
LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2018-2021

SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)

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FOREWORD

The purpose of the Joint Strategic Needs Assessment (JSNA) is to:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

The JSNA has reviewed the population health needs of the people of Leicestershire in relation to special educational needs and disability (SEND). This has involved looking at the determinants of SEND, the health needs of the population in Leicestershire, the impact of SEND, the policy and guidance supporting SEND, existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this need's assessment are discussed.

The JSNA offers an opportunity for the Local Authority, CCGs and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCGs and NHS England must be able to explain why.

EXECUTIVE SUMMARY

The level of need in Leicestershire

There were 4751 children and young people age 0-25 with statutory Education, Health and Care Plans (EHCP) maintained by Leicestershire County Council as at January 2020.

The demand for EHCP's in Leicestershire has risen by 71.4% from 2772 in January 2014 to 4751 in January 2020.

The number of New EHCP in Leicestershire, January 2020 (1520) increased by 19.7% compared to the previous year which is almost double the national increase of 10.2%.

The demand for EHCP's in Leicestershire is continuing to rise with the number of cases predicted to rise further. This rising demand for SEND places is one of the biggest pressures on the council's finances.

Just over two thirds of children and young people with EHCP's in Leicestershire are school age children age 5 to 15 and are educated in special state funded schools or mainstream schools.

The National School Census for Autumn 2019 shows that in Leicestershire schools there were 14,176 pupils (13.6%) with special educational needs; 3.2% with an Education and Health Care Plan and 10.4% with SEN support

Looking at the personal characteristics of the school census population in Leicestershire with SEND, using Leicestershire Spring School Census 2020

- SEND is more prevalent in boys, almost double, than girls.
- SEN support increases with age in Leicestershire schools up to age 10 and then decreases through secondary school.
- The number of EHCP's in Leicestershire schools steadily increases with age.
- Pupils from Gypsy/Roma background, Travellers of Irish Heritage, Black Caribbean, White and Black Caribbean backgrounds and White Irish have a significantly higher percentage of SEN support than pupils from other backgrounds.
- Pupils from Bangladeshi and Any Other Mixed background had significantly higher percentage of EHCP's than pupils from other backgrounds.
- A significantly higher proportion of pupils with SEND (SEN support or an EHCP) live in areas with higher deprivation compared to pupils with no SEN.
- Pupils with SEND eligible for free school meals is significantly higher than for pupils without SEND.

Primary Need of Leicestershire SEND Pupils

National School Census data shows that in Leicestershire 2019, the most prevalent type of primary need identified among pupils with SEND (EHCP and SEN) was 'Moderate Learning Difficulty' (31.9% of SEND pupils) which is significantly higher than the England average (20.4%).

The second and third most prevalent primary needs are speech language and Communication needs

(15.5%) and Social, Emotional and Mental Health (13.9%). In both these areas Leicestershire is significantly lower than the England average.

The prevalence of pupils with severe learning difficulties was 4.8% which is significantly higher than the East Midlands and England average of 2.7%.

The prevalence of primary needs changes as age increases.

- Speech Language and Communication needs (SLD) decreases with age with almost half (49.2%) of all SEND pupils in Leicestershire 2020 with SLD needs at age 4 compared to 5.8% at age 15.
- In Leicestershire April 2020, the main broad area of need for children supported by the Early Years SEND Inclusion Service in Leicestershire was Communication and Interaction needs (33.7%) followed by Cognition and Learning (25.1%).
- The prevalence of pupils with Moderate Learning Difficulties in Leicestershire 2020 increases sharply with age from 9.9% at age 4 to 41.0% at age 7 and peaks at age 12 at 47.0%. Moderate Learning Difficulty remains the most prevalent type of need until age 15.
- The prevalence of Specific Learning Difficulties in Leicestershire 2020 increases steadily with age with 2.2% of all SEND pupils at age 4 to 26.2% at age 15 and is also the second most prevalent need.

Educational and Employment outcomes

Educational attainment of school pupils with SEND is significantly lower than for pupils without SEND.

- In Leicestershire 2019, the average 'Attainment 8' score of pupils with an EHCP was 10.9 which is statistically lower than the average score for all pupils in Leicestershire 46.8. The 'attainment 8' score for pupils in Leicestershire with an EHCP is statistically similar to the England average 13.7.
- In Leicestershire 2019, the average 'Attainment 8' score of pupils with SEN support was 30.8 which is statistically lower than the average score for all pupils in Leicestershire 46.8. The attainment 8 score for pupils in Leicestershire with SEN support is statistically similar to the England average 32.6.

Disabled young adults have poorer educational outcomes and are less likely to be in employment than non-disabled young adults.

- In England 2019, 19.5% of young people aged 21-24-years that were disabled had a degree, which was significantly lower when compared to 34.3% of non-disabled people.
- In England 2019, 46.0% of young disabled people aged 20-24 that were economically active were in employment compared with 71.0% of economically active young people without a disability in the same age group.

Health Data

People with a learning disability are more likely to be either **underweight** or **overweight**.

- In Leicestershire 2018/19, children and young people age 0-24 with learning disabilities were significantly more likely to be underweight than 0-24 year old's without a learning disability.
- In Leicestershire in 2018/19, 24.1% of adults aged 18-24 with a learning disability were overweight, which is significantly higher than for those without a learning disability in Leicestershire in this age group (6.0%). This is significantly higher than the England average (13.5%) for overweight 18-24 year old's with a disability.

Epilepsy is more prevalent in patients with learning disabilities than those without.

- For 10 to 17-year old's with a learning disability in Leicestershire in 2018/19, 7.9% had an active diagnosis of epilepsy, which is significantly higher than for those without a learning disability in this age group (0.4%). There was no significant difference in young people age 10-17 with an active diagnosis of epilepsy with a learning disability in Leicestershire (7.9%), in 2018/19 when compared to the England average (9.8%).
- In Leicestershire 2018/19, 13.0% of 18-24 year old with a learning disability had an active diagnosis of epilepsy which is significantly higher than for those without a learning disability in this age group (0.4%). There was no significant difference in young people age 18-24 with an active diagnosis of epilepsy with a learning disability in Leicestershire (13.0%), in 2018/19 when compared to the England average (13.4%).

Mental Health

- In Leicestershire 2017/18, it was estimated that there were 12,440 children aged 5 to 17 with a mental health disorder.
- In Leicestershire 2018, there was a total of 1,634 (1.68%) school aged pupils that had a social, emotional and mental health need, which is significantly lower (better) in comparison to the England average of 2.39%.

The rate of pupils with **Severe Learning difficulties** is significantly higher in Leicestershire.

- In 2018, 626 children with severe learning difficulties were known to schools in Leicestershire, this equates to a rate of 6.12 (per 1,000 pupils) and is significantly higher than the England rate of 3.74 (per 1,000 pupils).

Current services

In Leicestershire, services for children and young people with SEND and their families are provided across health, social, education and voluntary sectors. A broad range of services are commissioned and delivered, and multi-agency working aims to support children and young people with SEND to achieve their full potential.

Unmet needs in Leicestershire

Despite the large amount of work already undertaken in Leicestershire, some gaps in services and unmet need have been identified through this needs assessment. The recommendations to address these gaps are outlined below:

Recommendations

Identifying children and young people with special educational needs and disabilities

- 1) There are discrepancies and inaccuracies in the way SEND categories are used and needs are identified. Recommended future work includes promoting consistency in terminology (for example by using the four areas of need and support outlined in the 0-25 SEND Code of Practice) and training for staff so that accuracy in identification is improved.
- 2) Further exploration into the high proportion of Moderate Learning Disability in Leicestershire and the possible reasons for this.
- 3) Conduct a more detailed analysis to explore the needs of children and young people with SEND based on cognitive ability.
- 4) Redevelop the neurodevelopmental pathway in Leicestershire including post-diagnosis support and support for families with behaviour that challenges. The aim is to improve the experience of families accessing neurodevelopmental assessments by improving efficiency and coordination.
- 5) Work with colleagues to ensure trauma informed practice is considered through SEND provision.

SEN Support and EHCPs

- 6) Increase early access to quality SEND support, thus aiming to decrease the number of children and young people requiring EHCPs.
- 7) Ensure a quality assurance framework is developed so EHCPs are of high quality and person-centred.
- 8) Use data intelligence to help inform planning of future services and support.
- 9) Increase awareness of the support available for families when special educational needs have been identified.

Working together across education, health and care for joint outcomes

- 10) Implement the joint commissioning strategy for SEND in Leicestershire, for joint commissioning of services across education, health and care. Support needs to be considered jointly across the system and existing links across sectors strengthened to provide comprehensive support and increase parental confidence that their child's needs will be met.

Early years, schools and further education provision

- 11) Continue development of a published, clear pathway for integrated 2-year checks.
- 12) Raise awareness of support the Early Years settings can access such as the Disability Access Fund.
- 13) Increase support for the early identification of SEND - local authority services are considering ways to provide free and/or low cost support to schools and settings to put in appropriate provision for those pupils identified as having SEND.
- 14) Conduct in-depth analysis on the specific needs for respite and family support.
- 15) Continue work within the Leicestershire County Council Early Years team on School Readiness, to ensure children and young people have the best start in life. School readiness has increased over the past 5 years but continues to be significantly lower in children with SEND.

Health

- 16) Raise awareness of mental health support available for children and young people with SEND, especially at particularly vulnerable times e.g. key stage 4 and transitions to adult services. Ensure that support pathways are clear and accessible in education, health and care settings.
- 17) Increase awareness of weight management and dietetics support for children and young people with SEND. Work with providers to ensure services are accessible for people with learning disabilities and tailored to individual needs.
- 18) Support the implementation of the new Healthy Weight Strategy for Leicestershire 2021-2026.
- 19) Explore other health data sets that provide a more accurate picture of the health needs and outcomes of children and young people with disabilities and special educational needs.

Transitions and preparing for adulthood

- 20) Raise awareness of Annual Health Checks (AHC) with parents, providers and schools about what an AHC is, how to get one, and what to do with the resulting Health Action Plan.
- 21) Develop advocacy support for young people who may have differing views from their parents/carers, particularly at times such as transition to adult services.

Information, advice and support and harnessing the views of the local community

- 22) Explore additional ways parents and carers access information, support and advice, thus reducing demand on the current services available. This includes exploring with health and social care, opportunities for enhancing the provision of information, advice and guidance.
- 23) Promote and encourage membership to the Parent Carer Forum, to increase representation of the Leicestershire SEND community.

Data sharing

- 24) Develop and implement plans for data sharing across systems, for example data sharing with the Youth Offending Service where a high proportion of children and young people have SEND need.

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1. Introduction

A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support. This is shortened to SEND. Support is available for children and young people with SEND, within the age range 0-25. A 'child' covers the age range 0-16 and a 'young person' is over compulsory school age (16) and under 25.

A child or 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 early years settings, mainstream schools or mainstream post-16 institutions.¹

The SEND Code of Practice 2014² and the Children and Families Act 2014¹ gives guidance to health and social care, education and local authorities to make sure that children and young people with SEND are properly supported.

SEN Support

Special educational needs support is the process schools and other settings use to identify and meet the needs of children and young people with special educational needs. There are different types of special educational needs support depending on the age of the child or young person. Special educational needs support is available for children under 5; children aged between 5 and 15; and young people aged 16 or over (up to 25 years) in further education.

EHC Plan

A child or young person age 0-25 may need an Education, Health and Care Plan (EHCP) if they require more support than what their early years provider, school or other setting is able to provide.³ An Education, Health and Care Plan (EHCP) describes a child's special educational needs and the support they will receive to meet their needs. An EHCP also includes any health and care provision that is needed. It is a legal document written by the Local Authority and is intended to ensure that children and young people with an EHCP receive the support they need. The plans can start from a child's birth and continue into further education and training.

2. Who is at risk?

2.1. Protected characteristics and individual factors

2.1.1. Age and Gender

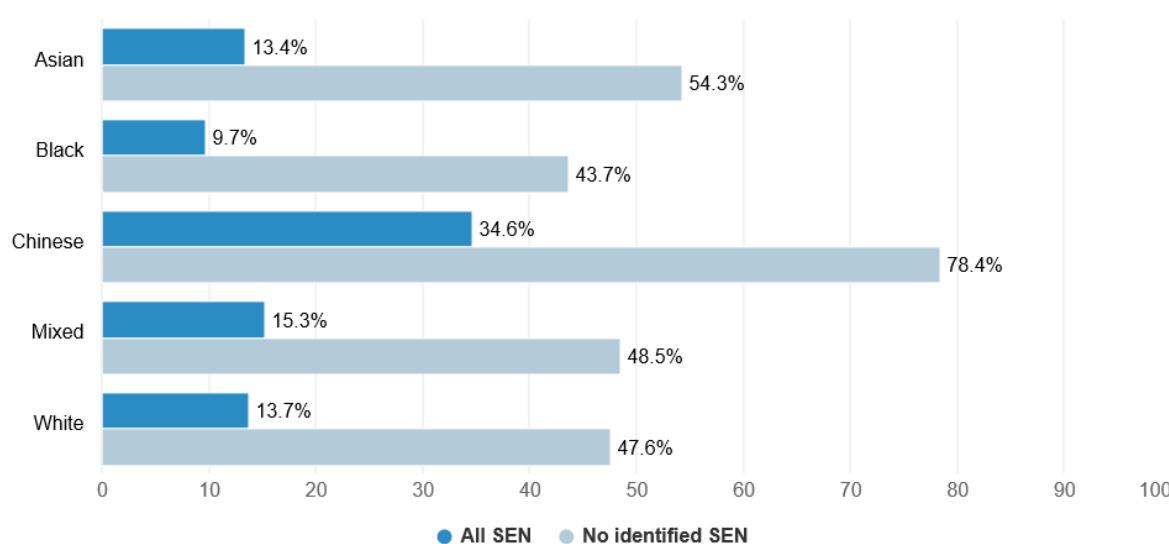
Special educational needs are more prevalent in boys, almost double, than girls. In England in January 2019, School Census data shows that 14.7% of boys had SEN support compared to 8.2% of girls. For those with an EHCP, there were 4.4% of boys compared to 1.7% of girls.⁴ Local data for Leicestershire is detailed in the Level of Need section.

2.1.2. Ethnicity

National School Census data for 2019 shows special educational needs and disabilities are most prevalent in Travellers of Irish Heritage and Gypsy/ Roma pupils (30.0% and 26.0% respectively). Travellers of Irish Heritage and Black Caribbean pupils had the highest percentage of pupils with EHCPs (4.5% and 4.4% respectively). Indian pupils had the lowest percentage of pupils with EHCP's at 1.9% compared with 3.1% of pupils nationally. More information on Ethnicity and SEND is outlined in the Level of Need section.

Figure 1 shows the educational outcomes of SEND pupils by ethnicity in England in 2017/18; in every ethnic group, pupils with SEND were significantly less likely than non-SEND pupils to get a strong pass (grade 5 and above).⁴ Of all pupils with SEND, pupils from a Chinese ethnic group had the highest percentage of strong passes in GCSE English and Math (34.6%), and Black pupils had the lowest percentage of strong passes in GCSE English and Math (9.7%).

Figure 1: Percentage of pupils getting a strong pass (grade 5 and above) in English and Math GCSE by ethnicity and special education needs, England 2017/18.



Source: Key Stage 4 & Multi Academy Trust Performance 2018 (revised)

2.1.3. Maternal Obesity

There is good evidence that maternal obesity is associated with an increased risk of congenital anomalies.⁵ Antenatal ultrasound detection of congenital anomalies is also decreased in obese pregnant women, which has implications for the scanning and counselling of obese women. Further, children whose mothers were overweight or obese in pregnancy are considered to be at increased risk of compromised neurodevelopmental outcomes, including attention deficit–hyperactivity disorder (ADHD), Autism Spectrum disorder (ASD), developmental delay, and emotional/ behavioural problems.⁶

2.1.4. Multiple births, prematurity and low birth weight

Multiple births of twins, triplets or more babies carry greater risks for both mothers and babies.⁷ Babies born as a result of multiple pregnancies are more likely to be born prematurely, be of low birth weight, require special or intensive care, and to suffer long-term disabilities. In 2017, there were 117 maternities associated with multiple births in Leicestershire a rate of 17.1 per 1,000 maternities. This is statistically similar to the England average of 15.9 per 1,000 maternities.⁸

Premature babies are more likely than their term peers to develop hearing or sight problems and are more likely to develop problems with behaviour or learning that could require extra support at school.⁹ Between 2016 and 2018, there were 1,709 babies born prematurely (<37 weeks gestation) in Leicestershire.⁸ This equates to a crude rate of 81.4 per 1,000 births. This is similar to the regional rate, 83.8 per 1,000 births and the national rate of 81.2 per 1,000 births.

Low birthweight is an enduring aspect of childhood morbidity, a major factor in infant mortality and is associated with poorer health in later life. Babies who are born weighing less than 2,500g, either because of prematurity or restricted intrauterine growth, need special care after birth and carry higher risks of developmental problems, long-term health problems and disability than babies with average birth weights.¹⁰ In Leicestershire, in 2018, 156 (2.5%) of term babies were born underweight, which is statistically similar to the regional average (2.7%) and the England average (2.9%).⁸

2.1.5. Smoking at time of delivery

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.¹¹

Children exposed to tobacco smoke in the womb has been associated with psychological problems in childhood such as attention and hyperactivity problems and disruptive and negative behaviour. In addition, it has been suggested that smoking during pregnancy may

have a detrimental effect on the child's educational performance.¹²

In Leicestershire, in 2018/19, there were 412 mothers with a status of smoking at time of delivery.¹³ This constitutes 8.5% of all maternities, which is significantly better (lower) than the regional average (14.0%) and the England average (10.6%). The trend over time for the last 5 years shows that the number of mothers smoking at the time of delivery has reduced significantly.

2.1.6. Poor Physical and Mental Health

Children and young people identified with SEND can have a variety of conditions such as a learning disability, speech, language and communication need, autistic spectrum disorder, physical disability or sensory impairment. People with a learning disability are more likely to have worse physical and mental health than people without a learning disability.¹⁴ There are a number of health conditions they are more likely to experience including epilepsy, dementia and respiratory disease.¹⁵

Children and young people with SEND can have a wide range of complex needs both socially and emotionally. Some children or young people may become withdrawn, feel isolated, be disruptive or have behavioural problems. Other conditions such as anxiety, depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained could also suggest there is an underlying mental health issue.¹⁶

It is recognised that poor physical health can impact and worsen mental health and poor mental health can impact and worsen physical health. A physical illness or disability can affect people's emotional and mental health in everyday living. This may be due to mobility problems, the debilitating effect and weariness of a physical disability, not having the opportunity to join in physical activities with family and friends, lack of confidence or difficulties in building relationships.¹⁷

The 'What about Youth survey' conducted in 2014/15 found 14.5% of 15-year olds in Leicestershire stated they had had a long-term illness, disability or medical condition (such as diabetes, arthritis, allergy or cerebral palsy). This percentage is statistically similar to 14.1% reported nationally.¹⁸

2.2. Low income households

2.2.1. Special educational needs and links to poverty

The Joseph Rowntree Foundation found that across the UK, children with special educational needs and disability (SEND) were more likely to experience poverty than others. They are also less likely to experience a fulfilling education or leave school with outcomes that reduce the chances of living in poverty as adults. As such, SEND can be a result of poverty as well as a cause of poverty.¹⁹

Children and young people with SEND from low income families face multiple disadvantages

and increased vulnerability from the very start of their lives. Although these families are more likely to be identified as having SEND, they are also less likely to receive the support of effective interventions that might help to address their needs. This is partly because their parents are less likely to be successful in seeking help. They are also less likely to receive help from their schools, and more likely to end up excluded from school or dropping out of education. The Joseph Rowntree Foundation (JRF) report on special educational needs and their links to poverty, highlights three factors that contribute to the likelihood of children living in poverty having SEND:

- **Intergenerational disability**

This includes hereditary factors and parental disability as a driver of poverty due to barriers to employment and declines in income.

- **Co-occurring causal factors**

Evidence shows that mothers without qualifications are 2.3 times more likely to have children with SEND compared to mothers with a degree or higher. Other factors associated with poverty (e.g. smoking and consuming alcohol during pregnancy, low birthweight and family breakdown) can also contribute to the likelihood of a child developing certain types of SEND.

- **Identification of SEND in schools**

Studies show that academic under-achievement attributable to cultural and social factors associated to poverty (challenging behaviour or a poor learning environment) can often lead to a SEND classification, rather than an underlying disorder.

The primary reason children with SEND are more likely to go on to live in poverty is lower educational attainment. Pupils with higher qualifications earn more on average throughout their career and pupils with SEND are not a high achieving group. However, the report also considers additional factors:

- Parents may need more time away from work to support a child with SEND, decreasing family income.
- Having a child with SEND increases the risk of family stress and breakdown (leading to higher prevalence of children with SEND living in a single-parent household, which in turn has a casual effect on child poverty.²⁰

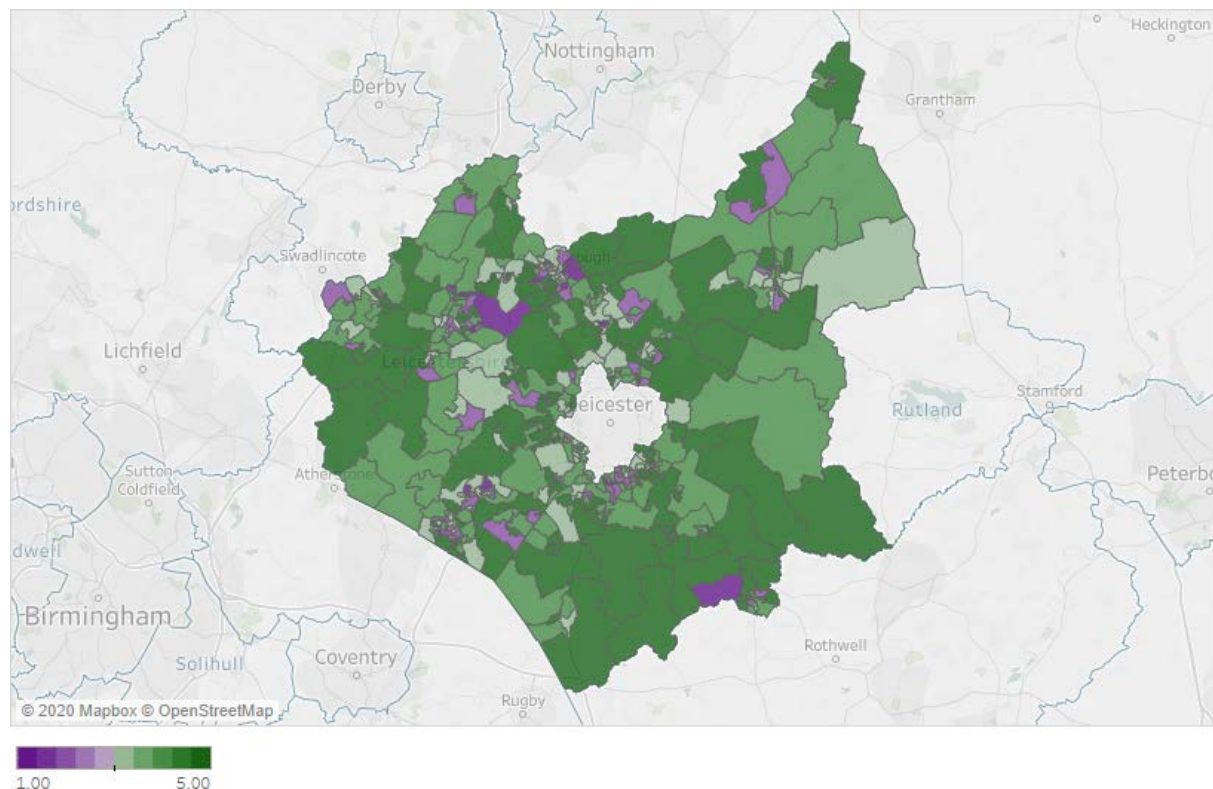
The following excerpt from the JRF report's conclusion is a concise summary of the issues: *"SEND and poverty are closely linked...Children with SEND are more likely to become poor, while children living in poverty are more likely to develop SEND. This group of children face greater barriers than their peers in experiencing a happy and fulfilling education and greater barriers in achieving the qualifications that might create opportunities later in life".*

2.2.2. Income deprivation of children

The Income Deprivation Affecting Children Index (IDACI) 2019 measures the proportion of all

children aged 0 to 15 living in income deprived families. **Error! Bookmark not defined.** Figure 2 shows the deprivation affecting children across Leicestershire in 2019 at Lower Super Output Area. Areas in purple are the most deprived in the county, while areas in green are the least deprived in the county. The map below shows that areas in town centres are more likely to have pockets of deprivation than rural areas.

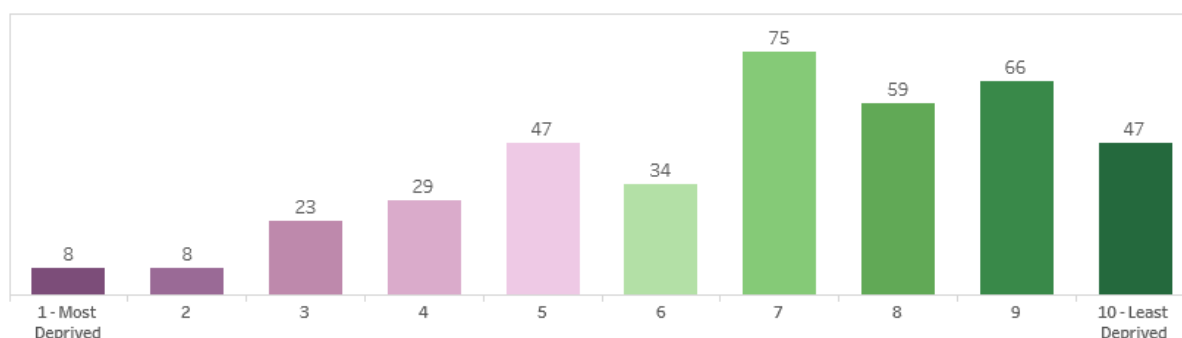
Figure 2: Income Deprivation Affecting Children (IDAC) by national quintile, Leicestershire, 2019



Source: Ministry of Housing, Communities & Local Government, 2019

According to IDAC (2019), in Leicestershire, 281 out of 396 neighbourhoods are in the 50% least deprived areas affecting children in England (IDAC). Figure 3 below shows there are 16 neighbourhoods in the 20% most IDAC deprived areas in England. Of these 16 neighbourhoods, six fall in the borough of Charnwood (Loughborough Bell Foundry, Loughborough Warwick Way, Loughborough Canal South, Loughborough Ashby West, Loughborough Midland Station, Loughborough Shelthorpe North and Mountsorrel Centre), three within Hinckley and Bosworth (Barwell North, Earl Shilton North and Hinckley Westfield Junior School) and three neighbourhoods in North West Leicestershire (Greenhill North East, Greenhill Centre and Thringstone East). The other neighbourhoods are; Melton Sysonby South, Lubenham in Harborough, and South Wigston Blaby Road and Saffron Road.

Figure 3: Leicestershire neighbourhood distribution by national deciles (IDAC), 2019



Source: Ministry of Housing, Communities & Local Government, 2019 (Produced by the Business Intelligence Service, Leicestershire County Council, 2019)

2.3. Children in Care

2.3.1. Looked after children

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care.²¹

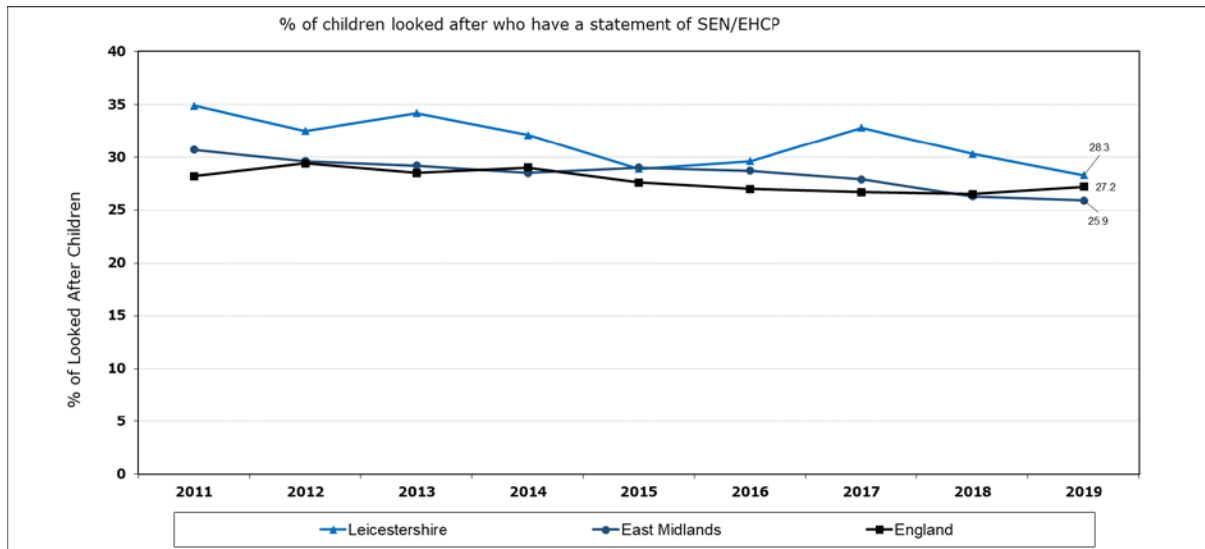
The department for education publishes an annual report on outcomes for looked after children in England. In England 2019, looked after children were almost four times more likely to have SEN support than all children and were just over nine times more likely to have an EHCP than all children.²² In 2019, 55.5% of looked after children in England had a special educational need, compared to 14.6% of all children.

Social, emotional and mental health was the most common primary type of special educational need for looked after children in England 2019, covering 40.4% of those with a statement or EHCP and 47.5% of those with SEN support. This contrasts with the child population as a whole (school age children aged 5 to 16), where this was the primary need of only 13.3% of those with a statement or EHCP and 18.1% of those with SEN support.²²

Looked after children in England 2019, with a statement or EHCP are much less likely to have a hearing impairment, visual impairment, autistic spectrum disorder, physical disability, or speech, language and communication needs as their primary type of special educational need than all children.

The overall number of children looked after in Leicestershire in 2018/2019 was 584.²³ In Leicestershire 2019, the percentage of looked after pupils with an EHCP (28.3%) was eight times higher than the average for all pupils in Leicestershire (3.2%). This is statistically similar to the England percentage (27.2%) and the East Midlands percentage (25.9%). See Figure 4 below for further details.

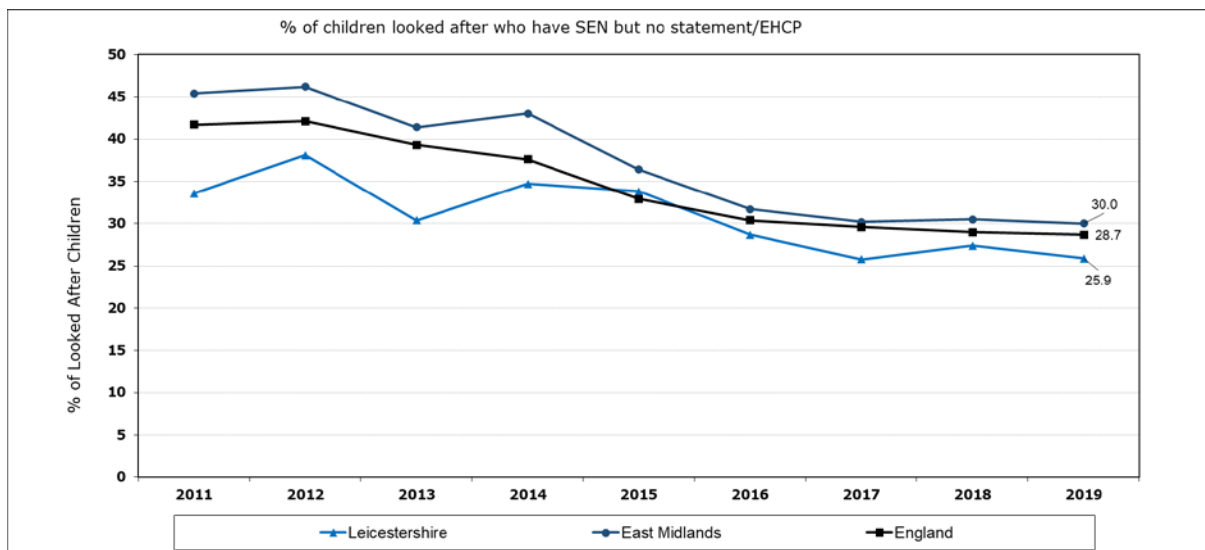
Figure 4: Percentage of children looked after with an EHCP/ statement as of 31 March (2010/11-2018/19)



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

In Leicestershire, in 2019, the percentage of looked after pupils with SEN support (25.9%) was more than double the average for all pupils in Leicestershire (10.4%). This is statistically similar to the England percentage (28.7%) and the East Midlands percentage (30.0%) as shown in Figure 5. In Leicestershire the percentage of looked after pupils with SEN Support has decreased from 34.7% in 2014 to 25.9% in 2019.

Figure 5: Percentage of looked after children with SEN support /SEN without a statement as of 31 March (2010/11-2018/19)



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

2.3.2. Children in Need

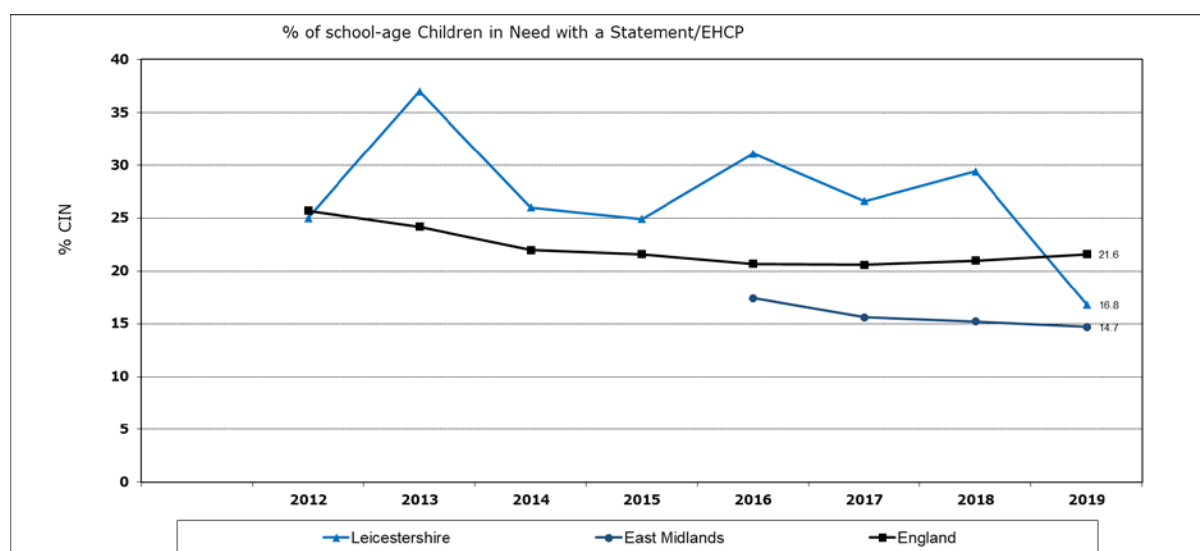
A Child in Need is defined under the Children’s Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled.²⁴ A primary need is recorded by the local authority at initial assessment for every Child in Need. Child disability was the third highest recorded primary need (8.4%) in England (2018/19).

In Leicestershire, of the 2,931 Children in Need recorded during the year ending 31 March 2019, 273 of these children were recorded as having a disability (9.3%). In 146 cases, the primary reason at initial assessment for being a Child in Need was the child’s disability.²⁴

In Leicestershire, in 2019, just over a third of all school-aged Children in Need in Leicestershire have been identified as having SEND.

The percentage of Children in Need in Leicestershire in 2019 with an EHCP was 16.8% (Figure 6). This is significantly lower than the England average (21.6%) and significantly higher than the East Midlands average (14.7%).

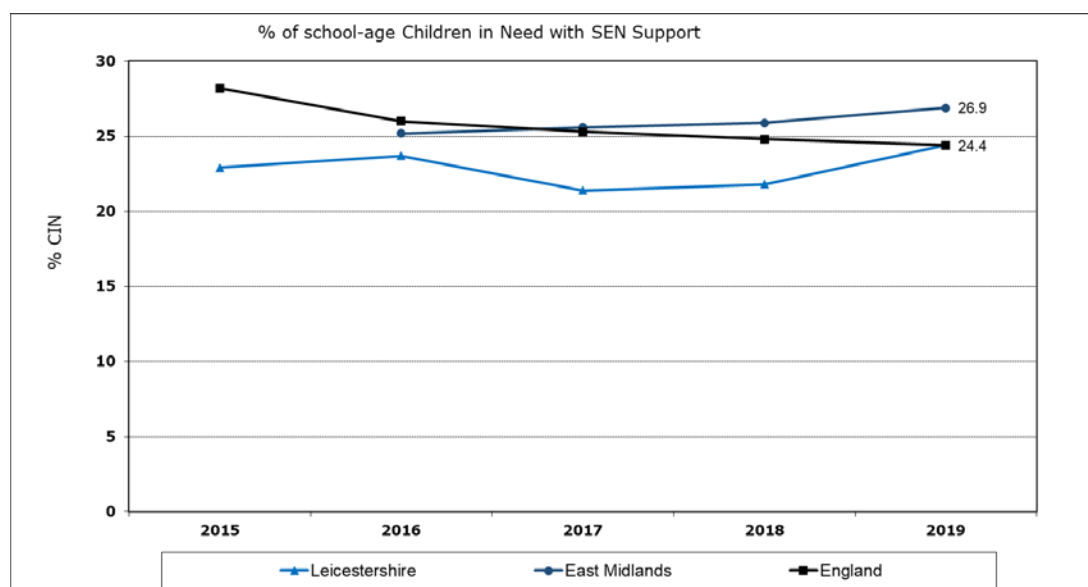
Figure 6: Percentage of school age Children in Need with Statement/ EHCP, 2012-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

The percentage of Children in Need in Leicestershire, 2019 with SEN support (24.4%) was more than double the average for all pupils in Leicestershire (10.4%). This is statistically the same as the England average (24.4%) and significantly lower than the East Midlands average of 26.9% (see Figure 7).

Figure 7: Percentage of school age Children in Need with SEN support, 2015-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

2.4. Bullying

The Anti-Bullying Alliance (ABA) defines bullying as: “the repetitive intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power”.²⁵ This can happen face-to-face or through cyberspace.

Evidence shows that children and young people with SEND are significantly more likely to be bullied or victimized than those who do not have any SEND. Beatbullying found in their Virtual Violence II report (2012)²⁶ that those who reported having SEND were 12% more likely to have experienced cyberbullying than those who did not. Those who reported having a disability were nearly twice as likely to have experienced cyberbullying than those who did not report having a disability. The Anti-Bullying Alliance states that disabled children and those with SEND are more likely to experience bullying in school and cyberbullying which is often an extension of face-to-face bullying they had experienced.²⁵ They found from case studies that children with SEND had not been supported to learn about cyberbullying or internet safety. This meant they were not aware of how to stay safe online, what to do about cyberbullying, and additionally making it increasingly difficult for them to know whether some of the things happening online were cyberbullying or not.

2.5. Child abuse and sexual exploitation

The National Society for the Prevention of Cruelty to Children (NSPCC) ‘*We have the right to be safe*’ *Protecting disabled children from abuse* report²⁷ states that disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-

disabled children. Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions and deaf children. Evidence on risk and severity of impairment is mixed. Most research suggests that disabled boys are at greater risk of abuse than disabled girls when compared to non-disabled children. There is a lack of knowledge about the differing risks to disabled children at the various stages of their development, although there is some evidence that for maltreated children with health/orthopedic and communication impairments, there is a pre-ponderance of first incidents of maltreatment from birth to five years of age. Research indicates that disabled children are more likely than non-disabled children to be abused by someone in their family. For the majority of disabled children who are abused, it is by someone known to them.

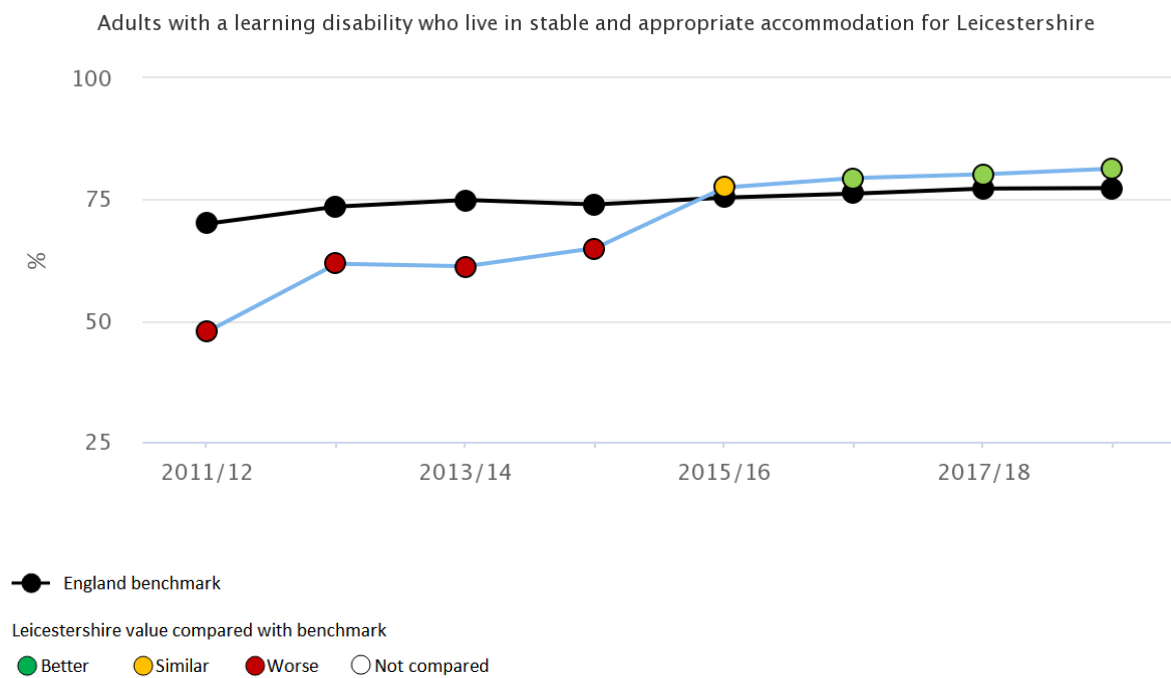
A report by CAADA (Co-ordinated Action Against Domestic Abuse) called '*In plain sight, 2014*' reported findings from a study that analysed data for 877 children from its 'Children's Insight Dataset' who were exposed to domestic abuse, of which almost half (46%) was severe domestic abuse. It found that a higher than average percentage of children in the dataset had a statement of special educational need, 4% compared to a national average of 2.8%.²⁸

The report suggests that there may be a link between exposure to domestic abuse and additional special educational needs; or alternatively that behavioural, emotional or psycho-social effects of domestic abuse may be being misdiagnosed as SEND which merits further investigation.

2.6. Housing

The proportion of adults (18-64) with learning disabilities who live in stable and appropriate accommodation, either alone or with their family, in Leicestershire in 2018/19 was 81.4% (see Figure 8).²⁹ This is significantly better (higher) than the England average of 77.4%. Over the last five years, the trend in the proportion of adults with a learning disability who live in stable and appropriate accommodation in Leicestershire is significantly increasing.

