 2024 to June 2025

2. Compass

NHS Derby and Derbyshire ICB commission Compass to provide early intervention and targeted treatment for children and young people with mental health needs via the school based Mental Health Support Teams and the community based Early Intervention and Targeted Support service. This means that 100% of children and young people in Derby City have access to early intervention and targeted support for mental health.

- **Compass Changing Lives – Mental Health Support Teams in education settings**

Prior to assessment all referrals are screened by a clinician as part of the duty system (largely within 5 days of referral) to ensure they are appropriate for service and not sitting inappropriately on a waiting list.

On **8th Sept 2025** there were **10 children/young people** waiting for an assessment with an MHST in the City

Between August 2024 to July 2025 the mean average waiting time across all Derby City MHSTs for an assessment and to commence the service was **32 days/4 weeks**.

[Schools we work with - Compass](#) The Derby City MHST Centres of Excellence sites are:

- Kingsmead

- Bemrose
- Noel Baker
- Landau Forte
- Derby Collage (new MHST from May – Aug 2025)

- **Compass Changing Lives – Early Intervention and Targeted Support Service**

Available to those children and young people who attend an education setting which does not yet have access to an MHST. The EITSS team covers both the City and South Derbyshire and it is not possible to separate out data for the City only CYP.

Prior to assessment all referrals are screened by a clinician as part of the duty system (largely within 5 days of referral) to ensure they are appropriate for service and not sitting inappropriately on a waiting list.

On **8th Sept 2025** there were **39 children/young people were waiting** for an assessment with the City and South Derbyshire EITSS team.

Between August 2024 to July 2025 the mean average waiting time across the City and South Derbyshire EITSS team for an assessment and to commence the service was **46 days/7 weeks**

3. Eating Disorder Services – First Steps ED and CAMHS ED

NHS Derby and Derbyshire ICB commission early intervention and prevention support for Eating Disorders from First Steps ED and specialist eating disorder service provision from CAMHS ED.

- **First Steps ED**

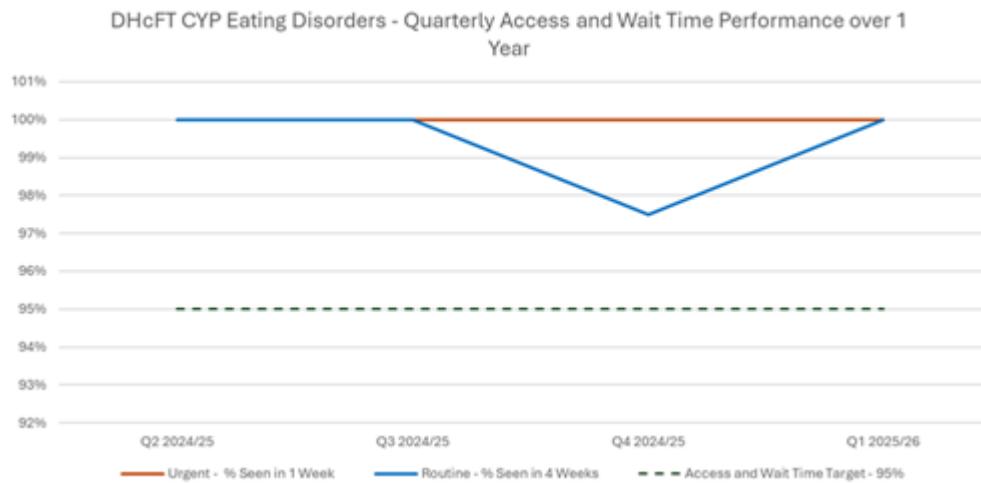
In 2024/25 First Steps ED received 389 CYP referrals.

Although we don't have a CYP specific breakdown of location or wait times, broadly 30% of all referrals were from Derby City and the average wait time from assessment to intervention was 21 days across the ICB footprint. This is the period First Steps measure and doesn't include the 5 – 15 day period between receipt of referral and the initial assessment which would make the maximum total wait time 5 weeks.

