

Children with Disabilities and Special Educational Needs

Introduction

A child or young person has a disability if they have a physical or mental impairment that has a substantial or long term effect on their ability to carry out normal day to day activities. Including:

- Multiple and complex health needs or chronic illness
- Sensory impairment such as hearing loss, visual impairment or deafblindness
- A physical disability

A child or young person has special educational needs (SEN) if they need additional educational provision to learn than the majority of other children or young people of the same age. Special educational provision should be matched to the child's identified SEN. Children's SEN are generally thought of in the following four broad areas of need and support:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs

Children and young people who have special educational needs (SEN) do not necessarily have a disability, and some disabled children and young people do not have special educational needs, but there is a lot of overlap between the two groups.¹

Summary

It is estimated that 7.3% of children (age 0-18) have a disability, which equates to 13,150 people in Norfolk and 14% of Norfolk school children have special educational needs (SEN), which is 17,000 children. Both disability and SEN are more common in boys than girls. There are a wide range of universal and specialist services supporting this group, including: health, education (mainstream, special, Virtual School Sensory Support), portage, social services, short breaks, communication technology aids and speech and language therapy. Families must be given appropriate assessments of their needs and clear information and support to navigate the services available to them.

Headlines

There are a number of data sources that can help to estimate the number of children with special educational needs and disabilities in Norfolk.

Research based on national surveys suggests that 7.3% of children (age 0-18) meet the Disability Discrimination Act (DDA) definition of having a disability (a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities). This is 8.8% of boys and 5.8% of girls. These prevalence estimates can be applied to the Norfolk population (see Figure 1).²

¹ NCC Website <https://www.norfolk.gov.uk/children-and-families/send-local-offer/introduction-to-send/the-difference-between-sen-and-disabilities>

² Blackburn C.; Spencer N. and Read, J. (2010) Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey. BMC Paediatrics 2010, 10:21. <http://bmcpediatr.biomedcentral.com/articles/10.1186/1471-2431-10-21>

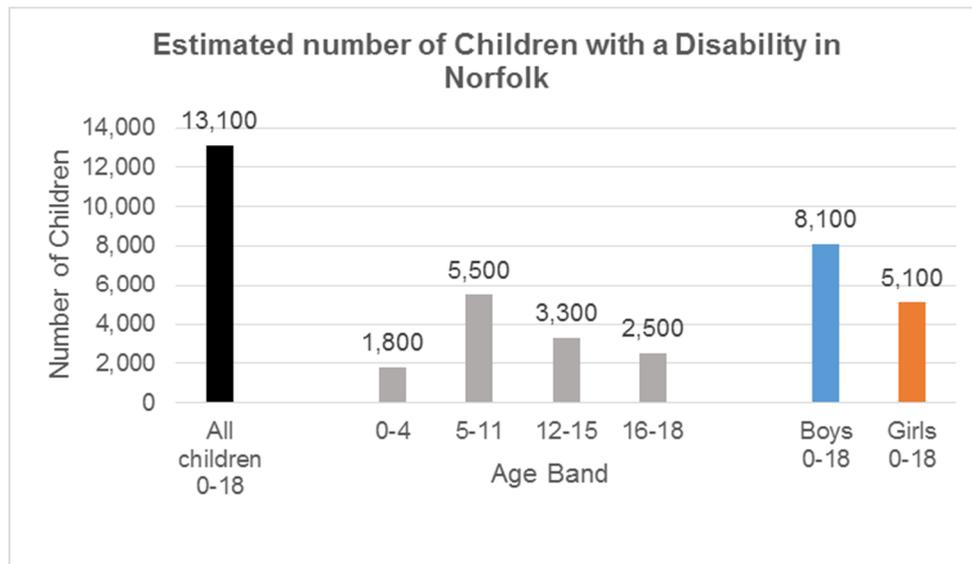


Figure 1: Prevalence estimates of disability (DDA definition) applied to the 2016 mid-year ONS population estimates for Norfolk.

