Special Educational Needs and Disabilities

# Summary

## Introduction

This chapter will focus on the special educational needs and disabilities (SEND) of children and young people aged 0–25 years. SEND is a broad term that encompasses a range of disabilities, disorders, and difficulties.

Most children and young people will have their needs identified and met at early stages and will access support through their school or early years setting, known as ‘SEN support’. Only children and young people with the most severe needs will have an Education Health and Care Plan (EHCP). The EHCP is statutory and sets out the child or young person’s special educational needs along with the provision they need to help them overcome the barriers to learning that these needs present.

The definition of disability under the Equality Act 2010 is a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative effect on a person’s ability to do normal daily activities. This needs assessment uses the social model of disability. In this case the focus is on barriers and challenges that society creates for individuals with impairments rather than viewing the impairment itself as the main problem.

If the learning needs of children and young people are not adequately met, they may not be able to do as well in school and then may struggle to find a job afterwards. It can also have a negative impact on the quality of life of their family.

## Key issues and gaps

Children with SEND have worse educational outcomes compared to those without. This includes children with an EHCP. It is still unclear whether the Covid-19 pandemic has made this worse. The rate of admissions to hospital for asthma, epilepsy, and diabetes in children under the age of 19 is higher in Medway than the England average, although the cause of this is unclear.

Referrals for neurodevelopmental assessments have increased. This has a direct impact upon waiting times which have continued to increase since 2019.

Data capture and consistency needs to be improved to better understand outcomes for children with SEND and identify gaps. Ideally this would be an extension of an already existing linked database such as the Kent and Medway Care Record (KMCR). This clarity in data would highlight any health or education inequalities and comorbidities underlying SEND, along with capturing accurate health and wellbeing data.

## Key recommendations for commissioning

1. Inclusion should be at the forefront of commissioned services, both currently and in the future. Inclusive practice aligned with a quality assurance framework has the potential to promote the outcomes of those with SEND. Inclusive practice should include co-production at the beginning of commissioning exercises.
2. The new SEND inspection framework should guide current and future commissioning in being explicit about the monitoring of outcomes and the impact of services, with a focus on certain outcomes being captured through the voice of the child.
3. With the increase in referrals for neurodevelopmental conditions, needs led support for children, young people and families should be commissioned. Services should aim to work with individuals and families, pre-diagnosis, awaiting diagnosis and post-diagnosis focusing on the needs of the child or young person as well as supporting families too.
4. Continuation of commissioning foetal alcohol spectrum disorder (FASD) support and diagnostic provision. New guidance focusing on FASD ensures that children and young people receive the appropriate support and diagnosis in a timely manner. Commissioning should support health colleagues in their awareness and ability to diagnose FASD, along with a training provision for social care, education, voluntary and charitable agencies to access, further increasing awareness.
5. Wherever possible, pooled funding arrangements and Partnership Commissioning between Integrated Care Board (ICB) and Local Authority commissioners should be explored to promote child-centred service delivery.
6. Continue to commission the Medway-wide training to include Trauma Informed Practice within schools and support services helping children and young people with SEND with potential associated trauma experiences. Support may be needed due to the Covid-19 pandemic and subsequent restrictions, as well as other events.
7. Explore options to widen the offer of respite care currently available to families with disabled children to those who prefer not to have social care involvement. This may be in the form of inclusive and accessible sports groups or activities in addition or alternative to short breaks.
8. Implement a social marketing initiative to improve both knowledge and capability within the local population in relation to inhaler technique and potential triggers of asthma exacerbations in children and young people. Align this work to wider respiratory initiatives in primary care to make sure effective asthma management plans are in place for higher risk individuals.
9. Increase investment into interventions that reduce the risk of diabetes for children and young people with special education needs. This includes services that decrease childhood obesity, which acknowledge and cater for the challenges that SEN children and young people and their families can have to maintain a healthy lifestyle.

# Introduction

The SEND Code of Practice (CoP)1 defines those with a Special Educational Needs (SEN) as follows:

*‘A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions’*.1

The SEND CoP describes four broad areas of need for children with SEN demonstrated in the table below. Individual children often have more than one of these needs and this can change over time. This can make it difficult to identify specific needs.

***Table 1:*** *The four broad areas of need for children with SEN.*

|  |  |
| --- | --- |
| **Special education need** | **Categories of need** |
| Communication and Interaction | * Speech, Language and Communication (SLCN).
* Autism Spectrum Disorder (ASD).
 |
| Cognition and Learning | * Specific Learning Difficulties (SpLD).
* Moderate Learning Difficulties (MLD).
* Severe Learning Difficulties (SLD).
* Profound and Multiple Learning Difficulties (PMLD).
 |
| Sensory and Physical | * Hearing Impairment (HI).
* Vision Impairment (VI).
* Physical Disability (PD).
* Multi-Sensory Impairment (MSI).
 |
| Social, Emotional and Mental Health | A range of social, emotional and mental health needs (SEMH) including:* Low mood.
* Anxiety.
 |

It is important that children and young people have their needs identified and met as early as possible2,3. This is so they can access SEN support throughout their school or early years setting. In most cases, SEN support consists of extra or different help from that provided as part of the school’s usual curriculum. The class teacher and SEN Coordinator (SENCO) may receive advice or support from outside specialists. This category has replaced the former ‘School Action’ and ‘School Action Plus’ categories. In severe cases a statement of SEN or an EHC plan will be put in place. These are issued by the local authority following a formal assessment and sets out the child’s needs alongside the extra help they should receive.

Failure to adequately address the learning needs of children and young people may stop them getting a good education and finding a gainful employment. It can negatively impact the quality of life of the child and their family/caregivers2,3. There are poorer outcomes across every measure for Children and Young People with SEND or in Alternative Provision compared to children without SEND or not in Alternative Provision. The UK Government have issued an improvement plan to address this disparity.3

## Alternative provision

Alternative provision is4:

* education arranged by local authorities for pupils who, because of exclusion, illness, or other reasons, would not otherwise receive suitable education.
* education arranged by schools for pupils on a fixed period exclusion.
* pupils being directed by schools to off-site provision to improve their behaviour.

An improvement plan has been developed by the UK Government, recognising that 82% of those with SEND in the UK will be accessing alternative provision3.

