Children and Young People aged 0-25 with Special Educational Needs and/or Disabilities (SEND)

First created: December 2022

Last reviewed:

Next due to be reviewed: December 2024

Version: 1.0

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Acronyms

- **ADHD** – Attention Deficit & Hyperactivity Disorder
- **ARC** – Association for Real Change
- **ASD** – Autism Spectrum Disorders
- **CCGs** - Clinical Commissioning Groups
- **CIN** – Child in Need
- **CINP** – Child in Need Plan
- **CLA** – Children Looked After
- **CPP** – Child Protection Plan
- **CQC** – Care Quality Commission
- **CSE** – Child Sexual Exploitation
- **CYP** - Children and Young People
- **DfE** – Department for Education
- **DSPL** – Developing Special Provision Locally
- **EAL** - English as an Alternative Language
- **EHCP** – Education, Health and Care plan
- **ENCCG** – East and North Clinical Commissioning Group
- **FASD** - Foetal Alcohol Spectrum Disorder
- **HCC** – Hertfordshire County Council
- **HCT** – Hertfordshire Community Trust
- **HES** – Hertfordshire Equipment Service
- **HVCCG** – Herts Valley Clinical Commissioning Group
- **ICB** – Integrated Care Board
- **ICS** - Integrated Care System
- **JSNA** – Joint Strategic Needs Assessment
- **LGBTQ+** - Lesbian, Gay, Bisexual, Transgender and Queer (or questioning)
- **MACE** – Multi-Agency Child Exploitation
- **MCS** – Millennium Cohort Study
- **MLD** – Moderate Learning Difficulties
- **NAS** – Neonatal Abstinence Syndrome
- **NEET** - Not in Education, Employment or Training
- **OSB** – Overnight Short Breaks
- **PARCA-R** – Parent Report of Children's Abilities-Revised
- **PMLD** – Profound and Multiple Learning Disabilities
- **SBLO** - Short Breaks Local Offer
- **SEMH** – Social, Emotional and Mental Health
- **SEN** - Special Educational Needs
- **SEND** – Special Educational Needs and/or Disabilities
- **SLCN** – Speech, Language and Communication Needs
- **SLD** – Severe Learning Difficulties
- **SpLD** – Specific Learning Disabilities
- **STOMP** - Stopping Over Medication of People with a learning disability, autism or both
- **WSoA** – Written Statement of Action

Contents

1.0 Purpose

- The purpose of this Joint Strategic Needs Assessment (JSNA) is to analyse the current scale of Special Educational Needs and/or Disabilities (SEND) in those aged 0-25 in Hertfordshire. It aims to provide an evidence base to inform commissioners and decision-makers for the planning and provision of SEND.
- The scope of this JSNA as agreed by the SEND 0-25 Working Group will incorporate the following:
    - Population needs for those with SEND aged 0-25
    - Health inequalities for those with SEND aged 0-25
    - Impact of COVID-19 on those with SEND aged 0-25
- This JSNA makes several recommendations based on the available evidence and guidance examined throughout this document. These recommendations are intended to inform strategic planning and local service provision in reducing health inequalities, improving health outcomes and facilitate working with Local Authority partners to improve educational and social care outcomes.

2.0 Background

2.1 Introduction

- The term SEND encompasses children and young people with Special Educational Needs (SEN) and/or a Disability.
- For the purposes of this JSNA we will be including all children with a SEN and/or Disability up to the age of 25 and analysing data at both district and Developing Special Provision Locally (DSPL) areas.

2.2 SEND Definition

- According to the Children and Families Act (2014), a child or young person has special educational needs if they have a learning difficulty or disability which requires special educational provision. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:
    - has a significantly greater difficulty in learning than the majority of others of the same age, or;
    - has a disability which prevents or hinders him/her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions
- A child under compulsory school age has special educational needs if she/he is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them.[1]
- Many children and young people (CYP) who have SEN may have a disability under the Equality Act 2010 – that is 'a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'. 'Long-term' is defined as 'a year or more' and 'substantial' as being 'more than minor or trivial'. This definition is relatively broad, encompassing sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer.

2.3 SEND categories

The SEND Code of Practice (2015) identifies four broad areas of need and support:

1. **Communication and interaction** – CYP with speech, language and communication needs (SLCN) have difficulty communicating with others. Those with Autism Spectrum Disorder are likely to have particular difficulties with social interaction.
2. **Cognition and learning** – learning difficulties encompass a range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), and profound and multiple learning disabilities (PMLD). Specific learning disabilities (SpLD) cover conditions such as dyslexia, dyscalculia and dyspraxia.

3. **Social, emotional and mental health** – social and emotional difficulties may manifest themselves in many ways including becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. This may reflect underlying mental health difficulties or disorders such as attention deficit disorder, attention deficit hyperactivity disorder or attachment disorder.

4. **Sensory and/or physical needs** –CYP with vision impairment, hearing impairment or a multi-sensory impairment will require specialist support and/or equipment to access their learning. CYP with a physical disability may also require additional ongoing support and equipment.

- Children with SEND may have needs that cut across all of these categories and that may change over time.

- In 2021/22, there were 355,566 pupils in schools in England with EHC plans/Statements of SEN.[2] The most common type of need among pupils with an Education, Health and Care Plan (EHCP) in England was Autism Spectrum Disorder (31.3%), followed by Speech, Language and Communication needs (17.4%). Among pupils with SEN support, the most common type of need was Speech, Language and Communication needs (25.1%), followed by Social, Emotional and Mental Health (20.0%).[3]

- The most common secondary SEND conditions listed on EHCPs were[4]:
    - Speech, language, and communication needs
    - Social, emotional, and mental health needs
    - Autistic spectrum disorder
    - Physical disabilities

2.4 Health outcomes and wider outcomes

Health outcomes in people with SEND

- People with a learning disability tend to have worse overall health than those without. They are also more likely to have multiple comorbidities. The NHS offers Annual Health Checks to individuals with a learning disability from the age of 14 years to ensure they are in good health and can discuss any worries or issues.[5]

- The project Stopping over medication of people with a learning disability, autism, or both (STOMP) estimates that around 30,000 to 35,000 adults with a learning disability are taking inappropriately prescribed psychotropic medications. These medicines are commonly prescribed for mental health conditions, sleep problems and epilepsy; but evidence suggests that while these medications are disproportionately prescribed to these individuals, many of them do not need medicating.[6]

- These medications can cause unwanted side effects including weight gain, extreme fatigue, and serious physical health problems.[7] This is important as figures from 2017/18 show that there was a larger proportion of individuals with a learning disability classified as obese than the general population (37.5% vs. 29.9%).[8]

Educational Attainment

- Numerous research and reports found evidence that children with SEND have educational outcome disadvantages when compared to their peers. They are found to have a lower likelihood of achieving full literacy and numeracy, have fewer qualifications, and be four times less likely to be in higher education than their peers without SEND.[9]

- As of 2022 in England, 39.4% of pupils with an EHCP* were attending State-funded special schools, 29.7% attending State-funded primary schools, 21.6% attending State-funded secondary schools, 7.0% attending independent schools, 1.1% attending Non-maintained special schools and 0.9% attending Pupil Referral Units[3]

- Pupils with special educational needs are more likely to be eligible for free school meals, an indicator of poverty. In January 2022, 37.2% of pupils with SEN were eligible for free school meals compared to 19.7% without SEN.[3]

- In 2020/21, the absence rate for pupils with an EHC plan was 13.1% (11.1% authorised, 2.0% unauthorised), for pupils with SEN support was 6.5% (4.5% authorised, 2.0% unauthorised) and for pupils with no SEN was 3.9% (2.9% authorised, 1.1% unauthorised). The highest absence rate was among SEN pupils with PMLD (17.5%).[10]

- Those with MLD were significantly more likely to be excluded than those without (fixed-period exclusion 4.4%, permanent exclusion 0.2% vs. fixed-period exclusion 1.5%, permanent exclusion 0.05% respectively). However, those with PMLD were less likely to be excluded in general (fixed-term exclusion 0.3%, no permanent exclusions), though this is in part due to those with PMLD being more likely to be in specialist settings (SLD). The most common reasons for exclusions were persistent disruptive behaviour, physical assault, and verbal abuse/threatening behaviour.[4]

- Lower rates of educational attainment have profound impacts on economic, social and health outcomes later in life. By the age of 26, people with disabilities are four times more likely to be unemployed than those without. Additionally, those who work are likely to earn substantially less than others.[9]

Employment, training and NEET

- According to the most recent ONS statistics, the proportion of young people with a disability who were NEET (Not in Education, Employment or Training) was much higher in 2021 than those without a disability (28% vs. 8%). A 2014 report funded by the Department for Education (DfE) found that the most significant risk factor for becoming NEET was low educational attainment at GCSE level. Risk factors that contributed to this included having SEND, which places this cohort in a vulnerable position.[11] However, NEET and disability figures may not capture those with a special education need without a disability and therefore this

* Figures obtained from the Office for National Statistics are labelled as EHC plans/Statements of SEN

may be an underestimate of the true impact.

- An ongoing longitudinal project funded by the Leverhulme Trust in the UK is looking into providing evidence surrounding educational transitions and labour market outcomes of disabled young people in England. Preliminary findings have suggested that disabled young people are more likely to become NEET than their non-disabled peers and are less likely to enter university. In addition, initial findings have shown a post-16 education disparity between those with SEND and those without. On average, 70% of young people with SEND go on to post-16 education compared with 80% of non-disabled individuals.[12,13]

- The study has also shown that there are differences in ongoing engagement with education and employment between those young people with SEND who have a documented statement of need and those who do not.[14] A statement of need (now known as an EHCP) is a legal document that outlines a child's specialist educational needs and defines how that child's educational facility will deliver what they need.[15] The working paper demonstrates that young people with SEN and EHCP statements had lower participation in paid employment than other disability groups and non-disabled individuals, with just 21% reporting being in employment compared to over a third of those with SEN and no EHCP.[14]

2.5 Legislation

Equality Act (2010)

- The Equality Act (2010) outlines the legal obligations that schools, early years providers, post-16 institutions, local authorities and others have towards disabled children and young people. In summary:
    - They must not directly or indirectly discriminate against, harass or victimise disabled children and young people in any way, including in the provision of services and the provision of education.
    - All providers must make reasonable adjustments to provisions, criteria and practices to avoid putting disabled people at a disadvantage and to take reasonable steps to make provision of auxiliary aids and services.
    - Public bodies must publish information to demonstrate their compliance with the public sector equality duty and publish specific and measurable objectives.

Children and Families Act (2014)

- Under part 3 of the Children and Families Act 2014, local authorities, health bodies, and post-16 institutions all have duties to provide for and support children and young people with SEND, up to the age of 25.

- This Act also places significant responsibilities on local authorities and other services in relation to children and young people with SEND who are detained in youth custody.

- The SEND code of practice (2015) provides statutory guidance for local authorities to follow under this Act:

- Proactively identify and monitor children and young people with SEND and ensure that there are appropriate provisions in place to help support them.
- Consider the perspectives of those being worked with (i.e., CYP and their parents), allow them to fully participate in all processes and decisions, and work together to achieve the best possible educational outcomes.
- Have a Local Offer which outlines the services that are available to CYP with SEN or disabilities. This offer should be reviewed regularly, with the involvement of those affected, to reflect current local needs.

- Within this legislation, support for CYP with SEN is divided into two levels:
    1. **SEN support**: additional support provided within schools, with teachers and a designated SEN coordinator (SENCO) being responsible for assessing the pupil's needs and providing the appropriate support. In 2022, 12.6% of all pupils in England had SEN support.[3,16] Support is also offered to early years children and those who are post 16.
    2. **Education, Health and Care Plan (EHCP)**: If, through an EHC needs assessment, it is decided that a child or young person requires special educational provision to be delivered through an EHCP, local authorities must produce a plan which is immediately actioned and reviewed annually. The EHCP should be developed collaboratively with professionals across education, health and social care settings to produce a single integrated document outlining the child's needs and required support. In 2022, 4% of all pupils in England had an EHCP.[3]
- Children and young people do not need a diagnosis to be eligible for SEN support at school or an EHC needs assessment.[17]

Statutory basis for local area SEND inspections

- The Care Quality Commission (CQC) and Ofsted carry out joint inspections of local areas at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004. They may also carry out monitoring inspections of local areas at their discretion using their power in section 20(2) of the Children Act 2004.
- The inspectors then assess the extent to which the local area partners are complying with relevant legal duties relating to arrangements for children and young people with SEND. Relevant legal duties may include the Children and Families Act 2014, the Equality Act 2010 and the Human Rights Act 1998.

2.6 National policies, reports and strategies

Government Green Paper (2022)

- In March 2022, the Government published the SEND Review: Right support, right place, right time to address the current challenges in the SEND and Alternative Provision (AP) systems and set out proposed reforms.

- The review found three key challenges facing the SEND system:
    - **Outcomes for children and young people with SEN or in alternative provision are poor;** CYP with SEN have consistently worse outcomes than their peers across every measure: they have poorer attendance, make up over 80% of CYP in state-funded AP, and only 22% reach the expected standard in reading, writing and maths.
    - **Navigating the SEND system and alternative provision is not a positive experience for children, young people and their families;** Many families expressed a lack of confidence that local mainstream schools can meet their child's needs and were frustrated in the difficulties and delays in securing support. Furthermore, the system is not equally accessible, with those with access to greater financial and social resources being better able to navigate the system.
    - **Despite unprecedented investment, the system is not delivering value for money for children, young people and families**; Spending is outstripping funding, with two thirds of local authorities having deficits in their dedicated school grants due to high needs cost pressures.

- In light of these challenges, the Green Paper proposes several broad reforms:
    - A single national SEND and national provision system
    - Excellent provision from early years to adulthood
    - A reformed and integrated role of alternative provision
    - System roles, accountabilities, and funding reform
    - Delivering change for children and families

- A 2021 Ofsted report highlighted that, despite the 2014 reforms to the SEND system, many areas have struggled to successfully implement the requirements laid out in the code of practice and related legislation:
    - Pupils with SEND continue to be excluded at a much higher rate than their peers and are absent from school more often than their peers
    - Issues with access to therapy services, including long waiting times
    - Parental frustrations about the timely and accurate identification of SEND, and the lack of co-production
    - A lack of coordinated support from education, health and social care services
    - These issues have been intensified during the COVID-19 pandemic

Area SEND inspections: framework and handbook

- Published November 2022, and coming into force on 1 January 2023, Ofsted and the Care Quality Commission (CQC) have set out the framework and handbook for local area arrangements for children and young people with special educational needs and/or disabilities (SEND). This framework and handbook will be periodically reviewed and amended as necessary.

- There are four types of inspections that can be carried out depending on the status of the local area:
    1. Full inspections
    2. Monitoring visits for those areas with identified areas for priority action
    3. Engagement meetings to evaluate an area's self-assessment and development plans
    4. Thematic visits to explore different aspects of the SEND system

- The ratings given to local areas are split into three categories:
    1. Local services lead to positive experiences for CYP with SEND
    2. Inconsistent experiences
    3. Significant concerns

- There is now a greater focus on impacts and outcomes compared to the previous inspection regime which focussed more on the implementation of the 2014 reforms.

- The experiences of children and young people with SEND will form the central plank of the assessment which will be carried out through surveys, talking to parent/carer and CYP representative groups and looking at six representative case studies chosen by the inspectors.

The engagement model (2020)

- As of the 2021/22 academic year, schools are legally required to use the engagement model to assess pupils who are working below the standard of the national curriculum assessments and are not engaged in subject-specific study at key stage 1 and key stage 2. These pupils are usually described as having severe or profound and multiple learning disabilities.

- The model assesses 5 areas of engagement (exploration, realisation, anticipation, persistence and initiation), all of which are linked to the four areas of need identified in the SEND code of practice. Progress is measured by identifying how established the pupil is against each of the 5 areas, but this will differ for each pupil according to their profile of needs set out in their EHCP.

- Schools are required to report which pupils are assessed using the engagement model to the Department of Education but are not required to provide evidence of pupils' progress and achievements to the DoE.

- Although schools have autonomy over how the model is implemented, it promotes consistency among schools and all those working with a pupil and highlights areas for improvement within a school's SEN provision. Furthermore, it uses a pupil-centred approach that focuses on abilities rather than disabilities.

2.7 Families of children with SEND

- Receiving or seeking a formal diagnosis for a child with SEND, alongside trying to access the additional support they may need for their children, can be an emotionally challenging time for families. A paper published in 2019 cited several emotional pressures and stresses felt by parents and family members during this period, and in some instances, these pressures lead

to the breakdown of parental relationships.[18]

- Significant areas of stress included having feelings of guilt and emotional strain, with experiences of isolation and the subsequent negative impacts on parental mental health. Some revealed incidences of stigma and a refusal to accept diagnoses and concerns, even from wider family. Likewise, some parents found that family and friends were not sympathetic or supportive and there were also fears for the detrimental impacts on siblings.[18]

- Positively, a small study published in 2017 researched parent's perceptions before and after the Children and Families Act 2014 was introduced and a third had noticed a change in the support their child received. They found professionals to be more involved and, from an earlier stage, parents tended to find their child's support was either mostly or always well-coordinated and they generally felt more involved in the process.[19] Unfortunately, there have not been subsequent studies published and therefore current feelings of the parent/carer communities may have changed since then.

2.8 Impact of COVID-19 pandemic

- Beginning in early 2020, the COVID-19 pandemic resulted in the closure of schools and disruption of essential services, disproportionately affecting CYP with SEND. A 2021 Ofsted report found that long-standing weaknesses in the SEND system have been exacerbated by the pandemic, resulting in long waiting times for assessment and treatment and a lack of support to learn essential skills and knowledge.

Please see the Causes and Risk Factors section in this JSNA report for further information.

3.0 Causes and Risk Factors

3.1 Genetics

- Fragile X syndrome is an inherited neurodevelopmental disorder which is associated with lifelong cognitive and behavioural deficits relating to intellectual disability, hyperactivity and ASD.[20,21] Early intervention is beneficial, however, diagnosis from first apparent symptoms is often slow and can take up to 3 years.[22]

- ASD can occur sporadically but can also be familial with an increased risk of developing the disorder if a family member has it.[23] There are different mutations associated with ASD and research indicates common and rare mutations both contribute to the development.[24] Because of the nature of autism individuals often have special educational needs, it has been suggested genetic testing for specific aetiology's may help an individual avoid long diagnostic processes and gain access to the correct support sooner. [25,26]

- There are many other genetic conditions that may have an association with SEND that do not yet have identified causes and research on this point is limited.

3.2 Maternal age

- The mean maternal age at childbirth has been steadily increasing, going from 27.5 years in 1960 to 30.7 years in 2020.[27]

- A study was carried out in Australia exploring maternal age and the impact on child outcomes beyond the perinatal period. They used a developmental vulnerability score based on domains such as social competence, language and cognitive skills, as well as communication skills and general knowledge. This study identified that for maternal ages greater than 35 the proportion of children developmentally vulnerable increased to 17%–24%, a greater proportion than the 30-35 age groups (17-18%), however not as high as mothers aged <15 (40%).[28]

- Advanced maternal age is also an identified risk factor for autism spectrum disorders (ASDs), with one study concluding that the risk of ASDs in children increases significantly with each 10-year increase in maternal age.[29] However, this association is thought to be different in families within already elevated ASD risk compared to the general population, with the association not being as clearly defined.[30]

- There is also a wide array of evidence of increasing maternal age being associated with Down's syndrome, especially after the age of 35 years.[31]

3.3 Premature labour and birth

- Preterm birth is defined as birth before 37 weeks, and it has multiple implications on the psychosocial, economic, and physical wellbeing of the child, family and community at large. Though NICE guidelines state that the majority of children and young people born preterm have good developmental outcomes and a good life, it is also important to consider the possible risk of SEND in children born preterm.[32]

- Babies born pre-term are at higher risk for developmental issues such as motor development, cognitive and intellectual development, and poor somatic health. Research has also shown that individuals born preterm are at a higher risk for decreased academic achievement, lower wages in adulthood and decreased socio-economic standing. The prevalence and risk is said to increase with lower gestational age.[33]

- NICE guidelines suggest the following independent risk factors can place children born preterm at an increased risk of learning disability (intellectual disability):[34]
    - Grade 3 or 4 intraventricular haemorrhage
    - Cystic periventricular leukomalacia – *a type of brain injury most common in babies born preterm*
    - Neonatal sepsis in babies born before 28 weeks' gestation
    - Necrotising enterocolitis (inflammation of the intestine leading to bacterial invasion) that needed surgery in babies born before 33 weeks' gestation
    - Bronchopulmonary dysplasia (chronic neonatal lung disease) for which mechanical ventilation was still needed at 36 weeks' postmenstrual age in babies born before 28 weeks' gestation
    - Severe retinopathy of prematurity in babies born before 28 weeks' gestation
    - Small for gestational age
    - Postnatal steroids given to babies born before 33 weeks' gestation
    - Mother from a low-income or disadvantaged background
- The following risk factors increase the risk of having special educational needs and low educational attainment at the end of the Early Years Foundation stage and at key stage 1 (age up to 7 years):[34]
    - Brain lesions detected by ultrasound
    - Male sex
    - Prevalence of low educational attainment increases with decreasing gestational age.
    - Children born preterm are at increased risk of low attainment for reading and maths and the risk is higher in children born before 26 weeks' gestation

- The process of identifying SEND in children is one that varies according to several factors. Developmental delay can be first noticed by the parent, or general practitioner or specialist. It is also dependent on the type and severity of the condition and is often recognised at the age that the child attends early years education and care. The recognition of SEND is not always a straightforward process and often occurs in school years, which neglects the possibility of SEND diagnosis before educational years.[35]

- NICE suggests frequent developmental checks for all children born preterm. Checks for SEND before four years of age rely on the parent's or carer's report of children's learning and intellectual abilities. At two years of age, the Parent Report of Children's Abilities- Revised (PARCA-R) can be used to identify a child at risk of global developmental delay, learning disability or language problems.[34]

3.4 Down's syndrome

- Down's syndrome is the most common genetic cause of mild to moderate intellectual disability and can occur regardless of ethnicity or socioeconomic status.[31]

- The likelihood of a child being born with Down's syndrome increases with a woman's age but due to higher fertility rates, younger women account for more than half of those bearing children with this condition.[37]

- People with Down's syndrome are at increased risk for congenital heart defects, respiratory, hearing and vision problems, Alzheimer's disease and dementia, and Autism.[31,36,37]

- Children with Down's syndrome should have regular check-ups with their GPs but may also benefit from[36]:
    - a speech and language therapist – for help with speaking
    - a physiotherapist – for help walking if they have low muscle tone
    - an optician or hearing therapist – for help with vision and hearing
    - an occupational therapist – for help with their development

- In terms of education, many children with Down's syndrome attend mainstream schools and this decision is up to parent preference but there are also special schools and colleges available for this cohort.[36]

3.5 Deprivation and poverty

- There is a strong association between poverty/deprivation and SEND. Children from low-income families are more likely to be born with inherited special educational needs or disabilities. Children with SEND are also more likely to be born into poverty and also more likely to experience poverty as they grow up.[38]

- Though there is a high proportion of children with varying forms of SEND that live in deprivation, there are certain forms of SEND that are particularly associated to low socio-economic status. Physical difficulties, behavioural difficulties and speech and language difficulties are the most common types of SEND amongst children who live/lived in income poverty in the Millennium Cohort Study.[38]

- Causes of the high susceptibility of SEND in children living in low socio-economic background was found to be caused by:[38]
    - Intergenerational disability
    - Co-occurring causal factors (low levels of maternal education, smoking, consuming alcohol during pregnancy, low birth weight, parental stress and family breakdown)

3.6 Children in Need

- The definition of a Child In Need (CIN) spans across a wide range of children and adolescents who are in need of various types of support and intervention, for various reasons.[39] According to Section 17 of the Children Act 1989, a child is defined as 'in need' where:[40]
    - they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority
    - their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
    - they are disabled

- Overall, CIN are categorised according to the three different social care they are receiving: Child in Need Plan (CINP), Child Protection Plan (CPP) and Children Looked After (CLA). The definition of CIN legally includes children with disabilities. This differs from other children who need to be assessed first as being in need, a disability in a child classifies them to be in need.[39]

- CIN were over twice as likely to have SEN than the overall population of pupils. They were nearly three times as likely to have an Education, Health and Care Plan (EHCP). Social, emotional and mental health is the most common type of primary need for CIN. Autism spectrum disorder was the most common type for both CIN and their peers with SEN. CIN are at greater risk for SEN as they present with an intersectionality of risk factors which can lead to poorer outcomes.[41]

- During 2017-18, a CIN review found that over a third of children who were in need in the previous 6 years had SEND (35%) and nearly two thirds (65%) had claimed Free School Meals in the last 6 years.[39]

3.7 Children Looked After

- Children Looked After (CLA) refers to children who are placed outside the home for over 24 hours. These children are likely placed with relatives, in foster care, a children's home, placed for adoption or children in respite.[39,40] In Hertfordshire, the acknowledged term is Children Looked After rather than Looked After Children, therefore this term will be used throughout the JSNA.