Children are eligible for Disability Living Allowance (DLA) if they are under 16 and have difficulties walking or need more looking after than a child of the same age who does not have a disability. Young people aged 16-24 apply for a Personal Independence Payment instead. As of November 2017 there were 7,200 children and young people aged 0-24 claiming DLA/PIP in Norfolk, this is 3% of the total population. 70% of the children and young people claiming DLA are males.³

There are 2,838 children and young people (aged 1-24) on the Norfolk Register of Disabled Children and Young People (note: registration is voluntary so this will not be the total number of children with disabilities in Norfolk). Of the children on the register 21% are aged under 10, 59% aged 11-20 and 19% aged 21-24. A 'primary condition' is recorded for each child and the most common are Autism (38% of children on the register), Attention Deficit Disorder (ADD) or Attention Deficit and Hyperactivity Disorder (ADHD) (15%) and Global Developmental Delay (GDD) (15%). See Table 1.⁴

Condition	No. Children on Norfolk CWD Register	% of Register
Autism, et al,	1091	38%
ADHD/ADD	426	15%
Global Development Delay	418	15%
Sensory Impairment	224	8%
Dyslexia	197	7%
Dyspraxia	174	6%
Epilepsy	150	5%
Cerebral Palsy	138	5%
Profound & Multiple LD	132	5%
Other Physical Injury/Impairment	87	3%
Downs Syndrome	80	3%
Hypermobility	69	2%
Chronic Illness	57	2%
Other	324	11%
Total REPORTED CONDITIONS	3567	100%

Table 1: Children on the Norfolk Register of Disabled Children by primary condition ⁵

³ Data on DLA claimants from ONS NOMIS Official Labour Market Statistics. Population data from ONS 2016/17 population estimates.

⁴ Data from The Norfolk Register of Disabled Children (provided by NCC Children's Services).

⁵ As above

In 2016 there were 1,012 children in Norfolk who were the subject of a child protection plan (and therefore 'Children in Need' or CiN) who were disabled. This is 21.1% of CiN, higher than the national average of 12.9%. Of those supported as CiN, 46% had a learning disability and 39% a Behaviour Disability (note: children can record more than one type of disability).⁶

Type of Disability	% of Children in Need with a disability 2016 -17
Learning	46
Behaviour	39
Other Disability	28
Communication	27
Autism/Asperger Syndrome	19
Personal Care	15
Mobility	14
Consciousness	13
Incontinence	9
Hand function	9
Vision	7

Table 2: Children in Need with a disability by the type of disability (Note: Children can record more than one type of disability). Department for Education Characteristics of Children in Need return: 2016 to 2017⁷

Research suggests that the numbers of children with a disability, and the complexity of some disabilities, is increasing due to improvements in medical science and interventions as well as earlier and more robust assessments.⁸

Overall 17,185 school pupils in Norfolk (primary, secondary and special schools, including academies) have an identified special educational need (15,900 in state funded schools). This is 14.7% of children in primary state-funded schools children, 13.5% of children in secondary state-funded schools.

The majority of children and young people with special educational needs will have those needs met under "SEN support". This is where educational settings identify a child as having SEN and put effective special educational provision as part of a four part cycle known as the graduated approach. Here educational establishments assess a child's needs, plan the adjustments, interventions, and support to be put in place, implement that provision and review the effectiveness of that provision and support. Children with more significant and complex needs that cannot be met by the resources ordinarily available to mainstream educational establishments may require an Education Health Care Plan (EHCP). In 2015/16 in Norfolk 4,537 children have a EHCP or statement, 4.1% of pupils (slightly more than the 2.8% seen nationally) and 14,884 have identified SEN needs, 12.4% of pupils (again slightly above the 11.6% national average). Special educational needs remain more prevalent in boys than girls. 14.6% of boys are on SEN support compared to 8.1% of girls. 4.0% of boys have a statement or EHC plan compared to 1.6% girls.⁹

Table 3 below shows the number of children in each school phase in 2016/17 by their primary special educational need. Overall 'Moderate Learning Difficulty' (3,716 pupils) is most common SEN followed by Social, Emotional and Mental Health (3,282) and Speech Language and Communication Needs (3,055).