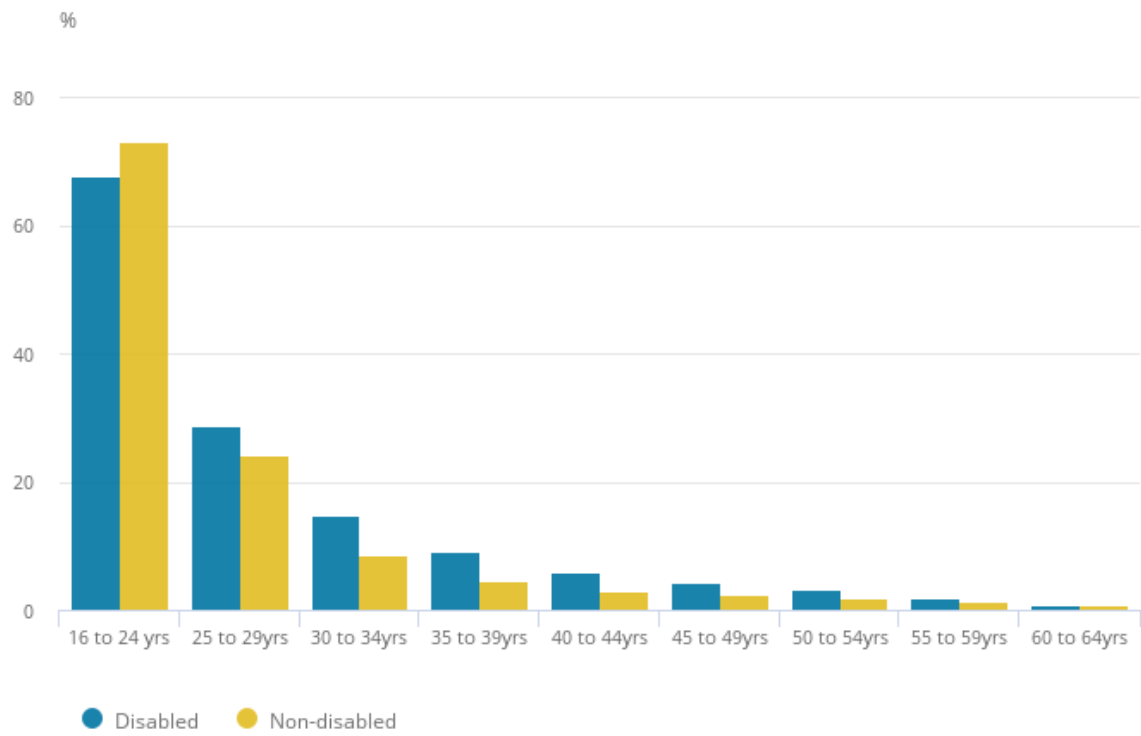
Figure 8: Adults with a learning disability who live in stable and appropriate accommodation Leicestershire (2011/12 -2018/19)



Source: Public Health England, Fingertips Public Health Outcomes Framework, 2019

The Disability and Housing Report 2019 compares the housing situation between disabled and non-disabled people.³⁰ The latest national data for 2019 shows that young disabled people (aged 16 to 24 years) were significantly more likely to live away from their parents' home than non-disabled people in the same age group. Over two-thirds (67.6%) of young disabled people lived with their parents (including students in halls of residence or boarding school) in comparison with almost three-quarters (73.1%) of non-disabled people in the same age group. Above age 24 years, this pattern reversed, and disabled people were significantly more likely than non-disabled people to live with their parents up to age 54 years (see Figure 9).

Figure 9: Proportion of disabled and non-disabled people age 16-64 years living with parents, by age, UK, 2019



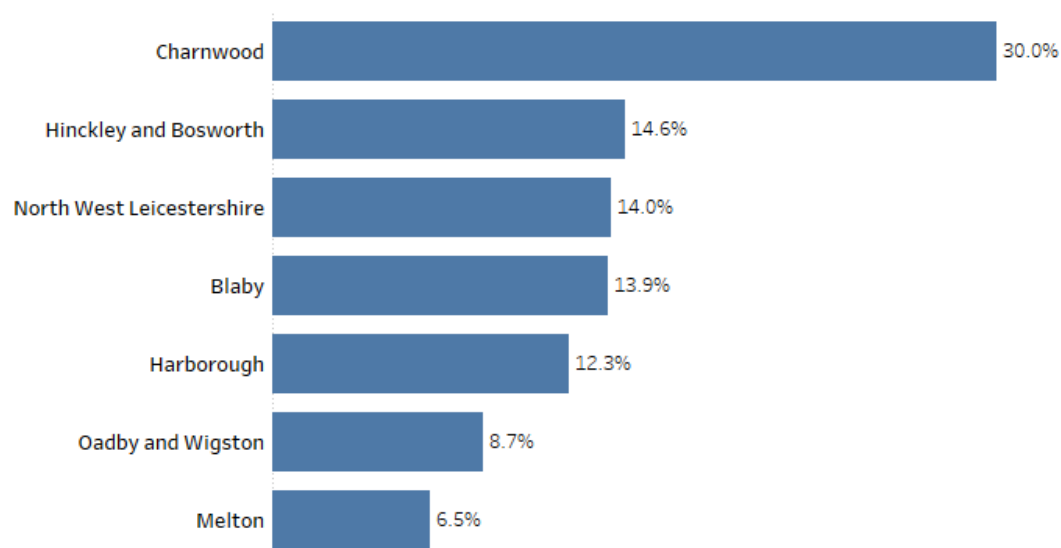
Source: National Statistics – Annual Population Survey 2019

3. Level of need in Leicestershire

3.1. Leicestershire SEND population

There are approximately 211,627 children and young people (CYP) aged 0-25 years living in Leicestershire based on the Office of National Statistics estimates for 2019.³¹ This is 29.9% of the total population of the area, which is significantly lower than the England average of 31.1%. There are more males aged 0-25 (52.3%) than females (47.7%). Figure 10 shows that one-third (30.0%) of the age group (0-25) live in Charnwood. Melton has the lowest percentage of young people age 0-25 at 6.5%.

Figure 10: Percentage of children and young people age 0-25 living in Leicestershire broken down by Leicestershire district, 2019



Source: Office for National Statistics, 2019. Produced by Business Intelligence at Leicestershire County Council, 2019

Figure 11 below shows the proportion of Leicestershire's population age 0–25 by broad ethnic group. The majority of the county population (91.4%) belong to White ethnic groups. The next largest ethnic group in Leicestershire is Asian, which constitutes 6.3% of the population, followed by Mixed or Multiple ethnic groups (1.3%) and Black ethnic groups (0.6%). Other groups make up 0.4% of the 0-25 population.

Figure 11: Leicestershire population of children and young people age 0-25 by broad ethnic group, 2011



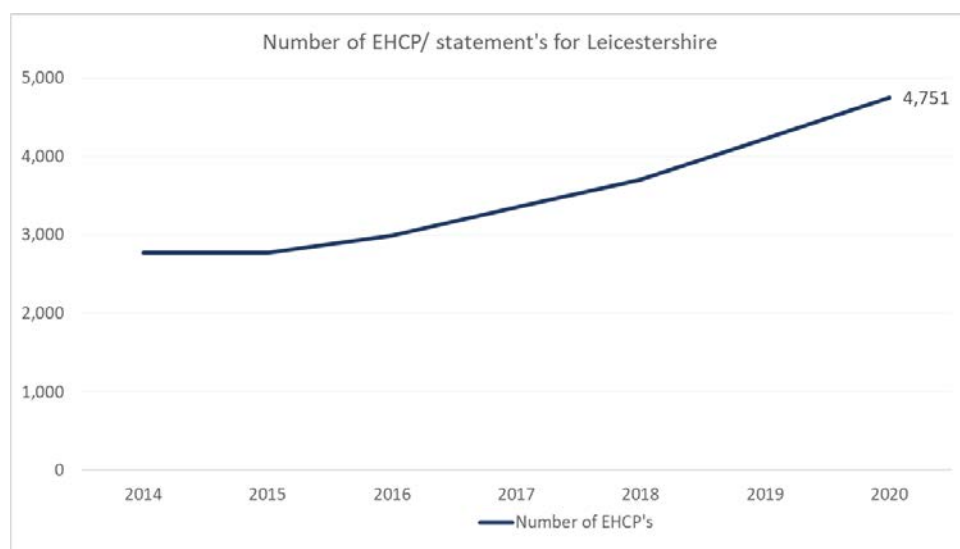
Source: 2011 Census, Office for National Statistics, 2013

3.1.1. National SEN2 data collection

The SEN2 return is a mandatory data return for all local authorities and collects aggregate local authority level information on children with statements of SEN, or EHCPs.³² Data is submitted in January for the previous calendar year. It is the only source of data on all statements of special educational needs (SEND) and Education Health and Care Plan’s (EHCP’s) maintained by individual local authorities for children and young people aged 0-25 years. The latest SEN2 data submitted in January 2020 for the 2019 calendar year, shows there were 4751 children and young people with statutory EHCP’s maintained by Leicestershire County Council; this is a 12.5% increase from the previous year (4222), a larger increase than the national average (10.2% increase) and the East Midlands average (9.5% increase).

In Leicestershire the number of EHCP’s has been steadily increasing over time with a 71.4% increase in numbers since January 2014 (2772) to January 2020 (4751), as seen in Figure 12

Figure 12: Number of EHCP/ statements for Leicestershire for the period 2014 – 2020.

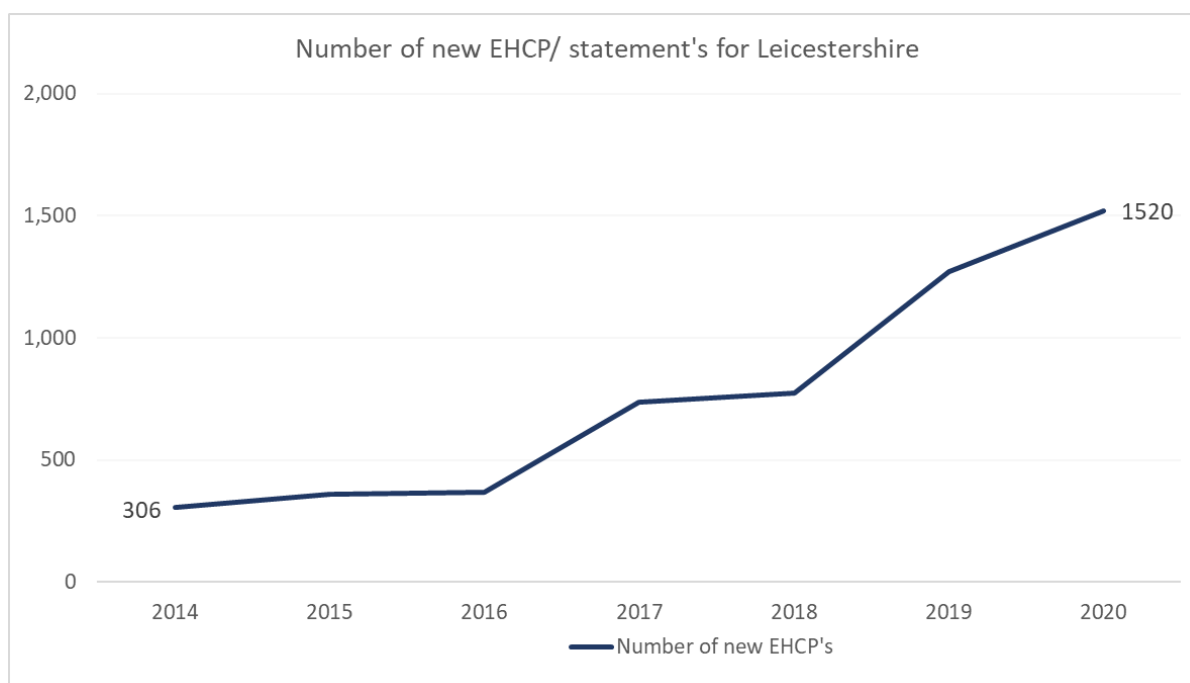


Source: National DfE SEN2 Collection, January 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

3.1.2. New Education and Health Care Plans

The number of new EHCP's issued as of January 2020 was 1520. This is a 19.7% increase on the previous year (1270). This increase is almost double the national increase of 10.2% and almost 3 times the regional increase (7.1%). Figure 13 shows the number of new EHCP's in Leicestershire has been steadily increasing over time with an increase in numbers since January 2014 (2772) to January 2020 (4751).

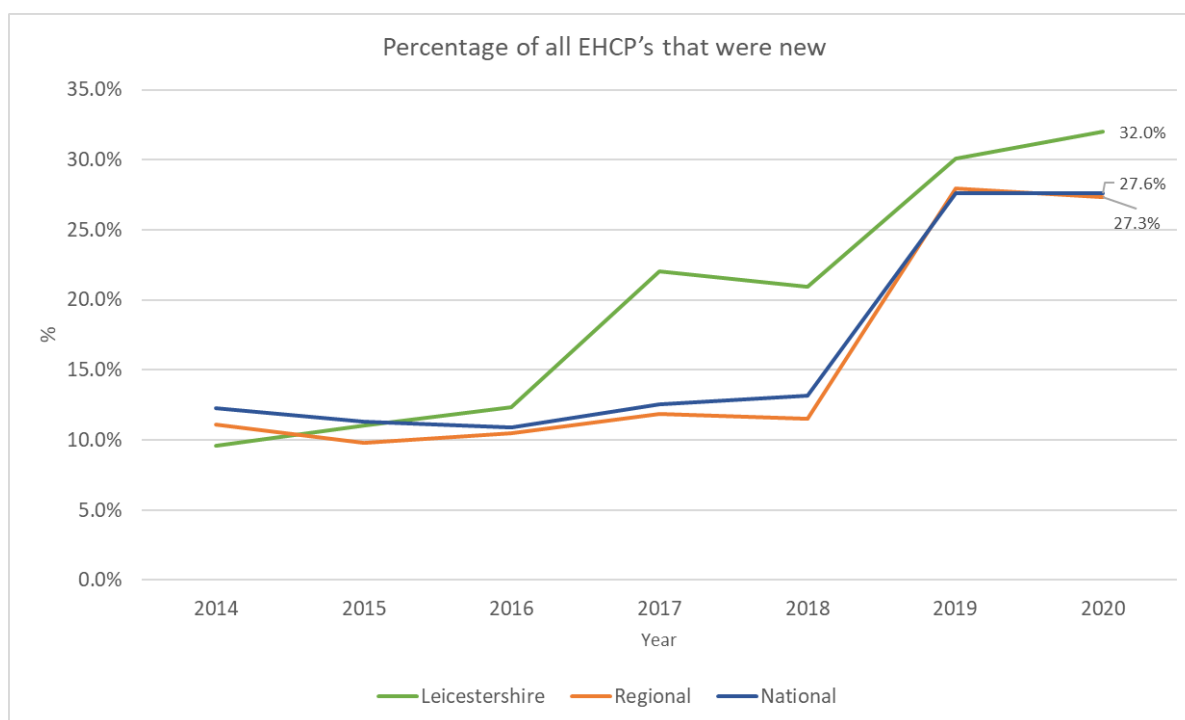
Figure 13: Number of new EHCP/ statement for Leicestershire for the period 2014 – 2020.



Source: National DfE SEN2 Collection, January 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

Figure 14 shows the trend in the proportion of all EHCP's issued that were new. As at January 2020, 32.0% of all EHCP's issued in Leicestershire were new. This is significantly higher than the England average (27.6%) and the regional average (27.3%).

Figure 14: Percentage of all EHCP's that were new, 2014-2020



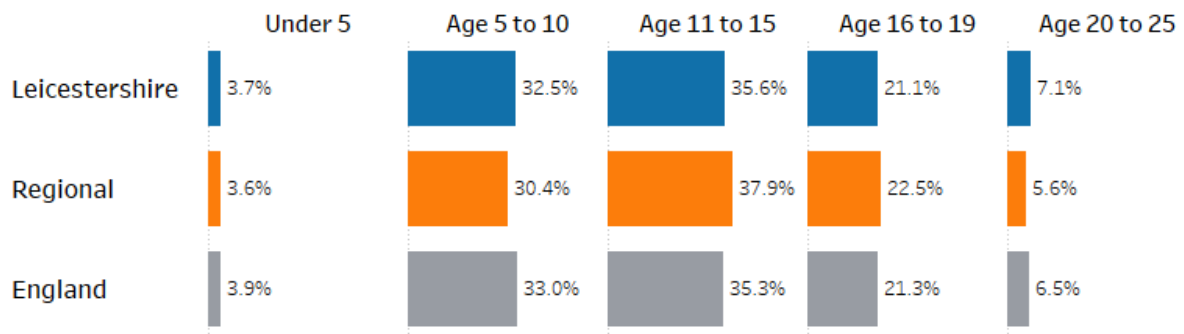
Source: National DfE SEN2 Collection, January 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

From September 2014, Education and Health Care Plans (EHCP's) replaced Learning Difficulty Assessments (LDA's) for children in further education and the age range of eligible pupils increased from 0-19 years old, to 0-25 years old.

Nationally, the percentage of children and young people aged 16-19 years old with a statement or EHCP has subsequently increased year-on-year over the period from January 2014 (9.7%) to January 2018 (22.0%), remaining at this level in January 2019 and 2020. The percentage of young people aged 20-25 has similarly increased in England since the introduction of EHCP's in 2014, rising to 6.5% of all plans in 2020.³³

Figure 15 shows the percentage of EHCP's by age group in Leicestershire as at January 2020. The 11-15 age group has the highest percentage of EHCP's across all areas. All age groups in Leicestershire 2020, had statistically similar percentages of EHCP's to the England average, except the percentage of 5-10-year old's (32.5%) and 20-25-year old's (7.1%), which were significantly higher than the regional averages (30.4% and 5.6% respectively).

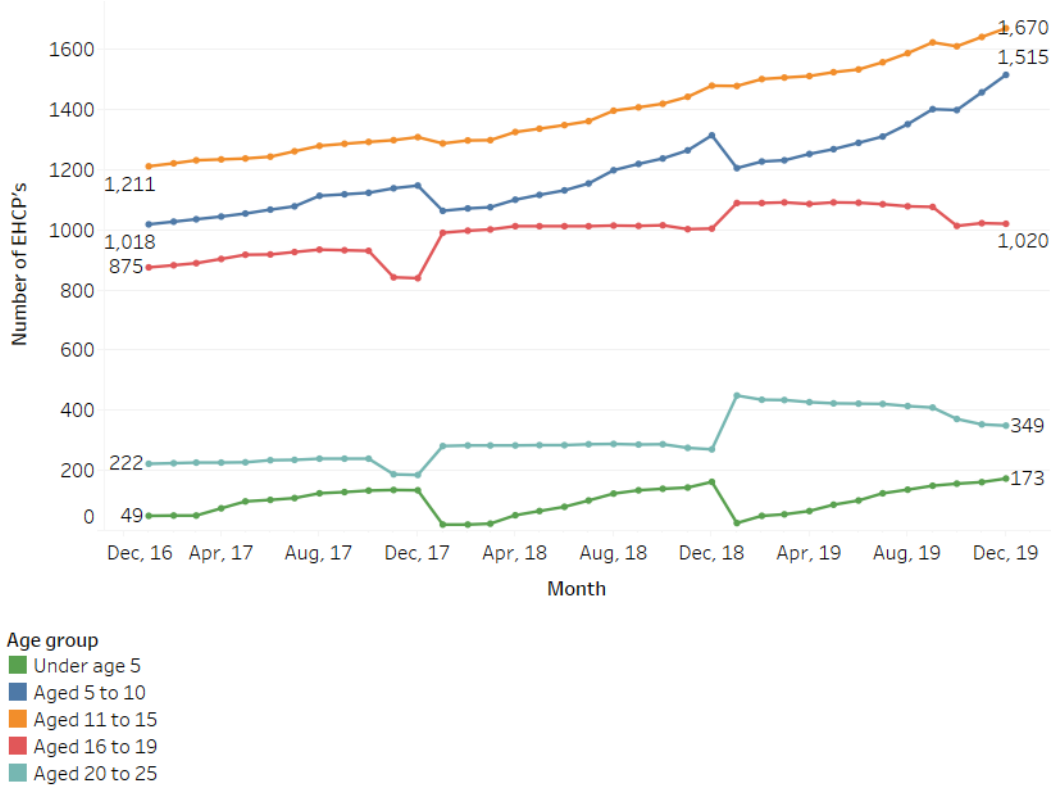
Figure 15: Percentage of EHCP's by age group, January 2020



Source: National DfE SEN2 Collection, January 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

Figure 16 shows there have been increases in the number of EHCP's in Leicestershire over time, across all age groups. In 2019, the largest increase was in the 20-25 age group, with a 29.3% increase in the number of EHCP's than the previous year. There was a 15.3% increase in EHCP's in the age group 5-10 and a 12.9% increase in the 11-15 age group. The age group 16-19 saw the lowest increase of EHCP's with a 1.6% increase.

Figure 16: Monthly number of EHCP's in Leicestershire by age group (Dec 2016- Dec 2019)



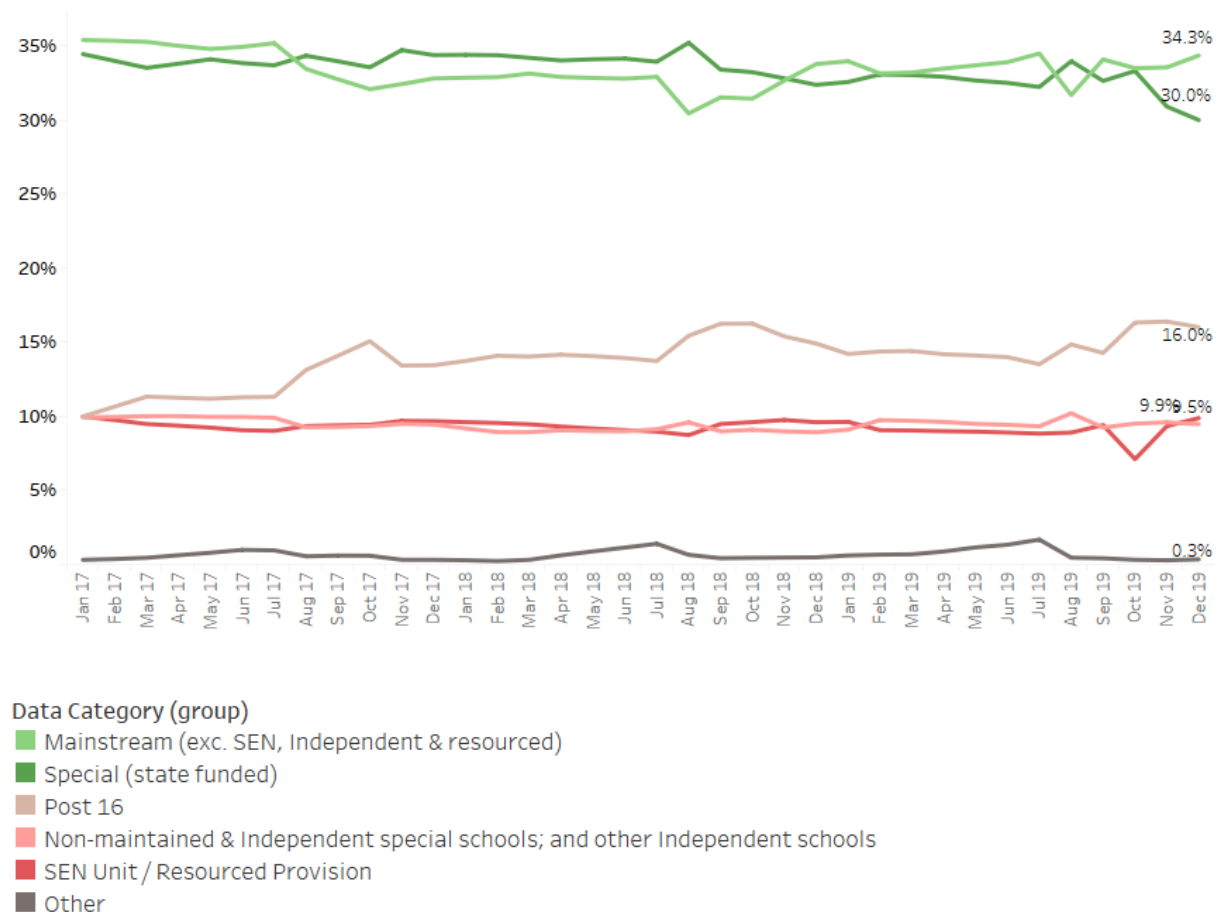
Source: Local DfE SEN2 Collection, December 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2019

3.1.3.Placement of all EHCP's

Local SEN2 return data shows that in December 2019, the majority of children and young people with an EHCP in Leicestershire were educated in special state-funded schools (30.0%) or mainstream schools (34.3%).³³ The percentage of EHCP's in post-16 settings (including general further, tertiary colleges and higher education) is 16.0%. A small number of children and young people with EHCP's (0.3%) are categorised as 'other'; most of which are educated elsewhere, however a small percentage of pupils (0.1%) are not in education, employment or training (NEET).

Whilst the number of children and young people across all establishment types has increased, the proportion of young people with EHCP's across mainstream provision settings (exc. SEN, independent and resourced), non-maintained and independent special schools, and SEN units and resourced provision has remained stable as shown in Figure 17. Post-16 provision has increased from 10.0% in January 2017 to 16.0% in December 2019. Special state-funded provision has decreased from 34.4% in January 2017 to 30% in December 2019.

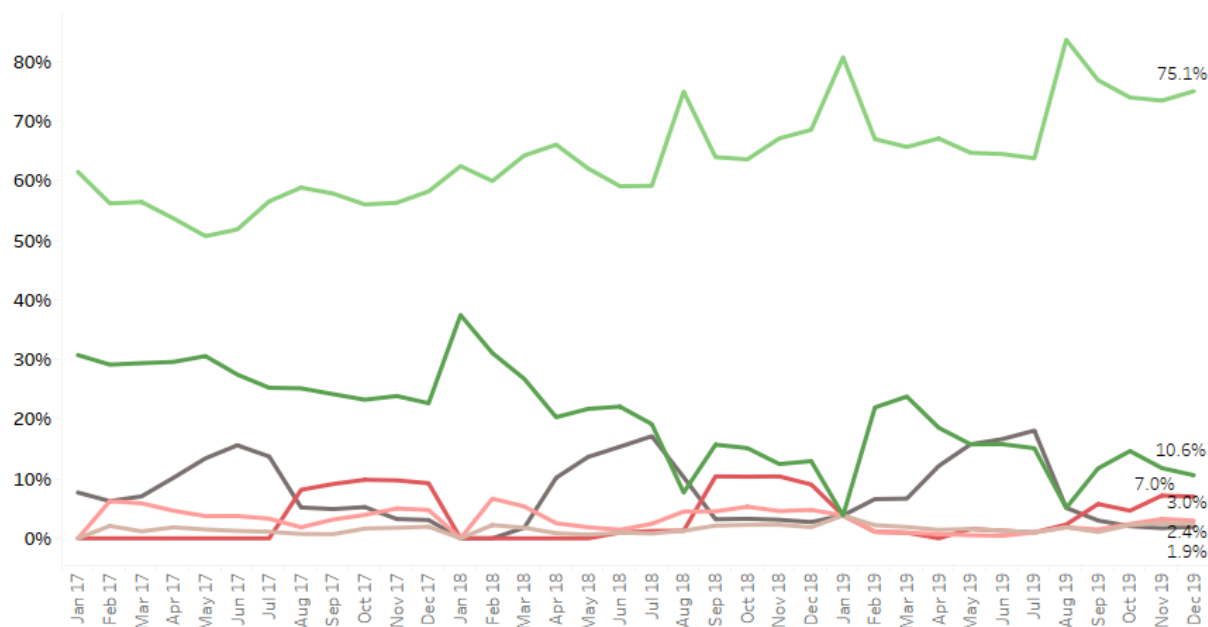
Figure 17: Placements of 0-25 year olds with an EHCP in Leicestershire, Jan 2017- Dec 2019



Source: Local DfE SEN2 Collection, December 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2019

Figure 18 shows that mainstream provision has the highest proportion of new EHCP's and this has increased from 61.5% in January 2017 to 75.1% in December 2019. Conversely, the proportion of new EHCP's provided by special (state-funded) provision has reduced from 30.8% in January 2017 to 10.6% in December 2019.

Figure 18: Placements of 0-25 year olds issued with a new EHCP in the calendar year in Leicestershire, Jan 2017- Dec 2019



Data Category (group)

- Mainstream (exc. SEN, Independent & resourced)
- Special (state funded)
- Post 16
- Non-maintained & Independent special schools; and other Independent schools
- SEN Unit / Resourced Provision
- Other

Source: Local DfE SEN2 Collection, December 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2019

3.2. School Census Population

The School Census is a statutory data collection which is carried out on a termly basis in January, May and October for the Department of Education.³⁴ The Census collects information about individual pupils at compulsory school age educated in state-maintained provision including academies and free schools within a local authority. The individual pupil information collected includes Free School Meal (FSM) eligibility, ethnicity, special educational needs, attendance and exclusions.

Information is collected on pupils with special educational needs (SEND) annually in the Spring Census. It includes the characteristics of pupils by their: level of SEND provision (education, health and care (EHCP or SEN support) and type of SEND.

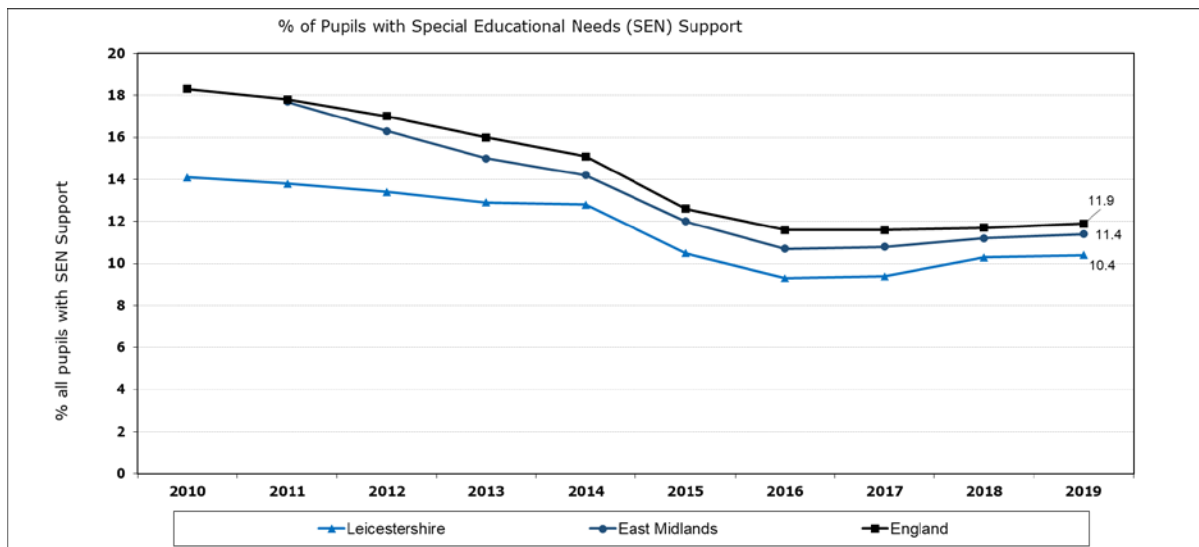
The Census type or category of SEND includes:

- Specific learning difficulties (SpLD);
- Moderate learning difficulty (MLD);
- Severe learning difficulty (SLD);
- Profound and multiple learning difficulty (PMLD);
- Speech, language and communication needs (SLCN);
- Social, emotional and mental health (SEMH);
- Autistic spectrum disorder (ASD);
- Visual impairment (VI);
- Hearing impairment (HI);
- Multisensory impairment (MSI);
- Physical disability (PD);
- 'SEN support' but no specialist assessment of type of need (NSA).

The School Census return in Autumn 2019 showed that of the 104,619 pupils in Leicestershire schools, 14,176 pupils (13.6%) had special educational needs, which is significantly lower than the England average of 15.0% and East Midlands average of 14.0%. This is split between pupils with EHCP's (3,304) and pupils in receipt of SEN support (10,872).

The proportion of pupils accessing SEN support in Leicestershire schools in 2019 is 10.4%. This is significantly lower than the East Midlands average of 11.9% and the England average of 11.4%. Figure 19 shows the trend over time with an increase in pupils with SEN support over the last 4 years.

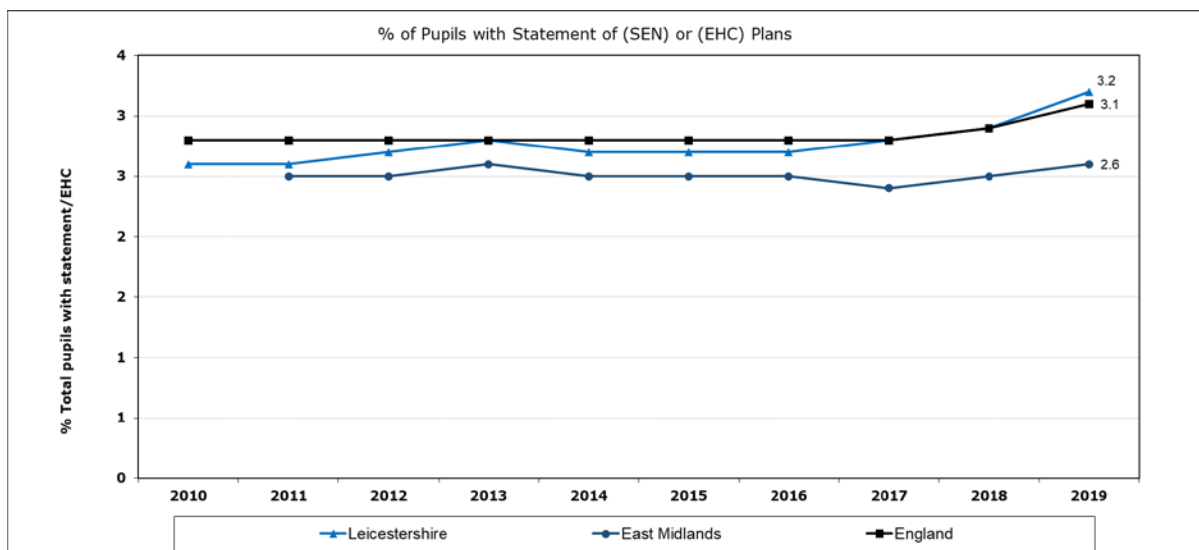
Figure 19: Proportions of pupils with any SEN support in state-maintained provision including academies and free schools. (2010 – 2019)



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

Figure 20 shows the proportion of pupils with EHCP's in Leicestershire schools in 2019 is 3.2%, which has increased over the last 4 years. This is statistically similar to the England average of 3.1%, but statistically higher than the East Midlands average of 2.6%.

Figure 20: Proportions of pupils with an EHCP/ statement in state-maintained provision including academies and free schools. (2010 – 2019)

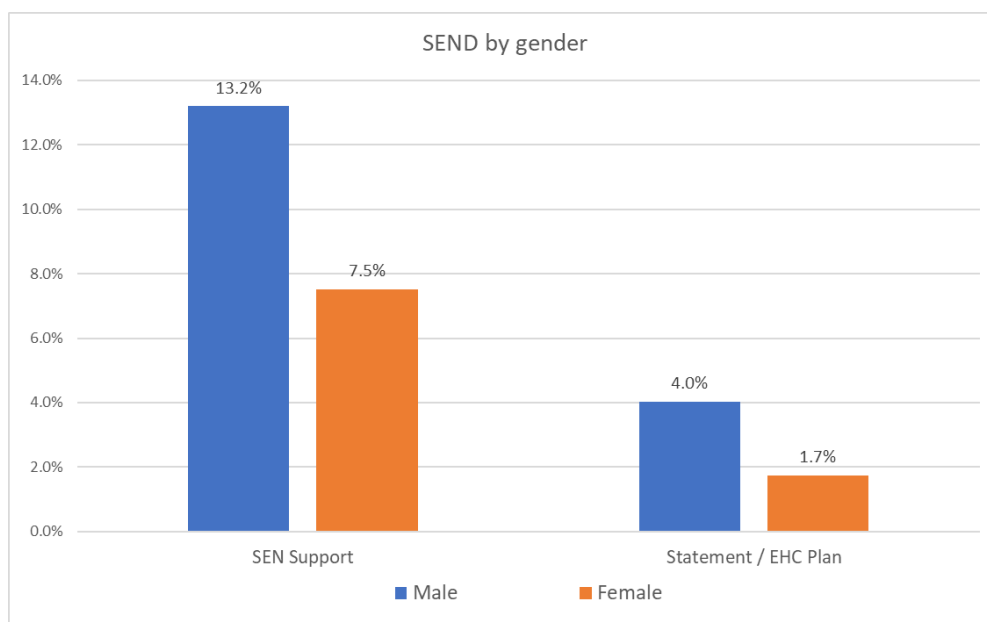


Source: DfE. Local Authority Interactive Tool (LAIT), 2019

3.2.1. Age and Gender

In Leicestershire, special educational needs are more prevalent in boys, almost double, than girls. The latest data from the Leicestershire School Census Spring 2020 shows that 4.0% of boys have a statement or EHCP compared to 1.7% of girls.³⁵ Figure 21 shows in 2019, 13.2% of boys in Leicestershire schools have SEN support, compared to 7.5% of girls.

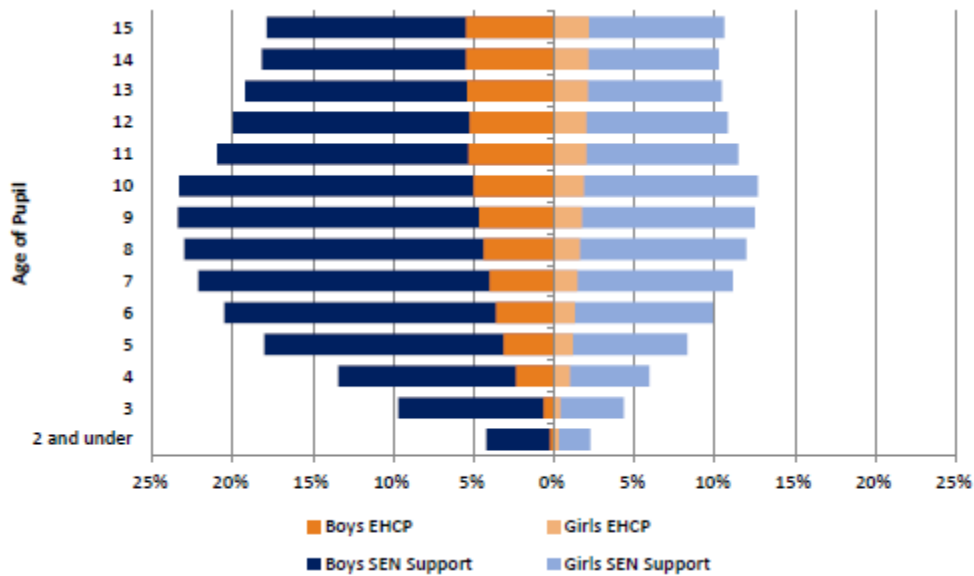
Figure 21: Proportion of pupils with SEND by gender in Leicestershire schools, 2019



Source: Leicestershire School Census, 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

In England, the number of pupils receiving SEN support increases up to the age of 10 and then decreases with age through secondary school, see Figure 22. For pupils with an EHCP, as age increases the percentage of pupils with plans also increases, up to age 15, where nearly 4.0% of pupils have an EHCP.

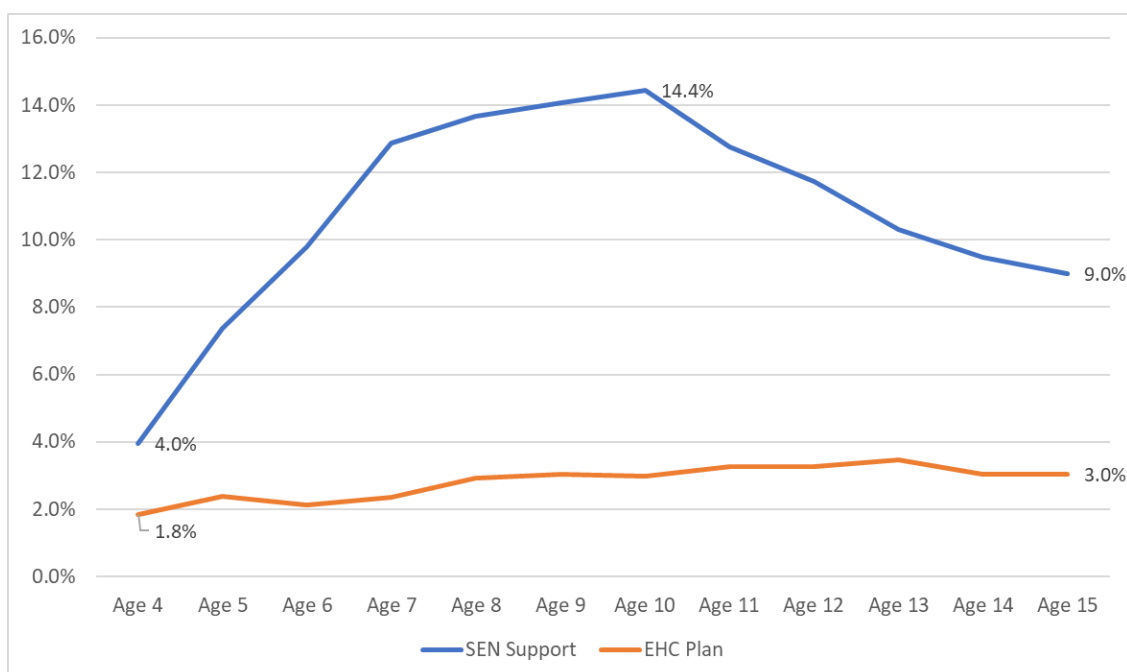
Figure 22: Prevalence of EHCP's and SEN support by age and gender within state-funded primary, secondary and special schools, England, January 2019.



Source: School Census, England, 2019

The latest data from the Leicestershire School Census (Spring 2020), shows the proportion of pupils with SEN support, compared to all pupils in the same age group, increases from 4.0% at age 4, to 14.4% by age 10. The proportion then decreases with age to 9.0% at age 15. The proportion of pupils with an EHCP steadily increases with age from 1.8% at age 4, to 3.0% at age 15. See Figure 23 for further details.

Figure 23: Prevalence of EHCP and SEN support by age in Leicestershire schools, January 2020



Source: Leicestershire School Census, 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

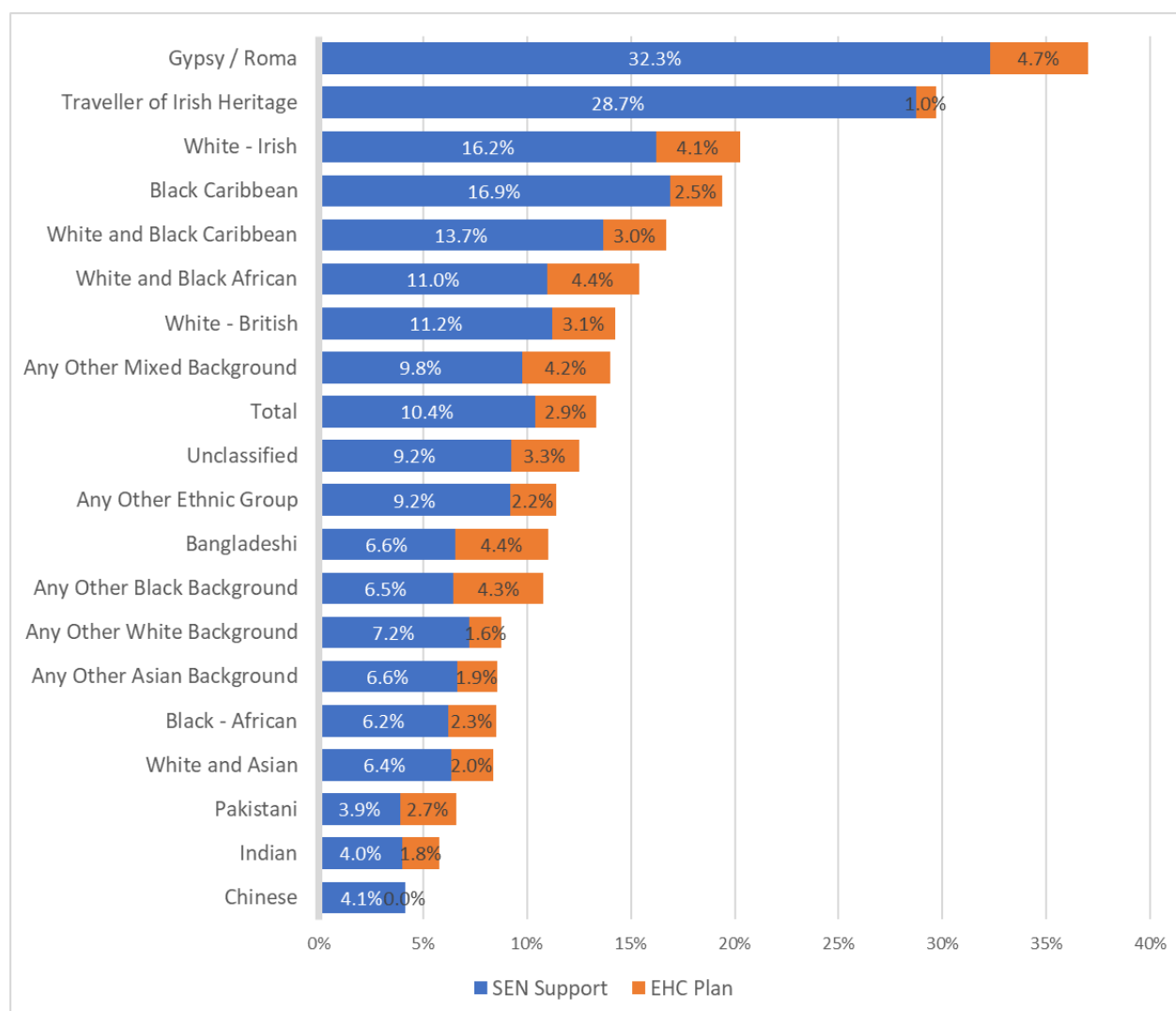
3.2.2. Ethnicity

Nationally special educational needs are most prevalent in Travellers of Irish Heritage and Gypsy/ Roma pupils with 30.0% and 26.0% respectively. **Error! Bookmark not defined.** National School Census data (2019) shows Travellers of Irish Heritage and Black Caribbean pupils had the highest percentage of pupils with EHCP's (4.5% and 4.4% respectively). Indian pupils had the lowest percentage of pupils with EHCP's at 1.9% compared with 3.1% of pupils nationally.