- Children who are or have been in care have been found to be more than twice as likely to have Special Educational Need and the lowest performance in terms of educational outcomes, compared to their peers.[42] The prevalence of SEN support in children looked after by local authorities in England for continuous period of 12 months was 56.2 % in 2020/21. The most common type of need was social, emotional and mental health which accounted for 49.2% of the children in need receiving SEN support.[41] For more information on the distinction between SEN support and EHCPs please see the 2.5 Legislation section.

- Exposure to adverse early life experiences can result in severe damage to emotional, cognitive, behavioural and educational child development. This includes experiences such as prenatal exposure to poor nutrition or alcohol, illicit drugs and tobacco, post-natal abuse, neglect, family stress, loss and inter-parental violence.[43]

- According to the National statistics for outcomes for children looked after by local authorities, two thirds of children looked after have SEN, with most with behavioural, emotional and social difficulties.[44]

More information can be found on the Children Looked After JSNA.

3.8 Sex

- SEND remains more prevalent in boys than girls, with 15.4% of boys in England receiving SEN support compared to 9.2% of girls, and 5.6% of boys having an EHCP compared to 2.2% of girls in January 2022.[45] Reasons for the disparities are yet to be specifically defined, however, there is a large amount of international research that is beginning to offer theories as to why.

- Referral or ascertainment bias suggests that boys are more likely to be referred for special educational support when struggling with bad grades or other apparent issues. Research suggests boys may become more frustrated when struggling academically and more commonly express behaviours such as hyperactivity, impulsivity and disruptive behaviour in class compared to girls. Their likelihood to display these behaviours may put them at higher risk of special education referral. In turn, this bias can place girls at a disadvantage as they might have undiagnosed SEN, thus leading to underrepresentation in figures.[46] In addition to this, there is an argument for identification bias within the school system itself, whereby teachers may be more likely to identify the above problematic behaviour as evidence of a learning difficulty in boys, so leading to a greater number of referrals in this group.[47]

- Ascertainment bias represents one of the major views on why there is diagnostic discrepancy between boys and girls. However, another view is that there are genuine biological differences between the functioning of male and female brains that leads to a greater number of boys being diagnosed with a learning difficulty.[48] Some evidence suggests this could even come from initial psychosocial and stereotypical norms played out by parents when children are very young.[49] For example, parents may subconsciously encourage girls to be gentler or talk more about emotional behaviour and are more understanding of it when compared with male children.[50] Many common SEND conditions have a higher ratio of male to female cases, so these differences are not isolated. For example, dyslexia exhibits a male to female ratio of 1.6-2.4:1, Attention Deficit Hyperactivity Disorder (ADHD) at 2-3:1 and Autism Spectrum Disorder (ASD) at 3:1.[48,51,52] There is an argument that both ascertainment bias and gender differences are not mutually exclusive when it comes to describing these ratios, and that genuinely higher prevalence in boys is simply exacerbated by their higher rates of identification and referral.[48]

- Assessment bias also exists between girls and boys. For example, females with ASD will often present atypically to the standard clinical conceptualisation, so this can make it more problematic for medical professionals to diagnose. An international, multidisciplinary expert survey published in 2021 analysed the responses of 131 medical professionals to questions discussing whether they note gender differences in the presentation of ASD. Of those that responded "yes", common themes that emerged were[53]:
    - *Matching the clinical conceptualization of autism* – autistic girls are generally different to the standard clinical conceptualisation of ASD as the condition is traditionally more commonly understood in male children. Female symptoms may be more likely to be misdiagnosed as mood or anxiety disorders, for example. It has also been suggested that diagnostic tools for ASD have been developed around the male phenotype, so could struggle to capture female symptoms adequately.[54]
    - *Co-existing problems* – as previously stated, boys could tend to display louder, disruptive, or hyperactive behaviours when compared with girls who may often come across as much more quiet, shy, or have even internalised anxiety or eating disorders as a major symptom.
    - *Navigating the social environment* – medical professionals tend to perceive girls with ASD as more socially motivated than boys, or at least more easily able to camouflage any social difficulty or confusion which may make their struggles less evident. In addition, experts noted that girls with ASD are more likely to receive support from their peers whereas boys were more likely to be bullied, which may provide more of an opportunity for flagging and diagnosis.[53]

- Diagnosis bias has also shown to exist between the sexes, where girls are less likely to be diagnosed with ASD, for example, even when receiving medical assessment and meeting the criteria for official diagnosis.[52] This is hypothesized to be down to the overlooking of female ASD cases, diagnosis at a later stage or the misdiagnosis of the condition. Multiple studies also document assessment bias and gender differences in presentation as reasons behind the lower number of girls represented in the figures.[52,55,56]

3.9 Age

- The proportion of pupils documented to have SEND increases with age and peaks around 10 years old. As of 2021/22, roughly 20% of pupils in England aged 10 years old had SEN support, steadily declining to 16.3% by age 15 years.[2]

- Communication difficulties are one of the most prevalent SEN issues, and some evidence suggests that language impairment can affect children differently at different ages. For example, children with language impairment may be at higher risk of attention and hyperactivity problems between the ages of 8-12 years, but not when they enter adolescence.[57] Children with speech and language difficulties have also been shown to underperform academically at each educational milestone; at the end of reception, the transition to secondary school and at 11 years old, the age of 16 years and when they come to the end of compulsory UK education.[58–60]

- Another study found that students in Year 1 were over four times more likely to be identified with a speech and language issue than those in Year 11. In addition, students who are young for their year group (i.e. Spring/Summer-born) were respectively 1.2 and 1.5 times more likely to be identified as having a communication issue than those born in the Autumn.[61]

3.10 Ethnicity/Marginalised Communities

Ethnicity/Minority groups

- Extensive research both nationally and internationally has shown that Black pupils are more likely to be diagnosed with SEND than any other ethnic group.[62] Representative studies carried out in England revealed the odds of Black Caribbean and Pakistani pupils were 1.5 times more likely to be identified with moderate learning difficulties than White British pupils. Black Caribbean and Mixed White and Black pupils were found to be twice as likely to be identified with Social, Emotional and Mental health.[62]

- The causes for higher identification of SEND in minority groups can be due to a number of factors[62]:
    - Some forms of SEND are due to biological causes, like sensory impairments, physical needs, profound and multiple learning disabilities.

    - Categories like Social, Emotional and Mental Health (SEMH)/ Moderate Learning Difficulties (MLD) are more socially constructed because they rely on the pupil's performance and behaviour and are interpreted in terms of expected patterns and norms in that context. Difference in ethnic and cultural norms, teacher racism, bias, low expectations, and a failure of schools to provide quality instruction or effective classroom management may explain why there is an over-representation of Black pupils with SEND.

    - Disproportionate figures could also be explained by the greater socioeconomic disadvantage experienced by Black pupils relative to the White majority. For example, almost twice as many Caribbean and African Black pupils were eligible for Free School Meals in comparison to White pupils in England in 2016.

LGBTQ+

- There is not a prominent body of research about the number of people with special educational needs and disabilities who identify as LGBTQ+, however there is evidence of these people experiencing dual marginalisation and conservative attitudes towards sexual diversity, from both care staff and parents. [63]

    - A study amongst LGBTQ+ disabled youth found that attraction to members of the same sex was often delegitimized, by being described as a 'phase' or a result of their disability. Individuals with intellectual disabilities themselves were often viewed as incapable of making informed choices about their sexuality due to their disability, resulting in poorer health outcomes.[64]

Migrants/refugees

- In terms of migrants and refugee communities, the office for Health Improvement and Disparities states that the identification of migrants with special education needs and disabilities is an ongoing challenge due to the[65]:
    - Diagnosis and support of individuals with disabilities varying between countries.
    - Integrated management being challenged by migrants' entitlements to support from specialist community health teams.
    - Immigration status issues, short-term or unstable accommodation and language barriers further complicating access to mainstream disability services.
    - Vulnerable migrants who have disabilities are likely to face further social exclusion and discrimination.

Gypsies and Travellers

- Gypsy and Traveller communities with special educational needs and disabilities are also often missed by services.
    - A report on the 'Voice of Disabled People in the Gypsy, Roma and Traveller Community' concluded that disabled people from the community were reluctant to access health and social care services due to past experiences of discrimination in mainstream society. They identified delays in accessing aids and adaptations, health and social care services as well as reluctance from providers in visiting the traveller sites.[66]
    - However, within the communities themselves there is a high level of support as a study carried out by 'Friends Families and Travellers' organisation found that there was a widespread awareness of learning disabilities and additional needs required within their community.[67]
    - Also, this community has very low school attendance and high exclusion rates compared to any other ethnic groups. This coupled with the mobility of particular members of this community which could cause increasing interruptions and barriers to their learning.[68] This may add to the difficulty in children and young people from these communities being picked up by educational services.

3.11 Health comorbidities

- The most common associated health conditions for people with a learning disability are mental health, epilepsy, being under- or overweight and dementia.[69] Further to this, those with a learning disability are likely to die on average 23 years for men and 27 years for women younger than the general population. The median age of death for those with PMLD is just 40 years old.[70]

- The most recent statistics show that 75.2% of patients with a learning disability had their Annual Health Check in 2020/21 which represented a statistically significant increase from 56.3% in 2016/17.[71]

- Some conditions have shown an increase when presenting in patients with a learning disability as of 2021, for example[72]:
    - Obesity is 3.7 times more common
    - Chronic Kidney Disease is 1.8 times more common
    - Dementia is 5.1 times more common
    - Type 1 Diabetes is 1.6 times and Type 2 Diabetes 2 times more common
    - Epilepsy is 24.6 times more common
    - Hypothyroidism is 3 times more common
    - Mental Health issues 7.9 times more common

3.12 Limited support during transition to adult learning disability services

- Transition is defined as a "purposeful and planned process of supporting young people to move from children's to adult's services."[73] Transition to adult services comes with a variety of challenges for young people with learning disabilities including a change in support type and the professionals involved in delivering that support. NICE 2016 guidance suggests there is evidence of a lack of contact between young people and adult services where inadequate support is provided.[74] Unfortunately, evidence documented in 2014 suggests that as many as 50% of young people had not received the right level of support when transitioning. In addition, there may be gaps in service provision for young people where appropriate services are not available. For example, some children's health and therapy services stop at 16 years, but there is no adult replacement service until the age of 18 years, leaving many without adequate support.[74,75]

- There is a risk that poor forward planning, not started early enough, leads to lack of coordination between services such as children and family to adult social care services, and paediatric to adult health services, and this can impact the care and support delivered for those individuals that require it.[74]

- This planning (Preparing for Adulthood), according to government good practice guidelines, should be started as early as 14 years old for children with SEND. It outlines the need for a named professional to coordinate healthcare and stresses the need for good working arrangements and communication between multiple services. However, quality, joined-up healthcare is achieved variably, leaving young people, their parents, or carers and even some healthcare professionals, lacking information about what will happen next and what they are entitled to.[76] When this happens, there are risks to the young person requiring care. They may feel scared about their future, ignored by health and social care services, and vital funding for equipment and support may stop during transition due to a lack of communication between the authorities who provide that funding.[76]

3.13 Crime and exploitation

- Evidence shows that a large proportion of young offenders in the Criminal Justice System have SEND. In 2019/20, over two-thirds (68%) of young offenders assessed in England and Wales had "Learning, and Education, Training and Employment" recorded as a concern.[77]
- Children in trouble with the law often have special educational needs that are mislabeled, unrecognised and unmet.[78]
- According to the Ministry of Justice, in 2019/20, practitioners expressed concerns about the speech, language and communication needs of 71% of children that were sentenced to custody.[78]
- Children in custody have the right to education just as those who are in the community, although the quality of education may be poor and the national curriculum is not followed making it rare for children to complete a formal qualification at a high level.[78]
- Research by the Association for Real Change (ARC) England in 2016 found that:[79]
    - Young people with learning disabilities are 10 times more likely to end up in custody compared to non-disabled young people.
    - Around 15% of young people in custody are on the autistic spectrum.
    - People with autism spectrum conditions are 7 times more likely to come into contact with the police than the general population.
    - People with learning disabilities are also at higher risk of experiencing mental health problems, creating multiple disadvantages.
- Children and young people with a disability are 3 times more likely to be abused (including sexual, physical and emotional abuse) than non-disabled children.[80]
- Children and young people with learning disabilities and difficulties are at increased risk of sexual exploitation. One of the reasons for this is a lack of information and education about sex, relationships and how to keep safe, which in turn makes them more vulnerable to exploitation.[81,82]
- Lack of diagnosis and assessment for children with learning difficulties can result in a child's behaviour being misunderstood and can lead to exclusion from school, making the child more vulnerable to child sexual exploitation and other forms of exploitation.[81]

3.14 Foetal alcohol spectrum disorder

- Foetal Alcohol Spectrum Disorder (FASD) can occur if alcohol is consumed during pregnancy. It can impact the developing foetus and have the potential to cause permanent physical and mental impairment after birth. This is because babies in the womb cannot process alcohol, so the chemical remains in their body for an extended period causing damage. FASD can cause problems with[83]:
    - Movement, balance, and sensory engagement
    - Connective tissue, bone, and organ development
    - Contribute towards learning difficulties or disabilities and issues with communication
    - Managing and controlling emotions and hyperactivity

- There is no specific treatment for FASD and symptoms cannot be cured, however, the earlier it is diagnosed and the correct support plan put into place, the better the outcomes for the child and their families, particularly regarding mental and behavioural challenges.[83]

- The most reliable data on alcohol consumption during pregnancy in the UK is the discontinued 2010 Infant Feeding Survey. Guidance has changed since the survey was published, however, data showed that 2 in 5 mothers (40%) drank alcohol during pregnancy and the proportion was highest in those mothers over 35 years of age (52%). Mothers from managerial and professional occupations (51%), and those from White ethnic backgrounds (46%) were more likely to drink in pregnancy, as well as those living in England and Wales (41%) compared to Scotland and Northern Ireland (35% each).[84] The UK has the 4th highest rate of drinking during pregnancy in the world.[85]

- There is a gap in the literature surrounding risk factors for and prevalence of FASD in the UK. The most recent UK preliminary FASD ascertainment study was partially completed had to stop due to the pandemic. Complete data was recorded for 3 schools, and analysis has suggested a crude prevalence rate of 1.8% (3.6% when including possible cases).[86] A study completed in Canada and published in 2014 found that maternal risk factors for FASD were[87]:
    - Older mothers
    - Lower educational level
    - History of binge drinking
    - Wider family members with alcohol abuse or have other children with FASD

3.15 Substance misuse including tobacco

- Much like continued alcohol consumption during pregnancy, smoking can result in babies being born with abnormalities such as facial defects including cleft lip and palate, and under-developed lungs leading to asthma and wheezing. Long-term growth and health may also be affected including developing behaviour problems such as Attention Deficit Hyperactivity Disorder (ADHD) or performing poorly at school.[88]

- The latest statistics show that 9.6% of women were smokers at the time of delivery in England in 2020/21, still well above the national ambition of 6%.[89] In 2018/19, NHS Maternity Statistics suggested that rates of smoking were much higher in those under 20 years, with this group of mother's having a smoking rate of around 30%.[90]

- Prenatal cannabis use has been linked to poor foetal growth and longer-term consequences in the adolescent brain such as issues with attention span, executive functioning skills, and poor academic performance.[91] There have been variable findings on the use of cocaine during pregnancy, with many unable to come to a definitive conclusion on longer-term effects due to the confounding factors of children also being brought up with an unstable home life with potential financial issues and dysfunctional parenting.[92] Opioid use is linked to Neonatal Abstinence Syndrome which causes similar adult withdrawal symptoms following lack of the drug after birth, it can result in neonatal hospitalisation and have ongoing impacts throughout

the life course.[93] These include postnatal growth deficiency, microcephaly, neurobehavioral problems, and sudden infant death syndrome.[94]

3.16 Impact of COVID-19 pandemic

- It is widely reported that children and young people in the UK with SEND have been disproportionately affected by the COVID-19 pandemic[95] and there are several key factors that may have contributed to their heightened vulnerability[96]:

    - Individuals with SEND require additional support from a range of professionals, within both a school and community setting, to assist not only with their education, but often also with their management of daily activities such as dressing, feeding and personal hygiene.
    - Individuals with SEND often have intellectual disabilities that might impact on their understanding of significant events or affect their ability to adapt to the new rules and norms related to such events.
    - Many people with SEND have physical health problems, such as congenital heart problems, hypothyroidism and increased risk for pneumonia, making them more vulnerable to COVID-19 infection.

- Ofsted and the CQC published a comprehensive report on the impact of the COVID-19 pandemic on CYP with SEND, drawing on their findings from research visits to 10 local areas between 2020-21.[95] Overall, they found that the pandemic has highlighted and intensified pre-existing issues in the SEND system, detrimentally affecting the educational, emotional and physical wellbeing of many CYP with SEND and their families.[95]

<u>Education</u>

- Although vulnerable children were still allowed to attend school during the first national lockdown in March 2020, this did not include the ~1.1 million CYP receiving SEND support without an EHCP in England. Furthermore, only about 15% of those with an EHCP in state education settings attended school between 23rd March 2020 and 8th July 2020.[95]

- Reasons for low attendance included parental choice, school risk assessments, lack of access to transport and staffing issues.[95,97] Even when schools were meant to fully re-open in September 2020, a lack of specialist equipment and staff prevented some SEND pupils from returning.[95]

- A 2020 survey by Special Needs Jungle found that remote learning was difficult for children with SEND, with only 18% of surveyed parents reporting that their child's school or college had sent them the SEND provision they needed in order to complete their work.[97] However, the survey also found that families' experiences of remote learning were significantly impacted by the type of educational setting, with those in independent or non-maintained schools having much better support than those in state mainstream and state special schools.[97]

Social

- The theme of loneliness has been common among CYP with SEND throughout the pandemic, with many having to shield for prolonged periods, limiting their contact with friends or ability to attend clubs.[95,97]

- A survey carried out by the Disabled Children's Partnership in 2020 found that 72% of parents reported providing a lot more care for their SEND child(ren) compared to before lockdown, leading to extreme exhaustion, stress, and the feeling of being 'abandoned by society'.[98]

- There is evidence that some CYP with SEND who remained 'out of sight' during the pandemic due to lockdowns and contact restrictions were exposed to increased levels of abuse and neglect when at home or in care.[95]

Physical Health

- Many CYP with SEND across all types of settings faced reduced access to essential health services such as physiotherapy, occupational therapy and/or speech and language therapy.[95]
- Parents reported children being left in pain, losing ability to walk or communicate, or experiencing severe dietary difficulties due to the disruption to health and therapy services.[95]

Mental Health

- Substantial research indicates that the mental health of children with SEND was disproportionately impacted by the COVID-19 pandemic.[99] A study tracking the mental health of school-aged children (aged 4-16) throughout the COVID-19 pandemic found that parents/carers reported substantially higher levels of behavioural, emotional and attentional difficulties for children with SEND than those without SEND.[100]

- Furthermore, while children without SEND showed a decrease in reported levels of behavioural, emotional, and attentional difficulties as COVID-19 related restrictions eased in early 2021, children with SEND continued to show elevated symptoms. By June 2021, over half of the children with SEND (54.2%) were classified as possible/probable cases for emotional problems, compared to 14.7% of children without SEND. [100]

- A study of teacher's perceptions of pupils' social, emotional and mental health needs (SEMH) during the COVID-19 pandemic found that teachers recognised deterioration in student SEMH due to school closures and that additional health and safety procedures negatively impacted students' access to targeted SEMH provisions.[101]

- The pandemic also disproportionately affected the attendance of pupils with SEMH in England, with a report on severe absence in schools post-lockdown finding that pupils with SEMH represented 10% of all absent pupils, despite only making up 3% of the school population.[102]

4.0 What do the statistics show?

4.1 National Trends

The following statistics refer to school pupils in the state-funded education system in England and does not capture early years, post-16 in non-school settings or children out of school.

- As of 2020/21, 15.8% (1.4 million) of all school pupils in the state-funded education system in England were identified with SEN. This marked the 5th consecutive year that the identified numbers have increased, from 14.8% in 2016 to 15.8% in 2021.[16]
- The proportion of students requiring SEN support increased by 0.6% between 2016 and 2021 (from 11.6% to 12.2%). During the same period, there was a 0.9% increase in the proportion of pupils with an EHCP (from 2.8% to 3.7%).[16]
- In 2021, 82% of pupils with SEN were in state-funded mainstream schools, 10% in state-funded special schools, 7% in independent schools, and 1% in state-funded alternative provision.[103]
- Children and young people with SEND are disproportionately from disadvantaged backgrounds. These discrepancies have increased between 2015/16 and 2020/21, with the proportion of SEND pupils eligible for a free school meal increasing from 26.3% to 34.3% for those with SEN support, and from 31.6% to 38.0% for those with a SEN statement or EHCP.[16]

The following national statistics are taken from Education, Health and Care Plans publication and provides data on caseloads as at January 2022.

- As of January 2022, 473,255 children and young people had an EHCP, reflecting a 10% increase from January 2021. The number of children with an EHCP has consistently increased each year since 2015. Children of compulsory school ages continue to account for the majority of EHCPs, with 68.1% being for children aged 5-15 years and 28.0% for those aged 16+ in 2022.[104]
- Despite the numbers of EHCPs increasing across all establishment types, the proportion of children and young people with an EHCP has changed across establishment type between 2015 and 2022. Due to an increasing number of CYP with EHCPs now being in further education, the most notable changes have been in mainstream schools (from 51.9% to 40.5%), special schools (from 45.6% to 34.8%) and in further education (from 0.0% to 16.6%).[104]

4.2 Hertfordshire

<u>Hertfordshire residents vs Hertfordshire pupils</u>

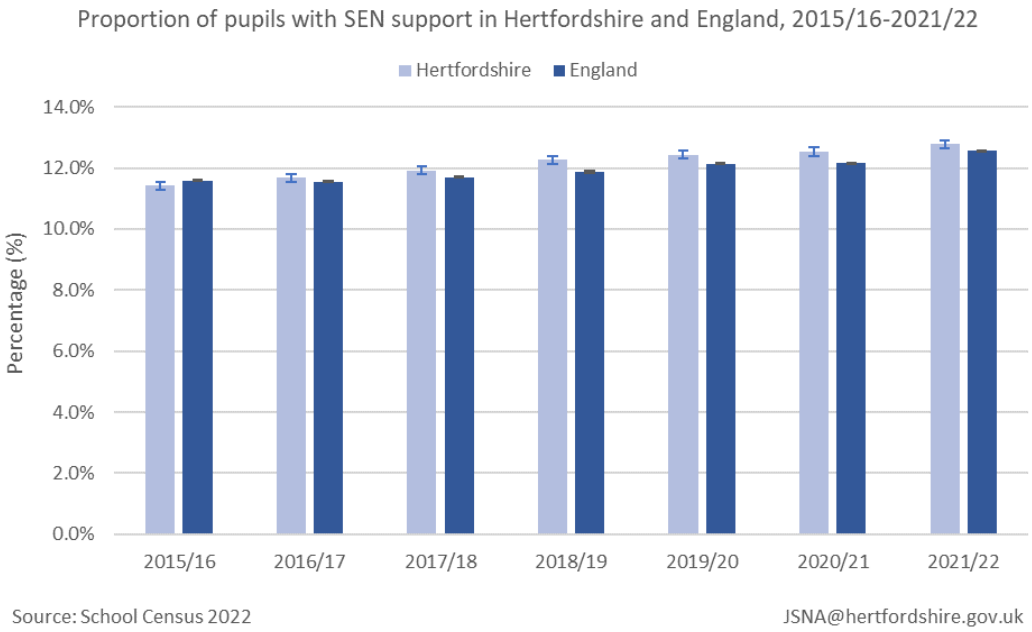
- There is a distinction between *residents* in Hertfordshire with SEND and *pupils* in Hertfordshire with SEND. Local data regarding SEND is unlikely to capture all Hertfordshire residents as some residents may attend schools beyond county borders and some out of county residents may attend schools in Hertfordshire.