⁶ Department for Education (2017) Characteristics of Children in Need 2016/17 <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017>

⁷ As above

⁸ Haringey Council (2016) Children with Disabilities JSNA. <http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment/health-mothers-children-and-young-people/disabled-children-and-young-people>

⁹ Department for Education (2017) Special Educational Needs in England <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017>

	Primary Schools			Secondary Schools			Special Schools			Total	
	Norfolk Number	Norfolk %	England %	Norfolk Number	Norfolk %	England %	Norfolk Number	Norfolk %	England %	Norfolk Number	Norfolk %
Moderate Learning Difficulty	2,138	22.0	23.3	1,384	22.4	24.0	194	15.0	14.5	3,716	21.6
Social, Emotional and Mental Health	1,958	20.2	15.7	1,220	19.7	18.4	104	8.1	12.5	3,282	19.1
Speech, Language and Communications Needs	2,461	25.3	29.0	463	7.5	10.8	131	10.1	6.4	3,055	17.8
Specific Learning Difficulty	819	8.4	9.7	1,530	24.7	21.1	40	3.1	1.4	2,389	13.9
Autistic Spectrum Disorder	627	6.5	6.7	480	7.8	8.9	293	22.7	26.9	1,400	8.1
SEN support but no specialist assessment of type of need	627	6.5	4.6	216	3.5	2.9	2	0.2	0.2	845	4.9
Other Difficulty/Disability	385	4.0	4.2	334	5.4	6.5	31	2.4	1.5	750	4.4
Physical Disability	339	3.5	2.9	232	3.8	2.9	77	6.0	3.4	648	3.8
Severe Learning Difficulty	56	0.6	0.7	22	0.4	0.5	321	24.9	23.2	399	2.3
Hearing Impairment	155	1.6	1.7	123	2.0	2.3	21	1.6	1.3	299	1.7
Visual Impairment	94	1.0	0.9	128	2.1	1.3	8	0.6	0.7	230	1.3
Multi-sensory impairment	37	0.4	0.3	40	0.6	0.2	9	0.7	0.2	86	0.5
Profound and Multiple Learning Difficulty	15	0.2	0.3	11	0.2	0.1	60	4.6	7.8	86	0.5
Total	9,711			6,183			1,291			17,185	

Table 3: Norfolk children with SEN in state-funded schools by their Primary Need as a proportion of all children with SEN in that setting type (Primary, Secondary, and Special Schools). Source: Department for Education Special Educational Needs Statistical Report (SFR 37/2017).¹⁰

The types of special educational needs most commonly seen in Primary schools is different to those most commonly seen in secondary schools. In Primary Schools 'Speech, Language and Communication Needs' are the most prevalent need (25.3% of SEN primary pupils), dropping to just 7.5% of Secondary Pupils. For secondary schools 'Specific Learning Difficulty' is the most common primary need, cited by one quarter of Secondary school pupil with an SEN (24.7%). In Special Schools the most common primary need is Severe Learning Difficulty (24.9% of Special School pupils). Generally these proportions are similar to what is seen nationally.¹¹

Nationally the percentage of pupils with a statement or EHC plan attending maintained special schools has gradually increased each year. In 2010, 38.2% of pupils with statements attended maintained special schools and this has increased to 43.8% of pupils with statements or EHC plans in 2017.¹²

Influences on Health and Wellbeing

Disabled children and young people currently face multiple barriers to achieve their potential, to achieve the outcomes their peers expect and to succeed in education. Research suggests that the time when disability is initially identified is extremely stressful for many families and that many disabled young people face considerable difficulties in transition from childhood to adulthood and from children's to adult services.¹³

Children with SEN are less likely to experience a fulfilling education, more likely to be bullied at school and less likely to leave school with outcomes that reduce the chances of living in poverty as adults. In Norfolk fewer pupil with SEN achieve five GCSE A*-C; 22% of children with identified SEN achieved this educational standard in 2014/15, compared to 62.5% of children with no identified SEN.¹⁴ Children with disabilities are 3 times more likely to suffer abuse.¹⁵

Research shows that children with special educational needs are more likely to experience poverty than others.¹⁶ Nationally 27% of pupils with statements or EHC plans are eligible for free school meals compared to

¹⁰ Department for Education (2017) Special Educational Needs in England: January 2017
<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017>

¹¹ As above

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/633032/SFR37_2017_National_tables.xlsx

¹³ Broach, S.; Clements, L. and Read, J. (2016) Understanding disabled children's lives. Council for Disabled Children
<https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/chapter-1.pdf>

¹⁴ Local Government Association Local Area SEND Report
http://lginform.local.gov.uk/reports/view/send-research/local-area-send-report?mod-area=E1000020&mod-group=AllSingleTierAndCountyLainCountry_England&modify-report=Apply

¹⁵ Jones, L., Bellis, M.A., Wood, S., Hughes, K., et al. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet* July 2012. <http://press.thelancet.com/childrendisabilities.pdf>