## Definition of disability

The definition of disability under the Equality Act 2010 is a physical or mental impairment that has a ‘substantial and long term’ negative effect on a person’s ability to do normal daily activities.5 ‘Substantial’ is more than minor or trivial. One example is when it takes much longer than it usually would to complete a daily task like getting dressed. ‘Long term’ means 12 months or more.5

There is a broad range of conditions with varying levels of impairment and activity limitation that can affect children. Such conditions may include:

* **Physical disabilities:** cerebral palsy, hearing impairment and visual impairment.
* **Long term conditions**: diabetes, epilepsy, and asthma.
* **Learning disabilities:** global developmental delay, conditions occurring alongside attention deficit hyperactivity disorder (ADHD) and/or autism.

## Disability and SEN

Not all children with a SEN will have a disability or long-lasting illness as well as the other way round. Approximately 17.3% of children in education have a SEN6, whereas 9% of children in the UK have a disability7, suggesting these is not the same children.

## Social model of disability

The medical model of disability focuses on impairments or differences. This needs analysis adopts the social model of disability, which recognises that children and young people can be disabled by barriers in society. Examples of these include steps without a ramp alongside or lack of support in paying rent to allow someone with a learning difficulty to live independently in their own home.8

# Who is at risk and why

As of January 2023, pupils with SEN account for 17.3% (1.57 million pupils) across all schools in England.6 The percentage of those SEN pupils having an EHCP was 4.3%.

Although the percentage of children with types of SEND have seen minimal changes, the number of children with SEND has increased, in some cases doubling, since 2019.

## Type of Need

The most common types of primary need for those on SEN support are speech, language and communication needs (25.5%)9, moderate learning difficulty (17.3%), social, emotional and mental health (21.0%), and specific learning difficulties (14.2%).6

For children with SEN support or an EHC plan, the most common primary needs are Autism Spectrum Disorder (32.2%)9 and speech, language and communication needs (18.4%). In addition, social, emotional and mental health problems (15.2%), moderate learning difficulties (9.1%) and severe learning difficulty (8.7%) were common.6

Physical disability accounts for 4.0% of all pupils identified with an EHC. Hearing and visual impairment account for 1.7% and 1.0% respectively.9

**Table 2:** Types of SEND recorded in England, 2022 – 2023.6

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SEND type | Children with SEN support (count) | Proportion of SEND type in SEN support children (%) | Children with and EHC plan (count) | Proportion of SEND type for children with EHC plan (%) |
| Specific Learning Disabilities | 155,238 | 14.2% | 14,824 | 4.1% |
| Moderate Learning Disabilities | 189,375 | 17.3% | 32,898 | 9.1% |
| Severe Learning Disabilities | 2,277 | 0.2% | 31,322 | 8.7% |
| Profound & multiple Learning Disabilities | 824 | 0.1% | 10,120 | 2.8% |
| Social, Emotional & Mental Health | 229,723 | 21.0% | 54,598 | 15.2% |
| Speech Language & Communication | 278,596 | 25.5% | 66,287 | 18.4% |
| Hearing impairment | 16,947 | 1.6% | 6,242 | 1.7% |
| Visual impairment | 9,913 | 0.9% | 3,780 | 1.0% |
| Multi-sensory Impairment | 3,230 | 0.3% | 1,207 | 0.3% |
| Physical disability | 22,479 | 2.1% | 14,324 | 4.0% |
| Autistic Spectrum Disorder | 90,779 | 8.3% | 115,984 | 32.2% |
| Other difficulty | 43,763 | 4.0% | 8,756 | 2.4% |
| SEN support no specialist assessment | 50,090 | 4.6% | 0 | 0.0% |
| Total | 1,093,234 | 100% | 360,342 | 100% |

## Risk factors associated with SEN

### Age and sex

Special educational needs are more prevalent in boys than girls. In 2022/23 about 6.0% of boys and 2.4% of girls had an EHC plan. Boys are almost twice as likely to be on SEN support compared to girls.6 SEN is most prevalent across boys and girls peaking at ages 9 and 10 (15.4% for both).

### Poverty

There is a strong link between poverty and SEND.10,11 There is a gap in educational attainment and parental earning.12 Children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in childhood and are less likely to move out of SEND categories while at school. At the same time, children with SEND are more likely than their peers to be born into poverty, and more likely to experience poverty as they grow up.10

Low socio-economic groups were more negatively affected by changes to in-school education during the Covid-19 pandemic.12 Despite restrictions no longer being in place, the long-term effects are expected to be long lasting13 and recovery will be harder due to the cost-of-living crisis.12

### Free school meal eligibility

SEN pupils are more likely to be eligible for free school meals — 37.5% compared to 20.8% of pupils without SEN. Pupils with EHC plans are more likely to be eligible for free school meals than pupils on SEN support.6

### Ethnicity

SEN are most prevalent in travellers of Irish heritage and Gypsy/Roma pupils with 25.5% and 22.2% respectively. Travellers of Irish heritage and Black Caribbean pupils have the highest percentage of pupils with EHC plans (6.1% and 5.8% respectively).6

### English as a first language

Pupils whose first language is known to be English are more likely to have SEN (13.7%) than those whose first language is known to be other than English (9.8%).6

### Children in care

Children in care (CIC) are more likely to have a SEN. In 2021/22 there were 259 CIC pupils in Medway and 160 of these pupils had SEN. This was 61.8%. Nationally, 57.4% of CIC had a SEN.

### Disability

According to the latest Family Resources Survey for 2021/227, which uses the Equality Act definition of disability, 11% of the UK’s childhood population is disabled.

## Risk Factors for disability in children and young people

The causes of childhood disability are not always clear. Many conditions result from the combination of lived experience and inherited factors.14 In addition to this, adverse environmental experiences (ACEs) can have a negative impact on a child’s health outcomes at all stages of a child’s development.15

### Pre-birth

Babies growing in the womb are vulnerable to negative changes around them at certain times. If this happens during early pregnancy, the child may not develop organs properly.15

Tobacco consumption (including E-Cigarettes)16 contains several substances known to be harmful to both the mother and the unborn baby.17 A large body of evidence supports not smoking during pregnancy17, as smoking can lead to miscarriage, premature birth, lower birth weights and decreased brain, lung, kidney, and placental volume.18

Alcohol consumption during any stage of pregnancy may impact development of the unborn baby. Cognitive, physical, neurological, and behavioural problems have been noted as outcomes. The extent of these will depend on the stage of development the baby is in, and how often and how much alcohol the mother drinks.19

Not eating the right nutrients during pregnancy can result in an increased risk of the baby developing type II diabetes and asthma in later life.16

