

Access Strategy: education of children with disabilities EQIA (form B update)

The Access Strategy aims to provide disabled children with access to education in line with their parent's preference. The Strategy enables the Council to fulfil its statutory duty under equality legislation to promote equality of opportunity for disabled children, to ensure disabled children and adults influence service development and deliver its inclusion policy.

During the past year, the Service has measured its performance against targets to increase information available to parents of children with disabilities, address the disadvantage faced by individuals and effectively monitor how much change we produce. Termly team meetings have looked at equalities implications, discussed raw data, trends and implications. They have given us a good platform to reflect on the action set out in the EQIA. Collaborative work with the voluntary sector has ensured that advice services and information publications are targeting BME groups with low representation, to ensure that they are not under represented.

We have looked at the monitoring data on who has been accessing our services.

We had identified the need to maximise the number of registered children, proactively encouraging parents and we were pleased that the March 2008 data confirmed an increase of 4% in the number of children registered as disabled. There were 470 children and young people in Kingston identified as children with disabilities (from previous year: 451). A new category for registration 'behaviour' has been established to reflect that some children with challenging behaviour are now afforded protection from discrimination within the statutory definition; 3 children were registered against this new category.

73.4% of pupils registered as having a disability come from white backgrounds. This is similar to 73.8% the previous year. There are more asian (47) children registered than black (14) children. Comparison shows this picture mirrors the general population. (National data carries a health warning due to very low numbers of children involved).

All parents receive good quality information to enable them to express a preference for their child's placements. There were no requests for translation during the past year, but 3 families received detailed additional verbal information (meetings and telephone discussions); 1 tamil, 1 korean and 1 polish speakers. The Parent Partnership Service (which provides impartial advice about children's educational needs) involved KIS interpretation/translation for 5 families of disabled children during this time. There is consistency between the proportion of disabled pupils from BME groups in mainstream schools (33%) and in special school (34%).

There are low numbers of children from traveller families in Kingston and a very low incidence of disability/SEN amongst this group. We know the individual children do not meet the criteria for registration because we are aware of their needs. We continue to monitor our data to ensure they are aware of appropriate services.

The proportion of girls registered remains unchanged; there is some under representation. However as attainment data indicates girls are doing better, it is likely that this is a reflection of attainment and not under identification as against this, it would be unhelpful to set ourselves targets to increase the representation of girls. Attainment targets have been set to improve boys' performance. We will continue to monitor girls representation, in the context of attainment data. Population estimates have shown a slight change; fewer girls in general.

We will carry out a further annual review in 2009 and will continue ongoing data monitor.
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