As seen in Figure 24, the latest data available for Leicestershire from the Spring School Census 2020 shows that pupils from Gypsy/Roma background, Travellers of Irish Heritage, Black Caribbean and White and Black Caribbean backgrounds and White Irish have a significantly higher percentage of SEN support than pupils from other backgrounds. Pupils from Any Other White background, Any Other Asian background, Bangladeshi, Black African, Indian, Pakistani, White and Asian and Chinese have a significantly lower percentage of SEN support.

Pupils that had significantly higher percentage of EHCP's were from Bangladeshi and Any Other Mixed background. Pupils that had significantly lower percentage of EHCP's were from Indian and Any Other White background and White and Asian backgrounds.

Figure 24: Prevalence of SEND by Ethnicity, Leicestershire, 2020



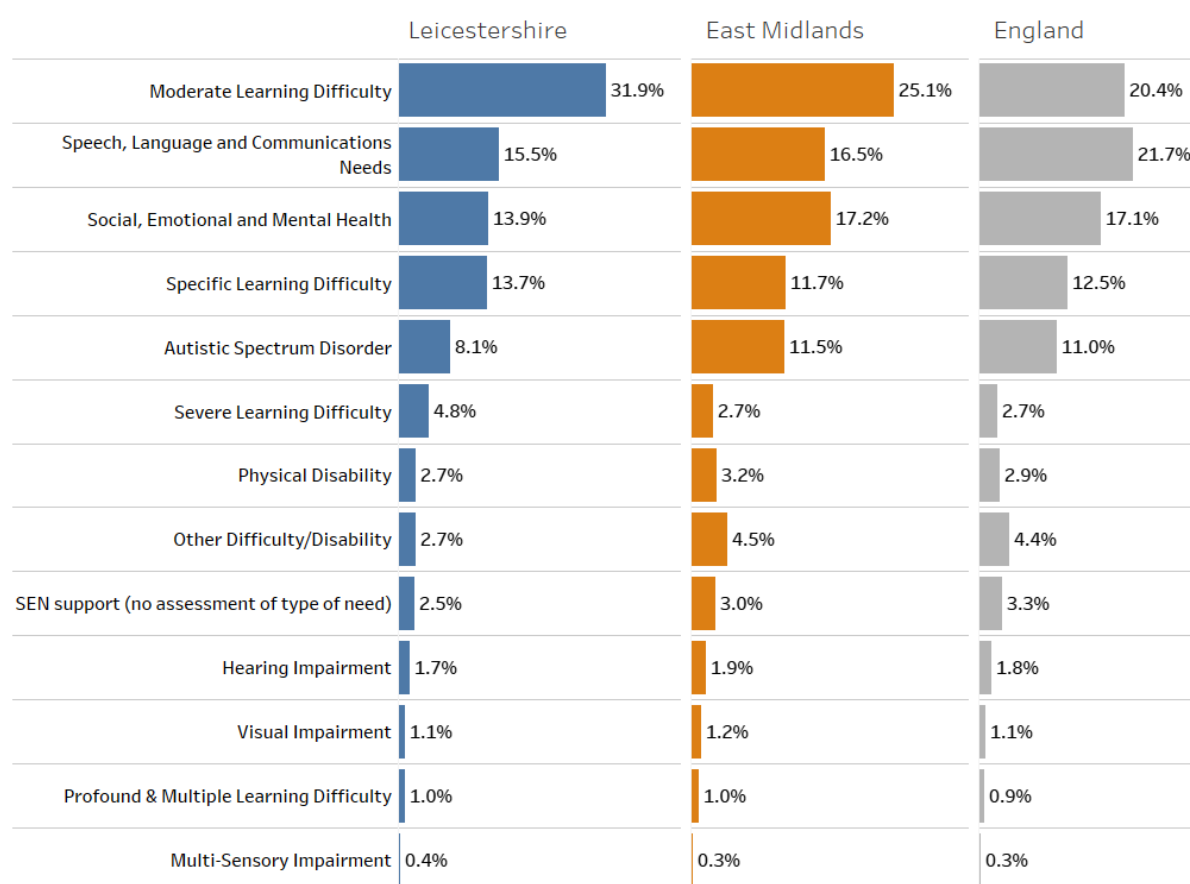
Source: Leicestershire School Census, 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

3.2.3. Primary Need

Figure 25 shows that in Leicestershire in January 2019, the most prevalent type of primary need identified among pupils with SEND (EHCP and SEN support) was Moderate Learning Difficulty, with 31.9% of pupils recorded as having this as their primary need. This is significantly higher than the East Midlands and national average (25.1% and 20.4%, respectively). The second and third most prevalent primary needs are Speech Language and Communication Needs (15.5%) and Social, Emotional and Mental Health (13.9%). For both of these primary needs, Leicestershire is significantly lower than the East Midlands and England averages (see Figure 25 for further details).

In Leicestershire January 2019, the prevalence of pupils with severe learning difficulties was 4.8% which is significantly higher than the East Midlands and England average of 2.7%.

Figure 25: Prevalence of SEND by primary need for all school ages (Excludes Independent schools & Pupil referral units), 2019



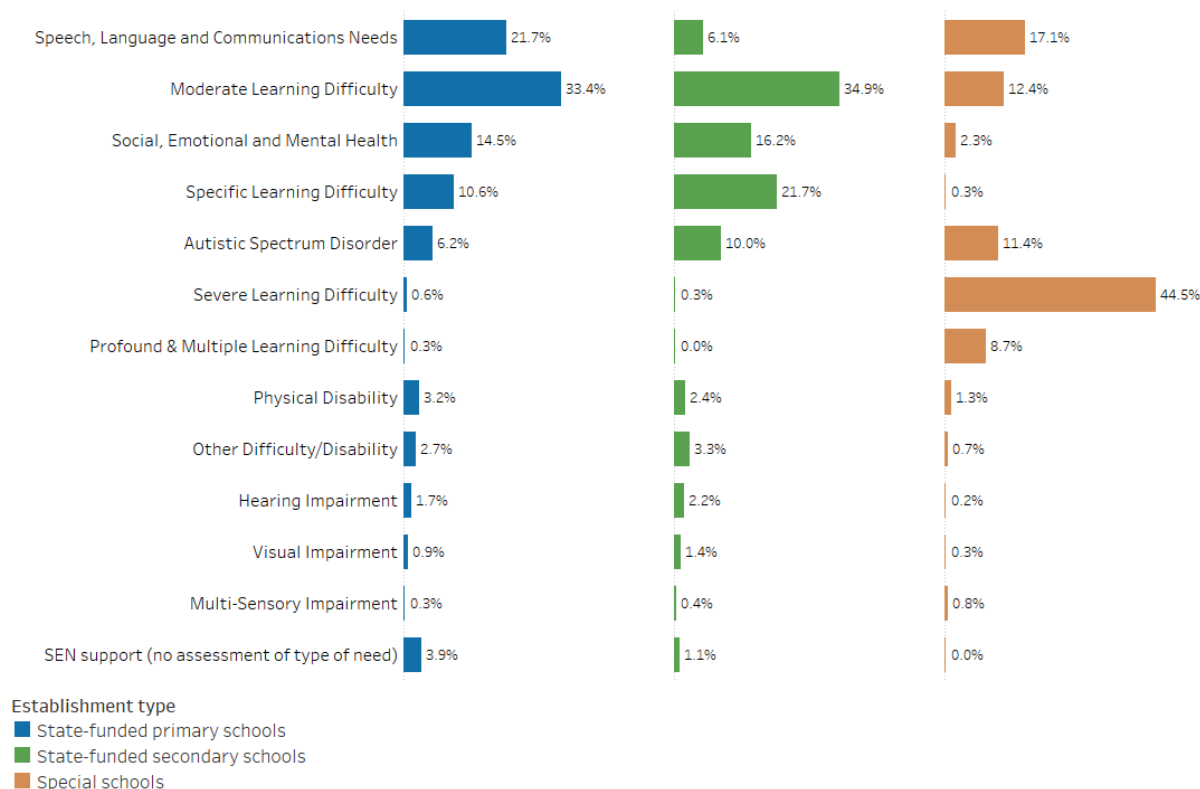
Source: School Census, England, 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

3.2.4. Primary Need by school type

Looking at the School Census for Leicestershire 2019, the percentage of pupils with Speech Language and Communication Needs is significantly higher in primary schools (21.7%) and special schools (17.1%) than secondary schools (6.1%). Leicestershire has a significantly higher proportion of pupils with Speech Language and Communication Needs in special schools (17.1%) than the England average (7.3%). Conversely, the proportion of pupils with Speech Language Communication Needs is significantly lower in primary and secondary schools, in comparison to the England averages for these settings (30.6% and 11.5%, respectively).

Figure 26 shows there is a significantly higher percentage of pupils with Autistic Spectrum Disorder in secondary and special schools than in primary schools. The percentage of pupils with Autistic Spectrum Disorder in primary schools is 6.2%, which is significantly lower than the England average of 7.2%. The percentage of pupils with Autistic Spectrum Disorder in special schools is 11.4%, which is significantly lower than the England average of 29.8%.

Figure 26: Prevalence of primary need by state-funded primary, secondary and special schools for pupils with any SEND in Leicestershire, January 2019

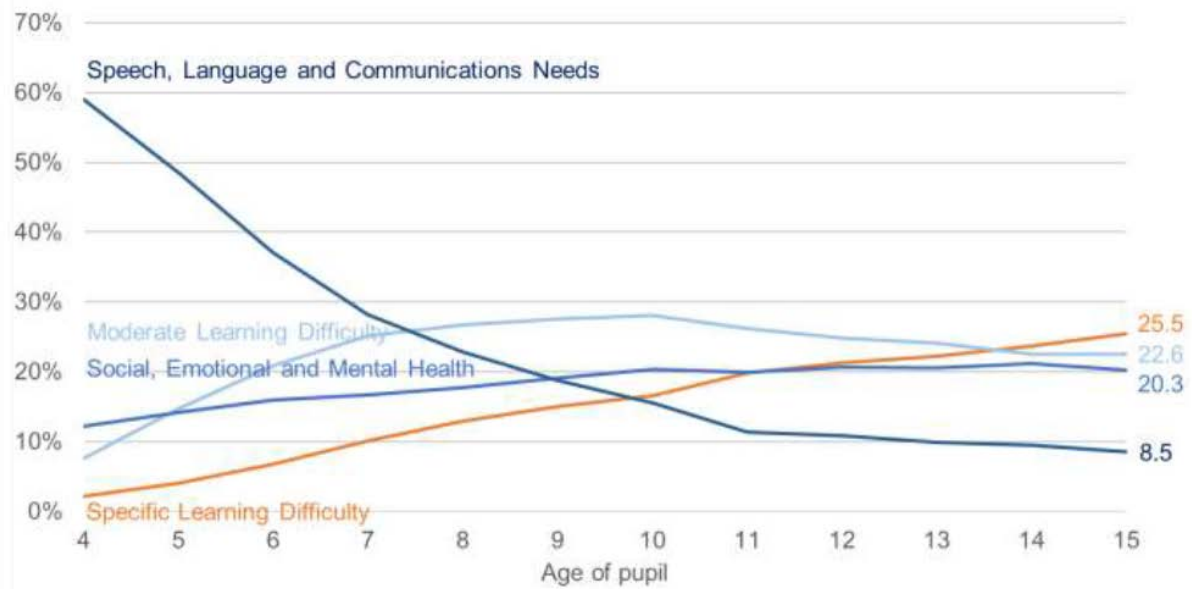


Source: School Census, England, 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

3.2.5. Age and primary need

Looking at national school census data, the most prevalent types of need among those with SEN support changes as age increases. Figure 27 shows that in January 2019, 59% of 4-year-olds receiving SEN support have Speech Language and Communication Needs as their primary need. This reduces to 8.5% by the age of 15. At age 10, the most prevalent primary need for pupils with SEN support is Moderate Learning Difficulty (28.0%). This is also the age at which this type of need is most prevalent. At age 15 the most prevalent type of primary need for pupils with SEN support is Specific Learning Difficulty at 25.5%, compared with 17.0% at age 10 and 4.0% at age 5.

Figure 27: Prevalence of need by age for pupils with SEN support in state-funded primary, secondary and special schools, England, January 2019



Source: School Census, England, 2019

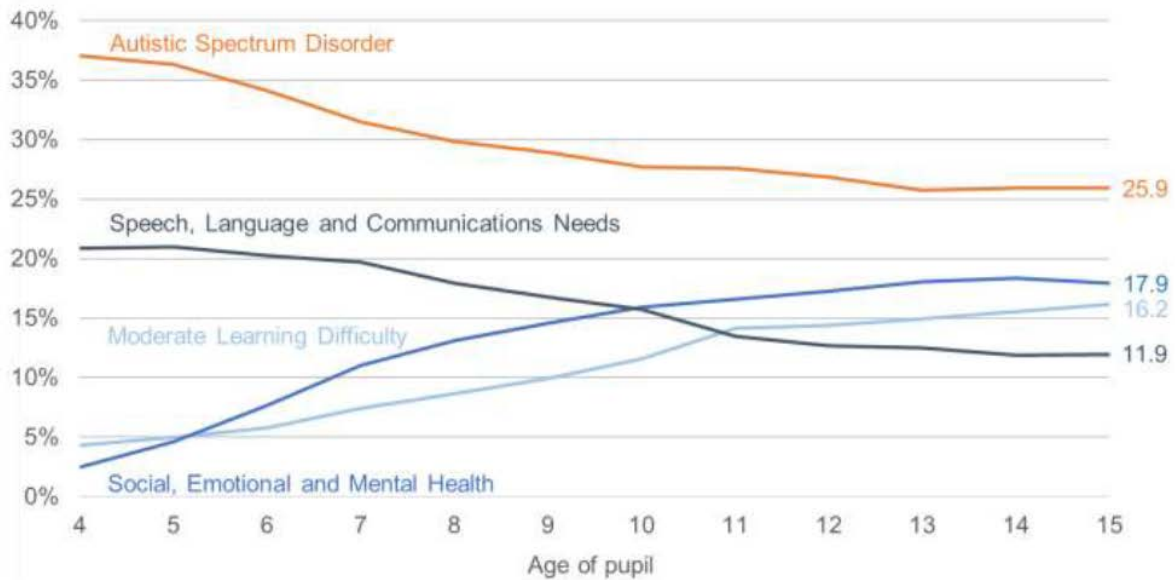
The difference between age groups is less distinct for pupils with an EHCP in England, however, in January 2019, Moderate Learning Difficulty and Social Emotional and Mental Health are both more prevalent in older pupils. In January 2019, the percentage of pupils with an EHCP with Social Emotional and Mental Health needs at age 4 was 2.5%, compared to 17.9% at age 15.

In January 2019, the percentage of pupils with an EHCP with Moderate Learning Difficulties at age 4 in Leicestershire, was 4.3%, compared to 16.2% at age 15.

Speech Language and Communication Needs continues to show a decrease as age increases for pupils with an EHCP, but to a lesser extent than among pupils receiving SEN support. Figure 28 shows that in January 2019, 20.8% of children aged 4 receiving SEN support have a primary type of need of Speech Language and Communication Needs. This decreases to 11.9% by the age of 15.

Autistic Spectrum Disorder is the most prevalent primary type of need across pupils with an EHCP between the ages of 4 to 15; Figure 28 shows that this is highest at age 4 (37.0%) and reduces to 25.9% at age 15.

Figure 28: Prevalence of need by age for pupils with EHCP/ statement in state-funded primary, secondary and special schools, England, January 2019



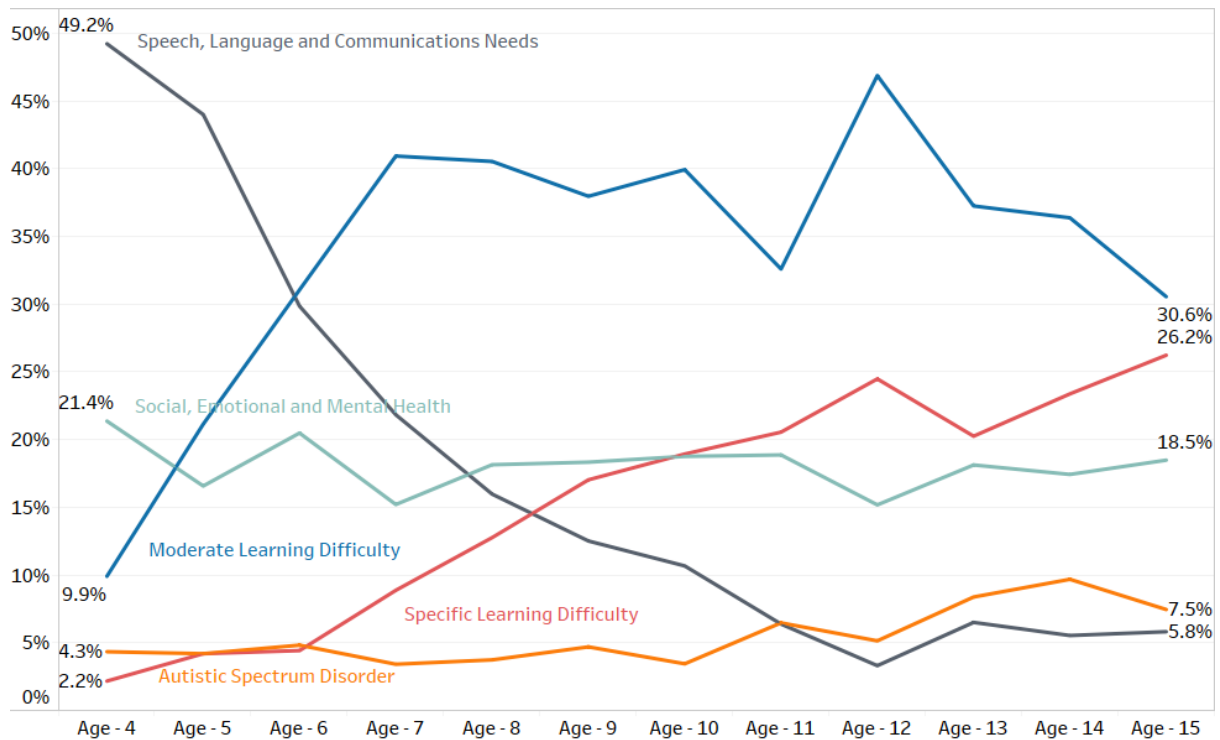
Source: School Census, England, 2019

Looking at the latest School Census data for Leicestershire 2020, the most prevalent types of need among those with any SEND changes as age increases as shown in Figure 29. Speech Language and Communication Needs follows the national pattern reducing as age increases. At age 4 almost half of pupils (49.2%) with any SEND provision have a primary type of need of Speech Language and Communication Needs, as shown in Figure 29. This reduces to 5.8% by the age of 15.

The prevalence of pupils with Moderate Learning Difficulties increases sharply with age from 9.9% at age 4 to 41.0% at age 7 and peaks at age 12 at 47.0%. Moderate Learning Difficulty remains the most prevalent type of need until age 15.

The prevalence of Specific Learning Difficulty increases steadily with age from 2.2% at age 4 to 26.2% at age 15 and is also the second most prevalent need.

Figure 29: Prevalence of need by age for pupils with any SEN in state-funded primary, secondary and special schools, Leicestershire, January 2020



Source: Leicestershire School Census, 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

3.2.6. Deprivation

The Spring School Census collects information about pupils SEND status and where they live. Looking at where pupils live using data from the Leicestershire Spring School Census 2020, non-SEND pupils in Leicestershire are more likely to live in the least deprived areas. The percentage of pupils with SEND living in the least deprived 20% of areas is 19.8%, this is significantly lower than non-SEND pupils (26.6%).

Figure 30 shows that non-SEND pupils are more represented in the four least deprived deciles, similar in the middle, then lower in each of the most deprived 50%.

There is a significantly higher proportion of pupils with SEND (SEN support or and EHCP's) living in areas with higher deprivation (decile 1 to decile 5), compared to pupils with no SEND. In contrast, there is a higher proportion of pupils without SEND living in more less deprived areas (decile 8, 9 and 10) than pupils with SEND.

Figure 30: Percentage of children living in deprived areas by SEND status, Leicestershire 2020.

	Decile 1 - 0 - 10% (most deprived)	Decile 2 - 10 - 20%	Decile 3 - 20 - 30%	Decile 4 - 30 - 40%	Decile 5 - 40 - 50%	Decile 6 - 50 - 60%	Decile 7 - 60 - 70%	Decile 8 - 70 - 80%	Decile 9 - 80 - 90%	Decile 10 - 90 - 100% (least deprived)
No SEN	3.8%	2.9%	6.4%	7.8%	11.8%	8.8%	18.2%	13.8%	15.7%	10.9%
SEN Support	6.4%	4.1%	8.5%	9.8%	12.9%	8.8%	17.4%	12.6%	11.5%	8.0%
EHCP	4.7%	4.3%	10.2%	9.5%	13.1%	8.7%	17.2%	11.7%	12.4%	8.4%

Significantly higher than No SEN

Significantly lower than No SEN

Source: Leicestershire School Census, 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

3.2.7. Free School Meals (FSM)

The Education Act 1996 requires maintained schools and academies (including Free Schools) to provide free school meals (FSM) to disadvantaged children and young people who are aged 5 - 16 years old.³⁶

In January 2019, for all school types in England, 15.4% of pupils were eligible for and claiming free school meals. National data from the 2019 School Census shows that pupils in any SEND category are more likely to be eligible for free school meals and live in an area of greater economic deprivation. **Error! Bookmark not defined.** In England 2019, 28.0% of pupils with special educational needs were eligible for FSM compared to 13.2% of pupils without SEND. Pupils with EHCP's are significantly more likely to be eligible for free school meals (32.7%) than pupils on SEN support (27.2%).

The largest difference occurs with pupils with Social, Emotional and Mental Health as their primary type of need, where 34.0% of pupils with SEN support and 43.0% of pupils with an EHCP are eligible for free school meals, compared to 13.2% of pupils without SEND.

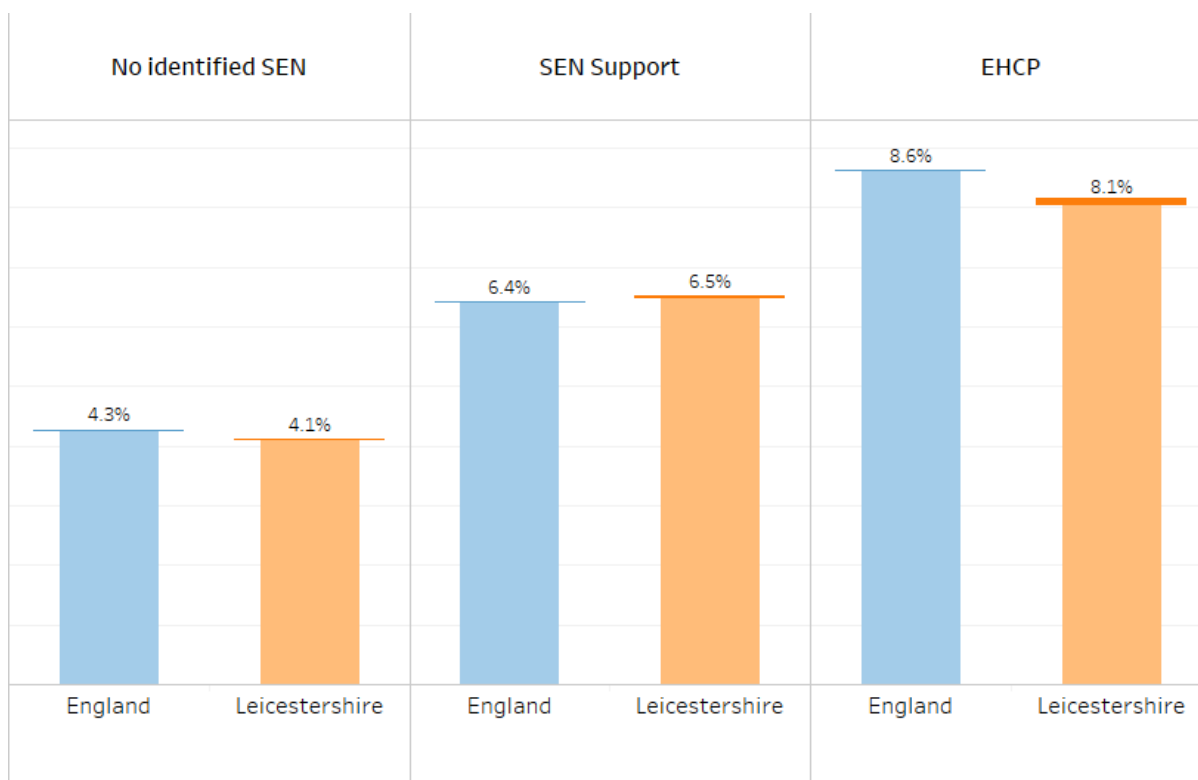
Looking at the latest School Census data for Leicestershire (January 2020), 25.6% of pupils with an EHCP were eligible for free school meals, which is significantly higher, more than three times as high, as pupils without SEND that were eligible for FSM (7.2%). In Leicestershire 2020, 19.7% of pupils with SEN support were eligible for free school meals, which is significantly higher than pupils without SEND that were eligible for FSM (7.2%).

3.2.8. Absence

Analysis conducted by the Department for Education in 2016 of pupil's attainment at Key Stage 2 and 4 by absence rate, found that as the level of overall absence increases the likelihood of achieving key attainment outcomes at the end of KS2 and KS4 decreases. When controlling for other factors known to affect achievement, such as prior attainment and pupil characteristics, overall absence has been shown to have a statistically significant negative link to attainment.³⁷

Absence rates for pupils with SEND are significantly higher than for pupils without SEND in England and Leicestershire. In 2018/19 (academic school year), the overall absence rateⁱ for pupils with an education healthcare plan (EHCP) in Leicestershire, was 8.1%, which is significantly lower than the England rate (8.6 %). For pupils with SEN support, the absence rate was 6.5% for pupils in Leicestershire, which is significantly higher than the England rate (6.4%). Pupils with no identified SEND had an absence rate of 4.1% in Leicestershire, which is significantly lower than England (4.3%). See Figure 31 for further details.³⁸

Figure 31: Pupil absence by SEND provision for Schools in England compared with Leicestershire - % Absent Sessions (2018/19, six half terms)



coverage, Measure Names
 ■ England, %
 ■ England, confidence interval
 ■ Leicestershire, %
 ■ Leicestershire, confidence interval

Source: School Census, England, 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

Pupils missing ten percent or more of their own possible school sessions are classified as persistent absentees. The persistent absence rateⁱⁱ in Leicestershire, for the 2018/19

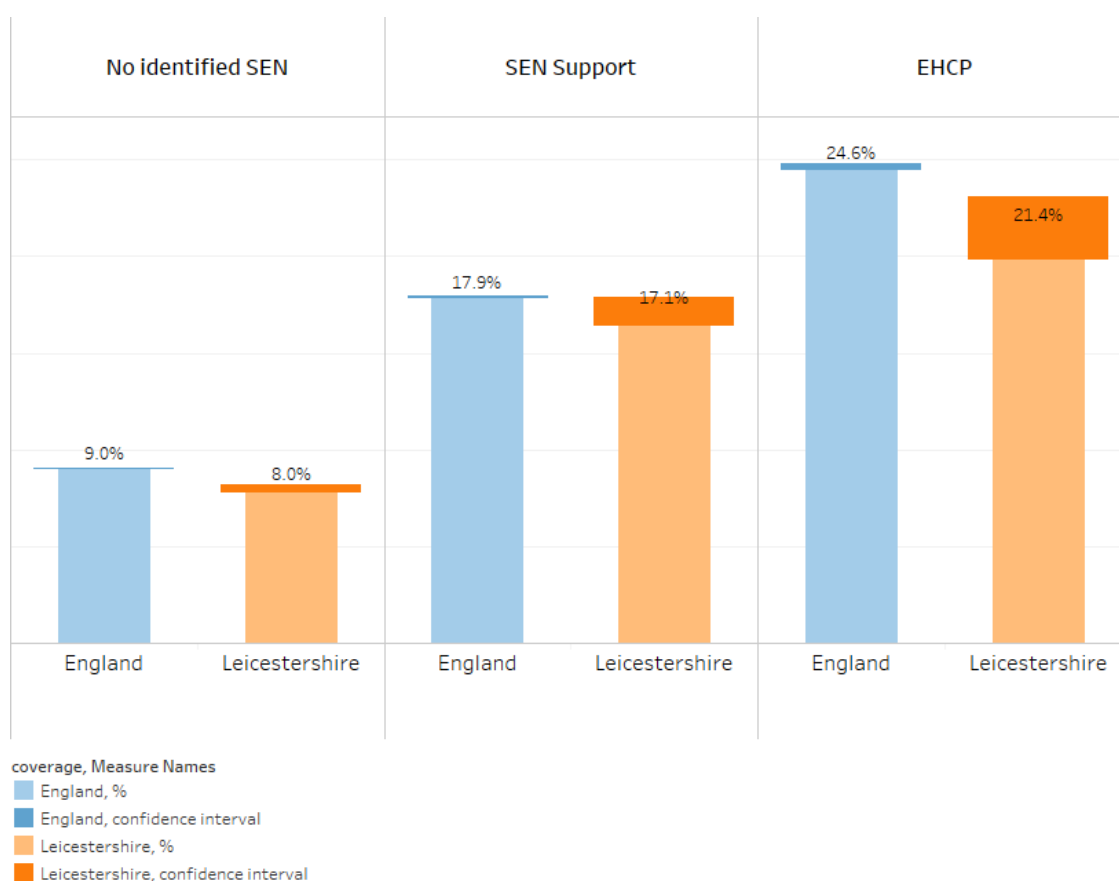
ⁱ number of sessions missed (authorised or unauthorised) expressed as a percentage of the total number of possible sessions

ⁱⁱ Pupil enrolments missing 10 percent or more of their own possible sessions (due to authorised or unauthorised absence) are classified as persistent absentees.

academic school year, for pupils receiving SEN support was 17.1% which is statistically similar to the England rate of 17.9%, as shown in Figure 32.

For pupils with an EHCP in Leicestershire, the persistent absence rate was 21.4% which is more than two-times higher than the rate for pupils with no identified SEND (8.0%). This is significantly lower than the England persistent absence rate of 24.6%.

Figure 32: Persistent pupil absence by SEND provision for Schools in England compared with Leicestershire - % Persistent Absentee Pupils (2018/19)



Source: School Census, England, 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

3.2.9. Exclusion data

Recent reports and statistics indicate that children with SEND are much more likely to be excluded than children without SEND.³⁹ The Timpson Review of School Exclusion (May 2019) was commissioned by the government to examine how schools use exclusion and why some groups of children are more likely to be excluded from school.⁴⁰ The review found that vulnerable groups of children are more likely to be excluded, with 78% of pupils who are permanently excluded either have SEND, are classified as in need or are eligible for free school meals; 11% of permanently excluded children have all three characteristics.

Boys with social, emotional and mental health difficulties (SEMH) but no statement were around 3.8 times more likely to be permanently excluded than a non- SEND child, while girls were around 3.0 times more likely after controlling for other factors.

The report also examined the attainment of excluded pupils who reached the end of Key Stage 4 in 2015/16, with the attainment of pupils who had not been excluded. The attainment of pupils receiving a permanent exclusion is considerably lower than that for pupils who have never received either a permanent or fixed period exclusion on all attainment measures. Among those receiving some form of exclusion, attainment is highest for those receiving only one fixed period exclusion during their school career and lowest for those receiving a permanent exclusion.

3.2.9.1. Fixed period exclusions

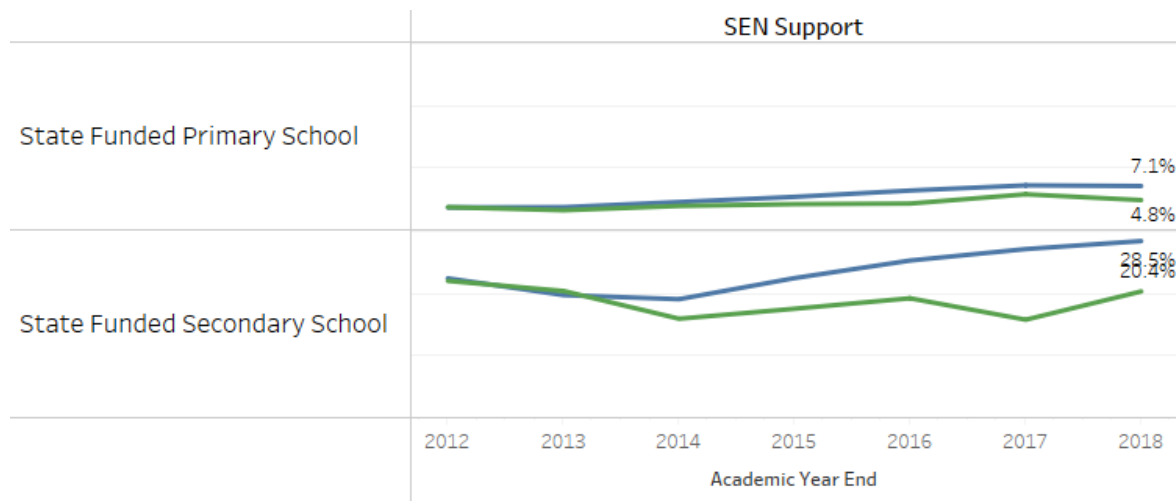
A fixed period exclusion refers to a pupil who is excluded from a school for a set period of time. The latest national fixed period exclusion rateⁱⁱⁱ in 2017/18 for pupils on SEN support was 15.1%, compared to 16.0% for pupils with statements or EHCP's and 3.4% of pupils with no SEND.⁴¹

In Leicestershire, the fixed period exclusion rate for pupils on SEN support in 2017/18 was 11.2%, compared to 7.8% for pupils with statements or EHCP's.

Figure 33 and Figure 34 below show permanent exclusions in Leicestershire and England over time split by school. The rate of fixed period exclusions is much lower in primary schools than in secondary schools. For pupils on SEN support there were 4.8% fixed period exclusions in primary schools and 20.4% in secondary schools in Leicestershire in 2017/18 (see Figure 33). For pupils with an EHCP, there were 7.7% fixed period exclusions in primary schools and 19.2% in secondary schools in Leicestershire in 2017/18 (see Figure 34). Pupils on SEN support in Special schools in Leicestershire have a significantly lower fixed period exclusion rate (2.4%) compared to the England average (12.3%). Overall, Leicestershire has significantly lower rates of fixed exclusions for all pupils with SEND when compared to England rates.

ⁱⁱⁱ The number of pupil enrolments receiving one or more fixed period exclusion expressed as a percentage of the number of pupils (including sole or dual main registrations and boarding pupils) with the same SEN status at January 2018.

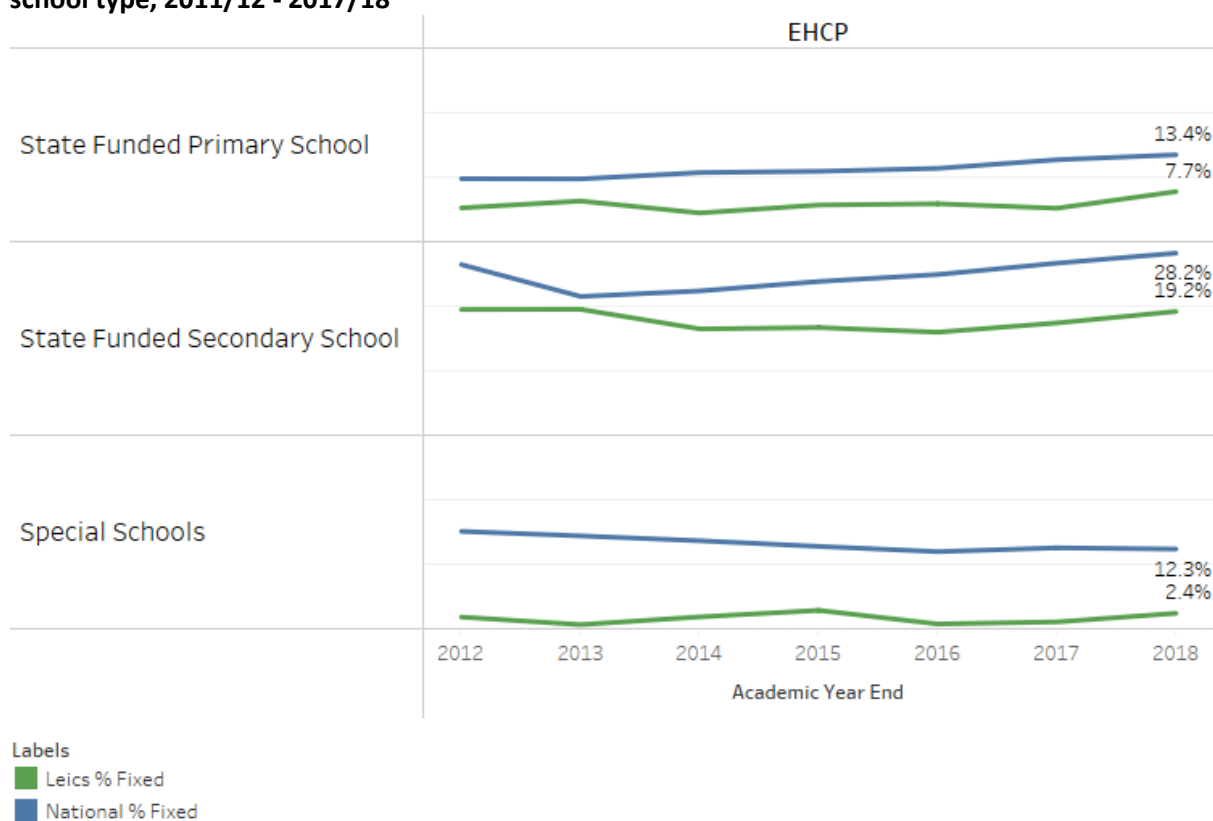
Figure 33: Fixed period exclusions for pupils with SEN support at time of exclusion by school type, 2011/12 - 2017/18



Labels
■ Leics % Fixed
■ National % Fixed

Source: School Census, England, 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

Figure 34: Fixed period exclusions for pupils with an EHCP/ statement at time of exclusion by school type, 2011/12 - 2017/18



Source: School Census, England, 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

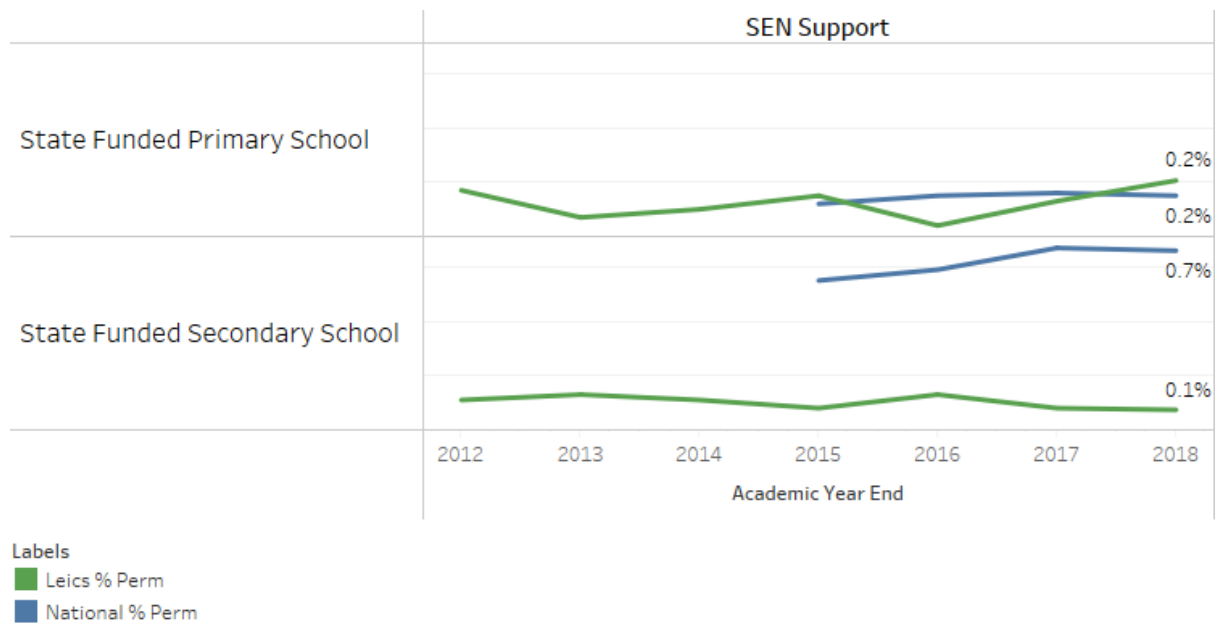
3.2.9.2. Permanent Exclusions

A permanent exclusion refers to a pupil who is excluded and therefore will not come back to that school (unless the exclusion is overturned). The latest national data from 2017/18 for permanent exclusions shows the permanent exclusion rate^{iv} for pupils on SEN support in 2017/18 was 0.3%, compared to 0.2% for pupils with statements or EHCP’s and 0.1% of pupils with no SEND.

Figure 35 shows permanent exclusions for pupils with SEN support in Leicestershire over time split by school. In Leicestershire 2017/18 the permanent exclusion rate for pupils on SEN support was significantly lower in secondary school (0.1%) when compared to England (0.7%). In Leicestershire there have been no permanent exclusions of pupils with SEND in special schools in the last 5 years (2013/14 - 2017/18).

^{iv} The number of permanent exclusions expressed as a percentage of the number of pupils (including sole or dual main registrations and boarding pupils) with the same SEN status at January 2018.