### Premature birth

Children and young people born prematurely are at increased risk of developmental disorders. About 7.6% of children were born premature in 2021, an increase of 0.2% from 2020. Within individual ethnicities, Black ethnic groups represented the highest proportion of preterm births at 8.7%.20

### Infection

Some infections and viruses during pregnancy can lead to disabilities in the child including deafness and blindness.21 Meningitis (an infection around the brain) can lead to permanent disability.22 Routine antenatal care during pregnancy includes screening for Hepatitis B, Syphilis, and HIV.23

COVID-19 during pregnancy places women at higher risk of pre-eclampsia which may impair unborn baby growth and cause a premature birth24, still birth or infant death.25 Vaccination is strongly recommended26 to reduce risk. As of 2022, 53.7% of pregnant women have been vaccinated.27

### Injury and trauma

Unintentional injuries are a leading cause of major ill health and serious disability in children.28

### Poor housing

Poor housing, cold conditions and overcrowding can negatively impact development of the child’s lungs.29 Approximately 4.3 million homes in England fail to meet the national standard29, and this may increase as a result of the cost-of-living crisis with more households experiencing fuel poverty.

Children in overcrowded housing are up to 10 times more likely to contract meningitis than children in general. This has also been linked to having tuberculosis (TB) which can lead to serious medical problems. These include slow growth in childhood and an increased risk of coronary heart disease in later life. Furthermore, almost half of all childhood accidents are associated with poor housing.30

### Adverse Childhood Experiences (ACEs)

There is a growing evidence base regarding the negative impact of ACEs, such as exposure to ill treatment, parental violence, and drug misuse, on child development and later life outcomes.

Experiencing a lot of stress in childhood can stop the immune system working well and hinder brain development.31 This may lead to poor physical and mental health, including the earlier development of diseases, and increased use of health services.32

The Covid-19 pandemic saw a sudden loss of routine, activities and contact with integral family members, carers and friends felt by all, but especially traumatic for those with learning disabilities.33 Additionally, loss of life due to Covid-19 was evidenced as being significantly higher in people with learning disabilities with mortality rates being 30 times higher in younger adults (18 – 35 years old) compared to the general population.

# Level of need in the population

## Total SEND numbers, SEN support, EHCP, disabilities / LTC estimates

In 2022, Medway reported 6,879 school pupils receiving SEN support and 2,126 children and young people with a statement or education, health and care plan (EHCP).

There is no single register of disability or long-term conditions among children and young people in Medway. The most recent Family Resources Survey (FRS) for 2021/22 estimated the prevalence of disability among children to be 11% which would be about 6272 children in Medway.7

Schools and other educational settings are required to review their SEND registers on an annual basis and publish a SEND report on their websites.

In Medway the proportion of children who are in mainstream schools and settings, identified as being on SEN Support is higher than the England average.

***Table 3:*** *Percentage on SEN Support, year as of January SEND2 return.*6

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **2019** | **2020** | **2021** | **2022** |
| Medway | 12.9 | 12.9 | 13.2 | 13.4 |
| England | 12.1 | 12.2 | 12.6 | 13.0 |

In Medway, the overall number of EHCPs that the Local Authority maintains for ages 0-25 years is rising. This takes into account the extension of the age range since the reforms were introduced in 2014. There is a great deal of mobility with 132 children with SEND moving into or out of Medway in 2022/23. This has increased since 2019/20.

***Table 4:*** *Number of Education, Health and Care Plans, year as of January SEND2 return.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **2017/18** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23** |
| Number of EHC plans | 1,504 | 1,665 | 1,828 | 1,986 | 2,114 | 2,196 |

The proportion of school age children with an EHCP has increased in recent years from 3.2% in 2017/18 to 4.3% in 2022/23, currently in line with national percentages.6

## Primary need (primary school, secondary school and special school)

In 2022/23 speech, language and communication needs were the most recorded need in primary schools. The number of children both with EHC plans and SEN support has increased from 2021/22. Autism Spectrum Disorder and Social, Emotional and Mental Health needs are high. 6

The Mental Health of Children and Young People Survey in 201734 suggested one in eight children and young people in England may have a mental disorder. Since this survey, the 2021 data highlights an increase in possible mental disorders to one in six. About 39.2% of six to 16 year olds, and 52.5% of 17 to 23 year olds have expressed a deterioration in their mental health since 2017. Similar increases in possible eating disorders and problems with sleep were also recorded. During 2020, 18.2% of children with a probable mental disorder missed 15 days or more of school compared to only 8.8% of children who were unlikely to have a mental disorder.35

The report ‘State of the Nation: Children and Young People’s Wellbeing’13 published by the Department for Education suggested probable mental health disorders among children and young people were high in 2021. Information within this report was collated from academic, government, voluntary, and private sector organisations. It is not a clear whether Covid-19 had an impact on this, but it is important to note that the decrease of possible mental health concerns occurred at the same time as a decrease in restrictions and virus prevalence.36

## Educational attainment (Foundation, KS2, GCSE / attainment 8)

There is a clear step in educational attainment between children without SEN, those on SEN support and those with an EHCP across early years and key stages of the national curriculum.6 This is the case in Medway and nationally. Compared to the national average and local authority peer group, Medway has similar outcomes to the national average in children with an EHCP, and better outcomes among those receiving SEN support.6

***Table 5:*** *The percentage of pupils achieving expected Key Stage 2 levels (2022). Education nearest neighbours for Medway are* *Swindon, Telford and Wrekin, Dudley, Northamptonshire, Southend-on-Sea, Kent, Rotherham, Thurrock, Havering and North Lincolnshire.*

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Pupil achieving expected levels KS2 with no identified SEN (%) | Pupils achieving expected levels KS2 of SEN without an EHCP (%) | Pupils achieving expected levels KS2 of SEN with a plan (%) |
| Medway | 66.0 | 24.0 | 6.0 |
| Nearest neighbours | 67.6 | 24.6 | 8.9 |
| England | 69.0 | 25.0 | 9.0 |

## Exclusions

In 2021, Medway had a higher rate of exclusion for children without SEN and children with SEN that do not have a statement or EHC plan than nationally. SEN children in Medway with a statement or EHC plan, however, had lower rates of both fixed term and permanent exclusions than England as a whole (Table 6).