Developing Special Provision Locally (DSPL)

- DSPL is a county-wide initiative to support CYP with SEND, consisting of 9 area groups across Hertfordshire[105]:
    - Hitchin, Letchworth, Baldock and Royston (DSPL 1)
    - Stevenage (DSPL 2)
    - Bishop's Stortford, Sawbridgeworth, Buntingford, Watton-at-Stone, Hertford and Ware (DSPL 3)
    - Hoddesdon, Broxbourne and Cheshunt (DSPL 4)
    - Welwyn Garden City and Hatfield (excluding south Hatfield villages) (DSPL 5)
    - Potters Bar (including south Hatfield villages) and Borehamwood (DSPL 6)
    - Harpenden and St Albans (DSPL 7)
    - Berkhamsted, Tring, Hemel Hempstead and Kings Langley (DSPL 8)
    - Watford, Three Rivers, Bushey and Radlett (DSPL 9)

Data analysis is available at both DSPL and District level and these are located in Appendix C and Appendix D accordingly. However, in this statistics section we may reference some of the geographic analysis located in the appendices.

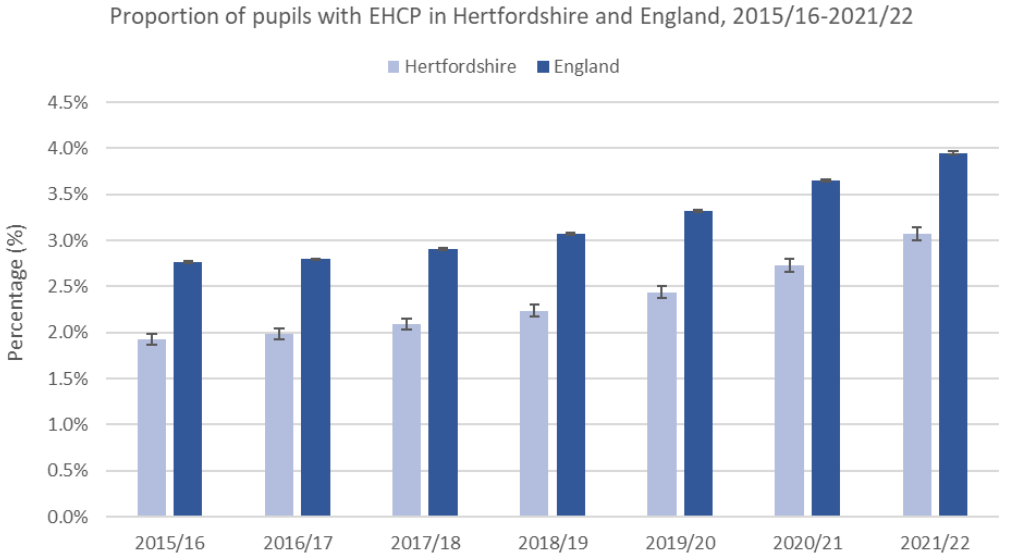
SEN support trend



- The proportion of pupils with SEN support in Hertfordshire has seen a statistically significant increase from 11.4% (n=24,493) in 2015/16 to 12.8% (n=28,656) in 2021/22.

- Since 2017/18, the proportion of pupils with SEN in Hertfordshire has been statistically significantly higher than the proportion in England.

EHCP trend



Source: School Census 2022

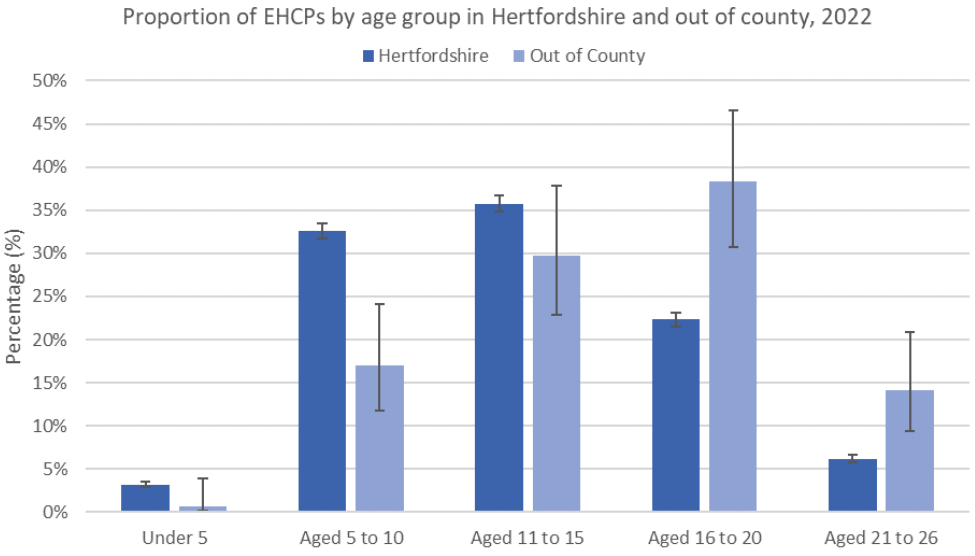
JSNA@hertfordshire.gov.uk

- The proportion of pupils with an EHCP in Hertfordshire has seen a statistically significant increase from 1.9% (n=4,131) in 2015/16 to 3.1% (n=6,879) in 2021/22 and over the course of this time has been statistically significantly lower than the England average.

Early Help Module (EHM) Database – EHCPs

The EHM is a local database in Hertfordshire used by the SEND service to administer the EHCP process. The EHM is based on live data of all EHCPs for those aged 0-25 years and includes those who live in or outside of Hertfordshire and attend schools, further education, work placements or apprenticeships, etc. in the county.

Age



Notes: Data extract was taken 12/22
Source: Early Help Module (EHM)

JSNA@hertfordshire.gov.uk

- According to the EHM database, as at December 2022, there were 10,441 EHCPs in Hertfordshire in those aged 0-25 years, of which 10,284 resided in Hertfordshire, 141 out of county and 16 unknown.

- Out of all EHCPs for those who lived in Hertfordshire, the statistically significant largest proportion were in the 11-15 year age band (35.6%, n=3,723), followed by those aged 5-10 (32.4%, n=3,378).

- The statistically significant smallest group were for those aged under 5 with (3.2%, n=328) for those who lived in Hertfordshire compared to (0.7%- number too small to disclose) for those who lived out of the county.

- Out of all EHCPs for those who lived out of the county, the largest proportion were in the 16-20 year age band (38.3%, n=54) followed by those aged 11-15 (29.8%, n=42), due to overlapping confidence intervals, these differences were not statistically significant.

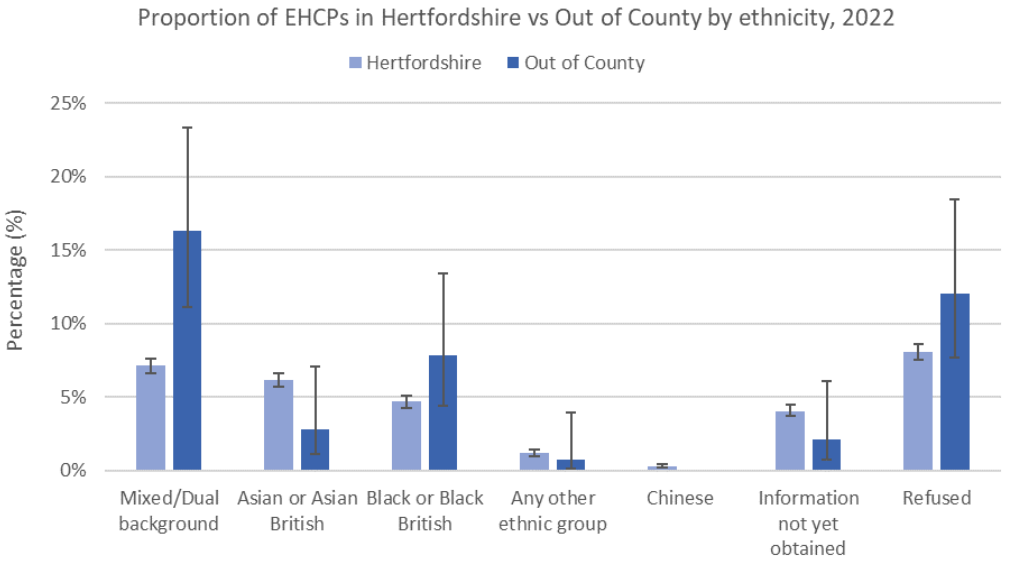
Gender

- In 2022, there was a statistically significant larger proportion of males with EHCP (71.5%) compared to 28.3% of females, for those that lived in Hertfordshire.

- For those that lived out of county, in 2022, males also made up the statistically significant largest proportion (64.5%) compared to 34.8% females.

- The differences between males and females with EHCPs were statistically similar across all 9 DSPLs and 10 districts in Hertfordshire (including those out of county and unknown).

Ethnicity



Notes: White ethnicity not included
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- According to EHM in 2022, the largest ethnic group for those with an EHCP were in those defined as 'White', with 68.6% (n=7,063) in those who lived in Hertfordshire compared to 58.2% (n=82) in those who lived out of the county.

- The second largest ethnic group were those who defined themselves as 'Mixed/Dual background' accounting for 7.1% (n=734) in those who lived in Hertfordshire, compared to 16.3% (n=23) in those who lived out of the county – this was a statistically significant higher proportion.

DSPL

- According to the EHM in 2022, DSPL 9 had the highest proportion of 'Asian or Asian British' ethnicity with EHCPs (13.9%) compared to 2.3% of those who lived out of the county. DSPL 1 had the highest proportion of 'Mixed/Dual Background' (10.5%) ethnicity with EHCPs compared to 16.3% of those who lived out of the county.

District

- According to the EHM in 2022, Watford had the highest proportion of 'Asian or Asian British' ethnicity with EHCPs (20.9%) compared to 2.8% out of county. Broxbourne had the highest proportion of 'Black or Black British' (8.7%) ethnicity with EHCPs compared to 7.8% of those who lived out of the county.

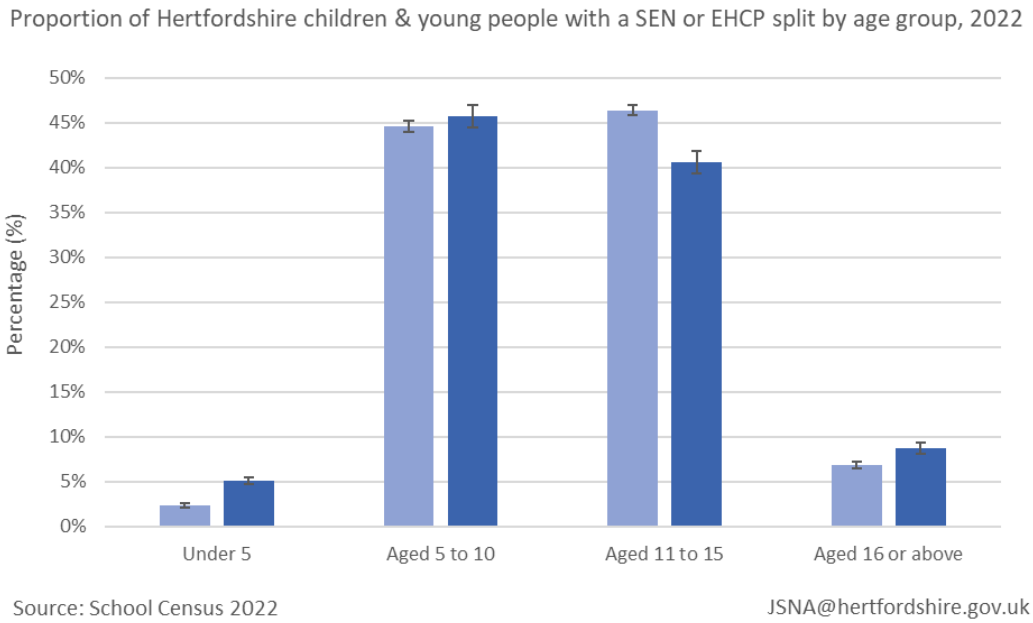
<u>2022 School Census</u>

- **SEN Support** on the School Census is a defined term and includes the extra or different help that is given from that which is provided as part of the school's usual curriculum. The class teacher and special education needs coordinator (SENCO) may receive advice or support from outside specialists. The pupil does not have an education, health and care plan (EHCP). SEN support replaced the former School Action and School Action Plus categories from 2015.

- **EHCP** on the School Census refers to when a formal statutory assessment has been made. A document is in place that sets out the child's need and the extra help they should receive. Prior to September 2014, a statement of SEN was used.

- The 2022 School Census captures school-aged children and young people who are attending schools in Hertfordshire.

School-aged children & young people with a SEN or EHCP split by age group



- According to the 2022 School Census in Hertfordshire, there were 24,986 children with SEN support and 6,479 with an EHCP.

- Out of all school-aged children and young people with SEN support in Hertfordshire, the statistically significantly largest proportion were in the 5-10 year age band (45.7%, n=11,413).

- Whereas, out of all of the school-aged children and young people with an EHCP in Hertfordshire, the statistically significantly largest proportion were in the 11-15 year age band (46.4%, n=3,004).

School-aged children & young people with SEN or EHCP split by gender

The School Census only has two options for the gender category, male and female, and therefore there is no information on children who may be non-binary or trans.

- According to the 2022 School Census, the statistically significant largest proportion of Hertfordshire children and young people with SEN support were male (63%) compared with 37% of females. This was similar to the proportion of children with an EHCP in Hertfordshire (72.1% male vs 27.9% female).

DSPL

- The differences between males and females with SEN support were also similar across all 9 DSPLs in Hertfordshire. DSPL 4 had the statistically significantly highest proportion of males (67.3%) and DSPL 3 had the highest proportion of females (40.3%), though this figure was not statistically significantly higher.

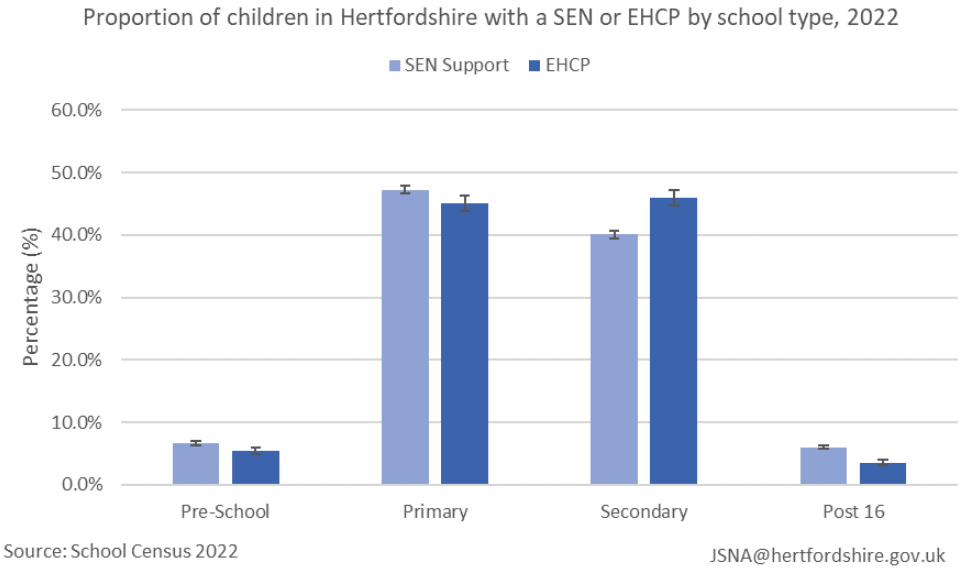
- The differences between males and females with EHCPs were also similar across all 9 DSPLs in Hertfordshire. DSPL 4 had the statistically significantly highest proportion of males (80.5%)

and DSPL 7 had the highest proportion of females (32.4%), though this figure was not statistically significantly higher.

District

- The differences between males and females with SEN support or EHCP were all statistically similar across all 10 Districts in Hertfordshire.

<u>School-aged children & young people with SEN/EHCP by School Type (only maintained schools are included)</u>



- According to the 2022 School Census, the statistically significant highest proportion of children in Hertfordshire with SEN support were in Primary schools (47.3%), this figure was also statistically significantly higher than children with an EHCP (45.1%).
- On the other hand, the highest proportion of children in Hertfordshire with an EHCP were in secondary schools (45.9%), though this was not statistically significantly different to those with an EHCP in primary schools.

DSPL

- In 2022 the DSPLs with the highest proportion of pupils with **SEN support**:
    - In Pre-schools was DSPL 4 (11.3%)
    - In Primary schools was DSPL 5 (53.2%)
    - In Secondary schools was DSPL 7 (47.3%)
    - In Post 16 was DSPL 7 (11.9%)

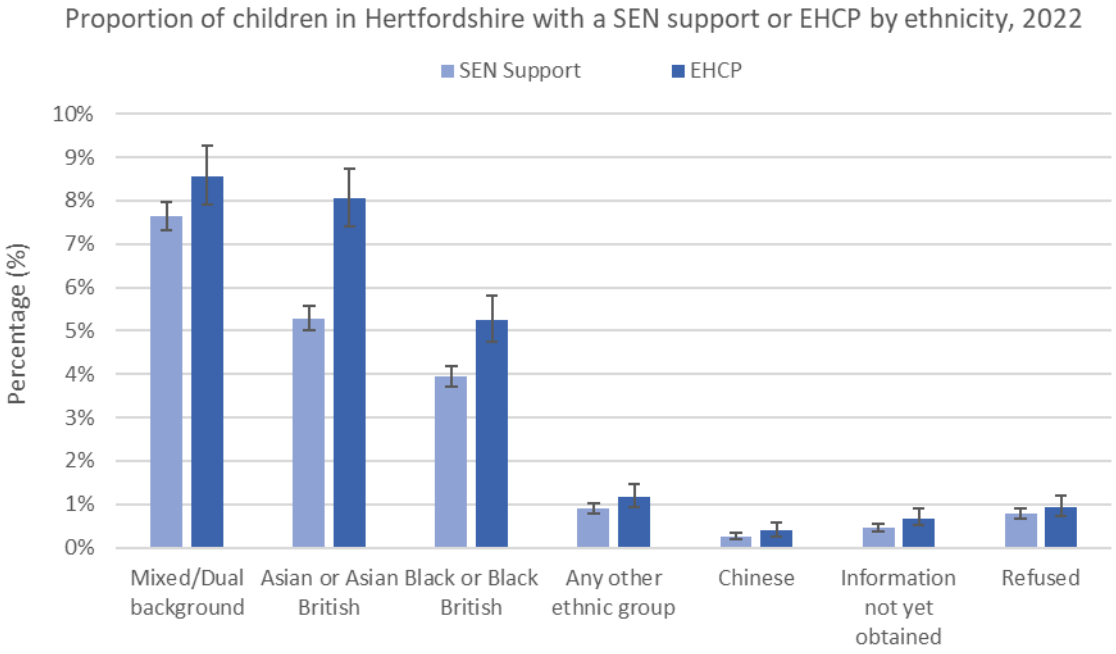
- In 2022 the DSPLs with the highest proportion of pupils with an **EHCP**:
    - In Pre-schools was DSPL 4 (9.0%)
    - In Primary schools was DSPL 5 (55.6%)
    - In Secondary schools was DSPL 7 (58.1%)
    - In Post 16 was DSPL 6 (7.2%)

District

- In 2022 the districts with the highest proportion of pupils with **SEN support**:
    - In Pre-schools was Broxbourne (11.3%)
    - In Primary schools was Watford (58.7%)
    - In Secondary schools was Three Rivers (45.7%)
    - In Post 16 was St Albans (12.0%)

- In 2022 the districts with the highest proportion of pupils with an **EHCP**:
    - In Pre-schools was Watford (10.0%)
    - In Primary schools was North Hertfordshire (57.3%)
    - In Secondary schools was St Albans (58.1%)
    - In Post 16 was Hertsmere (5.0%)

<u>School-aged children & young people with SEN/EHCP split by ethnicity</u>



Notes: White ethnicity not included
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- In 2022, the largest ethnic group with SEN or an EHCP in Hertfordshire were in those defined as 'White' by the school census (80.8% of those with SEN and 75% of those with an EHCP).
- The second and third largest ethnic groups for those with EHCP were those defined a 'Mixed/Dual background' (8.6%) and 'Asian/Asian British' (8.4%). These two ethnic groups were statistically significantly higher than the other ethnicities.
- In terms of those with SEN, the statistically significantly highest ethnic group after 'White' were those from 'Mixed/Dual background' (7.6%).

DSPL

- According to the 2022 School Census, DSPL 9 had the highest proportion of 'Asian or Asian British' ethnicity with SEN support (13.8%) and 17.1% with EHCP support. DSPL 1 had the highest proportion of 'Mixed/Dual Background' (9.1%) ethnicity with SEN support and 11.2% with EHCP.

District

- According to the 2022 School Census, Watford had the highest proportion of 'Asian or Asian British' ethnicity with SEN support (23.9%) and 5.3% with EHCP support. Broxbourne had the highest proportion of 'Black or Black British' (8.1%) ethnicity with SEN support and Welwyn Hatfield had 2.2% 'Black or Black British' with EHCP.

School-aged children & young people with SEN/EHCP split by English as an Alternative Language (EAL)

- In 2022, 10.6% of pupils with SEN support in Hertfordshire had English as an Alternative Language (EAL) compared to 11.9% with an EHCP.

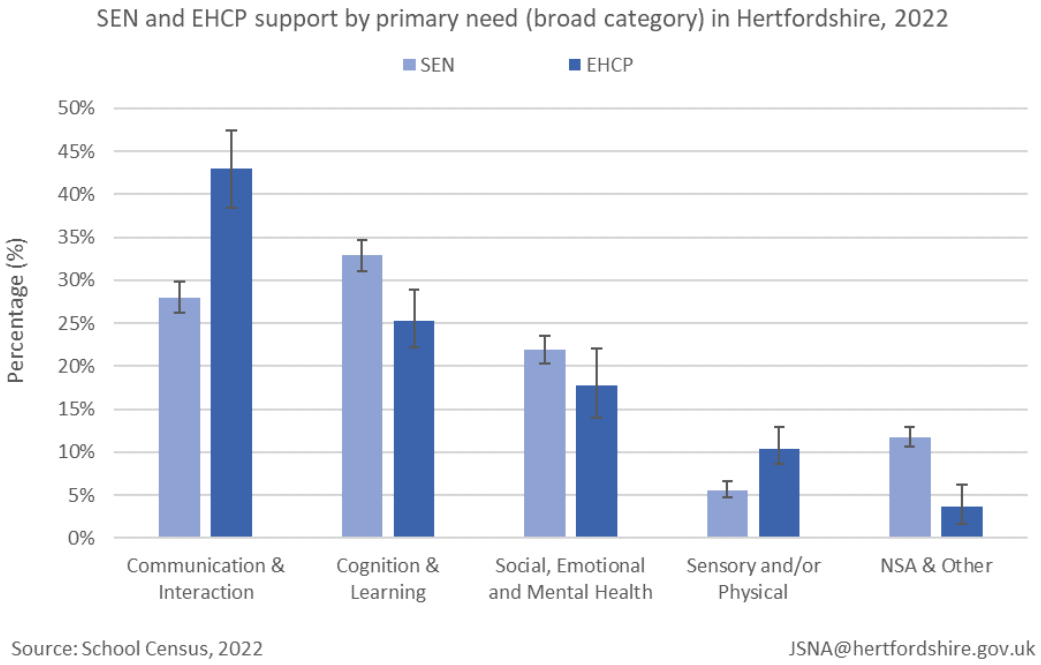
DSPL

- In 2022, the DSPL with the statistically significant highest proportion of pupils with EAL with SEN support was DSPL 9 (18.8%) compared to 22.3% of those with an EHCP in DSPL 7.