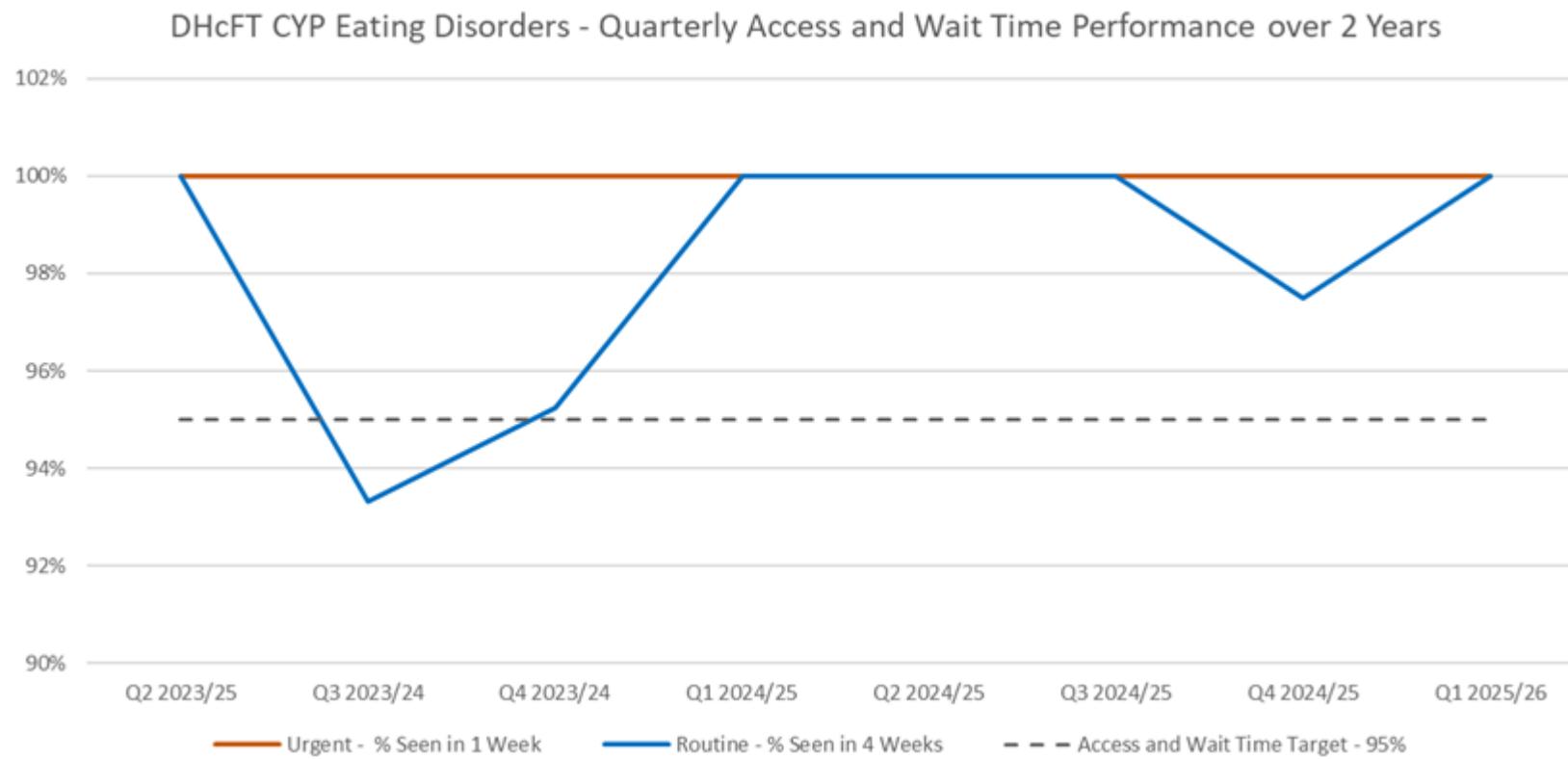
- **CAMHS ED**

The NHSE Access and Wait Time Standard for Children and Young People's Specialist Community Eating Disorder Services require that 95% of Urgent cases are assessed and commence a NICE concordant treatment within one week of referral, and 95% of routine cases are assessed and commence a NICE concordant treatment within four weeks.

