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East Sussex
County Council

East Sussex Children and Young People with Special Educational Needs and Disabilities (SEND)

Comprehensive Needs Assessment 2021

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Enquiries: Miranda Scambler Public Health Practitioner Adult Social Care and Health, ESCC. **Author:** Miranda Scambler **Telephone:** 078 24085 364 **Email:** Miranda.Scambler@eastsussex.gov.uk **Download this document From:** http://www.eastsussexjsna.org.uk/	**Related information:** Document updated 13th May 2022 – amending chapter summaries for the voice section from picture format to text to enable ease of using the information.
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Author: Miranda Scambler
Date: July 2021

Advisory Group:

Antony Julyan	ISEND Strategic Manager and Children's Commissioner
Ben Brown	Consultant in Public Health
Beth Armstrong	Deputy Head of ISEND and Strategic Lead for Education
Clare Wilkinson	Parent Carer Forum
Dani Plowman	Public Health Specialty Registrar
Hannah Oliver	Commissioning Manager Children, Young People and Maternity Services
Holly Riley-Saxby	Chair: Parent Carer Forum
Jessica Stubbings	Senior Manager, Places and Participation, Children's Services
Miranda Scambler	Public Health Practitioner
Nathan Caine	Head of ISEND
Rachel Atkinson	Consultant Community Paediatrician/DMO for SEND

A full list of contributors to this needs assessment is available at the end of this document.

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1. EXECUTIVE SUMMARY

Nationally, children with SEND fall behind their peers academically, emotionally and socially. It is important that the delivery of SEND support across all providers is based on a thorough understanding of current need. Since the last Joint Strategic Needs Assessment in 2013, there have been significant changes to SEND provision, including the introduction of Education, Health and Care Plans (EHCPs) in 2014, the expansion of the age-range of young people whom the Local Authority and its partners are responsible for, and a different range of provision and settings than was previously the case. The 2016 Local Area inspection of SEND recognised the strengths of provision in East Sussex, but also identified a number of areas for improvement which have been the focus of work across statutory and non-statutory partners. A new review is, therefore, required to establish the impact of changes in the intervening years and whether any actions are needed to address emerging gaps. The outcomes of this needs assessment will be used to inform the next SEND strategy and joint commissioning priorities.

The SEND Code of Practice is guidance on the laws which affect SEND. It describes a child or young person as having SEN if they have a learning difficulty or disability which calls for special educational provision to be made. Children and young people who have special educational needs (SEN) do not necessarily have a disability, and some disabled children and young people do not have special educational needs. However, there is a lot of overlap between the two groups. The SEND code of practice provides an overview of four broad areas of need that should be planned for: communication and interaction; cognition and learning; social, emotional and mental health difficulties; and sensory and/or physical needs. The purpose of these four categories is not to fit a pupil into a specific group of need, but to work out what action needs to be taken. This Joint Strategic Needs Assessment (JSNA) focuses on the needs of, and provision for, all children with Special Educational Needs and Disabilities who have:

- SEN Support – support for children who receive extra or different help in school from that provided as part of the school's usual curriculum
- An EHCP – a legal document describing a child or young person's special educational, health and social care needs for those who need significantly more support than their school or college can give them through special educational needs support.

Children and young people with SEND: The National Picture

In the UK, 15.5% of the pupil population have Special Education Needs: 3.3% have an EHCP and 12.2% receive SEN Support, with overall numbers consistently increasing over recent years. For those on SEN Support, the predominant needs are speech, language and communication needs (SLCN) and moderate learning disability, while for those with an EHCP, the predominant needs are autism and speech, language and communication needs (SLCN). For both types of Support, the greatest rise in needs have been for autism and social, emotional and mental health needs (SEMH).

Nationally:

- Special educational needs are more prevalent in boys than girls, with boys constituting 73% of those with EHCPs and 65% of those on SEN Support

- Some ethnic minority groups are more prevalent amongst SEN pupils than expected
- It is estimated that about half of all Children in Need have SEN, compared to 14% of all other children
- 40% of looked after children with an EHCP had a primary need of social emotional and mental health needs, compared to 13% of all children with an EHCP plan
- Attainment difference between pupils with SEN compared with those who have no identified SEN remains the largest difference of all pupil characteristics groups.
- The number of children in state-funded special schools has been rising since 2016.

National evidence has identified that children and young people with SEND face multiple health and wellbeing inequalities compared to those without. Compared to children with no SEN, children and young people with SEN are more likely to: live in poverty and experience material deprivation; have higher rates of mental health issues; be excluded permanently or for a fixed period from school; not be in education, employment or training (NEET); experience social exclusion and discrimination, and live in unsuitable housing and have more difficulty accessing outdoor space for play.

There are also additional risk factors which influence the extent that these inequalities impact on health and wellbeing. For example, nationally, children with SEN are significantly over-represented in the population of Looked After Children (LAC) and Children in Need (CIN); are the least likely age group of all those with a disability to be living in suitable accommodation; and are more likely to be living in overcrowded conditions. Emerging evidence suggests that the effects of the COVID-19 pandemic are worsening existing inequalities and creating needs for children and young people not previously receiving support, particularly around mental health issues. These issues also impact on both the mental and physical health of those caring for children with SEND. Carers who are also more likely to experience poverty, isolation and impact of caring on employment.

Children and Young people with SEND in East Sussex

Similarly to nationally, the populations of pupils with SEN support or an EHCP are increasing. East Sussex has a lower proportion of students on SEN Support (11.7%) than nationally and comparative areas, but numbers are currently rising faster in East Sussex. Autism (ASD) is the most common primary need for those with EHCPs and is the fastest growing need. Compared to nationally, East Sussex has a higher SEMH and SLCN need amongst both those with an EHCP and those with SEN Support, and a significantly higher proportion of pupils on SEN Support who are supported for ASD. East Sussex also has a slightly higher proportion of EHCPs for young adults (16-19 years) than nationally. Pupils with EHCPs are more likely to be in Special schools and less likely in Mainstream schools than comparative areas, with proportions in mainstream schools and academies currently declining.

Local evidence confirms that nationally identified inequalities are also visible in the population of children and young people with SEND in East Sussex:

- there appear to be higher numbers of children with SEN in areas of greatest deprivation
- those on SEN support are more likely to be eligible for free school meals than nationally
- pupils with an EHCP are more likely to be NEET compared to nationally and to those without an EHCP
- a high, and rising, proportion of Looked After Children (LAC) have SEN

- children with SEND have higher overall, unauthorised and persistent absence from school than nationally and statistical neighbours
- young people on SEN support are more likely to be excluded than nationally, although in contrast to England, the proportion with fixed term exclusions is decreasing
- one third of those assessed by the Youth Offending Team have SEND
- younger children with SEN support at Key Stage 1 are more likely to achieve expected levels of educational attainment than comparator areas
- pupils with SEN Support from Key Stage 2 onwards achieve significantly lower attainment, with progress score at Key Stage 4 one of the lowest nationally, and a significantly lower proportion of post 16s with GCSEs or A-levels
- the gap in attainment for the pupils with and without an EHCP in early years and Key Stage 1 between East Sussex and nationally is increasing as attainment falls locally
- a greater proportion of young people with and EHCP are achieving expected levels at Key Stage 2, Key Stage 4 and in post 16 education than nationally.

Forecasts predict that the need for EHCPs will rise by over 11% by 2030/31. The greatest number of these, for both lower level and more complex needs, will continue to be for ASD and SEMH, although the greatest proportionate need will be for profound and multiple learning difficulties. While the number for this cohort is relatively low in comparison to other needs, the potential impact on service need could be significant. A sharp increase is expected to make SEMH the predominant need for 16-18 year olds with EHCPs by 2030/31.

SEND provision in East Sussex: Key findings

Nationally, assessment of service provision identified that the SEND system is overly complex with a lack of multi-agency working, a dearth of funding, insufficient accountability for service providers and a lack of focus on early identification making services particularly difficult to access. This needs assessment has highlighted that these barriers to support are also evident for some children, young people and their families across SEND provision in East Sussex. Key findings include:

1. Access to services in East Sussex can be difficult, including a lack of effective communication, and a lack of clarity over referral processes.
2. Inconsistent joint-working means holistic support for all a child's needs is not always provided
3. The voices of young people and their families are not being heard effectively and are not informing practice as much as they could be
4. There is a view amongst some parents and carers that the EHCP process of assessment and allocation is not working effectively or fairly
5. Early Identification and intervention systems are not sufficient to pick up all needs for all children
6. Provision for pupils with SEND is inconsistent across schools
7. There are significant waiting times for many health services which are impacting on severity of need
8. High referral thresholds/criteria for health and respite services limit available support
9. There is not enough capacity within the current system to meet need
10. National funding issues look to be affecting SEND provision
11. There are gaps in SEND provision for specific needs, including mental health and ASD.

Recommendations

The response to the challenges and recommendations set out in this report require a whole system response, involving continued work to improve multi-disciplinary and agency working, transparency in provision and process, working more closely with children and families, particularly in service design and delivery, and proactively approaching delivery of the changes needed. Key recommendations from this needs assessment are:

Strategic recommendations

1. **Continue to embed co-production at a strategic commissioning level.** Coproduction includes improved communication and integration of pathways, processes and governance between education, health and social care to ensure holistic provision.
2. **Further build on recent efforts to increase opportunities to engage children, young people and their families** to ensure their voices are being heard effectively in the co-design/co-development of provision. This should include continued support for and close working with the new East Sussex Parent Carer Forum and systems for collecting and responding to the voice of children and young people with a wide range of SEND.
3. **Address identified issues relating to parent/carer experience, and communication of, current EHCP processes to make them more accessible, transparent and less complex to navigate**. This should include addressing the view amongst some parent/carers that an EHCP is the only route to support, as well as ensuring that the information on the Local Offer and communications from Assessment and Planning and SENDIASS are clear and support parent/carers through the process. The outcome should be that council criteria, processes and systems are no longer perceived as a barrier to support.
4. **Co-produce a consistent and overarching strategy for communication with children and parents' carers for all SEND services.** This should be developed in cooperation with children and parent carers and should include mechanisms to ensure there is awareness about the range of services and support available, and that feedback and suggestions are gathered centrally and used to inform delivery.
5. **Increase investment in prevention, early identification and intervention**, with a particular focus on strengthening school-based knowledge and resource. This could include expansion of the work of the ISEND SEN Practice and Standards team with schools to ensure support services are accessed. Prevention and early intervention should be embedded throughout SEND provision and practice to prevent escalation of need or needs being unsupported.
6. **Strengthen provision of universal services** to reflect the increasing volumes and complexity of lower level needs that do not meet current service thresholds. This should also ensure that there is sufficient support for those who are awaiting assessment.
7. **As a priority, improve processes and capacity of services with the longest waiting times for assessment and treatment, including Autism.** This includes Community Paediatrics, CAMHS and CITES. Ensure that addressing delays for those who have been waiting longest does not impact on overall waiting times.
8. **Improve access to, and increase provision for mental health support**, to address the increasing mental health needs of young people with SEND. This should also involve working with adult social care to improve access to mental health support for carers.
9. **Identify ways to support schools, colleges and education settings to narrow the gap between academic achievement** of early years/KS1 children with EHCPs against both local and national comparators, and of children receiving SEN support at KS2 and above and

their peers.

10. **Strengthen SEND support at key transition points in educational phases** – reception intake, secondary transfer, and transition to adulthood to ensure needs are being met and children are being prepared for adulthood.
11. **Review exclusions policies and practice** to reduce the number of exclusions. Ensure that schools are equipped to best support SEND children with behavioural needs and to address the high proportion of exclusions for those on SEN Support.

Operational recommendations

12. **Continue work to embed coproduction throughout the SEND system at an operational level.** All parent/carers should experience that the voices of children and their families are at the heart of service planning and delivery.
13. **Review local joint operational working to ensure families consistently experience a smooth pathway through services**. Services should be consistently joined up from the early stages through seamless pathways and effective information sharing agreements.
14. **Increase local capacity in special schools and for consistency of specialist provision** in mainstream primary and secondary schools.
15. **Ensure clarity of referral criteria and thresholds** for professionals and families.
16. **Continue to improve the SEND training offer in schools**, particularly around behavioural issues, neuro-developmental issues and mental health.
17. **Improve access to respite and after school/holiday clubs** which are becoming increasingly important elements of support for children and families, particularly due to the ongoing impact of the pandemic on families and timely access to service provision.
18. **Improve access to provision for children with ASD and coexisting mental health needs.**

Data and information recommendations

19. **Ensure information and data management is coordinated, and single systems used as far as possible.** This is to ensure current issues are addressed which are being caused by multiple information platforms across and within health, education and social care.
20. **Consider how the variety of a child/young person's needs are recorded on Liquid Logic** to allow further profiling and analysis on the co-occurrence of needs. This could inform improvements in service accessibility for those with comorbidities, specifically mental health issues.
21. **Make recording of SEND status standard practice for CAMHS assessment/ reporting.**

2. INTRODUCTION

Context

Since the implementation of the Children and Families Act, significant strides have been made with embedding the SEND reforms in East Sussex across Education, Social Care and Health. The Local Area inspection of SEND in 2016 recognised the strengths of provision in East Sussex, but also identified a number of areas for improvement which have been the focus of work across statutory and non-statutory partners.

Nationally, children with SEND fall behind their peers academically, emotionally and socially and it is important that the current delivery of SEND support across all providers is based on a thorough understanding of current need. Since the last Joint Strategic Needs Assessment in 2013, there have been significant changes to SEND provision, including the introduction of Education, Health and Care Plans (EHCPs) in 2014, the expansion of the age-range of young people the Local Authority and its partners are responsible for, and a different range of provision and settings than was previously the case. A new review is, therefore, required to establish the impact of these changes in the intervening years and whether any actions are needed to address any emerging gaps. This JSNA evaluation will compare the outcomes for children and young people who have SEND in East Sussex with national intelligence to create a more comprehensive picture of local needs. The outcomes of this assessment will be used to inform the next SEND strategy and joint commissioning priorities.

Scope of Needs Assessment

The JSNA should focus on all children with Special Educational Needs and Disabilities (both with, and without an Education, Health and Care Plan (on SEN support but without an EHCP) and provision to meet these needs (as set out in the Children and Families Act 2014) across Education, Social Care and Health. The report will enable better understanding of current arrangements, future anticipated need and any gaps or challenges in provision by: reflecting new research, policy, and standards; undertaking descriptive service mapping across each tier; comprehensive analysis of service data; comparison of local data with national and nearest neighbours for broader understanding of our local context; engaging with professionals and parent carers about their perceptions and experiences of local provision; and making recommendations where there is evidence of service assets, gaps and improvements for delivery.

It is not within the scope of this needs assessment to look at:

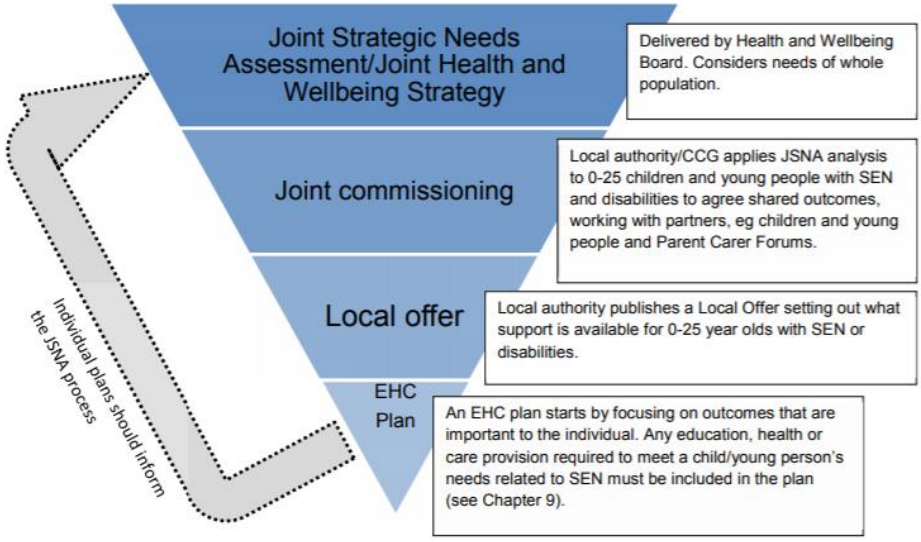
- Children who do not have identified SEND
- Children and young people supported within East Sussex geographically but who are not residents of the county.
- The impact of Covid-19 – this will be looked at in-depth once evidence on the impact emerges

Joint Strategic Needs Assessment

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, wellbeing, and social care services within local authority areas. The JSNA's central role is to act as the overarching primary evidence base for health and wellbeing boards to decide on key local health priorities.[1]

The SEND Code of Practice (CoP) sets out the relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans (Figure 1). Guidance from the SEND Code of Practice states that the Joint Strategic Needs Assessment will inform the joint commissioning decisions made for children and young people with SEND, which will be reflected in the services set out in the Local Offer.[8]

Figure 1: SEND Code of Practice: population needs and procurement



Source: DoE, SEND Code of Practice, 2015

Categories of need

The SEND code of practice[1] provides an overview of four broad areas of need that should be planned for. The purpose of these four categories is not to fit a pupil into a specific group of need, but to work out what action needs to be taken. In practice, individual children or young people often have needs that cut across all these areas and their needs may change over time. A detailed assessment should ensure that the full range of an individual's needs are identified, not simply the primary need. Children and young people who have special educational needs (SEN) do not necessarily have a disability. Some disabled children and young people do not have special educational needs. However, there is a lot of overlap between the two groups.