District

- In 2022, the district with the statistically significant highest proportion of pupils with EAL with SEN support was Watford (31.1%) which also had the statistically significant highest proportion of pupils with an EAL with EHCP.

School-aged children & young people with SEN/EHCP split by type of SEN support – primary need (Broad Areas of Need)



- According to the 2022 School Census, the statistically significant highest proportion of support for pupils with SEN was for Cognition & Learning (32.9%) and for EHCP was for Communication & Interaction (42.9%).

DSPL

- In 2022, DSPL 4 pupils with SEN support had the highest proportion of Communication & Interaction support (34.6%) and DSPL 4 had the highest proportion of Cognition & Learning support (38.7%).

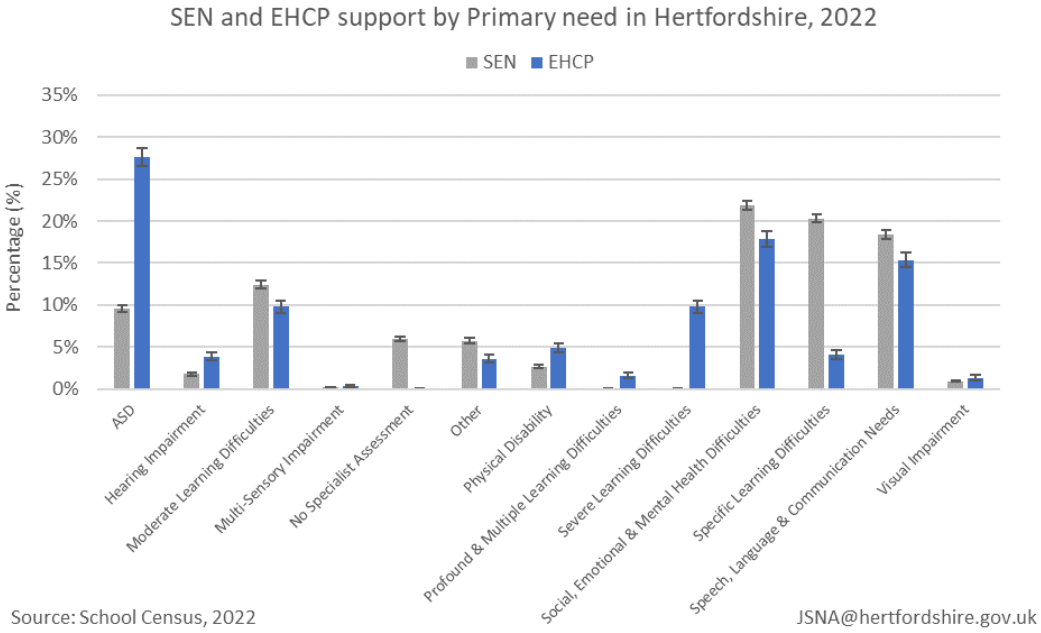
- In 2022, DSPL 6 pupils with an EHCP had the highest proportion of Communication & Interaction support (50.2%) and DSPL 3 had the highest proportion of Cognition & Learning (43.6%), though these differences were not statistically significant.

District

- In 2022, Broxbourne pupils with an EHCP had the highest proportion of Communication & Interaction support (34.6%) and Three Rivers had the highest proportion of Cognition & Learning support (40.9%), though these differences were not statistically significant.

- In 2022, Watford pupils with an EHCP had the highest proportion of Communication & Interaction support (56.9%) and East Hertfordshire had the highest proportion of Cognition & Learning support (43.9%), though these differences were not statistically significant.

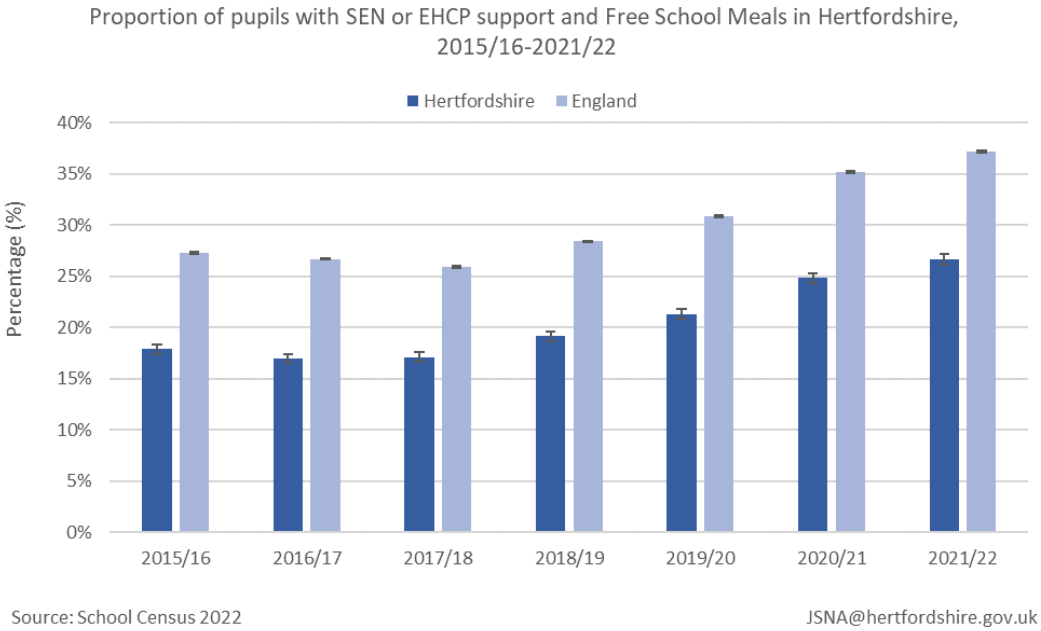
Primary Need (SEN and EHCP support)



- According to the 2022 School Census, in Hertfordshire:
    - The type of Primary Need accounting for the statistically significant highest proportion of EHCP support was for ASD (27.6%) compared to 9.6% of SEN support.

    - Social, Emotional & Mental Health Difficulties accounts for the statistically significant highest type of SEN support (21.9%) compared to 17.8% of EHCP support.

<u>School-aged children & young people with SEN or EHCP split by Free School Meals</u>



- The proportion of pupils with SEN support or an EHCP receiving Free School Meals has seen a statistically significant increase in Hertfordshire from 17.1% in 2015/16 to 25.1% in 2021/22, but over the same period of time was statistically significantly lower than the England average.

Free Early Years Education Schemes

Out of all the children in Free Early Years Education Schemes in Hertfordshire:

- 4.0% (n=50) of 2 year olds had SEN support or an EHCP
- 4.6% (n=193) of 3-4 year olds had SEN support or an EHCP, and
- 3.1% (n=50) of children in receipt of 30 hours free childcare had SEN support or an EHCP.

Gypsy, Roma and Traveller children & young people

According to the EYES Children's Services Database in 2022 in Hertfordshire, there were:

- 1,451 Gypsy, Roma and Traveller children aged 0-18 years, and
- 199 Traveller children registered as being in Elective Home Education (EHE)
- Of these, 68 children had active EHCPs and 9 were for those aged over 18 years
- No EHCPs were noted for Early Years

Reduced timetable

Between September 2021 and July 2022, there were 1,094 students on a reduced timetable in Hertfordshire. Of these students, 36% were on the reduced timetable due to anxiety (n=391) followed by 24% of students due to behaviour (n=258).

Mental Health Units

Between September 2021 and July 2022, there were 31 children and young people in mental health units in Hertfordshire.

Children not attending school

Between September 2021 and July 2022, there were 537 students referred to the ESMA (Education Support for Medical Absence) teaching service in Hertfordshire. 28% of these students had mental health – anxiety (n = 152) listed as the medial need, followed by 21% with ASD & Anxiety (n=111) and 18% with mental health (n=96).

Young offenders with SEND

- In Hertfordshire, there were a total of 87 youth offenders on the Youth Offending Team (YOT) caseload as of the 27th of June 2022. Of these offenders, 7% had a documented EHCP statement (n=6). Of these 6 offenders with SEN recorded:

    - 5 offenders had registered Behavioural, Emotional and Social Difficulties and one offender had Moderate Learning Difficulties.
    - All offenders were male.
    - Ages ranged from 14 to 17 years.
    - Three individuals were identified as White British, two were Black and one was of Mixed ethnicity.
    - Two offenders were subject to Referral Orders, two were subject to Youth Rehabilitation Orders and two were given Youth Rehabilitation Order ISS Requirements. The terms received ranged from a period of 6 months to a period of 24 months.[†]

[†] Information on the criminal sentences received by young offenders included in Appendix B.

- Since 2005 to June 2022, there have been 262 youth offenders known to Hertfordshire YOT with a SEN documented. Please note that 12.2% of children had more than one type of SEN recorded, so some figures are double counted:

    - 80.9% had Behavioural, Emotional and Social Difficulties (n=212)
    - 8.4% had Autistic Spectrum Disorder (n=22)
    - 8.0% had Moderate Learning Difficulties (n=21)
    - 6.1% had Specific Learning Difficulty (n=16)
    - 5.3% had Speech, Language and Communication Needs (n=14)
    - 2.3% had Severe Learning Difficulty (n=6)
    - 1.2% had Hearing Impairment (n=3)
    - 3.8% had Other Difficulty/Disability (n=10)

- Of the 262 young offenders ever known to Hertfordshire YOT with SEND:

    - 237 offenders have been male and 25 have been female.
    - Ages ranged from 12 to 25 years.
    - The majority of young offenders were identified as White British (n=180), followed by Any Other White Background (n=16).

Exploited children with SEND

- There were 50 children known to the Hertfordshire Multi-Agency Child Exploitation (MACE) Panel from 2021 to June 2022. Of these 50 children, 34% (n=17) had SEN identified, with a further 18% (n=9) on an Education and Health Care Plan (EHCP) for their Special Educational Needs.

- Of the 17 children known to MACE with SEN, the majority were male (65%) and 'White/British' (76%) with an average age of 15.8. Of those identified with special educational needs:
    - 71% (12) had Social, Emotional and Mental Health (SEMH) needs.
    - 12% (2) had Autistic Spectrum Disorder (ASD).
    - 12% (2) had Learning Difficulties
    - 6% (1) had Speech Language and Communication needs.

- 41% (n=7) of children identified with SEN were on a 'Children in Need Plan', followed by 35% (n=6) categorised as 'Children Looked After' and 12% (n=2) listed under 'Child Protection'.

- 47% (n=8) of children were subject to or at risk of 'Child Criminal Exploitation', whilst 18% (n=3) were at risk of 'Child Sexual Exploitation' and 12% (n=2) were at risk of 'Gang Affiliation'. Only 24% (n=4) of children identified with SEN had no exploitation hazard recorded.

Young People's Health & Wellbeing Survey

- The Young People's Health and Wellbeing Survey (YPHWS) is run by the Hertfordshire Public Health Evidence & Intelligence Team and YC Hertfordshire, gathering self-reported information regarding the wellbeing of children providing an opportunity for partnership working between organisations providing services to young people around the county.

- The 2021 survey received over 11,000 responses from children and young people in Hertfordshire schools aged 10 to 20 years.
- In the 2021 survey, to the question 'Do you have any long-term conditions?':
    - 9.5% (n=1,110) selected 'physical condition'
    - 7.6% (n=890) selected 'diagnosed mental health condition'
    - 7.4% (n=870) selected 'special education need(s) or learning difficulty', and
    - 1.8% (n=205) selected 'physical disability'.

- In the 2021 survey, to the question 'Do you feel supported by your school and feel they offer you help with any difficulties you have'?:
    - 46.5% (n=1,160) responded 'Yes'
    - 28.9% (n=720) responded 'Not sure'
    - 19.8% (n=495) responded 'No' and
    - 4.8% (n=120) responded 'Prefer not to say'

5.0 Local services, strategies and interventions

5.1 Strategies and plans

SEND Strategy 2022-2025

- The new SEND strategy sets out how Hertfordshire County Council supports families in Hertfordshire across education, health and social care over the next three years. This strategy is made up of 5 ambitions that underpin how services and support will be delivered:

    1. **Tailoring:** Plan and deliver services that are flexible, respect individual wishes and meet individual needs
    2. **Enabling:** Continue to develop a skilled, learning workforce that strives for excellence and staff are proud of their own achievements and celebrate those of others.
    3. **Supporting:** Provide sufficient and appropriate provision in Hertfordshire and within their community to meet children and young people's wishes and needs.
    4. **Collaborating:** Work in partnership with other organisations to deliver the right services at the right time to prevent problems escalating.
    5. **Succeeding:** Support all children and young people with SEND to achieve success in all areas of life, understand the impact of the pandemic and work to ensure our young people achieve their potential.

For more information about the new SEND strategy 2022-2025 please visit the Hertfordshire Local Offer Website.

SEND Transformation programme 2019-21

- The purpose of this programme was to review and improve SEND services in Hertfordshire and to deliver faster and more effectively to meet the needs of more families in Hertfordshire. Hertfordshire County Council was given £3million investment to transform SEND services in Hertfordshire and many improvements and achievements have now been made.

SEND Code of Practice: 0 to 25 years (2015)

- The Code of Practice provides statutory guidance on duties, policies and procedures to Part 3 of The Children and Families Act 2014.

Babies, Children, Young People and Families in Integrated Care Systems (ICSs)[106]

The Health and Care Act

- The Health and Care Act transfers all relevant statutory duties from Clinical Commissioning Groups to the Integrated Care Boards (ICBs). These include statutory duties on children with SEND, safeguarding children and Looked After Children, as set out in the Children Act (2004).

Special Educational Needs and Disabilities (SEND)

- Statutory duties which apply to ICBs, as imposed by the Children and Families Act (2014), are explained in the SEND Code of Practice (2015) which is statutory guidance, which will be updated to reflect the change from CCGs to ICBs. Each ICB will set out the accountability structure for its statutory duties. The statutory duties will apply to children and young people up to the age of 25 with SEND.

- To ensure that statutory duties in relation to SEND receive sufficient focus in ICBs, NHS England have agreed that their statutory guidance will provide that responsibility for these accountable functions should be delegated to an ICB executive lead.

Assurance of ICP and ICBs

- ICBs will be held accountable on the discharge of their SEND duties through the Care Quality Commission and Ofsted joint local area SEND inspections, which hold local area leaders to account for how they implement the SEND Code of Practice and for their strategic leadership of services in the local area.

The vision and ICS responsibilities to Babies

- The transition to ICSs presents an opportunity for local health and care leaders to work collaboratively on planning and provision of services in order to better meet the needs of babies, children, young people and families. A preventative approach and early intervention should start in the early years and continue across the life course ensuring that every baby gets the best start in life.

- Where children need specialist health services, including services to support those with special educational needs, neurodevelopmental disorders and disabilities, population footprints required for planning and delivery will often be larger than for adults.

NICE guidelines 213[107]

- The Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (NICE guideline 213) covers the support for disabled children and young people with severe complex needs from birth to 25 years. The aims of the guideline are to encourage education, health and social care services to collaborate and work together to provide more coordinated support for children and young people, and their families and carers.

- These guidelines make recommendations on how the existing legislation and statutory guidance should be put into practice and when there is evidence that existing legislation is not being implemented it provides further guidance to help.

DSPL Strategic Plans

- DSPL is a Hertfordshire-wide partnership approach where parents, carers, staff in early years settings and schools, further education colleges, local authority officers and representatives from other agencies, work together as part of an Area Group, to ensure that there is a range of provision and support services available in their local community. There are 9 DSPLs that cover Hertfordshire and each have developed their own priorities and Strategic/Delivery Plans. For more information please see the DSPL webpages.

5.2 Services

The Hertfordshire Local Offer

- The Hertfordshire Local Offer lets parents and young people know what special educational needs and disabilities services are available in Hertfordshire, and who can access them. This website includes information on:

    - Support with education
    - Courses and activities in Hertfordshire
    - Services for children and young people (aged 0-25)
    - Services for parents, carers and families
    - Financial support
    - Education, health and care plans (EHCP)
    - Early years (ages 0-5)
    - Preparing for adulthood
    - Feedback on SEND services and what to do if you're not happy
    - National and Local SEND policies
    - Information on how to contact a SEND service and advice lines

Mental Health

- The SEND local offer includes resources for mental health and wellbeing support for children and young people with SEND and their family. Help for mental wellbeing includes asking their teacher or SENCO about school counselling and mentoring, requesting educational psychologists through the SENCO and the provision of links to various other services to aid with mental wellbeing.

Domiciliary Personal Care and Community Enabling Care (Homecare)

- Domiciliary Personal Care and Community Enabling Care provides support to CYP and their families in their home and community. The target group is CYP from birth to the end of the academic year in which they turn nineteen (19) years old in most cases; however, some young people may access Adult Services contracts from the age of eighteen (18).

- **Domiciliary Personal Care Services Element:** To provide care in the home, in order to provide assistance to families who require additional help working with the child and family together. This will include providing support where there is a personal care element needed such as bathing/showering, toileting, changing, feeding and also support with challenging behaviour and health interventions and administration of medication. This may include night / waking night support.

- **Community Enabling Care Services Element:** To enable the child/young person to go out and take part in activities in the local community such as leisure, sports, clubs, interest groups, individual activities and access to the natural environment and local play facilities.

- Where possible Services must always be provided in a way that enables the Service User to maximise their independence, health and wellbeing and supports their social, spiritual, emotional and healthcare needs.

- The HCC Brokerage team work with families to ensure the support offered to each individual family and child/young person is bespoke to their needs.

Short Breaks Local Offer (SBLO)

- The Council has a statutory duty to provide a full range of short break services to Children and Young People with SEND which is sufficient to assist their carers to continue to provide care or to do so more effectively.

- The Shorts Breaks Local Offer is currently available for children and young people aged 5-19 with SEND who reside in Hertfordshire and have a recognised SEND need.

- Providers offer a range of activities which include after school clubs, weekend clubs and holiday activities. Support is tailored to the needs of the child.

- The overall purpose of Community Short Break Activities is to improve outcomes for Children and Young People with SEND and to support Families within the local community. Through accessing these services Service Users should have the opportunity to achieve their potential, make choices about their lives with increased independence and have fun.

- Through SBLO each child with disability will have an entitlement of 40 hours Community Short Break Activities Extra provision per year without needing to have a social work assessment of need in order to access the Service. For those children who have met the criteria for access to specialist services through a social work assessment of need, an increased offer of more than 40 hours Activities Extra provision may be agreed.

Overnight Short Breaks (OSB)

- The Overnight Short Breaks (OSB) Service provides a break for parents and carers, whilst their children stay, for a short amount of time, in a safe and suitable setting. Having access to this support has important benefits for both carers and their children, helping the carer continue to care for their child and providing the child with a change from daily routine and an opportunity to develop new skills, stay away from home without their parents and mix with their peers.

- This service is provided for children and young people with complex SEND and/or complex health needs that live in Hertfordshire and/or have a Hertfordshire GP. Eligibility and allocation for the services will be accessed through a comprehensive social care assessment. This assessment will be based on the needs of the CYP and will take into account the needs of the family.

Mediation Service

- Hertfordshire County Council has a statutory duty to ensure that all parents/carers and young people have access to independent mediation with regards to all elements of an Education Health and Care plan before they are able to register an appeal with tribunal.

Hertfordshire Equipment Service (HES)

- This service supplies specialist equipment to support children and young people's social care, education, and health needs. This can include items like specialist seating, safe bed solutions and hoists: the entire equipment offer aims to enable children and young people with SEND to access their education, safely receive personal care and support their health conditions. The service works closely with colleagues in children's Occupational Therapy and Physiotherapy to ensure that equipment is accurately prescribed, with many items being bespoke to the child.

Therapies (Speech, Language and Occupational Therapies)

- Hertfordshire County Council (HCC) commission Hertfordshire Community Trust (HCT) to provide an Integrated Therapies Service, effective from September 2019. HCT provide Occupational Therapy and SaLT assessment and intervention to children and young people (CYP) with Special Educational Needs and/or disabilities (SEND).

- The service is jointly commissioned by the Integrated Care Board (ICB) and HCC. HCT is required to deliver a service that is evidence-based and consistent with national and local policy, clinical guidelines and NHS standards.

- The service provides needs led interventions that have a functional impact and are outcome-focused, with individual outcome measures for each CYP.

Physiotherapy

- The Integrated Care Board (ICB) commission Hertfordshire Community NHS Trust to provide physiotherapy services.

- The service offers a child and family centred approach to children and young people from 0-18 years of age who are registered with a GP in Hertfordshire and who have a physical disability or condition that impacts on their development and their functional daily activities at home or in school.

- Children's Physiotherapy is a specialist team providing services to children and young people to promote health and preserve and improve the best possible functional level of the child or young person. Children's Physiotherapists have an understanding of:
    - child development
    - childhood diseases and conditions that may impact on physical development and well being
    - therapeutic interventions that enable and optimise development and well being
    - the need to place the child at the centre of planning
    - the impact that having a sick or disabled child has on family life.

Health Visiting

- Hertfordshire County Council also commissions Hertfordshire Community NHS Trust to deliver the national Healthy Child Programme through the Public Health Nursing Service (health visiting). The service works with babies and children predominantly aged 0-5 years of age, providing health advice and support to the parents and carers. Additionally for children with SEND, support continues up until the age of 6 years to ensure a smooth transition to school.

- Health Visitors deliver an outcome focused, enhanced provision to families with children who have SEND, with three monthly needs assessment and support. They also work in partnership with a range of other health, social care, education and voluntary organisations to ensure that the needs of babies and children are met.

- There are two SEND Clinical Specialist Health Visitors in Hertfordshire who deliver SEND best practice education to the Public Health Nursing workforce 0-5 years, to ensure that what is delivered is well informed and meets the needs of the family, and they guide and support Health Visiting teams when working with families. They also provide direct care for a cohort of more complex children, and they work with a care coordinator with the objective of reducing complexity for the family and improving care.

SEND equipment and toy library provided by SPACE.

- Lending SPACE has a wide variety of SEND specific toys and equipment which can be loaned out to families on a temporary basis. The items they stock includes sensory toys; weighted items such as blankets; ear defenders; and larger items such as bikes for disabled children and specialist buggies. SPACE run from a small premises where families can try items and collect them, but also offer a delivery and collection service for those who are unable to travel.

- The hub is also used as a support to families, enabling them to talk in a safe space and meet other families with SEND children, reducing isolation and increasing peer support for CYP.

Families can receive additional support such as signposting to other SEND groups, workshops and courses. They are also able to access the SPACE family support worker who is able to work with families on a 1:1 basis.

SENDIASS

- Hertfordshire SENDIASS provides information advice and support which is accurate and confidential in ways that is accessible for young people and parents. SENDIASS aims to promote independence and self-advocacy to enable service users to participate in making informed decisions.

Hertfordshire MACE Panel

- The Multi-Agency Child Exploitation (MACE) Panel in Hertfordshire is a cross-organisational process which focuses on safeguarding vulnerable children and young people at risk of exploitation, which intersect with other risks and vulnerabilities such as going missing, trafficking, county lines, modern slavery and gangs. Hertfordshire's MACE model is split into two parts:
    - **MACE 1:** Case management group which are responsible for identifying and reviewing cases of known exploitation and individuals identified as vulnerable to exploitation due to missing episodes and/or other behaviours which identify them as high risk.
    - **MACE 2:** Strategic group responsible for considering strategic options necessary to tackle child exploitation threats through analysing trends, patterns and identifying hotspots to inform partnership activity, interventions and commissioning decisions.
- Where children and young people are identified through the MACE Panel as being at high risk of exploitation, professionals are required to undertake regular reviews of risks associated with exploitation, which include SEND, and consider any additional support that may be required to address these needs and safeguard the child.