***Table 6:*** *Rate of temporary and permanent exclusions.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School level | SEN status | Exclusion rate (fixed term) for Medway | Exclusion rate (fixed term) for England | Exclusion rate (permanent) for Medway | Exclusion rate (permanent) for England |
| Primary | No SEN | 0.09 | 0.08 | 0.00 | 0.00 |
| Secondary | No SEN | 2.59 | 2.05 | 0.01 | 0.02 |
| Primary | SEN without statement | 1.72 | 1.45 | 0.00 | 0.01 |
| Secondary | SEN without statement | 8.69 | 7.61  | 0.03 | 0.10 |
| Primary | SEN with statement | 1.72 | 3.66 | 0.00 | 0.03 |
| Secondary | SEN with statement | 8.69 | 9.09 | 0.03 | 0.06 |

## Childhood disability in Medway

### General Prevalence

There is not a register of all disabled children or those with a long-term condition in Medway. The 2021 Census found that 9.7% of children and young adults aged 0-24 years in Medway had a disability that limited their day-to-day activities.37

### CORE20PLUS5

New areas of focus addressing health inequalities at a national and system level have been highlighted by NHS England.38

### Epilepsy

Epilepsy is one of the most common serious neurological conditions. It is often co-morbid with other disabilities.39 It is estimated that one in every 220 children under 18 will have a diagnosis of epilepsy in the UK. Medway would therefore have approximately 290 children and young adults with epilepsy.40

Emergency admission rates for unspecified epilepsy were similar in Medway compared to England in the financial year 2020/21, but significantly higher for epilepsy originating from an unknown cause.41

### Asthma

Asthma is a chronic inflammatory disorder of the airways affecting many children and young people. It is a complex and episodic disorder. Asthma is the most common long-term medical condition: according to NHS England one million children are receiving treatment for asthma.42

In Medway, the emergency admission rate for children and young adults due to asthma is significantly higher than the England average.43

### Diabetes

Diabetes is a serious condition, which causes a person’s blood sugar level to become too high.44 Nearly 300 Medway children and young people are on the caseload of Diabetes Service based at Medway Foundation NHS Trust.45

The Royal College of Paediatricians and Child Health annual report noted an increase in Type 1 Diabetes from 3,662 in 2020/2021 to 3,883 in 2021/2022.46

# Current services in relation to need

## Universal services

### Health

Every Medway child should be able to access appropriate universal health services such as health visiting, public health nursing in schools, GPs, and emergency care via the children’s emergency department at Medway Foundation Trust (MFT). Reasonable adjustments should be made to ensure easy access for all children, including those who are disabled. Some services, such as health visiting, deliver focused provision for disabled children.

### Education

This includes the standard provision of education according to the national curriculum, facilitating participation in clubs and societies during lunchtime and after school, school trips and offering pastoral support to those pupils who need it.

### Other

The Council supports some [youth services](https://www.medway.gov.uk/youth) and [leisure activities](https://www.medway.gov.uk/info/200180/sport_centres). There are also a number of [school-based public health services](https://www.medway.gov.uk/info/200221/a_better_medway/440/school_programmes/1). These include children and young people’s mental health and emotional wellbeing, Personal, Social, Health and Economic (PSHE) education and Relationship and Sex Education (RSE).

## Community/targeted services

### Health

* Assessment and interventions delivered by speech and language therapists, physiotherapists, occupational therapists, continence specialists, podiatrists and dieticians.
* Multi-disciplinary assessment and diagnosis of neurodevelopmental conditions such as ADHD and ASD.
* Assessment nursery for children aged 18 months to four years old with learning disabilities, global developmental delay, and complex health care needs.
* Nursing provision, including community nursing, learning disability nursing, and specialist school nursing.
* Multi-disciplinary teams for children with congenital and acquired neurological conditions.

Additionally, Medway has the Kent & Medway Communication and Assistive Technology Team, that provides technology to children and young people who have severe and complex communication difficulties associated with physical, cognitive, learning, or sensory deficits where there is a clear discrepancy between their level of understanding and their ability to speak.

### Social care

The [0–25 Disability Team provide specialist services and support to children and young people](https://www.medway.gov.uk/info/200312/social%28care) under the age of 25 and their families. The team work with children and young people who have a substantial and long term disability. Support delivered includes assessment, social work support, and access to respite.

The Early help service works with children and families at level 2 of the Continuum of Need. Early Help seeks to support children, young people and their families through early identification, swift intervention and a planned, coordinated response. It is used across the levels of need on the Continuum of Need, including SEND.47

### Positive Behaviour Support

[Positive behaviour support (PBS)](https://www.medway.gov.uk/pbs) is a behaviour support system used in Medway to understand behaviour which challenges. It aims to improve the quality of life for the individual and those around them, including more vulnerable cohorts of children who have experienced trauma and ACEs, those Children in Care or leaving care with SEN and those children who have a social worker or an early help partner supporting them.

Most of the evidence for PBS is around supporting individuals with learning disabilities, autism, and complex needs but it has been shown to support those without additional needs.

Therapy Support

Services commissioned offering therapy support for children outside of school settings offer Dialectical Behavioural Therapy, Cognitive Behavioural Therapy and Creative therapeutic approaches. This includes Lego therapy, music, and art therapy. This is in place for SEN children in Medway children aged 5-18 and 18-25.

The needs addressed by this therapy service include, but are not limited to, self-harming behaviours, inability to regulate emotions, trauma and ACEs, grief, and SEN coping strategies and behaviour support. A report by the organisation TONIC underpins the need for a service working with children and young people earlier, to prevent further risky behaviour and reduce impact on risk support services.

### Local Offer

The [Local Offer](https://www.medway.gov.uk/localoffer) is an online hub that lets young people with SEND and their parents and carers know what services are available and how they can access them.

### Education

Extra or different help is given from that provided as part of the school’s usual curriculum. The class teacher and (SENCO) may receive advice or support from outside specialists. This category has replaced the former ‘School Action’ and ‘School Action Plus’ categories. SEN support is a four stage cycle, known as ‘The Graduated Approach; Assess, Plan, Do, Review’.48

Early Identification Notification processes are in place within Medway. They are essential for pre-school age children to access adequate SEN support when not already known to a pre-school or nursery setting, or Portage.