1. Communication and interaction

Some children and young people have speech, language and communication needs (SLCN) and have difficulty in saying what they want to, understanding what is being said to them, and/or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. Children and young people with Autism Spectrum Disorder (ASD), are likely to have difficulties with social

interaction and may also experience difficulties with language, communication, and imagination, which can impact on how they relate to others.

2. Cognition and learning

Some children and young people learn at a slower pace than their peers and require support for learning difficulties. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. Specific learning difficulties (SpLD), affect one or more specific aspects of learning, and include conditions like dyslexia, dyscalculia, and dyspraxia.

3. Social, emotional, and mental health difficulties (SEMH)

Children and young people may experience a range of social and emotional difficulties, such as becoming withdrawn or isolated, as well as displaying 'challenging, disruptive, or disturbing behaviour'.[1] These behaviours may reflect underlying mental health difficulties like anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people with SEMH may have disorders such as autism, ADHD, intellectual disability, and attachment disorder.

4. Sensory and/or physical needs

Some children and young people require special educational provision as their disability prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access learning, or habilitation support. Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

Primary type of need is collected for those pupils on SEN support or with an EHC plan. The following primary types of need are currently used[2]:

SEN code	Primary Category of Need
SpLD	Specific Learning Difficulty
MLD	Moderate Learning Difficulty
SLD	Severe Learning Difficulty
PMLD	Profound & Multiple Learning Difficulty
SEMH	Social, Emotional and Mental Health
PD	Physical Disability

SEN code	Primary Category of Need
HI	Hearing Impairment
VI	Visual Impairment
MSI	Multi-Sensory Impairment
SLCN	Speech, Language and Communication Need
ASD	Autistic Spectrum Disorder
O	Other

Source: Department for Education, 2019

A definition of each of the SEN primary needs can be found here

Neuro-developmental disorders and neuro-disability

Neurodevelopmental disorders form a group of overlapping conditions including ASD, ADHD, Learning Disability, Foetal Alcohol Spectrum Disorders, Language disorders, Developmental Coo-ordination Disorder and Attachment Disorders. ASD is the most well-known of the neurodevelopmental disorders, which itself is part of a spectrum. This means that ASD often coexists with or looks similar to other disorders such as ADHD, Intellectual disability, language disorder, selective mutism, and Developmental Coordination Disorder (DCD/dyspraxia).

Distinguishing between learning difficulties as used in SEN assessment, and learning disabilities as used in health assessment is often a cause of confusion:

- "Learning disability" is a diagnosis of a developmental profile where learning and intelligence (IQ) are affected across all areas of life (overall cognitive impairment). It can be "mild" moderate" "severe" or profound". For example, Down's syndrome is associated with a learning disability. A learning disability is defined by the Department of Health[3] as a "significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood". This is important not least because of accessing annual health checks from age 14.
- "Learning difficulties" is a blanket term used in education which encompasses children who show delay and difficulty with learning which seems to be general, and more than a specific learning difficulty such as dyslexia. It can be MLD (moderate learning difficulties) or SLD (severe learning difficulties), profound and multiple learning disability (PMLD) or Global Learning Delay (GLD).
- "Specific learning difficulty" (SpLD) is term which implies that a child's general abilities to learn and function are within the usual range, but there are specific areas of difficulty which impact one area - such as with reading and writing (literacy)in dyslexia , or Maths and numeracy as in dyscalculia. It only affects an individual's relationship to the processing of information, usually manifested in problems with reading, writing, and spelling.[4]

It's worth noting this difference as the assessment processes for learning difficulty and learning disability are different, and this divide could impact on the support a child receives. For example, the neurodevelopmental assessment is a more multi-disciplinary, holistic assessment which includes inter-relationships with characteristics of learning difficulties.

There is cross-over between the SEN categories of need, and neuro-developmental disorders and neuro-disability in health-terms:

- Cognitive difficulty can be due to neurodevelopmental and neuro-disabling conditions which include mild, moderate, and severe intellectual (learning) disability, autism spectrum disorder, attention deficit disorder, cerebral palsy, and related disorders. They may have causes such as foetal alcohol spectrum disorder, developmental trauma and environmental deprivation, birth trauma, and genetic differences.
- Social, emotional, and mental health difficulties are often an outward sign of an underlying neurodevelopmental condition such autism spectrum disorder, attention

deficit disorder, attention deficit hyperactive disorder, attachment disorder, or language disorder. In all these conditions the risk of mental health/emotional difficulties is much higher than in children and young people with neurotypical development.

- Sensory processing differences are often experienced by children with neuro-developmental or neuro-disabling conditions who may be hypersensitive to certain sensory stimuli – such as classroom noise and light, and textures. They may equally have an unusual level of need for sensory input which shows as a need to touch, chew, or have higher levels of physical motor activity. They may have difficulties processing verbal information and require a multisensory approach to learning.

Autism Spectrum (and related) Disorders and Attention Deficit Hyperactivity Disorder

Autistic spectrum disorder (ASD) describes a lifelong disorder, with characteristics including persistent deficits in social communication and social interaction across multiple contexts; and restricted, repetitive patterns of behaviour, interests, or activities. These symptoms are present in the early developmental period and cause clinically significant impairment in social, occupational, or other important area of current functioning. Some people with a diagnosis of autism will be able to live an independent life with little support, whilst for other people autism may be one of multiple disabilities and learning difficulties that will require specialist support. Attention Deficit Hyperactivity Disorder (ADHD) is the persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. These characteristics are likely to be present prior to the age of 12, and interfere with, or reduce the quality of, social, academic, or occupational functioning.[5]
Recent studies show that:

- nearly three quarters of people with ASD also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder
- the autism spectrum is closely related to ADHD, and the two coexist often and look very similar in early years. It is increasingly referred to as the ASD/ADHD spectrum
- Intellectual (learning) disability occurs in around half of all young people with autism;
- some degree of language disorder almost invariably accompanies ASD
- specific areas of learning disability are also typically associated with ASD, such as slow processing speeds, executive function difficulties, and profiles similar to dyslexia, as well as areas of strength such as in visual processing and memory.

Speech, language, and communication needs

Children and young People with speech, language and communication needs have difficulties in understanding and/or making others understand through spoken language, and their speech and language skills may be significantly behind their peers and may be poor or unintelligible. A 2018 update of the Bercow review of services for children and young people with SLCN[6] suggests that there is insufficient understanding amongst policy makers, commissioners and sometimes families and carers about the centrality of speech, language and communication as an essential life skill for social, emotional and educational development. The review found that strategic system-wide approaches to supporting SLCN are rare, services are inaccessible and inequitable, evidence-based support has the biggest impact, and too many children with SLCN are being missed.

Education Health and Care Plans (EHCPs)

EHCPs are for children and young people who need significantly more support than their school or college can usually give them through special educational needs support. The Local Authority (LA) will carry out a needs assessment if it is thought a young person may need an EHCP, and this assessment determines if an EHCP is appropriate. EHCPs have replaced statutory assessments and Statements of SEN and are reviewed annually. An EHCP is a legal document that describes a child or young person's special educational, health and social care needs. It explains the extra help that will be given to meet those needs and how that help will support the child or young person to achieve what they want to in their life.[7] LAs must seek advice from a wide range of partners when assessing needs and drawing up plans and consider whether a social care assessment or health assessment is also needed.[8] Schools must co-operate with local authorities in carrying out needs assessments for pupils which must be completed within 20 weeks.[9] As well as the duties relating to evidence, the LA must consult and take into account the views, wishes and feelings of the parent, young person or child.[10]

Many of the legal requirements for EHCPs are the same or similar to those previously required for SEND statements. There are also some significant differences: EHCPs do not necessarily cease when a young person leaves school and can be maintained when a young person is in college, undertaking an apprenticeship, or not in education, employment or training; and EHCPs can be maintained up to the age of 25.[11] Parents and young people with EHCPs can request a Personal Budget, which can include funding from education, health and social care. The scope for Personal Budgets will vary according to individual needs.[12] Additionally, The Act aims to ensure stronger requirements on providers of education in youth custody to cooperate with local authorities to work together to deliver support for young offenders with SEN in custody.[13]

SEN support

From 2015, the School Action and School Action Plus categories combined to form one category of SEN support. Extra or different help is given from that provided as part of the school's usual curriculum. The class teacher and special educational needs co-ordinator (SENCO) may receive advice or support from outside specialists. The pupil does not have an education, health and care plan.[14] Support needed may include:

- help taking part in learning activities;
- a special learning programme;
- extra help from a teacher or assistant;
- working in a smaller group;
- extra encouragement;
- help communicating with other children;
- advice, intervention, support from additional experts;
- support with physical or personal care difficulties, e.g. eating, getting around the building safely or using the toilet.

Methodology

This needs assessment aims to offer a strategic overview of SEND needs and current service delivery in East Sussex. This will be used to improve the health and wellbeing of the population by informing commissioning decisions and ensuring high quality, and effective service delivery in line with current national requirements. This includes analyses of the available local evidence, combined with nationally published statistics and research materials. The needs assessment looks at East Sussex intelligence on prevalence, trends, and provision. Information from a number of agencies and organisations has helped to build this picture by providing the evidence to identify current and future levels of need. Need will be defined quantitatively in terms of service use, demand, and broader comparison, and qualitatively in terms of thematic analysis of professional and parent/carer perceptions and insight into provision for children and young people with identified SEND.

The first five chapters outline context and national evidence, before looking in more detail at local needs from chapter 6 onwards. The needs assessment has the following structure:

Chapter 1: EXECUTIVE SUMMARY: summarising the main findings of the needs assessment.

Chapter 2: INTRODUCTION: introducing the needs assessment, inclusions and exclusions, and the methodologies being used.

Chapter 3: CONTEXT: national and local policy context and best practice for commissioning SEND services.

Chapter 4: THE NATIONAL EVIDENCE: RISK AND BARRIERS TO SUPPORT: risk factors and barriers to support; and the emerging picture of the impact of COVID-19 for young people with disabilities.

Chapter 5: NATIONAL PREVALENCE: national context for children and young people with SEND, including national prevalence and population characteristics.

Chapter 6: LOCAL POPULATION: East Sussex context of children and young people with SEN, including prevalence and characteristics, educational attainment and progress, absence and exclusion and post education activity.

Chapter 7: LOCAL SERVICE PROVISION: A picture of SEND provision in East Sussex, including the Local Offer, tiers of provision, SEND commissioning, and education, social care, and health services.

Chapter 8: SERVICE PROVIDER/STAKEHOLDER VOICE: service provider/stakeholder views of SEND provision and need in East Sussex. Due to the impact of the pandemic, views were elicited through video interview, or email questionnaire.

Chapter 9: PARENT AND CARER VOICE: the views and experiences of SEND provision and need in East Sussex through engagement with families and carers via an online survey.

Chapter 10: FUTURE NEED: population trends and SEND forecasting data indicating future needs.

Chapter 11: CONCLUSIONS: key findings of the needs assessment from which the recommendations of the needs assessment have been drawn.

Chapter 12: RECOMMENDATIONS: The recommendations of the needs assessment.

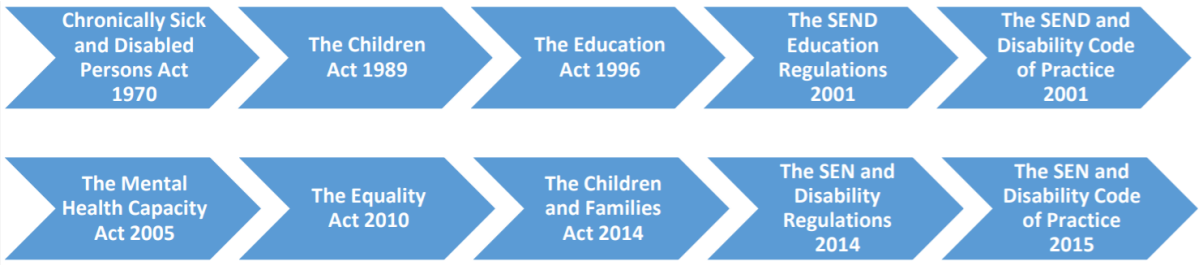
3. SEND POLICY AND GUIDANCE

Current National SEND provision policy

The **Children and Families Act** was introduced in 2014, with the key principles of co-production, building good relationships, whole-family thinking and joined-up information sharing processes, supported by leadership, supervision and governance required to provide effective practice.[13] There is greater focus on support that enables those with SEND to succeed in education and make a successful transition to adulthood. The Act introduced significant reforms to the support provided by councils and other agencies to children and young people with **Special Educational Needs and Disability (SEND)** as well as new processes for the assessment of SEND.

The **SEND Code of Practice** provides statutory guidance on the SEND system for children and young people aged 0 to 25. It includes guidance relating to disabled children and young people, as well as those with special educational needs. Disabled children and young people may not have SEN but are covered by this guidance as well as by the Equality Act 2010.[15] A key part of the reform was the introduction of **Education Health and Care Plans (EHCPs)**. These replaced 'statements of SEN' and aim to bring together education, health and social care to provide 'wrap-around' support for children and young people with SEND.[16] The Act places the duty on local authorities to identify all children and young people who have or may have SEN or a disability and must ensure educational and training provision is integrated with health and social care provision.[17]

The timeline below shows the implementation of SEN Law in England since 1970:



Source: Council for Disabled Children, DM/CO handbook, 2019

National guidance around SEND service provision

The child's parent, a young person over the age of 16 but under 25, and a person acting on behalf of a school can request an Education, Health and Care Needs Assessment (EHCNA) from the Local Authority (LA).[18] All schools should make sure parents and pupils are actively supported to contribute to needs assessments and to develop and review EHCPs. EHCPs must focus on outcomes and prepare for adulthood. Additionally, every school is required to ensure and support pupils with SEND to engage in activities alongside their peers and designating a teacher (a SENCO) to be responsible for co-ordinating SEND.

LAs must ensure that the EHCP review at Year 9, and every review, thereafter, includes a focus on preparing for adulthood. All schools have a statutory duty to ensure pupils from Years 8 to 13 are provided with independent careers guidance. Schools have a duty to admit

a young person to the school if it is named in their EHCP and to provide the educational support specified in the plan.[19] The EHC assessment should:

- focus on the pupil as an individual
- be easy for pupils and their parents to understand and use clear language and images, not jargon
- highlight the pupil's strengths and capabilities
- enable the pupil, and those who know them best, to say what they've done, what they're interested in and what outcomes they are seeking in the future
- tailor support to the needs of the individual
- organise assessments to minimise demands on families
- bring together relevant professionals to discuss and agree the overall approach
- deliver an outcomes-focused and co-ordinated plan for the pupil and their parents.[20]

Once the EHCP is confirmed, the pupil or their parents can request a personal budget which is an amount of money identified by the LA to deliver provision set out in an EHCP.

LAs must publish a 'local offer'. This sets out information in one place about what provision they expect to be available for children and young people in their area with SEND, including those who do not have EHCPs. The 2 key purposes of the local offer are to:

- provide clear, comprehensive, and accessible information about the provision available and how to access it, and
- make provision more responsive to local needs and aspirations by directly involving children and young people with SEND and their parents and carers and service providers in its development and review.