Health services for CYP with SEND

- Any baby in Hertfordshire with a complex condition diagnosed pre-birth is referred to the foetal medicine team and to a neonatal consultant with a relevant speciality (e.g. cardiac, neurological, etc). There are detailed birth and resuscitation plans, plans for ongoing neonatal care and liaison with tertiary services.
- Depending on the condition, there are links to a palliative care pathway or a complex discharge pathway. Social and care needs are thoroughly assessed alongside medical needs.

6.0 Limitations

- This JSNA provides a broad overview of the issues pertaining to children and young people aged 0-25 with Special Educational Needs and/or Disabilities in Hertfordshire, however, due to the complexity of this issue and the breadth of the topic, it has not been possible to explore everything in detail for practical reasons.
- The School Census data only has information on whether a pupil is male or female and, therefore, we have no current information on those who may be non-binary or trans.
- Due to coding issues, we do not know the full scale of Gypsy, Roma or Traveller children in Hertfordshire as only those with a 'GRT flag' will be counted. Additionally, children aged 0-4 will be inputted into the EYES database by health colleagues and, therefore, may not have this flag. Lastly, the EYES database will only provide records for those who self-ascribe themselves as Gypsy, Roma or Traveller and, therefore, this most likely is not a complete picture.
- There is a lack of local data on the impact of the COVID-19 pandemic on outcomes for children and young people with SEND in Hertfordshire.
- Not in Employment or Education Training (NEET) and disability figures may not capture those with a special education need without a disability and therefore this may be an underestimate of the true impact.
- It was beyond the scope of this JSNA report to explore the experiences and perspectives of families and carers of children and young people with SEND in Hertfordshire and there is a current lack of systemically collated local data.
- Children with SEND may have needs that are cross cutting and extend across multiple categories of primary need. We unfortunately do not have any information on this cohort at a local level and therefore it is difficult to understand any particular needs of this group.
- The prevalence of children and young people with SEND known to schools may be an underestimate of the true prevalence of people aged 0-25 with SEND and/or learning disabilities in Hertfordshire. There is no complete register of all people with learning disabilities in the county and differences in severity may also be a factor in the underestimation as those with milder learning disabilities may be less likely to be known to services.
- There are complications in the literature on SEND and Learning Disabilities as these are not homogenous groups due to variations in severity and causative conditions. There are many difficulties in assessing the true burden of physical and mental health needs for children and young people with SEND, given underdiagnosis of conditions due to lack of recognition therefore evidence remains fairly limited.

7.0 Recommendations

Evidence & Intelligence

- Seek to present the School Census data and any relevant SEND datasets in a way that is meaningful to commissioners and decision-makers in order to better understand this population. This could be visualized by using a data dashboard and could include advanced analysis and linked up datasets to better understand outcomes of children known to both schools and services.

- Investigate whether there is any possibility of adding additional questions to the Young People's Health & Wellbeing Annual Survey to understand more about this cohort's needs and views.

- Develop data sharing protocols to allow greater sharing of information between analytical functions in the wider system, including both internally and externally, for example from Mental Health Services to have a better picture of those who are impacted by SEND.

- Improve our understanding of post-25 outcomes for the SEND population in Hertfordshire as they are less likely to progress into college education, more likely to experience unemployment, and more likely to have contact with the youth justice system.

- Consider ways to measure individual progress and outcomes of children with SEN or EHCP support.

- Review and improve our understanding of numbers and the needs of parents and carers of the SEND population in regards to their needs as carers.

- Continue coproduction with children, young people, parents and carers on the topic of SEND in order to identify issues and solve them collaboratively.

Commissioning

- Continued engagement between the local authority, schools, DSPLs, ICB and health partners to address any issues and ensure timely identification and appropriate support for children and young people with SEND and their families.

- Review the sufficiency of SEND educational provision to ensure mainstream, targeted and highly specialist support is available so children and young people with SEND can access the right support, in the right place, and at the right time.

- Develop and use appropriate outcomes tools and processes to gauge how well children, young people and families believe the local area is supporting them.

- Through the Hertfordshire SEND Local Offer, ensure information about local support is easy for families and professionals to access and keep families informed of any future plans.

- Ensure that the information available through the SEND Local offer is diverse and reflective of the local ethnic populations, making it accessible to local families through co-production with this group.

- Ensure that children and young people with SEN, including those with EHCP, have more supportive transitions particularly when moving between primary and secondary schools. The transition support should be extended beyond Year 7 and aim to cover Year 8 specifically for those children who have ASD and ADHD needs.

- Children and young people with a special educational need and/or complex needs are more likely to have poor mental health and wellbeing. Early intervention and prevention are key to improving the emotional and mental wellbeing of this cohort. Local strategies should consider how the mental health and wellbeing of children and young people with SEN can be promoted.

Find out more

Hertfordshire strategies and resources

SEND Strategy 2022-2025
SEND Transformation programme 2019-21
Delivering Special Provision Locally (DSPL)

Hertfordshire services

The Hertfordshire Local Offer
Short Breaks Local Offer
Hertfordshire Equipment Service
Integrated Therapies Service
Lending SPACE
Hertfordshire SENDIASS
Multi-Agency Child Exploitation (MACE) Panel

Relevant JSNAs

Children Looked After JSNA
Autism JSNA
Learning Disabilities JSNA

National guidelines and resources

Children and Families Act (2014)
Equality Act 2010
SEND Code of Practice (2015)
SEND Review: Right support, right place, right time (2022)
SEND: old issues, new issues, next steps (2021 Ofsted report)
SEND Inspection Framework (2022)
The engagement model - Guidance for maintained schools, academies (including free schools) and local authorities
Infant Feeding Survey (2010)
Council for disabled children
The Bigger Picture Training Company

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Appendix A: Information for Equality Impact Assessments

Children and Young People aged 0-25 with Special Educational Needs and/or Disabilities (SEND)

Part A: Protected characteristics (protected under the Equality Act 2010)

Age

- The proportion of pupils documented to have SEND increases with age and peaks around 10 years old. As of 2021/22, roughly 20% of pupils in England aged 10 years old had SEN support, steadily declining to 16.3% by age 15 years.[2]
- Communication difficulties are one of the most prevalent SEND issues, and some evidence suggests that language impairment can affect children differently at different ages. For example, children with language impairment may be at higher risk of attention and hyperactivity problems between the ages of 8-12 years, but not when they enter adolescence.[57]
- Another study found that students in Year 1 were over four times more likely to be identified with a speech and language issues than those in Year 11. In addition, students who are young for their year group (i.e. Spring/Summer-born) were respectively 1.2 and 1.5 times more likely to be identified as having a communication issue than those born in the Autumn.[61]
- Out of all children with SEN support in Hertfordshire, the statistically significantly largest proportion were in the 5-10 year age group (45.7%, n=11,413). Whereas, out of all of the children with an EHCP in Hertfordshire, the statistically significantly largest proportion were in the 11-15 year age group (46.4%, n=3,004).

Disability

- The most common associated health conditions for people with a learning disability are mental health, epilepsy, being under- or overweight and dementia.[69] Further to this, those with a learning disability are likely to die on average 23 years for men and 27 years for women younger than the general population. The median age of death for those with PMLD is just 40 years old.[70]
- Some conditions have shown an increase when presenting in patients with a learning disability as of 2021, for example[72]:
    - Obesity is 3.7 times more common
    - Chronic Kidney Disease is 1.8 times more common
    - Dementia is 5.1 times more common
    - Type 1 Diabetes is 1.6 times and Type 2 Diabetes 2 times more common

- Epilepsy is 24.6 times more common
- Hypothyroidism is 3 times more common
- Mental Health issues 7.9 times more common

- Research by the Association for Real Change (ARC) England in 2016 found that:[79]
    - Young people with learning disabilities are 10 times more likely to end up in custody compared to non-disabled young people.
    - Around 15% of young people in custody are on the autistic spectrum.
    - People with autism spectrum conditions are 7 times more likely to come into contact with the police than the general population.
    - People with learning disabilities are also at higher risk of experiencing mental health problems, creating multiple disadvantages.

- Lack of diagnosis and assessment for children with learning difficulties can result in a child's behaviour being misunderstood and can lead to exclusion from school, making the child more vulnerable to child sexual exploitation and other forms of exploitation.[81]

- According to the most recent ONS statistics, the proportion of young people with a disability who were NEET (Not in Education, Employment or Training) was much higher in 2021 than those without a disability (28% vs. 8%).

Gender identity and reassignment

No specific issues identified through this needs assessment.

Marriage and civil partnership

No specific issues identified through this needs assessment.

Pregnancy and maternity

- Advanced maternal age is also an identified risk factor for autism spectrum disorders (ASDs), with one study concluding that the risk of ASDs in children increases significantly with each 10-year increase in maternal age.[29]

- There is also a wide array of evidence for the association of increasing maternal age with Down's syndrome, especially after the maternal age of 35 years.[31]

- Foetal Alcohol Spectrum Disorder (FASD) can occur if alcohol is consumed during pregnancy. It can impact the developing foetus and have the potential to cause permanent physical and mental impairment after birth. This is because babies in the womb cannot process alcohol, so the chemical remains in their body for an extended period causing damage.[83]

- Data from the 2010 Infant Feeding Survey showed that 2 in 5 mothers (40%) drank alcohol during pregnancy and the proportion was highest in those mothers over 35 years of age (52%). Mothers from managerial and professional occupations (51%), and those from White ethnic backgrounds (46%) were more likely to drink in pregnancy, as well as those living in

England and Wales (41%) compared to Scotland and Northern Ireland (35% each).[84] The UK has the 4th highest rate of drinking during pregnancy in the world.[85]

- A study completed in Canada and published in 2014 found that maternal risk factors for FASD were: older mothers; lower educational level; history of binge drinking; and wider family members with alcohol abuse or have other children with FASD.[87]

Race/ethnicity

- Extensive research both nationally and internationally has shown that Black pupils are more likely to be diagnosed with SEND than any other ethnic group.[62] Representative studies carried out in England revealed the odds of Black Caribbean and Pakistani pupils were 1.5 times more likely to be identified with moderate learning difficulties than White British pupils. Black Caribbean and Mixed White and Black pupils were found to be twice as likely to be identified with Social, Emotional and Mental health.[62]
- However, in 2022, the largest ethnic group with SEN or an EHCP in Hertfordshire were in those defined as 'White' by the school census (80.8% of those with SEN and 75% of those with an EHCP).

Religion or belief

No specific issues identified through this needs assessment.

Sex

- SEND remains more prevalent in boys than girls, with 15.4% of boys in England receiving SEN support compared to 9.2% of girls, and 5.6% of boys having an EHCP compared to 2.2% of girls in January 2022.[45] Reasons for the disparities are yet to be specifically defined, however, there is a large amount of international research that is beginning to offer theories as to why.
- According to the 2022 School Census, the statistically significant largest proportion of children with SEN in Hertfordshire were male (63%) compared with 37% of females. This was similar to the proportion of children with an EHCP in Hertfordshire (72.1% male vs 27.9% female).

Sexual orientation

- There is not a prominent body of research about the number of people with special educational needs and disabilities who identify as LGBTQ+, however there is evidence of these people experiencing dual marginalisation and conservative attitudes towards sexual diversity, from both care staff and parents.[63]
- A study amongst LGBTQ+ disabled youth found that attraction to members of the same sex was often delegitimized, by being described as a 'phase' or a result of their disability. Individuals with intellectual disabilities themselves were often viewed as incapable of making informed choices about their sexuality due to their disability, resulting in poorer health outcomes.[64]

Part B: Other Categories

Military personnel and armed forces veterans
No specific issues identified through this needs assessment.

Carers
No specific issues identified through this needs assessment.

Children looked after

- Children who are or have been in care have been found to be more than twice as likely to have Special Educational Need and the lowest performance in terms of educational outcomes, than their peers.[42] The prevalence of SEN support in children looked after by local authorities in England for continuous period of 12 months was 56.2 % in 2020/21. The most common type of need was social, emotional and mental health which accounted for 49.2% of the children in need receiving SEN support.[41]
- Exposure to adverse early life experiences can result in severe damage to emotional, cognitive, behavioural and educational child development. This includes experiences such as prenatal exposure to poor nutrition or alcohol, illicit drugs and tobacco, post-natal abuse, neglect, family stress, loss and inter-parental violence.[43]

Mental Illness/Poor Mental Health
See also Disability.

Impact of COVID-19

- The pandemic has highlighted and intensified pre-existing issues in the SEND system, detrimentally affecting the educational, emotional and physical wellbeing of many CYP with SEND and their families.[95]
- Although vulnerable children were still allowed to attend school during the first national lockdown in March 2020, this did not include the ~1.1 million CYP receiving SEN support without an EHCP in England. Even when schools were meant to fully re-open in September 2020, a lack of specialist equipment and staff prevented some SEND pupils from returning.[95]
- A 2020 survey by Special Needs Jungle found that remote learning was difficult for children with SEND, with only 18% of surveyed parents reporting that their child's school or college had sent them the SEN provision they needed in order to complete their work.[97]
- The theme of loneliness has been common among CYP with SEND throughout the pandemic, with many having to shield for prolonged periods, limiting their contact with friends or ability to attend clubs.[95,97]

- There is evidence that some CYP with SEND who remained 'out of sight' during the pandemic due to lockdowns and contact restrictions were exposed to increased levels of abuse and neglect when at home or in care.[95]
- Many CYP with SEND across all types of settings faced reduced access to essential health services such as physiotherapy, occupational therapy and/or speech and language therapy.[95]
- Parents reported children being left in pain, losing ability to walk or communicate, or experiencing severe dietary difficulties due to the disruption to health and therapy services.[95]

Appendix B: Young offender sentences

There are many possible sentences that may be received by young offenders and those recorded in 2022 included:

- Referral Orders: an order available for young offenders who plead guilty to an offence whereby the young offender is referred to a panel of two trained community volunteers and a member of the youth offending team. It can be for a minimum of three months and a maximum of twelve months.[108]

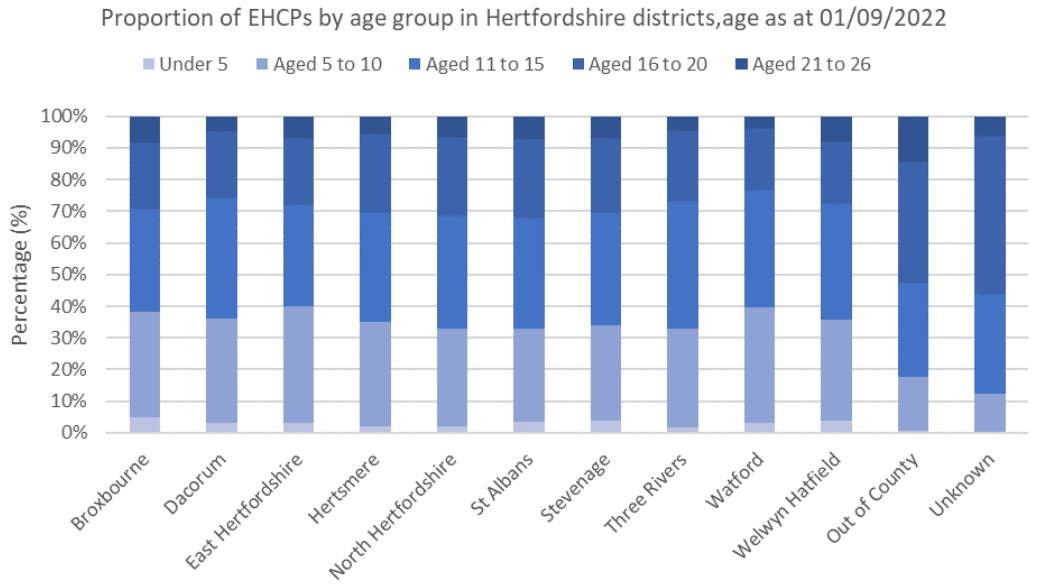
- Youth Rehabilitation Orders: community sentences given to children. These can be tailored to address the needs of the individual child, the risk of harm and the risk of re-offending. Each sentence includes different requirements and can last between six months and three years and there are 15 potential requirements including community service, curfews, and drugs testing.[109]

- Youth Rehabilitation Order ISS Requirements: these will include aspects of a standard Youth Rehabilitation Order with Intensive Supervision and Surveillance alongside a requirement for supervision and surveillance. These are the most serious non-custodial punishments handed to the most active repeat offenders or those who commit the most serious of crimes. Sentencing must be for a minimum of 6 months and a maximum of 3 years.[109,110]

Appendix C: DSPL Analysis

EHM Data - 2022

EHCPs by age group

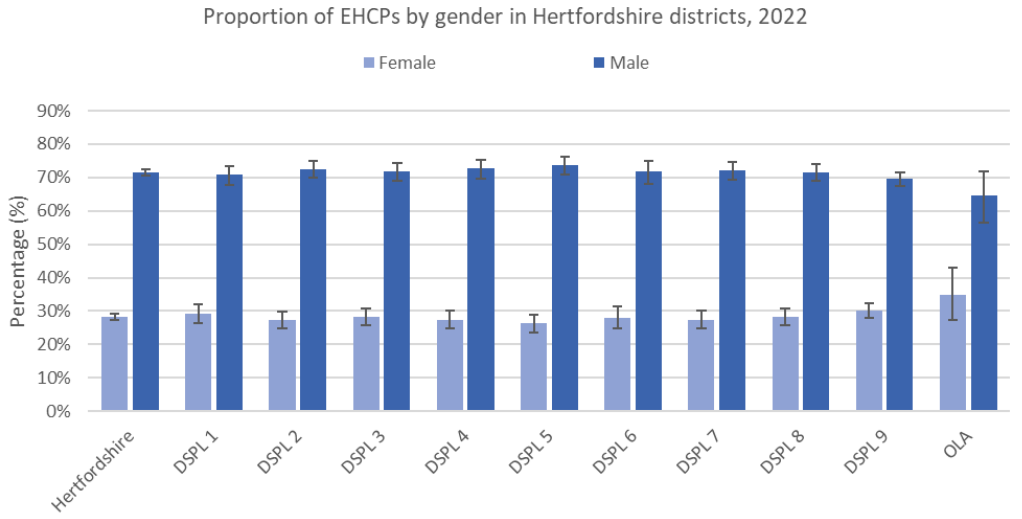


Notes: Data extract was taken 12/22 but age as at 01/09/2022
Source: Early Help Module (EHM)

JSNA@hertfordshire.gov.uk

- In 2022 the DSPLs with the highest proportion of pupils with **EHCPs** by age group were:
  - Under 5s was DSPL 4 (4.9%)
  - Aged 5-10 was DSPL 3 (37.1%)
  - Aged 11-15 was DSPL 9 (38.7%)
  - Aged 16-20 was DSPL 1 (25.9%) and
  - Aged 21-26 was DSPL 4 (8.2%)

EHCPs by gender

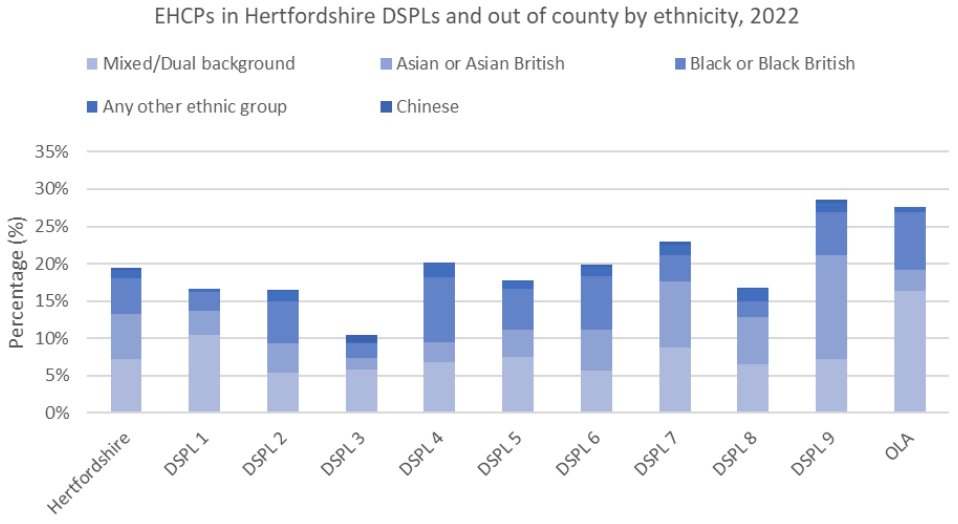


Notes: Data extract was taken 12/22
Source: Early Help Module (EHM)

JSNA@hertfordshire.gov.uk

- Overall, across all 9 DSPLs there were statistically significantly higher proportions of males than females. The differences between males and females across all 9 DSPLs with EHCPs were statistically similar.

EHCPs by ethnicity



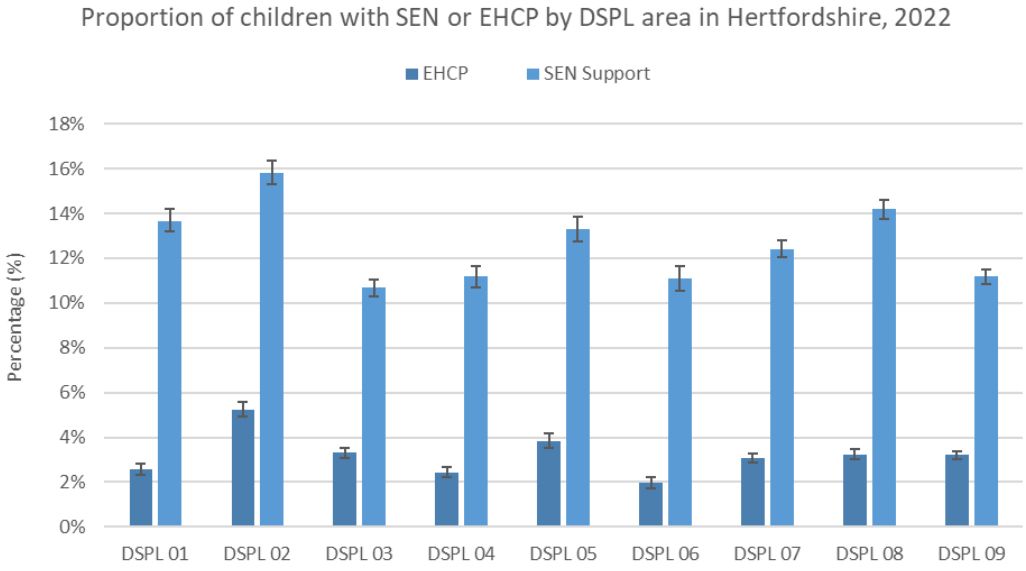
Notes: White ethnicity not included
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- According to the EHM in 2022, DSPL 9 had the highest proportion of 'Asian or Asian British' ethnicity with EHCPs (13.9%) compared to 2.3% of those who lived out of the county. DSPL 1 had the highest proportion of 'Mixed/Dual Background' (10.5%) ethnicity with EHCPs compared to 16.3% of those who lived out of the county.

2022 School Census

SEN support and EHCP



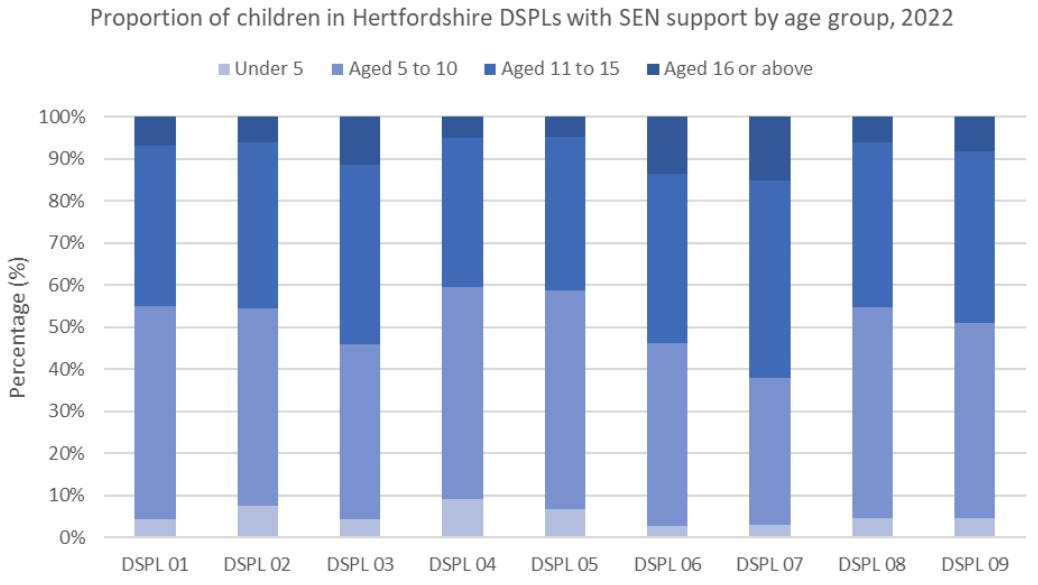
Source: School Spring Census 2022

JSNA@hertfordshire.gov.uk

- In 2022, DSPL 2 had the statistically significant highest proportions of both SEN support (15.8%) and EHCPs (5.2%).
- On the other hand, in 2022, DSPL 3 had the lowest proportion of SEN support (10.7%) and DSPL 6 the lowest proportion of EHCPs (2.0%), though these percentages were not statistically significant.