### Other

There are a number of local voluntary and community sector organisations for example [Medway Autism Group and Information Centre](https://www.nhs.uk/services/service-directory/medway-magic/N10499756) (MAGIC), [21 Together (Down Syndrome)](https://21together.org.uk/), and [Kent Wide Down Syndrome Group](https://local.kent.gov.uk/kb5/kent/directory/service.page?id=EOeamvwLqqU&localofferchannel=2). [Family Action Medway](https://www.family-action.org.uk/what-we-do/children-families/medway-small-steps-service/) provides parents/carers, children and young people with special educational needs and disabilities with free impartial information, advice and support as well as support for families whose children are pre or post diagnosis of ADHD or Autism. [Medway Parent Carer](https://medwaypcf.org.uk/) Forum are an independent, parent-led charity that work with Medway Council and Kent & Medway Integrated Care Board ensuring children, parent and carer voices are heard.

## Specialist services

### Acute health services (hospital based)

Children aged up to 16 can access specialist paediatric care through MFT’s Cardiology, ear, nose & throat, endocrinology, gastroenterology, haematology, immunology, metabolic disorders, nephrology, neurology, respiratory, rheumatology, paediatric surgery and urology departments.

Children and young people may have their care shared between MFT locally and specialist teams in the London tertiary centres such as Great Ormond Street, Evelina and the Royal Marsden hospitals.

## Special educational provision in Medway

The percentage of children with an EHCP attending specialist schools or specialist provision as opposed to mainstream schools has increased in Medway. This is putting pressure on the demand for specialist school places in Medway. We need to acknowledge that there will always be a number of children whose needs can only be met in a highly specialist or residential setting. Indeed, for some children a special school place out of the Medway area may well be their local school and nearer to where the child/young person lives.

There has been increased capacity at maintained special schools. In 2022/23, there were 480 places commissioned in special primary schools and 808 places in special secondary schools. This is up from 235 places and 748 places in 2021/22.

The place planning strategy aims to plan for sufficient places for children and young people with SEND both in resourced provision within a mainstream setting or in a special school and enable a further expansion of the existing rich range of provision and expertise in Medway.

There are 274 children who have been placed in independent schools as of the end of the 2022/23 academic year. The most common primary need for these children was ASD, relating to 130 children.

## Planning for post 16 provision

There is a range of provision available locally for young people post 16 years. Options to stay on at their special school or go to Mid Kent College are possibilities. There are also opportunities in North Kent or Hadlow colleges for courses in horticulture, forestry and agriculture.

A recent review of post 16 provisions sets out a series of recommendations. This includes improving awareness of technical education options as alternatives to an academic route, as well as improvement of work readiness and CEIAG (Careers education, information and guidance).

Currently, the Supported Employment Service is available to those over the age of 18 who have Care Act Eligible needs, or a learning disability/difficulty or ADHD/ASD to find employment, training, work experience or voluntary opportunities.

## End of Life Care

End of life care for children and young people is delivered by a range of practitioners and services working together. These include: Demelza Hospice, Medway NHS Foundation Trust, Tertiary Centres, South East Ambulance Trust, GPs, and allied health professionals.

There is also a children’s outreach and specialist team at Medway NHS Foundation Trust which provides continuing care health services to children outside of the hospital with life-threatening and life-limiting illnesses, aiming to keep them out of hospital as much as possible.

# Evidence of what works

## SEND code of practice

The SEND code of practice1 outlines the responsibilities schools, local authorities, and other stakeholders have regarding taking decisions about pupils with SEND. Children, parents, and young people must be involved in the process, which should be tailored to the child or young person as an individual. Teachers are responsible for identifying children with potential SEN and local authorities are responsible for assessing education, health and care (EHC) needs. Following the decision that an EHC plan is required, the young person or parents have the right to request a personal budget to take greater control of the care and support they need. All these responsibilities and available services should be published in a local offer.

## Early years provision

Excellent early years provision can play a key role in identifying needs. Early intervention significantly decreases likelihood of SEN in later years. Appropriate identification of needs not only decreases likelihood of SEN later but also allows for prevention of misdiagnosis. For example, speech, language and communication needs may be incorrectly identified as a moderate learning difficulty.49–51

## BMA Growing up in the UK chapter 6 (The Child with a disability)

The British Medical Association (BMA) identified the following as essential to good quality child disability services52:

* early identification of difficulties and timely multidisciplinary assessment.
* access to necessary services for new difficulties across organisations.
* coordinated care minimising disruption to family life.
* clear protocols and pathways for the management of difficulties.
* effective information sharing.

## EHCP best practice

The SEN code of practice stipulates that the whole EHCP process should take no more than 20 weeks subject to certain exemptions.1

The Department for Education issued guides for parents and carers, education professionals, social and health care professionals.53 Each guide outlines the “Principles underlying the Code” to support all professionals who work with children and young people who have SEND. These are as follows:

* Taking into account the views of the children, young people and their families.
* Enabling children, young people and their parents to participate in decision-making.
* Collaborating with partners in education, health and social care to provide support.
* Identifying the needs of children and young people.
* Making high quality provision to meet the needs of children and young people.
* Focusing on inclusive practices and removing barriers to learning.
* Helping children and young people to prepare for adulthood.

The Council for disabled children has produced best practice guidance for completing EHC plans that meet the letter and spirit of the Children and Families Act 2014.54 The key points include making it personal, reflective of the views and aspirations of the young person in simple terms, free of specialist words. The necessary support services in terms of both health and care should be clear.

## Speech, Language and Communication Needs

The Royal College of Speech and Language therapists (SLT) produced guidance to help members understand their role in relation to special educational needs.49

The purpose of the SLT’s contribution to an EHC assessment and planning process is to offer professional advice and evidence-based recommendations with regards to speech, language, communication, and eating and drinking. This is as part of a multi-agency assessment and planning process with the child or young person and their family.

The Royal College of Speech and Language Therapists ‘Placing children and young people at the heart of delivering quality speech and language therapy: Guidance on principles, activities and outcomes’50 emphasises:

* Prevention and early identification at all ages and stages, providing support and training to families and professionals.
* Inclusive communication environments so that interventions and support can be easily accessed in the places that the family already visits.
* Shared intervention-planning and decision-making between children, families and the services that support them.
* Interventions that are evidence-based, with the impact of the intervention being measured.

The paper highlights the clear evidence that Speech, Language, and Communication Needs can lead to poor literacy and education outcomes, but that this is not inevitable. Standard approaches to literacy teaching often do not work with children with SLCN; if spoken language is impaired, this will directly impact upon the learning of written language. However, there is new evidence showing that alternative methods for gaining literacy knowledge are effective.51

## ASD — NICE Guidance

Within the NICE guidance for support and management of ASD in under 19s,55 the recommendations under general principles of care ensure that all children and young people with ASD have full access to health and social care services, including mental health services, regardless of their intellectual ability or any other condition. Local agencies should coordinate the assessment process and support they provide via specialist community-based multidisciplinary teams.