Any EHC assessment of children and young people with social care needs should be a holistic assessment of their EHC needs, combined with social care needs where appropriate. The EHCP review should be synchronised with any separate social care plan review.[21]

Schools must provide an annual report for parents on their child's progress and should meet parents at least three times each year. Most schools will want to go beyond this and provide regular reports for parents on how their child is progressing. Schools should talk to parents regularly to set clear outcomes and review progress, discuss the activities and support that will help achieve them, and identify the responsibilities of the parent, the pupil and the school. The views of the pupil should be included in these discussions. A record of the outcomes should be given to the parents and shared on the school's management information system for all the appropriate school staff.[22] The provision made for pupils with SEN should be recorded accurately and kept up to date. Ofsted will expect to see evidence of pupil progress, a focus on outcomes and a rigorous approach to the monitoring and evaluation of any SEN support provided.[23]

Provision mapping

Provision maps are an efficient way of showing all the provision that the school makes which is additional to and different from that which is offered through the school's curriculum. The use of provision maps can help SENCOs to maintain an overview of the programmes and interventions used with different groups of pupils and provide a basis for monitoring the levels of intervention.[24]

There is not a legal requirement to have Provision maps, but the SEND Code of Practice recommends them for helping keep an overview of programmes and interventions for different groups of pupils including those with special educational needs (SEN). They show additional and/or different provision from that offered through the main curriculum.[25]

Guidance for health services for children and young people with SEND

Many children and young people who have Special Education Needs (SEN) may have a disability. Disability is described under the Equality Act 2010 as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities[26]. NHS England guidance[27] identified the importance of the health and education systems working closely together, with Special Educational Needs Co-ordinators (SENCo) in schools and academies acting as the key point of liaison for health professionals. Co-commissioning of appropriate health and social care, alongside support to promote attendance can minimise the impact on a young person's attainment of absences due to hospitalisation or frequent appointments. The 2014 Children and Families Act introduced a number of new duties for CCGs, including: joint commissioning of services for children up to the age of 25 with SEND, including those with EHC plans; co-contribution to the Local Offer; ensuring mechanisms are in place to endure practitioners and clinicians support the EHC needs assessment process; and agreement of personal budgets where provided for those with EHC plans.

A Designated Medical Officer (DMO)/Designated Clinical Officer (DCO) provides the main point of contact for local authorities (LAs), schools, colleges and early years settings that are seeking health advice on children and young people who may have SEND. Whilst it is currently a non-statutory role, Ofsted and the Care Quality Commission (CQC) have identified this role as an important factor in the implementation of the Children and Family Act reforms. Part of the DMO's role is to help Clinical Commissioning Groups (CCGs) to fulfil their statutory duties for commissioning health provision – in relation to health involvement in statutory pathways, ensuring general children's commissioning is adequate for children with SEND, and that all partners are aware of working through joint commissioning. Although there are significant variations in the local approaches in DMO/DCO roles, they mainly include the following components:

- Oversight and assurance across all health services 0-25 delivering healthcare to children and young people with SEND
- Coordination and assurance of strategic health's input into the EHC process and reporting of health's position and audits to quality committees
- Strategic assurance re accountability of commissioners' contribution to development of the joint commissioning and local area SEND strategies
- Championing Co-Production as a way of working within and across health[28]

Depending on the needs of the child or young person and the care they require, a number of different professionals may need to be involved: paediatricians, community children's nurses, allied health professionals, mental health professionals, psychologists, general

practitioners, school nurses and health visitors. Professionals should work in co-production with the family of the child or young person, and families should be able to share with the Local Authority the details of professionals involved in their care. The Department of Health and Social Care provides SEND resources for healthcare professionals covering a broad range of conditions and illnesses including SEN, ASD, Sensory Impairment and continence.[29]

Prevention, early identification, and intervention

Prevention means stopping problems from arising in the first place. When they do, it means supporting everyone to manage their health issues earlier and more effectively. The principles underpinning the national legislation, guidance, and the Code of Practice (CoP) are designed to ensure that the needs of children and young people are identified early and there is early intervention to support them at the point that barriers emerge. The child's parents must be given the opportunity to discuss their opinion and be advised of any voluntary organisations that are likely to be able to provide advice or assistance. This includes the educational advice, guidance and any intervention to be put in place at an early point and before the child starts school.[30] All education providers must have arrangements in place to support children with SEN and/or disabilities. Prevention and early intervention are important, as resilience built in the early years could help people if they are exposed to adversity later in life.[31] Government guidance[32] states that:

"When people do have health or care needs, these should be picked up early and managed effectively. This will help people to continue living independently and doing the things that are important to them. The health and social care system should put prevention at the heart of everything it does."

A prevention agenda should contribute to: promoting individual development; reducing the need for diagnostic, curative and therapeutic services; and reducing the need for rehabilitative, corrective, remedial and other intensive programmes.[33] This can be achieved in two major ways: the provision of supportive services; and equipping people with the education and skills to manage their health and wellbeing in competent and responsive ways. People can work towards this by building skills, promoting their sense of self, exercising control over their lives, and acknowledging personal capability.[34]

Education and skills to manage health and wellbeing can be internal (intelligence, self-esteem, personality, competence, embracing change, learning from experiences, autonomy, problem solving skills, coping skills, and a sense of self-efficacy), familial (quality of relationships, family or peer support, cohesion) and societal (level of social support, social capital, education, and opportunities to take valued social roles).[35] These goals are consistent with the three levels of prevention: primary prevention [to reduce the incidence (new cases) of an identified problem or condition], secondary prevention [lowering the prevalence (existing cases) of the condition or problem], and tertiary prevention [reducing any further conditions or complications resulting from the original issue].[32]

Having access to the right conditions for good health and wellbeing is important for everyone. People who are already unwell, or live with a disability, physical or mental health condition, or care need can continue to live active, fulfilling and independent lives if they

have the right support. Not all conditions can be cured, but the right support could change people's experience; and help them continue doing the things that matter most.[36]

Providers must have arrangements in place to support children with SEN or disabilities. The benefits of early identification are widely recognised. Identifying need at the earliest point, and then making effective provision, improves long-term outcomes for children. All those who work with young children should be alert to emerging difficulties and respond early. In particular, parents know their children best and it is important that all practitioners listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by children themselves.[37]

It is essential that there is a focus on the needs of children and young people and on ensuring children are school ready. This might be within: mainstream education (for those with additional health needs such as mobility issues, asthma or continence (bladder or bowel) problems); or within special schools (for those with complex health needs, for example, a child with respiratory support needs or complex learning disabilities).[27]

All schools must publish information on their website about how they implement their policy for SEN. This must include information on identification of children and young people with SEN and assessment of their needs.[38] Once a potential special educational need is identified, schools should take action to remove barriers to learning and put effective provision in place. This includes educational advice, guidance and any intervention to be put in place at an early point and before the child starts school.[39] This is 'SEN support' which should take a graduated approach of 'assess, plan, do, and review'.

Transitions

Early identification and intervention is key to managing transitions through childhood into adulthood and ensuring that the same rights and opportunities are available to all young people.[40] For example, pre-school settings should prioritise early identification of SEND and this information should be shared during the transition to primary school. Where possible, identification of need should take place before a child arrives at pre-school.[41] Greater support has also been identified as needed around transitions from primary to secondary school, and from secondary school to further education and adulthood, so that children with SEND are less likely to become marginalised.

NICE guidance emphasises the importance of a person-centred approach during key transition stages, with coordination between all relevant services. This is supported by the Code of Practice which states that in preparing for adulthood, a person-centred transition review should begin from year 9 and should focus on outcomes for young people that support them to think about what is positive and possible for their futures. The key life outcomes for young people with SEND are employment; somewhere to live; friends, relationships and being part of your community; and good health. Each area has a legal responsibility to publish a 'local offer' laying out support and services are available for young people with SEND, with an emphasis on inclusion and allowing young people to lead ordinary lives.[42]

National examples of best practice for SEND provision

SEND support: Department of Education – Good practice[43]

Research commissioned by the Department for Education illustrates good practice in SEN support within schools and colleges with good or outstanding Ofsted ratings. Those practising SEN support included a range of school staff including, academics, practitioners (mainstream teachers, special school teachers, Learning Support Managers and other school and college support staff) and SEN consultants/advisers. SEND experts identified key principles that they believe underpin SEN support and facilitated their SEN support provision: culture, leadership and management; high quality teaching (formerly 'Quality First Teaching'); use of expertise; personalisation; flexible use of evidence-based strategies; use of evidence for tracking progress; and communication and collaboration. **Appendix 1** provides outlines the main findings from this research including, where relevant, case studies of best practice. This can be found on the JSNA website

Local policies and guidance

SEND Strategy

The East Sussex SEND strategy sets out the shared strategic aims for pupils with SEND in East Sussex, which have been endorsed by all stakeholders. In addition to the input from providers and commissioners of services for pupils, the strategy is co-produced with parent carers and incorporates the aspirations of a representative group of pupils with SEND. Critical to the development of the strategy is ensuring that the challenges to service delivery for education, health and care are fully reflected, and that there is a joint strategic approach to overcoming them. The strategy provides reflection on progress to date and sets clear priorities for future improvements, with explanation about how services will work jointly towards achieving these. A strategic Partnership and Governance meeting oversees the progress of the strategy by identifying areas for improvement of joint provision and providing a space for young people and families to inform strategic direction.

The Local Offer

The East Sussex Local Offer provides a central hub for information about services, provision and support for parents and carers with SEND. An annual report provides updates on feedback and participation both with parent carers and children and young people, and reports on where consultation has shaped change. The Local Offer is currently undergoing a major redevelopment, both for site and content which will see a Children's Services SEND directory alongside that hosted by Adult Social Care to provide a seamless experience for young people transitioning to adulthood. This is an iterative project involving layers of consultation. Initial 'new look' web architecture will be ready in the spring of 2021, for user testing over the summer, with a view to directory content migrating by September 2021 which should see an indication of the 'new look' site.

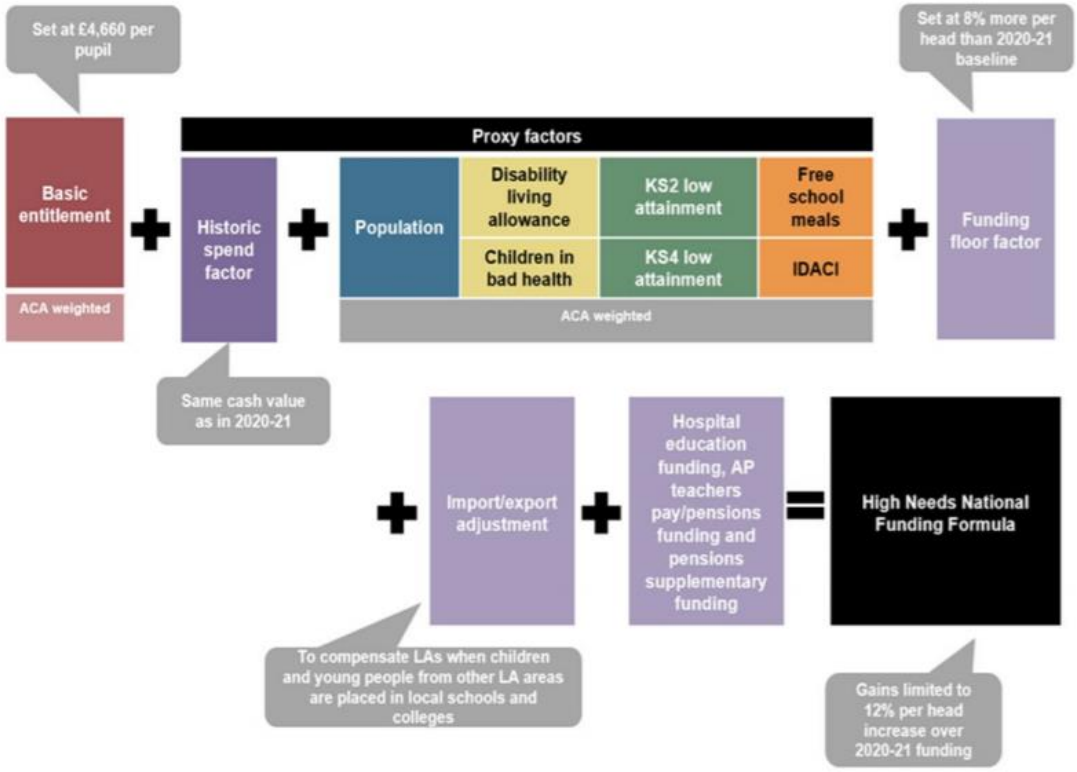
SEND funding allocations

The 'high needs funding system' supports provision for children and young people with SEND from their early years to age 25, to enable both local authorities and institutions to meet their statutory duties under the Children and Families Act 2014. High needs funding is

also intended to support good quality alternative provision (AP) for pupils of compulsory school age who, because they have been excluded or suspended, or because of illness or other reasons, cannot receive their education in mainstream or special schools.[44]44

High needs funding is provided to local authorities through the high needs block of the dedicated schools grant (DSG). Local authorities must spend that funding in line with the associated conditions of grant 2021-22, and School and Early Years Finance (England) Regulations 2021. High needs funding is also provided directly to some academies and colleges by the Education and Skills Funding Agency (ESFA). The high needs funding block of the DSG has, since 2018-19, been distributed via a national funding formula applied consistently across local authorities, that calculates each authority's allocation (figure 2). [44] More detail on the Local Offer and commissioning of SEND Services is in Chapter 6.

Figure 2: National Formula for 2021-22 High Needs Block Funding Allocations



Source: Department for Education 2021

Additional Relevant Local Policies and strategies

- SEND strategy 2019-2021
- SEND Prospectus
- Children's Services accessibility strategy 2018-2021
- Joint commissioning strategy for SEND 2015-2020
- East Sussex County Council's school transport policy 2019
    - Up to school year 11: SEND travel assistance policy
    - 16 to 19 years of age: 16 to 19 SEND travel assistance policy
    - Post-19 years of age: Post 19 SEND travel assistance policy
- Sussex CCG Strategy for Learning Disabilities and Autism 2021-2024

4. NATIONAL EVIDENCE: RISK FACTORS AND BARRIERS TO SUPPORT

Chapter summary

The following table provides a summary of the national evidence outlined in this chapter.

RISK FACTORS AND BARRIERS TO SUPPORT: NATIONAL KEY FINDINGS	
Service provision	Key identified current barriers to service provision include: • Complexity of provision making access difficult • Lack of multiagency collaboration/coordination • Insufficient accountability for those providing services • Gaps in external provision and training • Lack of funding and inconsistent commissioning for rising demand/complex needs • Lack of focus on early identification and prevention leads to more complex needs • Weak opportunities for co-production with children, young people and families • Insufficient access to child mental health services
Deprivation	• Pupils with SEN Support/EHCP over 2x as likely to be eligible for free school meals. • Children with SEND more likely live in poverty and experience material deprivation
Vulnerable groups	• Looked after children are almost 4x more likely to have SEN, and almost 9x more likely to have an EHCP than all children • Looked After Children with SEN experience greater differences in outcome and are most likely to have social, emotional and mental health as a primary need.
Lifestyle	• Children with SEN are more likely to be obese than those without SEN.
Mental health	• Children with long term physical conditions and/or SEN are likely to have higher rates of mental health problems, with risk increasing by age and severity of need • children with a learning disability are over 2x as likely to have anxiety disorders and 6x times as likely to have conduct disorders than those without
Education	• Pupils with SEN make up 14% of state funded pupil population, but account for just under half of all permanent exclusions and fixed period exclusions • pupils with SEN support are 6x more likely to be permanently excluded than those with no SEN • pupils with any type of SEN are 5x more likely to receive a fixed period exclusion • Children with SEMH, Autism and Specific/Moderate learning difficulties have highest rates of exclusion • SEND pupils are more likely to be NEET between the ages of 18 and 25
Environment	• Rising number of children living at home and dependent on assistive technology • Children with SEN are more likely to experience social exclusion and discrimination • Among those needing housing adaptations, disabled children are least likely to be living in suitable housing compared to all other age groups of disabled people. • Families of children with disabilities have a 50% higher chance of living in overcrowded accommodation and face multiple housing difficulties • Children with SEN have some of the greatest challenges accessing outdoor space
Parent Carers	• unpaid carers save the UK an estimated £132 billion a year • 8% carers care for a child under 18, and 5% care for a young adult. • Those with higher levels of caring more likely are in poor physical and mental health, in poverty, socially isolated and face employment impacts.
COVID-19	• Service provision for some families is significantly affected, particularly losing services or difficulty moving face to face support online during national lockdowns • Home educating has reduced anxiety/challenging behaviours for some, but for other children with SEN progress has regressed and mental health problems risen • Suspended face-to-face schooling has impacted on opportunities for early identification/ intervention • clinically significant child mental health conditions in July 2020 was 50% higher than 3 years earlier

Risk Factors and Barriers to support

This section outlines national data identifying children and young people with SEND who may experience greater risks or barriers to support and opportunities compared to others. This includes outlining inequalities faced by children and young people with SEND due to factors beyond their health status which affect their quality of life. For example, poverty; being a looked after child; or not being in employment, education, or training.