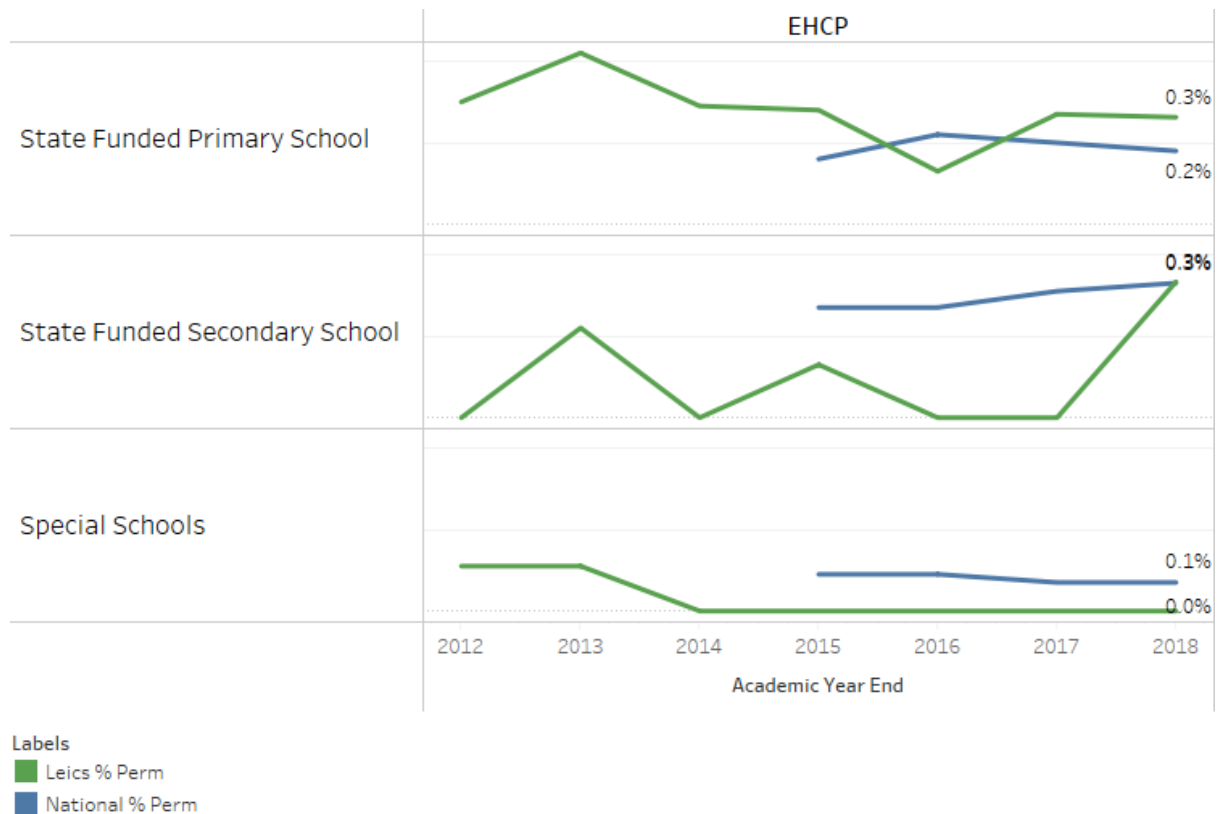
Figure 35: Permanent Exclusions for pupils with SEN support at time of exclusion by school type, 2011/12 -2017/18



Source: School Census, England, 2019. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

Figure 36 shows a permanent exclusion rate for pupils with an EHCP in Leicestershire 2017/18 of 0.3% in primary and secondary schools. This is statistically similar to the England rate of 0.2% in primary schools and 0.3% in secondary schools.

Figure 36: Permanent Exclusions for pupils with an EHCP/ statement at time of exclusion by school type, 2011/12 - 2017/18



Source: School Census, England, 2019. Produced by the Business Intelligence Service, Leicestershire County Council 2020

3.2.9.3. Exclusion by type of Need and Reason

In England, pupils Social Emotional and Mental Health needs accounted for 61% of all permanent exclusions and 53% of all fixed period exclusions.⁴¹ Local School Census data for Leicestershire shows that pupils with this type of need also had the highest rate of fixed period exclusions at 34.4% of all fixed period exclusions.

Nationally, the main reason for exclusions in 2017/18 was persistent disruptive behaviour accounting for 37.0% of permanent exclusions and 30.0% of fixed term exclusions in 2017/18. The next most common reasons were physical assault against a pupil, physical assault against an adult and verbal abuse or threatening behaviour against an adult. In special schools alone, the most common reason for exclusion was physical assault against an adult, accounting for 40.0% of permanent exclusions and 30.0% of fixed period exclusions.

3.3. Children with SEND in Early Years

3.3.1. Identification of SEND in Early Years

According to the Royal College of Paediatrics and Child Health, early identification of children with an atypical pattern of development, or with significant impairments that are likely to result in disability, is important so that:

- The cause can be investigated
- A diagnosis, or clear understanding of the child's strengths and difficulties, is provided for the family
- Therapeutic interventions from a multidisciplinary team can be initiated
- Information about services and benefits can be provided to parents and carers
- Service planning can be coordinated with Early Years services to facilitate access to nursery and preschool education

Disabilities and special educational needs (SEN) are identified and assessed in different ways. Disabilities are usually identified by medical professionals, whilst SEN is a more fluid concept and children may move in or out of categories of SEN over the course of their school life.⁴²

3.3.2. Child development outcomes at 2 - 2½ years

The 2 to 2½ year review is offered to all families. It is led by a health visitor and can take place at the home, local clinic or children's centre. The universal two-year review provides an opportunity to discuss and promote a child's health and development and to identify children who are not developing as expected and who may require additional support.

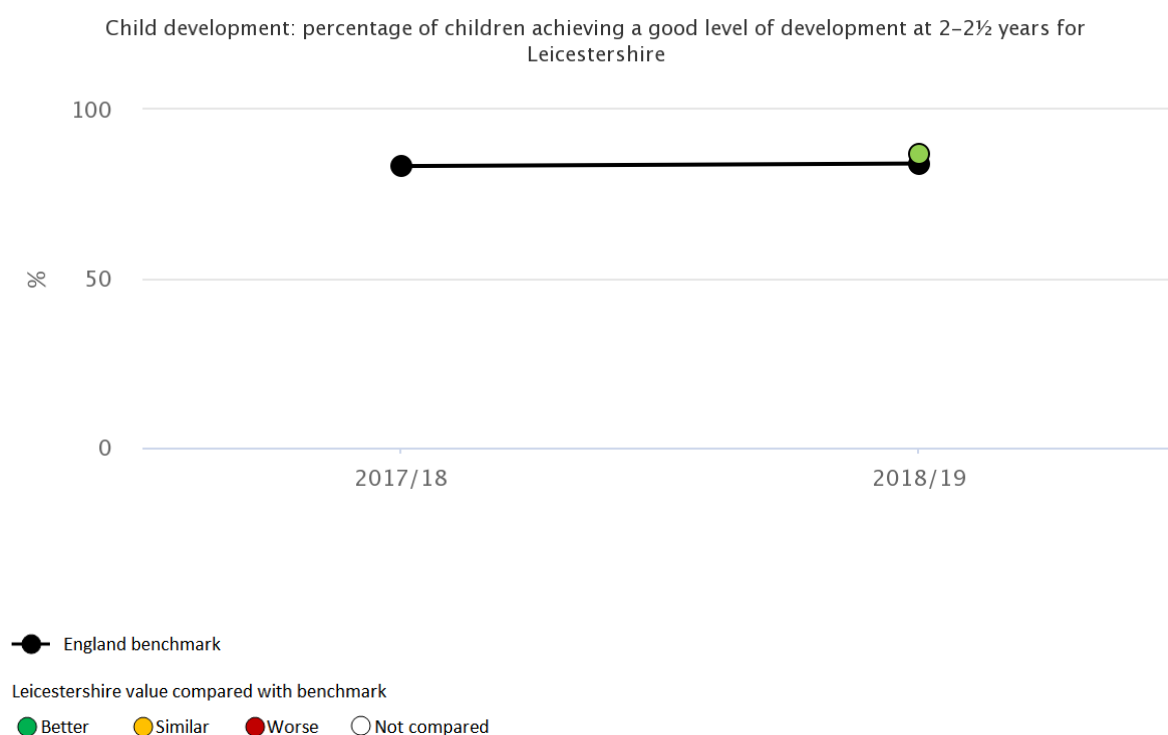
The review is an opportunity to:

- assess the health and development of the child within the context of his or her environment of home and family circumstances
- ensure that families are linked in with the right services and support
- identify and address issues the parent or carer may have regarding the child's health

As part of the review, health visitors will work with parents to complete an Ages and Stages Questionnaire (ASQ) about their child's development. The questionnaire covers five areas of development; communication, gross motor skills, fine motor skills, problem solving and personal-social development. Each domain has a minimum score threshold, indicating that a child's development appears to be on schedule (level 3). Where the expected level is not met a level 2 or 1 may be given. Level 2 is support and monitor; support is given by health visitors or early years' practitioners. Where there are developmental concerns (level 1), a referral to another service is made, (for example Speech and Language therapy, Audiology etc.). In Leicestershire, data has been collected using the questionnaire from 1st April 2018.

In Leicestershire, in 2018/19, the percentage of children achieving the expected level of development (Level 3) was significantly better (higher) than the England average in all five areas of development; communication, gross motor skills, fine motor skills, problem solving and personal-social development.⁴³ Figure 37 below shows the percentage of children achieving a good level of development at the 2-2½ year review in Leicestershire was 87.1%. This is significantly better (higher) than the England value of 84.1%.

Figure 37: Percentage of children achieving a good level of development at 2-2 ½ years for Leicestershire, 2017/18 -2018/19

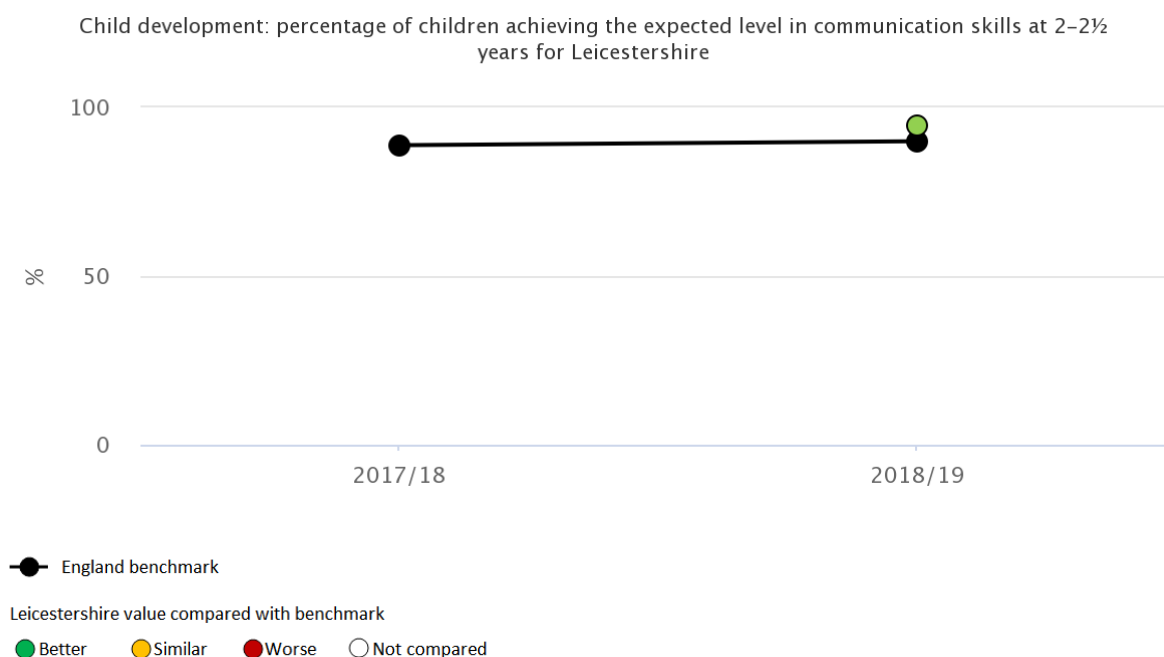


Source: PHE Fingertips, Child and Maternal Health Profile

3.3.3. Language and Communication in Early Years

Children’s language skills develop particularly quickly in the first three years of life. Evidence suggests children with poor language and communication have more educational, social and behavioural difficulties compared to other children **Error! Bookmark not defined.**⁴⁴ They are more likely to be excluded from school and to be involved with the criminal justice system. Research also suggests a link to problems with literacy, mental health and employment in adulthood and there is evidence that poor language skills in adulthood are associated with poor health and poor self-management of chronic conditions.⁴⁵ Figure 38 shows that in 2018/19, 94.4% of children in Leicestershire achieved the expected level in communication skills at 2-2 ½ years which is significantly better (higher) than the England average of 90.0%.

Figure 38: Percentage of children achieving the expected level in communication skills at 2-2 ½ years for Leicestershire, 2017/18 -2018/19



Source: PHE Fingertips, Child and Maternal Health Profile

3.3.4. The Early Years SEND Inclusion Team

The Early Years SEND Inclusion Team in Leicestershire supports children from birth until they go to school, where learning is delayed or where a diagnosis or disability indicates there will be special educational needs. This help may be at home or in their Early years setting.

There are four main team’s which include:

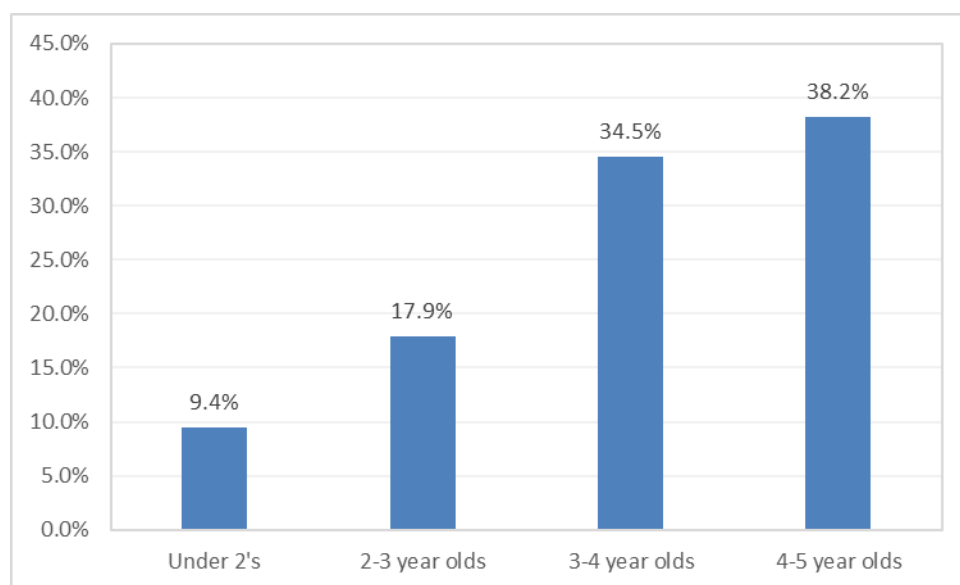
- **Early Years Special Educational Needs (EYSEND)** – This team works with children with a range of needs in early years setting or in the home from around age 2 to 3 until they start school.
- **Early Years Communication and Interaction Team (EYCIT)** - This team works with children with a range of social communication and interaction needs, including Autism in early years setting or in the home from around age 2 to 3 until they start school or into the first half term of school.
- **Early Years Inclusion Practitioners (EYIP)** – This team works intensively with children at risk of exclusion in pre-school and school up until the child is statutory school age.
- **Portage** – This team works with children from 0 to 2½/3 years, often linking with health support (such as downs pathway, genetic needs and neonatal children). Support is generally home teaching.

Local data from the Early Years SEND Inclusion Team for April 2020 show the team were supporting 510 children in Leicestershire.

The percentage of children in early years supported with an EHCP is 22.0% while 21.0% are supported with a statutory assessment and have an EHCP application in progress.

There are more boys than girls supported by the inclusion team overall, with 72.0% boys and 28.0% girls. Figure 39 shows that the percentage of children supported by the inclusion team increases with age, from 9.4% of children under 2 to 38.2% of children aged 4-5 years.

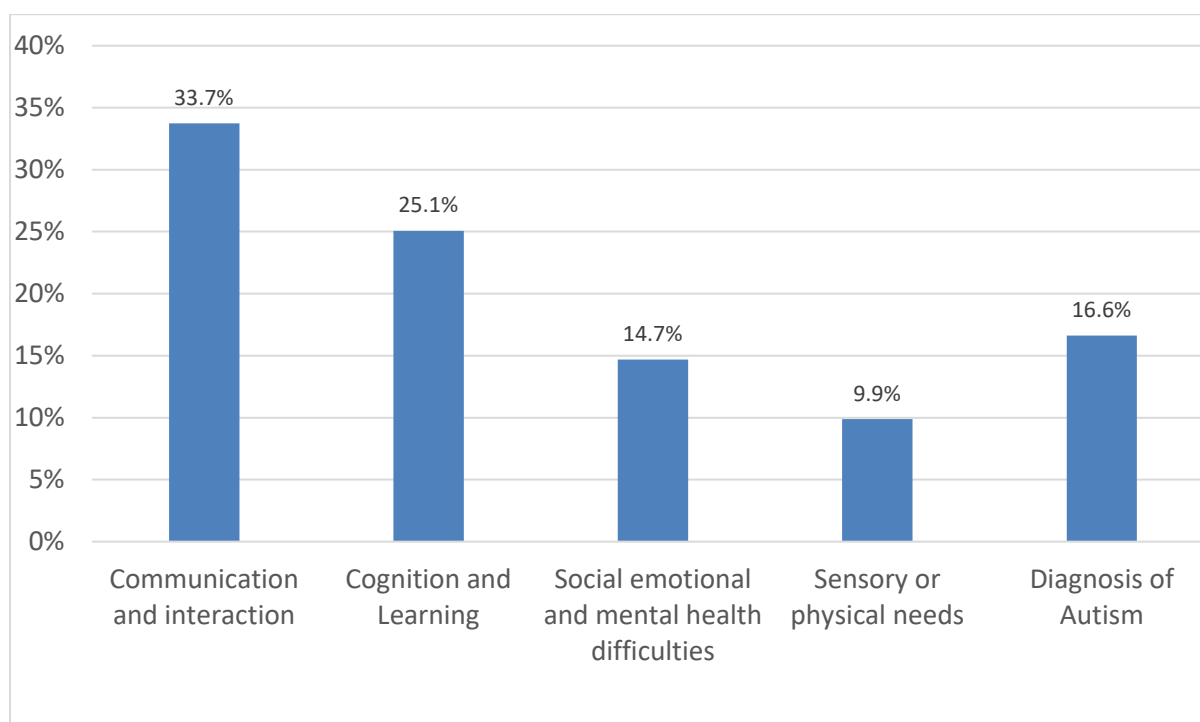
Figure 39: Percentage of children supported by the Early Years SEND Inclusion Team by age range in Leicestershire, April 2020



Source: Early Years SEND Inclusion Team, April 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

Figure 40 shows that as at April 2020, the main broad area of need for children supported by the Early Years SEND Inclusion Service in Leicestershire is Communication and Interaction needs (33.7%), followed by Cognition and Learning needs (25.1%).

Figure 40: Broad area of need of children supported by the Early Years SEND Inclusion Service in Leicestershire, April 2020.



Source: Early Years SEND Inclusion Team, April 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020

3.4. Transitions

Young people with SEND turning 18 may become eligible for adult social care services, regardless of whether they have an EHCP or whether they have been receiving services from children’s social care. This information is not currently routinely collected, but a new project is being set up to improve data collection in this area.

Looking at Leicestershire County Council’s internal data for the period March 2018 to June 2020, there were 713 SEND transitions of pupils identified in Year 12 and 660 SEND transitions of pupils identified in Year 13. Of these pupils, 104 have been identified as receiving commissioned Adult Social Care Services.

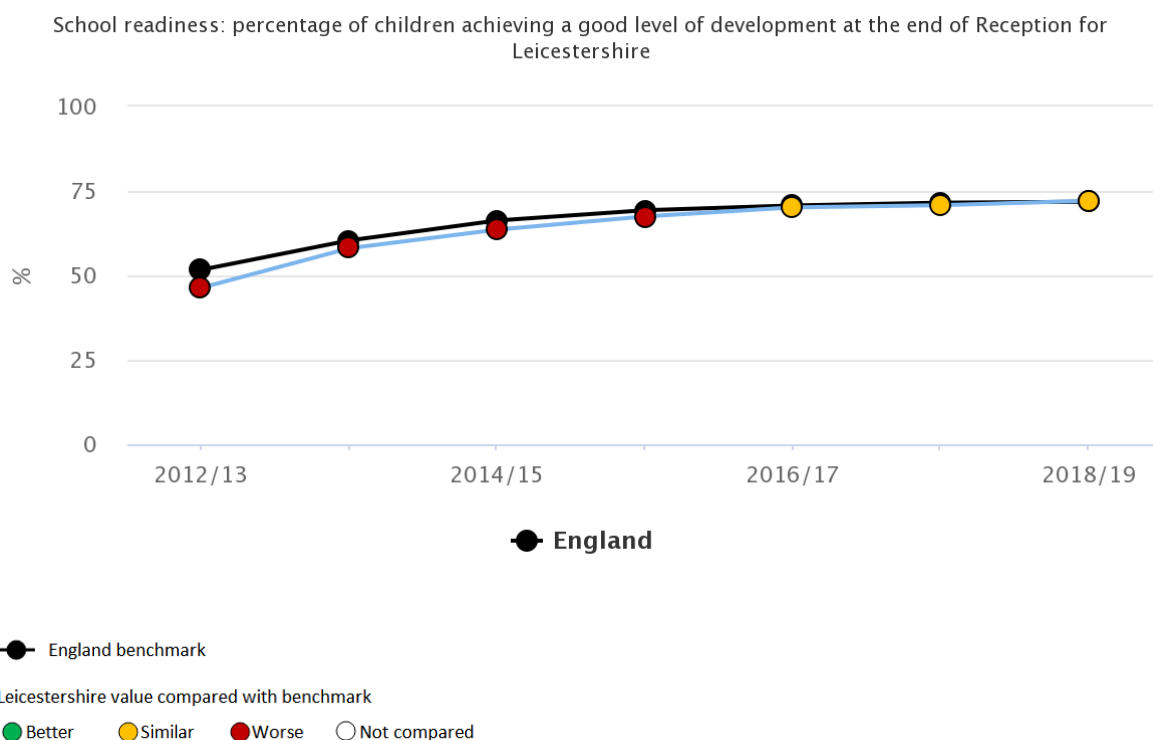
3.5. Educational Outcomes

3.5.1. Foundation Stage – Good Level of Development

The early years foundation stage (EYFS) sets the standards for learning from birth to age five. At the end of foundation year, usually the first year of school, children are assessed against 17 early learning goals (ELGs).⁴⁶ In Leicestershire, the proportion of four to five-year-old’s

who achieve a "good level of development" (achieving 12 out of 17 goals) at the end of Reception in 2018/19 was 72.1%, which is statistically similar to the England average of 71.8%. Over the last five years, the trend for school readiness (percentage of children achieving a good level of development at the end of Reception year) has significantly increased (see Figure 41).

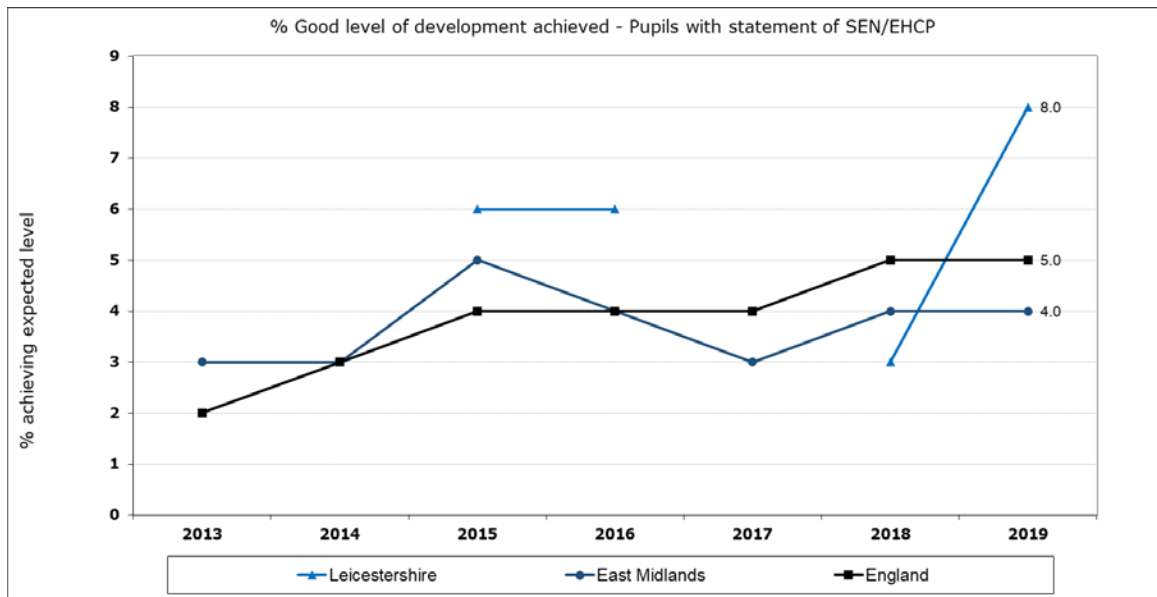
Figure 41: The percentage of children achieving a good level of development at the end of Reception for Leicestershire, 2012/13 – 2018/19



Source: PHE Fingertips, Child and Maternal Health Profile

The proportion of children in Leicestershire in 2019, with SEND achieving a good level of development is significantly lower than for pupils without SEND. In Leicestershire, in 2019, 8.0% of children with an EHCP achieved a good level of development. This is statistically similar to the England and East Midlands average of 5.0% and 4.0% respectively, as shown in Figure 42.

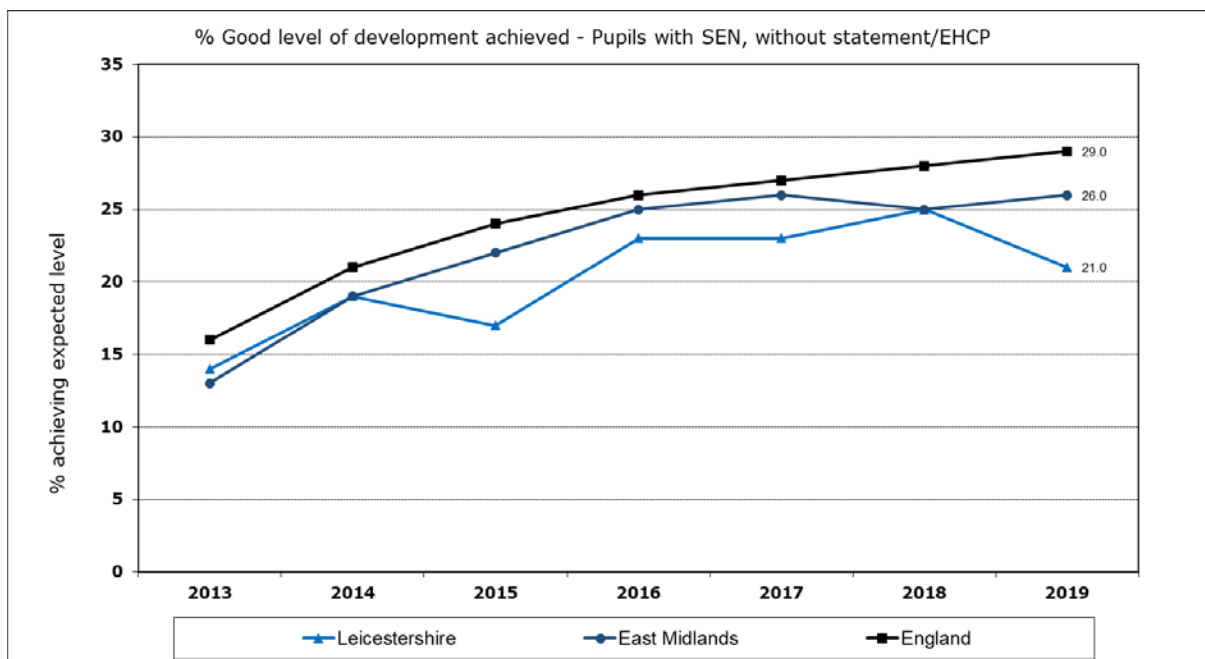
Figure 42: Proportion of four to five year old's with an EHCP/ statement achieving a good level of development, 2013-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019.

Figure 43 shows that for pupils on SEN support in Leicestershire, 21.0% achieved a good level of development in 2019. This is significantly lower than the England average of 29.0% and the East Midlands average 26.0%.

Figure 43: Proportion of four to five year old's with SEN support achieving a good level of development, 2013-2019

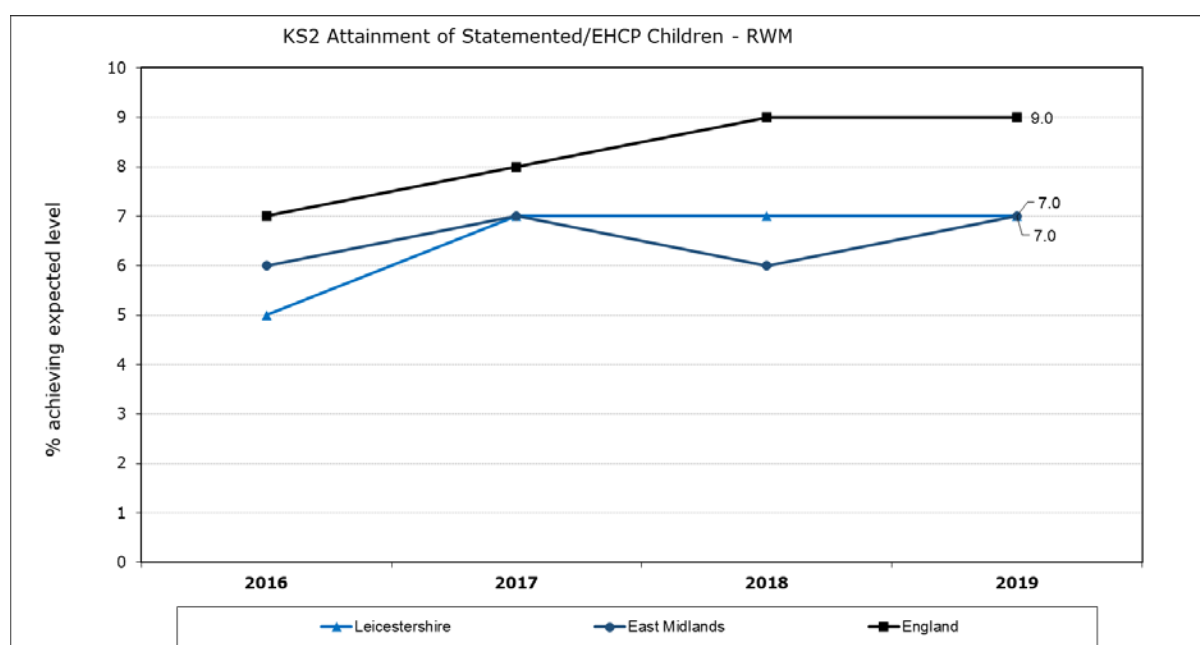


Source: DfE. Local Authority Interactive Tool (LAIT), 2019.

3.5.2. Attainment of pupils at Key Stage 2

The proportion of Year 6 pupils achieving the expected level in Reading, Writing and Maths (RWM) in Leicestershire in 2019 was 67.1%. This is significantly higher than the East Midlands average of 63.2% and the England average of 65.3%. The proportion of pupils with SEND achieving the expected level is much lower. Figure 44 shows that in 2019, for pupils in Leicestershire with a Statement or EHCP, only 7.0% achieved the expected level which is statistically similar to the England average of 7.0% and the East Midlands average of 9.0%.

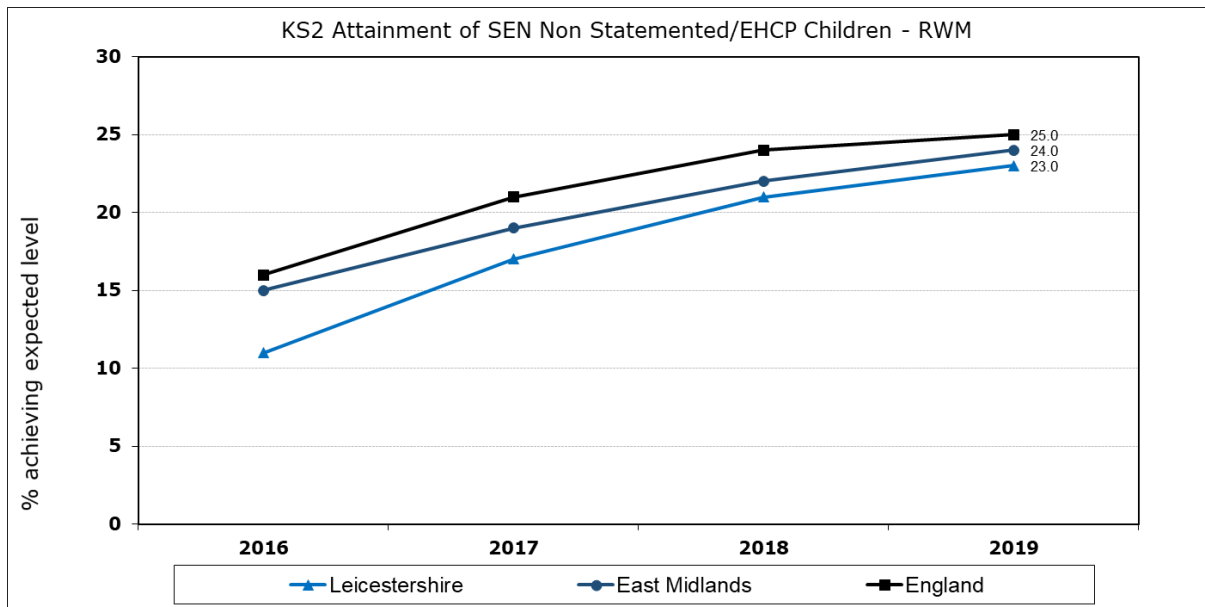
Figure 44: The proportion of Key Stage 2 pupils with an EHCP/ statement achieving the expected level in RWM, 2016-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019.

Figure 45 shows for pupils in Leicestershire, in 2019 with SEN support, 23.0% achieved the expected level at KS2 in RWM. This is statistically similar to the East Midlands average of 24.0% and the England average of 25.0%.

Figure 45: The proportion of Key Stage 2 pupils with SEN support achieving the expected level in RWM, 2016-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019.

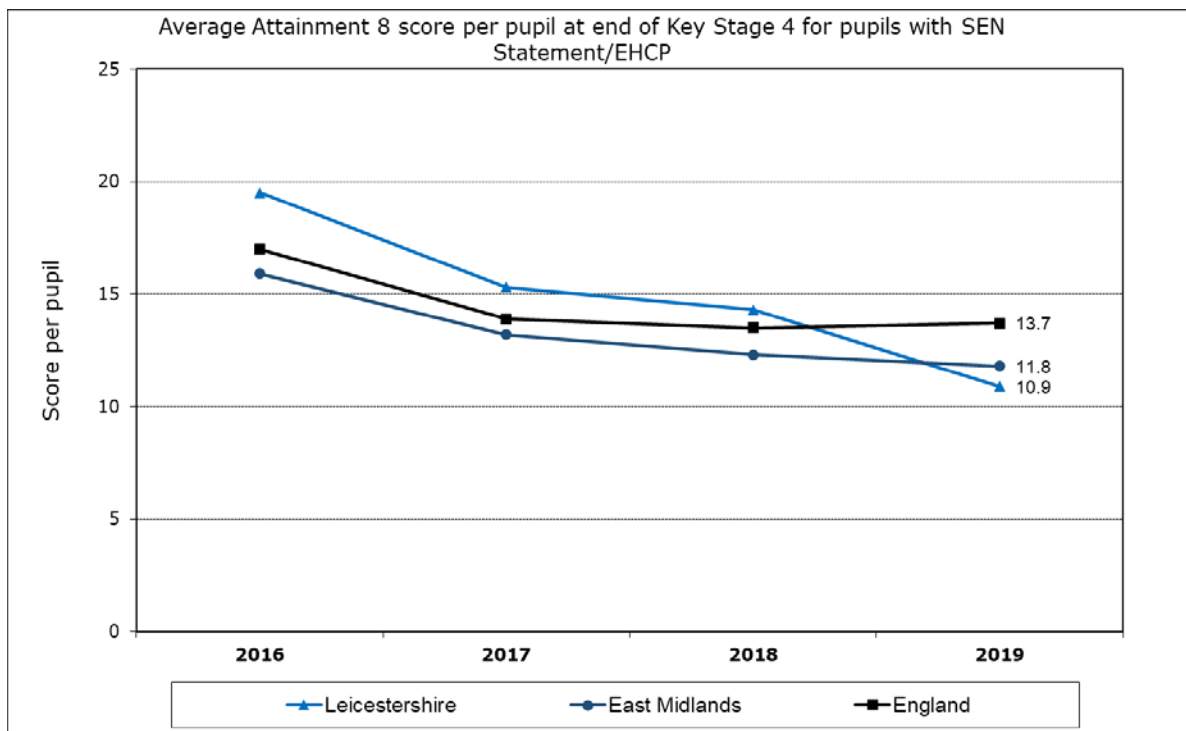
3.5.3. Attainment of pupils at Key Stage 4

Attainment 8 measures the average achievement of pupils at Key Stage 4 in up to 8 GCSE qualifications (or equivalent), including English. The maximum score for any pupil taking only GCSE qualifications is 80; for a pupil who achieves eight A* grades at GCSE in qualifying subjects (taken from DfE 2016 example).⁴⁷

In 2019 the average Attainment 8 score of all pupils in Leicestershire was 46.8, which is statistically similar to the East Midlands average of 45.8 and the England average of 46.0.

For pupils in Leicestershire with SEND, the Attainment 8 score is much lower at 10.9 as shown in Figure 46. Leicestershire is statistically similar to the East Midlands average score of 11.8 and the England average score of 13.7.

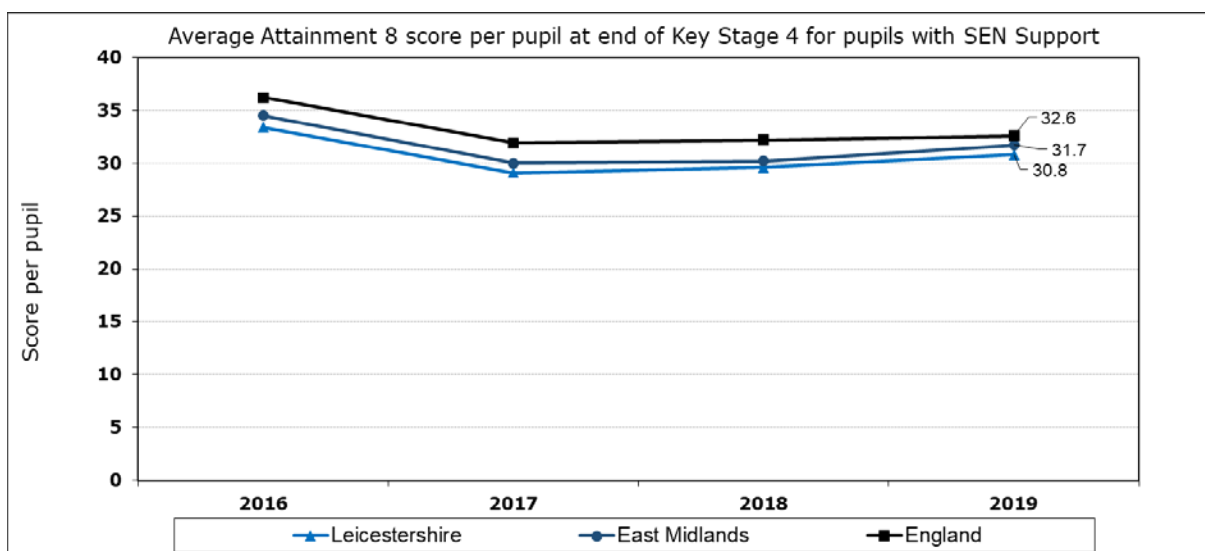
Figure 46: Average Attainment 8 Score for key stage 4 pupils with an EHCP/statement, 2016-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

Figure 47 shows that for pupils in Leicestershire with SEN support, the average Attainment 8 score in 2019 was 30.8. This is statistically similar to the East Midlands average 31.7 and the England average 32.6.

Figure 47: Average Attainment 8 Score for Key Stage 4 pupils with SEN support, 2016-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

3.6. Post-16 Outcomes

The SEN Code of Practice states that young people entering Post-16 education and training should be accessing provision which supports them to build on their achievements at school and which helps them progress towards adulthood. Young people with an Education and Health Care Plan are likely to need more tailored Post-16 pathways.⁴⁸

The department for Education produces an annual report on the destinations of Key Stage 4 pupils aged 16-18.⁴⁹ The report states that in England, pupils with special educational needs were significantly less likely to have any sustained destination than those with no identified SEND, 90% went onto education, employment or apprenticeships compared to 95% of those with no identified SEND.

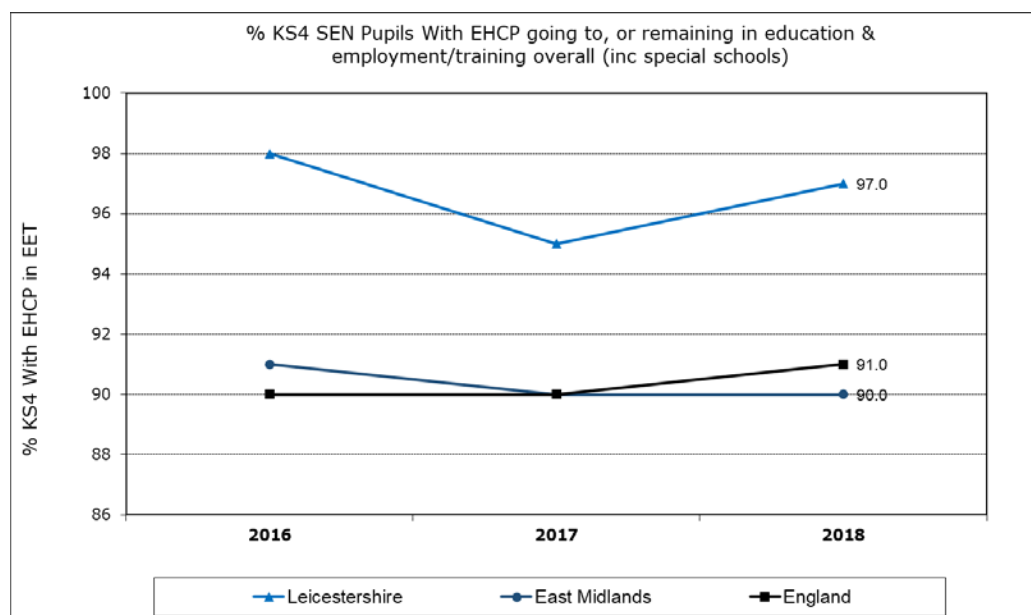
Destinations vary by the type of need. Pupils with Social, Emotional and Mental Health Needs were least likely to go to sustained education (69.0%) and more likely not to have a sustained destination (18.0%) compared to all other types of need.

Looking specifically at special schools 90.0% had an overall sustained education, apprenticeship or employment destination, compared to 94.0% of pupils in state-funded mainstream schools. Over half of pupils attending special schools (53.0%) stayed in the special school sector.

3.6.1. Destinations of Post-16 pupils

Figure 48 shows that in Leicestershire, in 2018, the percentage of all KS4 pupils with an EHCP, going to, or remaining in education, employment or training was 97.0%. This is significantly higher than the East Midlands average of 91.0% and the England average of 90.0%.