Children in Hertfordshire with a SEN or EHCP by age group

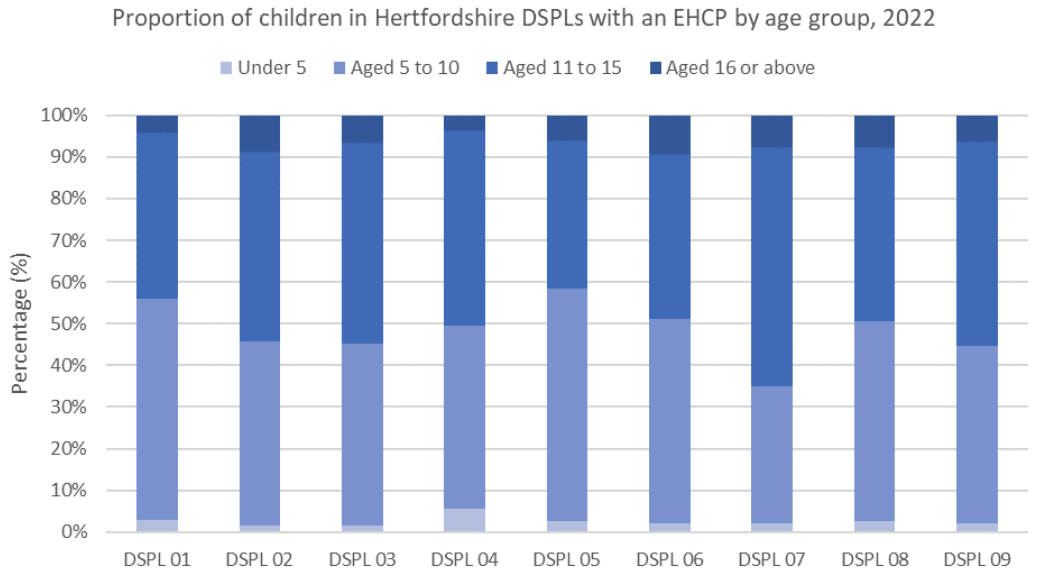
**This analysis is just looking at higher/lower proportions and not statistical differences*



Source: School Census 2022

JSNA@hertfordshire.gov.uk

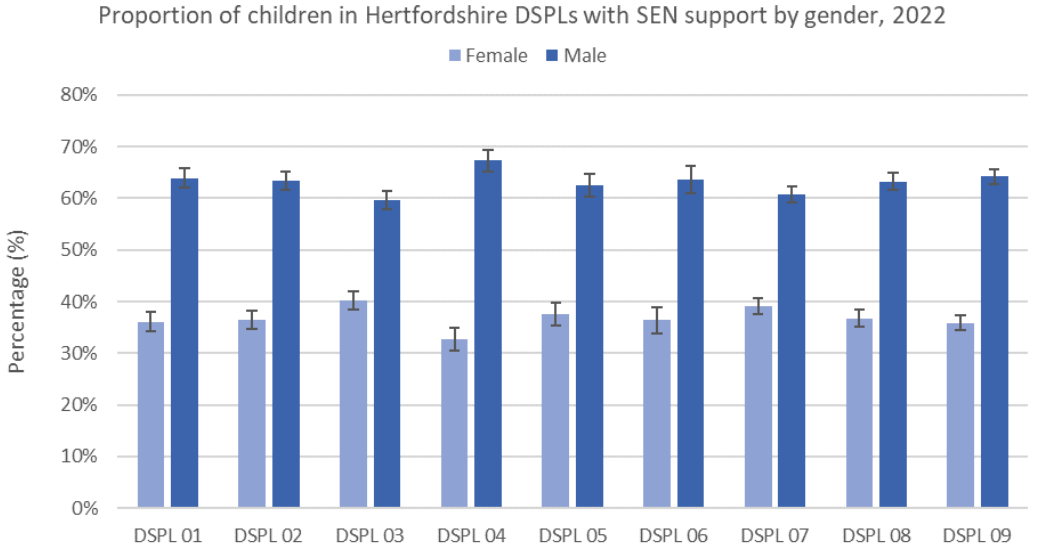
- In 2022 the DSPLs with the highest proportion of pupils with **SEN support** by age group were:
  - Under 5s was DSPL 4 (9.2%)
  - Aged 5-10 was DSPL 5 (51.8%)
  - Aged 11-15 was DSPL 7 (46.8%)
  - Aged 16+ was DSPL 7 (15.2%)



Source: School Census 2022 JSNA@hertfordshire.gov.uk

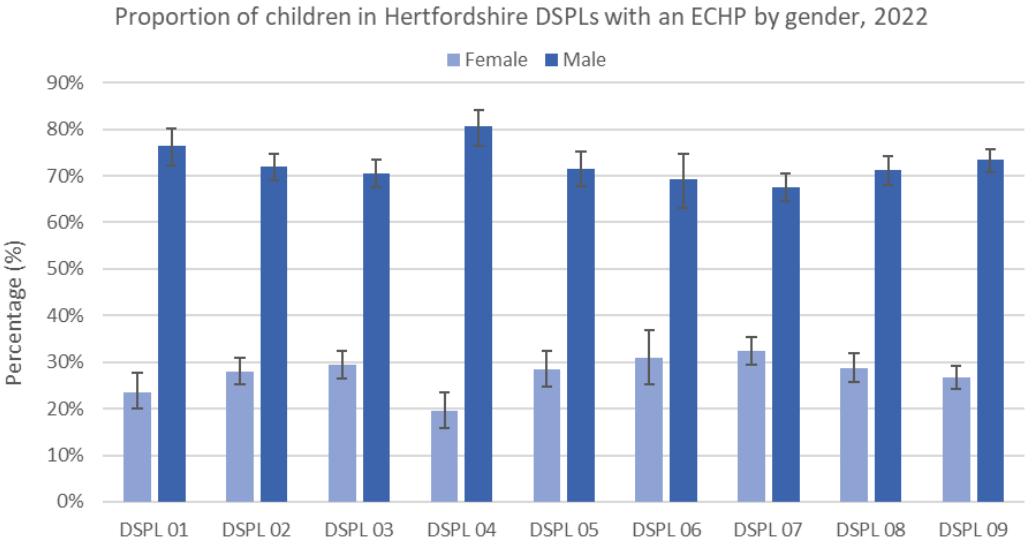
- In 2022 the DSPLs with the highest proportion of pupils with an **EHCP** by age group were:
  - Under 5s was DSPL 4 (5.6%)
  - Aged 5-10 was DSPL 5 (55.8%)
  - Aged 11-15 was DSPL 7 (57.4%)
  - Aged 16+ was DSPL 6 (9.3%)

<u>Children in Hertfordshire with SEN by gender</u>



Source: School Census 2022 JSNA@hertfordshire.gov.uk

- The differences between males and females with SEN support were also similar across all 9 DSPLs in Hertfordshire. DSPL 4 had the statistically significantly highest proportion of males (67.3%) and DSPL 3 had the highest proportion of females (40.3%), though this figure was not statistically significantly higher.



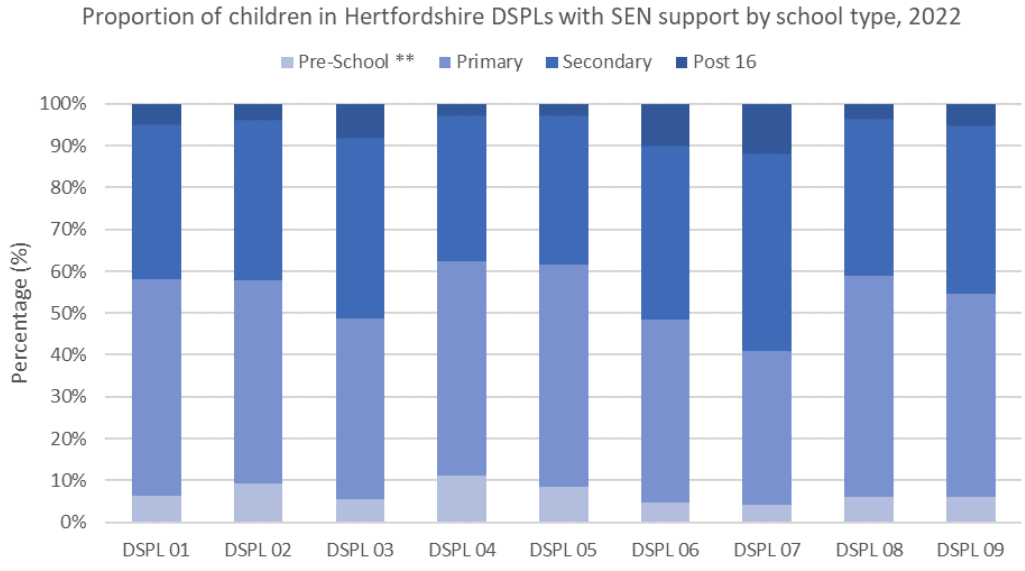
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- The differences between males and females with EHCPs were also similar across all 9 DSPLs in Hertfordshire. DSPL 4 had the statistically significantly highest proportion of males (80.5%) and DSPL 7 had the highest proportion of females (32.4%), though this figure was not statistically significantly higher.

School Type

**This analysis is just looking at higher/lower proportions and not statistical differences*

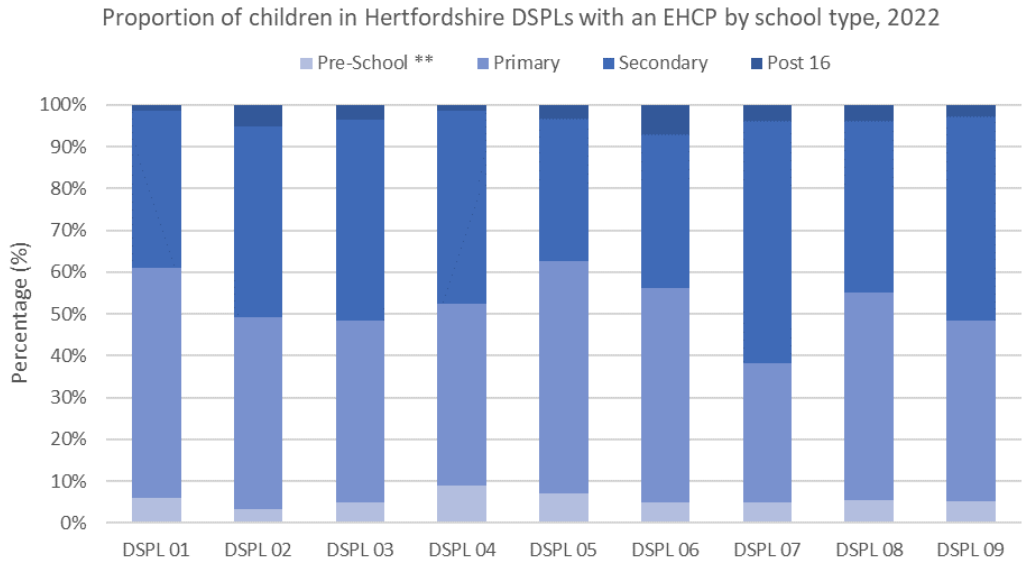


Notes: **Pre-School includes Nursery & Reception

Source: School Census 2022

JSNA@hertfordshire.gov.uk

- In 2022 the DSPLs with the highest proportion of pupils with **SEN support**:
    - In Pre-schools was DSPL 4 (11.3%)
    - In Primary schools was DSPL 5 (53.2%)
    - In Secondary schools was DSPL 7 (47.3%)
    - In Post 16 was DSPL 7 (11.9%)



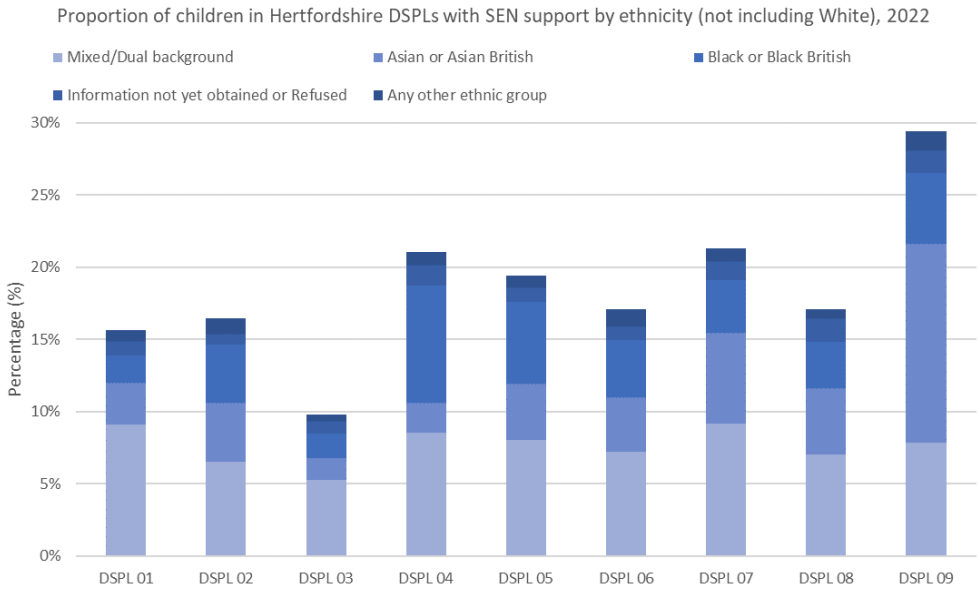
Notes: **Pre-School includes Nursery & Reception
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- In 2022 the DSPLs with the highest proportion of pupils with an **EHCP**:
    - In Pre-schools was DSPL 4 (9.0%)
    - In Primary schools was DSPL 5 (55.6%)
    - In Secondary schools was DSPL 7 (58.1%)
    - In Post 16 was DSPL 6 (7.2%)

<u>Ethnicity</u>

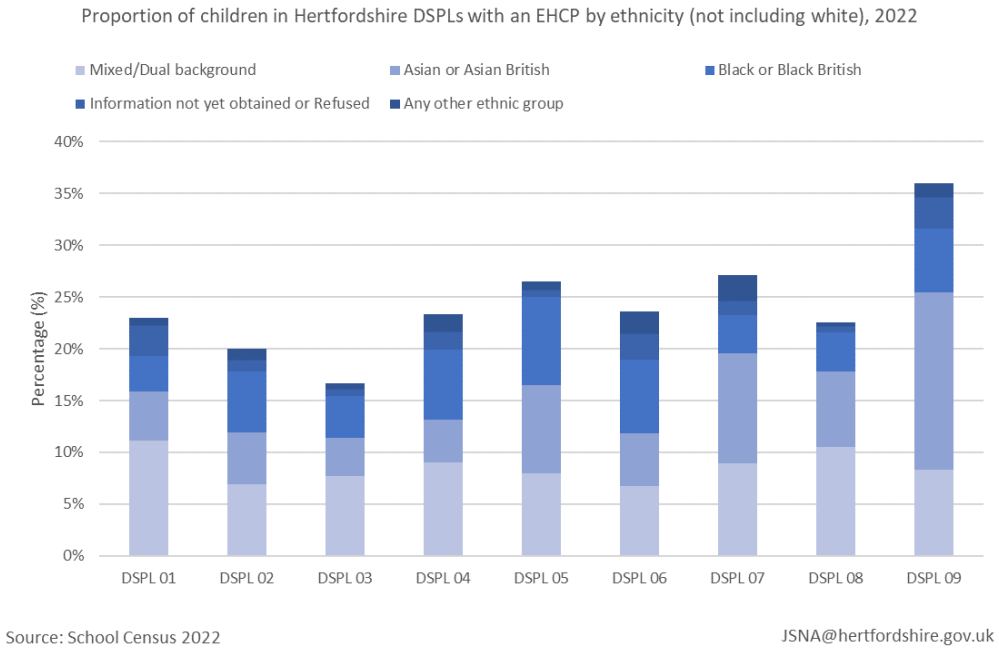
**This analysis is just looking at higher/lower proportions and not statistical differences*



Source: School Census 2022

JSNA@hertfordshire.gov.uk

- In 2022, the ethnicity that accounts for the majority of SEN pupils across all DSPLs was the 'white' ethnic group which was between 70.6% (in DSPL 9) and 90.2% (in DSPL 3). DSPL 9 had the highest proportion of 'Asian or Asian British' ethnicity with SEN support (13.8%) and DSPL 1 had the highest proportion of 'Mixed/Dual Background' (9.1%) ethnicity with SEN support.

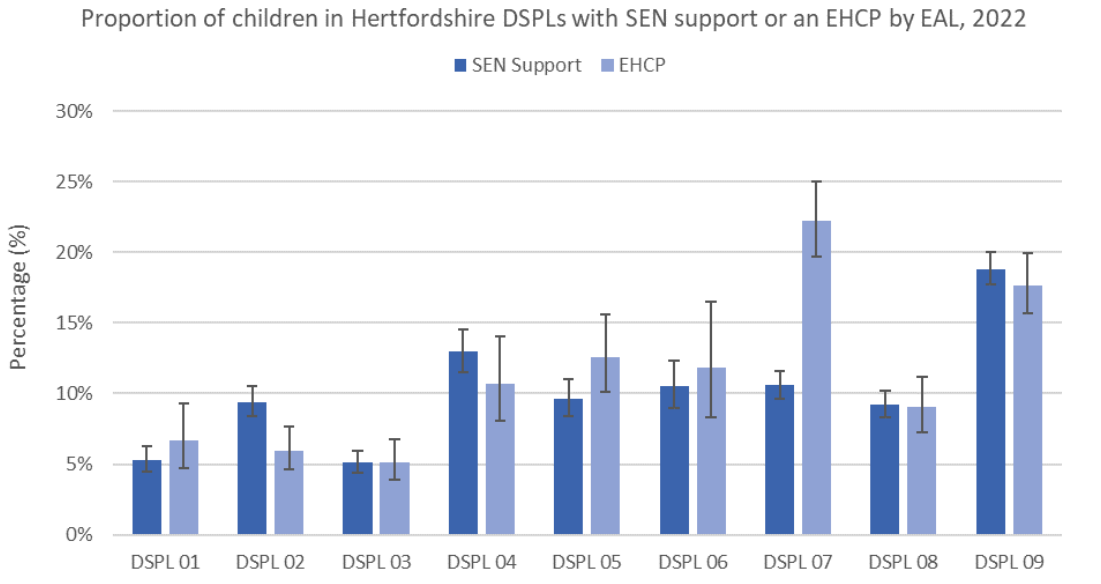


Source: School Census 2022

JSNA@hertfordshire.gov.uk

- In 2022, the ethnicity that accounts for the majority of pupils with an EHCP across all DSPLs was the 'white' ethnic group which was between 64.0% (in DSPL 9) and 80.0% (in DSPL 2). DSPL 9 had the highest proportion of 'Asian or Asian British' ethnicity with an EHCP (17.1%) and DSPL 1 had the highest proportion of 'Mixed/Dual Background' ethnicity (11.2%) with an EHCP.

<u>English as an Alternative Language (EAL)</u>



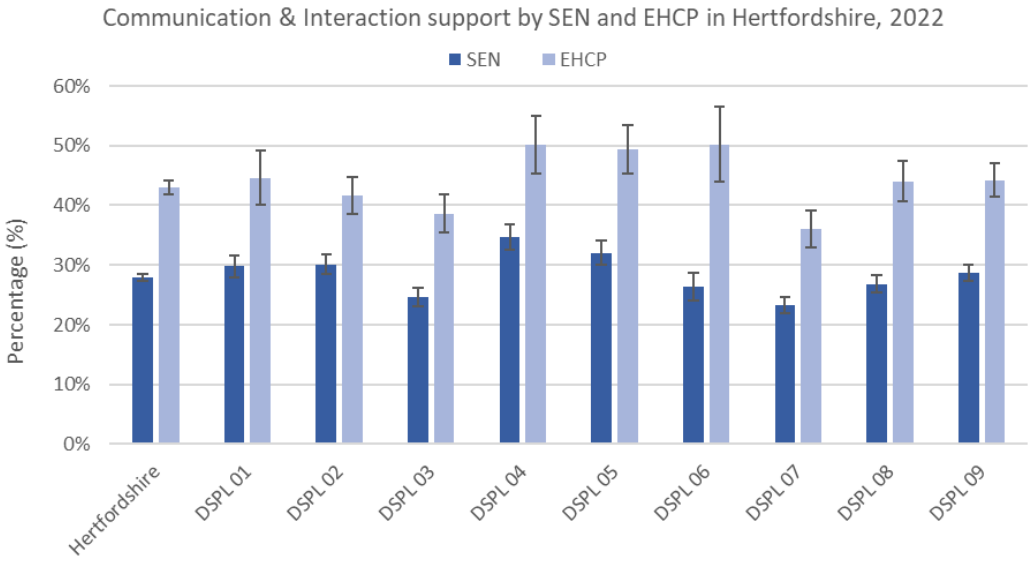
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- In 2022, the DSPL with the statistically significant highest proportion of pupils with EAL with SEN support was DSPL 9 (18.8%) compared to 22.3% of those with an EHCP in DSPL 7.