Gaps in service provision

A small-scale study by Ofsted in May 2021[45] outlined some significant weaknesses in the SEND system, namely: gaps in external provision and training; lack of coordination between services; lack of accountability; and weak co-production. While the findings are not generalisable, they have some important implications for SEND provision. The report suggests that:

- Even where the approach to school provision was pupil-centred, the staff did not always know the child well enough to do this
- Pupils regularly spend time with teaching assistants (TA's) out of class, raising possible social exclusion and reliance on one person
- More effective practitioner/family collaboration is needed to meet needs in school
- School SENCOs are essential but face challenges to fulfil their role
- LA ambitions for multi-agency collaboration is not always translated into practice
- Support from external services is not always sufficient
- Successfully supporting a child's needs means different things to different elements of the system, which can lead to variation in support according to school attended.

Key findings from a previous enquiry by the House of Commons Education Select Committee in 2019[46] showed: a lack of accountability, particularly for the bodies responsible for delivering health and social care support to families; serious gaps in external provision and training; and that parents, children and young people were often not meaningfully involved in decision-making and reviews.

Funding issues are also affecting SEND provision, with a freedom of information request by the Observer[47] suggesting that across 131 of the 151 upper tier local authorities they had information for, there is a forecast 'overspend' on high needs budgets of £593 million for 2020/21. The research suggested these overspends have been accumulated over several years as there has been insufficient funding provided to meet the increasing demand and complexity of needs.

Early Years and early identification of SEND

A 2017 small scale Study of Early Education and Development (SEED) commissioned by the Department of Education[48] found that parents play an integral role in the early identification of SEND, and strong communication strategies are essential for monitoring children's progress and identifying SEND. Identified barriers to support in Early Years included the EHC process being slow and administratively burdensome at times, and resource constraints (including a lack of additional funding and the complexity of the funding application process) preventing settings fully meeting the needs of children with SEND.

A recent report by the Education Policy Institute and Nuffield Foundation - the first to quantify national variation in SEND support in primary schools - has found that there is inconsistency in identifying children and young people with SEND. The main barrier to support for children and young people with SEND is inconsistent approaches among schools and regions in how they identify children. The primary school being attended was a key factor in explaining these differences. While local authorities tended to identify children as SEND based on their personal, social and emotional development (an approach recommended in the report), schools focus on communication and literacy skills.

The report found that children with special needs in England seem to be less likely to receive support if they are in disadvantaged areas or attend academy schools. For example, children with severe needs living in areas in England with few academy schools were 10 times more likely to be identified with SEND by their local authority than similar children living in areas with many academy schools. This was not explained by deprivation levels, ethnic mix or a range of other factors, and may be linked to variable SEND training and the complexity of navigating the funding system. The children least likely to be identified were among the most vulnerable, including those who had suffered abuse or neglect, who were frequently absent from schools, who were in deprived areas, or who had moved around a lot. Educational and residential transitions were also found to either delay or reduce access to SEND support, even where the risk of experiencing SEND is obviously high. The report calls for reforms to improve the way SEND is assessed within schools, including specialist training for teachers and school leaders, a national standards framework, a stronger funding system and targeting of less visible children.[49]

Poverty and deprivation

The percentage of all pupils eligible for free school meals has increased sharply since the introduction of transitional protections which will continue during the roll out of Universal Credit. This has meant that pupils eligible for free school meals on or after 1 April 2018 retain their eligibility even if their circumstances change. In January 2020, 17% of all pupils were eligible, compared to 15% in 2019 and 14% in 2018. 30% of pupils with SEN support, and 35% of pupils with a Statement or EHC Plan were eligible for free school meals in January 2020, more than double the proportion of pupils without SEN (15%) (Table 1).[50]

Table 1: Free school meals by SEN provision in England between 2015/16 and 2019/20

		2015/16	2016/17	2017/18	2018/19	2019/20
Statement or EHC	%	32	31	31	33	35
	number	70,389	71,643	73,721	83,488	95,282
SEN No Statement or EHC	%	26	26	25	27	30
	number	243,617	238,615	234,275	265,329	298,687
No SEN	%	12	12	12	13	15
	number	827,778	817,925	798,499	921,969	1,046,644
Total	%	14	14	14	15	17
	number	1,141,784	1,128,183	1,106,495	1,270,786	1,440,613

Source: Department for Education, 2020

A Department for Work and Pensions (DWP) (2013) report [51] shows that disabled people are more likely than non-disabled people to experience poverty and material deprivation. Statistics from the Department for Education (DfE) highlight this link between SEND and

children living in poverty and show that those who are living in poverty currently face greater barriers to moving out of poverty than their peers.[52]. SEND can be a result of poverty as well as a cause of poverty. Children with SEND are more prevalent among disadvantaged pupils than among their less-disadvantaged peers – a situation that is common to all four nations of the UK. Families supporting a disabled child are significantly more disadvantaged across a wide range of indicators of socio-economic position.[53]

English as a first language

16% of pupils whose first language is known or believed to be English have SEN. This is higher than those whose first language is known or believed to be other than English, at 12.6%. This is broadly similar to last year.[2] There is an association between impaired language, especially expressive language, and social, emotional and behavioural problems, broader social skills and exclusion.[54]

Looked after children and children in need with SEN

The Children in Need (CIN) census is an annual survey from 2008-09 onwards that includes the numbers of disabled CIN in England. The CIN census enables DfE to support future policy development by achieving a better understanding of these vulnerable children. At March 2019, 12.4% of the 399,510 Children in Need at had a recorded disability.[55]

Looked after children (LAC) are almost four times more likely to have a special educational need (SEN) than all children, and are almost nine times more likely to have an education, health and care (EHC) plan than all children. [56] Children who are looked after are not only more likely to have SEN, they also are shown to experience large differences in outcome. Research shows that the life circumstances of looked-after children face mean that children have not developed resilience and that this is then tested resulting in high levels of anxiety. This frequently manifests itself in mental health issues, and in 2015, the Department for Education and Department of Health estimated nearly half of children in care had a diagnosable mental health issue, and two thirds had SEN.[57]

In 2019, 56% of looked after children had a special educational need, compared to 46% of children in need and 15% of all children. Information on primary type of special educational need is collected for those with EHC plans and those with SEN support. For both types of provision, social, emotional and mental health is the most common primary type of special educational need for LAC, covering 40% of those with EHC plans and 47.5% of those with SEN support. This contrasts with the child population as a whole where social, emotional and mental health is the primary need of only 13% of those with EHC plans and 18% of those with SEN support. LAC with EHC plans are much less likely to have hearing impairment, visual impairment, autistic spectrum disorder, physical disability, or speech, language and communication needs as their primary type of special educational need than all children.[58] However, looked after children as a group do have higher levels of all the neurodevelopmental disorders, some of which is due to the high rate of foetal alcohol spectrum disorder (often undiagnosed) with consequent attention deficit hyperactivity disorder (ADHD), autism, and learning disability, and other specific areas of difficulty.

Research commissioned by the Department for Education[59] identified four effective interventions to address the needs of children living in vulnerable circumstances:

1. Universal prevention – available to all families
2. Targeted selection – interventions supporting families whose circumstances make them at higher risk for experiencing problems
3. Targeted indicated – interventions supporting families based on a pre-identified issue or diagnosed problem who require more intensive help
4. Specialist – interventions for families experiencing high-need where there is an ongoing problem or serious child protection concern.

Disability

The DWP Family Resources Survey shows that in 2018-19, 8% of children in the UK had a disability (around 1.1 million children). This proportion has remained relatively stable since 2007-08. For disabled children, the most common impairments are social and behavioural (42%), learning disability (34%), mental health (27%) and stamina, breathing and fatigue (24%). The DfE Childcare and Early Years survey of Parents for 2018 suggests that seven percent of children have longstanding health conditions or disabilities. Children in lone parent families are more likely to have a long-standing physical or mental impairment, illness or disability (10%) or a special educational need (12%) compared with children in couple families (6% and 7% respectively).

Wider lifestyle-related impacts

Obesity

Children and young people with disabilities are more likely to be obese than children without disabilities and this risk increases with age. This increased likelihood of obesity may worsen the complications of the health condition or impairment, as well as lead to an increased risk of serious obesity-related health conditions such as diabetes, musculoskeletal problems and cardiovascular risk factors. Obesity-related conditions can also add to the medication and equipment needs of children and young people with disabilities, with associated healthcare costs. Factors linking disability and obesity among children and young people include diet, physical activity, parental attitudes and behaviour, access to recreational facilities, medication and genetics.[60]

Foetal Alcohol Spectrum Disorder (FASD)

FASD is an umbrella term used to describe a wide range of disorders associated with alcohol consumption in pregnancy. Alcohol consumption in pregnancy has the potential to affect the foetus in different ways and result in life-long physical, behavioural and cognitive difficulties.[61] The prevalence of FASD in the UK is unknown, although estimates suggest a UK prevalence of 32.4 per 1,000 population.[62] Diagnosis of FASD is difficult as damage to the brain and developmental delay may not be obvious in very young children, there are genetic and malformation syndromes that have similar characteristics to FASD, and children affected by FASD may have another genetic syndrome as a comorbidity. Diagnosis requires a multidisciplinary approach at the earliest possible stage to allow for early intervention and treatment programmes and a better overall outcome for an individual with FASD. This extends beyond healthcare, e.g. through targeted educational and social support. FASD is a lifelong condition. If difficulties are not anticipated and understood, educational opportunities will not be optimised and some affected children and young people will have poor educational attainment, develop mental health problems, and have a higher risk of

becoming addicted to alcohol and other drugs. There is also a greater risk of becoming involved in criminal activity and dying prematurely from violence, accident or suicide.[61]

Mental health

The 2020/21 Children's Commissioner report looked at the state of children's mental health services, and identified that children's mental health care has historically been a 'Cinderella service' within the NHS, with high numbers of children not accepted into treatment and long waits for those who can get on the waiting list. Furthermore, children's mental health has been identified as the area with the biggest gap between what patients need and what the NHS was providing.[63] Children with long term physical conditions are more likely to have higher rates of mental health problems,[64] and people with learning disabilities have an increased risk of developing psychological problems.[65] Mental health issues are more prevalent in those with SEN than those without, and levels of mental health problems increase with levels of educational support needed.[66] Mental health issues which are most frequently seen in children with SEN include conduct disorder, depression and suicide, ADHD, obsessive compulsive disorder and schizophrenia.[67] Research suggests that children with a learning disability are over twice as likely to experience anxiety disorders and approximately six times as likely to experience conduct disorders than those without a learning disability.[68]

Examination of children's mental health services in 2019/20 by the Children's Commissioner identified that access to children's mental health services is still not adequate, and while access is improving, the pace at which this is happening needs to increase. Furthermore, spending on children's health is highly variable and inadequate, with a postcode lottery affecting waiting times, percentage of children accessing treatment, and percentage of children whose referrals are closed before accessing treatment.[63]

Exclusions

Department for Education 2018 statistics show that children with SEN represent 14% of the state-funded school population[69] yet account for almost half of permanent exclusions.[70] The same data show that pupils with SEN support are almost six times more likely to receive a permanent exclusion than pupils with no SEN and pupils with any type of SEN are around five times more likely to receive a fixed period exclusion. Exclusion rates vary by type of need and those pupils with Social, Emotional and Mental Health problems (SEMH) have the highest rate of exclusions and that pupils with Specific and Moderate Learning Difficulties and Autistic Spectrum Disorders also have high rates.

Exclusion should only ever be used as a last resort, and schools have a requirement under the Equality Act to put reasonable adjustments in place to ensure no child is ever excluded unlawfully. National evidence highlights the high and disproportionate exclusion of children who have SEND, whether or not they have less complex needs that are identified and met by schools 'SEN Support' or a statutory EHC plans.[71] Pupils with an EHC plan or with a statement of SEN had the highest fixed period exclusion rate at 16%, over five times higher than pupils with no SEN (3%).[72] Pupils with SEN account for just under half of all permanent exclusions and fixed period exclusions. The permanent exclusion rate for pupils on SEN support in 2017/18 was 0.34%, compared to 0.16% for pupils with statements or EHC plans and 0.06% of pupils with no SEN.[73,74]

A 2019 report by the Department for Education found that early intervention is key to managing exclusions, and that the needs of children with challenging behaviour are not being met sufficiently early to avoid later exclusion. Good EHC plans, and early identification of special needs can both result in fewer exclusions if they lead to children getting the right support at school. The focus is now on behaviour management and support in schools to reduce the number of exclusions.[75]

Not in education, employment, or training (NEET)

Although the UK has made progress in including those with SEND in mainstream education, pupils with SEND, particularly those from low-income families, are still more likely than others to drop out of mainstream school, face exclusion, or end up NEET between the ages of 18 and 25.[76] In January 2020, 8,100 young people with an EHCP plan were recorded as not in education, employment or training (NEET), a rise from 5,876 in January 2019.[77]

Post 16 education and learner participation

Special school sixth forms, independent specialist colleges and many general Further Education (FE) colleges specialise in provision for students with SEN. Post-16 provision is also offered by not-for-profit and voluntary sector, independent and private training and employment services.[78] FE colleges and sixth form colleges are required through their funding agreements to secure access to independent careers guidance for all students up to and including age 18 and for 19- to 25-year-olds with EHC plans.[79] In 2017/18, 18% of pupils identified with special educational needs in year 11 entered Higher Education (HE) by age 19, compared to 48% of pupils who were not identified with special educational needs in year 11. For those with a statement or EHC plan in year 11, 9% had entered HE by age 19, rising to 21% for those with SEN without a statement or EHC plan. All groups have seen increases in these percentages in recent years.[80] In March 2019, 88.6% of 16-17 year olds with SEN with an EHC plan were in education and training which is 4.3 percentage points lower than those without a SEN (92.9%). In the 2018/19 academic year 23.1% of FE and skills participants under 19 and 17.2% of those aged 19 and over had a self-declared learning difficulty and/or disability.

Transition

Children are surviving longer with conditions they would previously have died from in childhood and so support with the transition from children to adult services is becoming a more prevalent issue.[81] Transition services have been developed to support young people and their families through the transitions from childhood into adulthood to ensure that disabled young people have the same rights and opportunities as all young people.[82] Health-related quality of life for young people with complex health needs and disabilities can be improved by a good transition. When well-planned, transitions can improve health, education, and social outcomes for young people. On the other hand, poor transitions out of children's services without continuity of care can lead to disengagement with services and can have serious outcomes for young people.[83] Transition points for children with SEND from low-income families are particularly challenging and the proportion of the SEND cohort who are educated in special schools increases substantially between primary and secondary school.[84] This can be explained partly by the school admissions process, and partly by the different ways that certain phases of education are organised, for example secondary

schools are larger than primary schools and pupils spend less time with one teacher.[85] Transition is a high priority area for the national (and local) NHS Long Term Plan.

Employment 16-25 years

The 0-25 SEND code of practice outlines that schools and colleges should use a wide range of imaginative approaches, (such as taster opportunities, work experience, mentoring, exploring entrepreneurial options, role models and inspiring speakers) to raise the career aspirations of their SEN students and broaden their employment horizons. The vast majority of young people with SEN are capable of sustainable paid employment with the right preparation and support, and all should be helped to develop the skills and experience to achieve the qualifications they need and succeed in their careers. Colleges that offer courses which are designed to provide pathways to employment should have a clear focus on preparing students with SEN for work. This includes identifying the skills that employer's value and helping young people to develop them.[86]

Local authorities must set out in the Local Offer the support available to help children and young people with SEN or disabilities move into adulthood. Support should reflect evidence of what works in achieving good outcomes and must include information about preparing for and finding employment, a home, and participating in the community.[87]

Research commissioned by the Department of Education[88] suggests that young people with less complex SEND needs tend to be an invisible group in the literature if they have no statement or plan. This may be in part because those with more complex needs attract additional funding and statutory responsibilities towards them, while those with less complex SEND are not usually identified as a distinct group as far as funding and programmes are concerned. This is not to suggest that the needs of the 'SEN support' group are being ignored. There is evidence to suggest that some providers have developed inclusive, person centred approaches in order to provide support based on the specific needs of the individual, whether they have SEND or face other barriers. Good practice for work experience/placements for young people with less complex SEND includes:

- **Transition from school to FE provider** – effective assessment processes so aspirations and support needs are understood by all, shared information between schools and FE providers, effective careers information, advice and guidance so young people can make informed choices.
- **Employer engagement** – ensure employers have a range of opportunities to engage and where possible have dedicated resources to identify and support employers.
- **Work placement support** – teach employment-related skills, identify, and meet different learner support needs, work experience options, monitoring of learner progression, linking work experience to needs of local learners and employers.
- **Progression and aftercare** – build progression and aftercare into work programmes.