## FASD – NICE Guidance

NICE guidance published in May 2022 now advises all pregnant women to not drink alcohol during pregnancy. Discussions regarding alcohol consumption during pregnancy are recorded. If a mother has or has been suspected to have consumed alcohol during pregnancy, the child will be referred for a neurodevelopmental assessment. Children diagnosed will have a management plan to address their needs.56

## Social Emotional and Mental health — National Children’s bureau and NICE

The National Children’s Bureau has produced a best practice framework57 to help schools promote social and emotional well-being and mental health. The emphasis is on developing a school and classroom climate which builds a sense of connectedness and purpose so that all children can thrive. It also highlights the need to promote staff wellbeing and particularly to address their stress levels.

The framework demonstrates how to engage the whole school community so that pupils feel their voice is heard and parents, carers and families feel they genuinely participate, particularly those of pupils in difficulties who otherwise may feel stigmatised.

NICE public health guideline PH12 relating to social and emotional wellbeing in primary education,57 states that schools and local authority children’s services should work closely with child and adolescent mental health and other services to develop and agree local protocols. These should support a ‘stepped care’ approach to preventing and managing mental health problems (as defined in the NICE guideline on depression in children and young people). The protocols should cover assessment, referral, and a definition of the role of schools and other agencies in delivering different interventions, taking into account local capacity and service configuration.

## Specific learning difficulty — Dyslexia action and Government UK

The policy and practice review report from the Dyslexia-SpLD Trust58 summarises that effective learning for children with dyslexia depends on:

* A whole school ethos that respects individuals’ differences, maintains high expectations for all and promotes good communication between teachers, parents, and pupils.
* Knowledgeable and sensitive teachers who understand the processes of learning and the impact that specific difficulties can have on these.
* Creative adaptations to classroom practice enabling children with SEN to learn inclusively and meaningfully, alongside their peers.
* Access to additional learning programmes and resources to support development of key skills and strategies for independent learning.

The Government’s Council for Science & Technology commissioned research on current understanding, support systems and technology led interventions for SpLD. The review made recommendations relating to an increase in technologies and teachers accessing in built accessibility functions available within commonly used programmes such as Office 365. Aligned with this approach current understanding of SpLD highlighted the importance of not only early identification but ongoing reviews to ensure changes in need are met appropriately.59

## Learning disability — NICE

NICE guideline NG9360 is concerned with service design and delivery for people with learning disabilities and behaviour that challenges. This guideline is based on the principle that children, young people and adults with a learning disability and behaviour that challenges should have the support they need to live where and how they want. It will help local areas shift their focus towards prevention and early intervention, enabling children, young people, and adults to live in their communities, and increasing support for families and carers. Local authorities should provide a range of services including education, and general and specialist learning disability support services in the community, as an alternative to residential placements away from home and to reduce the potential need for such placements.

In addition to guidelines, 12 quality statements for people with a learning disability and behaviour that challenges have been issued. These statements include responsibilities for health, commissioning, and social care. These include the following:

* Local authorities and Integrated Care Boards must choose a lead person for strategic commissioning.
* GPs must complete an annual health check.
* Initial assessments are carried out to identify triggers.
* Parents or carers of those with learning disability and behaviour that challenges are offered a parent-training programme.60

## Cerebral Palsy/spasticity

NICE recommends four quality statements concerning cerebral palsy in children and young people.61

1. Children with any major risk factor for cerebral palsy have enhanced clinical and developmental follow-up from birth to two years.
2. Children with delayed motor milestones are referred to a child development service.
3. Parents and carers of children and young people with cerebral palsy are given information about the diagnosis and management of cerebral palsy.
4. Children and young people with cerebral palsy have a personal folder to help them make decisions about how their condition is managed.

## Asthma

NICE recommends five quality statements concerning Asthma.42

1. People aged five years and over with suspected asthma have objective tests to support diagnosis.
2. People aged five years and over with asthma discuss and agree a written personalised action plan.
3. People with asthma have their asthma control monitored at every review.
4. People who receive treatment in an emergency care setting for an asthma attack are followed up by their general practice within two working days of discharge.
5. People with suspected severe asthma are referred to a specialist multidisciplinary severe asthma service.

In addition to the above, NICE have published quality standards for outdoor air quality and health recognising the link between air quality and asthma. These quality statements place responsibilities on local authorities to make efforts to reduce air pollutants and reduce emissions. Furthermore, children and young people with respiratory conditions are provided advice on what to do when air quality is bad when attending routine appointments.

## Diabetes

NICE recommends six quality statements concerning Diabetes in children and young people based on new guidelines.62

1. Children and young people presenting in primary care with suspected diabetes are referred to and seen by a multidisciplinary paediatric diabetes team on the same day.
2. Children and young people with type 1 or type 2 diabetes are offered a programme of diabetes education from diagnosis that is updated at least annually.
3. Children and young people with type 1 diabetes are offered intensive insulin therapy and level 3 carbohydrate counting education at diagnosis.
4. Children and young people with type 1 diabetes are offered real time continuous glucose monitoring (rtCGM).
5. Children and young people with type 1 diabetes are offered blood ketone testing strips and a blood ketone meter.
6. Children and young people with type 1 or type 2 diabetes are offered access to mental health professionals with an understanding of diabetes.

## Epilepsy

NICE recommends nine quality statements concerning epilepsy in children and young people.63

1. Children and young people presenting with a suspected seizure are seen by a specialist in the diagnosis and management of the epilepsies within 2 weeks of presentation.
2. Children and young people having initial investigations for epilepsy undergo the tests within 4 weeks of them being requested.
3. Children and young people who meet the criteria for neuroimaging for epilepsy have magnetic resonance imaging.
4. Children and young people with epilepsy have an agreed and comprehensive written epilepsy care plan.
5. Children and young people with epilepsy are seen by an epilepsy specialist nurse who they can contact between scheduled reviews.
6. Children and young people with a history of prolonged or repeated seizures have an agreed written emergency care plan.
7. Children and young people who meet the criteria for referral to a tertiary care specialist are seen within 4 weeks of referral.
8. Children and young people with epilepsy have a structured review with a paediatric epilepsy specialist at least annually.
9. Young people with epilepsy have an agreed transition period during which their continuing epilepsy care is reviewed jointly by paediatric and adult services.