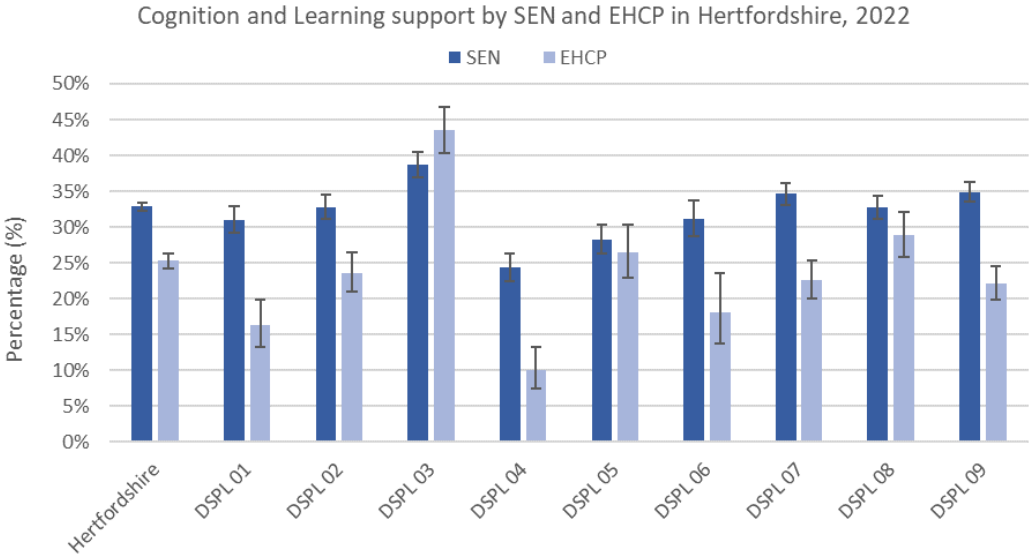
Type of SEN support – primary need (Broad Areas of Need)

Communication & Interaction support



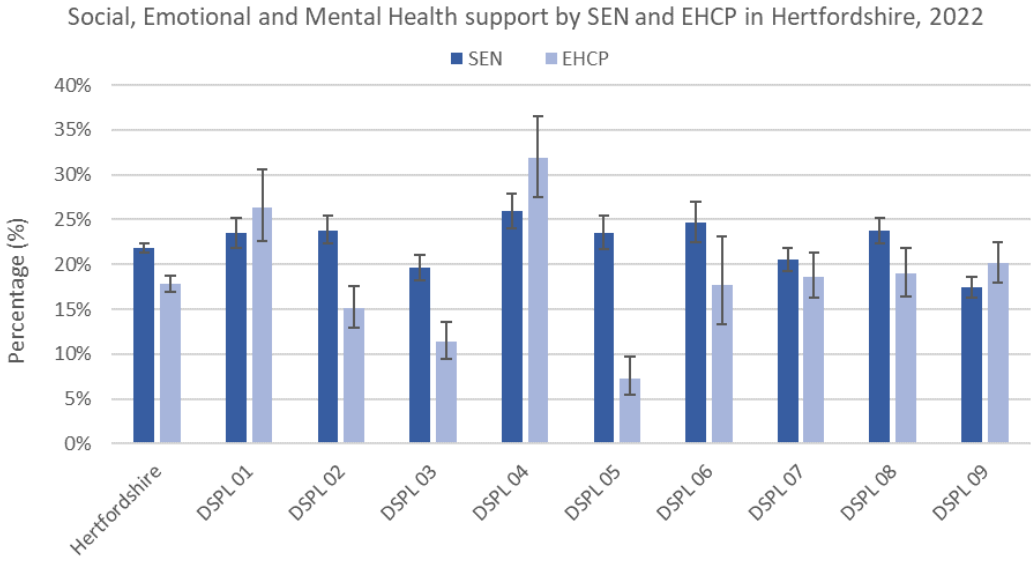
Source: School Census, 2022 JSNA@hertfordshire.gov.uk

Cognition & Learning



Source: School Census, 2022 JSNA@hertfordshire.gov.uk

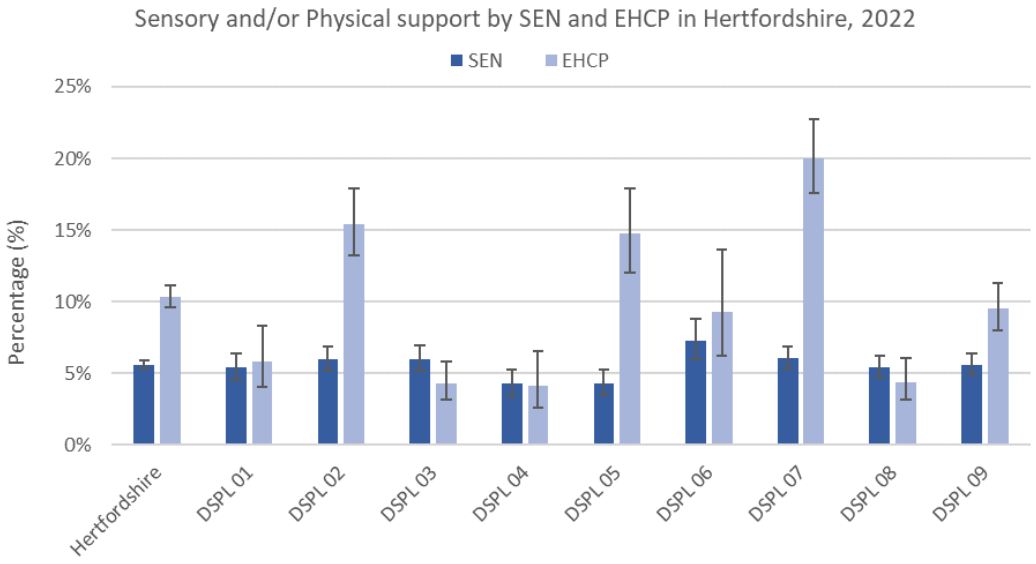
Social, Emotional and Mental Health support



Source: School Census, 2022

JSNA@hertfordshire.gov.uk

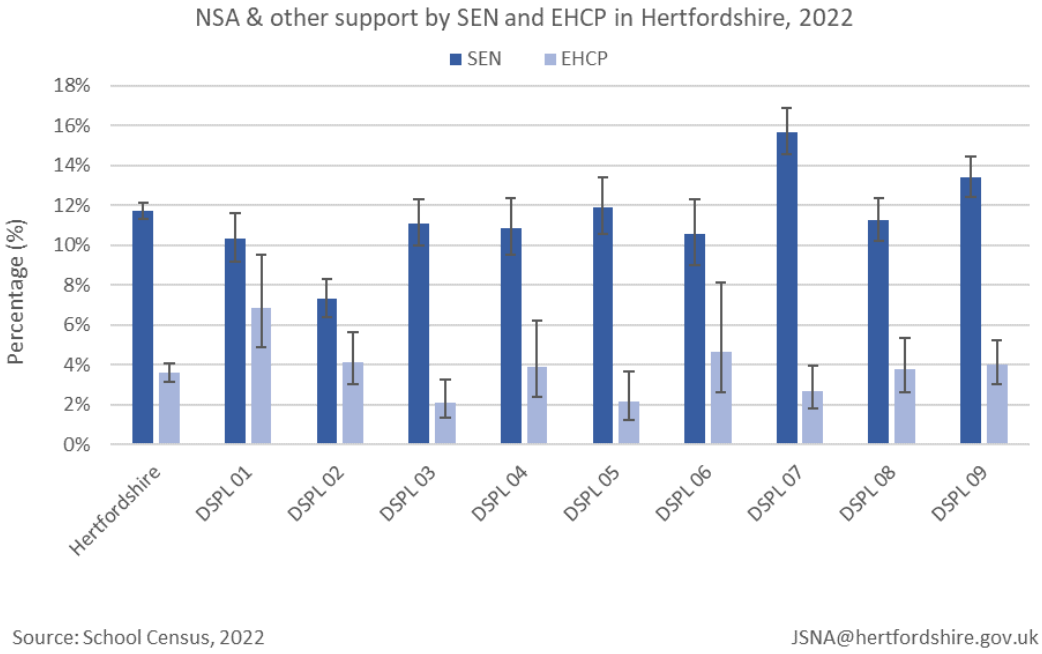
Sensory and/or Physical support



Source: School Census, 2022

JSNA@hertfordshire.gov.uk

NSA & other support



Source: School Census, 2022

JSNA@hertfordshire.gov.uk

- In 2022, DSPL 3 pupils with SEN support had the highest proportion of Sensory and/or Physical support (38.7%) and DSPL 4 had the highest proportion of Cognition & Learning (34.6%).

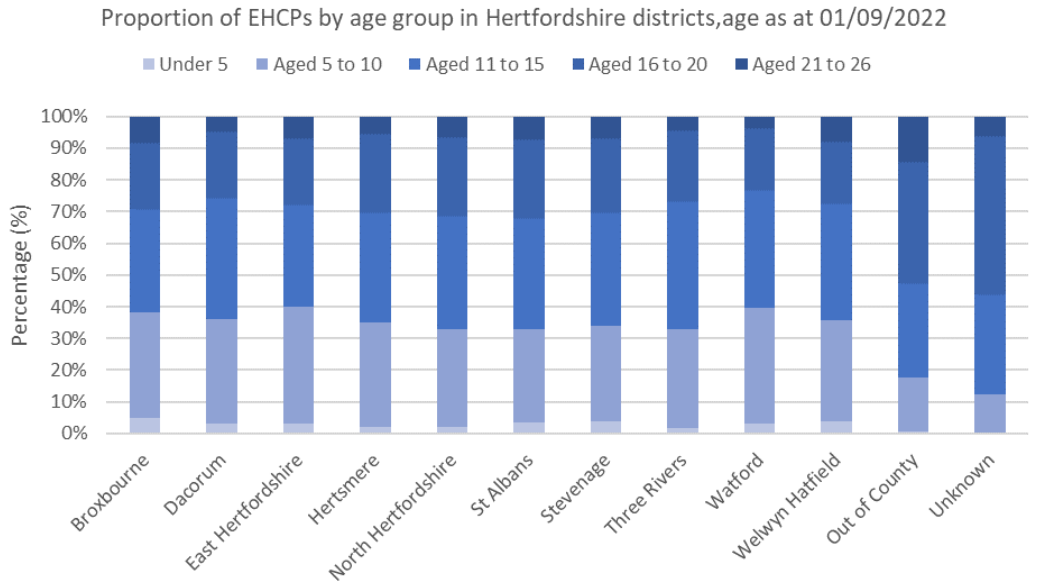
- In 2022, DSPL 7 pupils with an EHCP had the highest proportion of Sensory and/or Physical (58.9%) and DSPL 3 had the highest proportion of Cognition & Learning (31.6%), though these differences were not statistically significant.

Appendix D: District Analysis

EHM Data - 2022

EHCPs by age group

**This analysis is just looking at higher/lower proportions and not statistical differences*

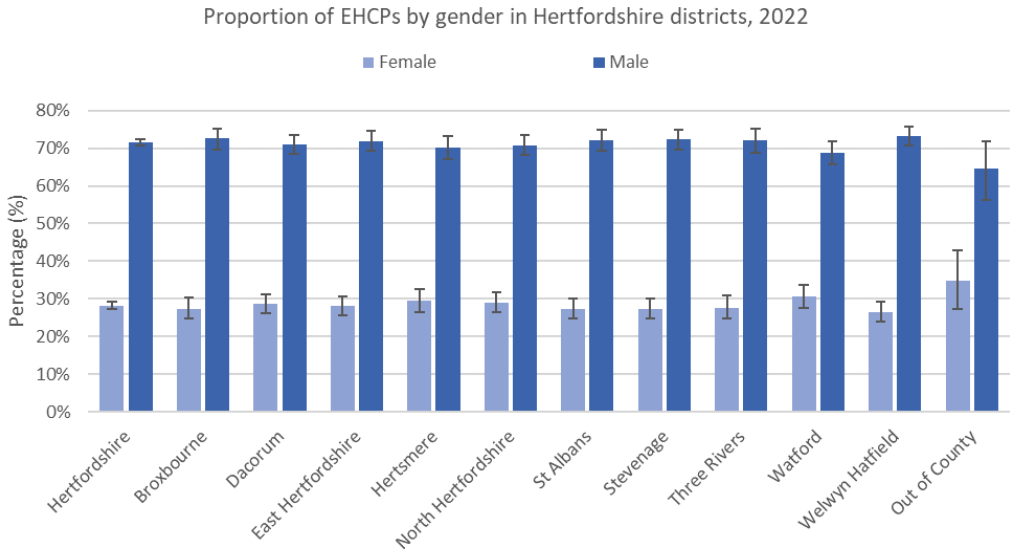


Notes: Data extract was taken 12/22 but age as at 01/09/2022
Source: Early Help Module (EHM)

JSNA@hertfordshire.gov.uk

- In 2022 the districts with the highest proportion of pupils with **EHCPs** by age group were:
  - Under 5s was Broxbourne (4.9%)
  - Aged 5-10 was East Hertfordshire (36.8%)
  - Aged 11-15 was Three Rivers (40.6%)
  - Aged 16-20 was Hertsmere (25.1%) and
  - Aged 21-26 was Broxbourne (8.2%)

EHCPs by gender



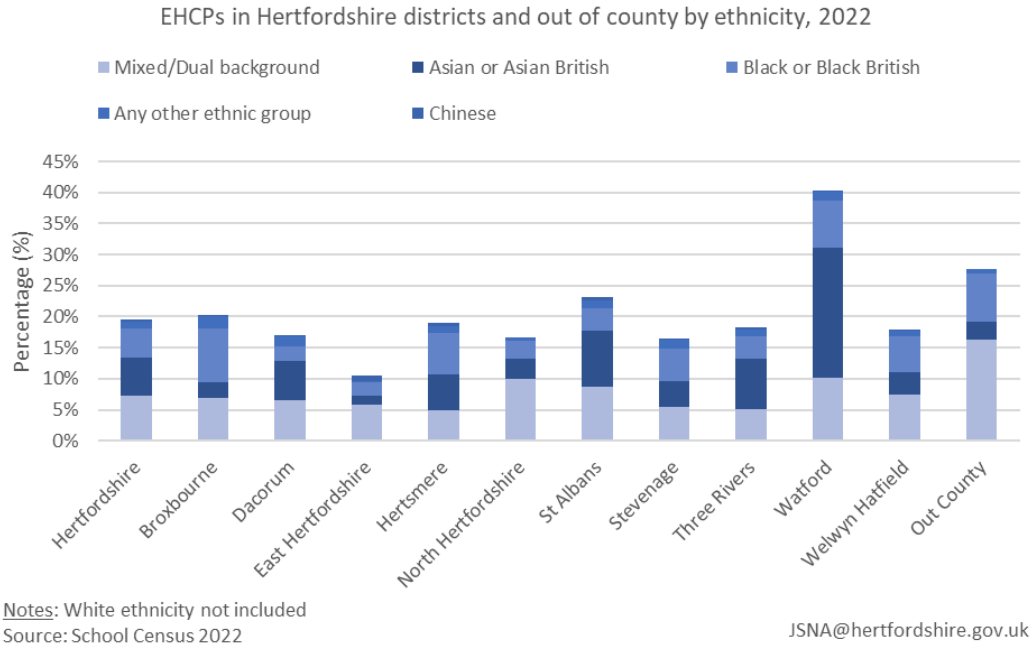
Notes: Data extract was taken 12/22
Source: Early Help Module (EHM)

JSNA@hertfordshire.gov.uk

- Overall, across all 10 districts there were statistically significantly higher proportions of males than females. The differences between males and females across all 9 DSPLs with EHCPs were statistically similar.

EHCPs by ethnicity

**This analysis is just looking at higher/lower proportions and not statistical differences*



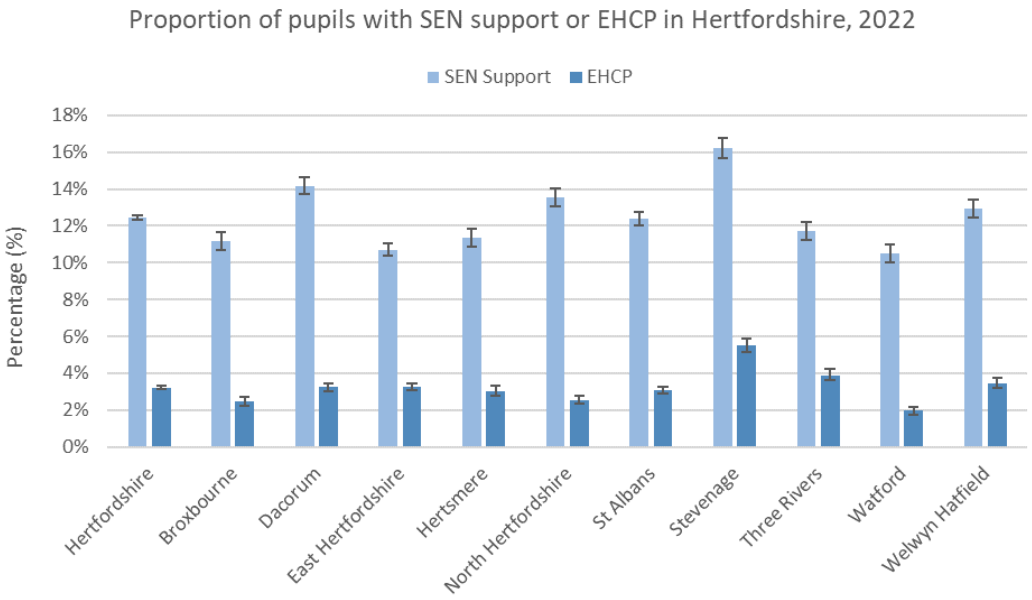
Notes: White ethnicity not included
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- According to the EHM in 2022, Watford had the highest proportion of 'Asian or Asian British' ethnicity with EHCPs (20.9%) compared to 2.8% out of county. Broxbourne had the highest proportion of 'Black or Black British' (8.7%) ethnicity with EHCPs compared to 7.8% of those who lived out of the county.

2022 School Census

SEN support and EHCP

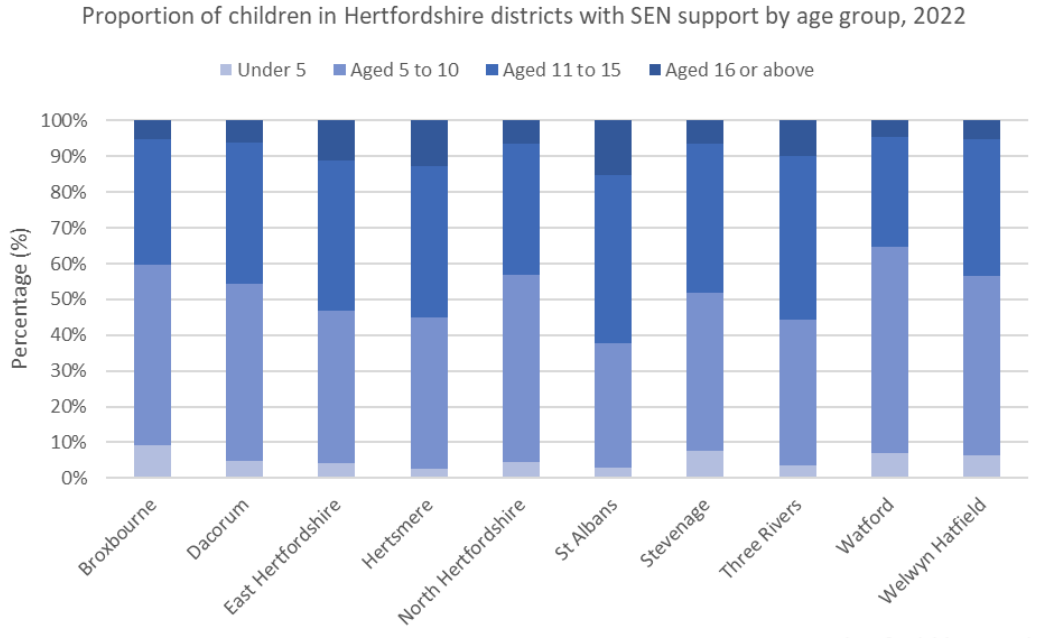


- In 2022, Stevenage had the statistically significant highest proportions of both SEN support (16.2%) and EHCPs (5.5%).

- On the other hand, in 2022, Watford had the lowest proportion of SEN support (10.5%) and the lowest proportion of EHCPs (2.0%), though these percentages were not statistically significant.

Children in Hertfordshire with a SEN or EHCP by age group

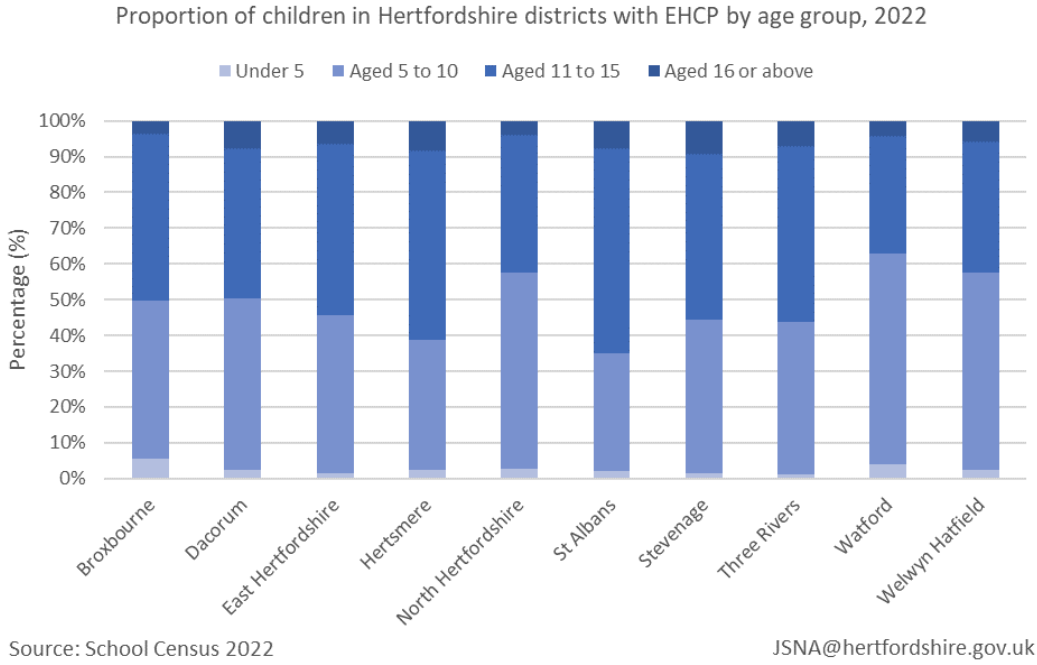
**This analysis is just looking at higher/lower proportions and not statistical differences*



Source: School Census 2022

JSNA@hertfordshire.gov.uk

- In 2022 the Districts with the highest proportion of pupils with **SEN support** by age group were:
    - Under 5s was Broxbourne (9.2%)
    - Aged 5-10 was Watford (57.8%)
    - Aged 11-15 was St Albans (47.0%)
    - Aged 16+ was St Albans (15.3%)

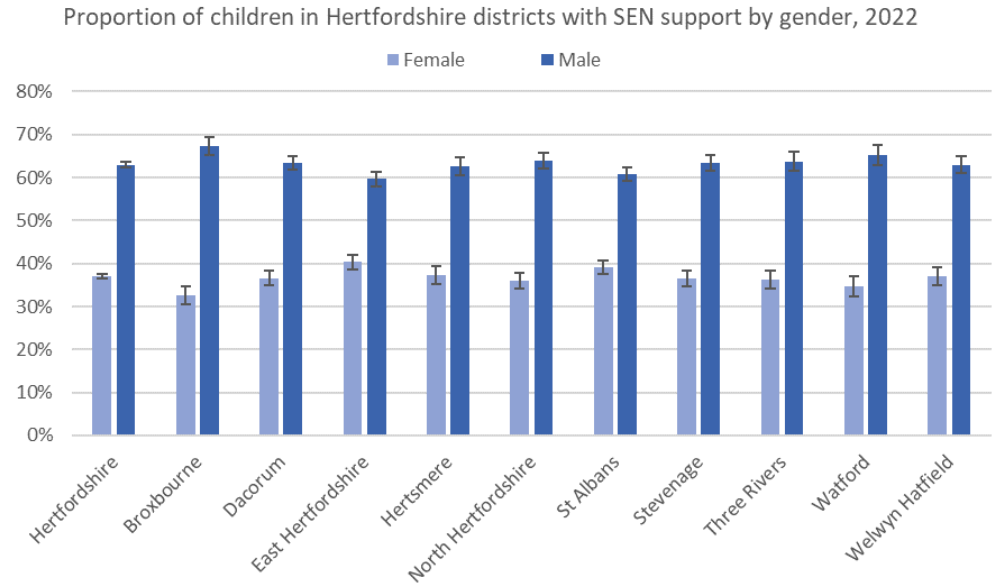


Source: School Census 2022

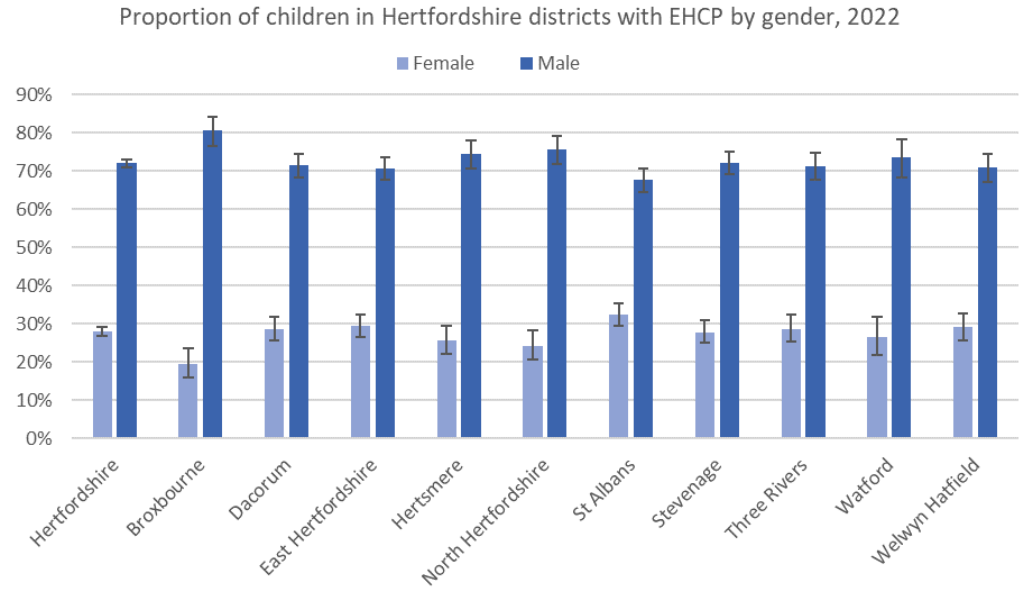
JSNA@hertfordshire.gov.uk

- In 2022 the Districts with the highest proportion of pupils with an **EHCP** by age group were:
    - Under 5s was Broxbourne (5.6%)
    - Aged 5-10 was Watford (58.9%)
    - Aged 11-15 was St Albans (57.4%)
    - Aged 16+ was Stevenage (9.1%)

Children in Hertfordshire with SEN by gender



Source: School Census 2022



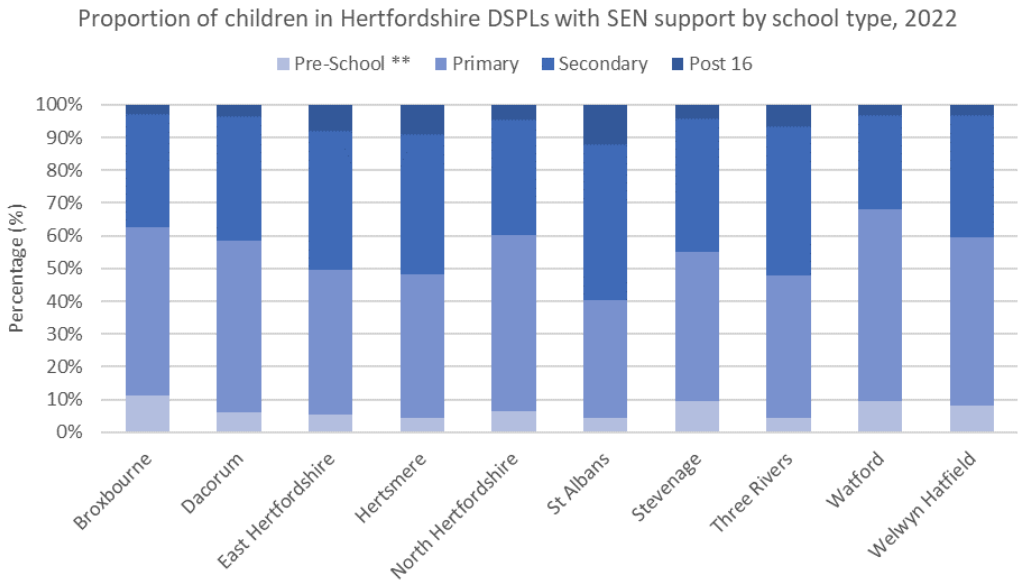
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- The differences between males and females with SEN support or EHCP were all statistically similar across all 10 Districts in Hertfordshire.