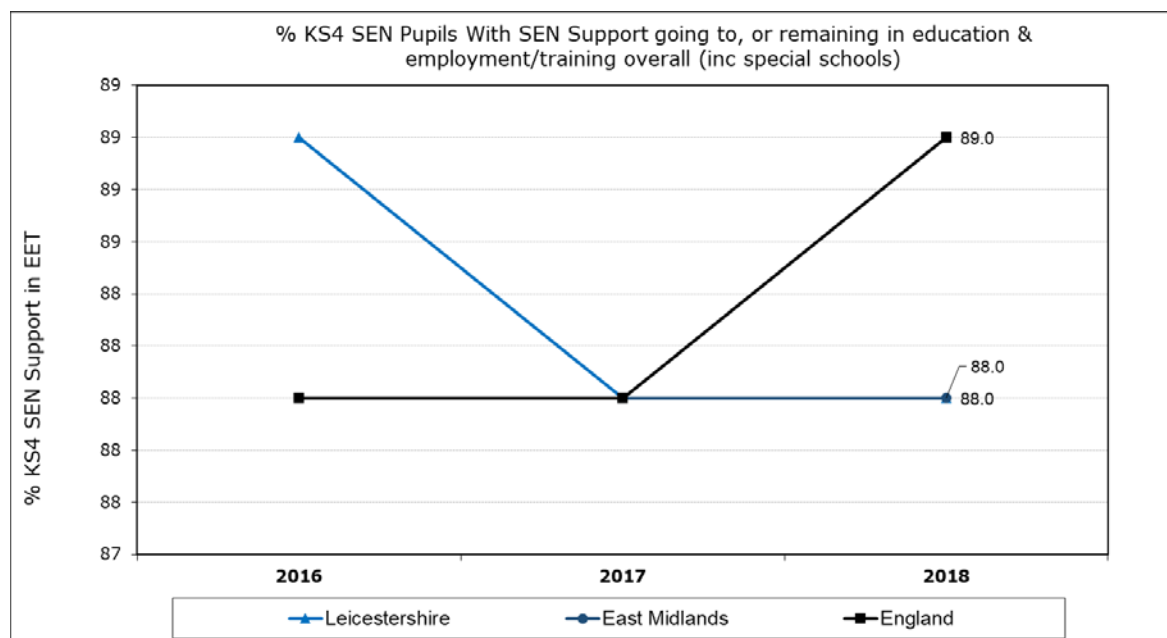
Figure 48: KS4 pupils with an EHCP/ statement going to, or remaining in education & employment / training overall (Inc. special schools), 2016-2018



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

Figure 49 shows the percentage of KS4 SEND pupils in Leicestershire in 2018 with SEN support, going to or remaining in education was 88.0%. This is statistically similar to the East Midlands average of 88.0% and England average of 89.0%.

Figure 49: KS4 pupils with SEN support going to, or remaining in education & employment/training overall (Inc. special schools), 2016-2018



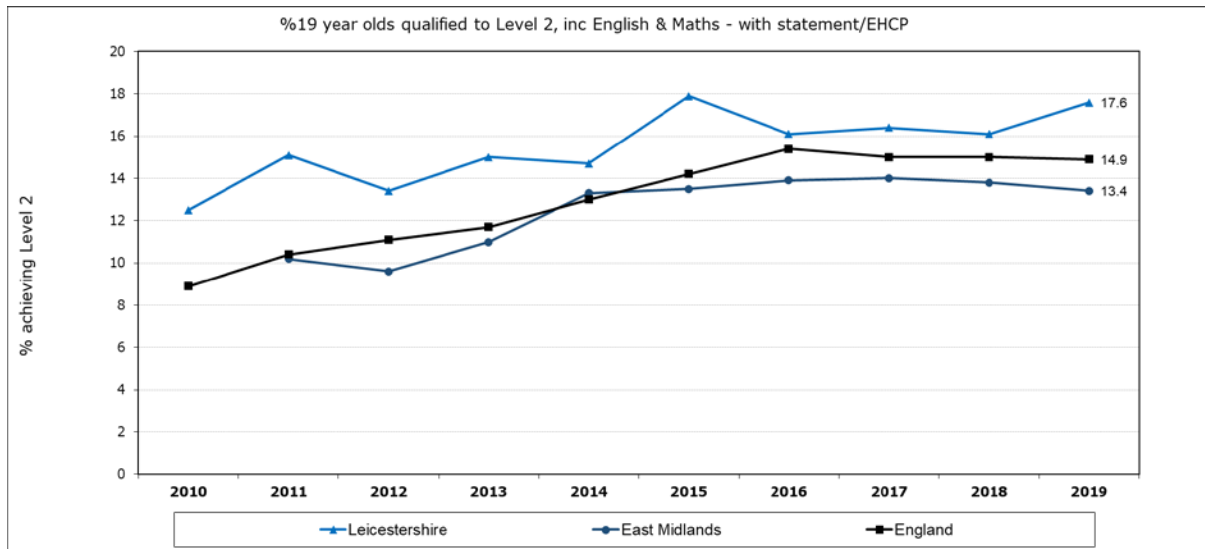
Source: DfE. Local Authority Interactive Tool (LAIT), 2019

3.6.2. Educational Attainment of Post 16 pupils

The percentage of 19-year old's qualified to Level 2, including English and Maths (E&M) in Leicestershire in 2019 without SEND was 75.0%.

Figure 50 shows the percentage of 19-year old's qualified to Level 2, incl. E&M in Leicestershire in 2019 with an EHCP was 17.6%. This is statistically similar to the East Midlands average of 13.4% and the England average of 14.9%.

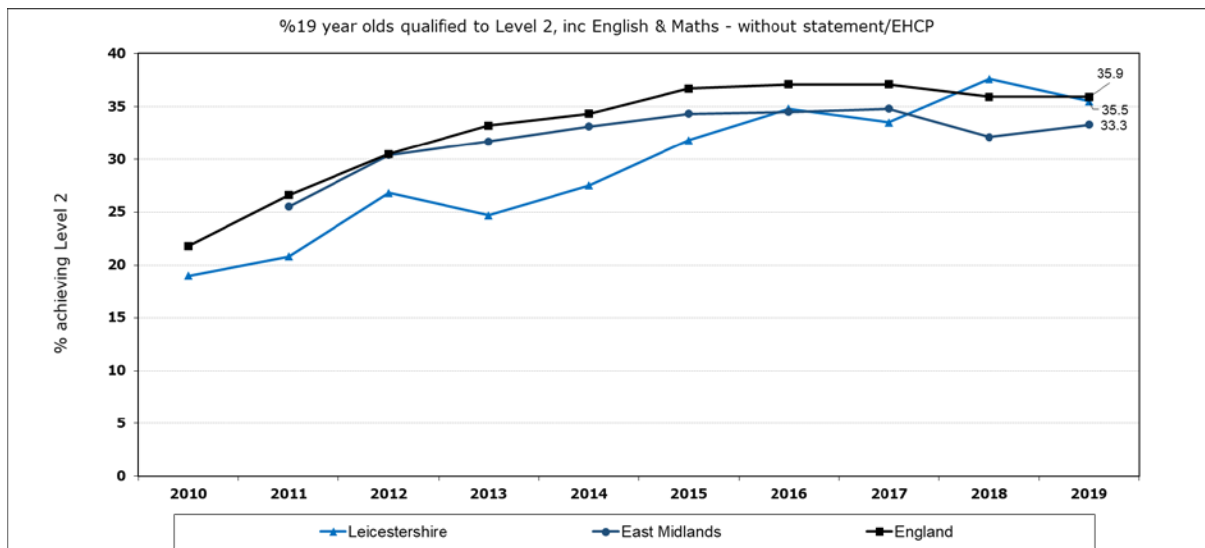
Figure 50: Percentage of 19-year olds qualified to Level 2, incl. E&M with an EHCP/ statement, 2010-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

The percentage of 19-year old’s qualified to Level 2, including E&M in Leicestershire in 2019 with SEN support is 35.5% (as shown in Figure 51). This is statistically similar to the England average of 35.9% and the East Midlands average of 33.3%.

Figure 51: Percentage of 19-year olds qualified to Level 2, incl. E&M with SEN support, 2010-2019

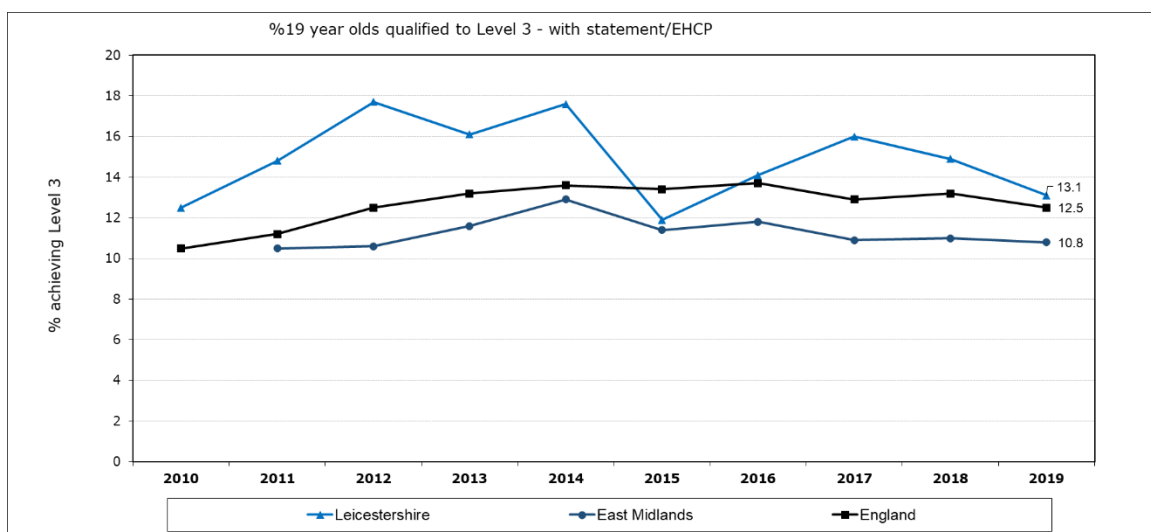


Source: DfE. Local Authority Interactive Tool (LAIT), 2019

The percentage of 19-year old’s qualified to Level 3, including English and Maths (E&M) in Leicestershire 2018 without SEND is 62.5%. Figure 52 shows the percentage of 19-year old’s

qualified to Level 3, including E&M in Leicestershire in 2019 with an EHCP is 13.1%. This is statistically similar to the East Midlands average of 10.8% and England average of 12.5%.

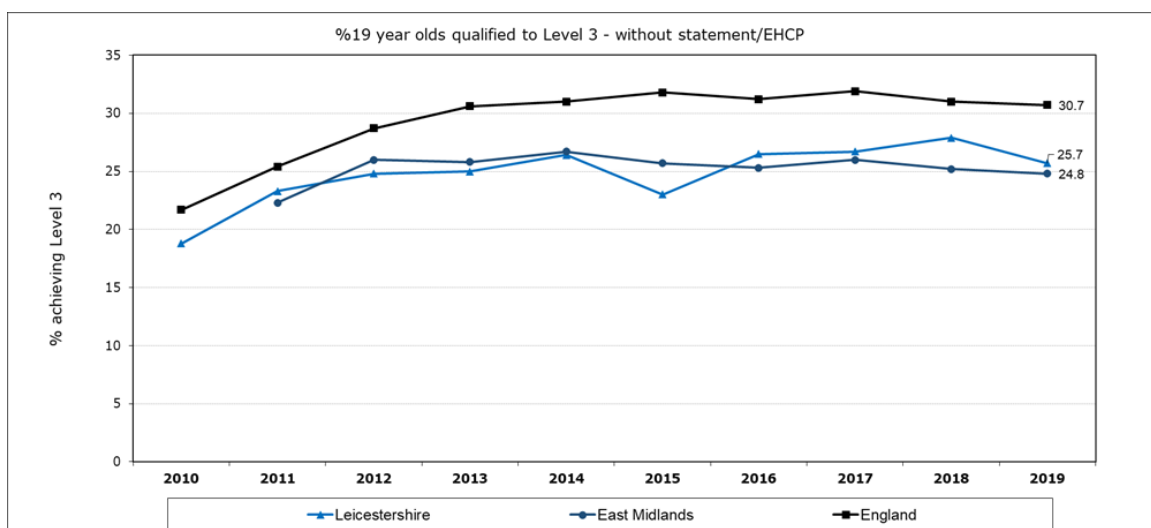
Figure 52: Percentage of 19-year olds qualified to Level 3, incl. E&M with an EHCP, 2010-2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

Figure 53 shows the percentage of 19-year old’s qualified to Level 3, including E&M in Leicestershire in 2019 with SEN support is 25.7%. This is significantly lower than the England average of 30.7% but statistically similar to the East Midlands average of 24.8%.

Figure 53: Percentage of 19-year olds qualified to Level 3, incl. E&M with SEN support/without statement 2010 -2019



Source: DfE. Local Authority Interactive Tool (LAIT), 2019

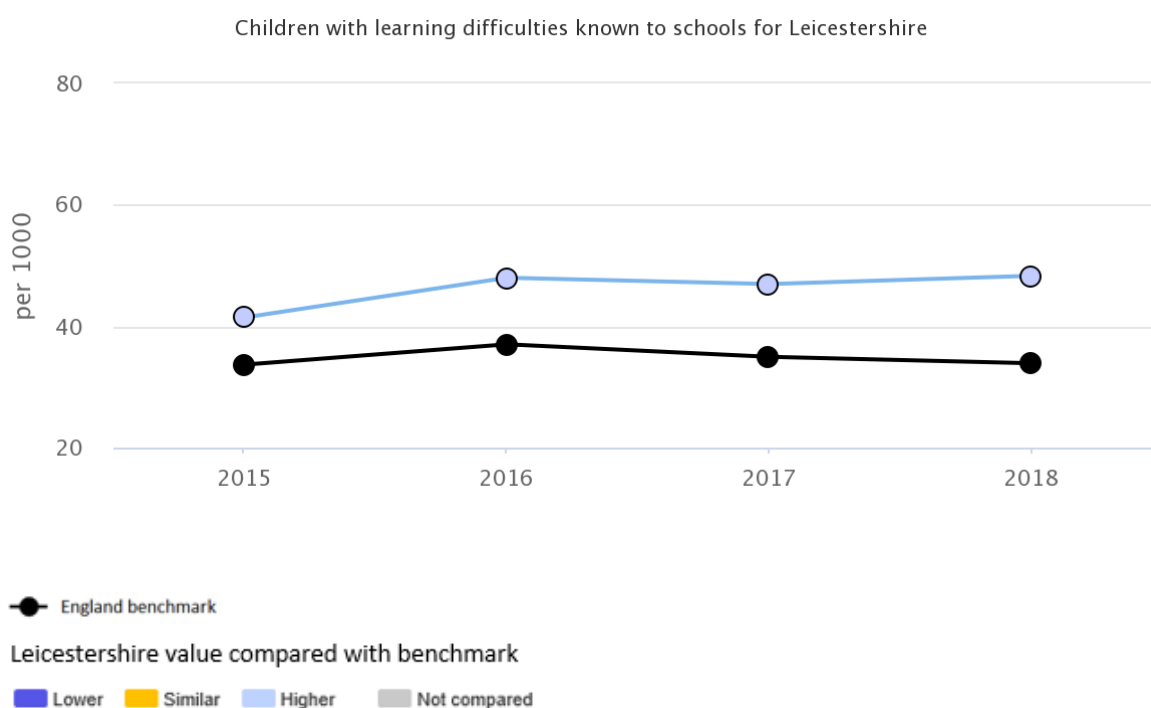
3.7. Health Data

3.7.1. Learning Difficulties

Schools are very aware of children who have particular difficulties in learning. Data reported to the Department for Education highlight the needs for these children. These are categorised by four levels of learning difficulties: moderate learning difficulties, severe learning difficulties, profound and multiple learning difficulties and specific difficulties.⁵⁰

In 2018, 5,016 children with learning difficulties were known to schools in Leicestershire, this equates to a rate of 48.3 (per 1,000 pupils) and is significantly higher than the England rate of 33.9 (per 1,000 pupils). The rate of children with learning difficulties known to schools in Leicestershire has remained significantly higher in comparison to the England rate since 2015 (see Figure 54).

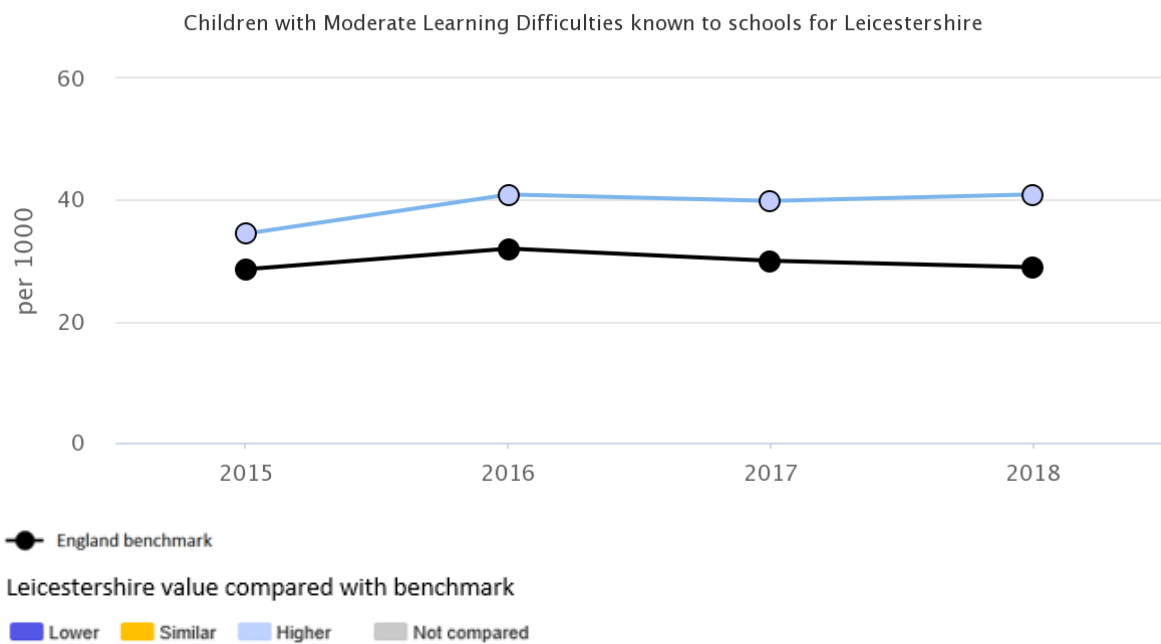
Figure 54: Children with learning difficulties known to schools in Leicestershire, 2015-2018



Source: PHE Fingertips, Learning Disability Profile

Figure 55 shows that in 2018, 4,247 children with moderate learning difficulties were known to schools in Leicestershire, equating to a rate of 40.9 (per 1,000 pupils), which is significantly higher than the England rate of 28.9 (per 1,000 pupils). Since 2015, the rate of children with moderate learning difficulties known to schools in Leicestershire has remained significantly higher in comparison to the national rate.

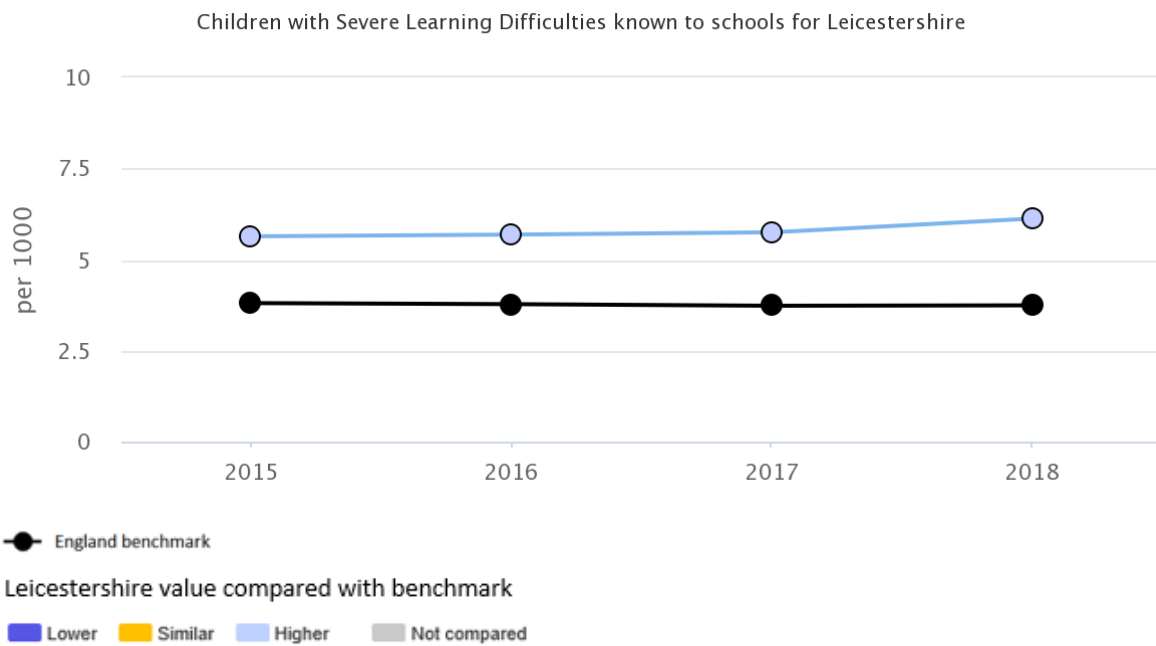
Figure 55: Children with Moderate Learning Difficulties known to schools in Leicestershire, 2015-2018



Source: PHE Fingertips, Learning Disability Profile

In 2018, 626 children with severe learning difficulties were known to schools in Leicestershire, this equates to a rate of 6.12 (per 1,000 pupils) and is significantly higher than the England rate of 3.74 (per 1,000 pupils). The rate of children with severe learning difficulties known to schools in Leicestershire has remained significantly higher in comparison to the England rate since 2015 (see Figure 56).

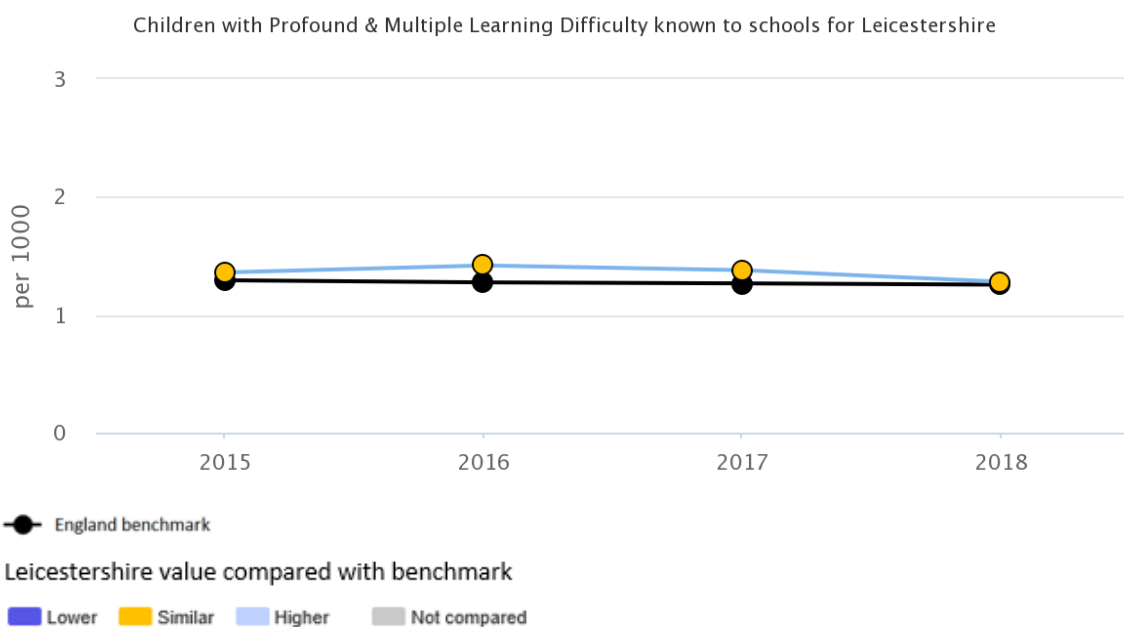
Figure 56: Children with Severe Learning Difficulties known to schools in Leicestershire, 2015-2018



Source: PHE Fingertips, Learning Disability Profile

As shown in Figure 57, there were 133 children with profound and multiple learning difficulties known to schools in Leicestershire in 2018, which equates to a rate of 1.28 (per 1,000 pupils) and is statistically similar to the England rate of 1.26 (per 1,000 pupils). Since 2015, the rate of children with profound and moderate learning difficulties known to schools in Leicestershire has remained statistically similar to the England rate.

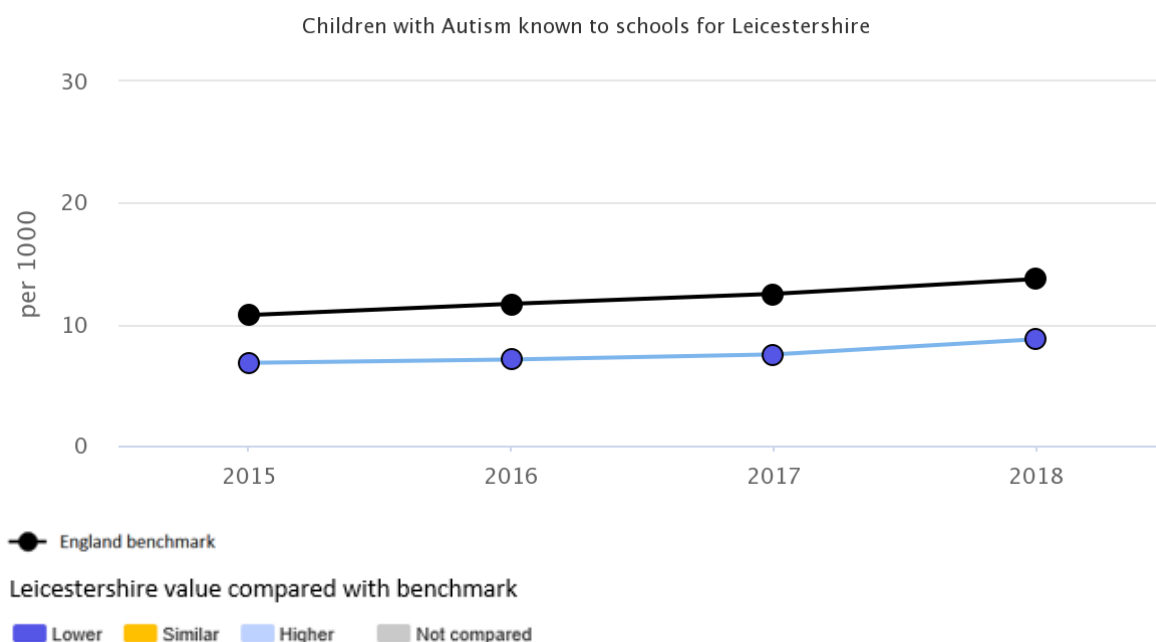
Figure 57: Children with Profound and Multiple Learning Difficulties known to schools in Leicestershire, 2015-2018



Source: PHE Fingertips, Learning Disability Profile

Figure 58 shows that in 2018, 910 children with Autism were known to schools in Leicestershire, this equates to a rate of 8.8 (per 1,000 pupils) and is significantly lower in comparison to the England rate of 13.7 (per 1,000 pupils). The rate of children with Autism known to schools in Leicestershire has remained significantly lower in comparison to the England rate since 2015.

Figure 58: Children with Autism known to schools in Leicestershire, 2015-2018



Source: PHE Fingertips, Learning Disability Profile

3.7.2. GP Learning Disability Register⁵¹

NHS Digital have produced some experimental statistics to inform users about the key differences in healthcare between those individuals with a learning disability and those without.

Data was collected on key health issues for people who are recorded by their GP as having a learning disability, and comparative data about a control group who are recorded by their GP as not having a learning disability. This analysis included data on 54% of patients registered in England as at 1st April 2019. It includes data from participating practices using EMIS, MICROTEST and VISION GP systems.

Within the summary report Health and Care of People with Learning Disabilities, Experimental Statistics: 2018 to 2019⁵², the main findings were:

- Given uncertainty, people with a learning disability aged 0-74 were between 3.87 and 4.11 times more likely to die in the period 2016-19 than people in the general population, in the same age and sex group
- In 2018-19, epilepsy was 26 times more common in people with a learning disability than would be expected based on the rates of epilepsy in the general population

The charts within the following section are based on NHS Digital data for the age groups 0-9, 10-17 and 18-24 to compare the proportion of patients with a learning disability with those without a learning disability for specific health indicators. Only patients registered with a Clinical Commissioning Group (CCG) in 2018/19 are included in the sample. The sample includes 21% of the registered patients in the NHS East Leicestershire and Rutland CCG and 12% of the registered patients in NHS West Leicestershire CCG. The results of all CCG's represent 54% of all registered patients in England.

Due to the low number of patients with learning disabilities and a particular health conditions, most results for Leicestershire CCG's are not significantly different.

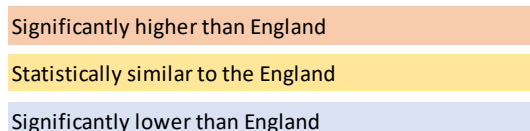
3.7.3. Weight management

The NHS website reports that people with a learning disability are more likely to be either underweight or overweight. **Error! Bookmark not defined. Error! Bookmark not defined.** People with profound and multiple learning disabilities are often underweight because of poor feeding and swallowing during infancy. Others may be overweight because they have a condition that increases their risk of obesity, such as Down's syndrome and Prader-Willi syndrome, or may not be getting the support they need to make healthy diet and lifestyle choices.

Looking at NHS Digital data for 2018-19, the percentage of young people aged 0-24 with a learning disability in Leicestershire who were underweight, overweight or obese was statistically similar to the England average across all age groups except for 18-24 year old's who were overweight (Figure 59). In Leicestershire, in 2018/19, 24.1% of adults aged 18-24 with a learning disability were overweight, which is significantly higher than the England average (13.5%) for the overweight category.

Figure 59: Percentage of patients with a learning disability who have an active diagnosis of underweight, overweight or obese registered at a general practice, Leicestershire compared with England 2018-19.

	0-9		10-17		18-24	
	Leicestershire	England	Leicestershire	England	Leicestershire	England
Underweight	33.3%	11.9%	13.2%	8.9%	7.4%	5.3%
Overweight	0.0%	1.3%	2.6%	6.6%	24.1%	13.5%
Obese	0.0%	0.6%	5.3%	5.6%	13.0%	17.6%



Looking at NHS Digital data for 2018-19 for Leicestershire, children and young people age 0-24 with learning disabilities were significantly more likely to be underweight than 0-24 year

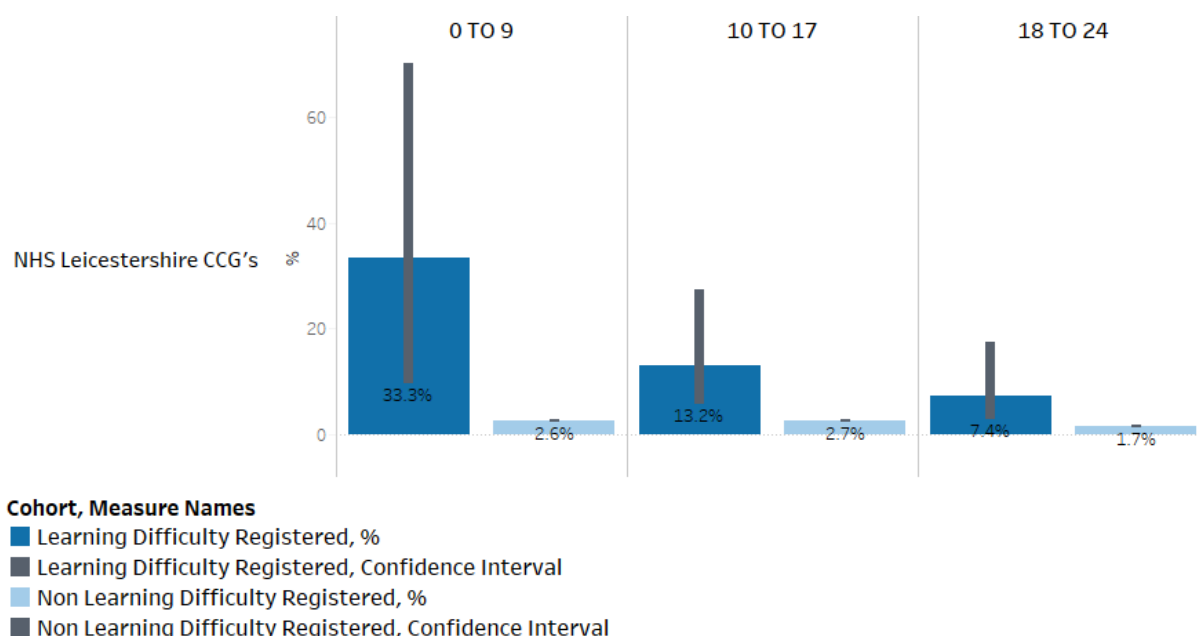
old's without a learning disability.

Figure 60 shows that in 2018/19, 33.3% of children aged 0-9 with a learning disability in Leicestershire had an active diagnosis of underweight, which is significantly higher than for those without a learning disability in Leicestershire in this age group (2.6%).

In Leicestershire, in 2018/19, 13.2% of young people aged 10-17 with a learning disability had an active diagnosis of underweight, which is significantly higher than for those without a learning disability in Leicestershire in this age group (2.7%).

In Leicestershire, in 2018/19, 7.4% of young people aged 18-24 with a learning disability had an active diagnosis of underweight, which is significantly higher than for those without a learning disability in Leicestershire in this age group (1.7%).

Figure 60: Number of patients who have an active diagnosis of underweight as a percentage of the number of patients registered at a general practice, Leicestershire 2018-19.



Source: NHS Digital, 2019. Produced by Business Intelligence at Leicestershire County Council, 2020

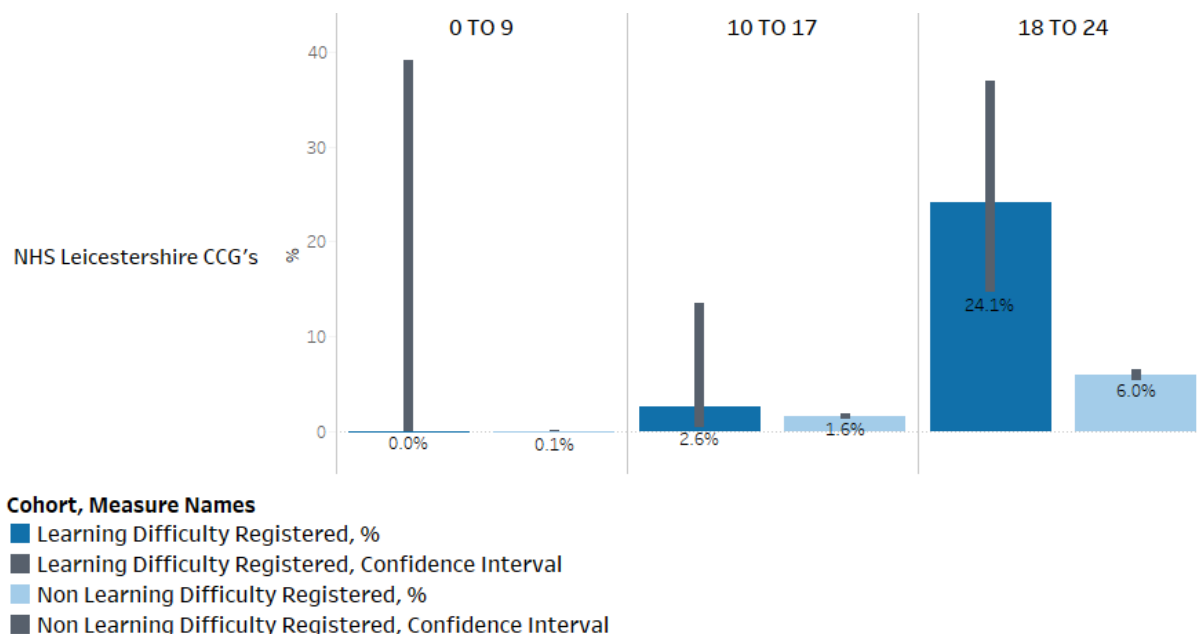
Looking at the NHS Digital learning disabilities data by age groups for Leicestershire in 2018/19, Figure 61 shows there were no young people aged 0-9 with learning disabilities that were overweight from our sample.

In Leicestershire, in 2018/19, 2.6% of young people aged 10-17 with a learning disability were overweight, which is statistically similar to young people without a learning disability in Leicestershire in this age group (1.6%).

In Leicestershire, in 2018/19, 24.1% of adults aged 18-24 with a learning disability were overweight, which is significantly higher than for those without a learning disability in

Leicestershire in this age group (6.0%).

Figure 61: Number of patients who have an active diagnosis of overweight as a percentage of the number of patients registered at a general practice, Leicestershire 2018-19.



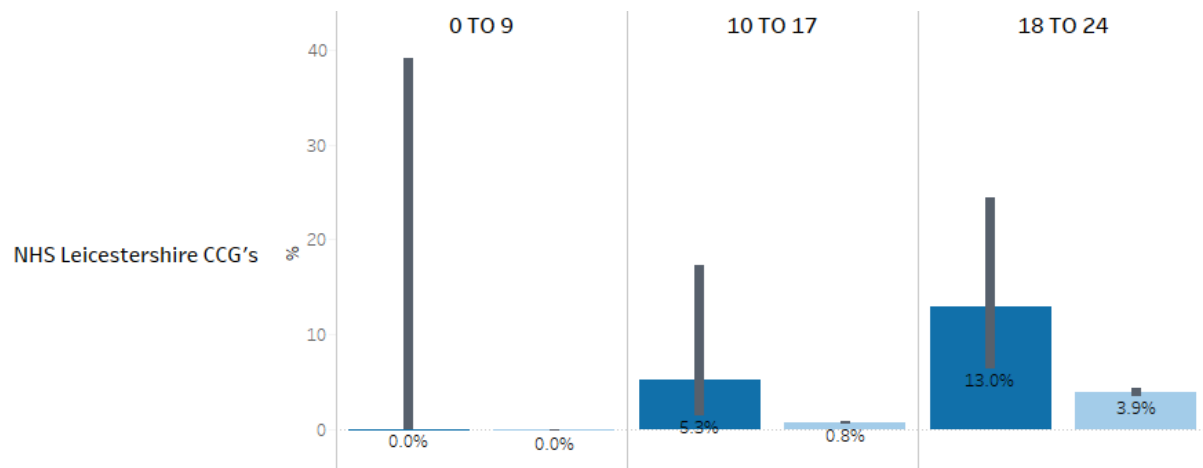
Source: NHS Digital, 2019. Produced by Business Intelligence at Leicestershire County Council, 2020

Looking at the NHS digital learning disabilities data by age groups for Leicestershire in 2018/19, Figure 62 shows there were no young people aged 0-9 with learning disabilities that were obese from our sample.

In Leicestershire, in 2018/19, 5.3% of young people aged 10 to 17 with a learning disability were obese, which is significantly higher than for those without a learning disability in this age group (0.8%).

In Leicestershire, in 2018/19, 13.0% of 18 to 24 year-olds with a learning disability were obese, which is significantly higher than for those without a learning disability in this age group (3.9%).

Figure 62: Number of patients who have an active diagnosis of obese as a percentage of the number of patients registered at a general practice, Leicestershire 2018-19.



Cohort, Measure Names
 ■ Learning Difficulty Registered, %
 ■ Learning Difficulty Registered, Confidence Interval
 ■ Non Learning Difficulty Registered, %
 ■ Non Learning Difficulty Registered, Confidence Interval

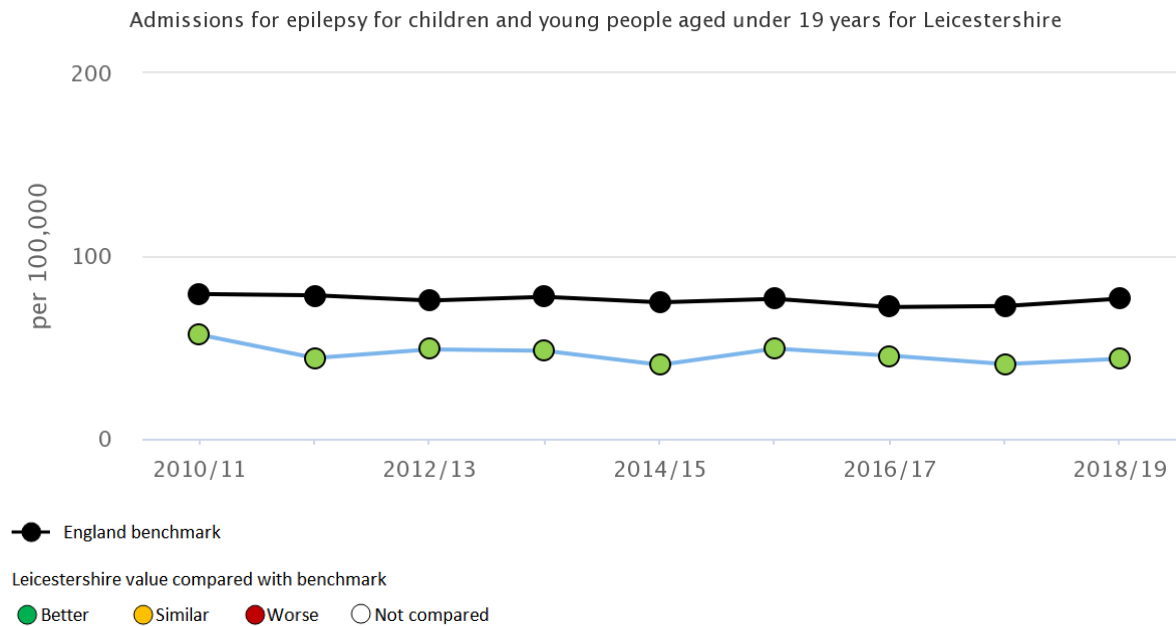
Source: NHS Digital, 2019. Produced by Business Intelligence at Leicestershire County Council, 2020

3.7.4. Epilepsy

Uncontrolled epilepsy can have serious negative consequences on both quality of life and mortality. Prevalence of epilepsy amongst the general population is estimated to be approximately 1% according to the Joint Epilepsy Council for UK and Ireland (2017).⁵³ NHS Digital national data on learning disabilities shows epilepsy is 26 times more prevalent in patients with learning disabilities than those without.⁵²

Figure 63 shows that in Leicestershire in 2018/19, there were 65 hospital admissions for epilepsy for children aged under 19, this equates to a rate of 43.8 (per 100,000 population aged under 19) and is significantly lower (better) in comparison to the England rate of 76.7 (per 100,000 population aged under 19). The hospital admission rate for epilepsy in children and young people aged under 19 in Leicestershire has remained significantly lower (better) than the national rate since 2010/11. Over the last five years, there has been no significant change in the rate of hospital admissions for epilepsy in children and young people aged under 19.

Figure 63: Admissions for Epilepsy for children and young people aged under 19 years in Leicestershire 2018/19



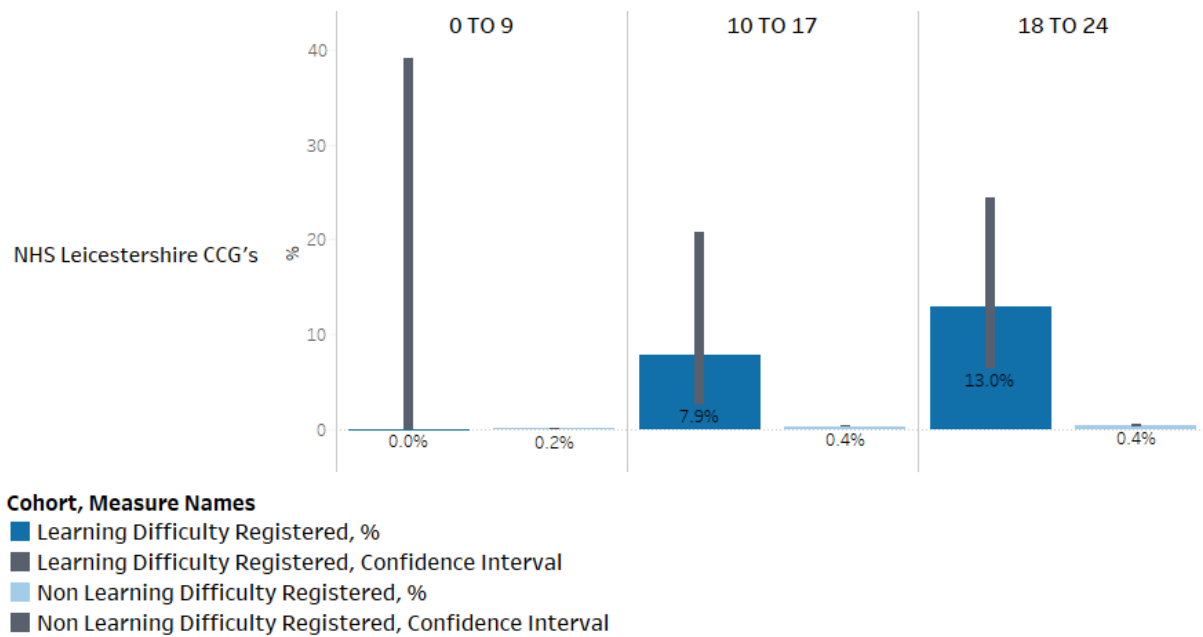
Source: PHE Fingertips, Child and Maternal Health Profile

Looking at the NHS digital learning disabilities data by age groups for Leicestershire in 2018/19, Figure 64 shows there were no young people aged 0-9 with learning disabilities with an active diagnosis of epilepsy from our sample.