## Inclusion

Inclusive practice improves outcomes for all children and young people, including those with disabilities.64 Inclusion is the process of conceiving, designing, planning and maintaining all parts of the physical and cultural community to cater for the widest spectrum of ability and need.65

The Equality Act outlines duties applicable to schools in making reasonable adjustments for children with disabilities to mitigate disadvantages they may face. Paragraphs 6.8 and 6.9 of the SEND Code of practice1 provides information on actions schools should take to identify and support those with SEND. These duties are anticipatory – they require thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage. Schools also have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations.

## Transition

Transition between services and to adult services is an area of difficulty for many children and young people with additional health needs, often causing anxiety and exacerbations in health needs. NICE recommends five quality statements concerning transition from children’s to adults’ services.66

1. Young people who will move from children’s to adults’ services start planning their transition with health and social care practitioners by school year 9 (aged 13 to 14 years), or immediately if they enter children’s services after school year 9.
2. Young people who will move from children’s to adults’ services have an annual meeting to review transition planning.
3. Young people who are moving from children’s to adults’ services have a named worker to coordinate care and support before, during and after transfer.
4. Young people who will move from children’s to adults’ services meet a practitioner from each adults’ service they will move to before they transfer.
5. Young people who have moved from children’s to adults’ services but do not attend their first meeting or appointment are contacted by adults’ services and given further opportunities to engage.

Integrated service delivery recommendations for children and young people with severe complex needs have been published by NICE. These recommendations integrate SEND Regulations 2014, Mental Capacity Act 2005, SEND Code of Practice, along with guidance for interagency working and empowering the young person with their rights and early planning for adulthood.67

# User Views

## SEND Review: Right Support, Right Place, Right Time

In 2022 the Department for Education undertook green paper consultation of proposed changes to the SEND and Alternative Provision system.3 There were many positive outcomes as part of the Children and Families Act 201468 reforms, however this consultation highlighted the following challenges facing those with SEND:

1. Navigating SEND and Alternative Provision Systems was not positive for too many children, young people, and their families.
2. Outcomes for children and young people with SEND or in alternative provision are consistently worse that their peers across every measure.
3. Despite the continuing and large-scale investment, the system is not financially sustainable.

Following this review and analysis of consultation, the Department for Education set out an improvement plan. This aimed to fulfil children’s potential, build parental trust, and provide financial sustainability.69 Inclusivity is a key component within the improvement plan, focusing on a child’s strengths, talents and achievements, whilst also the creation of a National Standards and a single national SEND and Alternative Provision system.

# Unmet needs

## Data recording

Consistent systems of recording and reporting needs, including disabilities, are required. A single system of recording disabilities is not in place; this means that data held at local authority level and by commissioned providers is often not directly comparable. More specifically, prenatal alcohol exposure should be clearly recorded by midwives and health care visitors.

## Specialist school place planning

All special schools are full with some operating over capacity and it is difficult to increase the number of places at the special schools any further due to space and buildings capacity.

It is estimated that if the predicted growth in demand for specialist provision continues, there will be a need for 484 more special school places and 200 more resourced provision places. There will be about 500 more children with EHCPs in mainstream schools by 2024/25 to meet the demand.

A bid for a new free school for children with Profound and Multiple Learning Difficulties (PMLD) has already been submitted and, if successful, this will go some way to expanding the number of places in Medway.

Analysis indicates that there is also an urgent need for additional secondary PMLD/SLD/Complex ASD special school places, additional complex ASD and SLD special school primary places and additional SEMH special school places.

## Provision of Health Services with increase in school places

The significant increase in children and young people with an SEN or EHCP over the last several years has created a disparity. Health, education & social care workforce compared with children and young people requiring SEN Support, EHCP’s and/or referrals for health or Neurodevelopmental conditions is no longer balanced. NHS England have published the NHS Long Term Workforce Plan70 in an attempt to address the 112,000 vacancies in March 2023. Proposals may serve as a long term resolution to the current situation, however no immediate plans have been proposed.

## Waiting times and Referrals

Over recent years, referrals to health services for children with potential neurodevelopmental conditions (such as FASD or ADHD) have increased. In turn this has led to an increase in waiting times for assessment. Substantial additional funding has been provided to reduce the waiting list and currently recovery plans are being written, however the increase in referrals continues.

Wait times are only one component to the current picture of neurodevelopmental pathways. Supporting children with the presentation of need at the earliest possibility could promote educational attainment and inclusion for children.

## Exclusions

The local authority is working with schools to offer some support and challenge. This is now leading to notable improvements. Fixed-term exclusions and permanent exclusions are still higher than the national average. Work is underway in the five secondary schools with the highest exclusion rates to support their strategies to prevent exclusions.

Medway has a comparatively low proportion of children with an EHC plan placed in mainstream education.

## Transition to adult health services

Transition is the purposeful planned movement of young adults with chronic conditions from child-centred to adult-orientated health care systems.45 If transition is not well managed, adolescents with long-term health conditions and disabilities sometimes fall into a gap in services, and their health can deteriorate.

## Psychological support for children with long term and life threatening conditions

Some targeted support is available. An example of this is to children and young people with diabetes as part of the Best Practice Tariff funding arrangements. There is, however, no routine offer.

## Asthma

Local analysis of attendances at accident and emergency has identified poor inhaler technique and lack of understanding of likely triggers as being key factors in exacerbation of asthma symptoms. There are services in place to address this need and they need to continue.

## Diabetes

Increase investment in diabetes prevention such as services that decrease childhood obesity. Type 2 diabetes is much more aggressive in children and young people than in adults, with a higher overall risk of complications that tend to appear much earlier.

# Recommendations

## Inclusion and quality assurance

Inclusion should be at the forefront of commissioned services, both currently and in the future. Inclusive practice aligned with a quality assurance framework has the potential to promote the outcomes of those with SEND. Inclusive practice should include co-production at the beginning of commissioning exercises. Following the Department for Education’s consultation and improvement plan for SEND and alternative provision, inclusion is a key priority, both nationally and within Medway itself. Early identification and support will facilitate inclusive practices through a child or young person’s SEND experience, which can stem into preparation for adulthood transitions, employment and later into adult life. Inclusive practice and the passion for those with SEND to access learning, skills, apprenticeships, and life opportunities is already embedded with Medway, however, to ensure comprehension and clarity of terminology, responsibility, and accountability the potential for quality assurance frameworks could be considered. Additionally, all of the above-mentioned recommendations will either identify where gaps in inclusion may be present or will promote inclusive practices. Quality assurance frameworks available and accessible to services being commissioned or currently commissioned may facilitate accessibility and inclusion for those with SEND, whilst promoting a person-centred approach.