Equipment and environment

There are up to 6,000 children in Great Britain living at home who are dependent on assistive technology and one third of parents with a severely disabled child under the age of two uses over three pieces of equipment daily to provide basic care.[89] Over the last decade the number of technologically dependent children being cared for at home has increased significantly, reflecting both improving technology, and increasing clinical expertise.

However, this increase will need to be supported through the transition into adult services in the near future and research suggests few specific services currently exist to do this.[90]

Social inclusion

National evidence shows families with children who have SEND feel excluded from social and recreational opportunities that other families enjoy, due both to physical accessibility and to other people's attitudes.[91] Children with learning disabilities in particular find it hard to socialise at school because they have difficulty understanding how to interact with their peers, and so they risk becoming isolated.[92] Children with disabilities are likely to be living fairly solitary lives and to be largely dependent on families and parents for emotional support, yet a key identified need for children with disabilities is the desire for contact with others who have similar experiences. Such relationships can be a key information source for children with disabilities.

Housing

Children living in poor housing conditions are more likely to: have mental health problems; contract meningitis; have respiratory problems; experience long-term ill health and disability; experience slow physical growth and have delayed cognitive development.[93] Disabled children experience greater disadvantage than most, including in comparison to other groups of disabled people. Among those needing specially adapted housing, disabled children are least likely to be living in suitable housing compared to all other age groups of disabled people. Families of children with disabilities have a 50% higher chance of living in overcrowded accommodation and face multiple housing difficulties, including lack of space: either for play; for privacy; for storing equipment or for carrying out therapies, while others included access and housing condition problems.[94]

Access to outdoor space/green space/play

Living in a greener environment can promote and protect good health, aid in recovery from illness, and help with managing poor health. International comparison of education systems is also highlighting the role of play (including outdoor play) on early development. [95] Appropriate childhood play has been shown to facilitate parent engagement; promote safe, stable, and nurturing relationships; encourage the development of numerous competencies, including executive functioning skills (the process of learning rather than the content of learning); improve mental health and improve life course trajectories.[96,97,98]

The importance of play in relation to early development has also been considered in relation to school starting age, with several long-term studies finding no long term developmental advantage in countries such as the UK which have an earlier school starting age than other countries such as Finland where schooling starts at a later age and more emphasis is on play-based learning in early years. Earlier school starts with less emphasis on play and play-based learning have been associated with less educational attainment, greater emotional, social and behavioural problems, and worse mental health.[99]

Greener environments are associated with better physiological outcomes, better mental health and wellbeing including reduced levels of depression, anxiety, and fatigue, and enhanced quality of life for both children and adults.[100] Evidence suggests positive associations between a greener living environment and mental wellbeing outcomes in

children and young people, including: emotional wellbeing, reduced stress and improved resilience, higher health-related quality of life, as well as evidence of a link between greater exposure to greenspace and reduced rates of hyperactivity and inattention among children and young people.[101,102]

Those with the greatest challenges accessing green space include: older people; those in poor health; with a physical disability; of lower socioeconomic status; ethnic minorities; and those who live in deprived areas. Conversely, research suggests it is these groups that would disproportionately benefit from accessing green space. Physical barriers to use of green space include transport, proximity, physical obstacles, and lack of appropriate facilities.

Parents and Carers

The 2011 Census found 6.5 million people in the UK are carers. However, recent research using different datasets or polling has been summarised by Carers UK and suggests the number of carers is much larger than the census suggests. For example:

- In 2019, using population projections from the ONS and polling by Carers UK, research estimates that 8.8 million adults in the UK are carers.[103]
- Research published by the Social Market Foundation in 2018 estimated that there are 7.6 million family carers over the age of 16 in the UK3[104].
- The 2019 GP Patient survey suggests 17% over 16s in England are carers.[105]

However, as the largest and most robust dataset available, the Census 2011 remains the most cited source of prevalence data. Research looking at the value of carers support to the UK economy suggests that unpaid carers save the UK £132 billion a year, with more people caring than ever before, and the cost of replacement care increasing in recent years.[106] According to the NHS Information Centre Survey for Carers in Households[107]: People caring for disabled children under 18 account for 8% of carers, and a further 5% of carers look after adult children. A 2019 report by Carers UK outlines some key impacts of being a carer:

- **Financial** – Families often face additional costs associated with caring, like care services and assistive equipment; alongside higher living costs as ill health or disability push up household bills like heating and laundry bills and result in additional transport costs and hospital parking charges. Evidence suggest that half of working age carers live in a household where no-one is in paid work[108]; 1.2 million carers are in poverty in the UK[109]; of those providing substantial care, 30% had seen a related drop of £20,000 or more a year in household income[108]; over a third of carers describe themselves as struggling to make ends meet[110], as missing out on financial support due to lack of information and advice[111], and stated that their health was being affected by their financial circumstances[112].
- **Health** – Carers providing round the clock care are more than twice as likely to be in bad health than non-carers. Carers Week research found that 61% people said their physical health has worsened as a result of caring, while 72% said they have experienced mental ill health.[113] This impact is often exacerbated by carers being unable to find time for medical check-ups or treatment because of their caring responsibilities or being unable to trust or find suitable and affordable replacement care[114], by the increased likelihood of carers having a long term condition, disability or illness – with research showing nearly two thirds of carers had a health issue

which affected their day to day activity compared to half of non-carers[115], and by the worsening of pre-existing health conditions due to the caring role.[116]

- **Loneliness, social exclusion and personal relationships –** Carers often report becoming isolated as a result of their caring responsibilities, attributing this to a lack of understanding about their caring role as well as leaving paid work and being unable to take time off from caring resulting in losing touch with friends, colleagues and family members. Carers Week 2019 research found that carers are 7 times more likely to say they are always or often lonely compared with the general population[117], with a 2017 Carers UK survey finding that 4 in 10 carers stated they had not had a full days break from caring for over a year.[118]
- **Work and caring** – The 2011 Census found that around half of the UK's carers combine work with unpaid caring responsibilities. A 2016 report by the Government Office for Science[119] suggests that carers are less likely to work full-time and more likely to work part-time, be retired or otherwise economically inactive. 2019 Carers UK research suggests that over 2.6 million people have given up work at some point to care for loved ones, and 2 million have reduced working hours.[120] Research also suggests that: occupations undertaken by carers are more likely to be low-skilled and administrative and service orientated[121], caring has a long term impact on ability to work due to loss of skills, knowledge, experience and confidence[122]; that there is a lack of adequate support from formal services to enable working and caring[123]; and that the effects of caring on ability to work has an impact on the wider economy, with Age UK estimating a cost of £5.3 billion a year to the economy in lost earnings and tax revenue and additional benefit payments.[124]

COVID-19 and SEND

Impact on young people with SEND

In March 2020, all routine Ofsted inspections were suspended due to the COVID-19 pandemic. As part of Ofsted's phased return to routine inspection, the Department for Education (DfE) and the Department of Health and Social Care (DHSC) commissioned Ofsted and the Care Quality Commission (CQC) to carry out a series of 'interim visits' to local areas from Autumn 2020 to understand the impact of the pandemic on children and young people with SEND. A report from the first six visits, which involved responses from 92 young people and over 1,400 parents and carers, case studies with 28 families, and discussions with education, health and social care leaders, found that overall, children, young people and their families have had mixed experiences through this period:

1. **How children and young people with SEND have experienced the pandemic so far**
   - the pandemic has been challenging for many with SEND but some have thrived
   - education was different even for those attending their usual place of learning.
2. **What has worked well in supporting children and young people with SEND?**
   - many education, health and social care practitioners stayed in touch with families and worked with them to find ways of providing support
   - existing good relationships between practitioners and families were strengthened
   - multi-agency working continued and improved for some and was vital for ensuring families were supported
   - face-to-face appointments have become more widely available recently
   - local areas focused on service continuity as well as adapting provision

3. **What have the challenges been and what has not worked so well?**
    - not all families had contact with practitioners
    - families were not always included in discussions about how best to support them which meant that some did not get access to support they needed
    - the availability of services across the six areas was variable
    - not all services could switch to online provision effectively
    - support was partly determined by family resources
    - leaders and practitioners had difficulties interpreting and adapting to 'ever-changing government guidance.
4. **What are the plans for supporting these children and young people in the future?**

Future plans are affected by ongoing threat from the pandemic and likelihood of further restrictions. Specific priorities identified include:

- the mental health of families with children and young people with SEND
- reassessing the needs of children and young people to ensure changing needs during the pandemic are identified and supported. Some areas were focussing on those receiving SEN support who were felt to have been at more risk of missing support
- continuing existing work to improve families involvement with services and cooperation between different agencies.
- development of home-learning tools and processes to meet the educational needs of children during another lockdown (this research was conducted pre-January 2021)
- continuing with virtual provision and practices that had proved effective
- ensuring effective communication with families
- developing training for staff to use virtual tools effectively.

The report noted that representation was not equal across all areas and these findings may not be generalisable. **Appendix 2** provides provided a more detailed summary of the main findings from this research. This can be found on the JSNA website.

A more recent report by Ofsted has found that the challenges of the pandemic and the negative experiences that many have had during this time are not new – rather, they have been highlighted and intensified. General recommendations include the need to strengthen the curriculum and teaching in all education settings, particularly in relation to the teaching of language and early reading; a need for clarity about provision, greater coordination of services, clearer accountability, and more effective multi-agency working. SEND provision in mainstream settings must be part of a continuum of provision and must adapt according to children's changing needs over time.[125]

A separate survey of over 1,000 parents and carers of children with SEND published in October 2020 supports the findings from Ofsted/CQC that: not all SEN/EHCP support had been restored since the pandemic, specifically therapy services; a large proportion of parent carers were unaware of their child's risk assessment or had no input; there has been variation in home learning support; and there has been an increase in anxiety and mental health issues. The survey was conducted by Special Needs Jungle, a parent-led campaign group. From these findings, 45 recommendations were developed to create an inclusive environment, including: reintegration into school, risk assessment, SEND transport, restarting SEN support, managing anxiety, and back to school co-production. An additional eight recommendations for important government action include, making COVID-19

education guidance easier to access, uplifting SEND school budgets to meet emerging or increasing needs due to the pandemic, considering an option to repeat the school year if requested, extending EHCP, internship and training support for an additional year after 25, and mitigating the impact of the move to online learning for those in higher education who have had difficulty participating this way.

Early identification

A 2021 report[49] on early identification in Primary schools noted that the current SEND identification system requires children to remain in one place and stay visible over long periods of time to access support. This requirement for uninterrupted visibility in order to access timely support for SEND is even more problematic in the current pandemic context where face-to-face schooling has been suspended during lockdowns, and rates of school absence have been elevated. The consequences of this are likely to mean delayed SEND identification for children in the early primary year groups.

Child mental health

The 2020/21 report of the Children's Commissioner[63] highlights evidence that COVID has had a big impact on children's mental health. The report references evidence that the prevalence of clinically significant mental health conditions among children in July 2020 was 50% higher than three years earlier, rising from 10.8% of children aged 5 to 16 identified as having a probable mental health disorder in 2017, to 16% in 2020. It is not clear whether the increase happened steadily across the three years or was due to the pandemic. However, the rise in mental health conditions amongst children over the past 15 years has been very gradual, implying a significant impact of the pandemic.[126] Early NHS data suggests that in April 2020 referrals were 34% lower than in the same month in 2019. In September they were 72% higher than in September 2019. Additionally, the number of children in contact with services fell during lockdown and has only recovered partially since.

A recent survey[127] of 35 Trust leaders (accounting for 58% of the sector providing child mental health services) has looked at the impact of the pandemic on demand for child mental health services. Nearly all Trusts surveyed reported a significant increase in demand in the six months up to May 2021, particularly with regards to:

- eating disorder services,
- referrals to community and inpatient CAMHS services,
- an increase in complexity and acuity of need (which increases the intervention needed),
- an increase in presentations to A&E and pressure for Tier 4 beds for young people.

The biggest gap between demand and provision is for eating disorders, gender identity services and CAMHS. In addition to the impact of the pandemic on complexity of need and additional demand, a lack of suitable social care provision was also identified as a reason mental health needs for children are not being met, as well as a shortage of beds, workforce, and funding. Within the majority of Trusts, waiting times are significantly or moderately increasing compared to six months ago, with many anticipating that demand would not be met over the next 12-18 months. Nearly all expressed concern about the impact on levels of stress and burnout across the CYP services workforce. Other research also highlights the detrimental impact of COVID-19 on child mental health and ability of provision to meet increasing demand for services and treatment.[128]

5. NATIONAL PREVALENCE OF SEND

Chapter Summary

The following table provides a summary of the national evidence on prevalence of SEND outlined in the following chapter.

NATIONAL PREVALENCE OF SEND	
Prevalence	• The number of pupils with special educational needs (SEN) has increased for a third consecutive year to 1,373,800 in January 2020: 15.5% of the total pupil population. • Numbers of pupils with EHCPs and with SEN Support are both increasing • 3.3% of the total pupil population, have an EHCP and 12.1% are on SEN support • SEN increases as age increases in primary years, and declines through secondary ages
Needs	• <u>EHCPs</u> ○ The most common primary needs are ASD (30% of all EHCPs), and SLCN (15%) ○ the greatest rise in needs since 2018/19 are ASD (12.8% rise) and SEMH (12.2% rise) • <u>SEN Support</u> ○ The most common primary needs are SLCN (24% of all) and MLD (21%) ○ the greatest rise in needs since 2018/19 are ASD (13% rise) and SEMH (6.7% rise)
Characteristics	• Special educational needs remain more prevalent in boys than girls, with boys constituting 73% of those with EHCPs and 65% of those on SEN Support • Some ethnic minority groups are more prevalent amongst SEN pupils than expected • It is estimated that about half of all Children in Need have SEN, compared to 14% of all other children • 40% of looked after children with an EHC plan had a primary need of social emotional and mental health needs, compared to 13% of all children with an EHC plan • Attainment difference between pupils with SEN compared with no identified SEN remains the largest difference of all pupil characteristics groups.
Educational placement	• Since 2019, incidence of EHCPs in state-funded primary schools has decreased slightly, while incidence of SEN Support has increased slightly. • There has been a slight increase in both EHCPs and SEN support in state-funded secondary schools • The proportion of pupils in Pupil Referral Units who have an EHCP rose 3% from 13.4% in 2019 to 16.4% in 2020 • The number of children in state-funded special schools has been rising since 2006

The latest available complete data at local level is from the 2020 school census survey which is the data presented below. The national data is mainly taken from [ONS Special educational needs in England: Academic Year 2019/20.]