School Type

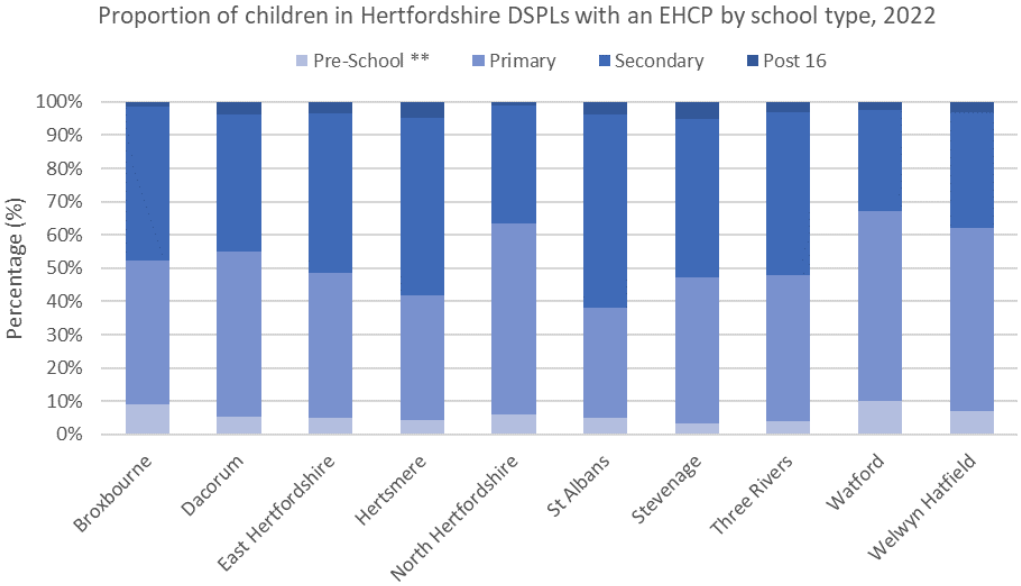
**This analysis is just looking at higher/lower proportions and not statistical differences*



Notes: **Pre-School includes Nursery & Reception
Source: School Census 2022

JSNA@hertfordshire.gov.uk

- In 2022 the Districts with the highest proportion of pupils with **SEN support**:
    - In Pre-schools was Broxbourne (11.3%)
    - In Primary schools was Watford (58.7%)
    - In Secondary schools was Three Rivers (45.7%)
    - In Post 16 was St Albans (12.0%)



Notes: **Pre-School includes Nursery & Reception
Source: School Census 2022

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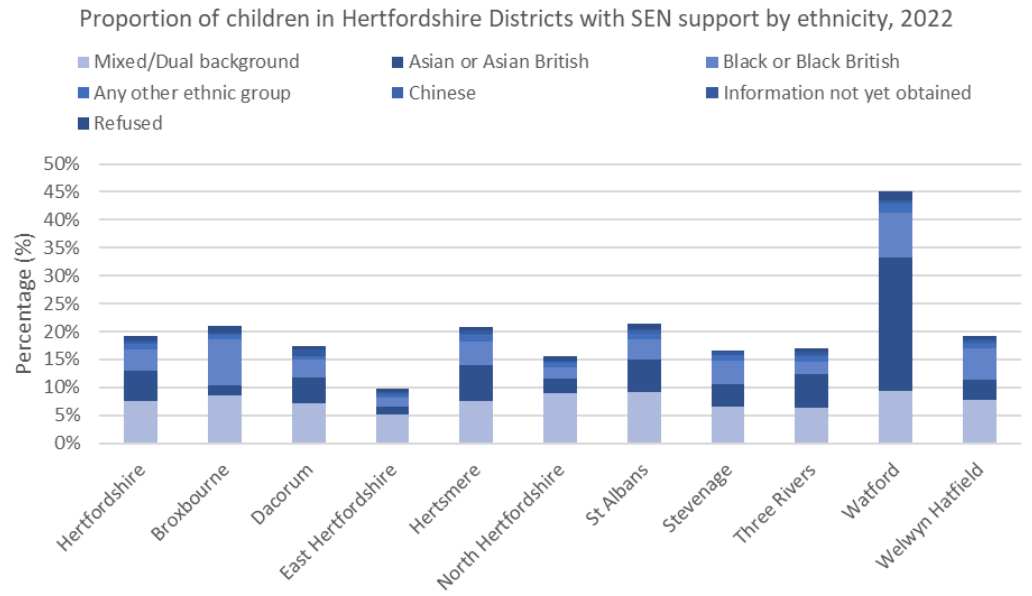
- In 2022 the Districts with the highest proportion of pupils with an **EHCP**:
    - In Pre-schools was Watford (10.0%)
    - In Primary schools was North Hertfordshire (57.3%)
    - In Secondary schools was St Albans (58.1%)
    - In Post 16 was Stevenage (5.3%)

Ethnicity

**This analysis is just looking at higher/lower proportions and not statistical differences*



Notes: White ethnicity not included
Source: School Census 2022

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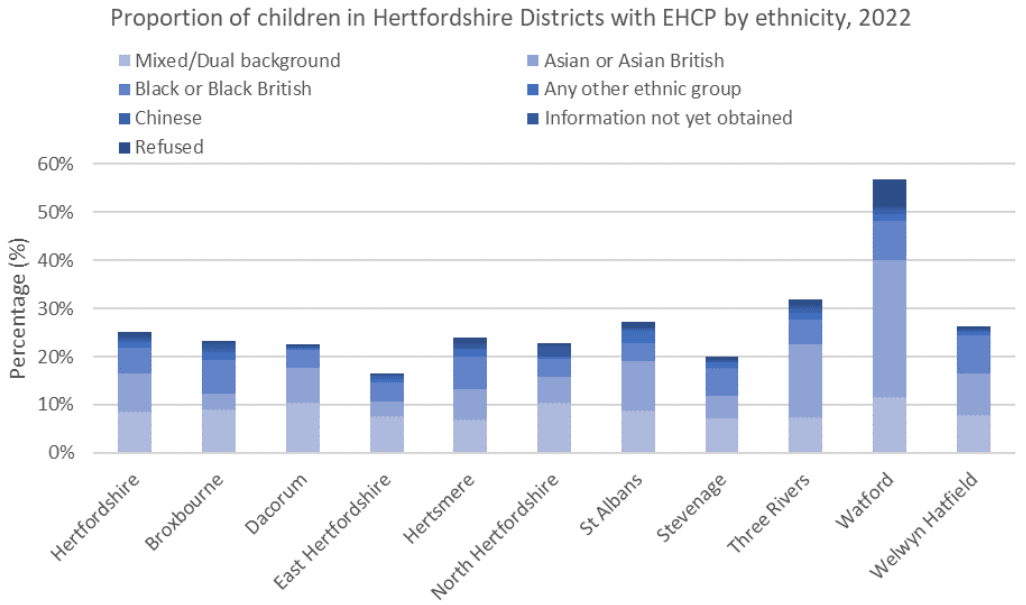
- In 2022, the ethnicity that accounts for the majority of SEN pupils across all Districts was the 'white' ethnic group which was between 54.9% (in Watford) and 90.2% (in East Hertfordshire). Watford had the highest proportion of 'Asian or Asian British' ethnicity with SEN support (23.9%) and Broxbourne had the highest proportion of 'Black or Black British' (8.1%) ethnicity with SEN support.



Notes: White ethnicity not included
Source: School Census 2022

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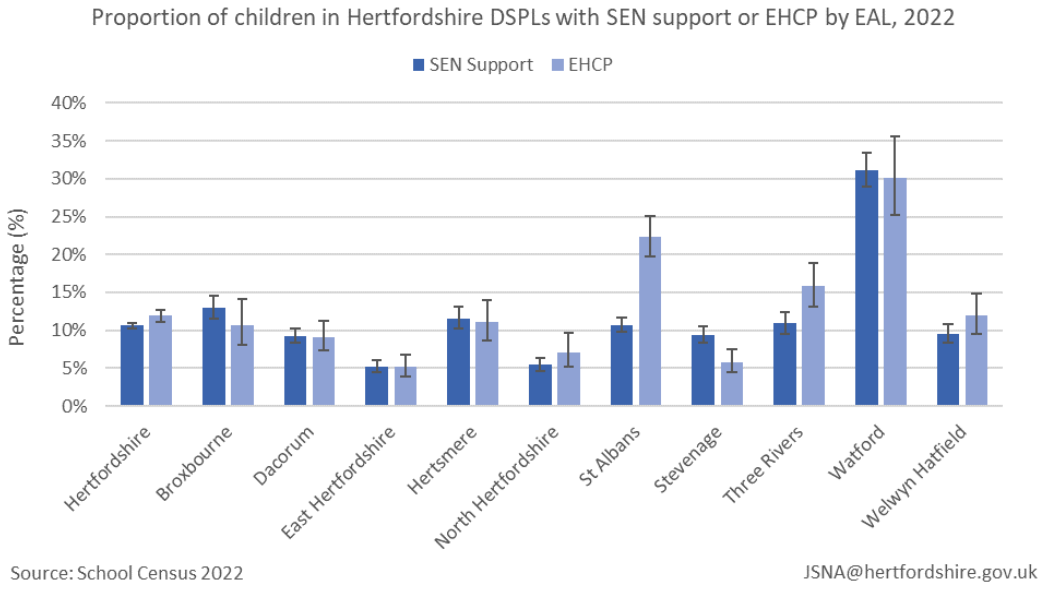
- In 2022, the ethnicity that accounts for the majority of pupils with an EHCP across all Districts was the 'white' ethnic group which was between 43.1% (in Watford) and 83.4% (in East Hertfordshire. Watford had the highest proportion of 'Asian or Asian British' ethnicity with an EHCP (28.4%) and St Albans had the highest proportion of 'Mixed/Dual Background' ethnicity (9.3%) with an EHCP.

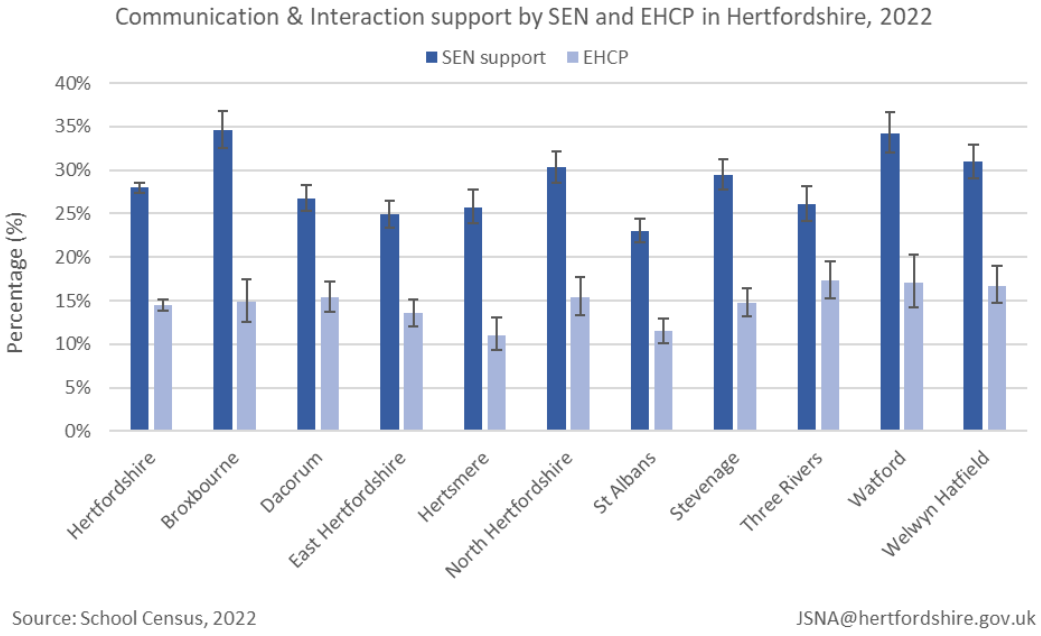
English as an Alternative Language (EAL)



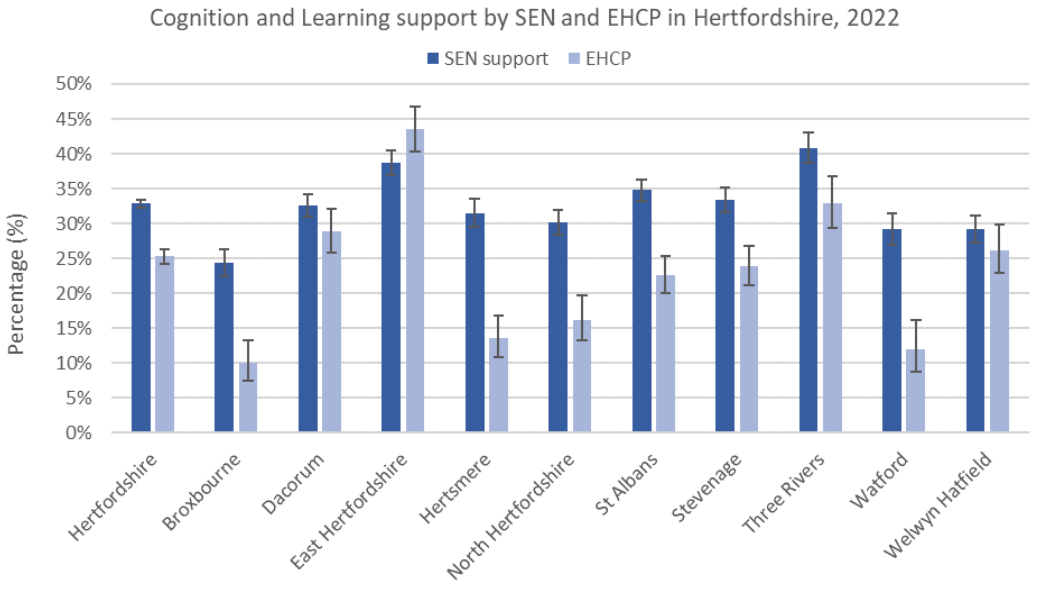
- In 2022, the district with the statistically significant highest proportion of pupils with EAL with SEN support was Watford (31.1%) which also had the statistically significant highest proportion of pupils with an EAL with EHCP.

Type of SEN support (Broad Areas of Need)

Communication & Interaction support



Cognition & Learning



Source: School Census, 2022

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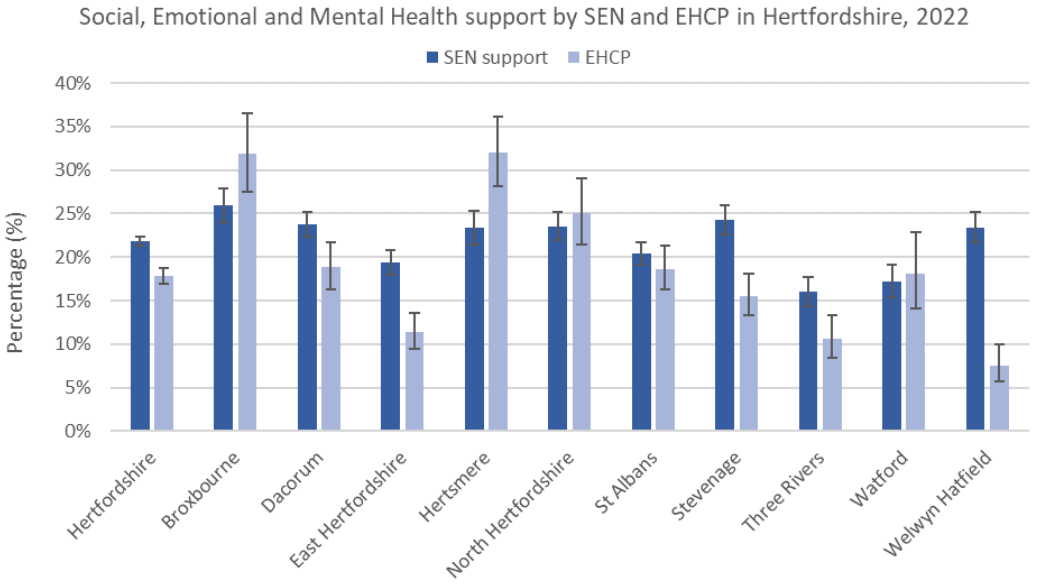
Social, Emotional and Mental Health support



Source: School Census, 2022

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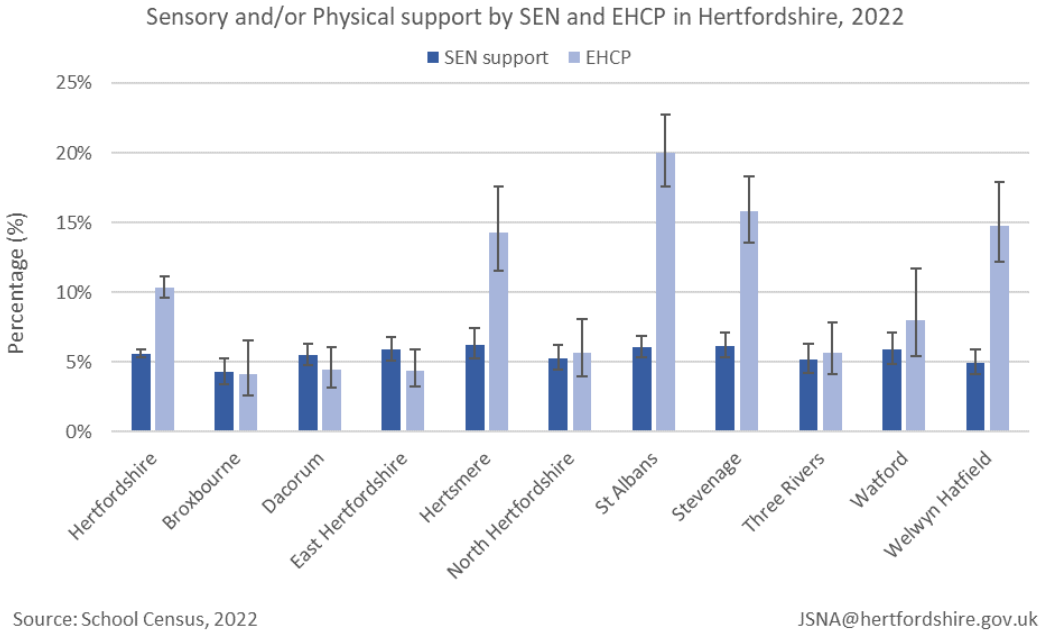
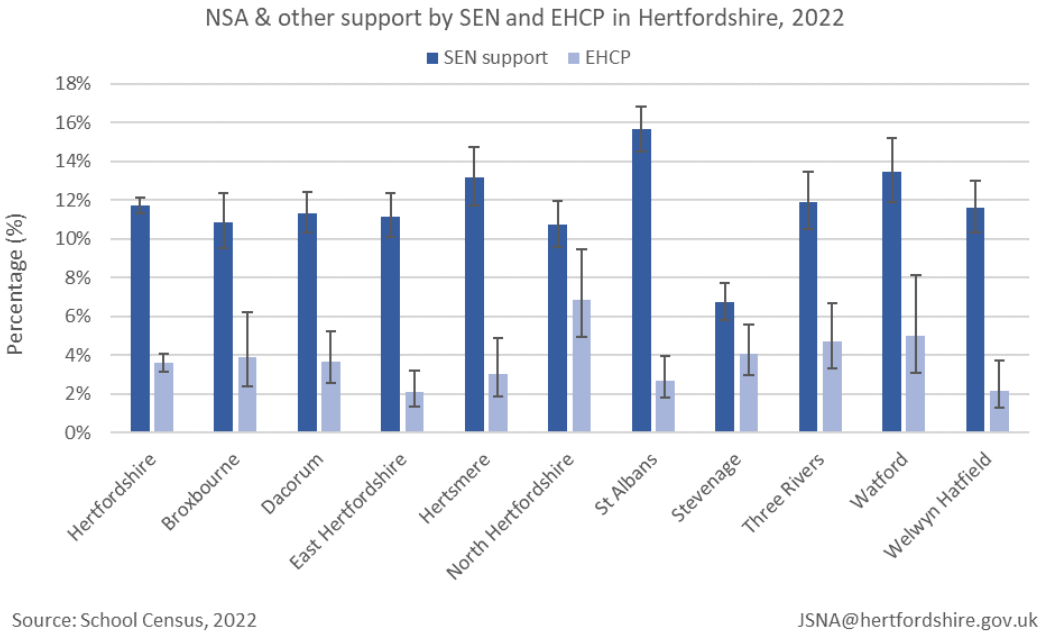
Sensory and/or Physical support



NSA & other support



- In 2022, Three Rivers pupils with SEN had the highest proportion of Cognition & Learning (40.9%) and Broxbourne had the highest proportion of Communication & Interactions (34.6%), though these differences were not statistically significant.

- In 2022, St Albans pupils with an EHCP had the highest proportion of Sensory and/or Physical support (58.9%) and East Hertfordshire had the highest proportion of Cognition & Learning (31.6%), though these differences were not statistically significant.