The graph below shows Derbyshire Healthcare Foundation Trust's (DHcFT) quarterly Access and Wait Time performance over the past year, this includes children and young people across Derby city and southern Derbyshire. Aside from 97.5% for Routine in Q4 2024/25, performance was reported to be 100% across Urgent and Routine throughout the period. Total Access and Wait Time performance for the year as a whole was 100% for Urgent, and 99% for Routine.



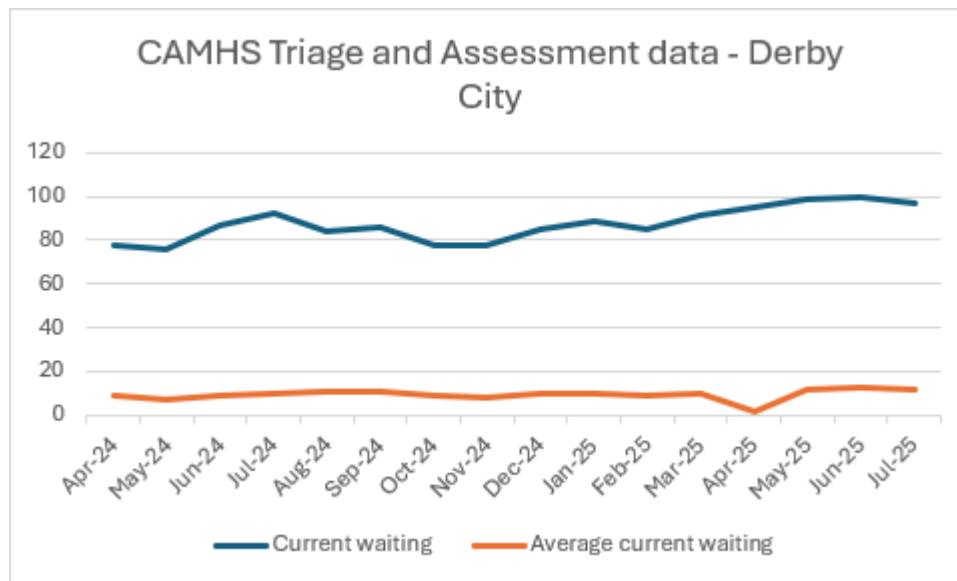
The second graph below shows strong performance over the past two years. Urgent performance remained at a consistent 100% with only one occasion where Routine quarterly performance dropped below the 95% standard. Total Access and Wait Time performance for the two-year period was 100% for Urgent cases and 98% for Routine.



4. CAMHS

The data in the chart below shows the wait time and numbers waiting for CAMHS Triage and Assessment for children and young people with a Derby City GP but there are longer internal waits to access treatments via routine CAMHS services once triage and assessment has been completed

This data excludes children and young people requiring an urgent care assessment, the CAMHS ED team or the CAMHS ID team. Children and young people are triaged for priority or routine assessments.



Currently there are 97 children and young people waiting to be assessed by CAMHS and the average waiting time is 12 weeks.

- NHS Derby and Derbyshire ICB has approved a Business Case to provide investment for DHCFT CAMHS service expansion and development to address the internal waits routine CAMHS services, this includes:
 - Increased investment in routine CAMHS to increase capacity to provide specialist MH assessment, treatment and therapeutic interventions
 - A Service Development Improvement Plan that includes updating service specifications, quality reporting and data reporting along with a demand and capacity approach for benchmarking.

A Children and Young People's Mental Health JSNA is currently being developed and is due to be published at the end of 2025, this will provide a greater, system wide, understanding of children and young people's mental health needs across the Joined Up Care Derbyshire footprint. It will help to inform the ongoing

development of the mental health system and ensure that children and young people and their families continue to have access to the full range of mental health advice, information and support.