The following primary types of need are currently used[129]:

SEN code	Primary Category of Need
SpLD	Specific Learning Difficulty
MLD	Moderate Learning Difficulty
SLD	Severe Learning Difficulty
PMLD	Profound & Multiple Learning Difficulty
SEMH	Social, Emotional and Mental Health
PD	Physical Disability

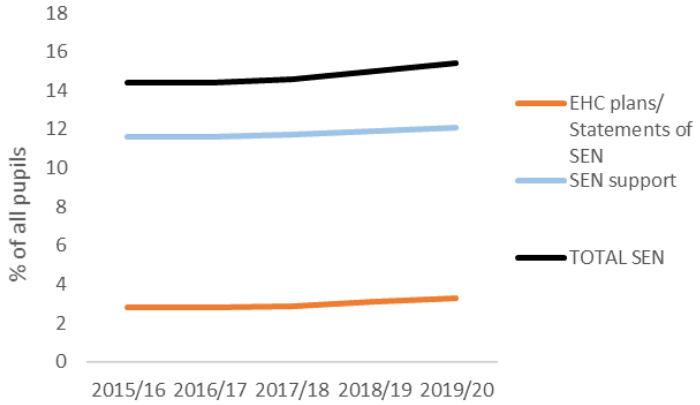
SEN code	Primary Category of Need
HI	Hearing Impairment
VI	Visual Impairment
MSI	Multi-Sensory Impairment
SLCN	Speech, Language and Communication Need
ASD	Autistic Spectrum Disorder
O	Other

National prevalence of SEND

Total number of EHC plans and on SEN support

The number of pupils with special educational needs (SEN) has increased for a third consecutive year to 1,373,800 in January 2020, representing 15.5% of the total pupil population. This is driven by increases in both the number of pupils with an Education, Health and Care (EHC) plan and with SEN support. 294,800 pupils (3.3%) of the total pupil population, have an (EHC) plan and a further 1,079,000 pupils (12.1%) are on SEN support (figure 3).[2]

Figure 3: SEN as a percentage of all pupils in England, 2015/16-2019/20

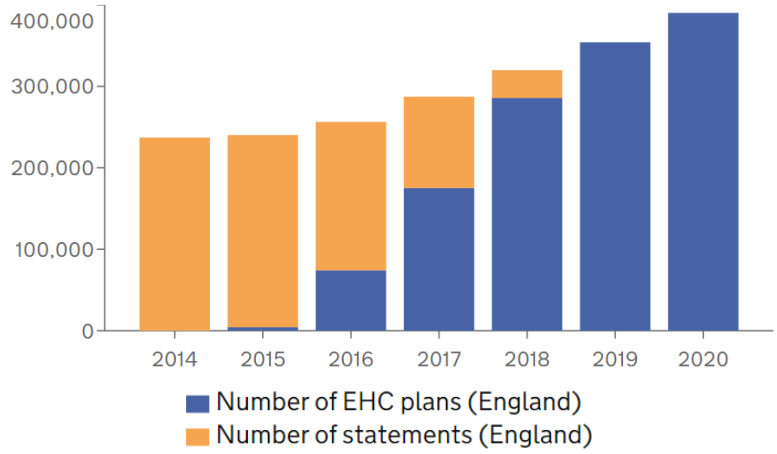


	2015/16	2016/17	2017/18	2018/19	2019/20
EHC plans/Statements of SEN (%)	2.8	2.8	2.9	3.1	3.3
SEN support (%)	11.6	11.6	11.7	11.9	12.1

Source: Department for Education, 2019

There were 390,100 children and young people with Local Authority maintained EHC plans as at January 2020. This is an increase of 36,100 (10%) from 354,000 as at January 2019.

Figure 4: Number of Statements and EHC plans, England, 2014-2020



Source: SEN 2

The number of new EHC plans made in the calendar year has also continued to increase, with 53,900 new EHCP plans made in 2019. The number of new EHC plans has increased each year since their introduction in 2014 (figure 4).[130]

Characteristics of children and young people with SEND

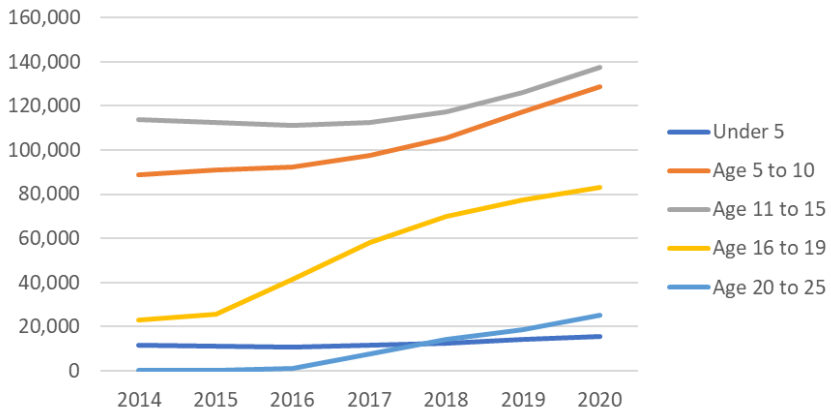
Age

The percentage of pupils who have SEN increases as age increases in primary years, up to 19% of pupils at age 10. It then declines through secondary ages, down to 15.4% at age 15.

EHCPs

The percentage of EHC plans continues to grow with age, throughout all schools ages. Children of compulsory school ages account for the largest percentage of EHC plans. Children aged 11-15 years old account for 35%, and those aged 5-10 for 33% (January 2020). The percentage of EHC plans in further education continues to increase, The percentage of young people aged 16-19 and 20-25 has increased since the introduction of EHC plans in 2014, to 21% and 6.5% of all EHCPs in January 2020, respectively (figure 5).[130]

Figure 5: Education Health Care Plans by age, England: 2014-2020



Source: Department for Education, 2020

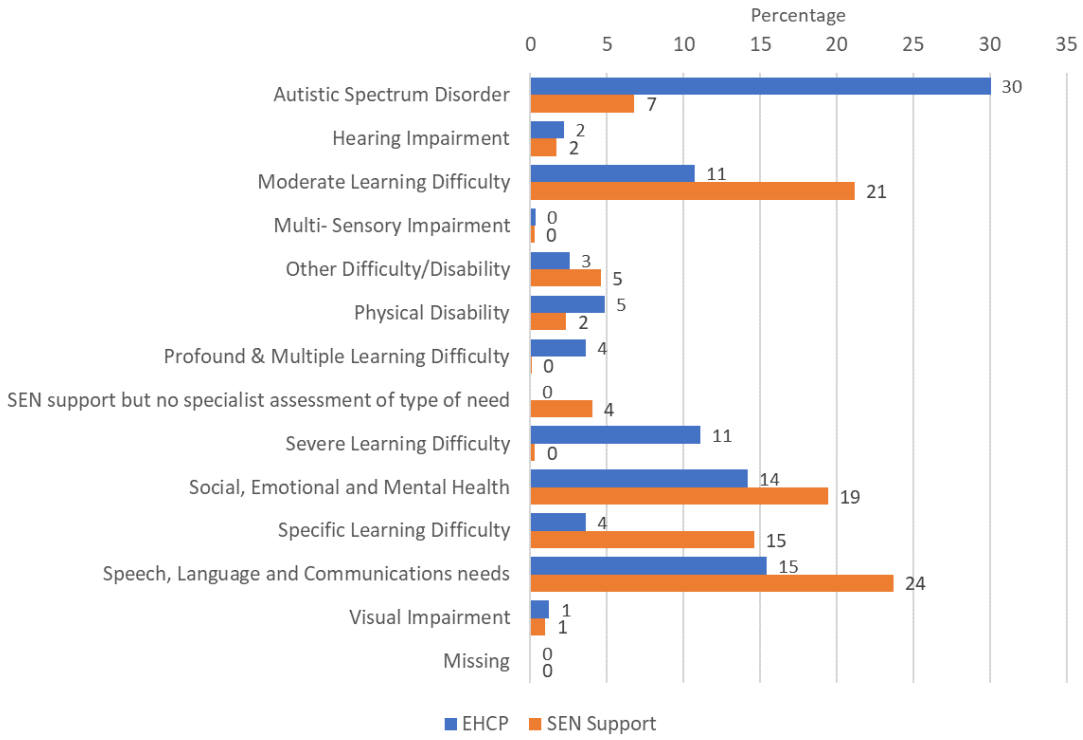
SEN support

The differences in children with SEN across age groups is driven by those with SEN support, which increases in primary ages to 15.2% at age 10, before decreasing to 12.9% at age 11 and continuing to decrease at a slower rate through secondary years to 11.4% by age 15.

Type of need

In January 2020, the most common type of need among pupils with an EHC plan was autistic spectrum disorder (30% of all pupils with an EHCP), and among pupils with SEN support was speech, language and communications needs (24% of pupils with SEN support). The second most prevalent primary need was speech, language and communication needs (15%) for those with an EHCP, and moderate learning difficulty (21%) for those on SEN support (figure 6).[14] Of the most common primary needs, this represents a slight increase in pupils with an EHCP with Autistic Spectrum Disorder (ASD) compared to 2018/19, and in pupils on SEN support with Speech Language and Communication Needs (SLCN).

Figure 6: Percentage of pupils by primary type of need and SEN provision, January 2020



Source: Department for Education, 2020

Between 2018/19 and 2019/20, the greatest rise in need for pupils with an EHCP has been in pupils with ASD (a 12.8% rise), followed by Social, emotional, and mental health (SEMH) needs (12.2% rise) and SLCN (11.9% rise). For pupils receiving SEN support, the greatest increase over the last year has also been in ASD (13% rise), followed by SEMH needs (6.7% rise). However, while need rose for all EHCP primary needs, for those receiving SEN support there was a decrease in pupils being supported for some types of need, most notably those with profound and multiple learning disability (6.1% decrease), severe learning difficulty (3.8% decrease) and moderate learning difficulty (3.2% decrease) (table 2).

Table 2: Number of pupils with SEN by primary need, England: 2018/19-2019/20

Primary Need	EHCP			SEN Support		
	2018/19	2019/20	change	2018/19	2019/20	change
Autistic Spectrum Disorder	73,450	82,847	**9,397**	60,048	67,867	**7,819**
Hearing Impairment	5,873	6,027	**154**	16,591	17,173	**582**
Moderate Learning Difficulty	29,100	29,592	**492**	218,501	211,563	**-6,938**
Multi- Sensory Impairment	915	965	**50**	2,473	2,647	**174**
Other Difficulty/Disability	6,766	7,069	**303**	46,393	45,932	**-461**
Physical Disability	13,094	13,371	**277**	22,852	23,417	**565**
Profound & Multiple Learning Difficulty	9,878	10,003	**125**	975	916	**-59**
SEN support but no specialist assessment of type of need	0	0	**0**	40,246	40,333	**87**
Severe Learning Difficulty	29,921	30,593	**672**	3,118	3,001	**-117**
Social, Emotional and Mental Health	34,922	39,189	**4,267**	181,944	194,111	**12,167**
Specific Learning Difficulty	9,080	9,947	**867**	142,559	145,878	**3,319**
Speech, Language and Communications needs	38,070	42,589	**4,519**	227,756	236,960	**9,204**
Visual Impairment	3,385	3,411	**26**	9,384	9,622	**238**
Missing	1	1	**0**	1	0	**-1**
Total	254,455	275,604	**21,149**	972,841	999,420	**26,579**

Source: Department for Education, 2020

Autism Spectrum (and related) Disorders and Attention Deficit Hyperactivity Disorder
Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are neurodevelopmental disorders nationally affecting 1.5% and about 4% of children respectively, with significant impact on outcomes, and associated costs, in mental health, participation, and education.[131] Diagnosis of ASD and ADHD used to be mutually exclusive, but now co-morbidity is recognised in between 40 and 80% of children.[132] Rising ASD numbers reflect increases in diagnosis, an increase in the number of schools with ASD provision and an increase in parental and professional awareness.

Gender

Special educational needs remain more prevalent in boys than girls, with boys making up 73% of those with EHCPs. The gap is narrower for SEN support, with boys making up 65% of all pupils with SEN support. In January 2020, 15% of boys were on SEN support compared to 9% of girls, and 5% of boys had an EHC plan compared to 2% of girls. [14]

Ethnicity

In January 2020, 68% of pupils with a Statement or EHC plan were White British or White Irish, and 30% were from a minority ethnic group. For pupils on SEN support this was 70% and 28% respectively.

Overall, in January 2020, 3.4% of White British pupils had an EHC plan. This compares to 5% White-Irish Traveller pupils, 4.7% Black Caribbean pupils, and 4.3% of pupils with any other Black ethnicity. The lowest rate of EHC plans is the Asian - Indian group at 2.1% (table 3).

In January 2020, the greatest proportion of pupils of any ethnic group on SEN support was similarly White-Irish Travellers at 24.9%, followed by pupils of White Gypsy/Roma ethnicity (22.6%) and of Black Caribbean ethnicity (16.3%). 12.9% of Pupils of White British ethnicity were on SEN support. Similarly to pupils with an ECH plan, pupils of Asian-Indian ethnicity had the lowest rate of SEN support at 6.4%.[14]

Table 3: Percentage of SEN pupils by ethnic group, England, January 2020

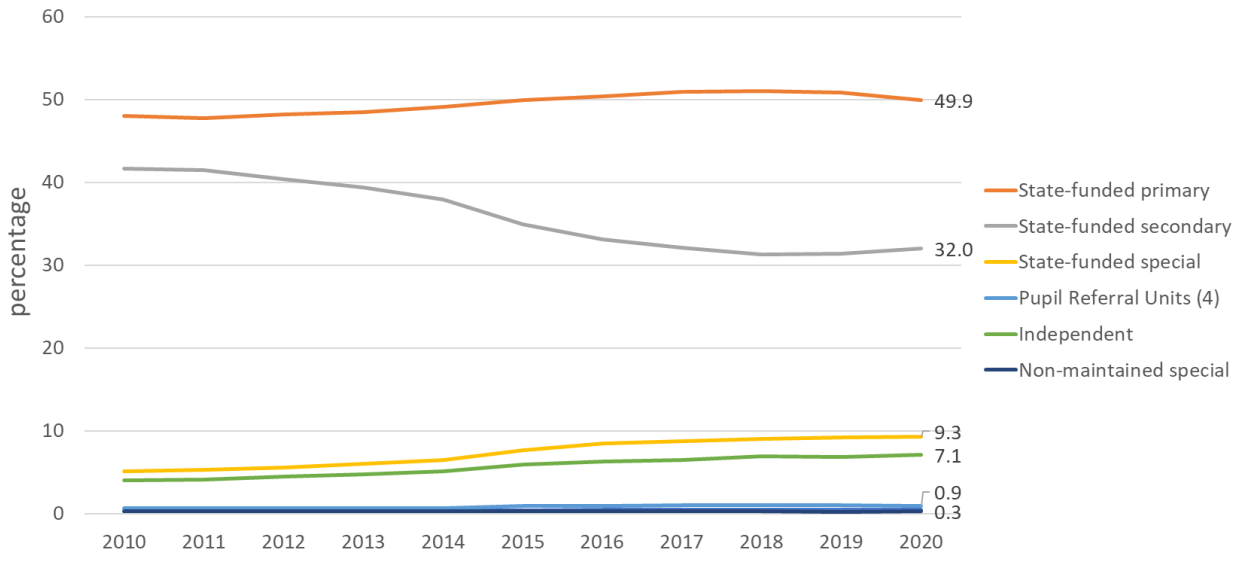
	Statement or EHC (percentage)	SEN Support (percentage)	No SEN (percentage)
Asian - Bangladeshi	1.9	1.5	1.8
Asian - Indian	2.0	1.7	3.5
Asian - Pakistani	4.4	4.2	4.5
Asian - any other Asian background	1.7	1.2	2.0
Black - Any other Black background	1.0	0.8	0.8
Black - Black African	4.5	3.5	3.9
Black - Black Caribbean	1.5	1.4	1.0
Chinese	0.3	0.2	0.5
Mixed - Any other mixed background	2.4	2.1	2.3
Mixed - White and Asian	1.2	1.2	1.5
Mixed - White and Black African	0.9	0.8	0.8
Mixed - White and Black Caribbean	1.9	2.0	1.5
White - Gypsy/Roma	0.4	0.6	0.3
White - Irish	0.3	0.3	0.3
White - Traveller of Irish heritage	0.1	0.2	0.1
White - White British	67.6	70.1	64.6
White - any other White background	4.6	5.3	7.0
Any other ethnic group	1.7	1.7	2.1
Unclassified	1.6	1.3	1.4
Headcount	**275,604**	**999,420**	**7,037,528**

Source: Department for Education, 2020

Type of Placement

Since 2015, the overall number of pupils with SEN has increased in all school types, with the exception of state funded secondary schools and non-maintained special schools. As a result, the overall incidence of SEN has increased slightly to 15.5% of all pupils. Pupils with SEN in state-funded primary schools make up 50% of all pupils with SEN. State funded secondary schools represent 32% of all SEN pupils, and state funded special schools 9%. This represents a 3% decrease in pupils with SEN in secondary schools, and an increase of 1.7% in state funded special schools (figure 7).

Figure 7: Pupils with SEN by school type, England: 2010-2020



Source: Department for Education, 2020

As a percentage of all pupils with an EHC plan across all settings, the percentage in state primary schools has increased from 26% in 2010 to 28% in 2020 and in state funded special schools from 38 % to 43%. The proportion in state funded secondary school settings has decreased from 29% to 20% over the same time period (table 4).