¹⁶ Shaw, B.; Bernardes, E.; Trethewey A. and Menzies, L. (2016) Special Educational Needs and their links to poverty. Joseph Rowntree Foundation. <https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty>

12% of pupils without special educational needs.¹⁷ There is a link between disability and deprivation as children from less advantaged socioeconomic backgrounds tend to be disproportionately represented amongst those with disabilities. Disabled children and their families are worse off financially and have markedly poorer standards of living than those families who do not live with disability. Expenditure is higher but opportunities for earning through paid employment are reduced, particularly for mothers. Many families are in debt and live in unsuitable housing.¹⁸ Children from deprived households may be more exposed to risk factors that influence their chance of experiencing disability. As such, SEND can be a result of poverty as well as a cause of poverty, and experiencing deprivation has significant impacts on physical and mental health and wellbeing.

Social, environmental, population context

There are a number of factors that increase a child's risk of having a disability, these include: chromosomal and genetic abnormalities, poor maternal nutrition, maternal smoking/drug/alcohol use, premature birth, low birth weight and physical injury.¹⁹

Pupils whose first language is known to be English were more likely to have special educational needs than those whose first language is known to be other than English. 15.5% of pupils whose first language was English had special educational needs compared to 13.6% of pupils whose first language was not English. 3.2% of pupils whose first language is English have a statement or EHC plan, whereas 2.5% of pupils whose first language is not English have a statement or EHC plan.

The incidence of mental health problems in deaf CYP is 1.5 – 2 times higher than the normal population. The incidence of visual impairment in CYP with a disability is 10.5% compared with 0.2% in the general population.²⁰

Current services, local plans and strategies

Children with long-term disability are a diverse group. Some will have highly complex needs requiring multi-agency support across health, social services and education and could be technology-dependent. Other children will require substantially less support, although nevertheless have a long-term disability.²¹

Universal services such as GPs, Health Visitors, Children's Centres, Early Years Settings and Schools all have a role to play in identifying children and families in need of extra support and signposting and making referrals as appropriate. Research shows that early intervention is key to ensuring children with SEND have the best possible outcomes.

Like all local authorities in England, Norfolk County Council is obliged by law to keep a register of disabled children and young people living in their area to support the planning and development of services for all families and children. The Register of Children with Disabilities also acts as a mailing list to communicate useful information to families on a regular basis.²²

The Health and Disability Service Team in NCC Children's Services were supporting 630 children and young people with as of December 2016. The Access and Services team monitors and evaluates the effectiveness of Norfolk's Short Breaks offer to disabled children and advises schools and professionals about how to avoid discrimination. The Autism Support Team support mainstream schools on strategies that can be put in place for children with autism in mainstream schools.

Short Break services give disabled children and young people an opportunity to meet new people and enjoy different experiences, both giving them a break from their families and giving their families a break from their

¹⁷ Department for Education (2016) Special Educational Needs in England <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2016>

¹⁸ Broach, S.; Clements, L. and Read, J. (2016) Understanding disabled children's lives. Council for Disabled Children <https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/chapter-1.pdf>

¹⁹ Haringey Council (2016) Children with Disabilities JSNA. <http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment/health-children-and-young-people/disabled-children-and-young-people>

²⁰ <https://www.natsip.org.uk/> Key Information to support joint commissioning of services for children and young people with sensory impairments - May 2014

²¹ Children and Maternal Health Intelligence Network – Local Authority Disability Needs Assessment <http://atlas.chimat.org.uk/lAS/profiles/profile?profileId=46&geoTypeId=>

²² For more information: <https://www.norfolk.gov.uk/children-and-families/send-local-offer/the-local-offer/norfolk-register-of-disabled-children-and-young-people>

caring responsibilities. A short break could last a few hours, a day, overnight or for a weekend and take place in or away from the home. Examples include sports, arts or music activities and youth groups or an overnight stays in a specialist residential unit. There have been changes to these services recently in response to the Children and Families Act 2014. NCC undertook two consultations (October 2013 and January 2016) and have redesigned services to take into account the view of parents and disabled children. Changes include a more robust approach to supporting parents and the introduction of personal budgets.²³ 1,265 Norfolk children and young people accessed short breaks in 2017, with an ambition to increase this offer to 2,500 over the next three years.