For 10 to 17-year old's with a learning disability in Leicestershire in 2018/19, 7.9% had an active diagnosis of epilepsy, which is significantly higher than for those without a learning disability in this age group (0.4%). There was no significant difference in young people age 10-17 with an active diagnosis of epilepsy with a learning disability in Leicestershire (7.9%), in 2018/19 when compared to the England average (9.8%).

In Leicestershire 2018/19, 13.0% of 18-24 year old with a learning disability had an active diagnosis of epilepsy which is significantly higher than for those without a learning disability in this age group (0.4%). There was no significant difference in young people age 18-24 with an active diagnosis of epilepsy with a learning disability in Leicestershire (13.0%), in 2018/19 when compared to the England average (13.4%).

Figure 64: Number of patients who have an active diagnosis of Epilepsy as a percentage of the number of patients registered at a general practice, Leicestershire 2018-19.



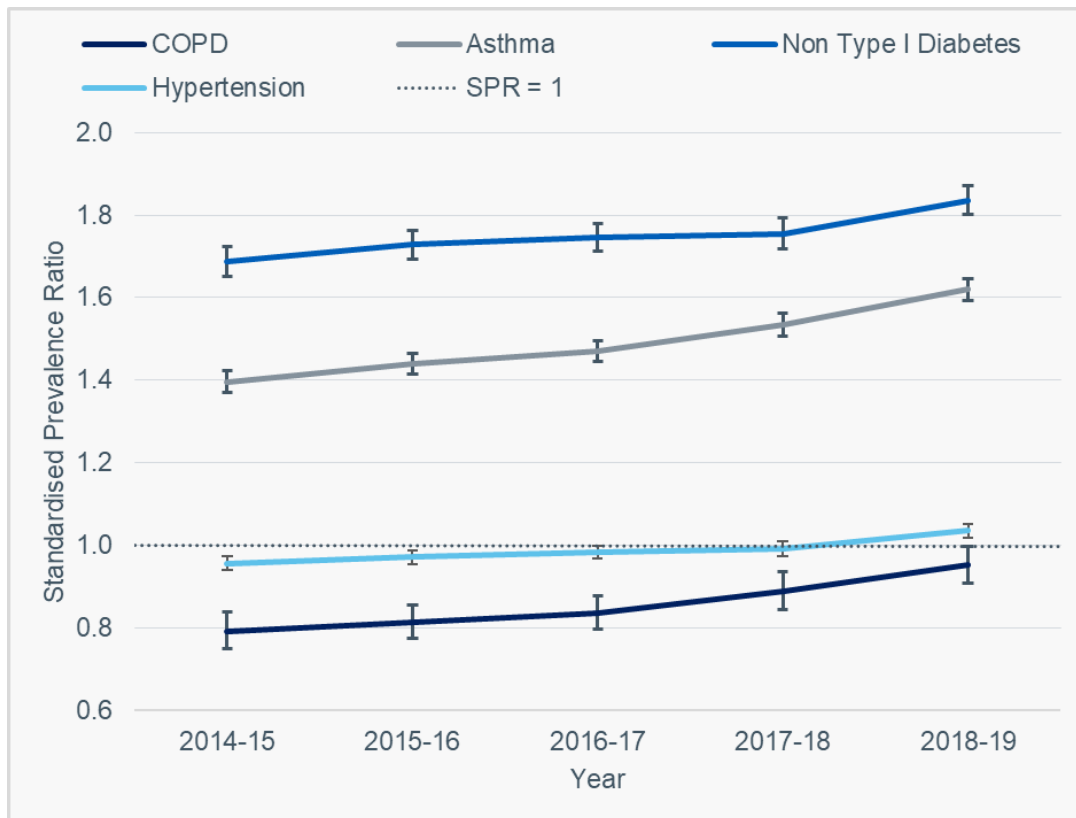
Source: NHS Digital, 2019. Produced by Business Intelligence at Leicestershire County Council, 2020

3.7.5. Other Health Conditions

National analysis of learning disabilities data collated by NHS Digital found that Asthma, non-Type 1 Diabetes and Hypertension are more prevalent in persons with learning disabilities than those without (Figure 65).⁵⁸ Chronic Obstructive Pulmonary Disease (COPD) is less prevalent in persons with learning disabilities than those without.

In Leicestershire, in 2018/19, there were no patients with learning disabilities that had been diagnosed with Non-Type 1 Diabetes or Hypertension for the 0-24 age groups from our sample. These conditions are generally more prevalent in older age groups.

Figure 65: The standardized prevalence ratios for chronic obstructive pulmonary disease (COPD), asthma, non-Type I Diabetes and Hypertension from 2014-15 to 2018-19, including the line SPR = 1. All England CCG's.

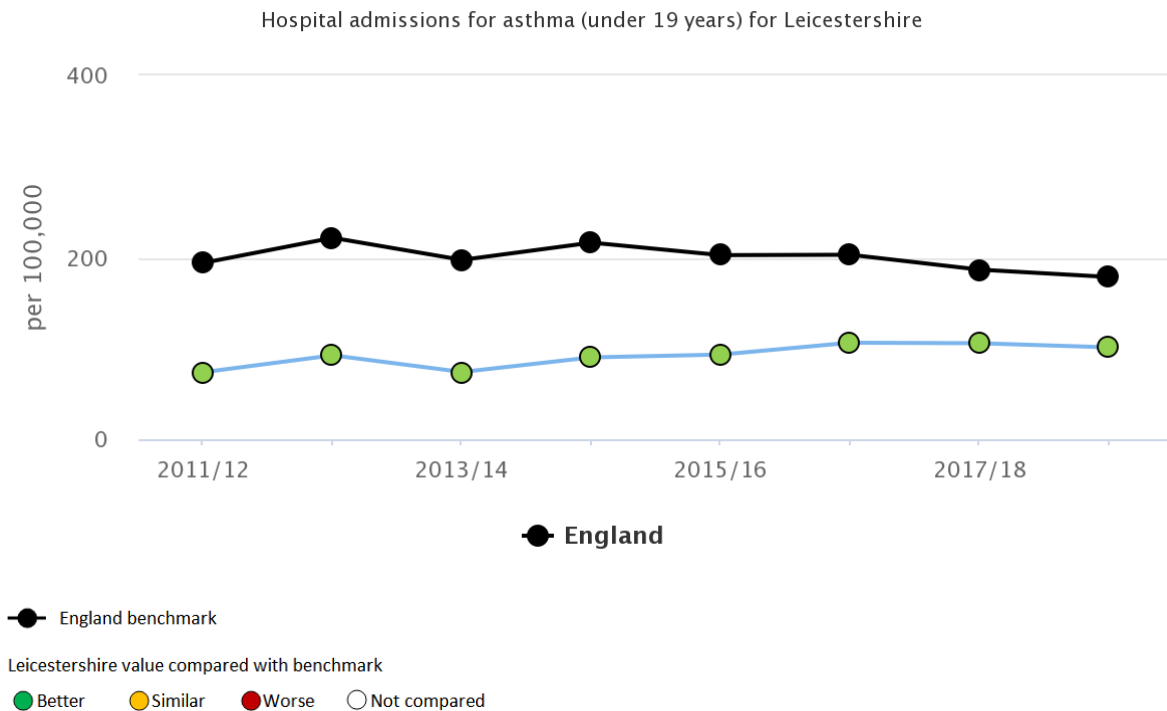


Source: NHS Digital, 2019

Asthma prevalence is estimated at around 9% of the UK population.⁵⁴ Hospital admissions data can give a good indication of the level of need for emergency care.

In 2018/19, there were 150 hospital admissions for asthma in under 19-year-olds in Leicestershire, which equates to a rate of 101.0 (per 100,000 population aged under 19). This is significantly lower (better) in comparison to the England average (178.4 per 100,000 population aged under 19). The hospital admission rate for asthma in under 19-year-olds in Leicestershire has remained significantly lower (better) than the national rate since 2011/12 (see Figure 66). Over the last five years, there has been no significant change in the rate of hospital admissions for asthma in children and young people aged under 19.

Figure 66: Hospital admissions for asthma (under 19 years) for Leicestershire, 2019



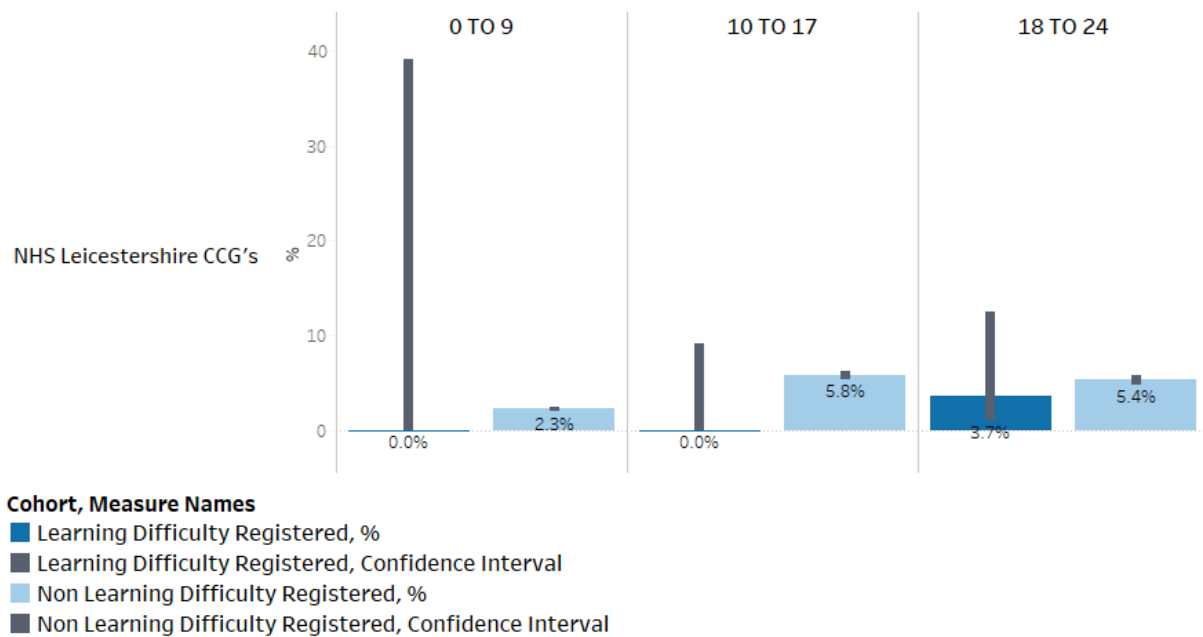
Source: PHE Fingertips, Child and Maternal Health Profile

Looking at the NHS Digital learning disabilities data by age groups for Leicestershire in 2018/19, Figure 67 shows there were no young people aged 0-9 and 10-17 with learning disabilities with an active diagnosis of asthma from our sample.

In Leicestershire 2018/19, 3.7% of 18-24 year old's with a learning disability had an active diagnosis of asthma, which is statistically similar to those without a learning disability in this age group (5.4%).

There was no significant difference in young people age 18-24 with an active diagnosis of asthma with a learning disability in Leicestershire (3.7%), in 2018/19 when compared to the England average (9.0%).

Figure 67: Number of patients who have an active diagnosis of asthma as a percentage of the number of patients registered at a general practice, Leicestershire 2018-19.



Source: NHS Digital, 2019. Produced by Business Intelligence at Leicestershire County Council, 2020

3.8. Mental Health

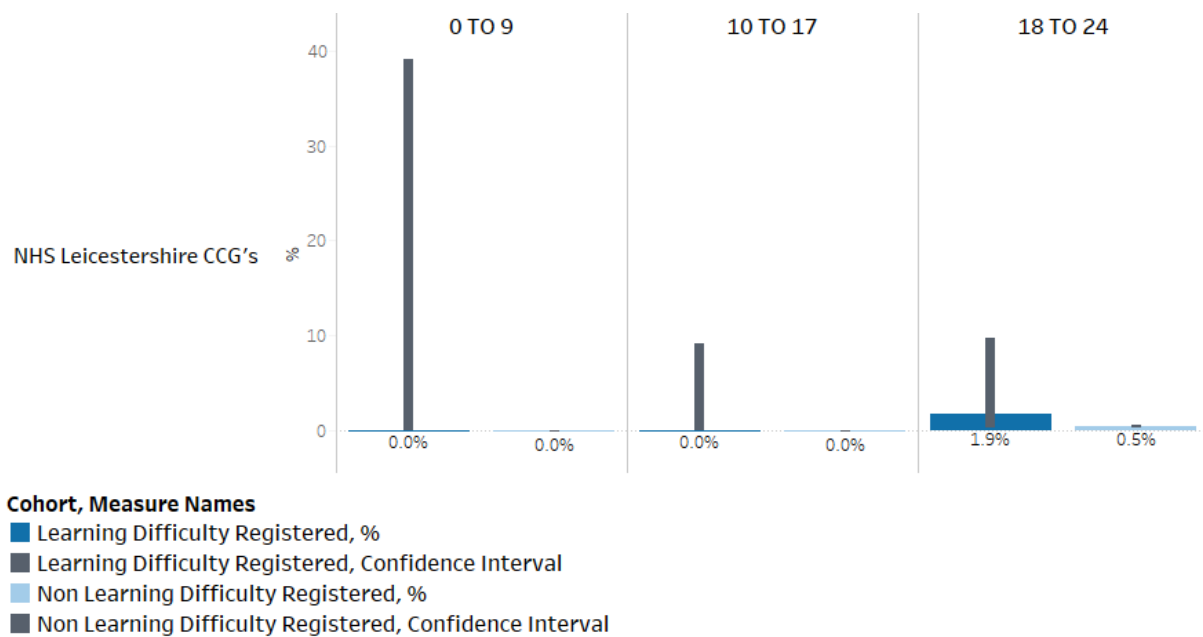
Data collated on learning disabilities by NHS digital in 2018/19, found that 8.3% of patients in England with learning disabilities also had a diagnosis of severe mental illness⁵⁸.

Figure 68 shows there were no young people aged 0-9 and 10-17 with learning disabilities with an active diagnosis of severe mental illness in Leicestershire from our sample.

For 18-24 year old's with a learning disability in Leicestershire, in 2018/19, 1.9% had an active diagnosis of severe mental illness, which is statistically similar to those without a learning disability (0.5%).

There was no significant difference in young people age 18-24 with severe mental illness with a learning disability in Leicestershire (1.9%), in 2018/19 when compared to the England average (2.7%).

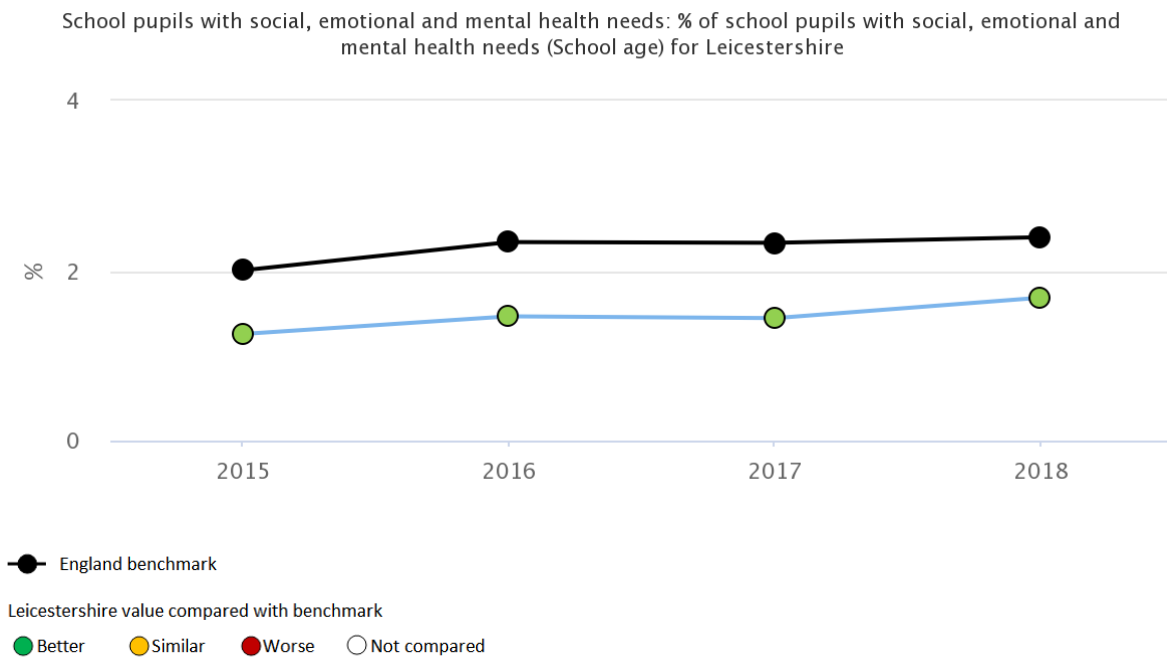
Figure 68: Number of patients who have an active diagnosis of Severe mental illness as a percentage of the number of patients registered at a general practice, Leicestershire 2018-19.



Source: NHS Digital, 2019. Produced by Business Intelligence at Leicestershire County Council, 2020

In Leicestershire 2017/18, it was estimated that there were 12,440 children aged 5 to 17 with a mental disorder.⁵⁵ Figure 69 shows that in 2018, there was a total of 1,634 (1.68%) school aged pupils that had a Social, Emotional and Mental Health need, which is significantly lower (better) in comparison to the England average (2.39%). The percentage of school aged pupils in Leicestershire who have a Social, Emotional and Mental Health need has remained significantly lower (better) in comparison to the national average since 2015.

Figure 69: School pupils with social, emotional and mental health needs in Leicestershire, 2015-2018



Source: PHE Fingertips, Children and Young People’s Mental Health and Wellbeing

3.9. Young offenders with SEND

The Ministry of Justice, Transforming Youth Custody consultation 2013 found that 18% of sentenced young people in custody had a statement of special educational needs, compared to 3% in the general population. ⁵⁶

This consultation also found:

- Of all 15-17 year old’s in Young Offender Institution’s (YOIs), 88% of young men and 74% of young women had been excluded from school at some point. Of 15-17 year old’s in YOI’s, 36% of young men and 41% of young women were aged under 14 when they last attended school.
- A recent review suggests that the prevalence of neuro-developmental disorders (e.g. Dyslexia, communication disorders and Epilepsy) among young people in custody is higher than in the general youth population.
- Over 60% of people in the youth justice estate have difficulties with speech, language or communication.

Leicestershire Youth Justice Team use the Asset Plus Assessment to determine risk and need⁵⁷.

As of July 2020 in Leicestershire the Youth Offending Service had 72 open cases where young people had a court order (51) or caution. Of the 72, 18 (25%) children have been assessed as having SEN identified and 40 (55.6%) children have been assessed as having Speech Language Communication and Neuro-disability concerns.

A further breakdown suggests that these needs are more prevalent amongst children subject to Court Orders. Of the 51 Court Orders, 17 (33.3%) children have been assessed as having SEN identified and 33 (64.7%) children have been assessed as having SLCN identified. Of the 21 Cautions, 1 (4.8%) child has been assessed as having SEN identified / 7 (33.3%) children have been assessed as having Speech Language Communication and Neuro-disability concerns.

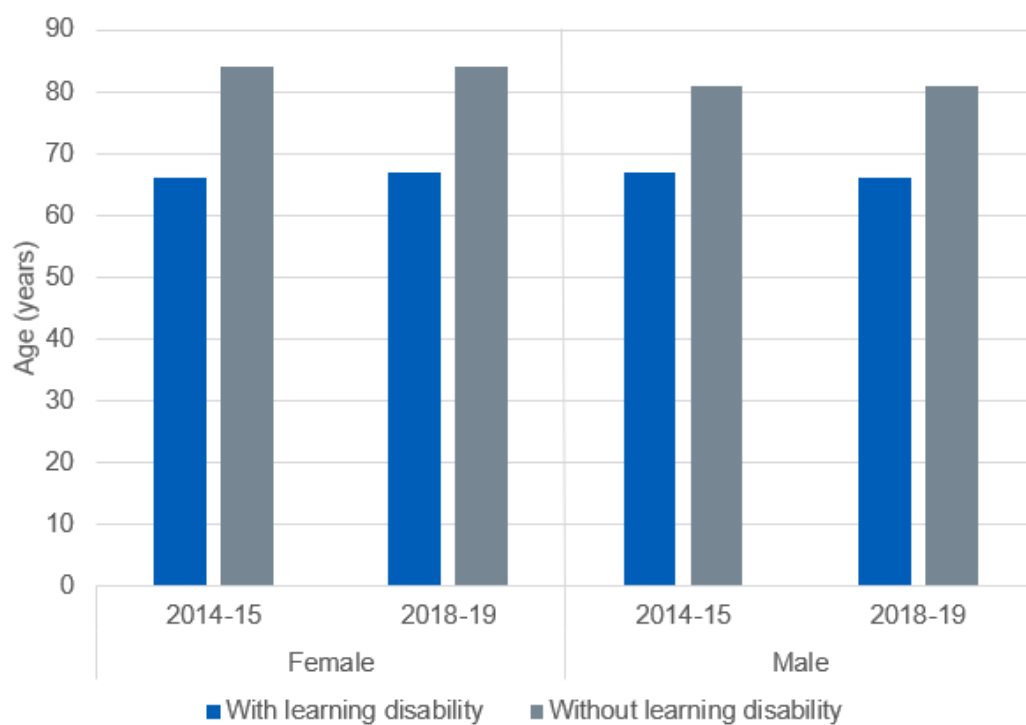
4. How does this impact?

4.1. Human Cost

4.1.1. Life expectancy

Information on people with and without learning disabilities was collected from around half of GP practices in England between 2014-15 and 2018-19, to identify potential differences in treatment, health status, and outcomes of people with learning disabilities compared with the rest of the population. Based on 2018-19 data, females with learning disabilities had a life expectancy 17 years lower than the general population (67 years compared to 84 years). Males with learning disabilities had around 14 years lower than the general population (66 years compared to 80 years).⁵⁸

Figure 70: Life expectancy for males and females with and without a learning disability, for 2014-15 and 2018-19.



Source: NHS Digital, 2019. Produced by Business Intelligence at Leicestershire County Council, 2019

4.2. Financial cost

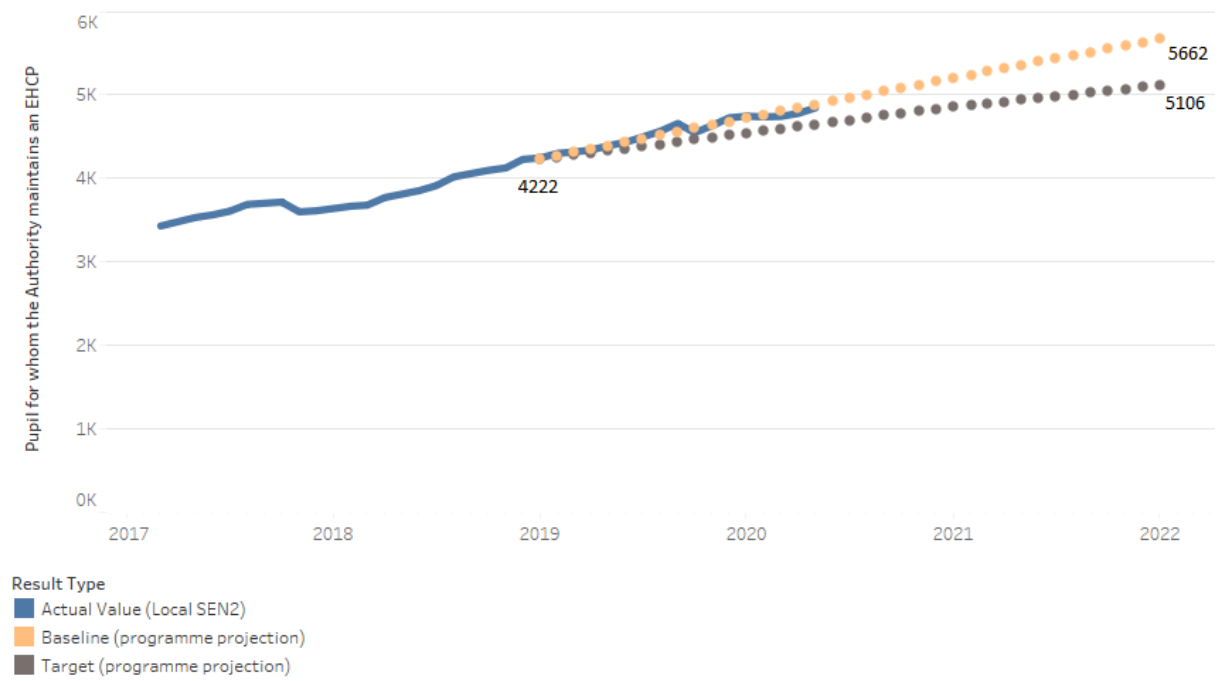
4.2.1. SEND rising demand 0-17

The number of pupils in Leicestershire with an EHCP has risen from 3431 in March 2017 to 4796 in March 2020, an increase of 40%. This is above the target value of 4640 pupils for May 2020. Using this trend as a baseline projection, the number of cases is predicted to rise to 5662 by January 2022, a further 18% increase, which is 556 pupils above the target of 5106 (Figure 71).

This rising demand for SEND places, is one of the biggest pressures on the council's finances. The High Needs Budget overspent by £7m in 2019/20, a further overspend is forecast in 2020/21 and an overall deficit on high needs funding is forecast to be £20m at the end of the financial year and rising further in subsequent years.

The High Needs Development plan is charged with reducing costs by £6.3m in 2020/21 rising to £17.7m in 2023/24, these have all been factored into the plan.

Figure 71: Projected number of EHCP in Leicestershire to 2022 projected baseline v target (2017-2022)



Source: Local DfE SEN2 Collection, 2020. Produced by the Business Intelligence Service, Leicestershire County Council, 2020.

5. Policy and Guidance

5.1. National legislation

5.1.1. *The Children and Families Act 2014*¹

Part 3 of the Children and Families Act 2014 specifically focusses on children and young People in England with special educational needs or disabilities. The Act outlines the following key legislation:

- A local authority is responsible for **involving the child and his or her parent, or the young person, as fully as possible in decision-making**. There is a need to support the child and his or her parent, or the young person, in order to help him or her achieve the best possible educational and other outcomes.
- A local authority must **identify** all the children and young people in its area who have or may have special educational needs, and who have a disability.
- If a clinical commissioning group, NHS trust or NHS foundation trust forms the opinion that the child has (or probably has) special educational needs or a disability, the child's parent should be informed of their opinion. The child's parent must be given an opportunity to discuss their opinion and the group or trust must then **bring their opinion to the attention** of the appropriate local authority in England.
- A local authority must ensure the **integration** of educational provision and training provision with health care provision and social care provision to promote the well-being of children or young people.
- A local authority and its partner commissioning bodies must make arrangements for **joint commissioning** of services across education, health and care.
- A local authority has a duty to keep education, training and social care provision **under review**.
- A local authority in England must arrange for children and young people for whom it is responsible, and the parents of children for whom it is responsible, to be provided with **advice and information** about matters relating to the special educational needs of the children or young people concerned.
- A local authority in England must publish information about its **Local Offer**. Children, young people and parents should be involved in preparing and reviewing it.
- Statements and Learning Difficulty Assessments (LDAs) are replaced with **Education, Health and Care (EHC)** plans with the option of a **Personal Budget** for families and young people.
 - A child's parent or a young person may request for a local authority to secure an EHC needs assessment for a child or young person.
 - These EHC plans must be reviewed by the local authority every 12 months and a re-assessment of the EHC plan must be made if a request is made by the child's parent or the young person or the institution the child or young person attends.

- If a registered pupil or a student at a school or other institution has special educational needs, the appropriate authority must, in exercising its functions in relation to the school or other institution, use its best endeavours to **secure that the special educational provision** called for by the pupil's or student's special educational needs is made.
- The appropriate authority must designate a member of staff at the school (to be known as the "**SEN co-ordinator**") as having responsibility for co-ordinating the provision for pupils with special educational needs.
- A child's parent or a young person has the **right to mediation** and the **right to appeal** to the First-tier Tribunal (Special Educational Needs and Disability).
- There is a strong focus on **preparing for adulthood**. This includes better planning for transition into paid employment and independent living and between children's and adult's services.
- The Act also outlines that local authorities should **assess whether a parent has needs for support** and what those needs are. Local authorities should also carry out needs assessments for young carers, defined as a person under 18 who provides or intends to provide care for another person.

5.1.2. The Special Educational Needs and Disabilities Regulations 2014⁵⁹

The Special Educational Needs and Disabilities Regulations 2014 were made under the Children and Families Act 2014. They describe in detail the responsibility of local authorities in assessing the education, health and care needs of children and young people with SEND, and where appropriate, formulating EHC plans. Key aspects of these regulations include:

EHC Plans

- The local authority must contact a child's parents or the young person within 6 weeks about their decision of whether or not an EHC needs assessment is to be completed.
- If the local authority is considering completing an EHC needs assessment, they must also notify the commissioning body, social services and educational setting.
- When the local authority secures an EHC needs assessment, advice and information must be sought from the child's parents or young person and their educational, medical, psychological and social settings.
- When preparing an EHC plan, the local authority must set out the views, interests and aspirations of the child or the young person.
- The local authority must send the completed EHC plan to the child's parents or young person, the educational setting, and the commissioning body within 20 weeks of receiving the request for an EHC needs assessment.
- The local authority must review EHC plans if a child or young person is within 12 months of transferring to a new phase of education. A local authority must secure a

re-assessment of a child or young person's EHC Plan where it receives a request to do so from the responsible commissioning body for that child or young person.

Mediation and First Tier Tribunal

- There are arrangements to resolve these disagreements if parents and young people do not agree with the decisions made by the local authority. Local authorities are required to facilitate mediation prior to an appeal to the First-tier Tribunal.
- The First-tier tribunal is an independent tribunal that hears parents' and young peoples' appeals against local authority decisions.

Special Educational Needs Coordinators (SENCOs)

- The job duties of SENCOs include co-ordinating special educational provision, monitoring the effectiveness of this provision and promoting pupils' inclusion in the school community. SENCOs must be qualified teachers who have completed the National Award for Educational Needs qualification.

Local Offer

- Local authorities are required to create a Local Offer of services. It must be developed in consultation with children, parents and young people. It must be published on the local authority's website and in accessible formats.

Approval of independent special schools and special post-16 institutions

- The process for approval of these institutions is outlined and a list of approved institutions should be provided.

5.1.3. Special Educational Needs (Personal Budgets) Regulations 2014⁶⁰

A personal budget is the notional amount of money required to meet the needs of a child or young person with an EHC plan. It helps to give children, young people and their carers more control and can include funds from the local authority for education and social care and from the CCG for health⁶¹.

This legislation outlines key responsibilities of the local authority:

- Where a local authority maintains an EHC plan or is preparing an EHC plan, it must give information on the provision of personal budgets.
- Parents and young people can request a personal budget and direct payments when the draft EHC plan is being prepared, reviewed or where there is a reassessment. The LA must consider the request for direct payments.
- Local authorities may only make direct payments where they are satisfied the recipient will use them for the agreed provision, the recipient will act in the best interest of the child or young person, it is an efficient use of the authority's resources and the direct payments will not have an adverse impact on other services.

5.1.4. Equality Act 2010, Section 20 (Reasonable Adjustments)⁶²

The Equality Act states that there is a duty to make reasonable adjustments if you are placed at a **substantial disadvantage** because of your disability compared with people who don't share your disability (5). The duty comprises the following three requirements:

- (1) Where a provision, criterion or practice puts a disabled person at a substantial disadvantage in comparison with persons who are not disabled, reasonable steps must be taken to avoid the disadvantage.
- (2) Where a physical feature puts a disabled person at a substantial disadvantage in comparison with persons who are not disabled, reasonable steps must be taken to avoid the disadvantage. This could involve removing the physical feature, altering it or providing reasonable means to avoid it.
- (3) Where a disabled person would, but for the provision of an auxiliary aid, be put at a substantial disadvantage in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to provide the auxiliary aid.

5.1.5. Mental Capacity Act 2005⁶³

The Mental Capacity Act applies to people aged over 16 and is designed to protect and empower individuals who lack the mental capacity to make their own decisions. The Mental Capacity Act allows a decision to be made in the young person's best interests by someone else if they lack the mental capacity to make a particular decision. The young person's wishes and feelings should be taken in to consideration when making the decision⁶⁴.

5.1.6. Mental Capacity Act 2005 (Deprivation of Liberty Safeguards (DoLS))⁶⁵

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraints and restrictions to be used if they are in a person's best interests in order to keep them safe from harm. Safeguards are needed if these restrictions or restraints deprive a person of their liberty and ensure people who cannot consent to their care arrangements are protected. The Mental Capacity Act 2005 (Deprivation of Liberty (DoLS)) outlines these safeguards. DoLS can be used if a person is deprived of their liberty in a care home or hospital only. These settings must ask the local authority if they wish to deprive a person of their liberty (requesting a standard authorisation)⁶⁶.

5.1.7. Children Act 1989⁶⁷

The Children Act 1989 is a United Kingdom Act of Parliament. It outlines the duties of local authorities, parents, courts and other agencies to ensure children are safeguarded and their welfare is promoted. A core principle is that children are best cared for in their own families, but it makes provisions for where this is not possible.

The Act states that a child's welfare should be the paramount consideration of the courts. Part III of the Act outlines the duties of local authorities to support children and their families. It states that it shall be the general duty of every local authority:

- (a) to safeguard and promote the welfare of children within their area who are in need; and
- (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

5.1.8. Health and Social Care Act 2012⁶⁸

The Health and Social Care Act 2012 aims to modernise the NHS to tackle the challenges it faces by making the NHS more efficient, responsive and accountable⁶⁹. Relevant legislative changes included:

- New clinical commissioning groups directly commission services for their populations.
- New Healthwatch patient organisations established locally and nationally to drive patient involvement across the NHS.
- Greater accountability locally and nationally by limiting political micromanagement and giving local authorities a new role to join up local services.

5.1.9. Care Act 2014⁷⁰

The Care Act 2014 outlines the duty of local authorities to conduct transition assessments for children, children's carers and young carers where it is likely there is a need for support after the child turns 18. Local authorities should consider how to establish mechanisms to identify young people as early as possible who are likely to need continued support.

The Children and Families Act 2014 added duties to the Children Act 1989 to assess young carers and parent carers and consider what support they might need. This should result in a more comprehensive identification of these carers and their needs and assist with building a transition strategy⁷¹.

5.2. National guidance

5.2.1. Special educational needs and disability Code of Practice: 0 to 25 years²

The Code of Practice, produced by the Department for Education and Department of Health, provides statutory guidance on the duties, policies and procedures outlined in Part 3 of the Children and Families Act and associated regulations. The Code of Practice provides guidance for local authorities, CCGs, governing bodies of educational settings, early years providers, NHS trusts and local health boards. The document includes guidance on joint commissioning, publishing a Local Offer, EHC plans and the transition process. There are several changes from the SEN Code of Practice (2001) including a strong focus on including children and young people in decision-making, both individually and at a strategic level.

There are accompanying guides for health and social care professionals, providing advice for practitioners, clinicians, commissioners and local authorities. These are titled:

- **Social care: guide to the 0 to 25 SEND code of practice, Department for Education, 2016⁷²**
- **0 to 25 SEND code of practice: a guide for health professionals, Department of Health and Department for Education, 2016⁷³**

5.2.2. Guidance for health services for children and young people with Special Educational Needs and Disability (SEND)⁷⁴

This NHS England ‘quick guide’ aims to help health commissioners and providers tackle the challenges involved in implementing the joint commissioning of services for children and young people SEND. This document outlines the importance of the health system working closely with the education system. All educational settings must have a Special Educational Needs Coordinator (SENCO) – they are a key point of liaison for health professionals. The guidance also explains the benefits of early identification of SEND in improving long-term outcomes for children. The guideline outlines the specific responsibilities of CCGs:

- Developing a local offer with the local authority.
- Participating in joint commissioning arrangements with the local authority.
- Working with the local authority to develop EHC plans and agreeing any health care provision.
- Ensuring they offer independent mediation in relation to the health element of an EHC plan, if required.

The Designated Medical Officer (DMO) or Designated Clinical Officer (DCO) is the main point of contact at the CCG for local authorities and educational settings that are seeking health advice on children and young people who may have SEND. A DMO/DCO is also able to support the CCG in meeting its statutory responsibilities. Whilst it is currently a non-statutory role, Ofsted and the CQC have identified this role as an important factor in the implementation of the Children and Family Act reforms.

5.2.3. Transforming care for people with learning disabilities – next steps⁷⁵

This document has been produced by NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England. It was created in response to the Sir Stephen Bubb report that focussed on how to transform the care that people with learning disabilities and their families receive. This paper sets out some early actions following this report. These include:

- **Empowering families**

- **Getting the right care in the right place** - To ensure that people with a learning disability or autism are supported in the community where possible.
- **Regulation and inspection by the Care Quality Commission (CQC)**
- **Workforce development**

5.2.4. Commissioning for transition to adult services for young people with SEND⁷⁶

This NHS England ‘quick guide’ aims to help local areas develop their transition processes for young people with SEND from childhood to adulthood. The guidance focuses on the following key areas:

- 1) Participation and co-production** – Young people and their families must be at the centre of every stage of the transition pathway.
- 2) Person-centred transition planning** - The person with support is an individual, who can make choices about their own care and support.
- 3) Clear leadership and accountability** - Strategic and operational leads should be nominated in each health and social care organisation.
- 4) Strategic vision** – Each local area should develop a joint mission statement that sets out the goals for young people and their families.
- 5) Understanding transition needs** - Local areas should carry out an assessment to ensure they are responding to the needs of their local population.
- 6) Transition process and protocols** - Shared transition processes and protocols should be developed between children’s and adults’ services.
- 7) Training and development of staff** – This includes a focus on person-centred planning.
- 8) Named Worker** – This role will be the link between the young person and the practitioners involved in their support.

5.2.5. Personal health budgets and Integrated Personal Commissioning quick guide: Children and Young people⁷⁷

This NHS England ‘quick guide’ explains the potential benefits of personal health budgets and integrated personal commissioning for children and young people. It is intended for commissioners and providers who are developing local plans to implement personal health budgets. The guidance gives an overview of what personal health budgets are with reference to the Special Educational Needs (Personal Budgets) Regulations 2014. It highlights that local authorities and CCGs have a duty to consider the option of a personal budget for children and young people who are eligible for an EHC plan. Person-centred planning and personal budgets play a critical role in developing tailored support.

5.2.6. Supporting pupils at school with medical conditions⁷⁸

The Children and Families Act 2014 places a duty on governing bodies of maintained schools, academies and pupil referral units to arrange support for pupils with medical

conditions. This Department for Education guidance outlines the statutory and non-statutory advice. There are 3 key points highlighted:

- 1) Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- 2) Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- 3) Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

5.2.7.Future in Mind⁷⁹

In 2014 The Children and Young People’s Mental Health and Wellbeing Taskforce was established to consider ways of make accessing support easier. 5 key themes were identified and published by the Department of Health and NHS England in ‘Future in Mind: Promoting, protecting and improving children and young people’s mental health and wellbeing’ in 2015.

- 1) Promoting resilience, prevention and early intervention
- 2) Improving access to effective support – a system without tiers
- 3) Care for the most vulnerable
- 4) Accountability and transparency
- 5) Developing the workforce

The Taskforce believes that the best mental health care and support must involve children, young people and those who care for them in making choices about what they regard as key priorities. The document outlined 10 governmental aspirations to be achieved by 2020. These included improved awareness and understanding of mental health in children and young people, timely access to support, the development of needs-based services and improved crisis care.

5.2.8.NHS Long Term Plan⁸⁰

Chapter 3 (Further progress on care quality and outcomes) of the NHS Long Term Plan (2019) specifically focuses on learning disability and autism. The plan pledges that:

- Action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- The whole NHS will improve its understanding of the needs of people with learning disabilities and autism and work together to improve their health and wellbeing.
- Autism will be included alongside work with children and young people’s mental health services to implement the most effective ways to reduce waiting times.

- Local providers will be able to take control of budgets to reduce avoidable admissions, enable shorter lengths of stay and end out of area placements. Where possible, people with a learning disability or autism will be enabled to have a personal health budget.
- Increased investment in intensive, crisis and forensic community support will also enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services.
- We will focus on improving the quality of inpatient care across the NHS and independent sector. We will work with the CQC to implement recommendations on restricting the use of seclusion, long-term segregation and restraint for all patients in inpatient settings, particularly for children and young people.

5.3. NICE Guidance

5.3.1. Transition from children's to adults' services for young people using health or social care services (NG43)⁸¹

This is a key guideline in relation to children and young people with SEND. It covers the period before, during and after a young person moves from children's to adults' services. It aims to help young people and their carers have a better experience of transition and includes both health and social care. The Care Quality Commission uses this NICE guideline as evidence to inform the inspection process. The overarching principles of the guidance include:

- The importance of involving young people and their carers.
- Ensuring transition support is developmentally appropriate.
- Ensuring transition support is strengths-based and focuses on what is positive and possible for the young person.
- Using person-centred approaches.
- Integrated management in children's and adults' services to ensure a smooth and gradual transition for young people.
- Proactive identification of young people with transition support needs.

There are several NICE guidelines focussing on specific conditions that may be relevant to children and young people with SEND.

5.3.2. Attention deficit hyperactivity disorder: diagnosis and management (NG87)⁸²

This guideline covers recognising, diagnosing and managing attention deficit hyperactivity disorder (ADHD) in children, young people and adults. It aims to improve recognition, diagnosis and the quality of care and support for people with ADHD.

With regards to SEND, the guideline explains that children and young people with learning disability and specific learning difficulties may have increased prevalence of ADHD. This

guideline highlights that when a child or young person is suspected to have ADHD and referred to a school's special educational needs coordinator (SENCO), the SENCO should help the child with their behaviour as well as inform the parents about local parent training and education programmes.

5.3.3. Attention deficit hyperactivity disorder: Quality Standard (QS39)⁸³

This quality standard covers the diagnosis and management of ADHD in children aged 3 years and older, young people and adults. This quality standard describes high-priority areas for quality improvement, outlined in 6 statements. These 6 statements focus on:

- Confirmation of diagnosis
- Identification and referral in adults
- Continuity of child to adult services
- Parent training programmes
- Starting drug treatment
- Annual review of drug treatment

5.3.4. Autism Spectrum Disorder in under 19s: recognition, referral and diagnosis (CG128)⁸⁴

This guideline outlines the recognition and diagnosis of autism spectrum disorder in children and young people from birth up to 19 years. It also covers the referral process and aims to improve the experience of children and young people with autism spectrum disorder and those who care for them. Specific aspects of the guideline relating to children and young people with SEND include:

- 'The autism team should either have the skills (or have access to professionals that have the skills) needed to carry out an autism diagnostic assessment, for children and young people with special circumstances including coexisting conditions such as severe visual and hearing impairments, motor disorders including cerebral palsy, severe learning (intellectual) disabilities, complex language disorders or complex mental health disorders'.
- 'When considering the possibility of autism, be aware that autism may be missed in children or young people with a learning (intellectual) disability'.

The guideline highlights the importance of training, explaining as it may improve earlier recognition and referral, which could be of particular benefit to at-risk groups that are currently under-diagnosed including children and young people with a learning disability.