Table 4: Percentage of pupils with an EHC plan by type of provision: 2010-2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Maintained nursery	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1
State-funded primary	25.8	25.8	25.9	26.0	26.2	26.2	25.5	25.8	26.3	27.4	28.3
State-funded secondary	28.8	28.4	27.7	26.9	25.7	24.6	23.5	22.2	20.9	20.4	20.4
State-funded special	38.2	38.7	39.0	39.6	40.5	41.4	42.9	43.8	44.2	43.8	42.6
Pupil Referral Units	0.9	0.8	0.7	0.7	0.7	0.7	0.6	0.7	0.7	0.8	0.9
Independent	4.2	4.3	4.7	4.9	5.1	5.3	5.7	5.8	6.3	6.1	6.4
Non-maintained specia	2.0	1.9	1.9	1.8	1.7	1.6	1.6	1.5	1.4	1.3	1.3

Source: Department for Education, 2020

The proportion of pupils with SEN support has increased in state primary schools from 51% in 2010 to 56% in 2020 but has decreased in state funded secondary schools from 44% to 35% over the same time period. Since 2018 the proportion of pupils on SEN support in primary schools has been decreasing, with a corresponding increase in those on SEN support in secondary schools (table 5).

Table 5: Percentage of pupils with SEN support by type of provision, England: 2010-2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Maintained nursery	0.3	0.3	0.3	0.4	0.4	0.5	0.5	0.6	0.5	0.5	0.5
State-funded primary	51.4	51.2	51.8	52.4	53.4	55.2	56.3	57.0	57.1	56.9	55.8
State-funded secondary	43.6	43.6	42.5	41.5	40.2	37.2	35.4	34.4	33.9	34.2	35.1
State-funded special	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2	0.3
Pupil Referral Units	0.7	0.6	0.7	0.7	0.7	0.9	1.0	1.0	1.1	1.0	0.0
Independent	4.0	4.1	4.5	4.8	5.2	6.0	6.5	6.7	7.1	7.1	0.9
Non-maintained special	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.3

Source: Department for Education, 2020

Whilst the number of children and young people across all establishment types has increased, the proportions of young people with EHC plans receiving provision in mainstream and special schools have seen small decreases. This is a result of the increase in EHC plans issued to those 16 years old and above and consequently the use of further education.[130]

Incidence

The incidence (proportion of all pupils within a setting who have an EHC plan) has increased to 3.3% across all settings, compared to 3.1% in 2019.

- 1.8% of pupils in **state-funded primary schools** have an EHC plan in January 2020, compared to 1.6% in 2019, while 12.8% have SEN support, up from 12.6% last year.
- 1.8%, of pupils in **state-funded secondary schools** have an EHC plan in January 2020, an increase from 1.7% in 2019. 11.1% of pupils have SEN support, an increase from 10.8% in 2019.
- There has been a large increase in the percentage of pupils in **pupil referral units** with an EHC plan, up from 13.4% in 2019 to 16.4% in 2020.

- Almost all children in special schools have an EHC plan (98%). The number of pupils in **state-funded special schools** has increased by 6,400 (5%) to 128,100, continuing a trend seen since 2006.

Looked after children and children in need with SEN – prevalence and characteristics

According to national data, there were 405,000 Children in Need (CIN) in England at 31 March 2018, a figure that has remained relatively stable over the last seven years. Within this cohort, more serious cases are issued with a Child Protection Plan (CPP) and account for around 13% of all CIN. It is estimated that approximately half of all Children in Need have special educational needs, compared to 14% of all other children.[132] Of those who had been continuously looked after for 12 months in 2018/19 for whom data was available, 56% had a special educational need (SEN) in 2018/19: 27% with an EHC plan and 29% on SEN support. The most common type of need for looked after children was 'Social, Emotional and Mental Health': 40% of looked after children with an EHC plan had this type of need compared to 13% of all children with an EHC plan.[133]

6. LOCAL PREVALENCE OF SEND

Chapter Summary

The following tables provide a summary of the evidence of local prevalence of SEND as detailed in the chapter. This evidence is based on the most recent nationally published data at time of writing.

LOCAL PREVALENCE OF SEND	
East Sussex Young Population	• 27% of the population (148,380) are aged 0-25 (31% in England/South East) • Wealden has markedly more 0-25 year olds than other Districts and Boroughs • Like England, the 0-25 population has risen slightly, especially 0-5 year olds. • The 16-19 year old population has fallen by 12% since 2009. • There are just under 15,000 0-15 year olds affected by income deprivation, greatest impact is in Hastings with 1 in 4 affected • 17% pupils are eligible for free school meals (England 17%, South East 13%) • Since 2017/18 Free school meal eligibility increased from 13% to 17% pupils
Prevalence	• 14.3% pupils receive SEN Support or have an EHCP (15.4% in England) • Like England, numbers of pupils with EHCPs and SEN Support are increasing • 2.4% 0-25 year olds have an EHCP and 3.3% pupils, similar to nationally. • East Sussex has a lower proportion of pupils on SEN support (11.7%) than the South East, England and our nearest statistical neighbours, although it is rising faster locally than in comparative areas. • Like England, SEN increases through primary years, and declines in secondary • Number of EHCPs has risen 7% between 2018 and 2020.
Primary needs	• <u>EHCPs</u> o The most common primary needs are ASD (30% of all EHCPs), and SLCN (20%) o As a proportion of total EHCP compared to nationally: higher SEMH (18% vs 14%), higher SLCN (20% vs 15%), and lower SLD (4% vs 11%) o Greatest proportionate rise is in PMLD (23% rise since 2018, 19 EHCPs) and in number is in ASD (19% rise since 2018, 166 EHCPs). • <u>SEN Support</u> o The most common primary needs are SLCN (26% of all) and SEMH (21%) o As a proportion of total SEN Support compared to nationally: significantly higher ASD (12% vs 7%), lower MLD (13% vs 21%), higher SEMH (21% vs 19%) and higher SLCN (26% vs 24%)
Characteristics	• 25% of EHCPs are for 16-19 year olds, higher than nationally (21%). • Similar to England, SEN needs remain more prevalent in boys than girls, with boys constituting 75% of those with EHCPs and 66% of those on SEN Support • The biggest EHCP gender gaps are for ASD (84% males) and SEMH (83% males) • The proportion of Looked After Children (LAC) with SEN (65%) is higher than comparative areas (nationally (56%), the South East (60%), and our nearest statistical neighbours (64%)). • The proportion of LAC with EHCPs is falling, but those with SEN Support are rising • There is a lower proportion of Children in Need (CIN) with SEN (40%) than comparative areas • The proportion of CIN with and EHCP is falling and remains significantly below comparative areas • There appears to be correlation between EHCP and areas in the most deprived LSOAs • There is a higher proportion of pupils on SEN Support eligible for Free School Meals (32%) than England (30%), and a lower proportion with EHCPs (32% vs 35%). • Pupils with and EHCP are twice as likely to be not in education, employment or training than those without • There is a higher proportion of y12/13 pupils with an EHCP known to be NEET than nationally
Educational placement	• Since 2018, incidence of EHCPs in mainstream schools and academies has fallen, whilst the proportion in post 16 education has increased. • The number of 0-25 year olds with EHCPs placed in other authorities is decreasing. • <u>Compared to nationally</u> o Significantly lower proportion of pupils with EHCPs in mainstream schools (and compared to the South East and our nearest statistical neighbours) o Significantly higher (and increasing) proportion of pupils with EHCPs special schools (and compared to the South East and our nearest statistical neighbours). o lower proportion of pupils with ECHPS in non-maintained early years settings o lower proportion of pupils on SEN Support in state-funded secondary schools o over twice the proportion of pupils on SEN Support in state-funded special schools o about twice the proportion of pupils on SEN Support in independent schools

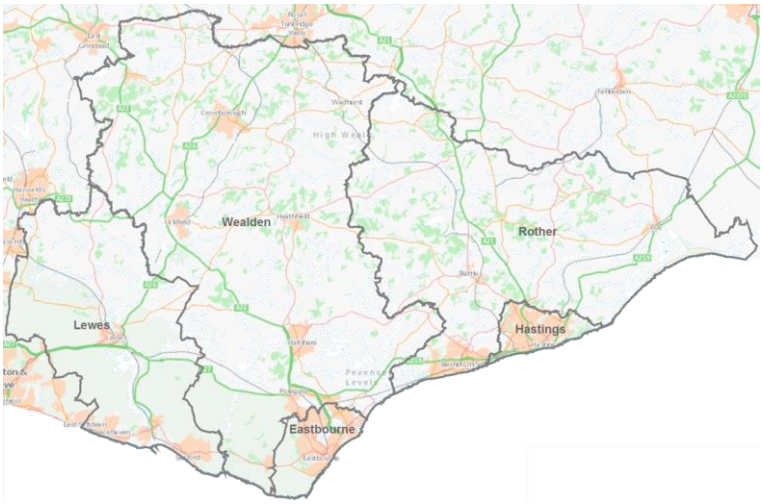
LOCAL EDUCATIONAL CONTEXT FOR YOUNG PEOPLE WITH SEN SUPPORT		
SEN SUPPORT	Early Years attainment	Compared to nationally, regionally and nearest statistical neighbours • Consistently higher proportion achieving a Good Level of Development (GLD) • smaller gap between GLD for SEN Support and for all pupils than nationally
	KS1 Attainment	Compared to nationally and nearest statistical neighbours • Increasing proportion achieving expected level or higher in reading, writing and maths. Highest proportion of all statistical neighbours. • Decrease in gap in KS1 attainment for pupils with SEN Support and all pupils
	KS2 attainment/ progress	Compared to nationally • Consistently lower proportion achieving expected levels in combined reading, writing and maths, and in individual subjects • less progress than those with SEN Support nationally. • significantly less progress in all subjects compared to pupils with no SEN nationally: biggest gap in writing.
	KS4 attainment/ progress	Compared to nationally and nearest statistical neighbours • significantly lower attainment 8 scores per pupil with SEN Support • declining progress for pupils with SEN support: now the lowest progress score of all 11 statistical neighbours, and one of the lowest scores nationally.
	Post 16	• significantly lower proportion qualified to level 2 (5 GCSE's grade A*-C or equivalent) or level 3 (2 A-Levels, 4 AS levels or equivalent) by age 19 than comparative authorities and nationally, with the lowest proportions of all our statistical neighbours.
	Attendance	• higher overall, unauthorised and persistent recorded absence than England • The worst ranking of the 11 comparator authorities and among the worst nationally for all absence types
	Exclusions	• Pupils with SEN Support are significantly over-represented in exclusion statistics compared to nationally • Over three times the proportion of pupils on SEN Support excluded than would be expected • East Sussex has a significantly higher fixed term exclusion rate than nationally and comparator authorities • However, in contrast to England, the rate of fix term exclusions for those on SEN Support is falling locally • East Sussex has a higher rate of permanent exclusions than nationally and comparator authorities

LOCAL EDUCATIONAL CONTEXT FOR YOUNG PEOPLE WITH AN EHCP		
EHCP	Early Years attainment	Compared to nationally, regionally and nearest statistical neighbours • Significant decrease in those achieving a GLD (now below comparator areas), • greater gap between GLD for EHCP pupils and for all pupils
	KS1 Attainment	Compared to nationally and nearest statistical neighbours • Decrease in those achieving expected level or higher in reading, writing, maths • Significant increase in attainment gap for pupils with EHCP and all pupils nationally, particularly in reading
	KS2 attainment/ progress	Compared to nationally • Increasing proportion achieving expected levels in combined reading, writing and maths: now higher than nationally and statistical neighbours • Higher proportion achieving expected levels in individual subjects than nationally/comparator authorities • Pupils with an EHCP are making less progress in writing/maths, but more in reading (gap is narrowing). • significantly less progress in all subjects compared to pupils with no SEN nationally: biggest gap in writing.
	KS4 attainment/ progress	Compared to nationally and nearest statistical neighbours • Consistently higher attainment 8 scores per pupil with an EHCP • better progress for pupils with an EHCP, and a smaller gap compared to progress of those with no SEN
	Post 16	• higher proportion qualified to level 2 by age 19 than comparative authorities and nationally, and a similar proportion qualified to level 3. • In contrast to nationally and regionally, the number of young people with an EHCP on work based placement is decreasing locally.
	Attendance	• higher overall, unauthorised and persistent recorded absence than comparative authorities and England • The number of electively home educated pupils is increasing, but the proportion with EHCPs is decreasing
	Exclusions	• Over twice the proportion of pupils with an EHCP are excluded than would be expected • The proportion of pupils with EHCPs who receive fix term exclusions is increasing.

Local demographics

East Sussex County has a population of 557,229 people and consists of two boroughs (Eastbourne and Hastings) and three districts (Lewes, Rother, and Wealden) (figure 8). Wealden is the largest district/ borough (161,475 persons) and Hastings is the smallest (92,661 persons). There is one clinical commissioning group in East Sussex (NHS East Sussex).[134]

Figure 8: East Sussex Districts and Boroughs

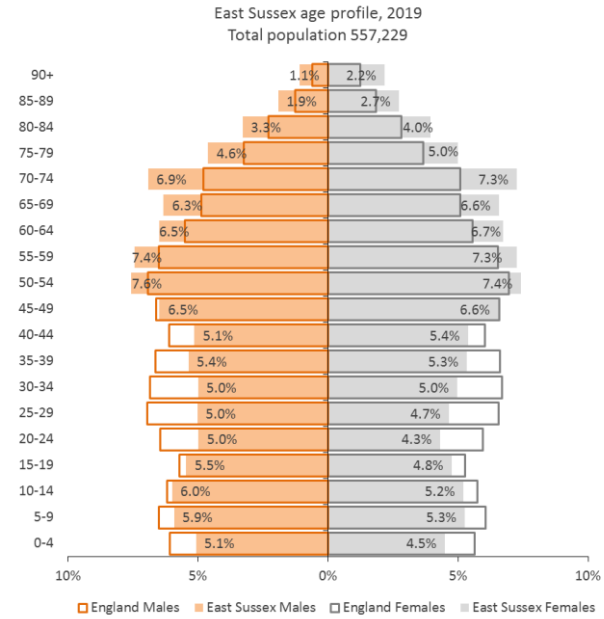


Source: East Sussex County Council: East Sussex in Figures

Age and gender

Figure 9 shows the population pyramid for East Sussex which shows the age and sex distribution of the population (and compared to England). Each bar shows the percentage of males/females in that particular age group.

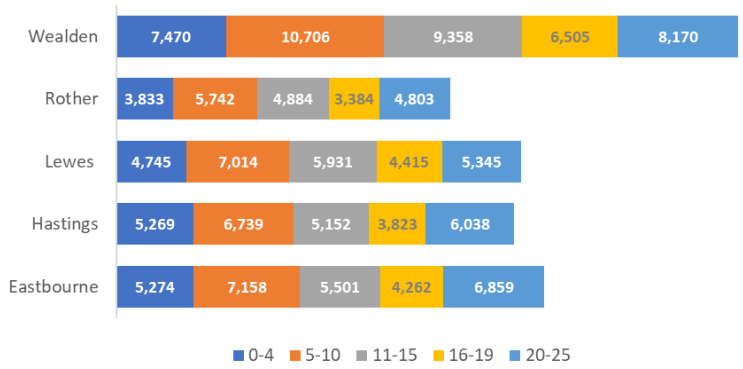
Figure 9: East Sussex Age Profile, by age and gender, 2019



Source: ONS Mid-Year population estimates, 2019

The 2019 ONS estimates showed that 27% of the East Sussex population (148,380) are aged 25 years or under. This is considerably less than the South East (31%) and England (31%) showing that East Sussex has a much older population than both nationally and regionally. As a proportion of the total population for the area, Hastings has the highest proportion of 0-25 year olds (29%) and Rother the lowest (24%). Figure 10 shows the East Sussex population by five year age bands for children and young people in the county.

Figure 10: East Sussex 0-25 age profile by district and boroughs, 2019

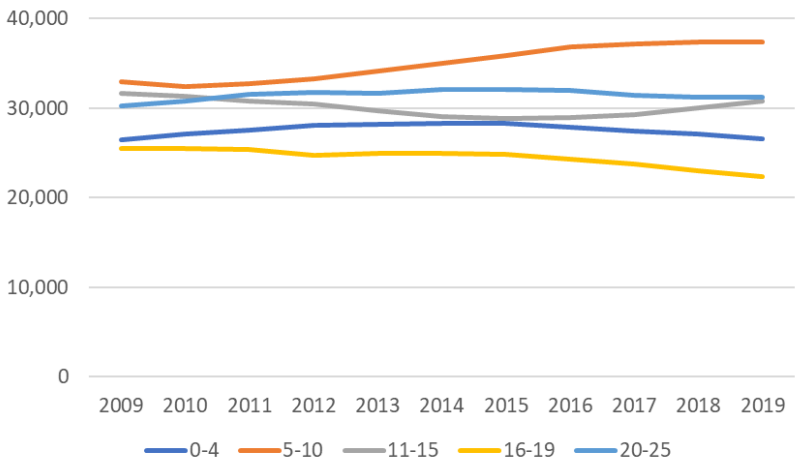


Source: ONS Mid-Year population estimates, 2020

Wealden has the greatest number of 0-25 year olds (42,209), significantly higher than Eastbourne (29,054), Lewes (27,450), Hastings (27,021), and Rother (22,646). In East Sussex the 5-10 year age band is the largest group of children and young people among 0 to 25 year olds (37,359), and 16-19 year olds are the smallest (22,389).