Children with Disabilities will be supported by a range of clinical services based on their individual needs. For most of Norfolk the Specialist Community Children's Health Services are provided by Norfolk Community Health & Care NHS Trust, with a single point of referral at The Children's Centre on Upton Road, Norwich. These services see children with a wide range of developmental, neuro-developmental, behavioural complaints, and those with long-term and disabling conditions. They provide direct access to medical investigation and diagnosis, and are able to direct children to other paediatric specialist, therapy, psychology and specialist nursing services as appropriate.

Norfolk Portage Service offers a countywide home-based educational service for pre-school children with additional needs. The service is delivered by core Portage practitioners who are employed by the Norfolk County Council and staff trained in the Portage model who are employed by Children's Centres and infant schools across the county (the service has partnership agreements with all Norfolk Children's Centres). 281 families received support from Norfolk Portage in 2015/16.²⁴

Communication Technology Aids (CTA) is a partnership of Norfolk County Council and NHS Clinical Commissioning Groups operating within Norfolk. Its purpose is to meet the communication technology needs of children and young people with severe and complex communication difficulties who need to use technology to communicate and learn. Children seen by CTA practitioners are likely to have a Statement of Special Educational Needs or Education, Health & Care Plan and may have disabilities including Autism, Physical Disabilities such as Cerebral Palsy, Muscular Dystrophy, Speech, Language and Communication needs - non-verbal or functionally non-verbal Learning Disabilities. Currently, there are a total of 604 children and young people in receipt CTA equipment across Norfolk. A total of 212 new referrals were made between September 2015 and August 2016, an increase from 182 the previous year.

The Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014 were introduced in September 2014. This means children or young people who are newly referred to a local authority for assessment are considered under the new Education Health Care (EHC) plan assessment process. It is led by the needs and aspirations of the child or young person and their parents/carers working in partnership with practitioners. This puts children and their families at the centre of the assessment and planning process. Over time all children with 'statements' will be transferred to EHC plans.

Special schools are specifically organised to make special educational provision for children and young people with special educational needs who require provision over and above what is available in a mainstream school. They are generally smaller than mainstream schools and they provide specialist provision for a range of very complex learning needs and disabilities. There are twelve state funded special schools in Norfolk. As of September 2016 there were 1,249 children and young people (aged 3-19) enrolled at these schools.²⁵

Every Primary and Secondary school will have a SEN Co-ordinator (or SENCO). They are responsible for coordinating specific provision to support individual children with SEN, including those who have an EHC plan. The arrangements for identifying and assessing pupils as having SEN will be set out as part of the school's SEN Information Report and this can be accessed on the school website.

²³ For more information: <https://www.norfolk.gov.uk/children-and-families/send-local-offer/care-support-and-advice/social-care/send-children-social-care/short-breaks/what-are-short-breaks>

²⁴ For more information: <http://www.hub.portage.org.uk/norfolk-portage-service>

²⁵ For more information: <https://www.norfolk.gov.uk/children-and-families/send-local-offer/education-and-training-0-25/schools/specialist-education/state-funded-special-schools>

The Virtual School Sensory Support is a Norfolk County Council Service consisting of teachers, support assistants, rehabilitation officers, an educational audiologist, child psychotherapist, technical support officer and ICT specialist trainer. They provide comprehensive advice and information to children and their families with sensory support needs, parent and toddler groups, assessments of need, parental and teaching support, home visits and training for other professionals. They work closely with Health (Audiology, ENT and Ophthalmology) from diagnosis, which is often in the first few weeks of life e.g. newborn hearing screening. Joint Clinics are in place across the County to ensure families experience family-friendly pathways following diagnosis. VSSS will provide additional support wherever they CYP with Sensory loss go to school e.g. mainstream or specialist provision in collaboration with the setting and professionals.²⁶

Virtual School Sensory Support supports 709 deaf children and young people with a sensory loss, 497 visually impaired children and young people and 26 multi-sensory impaired children and young people in Norfolk – this includes 185 in the early years. They carried out 349 referrals from schools and other agencies.