Key recommendations for the recognition, referral and assessment of possible autism include:

Local pathway

- A local autism multi-agency strategy group should be set up, with managerial, commissioner and clinical representation from child health and mental health services, education, social care, parent and carer service users, and the voluntary sector. A lead professional should be appointed who is responsible for the local autism pathway for recognition, referral and diagnosis of children and young people.
- In each area a multidisciplinary group (the autism team) should be set up including a paediatrician and/or child and adolescent psychiatrist, speech and language therapist and clinical and/or educational psychologist.
- The autism team should have the skills and competencies to carry out an autism diagnostic assessment and communicate with children and young people with suspected or known autism, and with their parents and carers, and sensitively share the diagnosis with them.
- Provide a single point of referral for access to the autism team.

Recognition

- Consider the possibility of autism if there are concerns about development or behaviour but be aware that there may be other explanations for individual signs and symptoms. Always take parents' or carers' concerns and, if appropriate, the child's or young person's concerns, about behaviour or development seriously, even if these are not shared by others.

Referral

- Refer children younger than 3 years to the autism team if there is regression in language or social skills. Refer first to a paediatrician or paediatric neurologist (who can refer to the autism team if necessary) children and young people older than 3 years with regression in language of any age with regression in motor skills.
- Consider referring children and young people to the autism team if you are concerned about possible autism on the basis of reported or observed signs and/or symptoms.
- When referring children and young people to the autism team, include in the referral letter: reported information from parents, carers and professionals about signs and/or symptoms of concern, your own observations of the signs and/or symptoms and if available antenatal and perinatal history, developmental milestones, factors associated with an increased prevalence of autism, relevant medical history and information from previous assessments.
- Explain to parents or carers and, if appropriate, the child or young person, what will happen on referral to the autism team or another service.

After referral

- When a child or young person is referred to the autism team, at least one member of the autism team should consider whether to carry out an autism diagnostic assessment and/or an alternative assessment.
- Once it has been decided to carry out an autism diagnostic assessment, with consent from parents or carers (and the child or young person if appropriate), seek a report from the pre-school or school if one has not already been made available and gather any additional health or social care information, including results from hearing and vision assessments.
- Avoid repeated information gathering and assessments by efficient communication between professionals and agencies.

Diagnostic assessment

- Start the autism diagnostic assessment within 3 months of the referral to the autism team.
- A case coordinator in the autism team should be identified for every child or young person who is to have an autism diagnostic assessment.
- The autism case coordinator should:
 - Act as a single point of contact for the parents or carers and, if appropriate, the child or young person being assessed, through whom they can communicate with the rest of the autism team.
 - Keep parents or carers and, if appropriate, the child or young person, up-to-date about the likely time and sequence of assessments.
 - Arrange the provision of information and support for parents, carers, children and young people as directed by the autism team.
 - Gather information relevant to the autism diagnostic assessment.
- If there is uncertainty after the autism diagnostic assessment about the diagnosis, consider keeping the child or young person under review, taking into account any new information.

Communication and support

- After the autism diagnostic assessment discuss the findings, including the profile, sensitively, in person and without delay with the parents or carers and, if appropriate, the child or young person. Explain the basis of conclusions even if the diagnosis of autism was not reached.
- Provide individual information on support available locally for parents, carers, children and young people with autism, according to the family's needs.

5.3.5. Autism Spectrum Disorder in under 19s: support and management (CG170)⁸⁵

This guidance was developed by NICE in collaboration with the Social Care Institute for Excellence (SCIE) and offers best practice advice on the care of children and young people with autism. This guideline covers children and young people with autism (across the full range of intellectual ability) from birth until age 19, and their parents and carers. It outlines the importance of good communication between healthcare professionals and children and

young people with autism and their families. Support and care should be accessible to people with additional needs such as physical, sensory or learning disabilities.

5.3.6. Autism: Quality Standard (QS51)⁸⁶

This quality standard covers autism in children, young people and adults. The high-priority areas for quality improvement, outlined in 8 statements include:

- Diagnostic assessment by an autism team
- Assessment and diagnosis
- Personalised plan
- Coordination of care and support
- Treating the core features of autism: psychosocial interventions
- Treating the core features of autism: medication
- Assessing possible triggers for behaviour that challenges
- Interventions for behaviour that challenges

5.3.7. Cerebral palsy in under 25s: assessment and management (NG62)⁸⁷

This guideline includes the diagnosis, assessment and management of cerebral palsy in children and young people from 0 to 25 years. It aims to make sure individuals get the care and treatment they need for the developmental and clinical comorbidities associated with cerebral palsy, so that they can be as active and independent as possible. There is guidance on the management of speech, language and communication difficulties, visual and hearing impairment, learning disability, behaviour difficulties and on transition to adult services.

5.3.8. Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NG11)⁸⁸

This guideline includes interventions and support for children, young people and adults with a learning disability and behaviour that challenges. It explains the importance of understanding the cause of behaviour that challenges and performing thorough assessments. This enables steps to be taken to help people change their behaviour and improve their quality of life. The guideline also covers support for families and carers.

5.3.9. Learning disabilities and behaviour that challenges: service design and delivery (NG93)⁸⁹

This guideline covers services for children, young people and adults with a learning disability (or autism and a learning disability) and behaviour that challenges. It aims to promote a lifelong approach to supporting people and their families and carers, focusing on prevention and early intervention and minimising inpatient admissions.

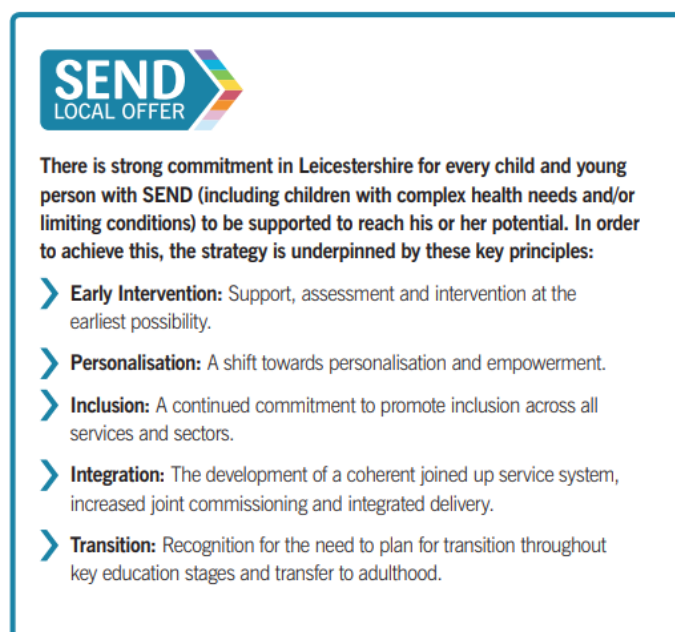
5.4. Local guidance and strategy

5.4.1. Leicestershire Special Educational Needs and Disability (SEND) strategy 2017-2020⁹⁰

This SEND Strategy was produced by Leicestershire County Council, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups and sets out these organisations' vision, aspirations and priorities for developing support and provision for children and young people with SEND and their families. It has been developed in close consultation with several key partners, professionals and parents. The strategy outlines a response to the SEND reforms outlined in the Children and Families Act 2014 and reiterates a continuing commitment to high quality services. This strategy is informed by an understanding of the social model of disability, which uses the term disability to describe the effects of prejudice and discrimination.

This strategy therefore sets out how partners across Leicestershire plan to support children and young people with SEND aged 0-25 to achieve their best possible outcomes.

Figure 72: Key principles of the Leicestershire County Council Special Educational Needs and Disability (SEND) strategy 2017-20



There are four key priorities outlined in the SEND Strategic Plan 2017-2020:

Priority one: To improve multi-agency working and coordination of services for children with special educational needs and disabilities and help them to reach their potential.

Priority two: Increase involvement of parents, carers, children and young people and their families, at every level of service design and provision.

Priority three: To improve the quality and sufficiency of SEND education provision and services by: a) Supporting mainstream schools and settings to develop their SEND provision and b) Developing local specialist services to ensure sufficiency of places in high quality specialist provision across a continuum.

Priority four: To improve the transition to adulthood.

This strategy will be delivered through a multi-agency commitment to joint ownership and leadership.

- *Leicestershire Children and Families Partnership:* a sub-group of the Health and Well-Being Board that brings together organisations responsible for services for children, young people and families. It is the focal point for strategic decision-making.
- *SEND Strategic board:* reports to the Children and Families Partnership and has been established to provide strategic leadership to the commissioning, development, delivery and monitoring of provision and services.

5.4.2. Leicestershire SEND & Inclusion Strategy 2020-2023⁹¹

This is the second version of the SEND and Inclusion Strategy in partnership with Leicestershire County Council, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups. It sets out our priorities for the period from 2020 to 2023 and is underpinned by a strategic plan setting out how these priorities will be achieved.

The voice of children, young adults, parents and carers is essential and must be evident in the commissioning cycle. The Parent Carer Forum has been established since the SEND Strategy 2017 to 2020 and provides on-going feedback from families on their experiences of having a child or young person with SEND into the SEND & Inclusion Board.

Key SEND & Inclusion Priorities for 2020 to 2023

Priority 1 - To identify and meet children's special educational needs as early as possible.

All children and young people with SEND and their families will be able to access the information, advice and support they need at the right time to live as independently as possible. Children and young people in settings and schools will have competent and knowledgeable staff to support them.

Priority 2 – Responsive, inclusive and effective provision for all children and young people with SEND.

The most appropriate provision for a child or young person will be local, well-resourced and have appropriate access to transport, if required.

Priority 3 – Understanding and preparation for change (Transitions).

When a child or young person needs move to a different provision or service, this will have been done in a timely manner with the appropriate information being made available so

that needs are well understood. Parents and carers will feel confident about the transition arrangements.

Priority 4 - Strategic partnerships, joint working, joint commissioning and consultation.

Children, young people and their families will experience a more co-ordinated approach. The right service will be accessed at the right time.

Priority 5 - Develop the workforce.

Parents and carers will feel confident that all professionals know, understand and will support the needs of your child or young person to enable them to reach their potential.

5.4.3. Leicestershire Children and Families Partnership Plan 2018-21⁹²

This is the overarching plan that brings together multiple agencies to address the needs of all children and young people, their families and carers in Leicestershire. The Leicestershire Children and Families Partnership is a sub-group of Leicestershire's Health and Wellbeing Board. The Partnership includes representatives from Leicestershire County Council, Leicestershire Police, Office of the Police and Crime Commissioner, NHS health partners, District and Borough Councils, Schools, Probation Service, Department of Work and Pensions and the voluntary sector. The plan is underpinned by five priorities:

Priority 1: Ensure the best start in life

Priority 2: Keep children safe and free from harm

Priority 3: Support children and families to be resilient

Priority 4: Ensure vulnerable families receive personalised, integrated care and support

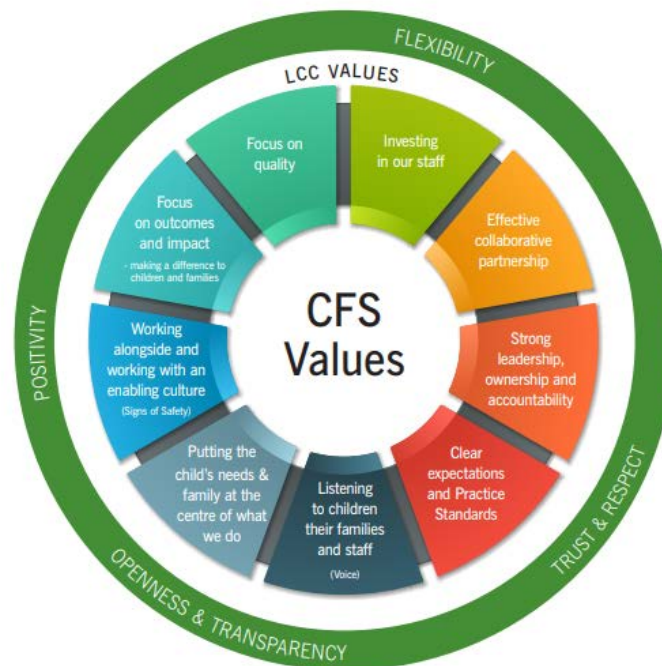
Priority 5: Enable children to have good physical and mental health

5.4.4. Children and Family Service Departmental Plan 2020-2023⁹³

The plan sets out the vision and priorities for children, young people and families in Leicestershire, how these will be achieved, who is responsible, and what success looks like.

Vision: **Leicestershire is the best place for all children, young people and their families.** The Children and Family Services have devised a core set of values, which align with Leicestershire County Council's organisational values.

Figure 73: Values of the Children and Family Service from the Children and Family Service Departmental Plan 2020-2023



Children and young people are at the heart of this plan which sets out four clear ambitions for 2020-2023:

- Help every child to get the best possible start in life.
- Help children and their families build strength, resilience, confidence and capacity.
- Help children in Leicestershire to live in safe, stable environments and have secure attachments.
- Help every child to have access to good quality education to ensure they achieve their maximum potential.

5.4.5. Whole Life Disability Strategy, Leicestershire County Council⁹⁴

This strategy identifies the key concerns people with disabilities have around the support they receive and details the initial response. The aim of this strategy is to support removing barriers for all types of disability through challenging and changing attitudes and understanding that this is everyone’s responsibility. There were 4 key concerns identified during engagement work with over 1,000 people. The strategy also outlines the required outcomes in response to these concerns.

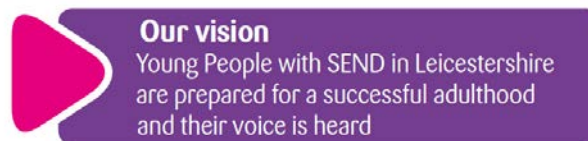
- 1) People with disabilities and parents/carers tell us they find it difficult to navigate health and social care systems.
- 2) People with disabilities desire greater independence.
- 3) People with disabilities are frustrated at having to tell their story many times.

- 4) People with disabilities and parents/carers experience difficult transitions, mainly from children to adult services.

5.4.6. Preparing for Adulthood: A protocol for professionals working with young people with special educational needs or a disability, Leicestershire County Council⁹⁵

This document focusses on young people with SEND aged 13 to 25 years who need additional support. It sets out how services will work together to support young people to prepare for adult life.

Figure 74: The vision of Leicestershire County Council from Preparing for Adulthood: A protocol for professionals working with young people with special educational needs or a disability



The focus should be on the young person’s strengths and capabilities and the outcomes they want to achieve. Independence should be promoted and young people should be supported to make decisions for themselves. To plan successfully, all services involved in the young person’s life need to actively engage and support the planning for adulthood. Key aspects of a successful transition are outlined in the Preparing for adulthood pathway.

Figure 75: Preparing for adulthood pathway from Preparing for Adulthood: A protocol for professionals working with young people with special educational needs or a disability, Leicestershire County Council



6. Current Services

6.1. Services commissioned by Leicestershire County Council's Public Health Department

The **0-19 Healthy Child Programme** is delivered by Leicestershire Partnership NHS Trust's 'Healthy Together' team in Leicestershire it is an evidence based programme delivered by Public Health Nurses (Health Visitors & School Nurses). It follows a 4-5-6 model:

Figure 76: 4-5-6 Health visitors and school nurses leading the Healthy Child Programme



4. Levels of Service: Community / Universal/ Universal Plus/ Universal Partnership Plus

5. Mandated Contacts: Ante natal between 28 weeks and 36 weeks of Pregnancy. New Birth Visit - 10-14 days, 6-8 weeks, 3-4 months, 10 – 12 months and between two years three months and two years six months.

6. High Impact Areas: Parenthood & Early weeks, Maternal Mental Health, Breastfeeding, Healthy weight, minor illnesses and accidents, ready for school.

The high impact areas for 0-5 year olds can make a valid contribution to providing children in Leicestershire with the 'Best Start in Life'. Safeguarding is central to the 0-19 Healthy Child Programme. In addition, to the national high impact Area; Oral Health has been identified as a local high impact area for Leicestershire.

The six high impact areas for school aged CYP are:

- Resilience and wellbeing
- Keeping Safe
- Healthy Lifestyles
- Maximising learning & achievement
- Supporting complex and additional health & wellbeing needs
- Transition

The high impact areas for 5-19-year olds can make a valid contribution to providing children in Leicestershire with the 'Best Start in Life'. Safeguarding is central to the 0-19 Healthy Child

Programme. In addition, to the national high impact Area; Oral Health has been identified as a local high impact area for Leicestershire.

The High Impact Areas are informed by NICE guidance and underpinned by the four principles of public health nursing.

The Core principles of the High Impact areas:

There are a number of core principles that are common and assumed in each of the high impact area documents:

Universal services are essential for primary prevention, early identification of need and early intervention. Universal services lead to harm reduction and enable early support pathways to be identified.

Early intervention evidence-based programmes should be used to ensure that needs are identified and met in a timely way.

- All areas focussing on improving health outcomes and reducing inequalities at individual, family and community level
- Outcome measures align between health and education/other early years providers and there should be shared outcomes across the system
- Safeguarding is a thread throughout all of the high impact areas ranging from identification or risk and need, to early help and targeted work, through to child protection and formal safeguarding
- Clinical judgement will be used alongside formal screening and assessment tools
- Health visitors and school nurses have an important role as leaders of the Healthy Child Programme which should form part of the multi-professional care pathways and integration of services for children aged 0-5 and 5-19
- Public health, health promotion, prevention and safety is covered during every contact

Information for 0-5's, school-aged children and young people are available on the three **Healthy Together websites** including:

Health for under 5's: <https://healthforunder5s.co.uk/>

Health for Kids: <https://www.healthforkids.co.uk/>

Health for Teens: <https://www.healthforteens.co.uk/>

Chat Health SMS Service

Parents of CYP aged 0-19 years can access support and confidential advice about parenting, your child's behaviour, child development, emotional health & wellbeing or just general enquires through the Chat Health SMS Service 07520 615382

And young people can access support and confidential advice about all aspects of health and wellbeing through the Chat Health SMS Service 07520 615387.

Year 7/ 9/ 11 Health & Wellbeing Contact in Secondary Schools

All secondary schools in Leicestershire are offered the opportunity to take part in digital health and wellbeing contacts for years 7, 9, and 11. This contact developed by Healthy Together asks young people about their physical and emotional health and provides them with advice and signposting. Young people raising concerns regarding their health are offered support by a public health nurse in school. Following completion of the contacts schools are provided with reports detailing the health and wellbeing of the year groups taking part.

Oral Health Improvement service

The Oral Health Improvement Service (provided by Leicestershire County Council's Public Health Department) objectives include:

- To increase awareness and knowledge around oral health improvement amongst the wider public health workforce, including dental practice staff, to ensure they are giving up to date with evidence based oral health messages
- To ensure, in liaison with Public Health Nurses / Healthy Together team (health visitors), that all children receive their Healthy Teeth, Happy Smiles first tooth brush and paste pack
- To promote access to dentists as soon as the child's teeth are evident and promote oral health preventative treatments in line with Delivering Better Oral Health
- To improve the oral health of those groups with the poorest oral health (including children and young people in Special schools/ vulnerable adults)
- To work with Early Years settings to promote good oral health and work with them to establish supervised toothbrushing programmes.
- The service also provides a resource library to aid oral health improvement.

The Baby Box Project

The Leicestershire County Council's Children & Families Wellbeing Service delivers this service.

Mothers-to-be from across Leicestershire who are 21 and under are visited and provided with a box containing lots of things a new parent needs. The scheme helps to steer and refer pregnant women under 21 into relevant support services.

- Consent from the 'mother to be' to share relevant data with the Teenagers with Babies Action Group.
- Young parents have access to, and engage readily with, information about local services in their areas and know how and when to access them.
- Support is then provided to facilitate the access of the 0-2 Pathway and locality young parent groups.

Teenagers with Babies Action Group (TBAG)

The Leicestershire County Council's Children & Families Wellbeing Service coordinates the TBAG meetings across each district/ borough council area in the county. The Teenagers with Babies Action Groups aim to:

- Ensure early access of support for young parents/parents-to-be.
- Support the development and maintenance of seamless support pathways for young parents to ensure their engagement with appropriate services and a reduction in negative outcomes
- Improve access of educational opportunities for young parents and improve the proportion of teenage parents that are in education, employment and training.

Leicestershire Healthy Tots Programme

The Leicestershire Healthy Tots Programme is a healthy early years accreditation programme. (Provided by LCC's Public Health Department)

Participating Early year settings have to fulfil criteria around the three core themes: emotional and wellbeing/ healthy eating/ physical activity to achieve healthy tots status and to renew their healthy tots status.

Early year settings are supported by public health through the website and training:

Leicestershire Healthy Tots: www.leicestershirehealthytots.org.uk

Leicestershire Healthy Tots Training: on emotional health & wellbeing, healthy eating and purposeful physical play

Leicestershire Healthy Schools Programme

The Leicestershire Healthy Schools Programme uses a Whole School approach to improving health & wellbeing (provided by LCC's Public Health Department).

Participating Schools have to fulfil criteria around the four core themes: emotional and wellbeing/ healthy eating/ physical activity and Personal, Social, Health and Economic Education (PSHE) to renew their healthy schools' status and have to achieve meaningful outcomes on a public health priority to achieve Healthy Schools plus.

Schools are supported by Public Health through the website and training:

Leicestershire Healthy Schools www.leicestershirehealthyschools.org.uk

Adverse Childhood Experiences – developing a trauma informed approach

- ACEs and developing a trauma informed approach to care is one of the Priorities of the Children & Family Partnership Plan 2018-2021/61

Teenage Mediation

Community mediation service aimed at young people aged 11-19 years old, their families and communities. Support for Children and Young People in danger of being excluded from

school, home. Current work is progressing on the 'Think Family' support for children of parents with mental health problems, to be delivered in the coming year.

6.2. SEND Local Offer

The Leicestershire Local Offer gives children and young people with special educational needs or disabilities (SEND) and their families' information about help and services in Leicestershire. Leicestershire's Local Offer is made up of 5 elements including: the Local Offer Website, SEND Newsletter, Social media page, Locality Roadshows and the Information and Support Directory which includes information on: Disability and special educational needs groups (local offer).

6.3. Children & Family Wellbeing Service (Leicestershire County Council)

From April 2019 a newly formed Children and Family Wellbeing Service (CFWS) is in operation, bringing together four previous early help based local authority services including Children's Centre Programme, youth service and youth offending, Supporting Leicestershire Families. The service provides targeted early help services for referred families – families may self-refer or can be referred by any professional using the multi-agency referral form.

CFWS provides a 0-19 service and includes the following provisions:

A 0-5 offer promoting infant mental health and wellbeing through a range of programmes. The 0-2 Pathway supports expectant parents through to the child's second birthday, where additional support needs are identified in the family. The pathway includes communication based programmes; child development, parenting and behaviour support i.e. through the Solihull Parenting Group.

Family support services are available for families who require additional support – this can range from offer of workshops and group work programmes through to one to one support for either brief intervention or longer-term intensive support. CFWS have trained staff in the Triple P evidence-based parenting approach – this includes the provision of seminar and discussion groups on thematic issues, through to 8 week parenting programmes. There are 3 specific programmes – Stepping Stones which is for parents of disabled children aged 0-12, parents of primary school aged children, and parents of teenagers.

The service also provides a range of other group work programmes which include Freedom Programme which is for women affected by domestic abuse, Feeling Safe for children who have witnessed domestic abuse, SEND Youth Group, Young Carers Group.

Support to children and young people with emotional health and wellbeing difficulties is provided by both CFWS Wellbeing Practitioners (children aged 8+) and youth workers (young people aged 11+) The Wellbeing Practitioners are trained individuals who are able to offer brief, structured interventions for children with low to medium level mental health difficulties, who are able to engage with a CBT based programme of work. Interventions typically take place over 4-10 weeks, and the role sits within the national Children and Young People's Improving Access to Psychological Therapies programme. Youth workers are able to provide both one-to-one support to young people as well as group work approaches, looking at issues such as anxiety, anger management, wellbeing, keeping safe.

The service also includes youth crime prevention staff and programmes, as well as statutory youth offending provision for young people involved in the criminal justice system. Within youth justice, the **Liaison and Diversion** team (L and D) identify young people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.

L and D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from initial police contact.

Referrals are accepted to complete screening and L and D assessments to identify needs of young people who have been suspected or charged with a crime. There is liaison with agencies involved in the young person's care, onward referrals are made and information is provided to police decision makers to aid outcome and ensure decision makers are aware of the young person's health needs and vulnerabilities.

The Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS)

The Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS) Leicestershire, is a statutory service which provides free, impartial and confidential advice and support to parents and carers of young people aged 0-25 with special education needs or disabilities as well as young people themselves. The aim is to empower parents/carers, children and young people to independently voice their thoughts, opinions and desires about the support they (or their children), need in place to achieve their full potential and best possible outcomes. SENDIASS staff are legally trained and give advice and support on the law on SEN and disabilities. We can help develop communication and partnerships between parents and carers, schools, the Local Authority and other

organisations for the benefit of all children and young people with SEND. We also provide practical support with tasks such as: understanding complicated documents and reports, completing paperwork and attending meetings with parents/carers, children and young people to ensure their views are heard.

6.4. Early Years Inclusion and Childcare Services (Leicestershire County Council)

The Early Years Inclusion and Childcare Service supports the sector to respond to the changing needs of communities and to adapt as appropriate to meet the needs of children and families. New and existing providers are supported to ensure that they offer high quality provision to meet the requirements of the Early Years Foundation Stage (EYFS) Framework, so that they effectively meet the needs of children particularly the most disadvantaged and vulnerable, in order to reduce inequalities in child development, early education and promote the school readiness agenda.

- There are 341 pre-school and day nursery provision from the private voluntary and independent sector and 511 childminders supporting early education in Leicestershire (as at August 2020). The vast majority of families with a child 0-5 years are registered and access their free early entitlement with over half of those attending regularly.
- The childcare sector is critical in ensuring children get the best start in life and are ready for school. The core purpose of Early Years Inclusion and childcare Service is to ensure sufficient high - quality childcare and improve outcomes for young children and their families. Narrowing the attainment gap and reducing inequalities between families in greatest need is a priority.
- Key factors to be considered in the delivery of services include sufficiency and access to services some areas of significant deprivation, and the role this service can have on supporting vulnerable families and preventing children needing to be brought into the care of the Local Authority.

Early Years Inclusion and Childcare provides support and advice on six key areas focused on the delivery of the following:

- The Early Years Entitlements
- Sufficient and sustainable early years and childcare provision
- Quality provision and educational outcomes for children (EYFS)
- Workforce development
- Early years inclusion (SEN)
- Partnerships supporting school readiness

Quality of Providers Judged by Ofsted

There are targeted quality support programmes made available to Leicestershire early years and childcare providers with a 'less than good' Ofsted outcome, in line with the Early Education and Childcare Statutory guidance for Local Authorities (September 2014). The Early Years Inclusion and Childcare Service continue to provide bespoke support for early years and childcare providers (including Early Years Registered Childminders) with a 'Requires Improvement' or 'Inadequate' Ofsted outcome. Support is also identified for providers due an Ofsted or where they are at risk of getting a less than Good outcome at their next inspection.

In April 2019 Ofsted published its EYCC Statistics on overall effectiveness. As at December 31st 2018, 96% of Early Years and Childcare Providers in Leicestershire achieved a Good or Outstanding Judgement.

Moderation of the EYFS profile

The Early Years Inclusion and Childcare Service manages the moderation of the EYFS profile in Leicestershire and provides a robust moderation process so that practitioners' judgements are evaluated in line with statutory requirements. Moderators in Leicestershire include Local authority Improvement advisers and School based practitioners.

The Early Years Entitlements (EYE) for 2, 3 & 4 year olds

Evidence shows that attending high quality early education has a lasting impact on social and behavioural outcomes of young children. The entitlements make childcare more accessible and affordable for parents and enables parents to access training, work or increase their working hours, if they wish to do so. All 3 and 4 year olds are entitled to 15 hours a week of free early learning. Take up in Leicestershire is higher than national figures.

2 Year Old Early Education Entitlement

The Department for Education (DfE) has continued to invest in free early education places for 2 year olds nationally based on eligibility. The number of Early Years Providers delivering funded 2 year old places continues to rise and the service is continuing to build this offer to ensure high quality provision is available for all eligible children in Leicestershire.

The Service continues to work in partnership with the Virtual School to ensure all Children Looked After (CLA) are supported to access their 2 year old entitlement places from the time they turn 2 years of age. Collaborative working arrangements are in place with the Virtual Schools to ensure specific support is in place and children's educational needs are identified and tracked within their Personal Education Plans (PEPs).

Early Years Pupil Premium (EYPP)

This funding was introduced in April 2015, to build on the successful model of the school-age Pupil Premium. Early Years Pupil Premium is additional funding for Providers to improve the education they provide for disadvantaged 3 and 4 year olds. Ofsted are responsible for holding Providers to account for how they have used the EYPP to support their disadvantaged children through the regular inspection process.

Disability Access Funding (DAF)

From April 2017, 3 & 4 year olds were eligible for DAF if they met the following criteria:

- The child is in receipt of child Disability Living Allowance and;
- The child receives free early education.

The local authority continues to encourage childcare providers to seek parent's permission to check eligibility for this additional funding to maximise take-up.

30 Hours Entitlement

From September 2017, the extended entitlement to 30 hours free provision introduced an additional 15 hours a week for working parents of 3 and 4 year olds (on top of the universal entitlement of 15 hours a week for all 3 and 4 year olds).

Childcare Sufficiency

With the implementation of the 30 hours places from September 2017, Leicestershire Providers have been supported to review their capacity to meet the demand for the 30 hour places; some considerations have included extending operational hours, expanding premises and auditing the numbers of children already accessing more than the universal 15 hours.

Early Years and Childcare have targeted programmes in place to ensure that all children are able to take up their free hours in a high-quality setting. Evidence shows that higher quality provision has greater developmental benefits for children, particularly for the most disadvantaged children, leading to better outcomes. The evidence also shows that high quality provision at age two brings benefits to children's development. This guidance reflects the Government's intention that, as far as possible, free places are delivered by providers who have achieved an overall rating of 'outstanding' or 'good' in their most recent Ofsted inspection report. Leicestershire's outcomes for Early Years and Childcare Inspections by Ofsted are broadly in line with national and slightly above regional levels.

Early Years Workforce and Professional Development

Early years Inclusion and Childcare Service continue to support the development of the early years and childcare workforce across Leicestershire, to ensure that Managers/Leaders are able to drive forward continual improvement and ultimately improve outcomes for children

in readiness for school. Growing and retaining a highly skilled workforce has been recognised within the recently released Early Years Workforce Strategy as key in supporting the delivery of outstanding practice.

Inclusion and Early Intervention

Inclusion support is now embedded within the Early Years Inclusion and Childcare Service to ensure consistency and quality assurance. A graduated approach is embedded, with support offered by Area SENCOs and Early Years Specialist Teachers to provide bespoke support to ensure that providers which are funded to deliver Free Early Years Entitlement places are aware of their duties within the revised SEND Code of Practice and are proactive in early identification and meeting the needs of all children. The Early Years Inclusion Fund continues to enable early years providers to enhance support for children with SEND. Inclusion Practitioners are well placed to support children at risk of exclusion and to maintain their place within their setting or school placement. This year there has been a significant drop in children being excluded from their provision.

Early Years SEND Inclusion Team

The team consists of specialist advisors and practitioners working to support Leicestershire children from birth until their entry into school who have Special Educational Needs and Disabilities (SEND). The service supports a Graduated Approach to SEND in the Early Years

A self-serve website is available which has a range of resources of support for providers and parents. A duty desk is available daily for providers to ask for support with unnamed SEND advice.

SEND drop-ins give providers the chance to discuss children who may be presenting with some difficulties within the setting. It is on an unnamed basis, but with a range of professionals involved.

Each Early Years setting will have a named Area SENCO and have 4 visits throughout the year. When the Area SENCO comes in to the setting, they are there to offer unnamed advice and support.

Specialist advisors support predominantly at the Early Years provider, but may also conduct some home teaching, if the child is not in the setting for more than 3 sessions a week. The exception to this would be portage, who predominately home teach and Inclusion Practitioners who solely support in the setting or school apart from an initial home visit.

6.5. Leicester-Shire and Rutland Sports Activity, Physical Activity and Wellbeing

Leicestershire has been an early adopter of whole system approaches to tackle obesity and has a balanced obesity strategy across three broad priority areas – physical activity, healthy weight and food sustainability and nutrition.

Figure 77: Healthy Weight, Physical Activity and Food Sustainability



The Leicestershire Obesity, Physical Activity and Health Weight JSNA Chapter was published in September 2019⁹⁶. A number of key principles have shaped our service commissioning and design:

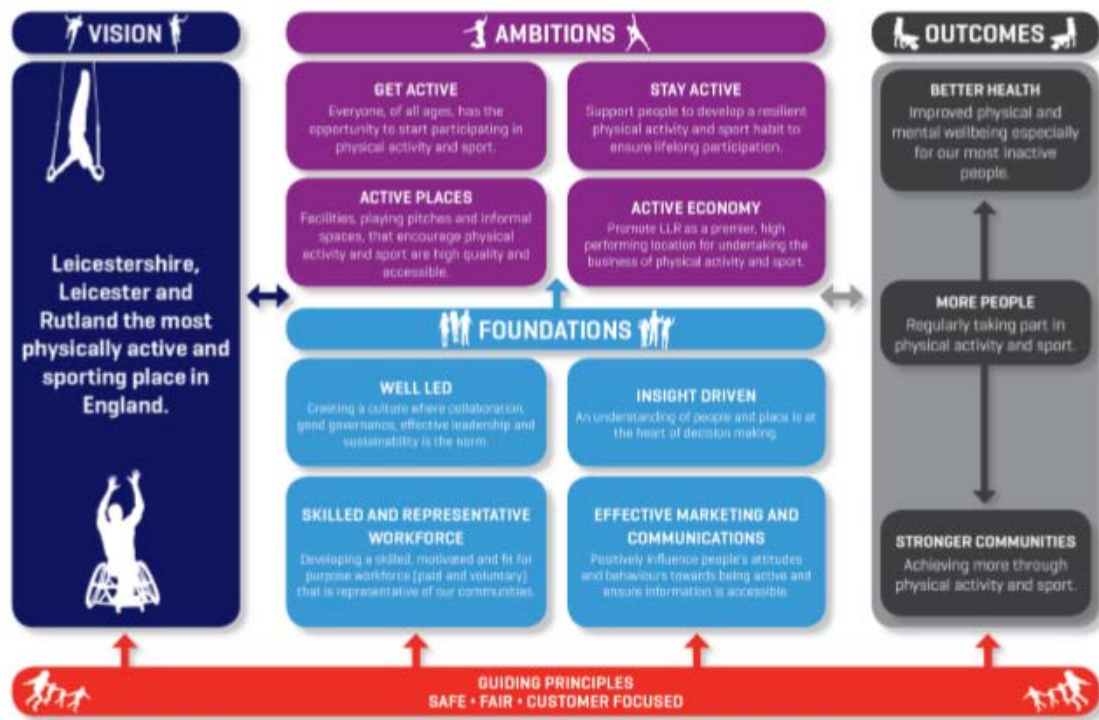
- Establishing high quality, sustainable “foundation” programmes universally in every district.
- Consistency of offer across all districts and centralising common functions where appropriate.
- Building standardised monitoring and evaluation.
- Cross-integration of programmes by encouraging providers to work closely together.
- Collaboration with districts in planning and coordination of services.
- Simplifying coordination and delivery of programmes in a complex environment which includes multiple commissioners and providers (Two tier authority, Community Sport Partnership, School Sport Network etc.).

Physical Activity

Leicester-Shire & Rutland Sport (LRS) led on developing Leicestershire’s Physical Activity and Sport Strategy 2017-2021, which sets out a long term vision for physical activity and sport, providing a framework for action for local partners.

The document sets out the planned activity to deliver the strategy across four key ambition and foundation areas:

Figure 78: Four key ambition and foundation areas



The guiding principle of fair is embedded across all delivering programmes to ensure that the equality of opportunity is at the heart of all Sport and Physical Activity provision within Leicestershire, Leicester and Rutland. Further information on LRS’s equality policy and statement can be found at <https://www.lrsport.org/equality-and-diversity-statement1>.

LRS & partners support the local physical activity infrastructure to delivery inclusive activities through; supporting with CPD, mentoring / guidance / support for specialist inclusive coaches, connecting national & regional partners to local partners. In addition, if required, we will work with our partners to delivered targeted sessions.

LCC Services:

The Sport and Physical Activity (SPA) Grant Agreement represents a collaborative commissioning approach use in Leicestershire to link up the physical activity related work of Leicestershire County Council (Public Health and Active travel), Leicester-Shire and Rutland Sport (LRS) and the county’s seven district / borough councils and their local leisure centre providers. Each year, districts produce a commissioning plan outlining how they will deliver local programmes and campaigns using the grant funding from Public Health. The commissioning plans are based on the following guiding principles:

- Targeting those of greatest need: Funding is distributed on the basis of need, with higher proportions being received by localities with the highest prevalence of health inequalities. Funding is targeted at individuals and communities with the highest need, with programmes targeting inactive participants and priority groups.
- Evidence Based Approach: Localities ensure their programmes target unmet need, identified using local and national data. Evidence based approaches are used and implemented using best practice guidance where available.
- Partnership Approach: A 'co-design' approach is central, with localities expected to demonstrate how interventions 'join-up' current/planned provision and used multi-agency partnerships to deliver their programmes.
- Life-Course & Whole System Approach: There is a move away from a separate child/adult offer with localities expected to demonstrate a life-course approach. Localities are encouraged to take a whole system approach rather than seeing priorities in isolation.

Alongside the guiding principles, the commissioning plan outlines priority work areas which localities must demonstrate that they are delivering against. Examples of this include;

- School Sport & Physical Activity Programmes; Funding should be utilised to deliver programmes such as active travel, fundamental movement programmes and targeted physical activity programmes to support the development of a healthy school. The physical activity and school sport offer is open to all schools, including special schools and young people with SEND in mainstream schools.
- Least Active Children, Young People and Adults; Development and delivery of interventions that target the inactive population within community settings. Interventions include Physical Activity Referral Programmes (CYP Positive Activity Referral Scheme, Exercise Referral), family activities, inclusive multi sports, condition specific sessions, working in partnership with CFWS to deliver targeted sessions etc
- Development and delivery of population-based programmes such as walking / cycling /running / back to sport schemes utilising the Active Together branding.
- Linking in to national physical activity campaigns such as This Girl Can, We are Undefeatable, One You, Change 4 Life

Early Years Physical Activity

- Purposeful Physical Play / Physical Activity CPD: high quality training course opportunities and an annual Conference with Awards, that Early Years practitioners or anyone that works with children under the age of 5 can access.
- Active Travel: Supporting Early Years settings to deliver active travel interventions and to promote walking, cycling to parents.

Active Families

Active Families: Active Families is a 4-year project funded by Sport England to engage inactive families in physical activity, creating behaviour change and encouraging families to become more active

Targeted work between LRS & LCC departments

Other services delivered in partnership across Leicestershire include:

- School Games / Team Leicestershire: It aims to keep competitive sport at the heart of schools and provide more young people with the opportunity to compete and achieve their personal best. SEND competitions and championships are delivered as part of the programme.
- Daily Boost: aims to encourage CYP to do 15 minutes of organised activity at school every day, benefiting their long-term physical and mental health and wellbeing.
- Satellite Clubs: An extension of a community sports club (hub club), or a 'pop-up club' which is established in a new venue such as a school or college and targets the 14-25 age group.
- Twilight Tots: An intergenerational piece of work to enable local settings and care homes to come together to be physically active.
- Active Lives Survey: school-based survey measuring participation in sport and physical activity inside and outside of school as well as attitudes towards sport and physical activity amongst children in school years 1-11.

Weight management

A number of aims have shaped the commissioning of local weight management programmes: Adult and children's programmes should be available in all districts throughout year.

- Development of Maternity focussed (pre / post-natal) weight management programme.
- Development of new targeted programmes for men, teenagers and South Asian groups.
- Integration of multiple programmes nutrition and healthy eating programmes into one commissioned "integrated Weight Management Service".

The present weight management service is delivered by Leicestershire Partnership Trust's (LPT) Leicestershire Nutrition and Dietetic Service (LNDS). LNDS delivers the following range of programmes across Tiers 1-3:

- **FLIC** - A tier 2, 8-week Children and Families Lifestyle Club (FLiC), including physical activity and Healthy Eating.
- **Food Routes** - A school based healthy eating programme, focused on nutrition healthy packed lunches.
- **Big Cook Little Cook** – A targeted, school-based family cookery programme.

6.6. Anti-bullying Services for 5-19s

Leicestershire Anti-Bullying Team (Leicestershire Children & Family Service, Education Effectiveness Team) provide:

- www.beyondbullying.com – Leicestershire’s anti-bullying online hub with information, advice & an ‘Ask Us’ section. The website has a specific section for young people.
- Beyond Bullying Award is Leicestershire’s anti-bullying accreditation for schools – this recognises embedded anti-bullying practice in schools & ensures proactive strategies as well as reactive strategies to prevent & tackling bullying. One section of the award focusses on pupil’s voice to ensure that young people are involved in having a say and taking a lead on anti-bullying work in their school.
- The team are supporting primary schools to deliver ‘Everyone’s Welcome’ using the No Outsiders approach to teach about the Equality Act in schools, with a focus on valuing diversity and celebrating difference.
- The team lead on the Stonewall CYPS Champions Award for Leicestershire - working to ensure LGBTQ inclusion is at the heart of Children and Young People’s Services; to support vulnerable LGBTQ CYP as well as improve their health and wellbeing.

6.7. Inclusion Service

The Inclusion Service supports Children with SEN Needs by developing effective mechanisms with the SENA service to support and monitor children and young people who have not met the threshold for EHCP’s. The Service will promote Pathway Work for families and professionals across Children and Family Services to enable clear access to support in relation to Early Help and Educational needs and implement/promote the Inclusion Website so that families and external services are aware of the support children and young people can access within their education. This will include the launch of the new Careers Website. The Service is currently reviewing the Secondary Education and Inclusion Partnerships arrangements together with Secondary Schools. Post 16 support is provided through the Inclusion Service, with advisers available to support young people into education, employment and training.

Further information on what the Inclusion Service offers can be found on the Leicestershire Local Offer⁹⁷.

SEND Services

The **Specialist Teaching Service** (STS) consists of 4 teams of specialist staff, working together as one service to provide statutory services, in partnership with other professionals from education, health and social care where appropriate. The service provides coordinated and effective support and advice for children and young people with special educational needs and disabilities (SEND) in Leicestershire.

It includes:

- The Vision Support Team provides support and advice to educational settings, parents, carers, families and other professionals who are working with visually impaired children and young people from the time of identification to 19, unless the individual has an EHCP and is continuing education.
- The Autism Outreach Team (AOT) & Learning Support Team (LS) provide advice and support to children, families and education establishments across Leicestershire for children with an Autism Spectrum (ASD) diagnosis aged 5–19 years and in continuing education for those with an EHCP. The team also has qualified specialists who offer an annual consultation to schools and FE providers to support them in meeting the needs of pupils who have dyslexia or learning differences of a dyslexic nature. The Autism Outreach Team (AOT) & Learning Support Team (LS) are the East Midlands Hub for the Autism Education Trust providing training across the whole region.
- The Hearing Support team - provides teaching, audiological and advisory support to parents, carers, families, educational settings and other professionals who are working with hearing impaired children and young people in Leicestershire who have an educationally significant permanent hearing loss, or aided conductive loss, from the time of identification up to 18, or 25 if they have an Education Health and Care Plan (EHCP).
- The Assistive Technology for Education Support Team (ATfEST) consisting of assistive technology specialists, technicians and practitioners. ATfEST works in conjunction with all teams to provide an integrated and comprehensive response to children and young people whilst in an educational setting.

Further information can be found on the Leicestershire County Council website⁹⁸.

Leicestershire Educational Psychology Service (LEPS)

Leicestershire Educational Psychology Service promotes inclusion, learning & wellbeing for children and young people aged 0-25 years, using psychology creatively and collaboratively to empower and inspire individuals, groups and schools, settings and colleges.

We offer core work, free to parents/ carers and all schools. This includes helpful resources and leaflets available on our website; advice and guidance via a daily helpline, some early years casework and consultation with groups of schools and as part of Inclusion Forums with other professionals supporting schools. Some schools purchase an SLA for additional EP support for the school, as well as attending training delivered by LEPS. We also carry out statutory work including providing psychological advice to contribute to the Education and Health Care needs assessment process, as well as Tribunals and some Annual Reviews.