## SEND inspection framework

The new SEND inspection framework should guide current and future commissioning in being explicit about the monitoring of outcomes and the impact of services, with a focus on certain outcomes being captured through the voice of the child. From January 2023 Ofsted have introduced the Area SEND Inspection: framework and handbook. This document outlines the overarching approach to the inspection focusing on how well members of local area partnerships work together to improve the outcomes of Children and Young People with SEND. The framework provides areas in which local authorities will be inspected and provides an expectation for current and future commissioning of SEND services. Commissioning of SEND related services, whether they are health, education or social care focused, should be explicit in ensuring the voice of the child is heard throughout any commissioning processes and monitoring of any outcomes.

## Approach to neurodevelopmental conditions and profiling tool

With the increase in referrals for Neurodevelopmental Conditions, needs led support for children, young people and families should be commissioned. Services should aim to work with individuals and families, pre-diagnosis, awaiting diagnosis and post-diagnosis focusing on the needs of the child and young person as well as supporting families too. A holistic assessment process or neurodevelopmental profiling tool could be utilised by education, families, social care and health alike to establish a holistic understanding of a child’s needs and appropriate referrals to supportive agencies could be made as early as possible. The significant increase in numbers of children with SEN support and EHCP’s in conjunction with increase of referrals for Neurodevelopmental assessments leads to families waiting for diagnostic outcomes when support can be accessed when needs are identified. This holistic assessment process/Neurodevelopmental profiling tool can create consistencies in how SEN is identified, clarity of responsibility and accountability as well as establishing a clear review and support pathway.71 In conjunction with the recommendation for a Holistic Assessment Process/Neurodevelopmental Profiling Tool, commissioning services to meet needs pre, post and awaiting diagnosis for children, young people and their families should be a focus. With the increase in referrals to local health services for Neurodevelopmental conditions, waiting times have subsequently increased. A focus on supporting children, young people and families whilst waiting from a needs perspective rather than diagnosis perspective will promote well-being of children, young people, and families.

## Continuation of FASD support and diagnostic provision

Continuation of commissioning foetal alcohol spectrum disorder (FASD) support and diagnostic provision. New guidance focusing on FASD ensures that children and young people receive the appropriate support and diagnosis in a timely manner. Commissioning should support health colleagues in their awareness and ability to diagnose FASD, along with a training provision for social care, education, voluntary and charitable agencies to access, further increasing awareness. NICE have made recommendations for children to be referred for assessment where there is probable and confirmed prenatal alcohol exposure. Continued commissioning of a supervision pathway with the National Clinic for FASD will facilitate health professionals’ awareness and diagnosis of FASD. This pathway will also ensure children and young people receive the right support at the right time.

## Partnership commissioning and pooled funding

Wherever possible, pooled funding arrangements and Partnership Commissioning between ICB and Local Authority commissioners should be explored to promote child-centred service delivery. Throughout this document, Health, Education, Social Care and Community and Voluntary Sector organisations have been discussed within the context of SEND. This evidences that the lives of those with SEN are not purely held within the remit of education. Partnership Commissioning arrangements to create closer partnerships and consistent service offers, throughout the journey of an individual with SEND, can support and promote a child’s outcomes. Additionally, wherever possible, pooled funding arrangements between Health and Local Authority commissioners could be explored further in order to promote child-centred service delivery, in support of the BMA’s recommendation of *‘access to necessary services for emergent difficulties, untrammelled by organisational boundaries’*.52 Pooled funding has not proven effective in reducing hospital admissions or associated costs, however pooled funding arrangements can stimulate further integration between services and would support Joint Commissioning arrangements.72

## Trauma informed practice

Continue to commission the Medway-wide training to embed Trauma Informed Practice within schools and support services helping children and young people with SEND with potential associated trauma experiences resulting from the Covid-19 pandemic and other events. Following information presented regarding the increase in probable mental disorders mirroring the increase and decline of COVID-19 pandemic and restrictions, along with other potentially trauma related experiences, the continued commissioning of offering schools and support services Trauma Informed Practice training may mitigate any negative impact from trauma experiences through COVID-19.73

## Short breaks and emergency respite

Explore options to widen the offer of respite care currently available to families with disabled children to those who prefer not to have social care involvement. This may be in the form of inclusive and accessible sports groups or activities in addition or alternative to short breaks. Children and their families are entitled to a short break grant if the child has a diagnosed disability and are in receipt of Disability Living Allowance. Families with more complex needs may also be entitled to direct payments to cover the cost of their additional support needs. However, there are several challenges with the existing short breaks scheme. Commissioners should develop a short breaks sufficiency strategy to review and enhance the local offer. With a vision to deliver a more inclusive range of universal services (such as leisure center’s offering SEND support, school holiday groups being more inclusive and accessible to those with SEND) to allow specialist and targeted services to be used by families with the greatest level of need.

## Improve knowledge for asthma exacerbations and inhaler use

Implement a social marketing initiative to improve both knowledge and capability within the local population in relation to inhaler technique and potential triggers of asthma exacerbations in children and young people. Align this work to wider respiratory initiatives in primary care to make sure effective asthma management plans are in place for higher risk individuals.

## Diabetes interventions

Increase investment into interventions that reduce the risk of diabetes for children and young people with special education needs. This includes services that decrease childhood obesity, which acknowledge and cater for the challenges that SEN children and young people and their families can have to maintain a healthy lifestyle.

# Further needs assessment

The restrictions and disruptions of the COVID 19 pandemic highlighted and exacerbated the needs of those with SEND.31 The impact of such disruptions may not be known for some time yet. This information regarding any developing needs is important to map services for the future.

Following the COVID 19 restrictions, a significant increase in children presenting with SEND has been evidenced. Although the percentage of children with certain conditions has only varied minutely, the reasoning behind this increase is not entirely clear. Similarly, as above, this information would serve as a basis for ensuring children and family needs are met as early as possible.

Develop a consensus view amongst healthcare providers, the local authority and schools about how special educational needs and disabilities are recorded and reported.

Given the consultation and improvement plan proposed by the department for education scoping of short breaks and alterative provision would highlight what gaps may be present in current offers.

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