- 48% of visually impaired children and young people have a statement of SEN or EHCP, 68% are educated in their local mainstream school, 32% in special schools and 1% are home educated.
- 32% of deaf CYP have a statement of SEN or EHCP, 81% are educated in their local mainstream school, 15% in special schools and 3% in Specialist Resource Bases.
- 81% of multi-sensory impaired CYP have a statement of SEN or EHCP, 84% are educated in special schools, 8% in mainstream and 4% are home educated.²⁷

Norfolk County Council and the NHS Clinical Commissioning Groups for Norwich, North, South and West Norfolk have jointly commissioned East Coast Community Healthcare (ECCH) to deliver the speech and language therapy service for children and young people aged 0-19 across Norfolk. Support is provided in the child's everyday environment such as at school, nursery or in a Children's Centre rather than in clinics as evidence shows that this is more effective than traditional methods for meeting their communication needs. ECCH therapists provide specialist support and also train others, including the family and teachers of a child or young person, in order to support their communication development closer to home.

Voice – the perspective from the public, service users, referrers and front line staff

One of the principles of the new SEND legislation and the code of practice is enabling children and young people and their parents to have greater involvement in the EHC planning process. There are many national and local support groups for families affected by disability and special educational needs. Families are encouraged to search the [Norfolk Directory](#) to find a local support group or visit [Contact a Family](#) who are in touch with hundreds of groups across the UK.

Norfolk SEN Network help parents of children with special educational needs (0 to 16) and young people themselves with special educational needs (16 to 25) to find the right educational placement or provision to meet their needs. They support parents through the process of applying for support, assessment, reviews and tribunals. There is a Committee of parents and relatives of children with special educational needs who meet six times a year.²⁸

Family Voice Norfolk is a collective of parents and carers of children with special and additional needs providing a liaison point for statutory and voluntary agencies within Norfolk. Family Voice have reported on the experiences of parents of children with disabilities in Norfolk, gleaned from Parent Carer Participation Events in 2015. Their report details the experience of parents from pre-diagnosis, diagnosis, and experiences of the services received.²⁹

Considerations for HWB and commissioner

Children with disabilities and their families represent a group in need of extra support to thrive. Disabled children and their families face distinct and often challenging issues that require a range of dedicated and often specialist responses from public services. The needs of disabled children, young people and their families are unique to them, often complex, and will change over time. The challenge is to understand these

²⁶ For more information: <http://vsss.virtual-school.org.uk/>

²⁷ Norfolk Virtual School Sensory Support (2016/17) Annual Report for Governors

²⁸ Norfolk SEN Website <http://www.norfolksennetwork.org/>

²⁹ Family Voice Norfolk (2015) Parent Carer Participation Events.

<http://www.familyvoice.org.uk/images/FV%20SEND%20Report%202015%20Final.pdf>

needs and develop a system around them that is flexible enough to meet the needs of the person and their families.

Commissioners from a wide range of organisations need to be supported to understand the needs of children with SEND and ensure appropriate and high quality services are commissioned and maintained. Because of the broad range of services available to children with SEND and their families there is a need to make information available to help families navigate these services. This is the aim of the 'Local Offer' and a responsibility of NCC. For a rural county like Norfolk the greatest issues is how to provide equity of services across the county. Public consultations tell us there are some very good pockets of provision in Norfolk, but there is a need to consider how to provide equitable support to families in remote rural areas.

Early intervention is key and therefore all universal services have a role to play in identification, support for parents and clear and efficient assessment and referral pathways for parents and families. There is a need to ensure good quality assessment of children's individual needs and high quality care planning through a smooth and well supported Education Health and Care Plan process. Transition to adulthood represents a crucial time in the lives of all young people and there is particular need to support those with disabilities to transfer to adult services and develop independence where possible.

All organisations should consider what they can do to make themselves accessible to children with disabilities and their families. This is particularly applicable to sports and leisure facilities that appeal to children and young people, including a need to consider the provision of changing facilities.

To reach their potential to make a positive contribution to society, children and young people with disabilities and their families need co-ordinated and effective support from statutory health, education, social care and voluntary services. Organisations must work together to provide support and promote better educational outcomes for children and young people with special educational needs. An integrated, joint agency approach needs to be further enhanced to ensure the most effective and efficient commissioning and targeting of resources for this group.³⁰

References and information

Child and Maternal Health Public Health England

<https://fingertips.phe.org.uk/profile-group/child-health>

Family Voice Norfolk

<http://www.familyvoice.org.uk>

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Department for Education Special Educational Needs Statistics

<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

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³⁰ Haringey Council (2016) Children with Disabilities JSNA. <http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment/health-mothers-children-and-young-people/disabled-children-and-young-people>