Further information can be found on Leicestershire's Local Offer⁹⁹.

SENA

The Special Educational Needs Assessment and Commissioning Service (SENA) carry out the statutory assessment and review of children and young people who have an EHCP from age 0 – 25.

The service is responsible for writing Education Health and Care Plans (EHCP) if a statutory assessment is agreed and will commission the identified provision to meet identified needs. The service can provide advice and guidance to families as well as educational settings around statutory duties.

The Service also attends mediation meetings for those families who are considering making an appeal to the First-Tier Tribunal (SEND). The law says that young people or parents who want to appeal to the First-Tier Tribunal (SEND) must first contact a mediation adviser. The mediation adviser will give information about mediation. It is then up to families to decide whether they ask for a mediation meeting. Once families have had mediation advice or mediation, they are issued a certificate so that they can lodge an appeal. Leicestershire LA currently use Global Mediation and information is available on the local offer.

The Service also co-ordinates the Local Authority's response to Special Educational Needs and Disabilities Tribunals (SENDIST). Families may choose to lodge an Appeal with SENDIST if they are not in agreement with a decision the Local Authority has made on:

- Refusal to carry out an EHC Needs Assessment;
- Refusal to issue an EHCP
- Unhappy with a Final EHCP

Disabled Children's Service

Provides advice, support and practical help to families with children up to 18 years with Special Education Needs and Disability (SEND), who are substantially affected in their everyday living by a disability.

The Service embraces the social model of disability and acknowledges that although a child's disabilities can create difficulties in their lives, many of the problems they and their families face are due to negative attitudes, prejudice and unequal access to the things necessary for a good quality of life.

Staff in the service are specialists in working with children who experience disabilities and their families. The staff make assessments of need which support safe and creative daily living for disabled children, their families and carers.

Short Breaks

Short Breaks provide disabled children and young people with an opportunity to spend time away from their parents, relaxing and having fun with their peers. They provide families with

a 'break' from their caring responsibilities, and also give parents and carers a chance to unwind, rest, spend time with their other children and give brothers and sisters an opportunity to enjoy family time too. Parents and carers may use their break time to enjoy a leisure activity or if they are studying, to support their studies. Examples of short breaks include holiday playschemes, family fun days, group activities and clubs, and services in the home.

The Short Break statement can be found on the Leicestershire County Council website¹⁰⁰.

6.8. Transitions Team

The Transitions Team offer a care and support assessment to young disabled people to see if you can get help from Adult Social Care. The service provides advice and guidance to young people and their carers on available support and opportunities as they approach adult life.

6.9. Schools and settings

Leicestershire currently has 341 pre-school and day nursery provision from the private voluntary and independent sector, 511 childminders supporting early education in Leicestershire and 126 providers that are registered only to provide out of school care (as at August 2020). In the school sector there are 239 primary schools and 46 secondary schools. There is a greater proportion of Academy / Multi-academy trusts than Local Authority maintained schools. There are six Area Special Schools located across Leicestershire with half being an Academy and half being local authority maintained. Resource units are being established across Leicestershire offering specialist provision for children with an EHCP on mainstream school sites. For those children and young people with the most complex needs, independent and specialist independent provision is provided.

The Whole School SEND (WSS) Review provides a framework that enables school leaders to evaluate the effectiveness of current SEND provision through a structured self-evaluation and peer review with another school. The SEND Review Guide and peer-review process helps schools identify areas for improvement within their SEND provision, equips schools to create and review improvement plans. This evaluation process supports schools to embed a focus on SEND as a fundamental to normal school improvement practice.

Area Special School Outreach offer

Leicestershire's Area Special Schools offer an outreach service to support mainstream primary and secondary schools in meeting the needs of their pupils to maintain the pupil in inclusive provision. The offer from Area Special Schools supports teacher and support staff to feel more confident in working with pupils with learning difficulties that are outside their usual experience. The building of confidence for staff can be through modelling of teaching and learning practice, with an opportunity to practise; advice on teaching learning,

assessment and target-setting; advice on appropriate resources and information; providing Makaton sessions; advice on the educational management of pupils with specific conditions and syndromes.

There are opportunities to develop partnerships between special and mainstream schools, e.g. Birkett House offer Learning Together Days where a group of students with a mainstream school on an agreed topic. The students develop skills within the topic and build relationships with new friends.

6.10. Health Services

University Hospitals of Leicester

A number of CYP services are provided by our local acute care trust, *University Hospitals Leicester (UHL)*. These include:

Maternity Services

High quality maternity services are essential to infant health. UHL are implementing the **Better Births Action Plan** through the Leicester, Leicestershire & Rutland Local Maternity Systems Board. Within the LMS work stream, there is a focus on:

- Ensuring women have personalised care and choice
- Improving outcomes by early access to antenatal screening by 10 weeks
- Reducing intrauterine death, still births and infant mortality
- Improving access and ensuring women are offered antenatal and new-born screening in a timely manner
- Providing high quality, safe maternity and neonatal services based on best practice which are easily accessible by consolidating all women's acute and neonatal services on a single site supported by appropriate infrastructure and a flexible, multi-disciplinary workforce that responds to changes in volume and complexity
- Ensuring babies requiring specialist neonatal care, e.g. surgical or cardiac, are cared for in the right cot at the right time, as near to home as possible
- Developing robust transfer pathways to facilitate in-utero transfer of premature and sick infants
- Integrating pathways across primary, secondary and tertiary services
- Improving integrated perinatal mental health pathways to ensure early identification and treatment to improve outcomes
- Reducing the number of babies separated from their mother by reducing avoidable term admissions through implementing the ATAIN (Avoiding Term Admissions into Neonatal Units) recommendations and developing the transitional care services

- Ensuring adequate capacity, workforce and appropriate utilisation of regional neonatal transport services to support patient flows and guarantee that infants requiring specialist neonatal care (i.e. sick-term babies, premature babies, cardiac babies, and babies with neonatal surgical problems) are cared for in the right cot at the right time, as near to home as possible
- Better Births website <http://www.leicestermaternity.nhs.uk/betterbirths/>

Children’s Emergency Department

The Children’s Emergency Department opened in July 2018, integrating a single triage and assessment process along with primary care (GP), emergency care and short stay assessment facilities.

Paediatric Hearing Services

The Paediatric Hearing Services department assesses the hearing of children up to 16yrs old. The clinics are staffed by audiologists. The service runs in two parts: the diagnostics (hearing tests) and habilitation (hearing aids) clinics. We are based at Hearing Services, Leicester Royal Infirmary, although we do run clinics at various locations.

Ophthalmology

The eye department is based at Leicester Royal Infirmary. We are a large department of 14 consultant ophthalmologists and their teams of doctors, nurses, optometrists, orthoptists, photographers, technicians, clerical staff and management.

We provide general and specialist ophthalmology services for adults and children in Leicestershire. At the Leicester Royal Infirmary we have 3 outpatient clinic areas, 3 operating theatres, and an eye emergency (eye casualty) department.

We cover the county, holding clinics at

- Loughborough hospital
- Hinckley and district hospital
- Melton Mowbray hospital
- Coalville hospital
- Rutland memorial hospital, and
- Market Harborough district hospital.

Ear, Nose and Throat (ENT)

Ear, nose and throat (ENT) covers a multitude of conditions from Meniere's and tinnitus to

glue ear, nasal polyps, laryngitis and much more. Our ENT Department provide comprehensive and specialised care covering both medical and surgical conditions related not just specifically to the ear, nose and throat, but also other areas in the head and neck region.

We deal with all aspects of ENT from minor procedures such as putting in grommets to major complex head and neck surgery for patients with cancer. Our dedicated team provide professional and friendly health care to adults and children of all ages. The department liaises with the Speech and Language Therapy team within the hospital when necessary.

East Midlands Children's and Young Persons' Integrated Cancer Service (EMCYPICS)

The East Midlands Children's and Young Persons' Integrated Cancer Service (EMCYPICS) is an integrated service for the investigation of CYP (0 - 18 years) with suspected cancer and the treatment of those diagnosed with cancer. The team shares patients' care with the Paediatric Oncology Shared Care Units at Northampton General Hospital and United Lincolnshire Hospitals (Lincoln and Boston) when appropriate and works closely with other district general hospitals and community teams throughout the East Midlands.

Urology

Consultant urologists and specialist nursing staff offer a district-wide service to patients with urological conditions such as diseases of the kidneys, bladder, urinary tract and male reproductive organs. Services include one-stop haematuria and prostate assessment clinics, where a patient is assessed, investigated and diagnosed within one visit to the hospital.

The assessment centre is based at Leicester General Hospital. The unit manages patients with catheter and stricture problems, teaches intermittent self-catheterisation techniques and offers lithotripsy treatment - the shattering of kidney stones.

Consultants offer a service for patients requiring complex abdominal surgery for both cancer and benign urological related diseases, with specialist nurses available to support patients through this process. The department also has an active research programme looking at risk factors, screening.

East Midlands Congenital Heart Centre

The East Midlands Congenital Heart Centre consists of a dedicated paediatric intensive care unit, a children's cardiac ward, catheter lab, and theatre and outpatient department. Cardiologists also provide an extended service that enables families to be seen and cared for closer to their homes. Paediatric outpatient clinics are held at Glenfield Hospital and at Nottingham, Derby, Lincoln, Grantham, Boston, Mansfield, Peterborough and Kettering.

Service include: -

- Paediatric Intensive Care Unit
- Foetal cardiac service
- Outpatients

- Ward 30 - children's cardiac ward
- Surgery
- ECMO
- Clinical Psychology Service
- Cardiac Investigations Department

Extracorporeal Membrane Oxygenation (ECMO)

Europe's largest ECMO centre is based at Glenfield Hospital in Leicester. It is one of only four ECMO centres in the UK, where babies and children with serious conditions which prevent their lungs or heart from working normally are treated.

The hospital is registered with Extracorporeal Life Support Organisation (ELSO) and is one of the world's most experienced hospitals in using ECMO.

Children's Research at University Hospitals of Leicester

The Children's Research Team works across all areas of the Children's Hospital and supports research studies for CYP from birth up to their 19th birthday.

A new Children's Research Facility (CRF) officially opened in June 2017. Research Space was purpose built for CYP who are taking part in research studies. The facility includes specialist sensory equipment, including an interactive floor projection system and a 3D interactive distraction system.

Children's orthopaedics

Orthopaedics is the medical specialty that focuses on injuries and diseases of the musculoskeletal system. This complex system includes bones, joints, ligaments, tendons, muscles, and nerves.

Paediatric neuropsychology

The paediatric neuropsychology service specialises in assessing children's learning and behavioural difficulties associated with a neurological problem.

Sickle Cell and Thalassaemia Service

This service works as a network across the East Midlands, with other specialist services offered from Nottingham University Hospitals NHS Trust.

Who is the service for?

- Children with any type of haemoglobin disorder such as sickle cell, thalassaemia or related conditions.
- Antenatal women with abnormal haemoglobin who are booked to deliver within Leicester and Leicestershire.
- New-born babies identified as having a major haemoglobin disorder or found to be a carrier of abnormal haemoglobin following new-born screening.

Leicester Children's Hospital also offers Specialist Services in but not limited to Respiratory, gastroenterology, Dermatology, Neurology, Pain Management, Endocrinology, Surgical interventions across an area of specialities and Infectious diseases.

Leicestershire Partnership Trust

Phlebotomy Service for children and young people

The Children and Young Persons Community Phlebotomy Service (blood sample taking) provides a phlebotomy provision to all 0 to 16-year olds registered with a GP within LLR. It is committed to deliver a high-quality phlebotomy service for children who require routine, urgent and fasting bloods. It is anticipated that the service will see over 7,000 children a year who require a blood test.

Podiatry

The Podiatry service delivers from approximately 28 sites across Leicester, Leicestershire and Rutland, including:

- Community hospitals
- Health centres
- Community health and social care services
- GP practices
- Nursing and residential homes
- Within a patient's own home (for those completely bedbound or housebound)
- Acute hospitals for inpatient care and within the diabetic foot clinic

Treatments range from corn, callous and nail treatment to the extremely specialised 'high risk' cases such as diabetic foot ulcer care, nail surgery, complex biomechanical assessment and treatment. Through to the provision of insoles and orthotics. Treatment plans are individual to the user, aiming to resolve the problem or at least reach a level of maintenance and comfort. They also include personalised education, strongly promoting self-care.

Community Paediatricians

LLR community paediatric clinics are delivered through staff employed at LPT. The community paediatric team offers specialist service to CYP residing in LLR for:

- Investigation of children presenting with global developmental delay or significant delay in specific developmental areas.
- Medical assessment of moderate/severe learning difficulties.
- Medical input to support assessment of preschool / primary school age children presenting with challenging behaviour, where an underlying neurodevelopmental condition such as autism or ADHD is suspected.

- Management of children with certain genetic/medical conditions (e.g. Down's syndrome, Tuberous sclerosis, neurofibromatosis) that need ongoing neurodevelopmental surveillance.
- Management of children with neurodisability (e.g. cerebral palsy), complex health needs and certain life limiting conditions.
- Assessment of children with co-ordination difficulties (e.g. developmental co-ordination disorder/dyspraxia).
- Specialist medical input and management for children with continence issues.
- Specialist medical input for looked after children, children undergoing adoption and fostering.
- Safeguarding medical assessment of children with suspected physical abuse and neglect, following referral from social care.
- Specialist medical advice for children with significant special educational needs (e.g. children requiring an Education, Health and Care plan).

Children's Speech and Language Therapy Services

The service is provided by Leicestershire Partnership NHS Trust and commissioned by Leicester City CCG (on behalf of Leicester City, West Leicestershire, East Leicestershire & Rutland CCG). It provides a range of services for families, parents, carers to improve children and young people's progress if they have difficulties with:

- Speech, language and communication skills
- Eating, drinking and swallowing skills

The service works closely with families, parents and carers to improve children and young people's progress in these areas and to ensure that their potential for learning, social and emotional development is reached.

The service work in partnership with a range of other agencies and colleagues including schools, Early Years settings, children's centres, physiotherapists, occupational therapists, medical teams and the voluntary sector.

Paediatric Audiology Services

This service offers diagnostic audiology assessments for children aged from 7 months to 16 years (up to 19 years for children attending special schools).

The service is delivered at 6 sites over Leicester, Leicestershire and Rutland.

The service also delivers routine hearing screening tests in all state funded primary schools within Leicester, Leicestershire and Rutland, with most children being offered the screen in Year 1 or 2. Parents will receive information about routine screen via their primary school.

Children's Community Occupational Therapy Service

Children's Community Occupational Therapy Service works with children from birth to age 16 (up to 19 years in statutory education) who have difficulty participating in everyday activities because of physical disability or a medical condition to live more productive and enjoyable lives.

The team helps children who are experiencing difficulties with gross and fine motor skills, visual perception, sensory impairment and sensory motor skills. The team supports children to become more independent with everyday activities they need and want to do, including:

- Getting dressed
- Personal care
- Play
- Leisure activities
- School

Occupational therapy staff work in a multi-agency context with partners in education, social services and acute hospital trusts. Areas of specialist skill and knowledge in the service are shared for consultation in areas such as specific treatment approaches, orthopaedic consultations and behavioural strategies.

Children's Community Physiotherapy Service

Children's Community Physiotherapy Service is provided for children and young people with disorders or delays in their movement skills who will benefit from physiotherapy.

Physiotherapy helps to develop (or re-gain) movement abilities and prevent or minimise long-term problems. Physiotherapists provide assessments, therapy, practical advice, strategies and equipment to ensure children with physical needs are able to develop and achieve physically, academically, socially and emotionally, with support of family and carers, to reach their full potential. The aim of intervention is for the family and carers to be able to understand and self-manage the child's condition and ongoing needs. It is not unusual for a child to have a number of phases of treatment throughout their childhood and they may be transferred back to the care of universal health visiting or school nursing and their GP during this time.

Physiotherapy staff work in a multi-agency context with partners in education and acute hospital trusts. Areas of specialist skill and knowledge in the service are shared for consultation in areas such as specific treatment approaches, orthopaedic consultations, etc.

Children's Specialist Weight Management Clinics

This service, provided by the LNDS team at LPT, is commissioned across LLR by the CCGs for children with weight management issues who require specialist (Tier 3) nutritional and dietetic input.

Social, Emotional, Mental health and Wellbeing

Services to promote mental health and wellbeing and to identify and support those who are experiencing mental health problems need to be co-ordinated and integrated. Locally this has been described as a whole system pathway across Leicester, Leicestershire and Rutland, called the Social, Emotional, Mental Health and Wellbeing pathway.

Workforce across the emotional mental health and wellbeing services

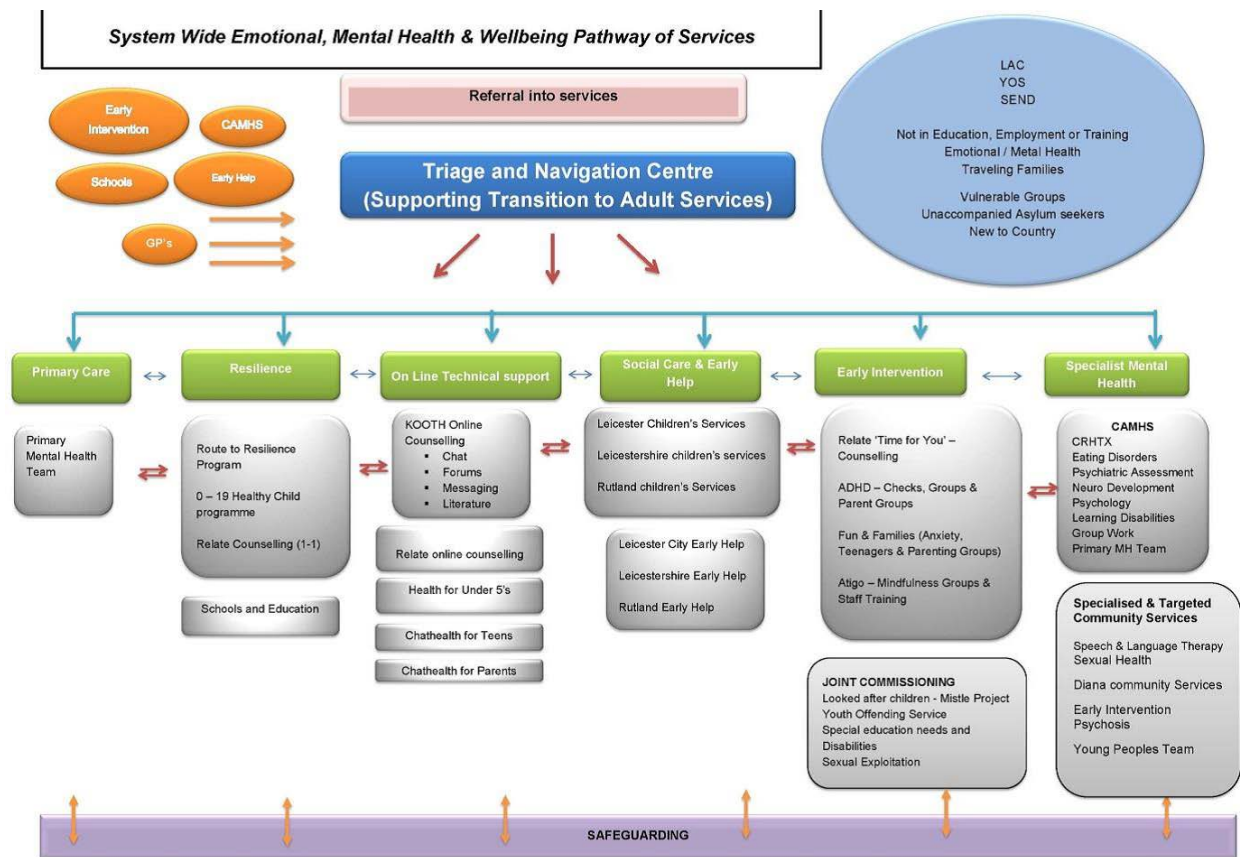
We recognise that one of the ways we can achieve improved outcomes for children and young people with emotional, mental health and wellbeing is by developing the capacity and capability of our workforce. One of the main aims of the Future in Mind Programme is to increase the number of staff across the partnership by 2020 to meet the additional demand for services.

The Leicester, Leicestershire & Rutland Workforce Development Group has been established to work with a range of partners to ensure a whole system approach to increasing the skills of the workforce and to increase the number of staff working in children and young people's services. The group is developing a joint workforce strategy which will describe opportunities across our partnership to improve the skills, knowledge and competencies of our staff and to increase children and young people's access to evidence based practice to meet their different levels of need.

Future in Mind commissioned services

A number of services have been commissioned directly as part of the Future in Mind programme. These services have been designed to augment and improve pre-existing mainstream services.

Figure 79: System wide pathway of emotional, mental health and wellbeing services



- Targeted Early Intervention Emotional health and wellbeing Service for LLR
- Route to Resilience in Schools - a whole school approach to resilience in schools programme
- Xenzone - Kooth deliver an Online Counselling service
- Enhanced Access to Childhood and Adolescent Mental Health Service (CAMHS)
- Eating Disorders Service
- Crisis and Home Treatment Service
- Place of safety
- CAMH Service
- Primary Mental Health Team

The Future in Mind programme overlaps with the local CAMHS service:

Children and young people’s mental health services (CYPMHS) is used as a term for all services that work with children and young people who have difficulties with their mental health or wellbeing. You may also see the term children and adolescent mental health services (CAMHS) used. This is an older term for the main specialist NHS community service within the wider CYPMHS that may be available locally.

The Child and Adolescent Mental Health Service (CAMHS)¹⁰¹ help children and young people

who have been referred by another healthcare professional. Parents/ carers may also need help and advice to deal with behavioural or other problems that their child is experiencing.

Referrals are made if it's thought the child or young person has emotional and/or behavioural difficulties at a level which requires specialist support. We provide a range of services including initial assessments, therapy, group work, emergency assessments and in-patient care.

CAMHS sees young people from across Leicester, Leicestershire and Rutland. The service also links with other children's services to offer a multi-agency approach. The team is made up of doctors, nurses and therapists who specialise in child mental health. The support we provide varies according to need, from a one-off appointment to a programme of on-going care which lasts until the child or young person feels better and is felt to be safe.

- **CAMHS Crisis Resolution and Home Treatment team** provides rapid assessment and treatment at home for children and young people in mental health crisis and support for their families, providing no physical medical intervention is required. Once a referral is received, the team aims to make telephone contact with a family within two hours and to assess the child or young person within 24 hours. The service is operational from 8am until 10pm. Outside of these times, support is provided by the adult crisis team.
- The **Psychosis Intervention and Early Recovery (PIERS Team)** help people recover from a psychotic episode. It can also help reduce the likelihood of experiencing further psychotic episodes in the future. The service is made up of a team of professionals (including nurses, psychologists, psychiatrists, occupational therapists and support workers).
- **Therapy Services for People with Personality Disorder** offer engagement in a group (not a therapy group) for people aged 16+. This is an opportunity to find out more about group therapy and personality disorder. If patients decide to pursue group therapy, then they are offered an individual assessment with a clinician/s.
- **CAMHS Acute Psychiatric Inpatient unit** offers assessment and treatment for children and adolescents aged between 12 – 18 years of age who present with psychiatric, emotional and/or associated behavioural issues requiring assessment and treatment within a safe environment. Care is provided by a multi-disciplinary team of qualified nurses, health care support workers, occupational therapists, psychologists and medical input from consultant psychiatrist.

Most appointments are delivered in clinical bases.

- The **Primary Mental Health Team** works between primary care - for example GPs and public health (school) nurses - and specialist CAMHS outpatient teams. The team

treats young people having difficulties with their mental health or emotional wellbeing, and who may be at risk of developing a mental health disorder.

- The **Young Peoples Team** works particularly with vulnerable young people in care and those who are involved with the youth offending service.
- The **CAMHS Learning Disability Team** supports young people with a moderate to profound learning/intellectual disability (as defined within ICD10/ICD11) who are experiencing mental health difficulties and /or associated behaviours. Support is provided through our outpatient service which includes specialist parent workshops as well as individual work with patients, families and carers. Referrals to this service can be made by health or social care professionals.
- The **Outreach Team for Adult Learning Disabilities**, carry out assessments to inform the development of positive behaviour support guidelines, working together with the person, multi-disciplinary team, carers and other services. Direct support is also provide, if appropriate.

If the service is found to be appropriate to your needs, you will have a named nurse who will talk to you and/or your carers about how the team will work with you; whether we would need to meet and talk to you, talk to other people or observe who you are. The team currently consists of eight qualified nurses (RNLD), five healthcare support workers, an occupational therapist and a speech and language therapist, with support from psychiatry.

- The **Child and Adolescent Eating Disorder Service** is a team of professionals who have specialist training and experience working with children and young people with a range of eating disorders. The team consists of a range of professionals including psychiatry, psychology, family therapy, psychotherapy and mental health nursing. The team liaises closely with colleagues in dietetics and paediatrics.

The aim is to provide assessment and treatment at the earliest opportunity to children, young people and their families. Assessment and treatment focuses on both the physical and psychological aspects of eating difficulties. Therefore, all children will receive medical monitoring to help their physical recovery, whilst also receiving therapeutic input to assist their psychological recovery. Help offered includes:

- Family based therapies – this involves the family coming together to work towards recovery
- Individual therapies – this is normally 1:1 work to address areas of difficulty
- Physical monitoring – can include checking weight, blood pressure and pulse.

Once a referral has been received, an assessment takes place at Mawson House base on Valance Road in Leicester. If, following assessment, the team and family agree to

begin treatment, options will be discussed with the child or young person and their family and a plan agreed. At this point you will be allocated a lead professional who will be involved in the treatment you receive and oversee any additional treatment needs.

- The **Adult Eating Disorders Service** helps adults aged 18 and over who have eating disorders such as anorexia nervosa, bulimia nervosa, binge eating disorder and other diagnosable eating disorders. An outpatient service is offered across Leicester, Leicestershire and Rutland and a regional inpatient service for the East Midlands.

Once a referral has been received, it will be triaged and if appropriate, an assessment will be made. Following assessment, you may be signposted to other services, offered individual or group therapy or inpatient treatment, depending on your needs.

- The Paediatric Psychology service works with children and young people aged 0-19 years who have physical health problems and may be experiencing psychological difficulties related to their physical health. The team consist of Clinical / Counselling Psychologists and a Psychiatrist. The service helps children and families to understand and cope with the difficulties they might be experiencing as a result of their health problem or medical condition.

For example:

- Understanding and coping with a condition or diagnosis
 - Adjusting to taking and receiving medication
 - Coping with pain
 - Managing the impact of physical illness on other areas of their life, e.g. school and friends
 - Dealing with thoughts, feelings and behaviour related to living with health conditions, e.g. anger, anxiety or sadness
 - Preparing for surgery or other medical procedures
- Clinical or Counselling Psychologists work with children and young people and their families about their worries, difficulties and give some ideas on how to cope better. When they see a young person, they might talk, write or draw to try and understand what the young person feels “stuck” with. They try to learn more about problems, what is important to you and what you would like to be different.

As part of the service, there are outreach staff who can provide short term intensive input within the home when necessary. This is to support parents/carers to implement strategies

advised by their lead professional or specialist clinician which they may be struggling to do without direct input.

- **The Agnes Unit (Learning Disabilities Inpatient)** - The team provide inpatient care and support for adults with disabilities with mental health problems including challenging behaviours. The team provide care personalised and focused on the needs of the individual with the aim of enabling recovery and social inclusion. The approach taken is underpinned by Positive Behavioural Support Model. Patients may be admitted informally or using the framework of the Mental health Act. For patients staying informally, a deprivation of liberty assessment will be carried out to make sure that care can be provided within the right legal framework.

The team are multi-disciplinary and are passionate about improving the wellbeing of people in their care. The team include a nurse, healthcare support workers, doctors, psychologist, speech and language therapist, Occupational Therapist, therapy support staff and administrative support staff. Patients on the day of admission to the Agnes Unit are introduced to their key people providing care and make them familiar with the unit and the surroundings. Each patient will have a named nurse who works with the individual to complete a full assessment of their needs and develop care plans to support these. The care and support they receive will be regularly reviewed and evaluated by the multi-disciplinary team.

Check out YoungMinds' list of [who's who in CYPMHS](#) and the MindEd e-session on [people working in child mental health](#).

Adult Learning Disability Service (Fosse Autism Service)

The service supports people with autism who are experiencing change in their lives, for example leaving school to join adult services, going to college or leaving home to live somewhere else. We also support people who are having problems with going out in the community because it makes them feel anxious.

Community Learning Disability Service

The Specialist Learning Disability Services work in partnership with local communities to improve health and wellbeing and reduce health inequalities for adults with learning disabilities. This will enable adults with learning disabilities to lead more independent and fulfilling lives and will promote inclusion, choice and rights. The specialist learning disability service works with people who are 18 years old and upwards.

Down's Syndrome pathway

The combined care pathway for children and adults with Down's syndrome in Leicester provides information on services available from health, education and voluntary agencies. It also provides information on health needs, follow up services and transition to adult services.

Children's Community Nursing Service

The Children's Community Nursing service provides care and support for children and families requiring special nursing care in a community setting. The service provides a number of interventions including:

- Acute and Continuing Care (Diana Complex Care packages)
- End of Life care
- Macmillan
- Training for professional carers
- Respiratory Physiotherapy
- Cultural support worker
- Tracheostomy/Nasopharyngeal airway
- Central Venous Access Device
- Enteral feeding devices
- Home oxygen/long term saturation monitoring
- Long term sub cutaneous device
- Oncology, in conjunction with the tertiary centre
- Children's Community Continence service
- Other complex needs which may be identified by the service as requiring input

Hospice at Home Team

- The Hospice at Home Team incorporates specialist nurses, assistant practitioners, healthcare assistants, two deputy team leads and a clinical team lead. The team looks after patients with life-limiting illnesses at the end of their life to prevent hospital admission by being available for unscheduled end of life care. The service also offers a rapid discharge service from inpatient units, to enable patients in their 72 hours of life to be discharged from that inpatient setting to their own homes.
- The team provides hand-on nursing care, complex symptom management, emotional and psychological support to both patients and families/carers, including bereavement follow-up. Working in partnership with other professionals, including GP's, the palliative care nursing and medical teams with UHL and LOROS, they offer advice and support to other members.

NHS Continuing Healthcare

Continuing Healthcare is care given outside of hospital over an extended period of time to meet the physical or mental health needs of adults with a disability, injury, or illness. It involves a package of care that is arranged and funded by the NHS and is free of charge to the person receiving the care. To be eligible for NHS Continuing Healthcare, the person receiving it must be assessed by a health professional as having a “primary health need” – a complex medical condition and substantial ongoing care needs.

Looked After Children’s Team

Provides specific services to address health needs of Looked After Children in Leicester, Leicestershire and Rutland. These are monitored by The Designated Nurse for Looked After Children who sits within the CCG.

6.11. Parent Carer Forum

The Parent Carer Forum represents the parents and carers of disabled children and young people aged 0-25 years and the aim is to make sure that services in Leicestershire meet the needs of SEND children and their families. They are the strategic partner working with the SEND & Inclusion Board, which constitutes representatives from the local authority, health services, education providers and other service providers, on behalf of parents and carers and children and young people to scrutinise, develop and improve services.

6.12. Voluntary Sector Services

Voluntary and Community sector

Despite a difficult funding climate with less voluntary and community-based services being commissioned Leicestershire continues to be home for a number of innovative front services providing mental health support for children, young people and their parents and carers. Examples of a number of these services can be found below, but please note this is not an exhaustive list. There are many more local organisations and groups providing services and support for people with mental health problems. More information can be found at www.valonline.org.uk or on the Leicestershire Local Offer at <https://www.leicestershire.gov.uk/education-and-children/special-educational-needs-and-disability/where-to-start-with-send>.

Barnardo’s – Young carers, emotional health and wellbeing

The service offers one-to-one support and group activities to build self-esteem and assist young carers with issues in relation to their caring responsibilities.

Rainbows – Palliative care, physical, emotional health and wellbeing

The service provides specialist palliative short breaks, emergency symptom control and end of life care and bereavement support to CYP with life limiting or life-threatening conditions and their families.

Wheels for All

Provide cycling events for all abilities and ages. Regular sessions are run at the Saffron Stadium, Braunstone Leisure Centre as well as at other locations across Leicester, Leicestershire and Rutland. A range of special bikes, that allow disabled people to experience the fun of cycling are available, with support from trained leaders and volunteers.

Inspire

A targeted intervention delivered in secondary schools. It works with young people who have been identified to be at risk of being disengaged.

The Laura Centre – Bereavement Support, emotional health and wellbeing

The service offers support and help to bereaved children and parents exploring difficult, and often painful, emotions and experiences. This may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning of the bereaved person's life.

Spirit at play and The Way of the Horse

The Spirit at Play and The Way of the Horse both provide equine assisted learning for children with a variety of additional needs including learning difficulties, emotional & behavioural problems, mental & physical disabilities.

ADHD Solutions¹⁰²

ADHA Solutions work across Leicestershire and Rutland providing information, help and support for children, young people and adults with Attention Deficit Hyperactivity Disorder (ADHD) their families and anyone who supports them and/or works with them.

YES Project¹⁰³

YES project is a partnership of nine organisations whose aims are to transform the futures of 400 young people between the ages of 15 and 24 who are currently the furthest from being able to move into employment. It offers a range of courses and support services that helps young people to overcome challenges and barriers that have prevented them from finding a job including low self-esteem and confidence and mental health issues.

Future Minds¹⁰⁴

Offer a comprehensive service for emotional wellbeing and good mental health including specialist support for children & young people and their parents/carers.

7. Parent and Carer Survey

Background

As part of the local area SEND inspection in February 2020, the Parent Carer Forum conducted a survey with a specific reference to key issues that have been identified by parents and carers and reported to the SEND & Inclusion Board. The survey results were presented to the inspection team as part of the evidence of parental/carers experience and satisfaction with services across Leicestershire. The survey was in addition to the webinar that was open for a week at the beginning of the inspection and the face-to-face Parent/Carer meeting that was held with members of the inspection team to directly hear views.

Key themes

A comparison with a satisfaction survey carried out in December 2017, identifies that there has been a reduction in satisfaction of services over the two-year period. The local area has seen a significant rise in the number of Education Health and Care Plan requests which has reduced the capacity of a number of services. However, it is concerning that key themes from 2017 continue to be raised by parents and carers within the 2020 survey:

- Reducing the waiting times to get an appointment and in-between appointments.
- Provide more support post-diagnosis.
- Improve the communication with families and between services.
- Put the child at the heart of decision-making – there were a number of references to decisions being made due to cost rather than what was appropriate for the child.

More detail in reference to the key themes above and additional themes from the 2020 survey include:

- Schools in the broadest term was cited by parents within the 2020 survey as not meeting the needs of children and young people, including the making reasonable adjustments. This can be verified as referring to mainstream schools through other sources. Additionally, within the survey, there were a number of specific mentions of Special School where parents received good support.
- The Education, Health and Care Plan process and support to parents and carers.
- Dissatisfaction with school placements offered.
- Access to Short Break services.
- Information, advice and guidance throughout the spectrum of SEN, e.g. pre, during and post diagnosis, between access to services.
- Implementation of discharge policy from services.
- In the 2020 survey, there were references to issues relating to transition between primary and secondary education.
- The SEN transport application process.

In addition to the satisfaction with services, the survey outlined issues raised against the key question around SEN Transport, Education Health and Care Plans and the Annual Review process and the Local Offer. Lead professionals against each area have been contacted with the results of the survey for local action and a lead person from the Parent Carer Forum has been nominated to liaise/meet with each service / area of delivery for SEN Transport, Education Health and Care Plans and the Local Offer.

8. Unmet needs/Gaps

A gap analysis workshop, where the unmet needs of children and young people with SEND in Leicestershire were discussed, has helped to inform the following sections.

Identifying children and young people with special educational needs and disabilities

Currently, there are discrepancies and inaccuracies in the way SEND categories are used and needs are identified. In Leicestershire there is a large proportion of children and young people with SEND identified as having a primary need of Moderate Learning Disability (MLD). Further exploration into the high proportion of MLD is needed, alongside work to improve the accuracy and consistency when identifying need. This will help ensure children and young people receive the support they require. There is currently little data on the needs of children and young people with SEND based on cognitive ability.

There is work ongoing to redesign the neurodevelopmental pathway for the identification of autism spectrum disorder. This is to ensure diagnosis and subsequent support is coordinated, accessible, and delivered in a timely manner.

SEND can be a result of poverty as well as a cause of poverty. Children and young people with SEND are also less likely to experience a fulfilling education or leave school with outcomes that reduce the chances of living in poverty as adults. In Leicestershire, there is a significantly higher proportion of pupils SEND with living in areas with higher deprivation, compared to pupils with no SEND.

SEN Support and EHCPs

There is rising demand for EHCPs in Leicestershire, significantly higher than the national average. Identifying and providing SEN support early is likely to reduce the need for EHCPs. More could be done to use data sources at birth and during the early years to help plan provision.

The quality and accuracy of EHCPs was identified as an area for improvement in the SEND inspection report. Improvement is required by the implementation of an effective system to quality assure EHCPs, so they meet the specific needs of children and young people.

Working together across education, health and care for joint outcomes

The joint commissioning strategy for SEND is in development with the aim of launch in Spring 2021. There is a need for more collaborative working across education, health and social care by strengthening existing links and connections. This will promote support that is more consistent, coordinated, and less fragmented for families.

Early years, schools and further education provision

The benefits of early identification of SEN or disabilities are widely recognised – identifying need at the earliest point and then making effective provision improves long term outcomes for children. A more joined up approach to the 2-year checks is required so needs are identified early and families do not need to communicate with multiple professionals.

There is limited uptake of the Disability Access Fund by early years providers to support children with disabilities or special educational needs.

Schools currently access a patchwork of support available from the Local Offer, which has the potential for creating gaps in provision across different education settings leading to an inequitable education system for children and young people with SEND across Leicestershire.

Local data shows for four to five year old pupils on SEN support in Leicestershire, 21.0% achieved a good level of development in 2019. This is significantly lower than the England average of 29.0% and the East Midlands average 26.0%, which is of concern (Figure 43). The trend continues for pupils on SEN Support across key stage 2 and 4, with attainment outcomes below the national average. Furthermore, children and young people with SEND are more likely to be excluded from school. However, levels of permanent exclusion across Leicestershire schools are below the national average.

Health

The GP Learning Disability Register⁵¹ provides information on health outcomes. Data was collected on key health issues for people who are recorded by their GP as having a learning disability, and comparative data about a control group who are recorded by their GP as not having a learning disability. The sample included 21% of the registered patients in the NHS East Leicestershire and Rutland CCG and 12% of the registered patients in NHS West Leicestershire CCG. There are clear limitations to this data and systems for exploring the health needs of those with SEND need to be explored.

Mental health provision for children and young people can be difficult to navigate. This has been identified as a particular challenge during Key Stage 3 and 4. There is a need for

children, young people and their families to access mental health support before reaching a crisis point.

People with a learning disabilities are more likely to be either underweight or overweight⁵². In Leicestershire, children and young people aged 0-24 with learning disabilities are significantly more likely to be underweight than 0-24 year old's without a learning disability. Additionally, there is a significantly higher proportion of adults aged 18-25 with a learning disability that are overweight compared to those without a learning disability (Figure 60 and Figure 61). This highlights the need for dietitian and weight management support for people with learning disabilities that is accessible and tailored to individual needs.

Transitions and preparing for adulthood

More could be done to increase awareness of Annual Health Checks from age 14, as current uptake is low. There is a gap in provision for advocacy support for young people who may have differing views from their parents/carers, particularly at times such as transition to adult services.

Information, advice and support and harnessing the views of the local community

Parents and carers find the current provision available for advice extremely helpful. However, there is high demand for this service and more could be done to broaden the ways in which parents and carers access information, support and advice. Currently, there is limited representation of all Leicestershire residents within the Parent Carer Forum.

Data sharing

Data sharing is a current challenge across systems. Transparency is required, and different organisations need to establish data sharing processes if we are to fully support children and young people.

9. Recommendations

Identifying children and young people with special educational needs and disabilities

- 1) There are discrepancies and inaccuracies in the way SEND categories are used and needs are identified. Recommended future work includes promoting consistency in terminology (for example by using the four areas of need and support outlined in the 0-25 SEND Code of Practice) and training for staff so that accuracy in identification is improved.
- 2) Further exploration into the high proportion of Moderate Learning Disability in Leicestershire and the possible reasons for this.

- 3) Conduct a more detailed analysis to explore the needs of children and young people with SEND based on cognitive ability.
- 4) Redevelop the neurodevelopmental pathway in Leicestershire including post-diagnosis support and support for families with behaviour that challenges. The aim is to improve the experience of families accessing neurodevelopmental assessments by improving efficiency and coordination.
- 5) Work with colleagues to ensure trauma informed practice is considered through SEND provision.

SEN Support and EHCPs

- 6) Increase early access to quality SEND support, thus aiming to decrease the number of children and young people requiring EHCPs.
- 7) Ensure a quality assurance framework is developed so EHCPs are of high quality and person-centred.
- 8) Use data intelligence to help inform planning of future services and support.
- 9) Increase awareness of the support available for families when special educational needs have been identified.

Working together across education, health and care for joint outcomes

- 10) Implement the joint commissioning strategy for SEND in Leicestershire, for joint commissioning of services across education, health and care. Support needs to be considered jointly across the system and existing links across sectors strengthened to provide comprehensive support and increase parental confidence that their child's needs will be met.

Early years, schools and further education provision

- 11) Continue development of a published, clear pathway for integrated 2-year checks.
- 12) Raise awareness of support the Early Years settings can access such as the Disability Access Fund.
- 13) Increase support for the early identification of SEND - local authority services are considering ways to provide free and/or low cost support to schools and settings to put in appropriate provision for those pupils identified as having SEND.
- 14) Conduct in-depth analysis on the specific needs for respite and family support.
- 15) Continue work within the Leicestershire County Council Early Years team on School Readiness, to ensure children and young people have the best start in life. School readiness has increased over the past 5 years but continues to be significantly lower in children with SEND.
- 16) Work with schools, colleges and providers to develop experiences of work for young people with SEND.

Health

- 17) Raise awareness of mental health support available for children and young people with SEND, especially at particularly vulnerable times e.g. key stage 4 and transitions to adult services. Ensure that support pathways are clear and accessible in education, health and care settings.
- 18) Increase awareness of weight management and dietetics support for children and young people with SEND. Work with providers to ensure services are accessible for people with learning disabilities and tailored to individual needs.
- 19) Support the implementation of the new Healthy Weight Strategy for Leicestershire 2021-2026.
- 20) Explore other health data sets that provide a more accurate picture of the health needs and outcomes of children and young people with disabilities and special educational needs.

Transitions and preparing for adulthood

- 21) Raise awareness of Annual Health Checks (AHC) with parents, providers and schools about what an AHC is, how to get one, and what to do with the resulting Health Action Plan.
- 22) Develop advocacy support for young people who may have differing views from their parents/carers, particularly at times such as transition to adult services.

Information, advice and support and harnessing the views of the local community

- 23) Explore additional ways parents and carers access information, support and advice, thus reducing demand on the current services available. This includes exploring with health and social care, opportunities for enhancing the provision of information, advice and guidance.
- 24) Promote and encourage membership to the Parent Carer Forum, to increase representation of the Leicestershire SEND community.

Data sharing

- 25) Develop and implement plans for data sharing across systems, for example data sharing with the Youth Offending Service where a high proportion of children and young people have SEND need.

GLOSSARY OF TERMS

CCG	Clinical Commissioning Group
EHCP	Education and Health Care Plan
ELRCCG	East Leicestershire and Rutland Clinical Commissioning Group
GP	General Practitioner
HWB	Health and Wellbeing Board
IDACI	Income Deprivation Affecting Children
IDAOP	Income Deprivation Affecting Older People
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership Trust
LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
NHS	National Health Service
ONS	Office of National Statistics
PHE	Public Health England
SEND	Special Educational Needs and Disability
SEN support	Special Educational Needs Support
WLCCG	West Leicestershire Clinical Commissioning Group

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If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા યત્ન કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔ 0116 305 6803

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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