In comparison to 2009 population estimates, the overall 0 to 25 year old population in East Sussex has increased slightly, reflecting the national trend. Over this period, the number of 5-10 year olds has significantly increased by 13% to 37,360, and this is the largest age group among 0-25 year olds. Conversely, the number of 16-19 year olds currently is 12% less than in 2009, at 25,470 (Figure 11).

Figure 11: East Sussex 0-25 age profile, 2009-2019



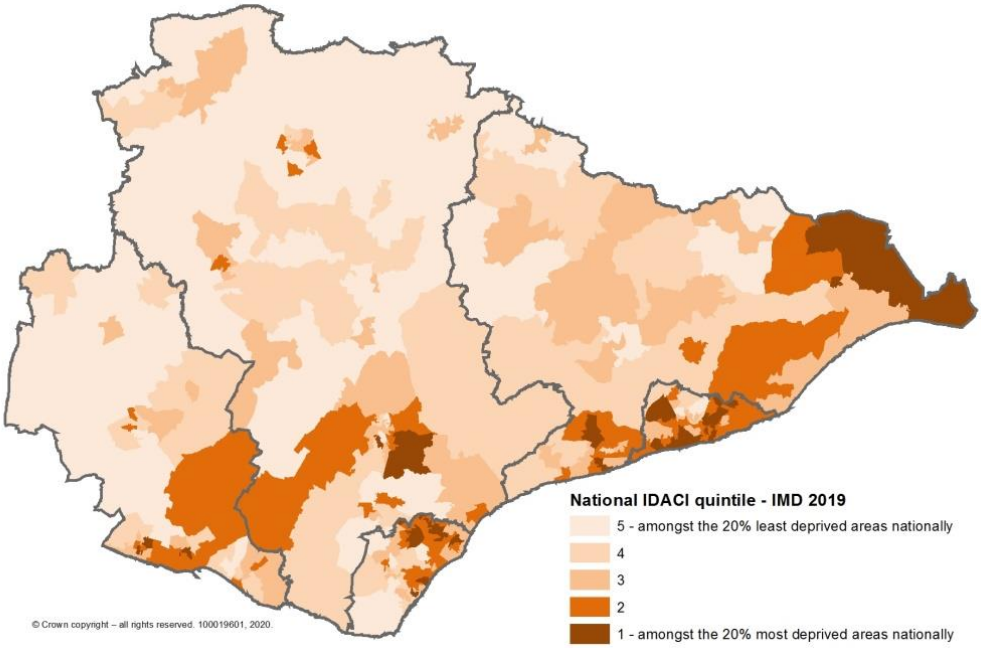
Source: ONS Mid-Year population estimates, 2020

Deprivation

Income Deprivation Affecting Children Index (IDACI) data captures the proportion of the population experiencing income deprivation in an area and represents children aged 0 to 15 living in income deprived households in each Lower Layer Super Output Area (LSOA) (approximately 1,500 households). Income deprived households are defined as families receiving either income support, income-based Jobseekers Allowance, pension credit (guarantee) or those not in receipt of these benefits but in receipt of child tax credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs.

According to the 2019 IDACI measures, there are just under 15,000 children aged 0-15 in East Sussex who are affected by income deprivation. Hastings has the highest proportion, with over 1 in 4 0-15 year olds affected (27%), followed by Eastbourne (19%), Rother (16%), Lewes (13%) and Wealden (10%). Across East Sussex there is huge geographic variation in children affected by income deprivation, from 44% in Central St Leonards and 42% in Tressell, to , to 3% in Ditchling and Westmeston (figure 12).[135] Of the 317 local and unitary authorities in England in 2019, Hastings ranked 15th most deprived, Eastbourne 67th, Rother 120th, Lewes 179th, and Wealden 259th.[136]

Figure 12: Income Deprivation Affecting Children Index (IDACI), 2019



Free School Meals (FSMs)

Schools should provide meal options for all pupils who are in school, and these should be provided free of charge to all infant pupils and to pupils who meet the benefits-related free school meals eligibility criteria.[137] In East Sussex, in 2019/20, 11,500 pupils were eligible for free school meals (17% of pupils). This is similar to nationally (17%) but is higher than the South East (13%).[138] Eligibility for FSMs has been rising in East Sussex, the South East and England over the last few years. Since 2017/18, eligibility has risen from 13% to 17% in East Sussex, from 9 % to 13% in the South East, and from 14% to 17% in England.[139]

Special Educational Needs & Disabilities in East Sussex

Total number of EHC plans and pupils on SEN support

SEN Support refers to extra or different help that would be given from that provided as part of the school's usual curriculum. Education Health and Care Plans (EHCPs) are for children and young people who need significantly more support than their school or college can usually give them through special educational needs support. As at January 2020, 14.3% of all pupils were in receipt of SEN support or had a statement/EHCP. This is lower than the percentage of pupils nationally (15.4%).

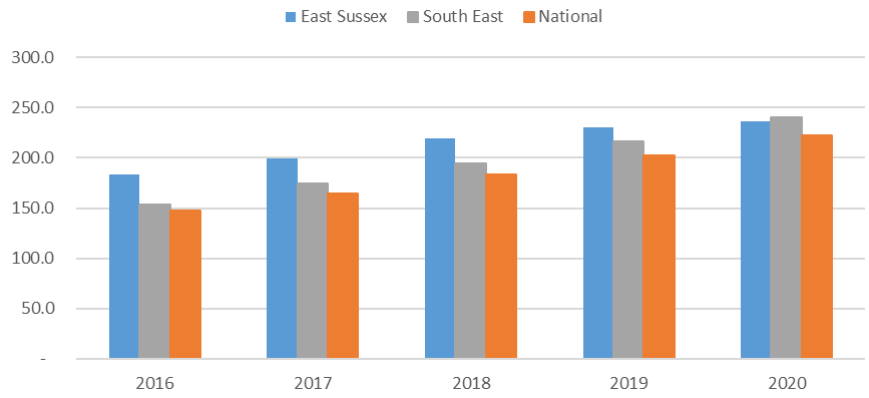
EHC Plan

As at January 2020 there were 3,510 0-25 year olds in East Sussex with an EHCP Plan maintained by East Sussex County Council. This includes those in East Sussex schools and those in schools in other areas, independent schools etc. The number of pupils with EHCPs has increased each year, both in number (from 3,279 in January 2018 to 3,510 in January 2020) and as a proportion of the 0-25 population in East Sussex (from 2.2% 0-25 year olds in 2018 to 2.4% in 2020).

Pupils

Between 2016 and 2020, East Sussex has consistently had a higher rate of pupils with an EHC plan than the national average, but for the first time in 2020, the local rate was below that of the South East. Nationally, regionally, and locally, rates have been consistently increasing year on year (figure 13)

Figure 13: Rate of pupils with an EHC plan per 10,000 0-25 population: 2016 to 2020



Source: Department for Education

East Sussex currently has a similar proportion of pupils with EHCPs (3.3%) than the South East (3.5%) and England (3.3%). Between April 2019 and March 2020, 338 New EHCP plans were issued: 5% fewer than in 2018/19 (356), but 46% more than in 2017/18 (231).

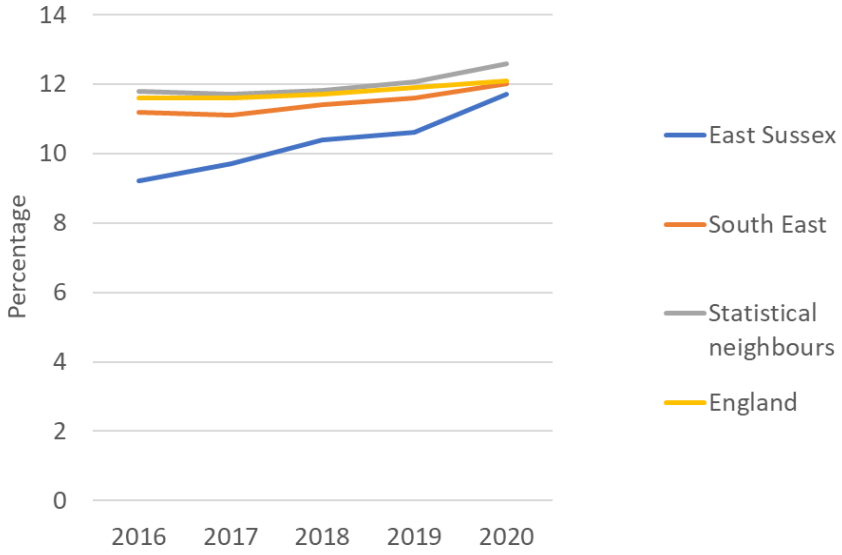
SEN support

As at January 2020, 7,529 pupils attending an East Sussex school received SEN support who did not have a statement or EHC plan. This includes pupils aged 4-19 attending mainstream schools, special schools, and special facilities in East Sussex. This does not include those in

other education settings such as further education or those who are home educated. The number of pupils on SEN support increased from 6,537 in 2018 to 7,529 in 2020.

In comparison to the South East, to England and to our nearest statistical neighbours, East Sussex has a lower proportion of pupils on SEN support without a statement or EHCP (11.7%). However, the proportion of pupils on SEN support in East Sussex has risen by 2.5% over the last five years, compared to a rise of less than 1% in the comparative areas over the same time period (figure 14).

Figure 14: Percentage of pupils receiving SEN support: Jan 2016 to Jan 2020



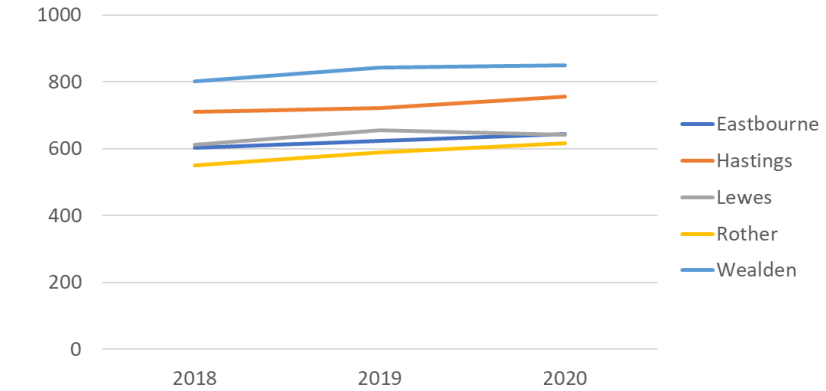
Source: Department for Education, LAIT tool

Characteristics of children and young people with SEND

Location

Wealden has the greatest concentration of children and young people with an EHC plan (851), followed by Hastings (756), Eastbourne (644), Lewes (641) and Rother (616). Across all Districts and Boroughs, the number of EHCPs has been rising since 2018, with the exception of Lewes where there has been a slight fall in numbers over the last year (fig 15).

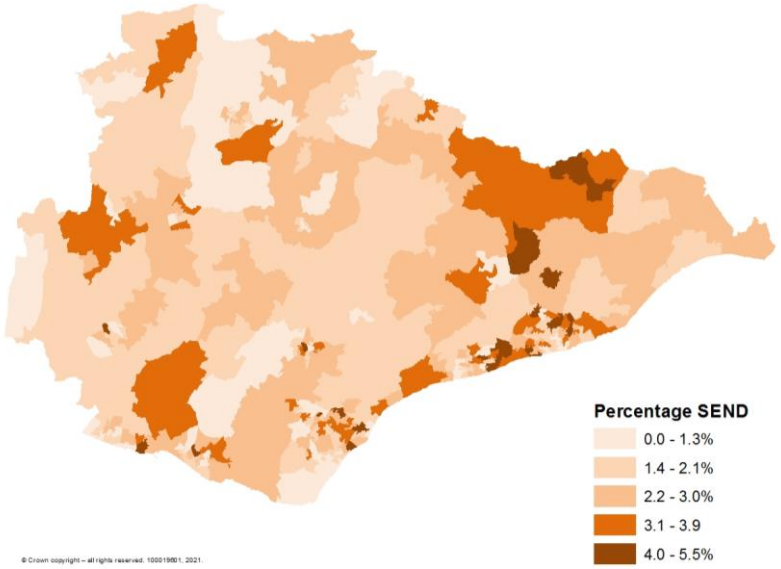
Figure 15: Number of EHC plans by District and Borough: 2018-2020



Source: ESCC Children's service, School Census

Figure 16 shows the areas of the county with the greatest proportions of 0-25 year olds with an EHCP, including all education settings in the local authority, both maintained and non-maintained. There appears to be correlation between the distribution of young people with an EHCP and the areas within the most deprived LSOAs, with concentrations of EHCPs in Baird, Central St Leonards, Tressell and Hollington in Hastings, Brede Valley in Rother, and Hampden Park, Langley, St Anthony's, and Sovereign in Eastbourne.

Figure 16: Percentage of 0-25 year olds with an EHC plan in East Sussex, 2020



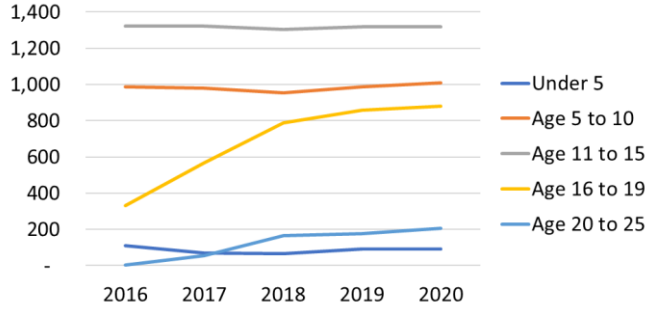
Source: Local Authority Core Pupil Database (Synergy) as at 16/01/2020, mapped by Public Health Intelligence

Age

EHC plan

The percentage of EHC plans has increased for all age groups in East Sussex between 2016 and 2020, with the exception of under 5's where there has been a slight decrease, and 11-15 year olds where the number of plans has remained consistently just over 1,300 for the past 5 years (figure 17). Children of compulsory school ages account for the largest percentage of EHC plans. Children aged 11-15 years old account for 38%, and those aged 5-10 for 29% (January 2020). This compares to national and regional figures of 35% 11-15 year olds and 33% 5-10 year olds. The percentage of young people aged 16-19 and 20-25 with EHCPs has increased since 2016, to 25% and 6% of all EHCPs in January 2020 respectively.[130] This represents a slightly higher proportion of EHC plans among 16-19 year olds than nationally (21%).

Figure 17: Education Health Care Plans by age, East Sussex: 2016 to 2020

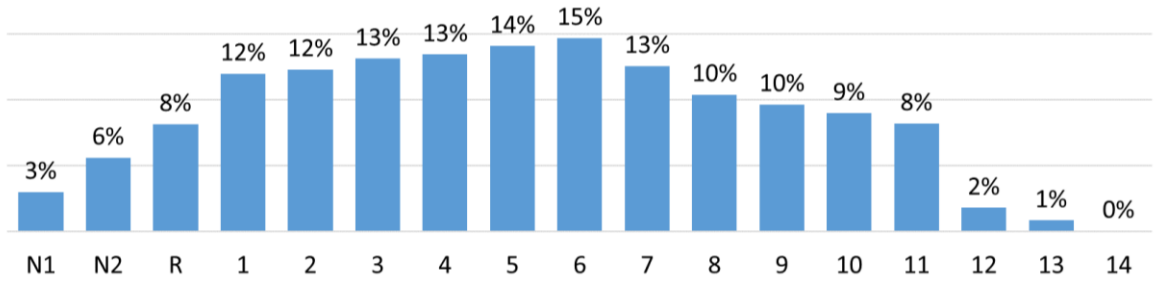


Source: ESCC Children's service, School Census

SEN support

Similarly to nationally, the number of pupils on SEN support increases in primary ages (school years R-6) to 15% at age 10, before decreasing to 13% at age 11 and continuing to decrease further through secondary school years to age 15 (school years 7-11) (figure 18). This distribution has remained broadly consistent over the last 3 years.

Figure 18: Percentage of pupils on SEN support, by school year, January 2020



Source: ESCC Children's service, School Census

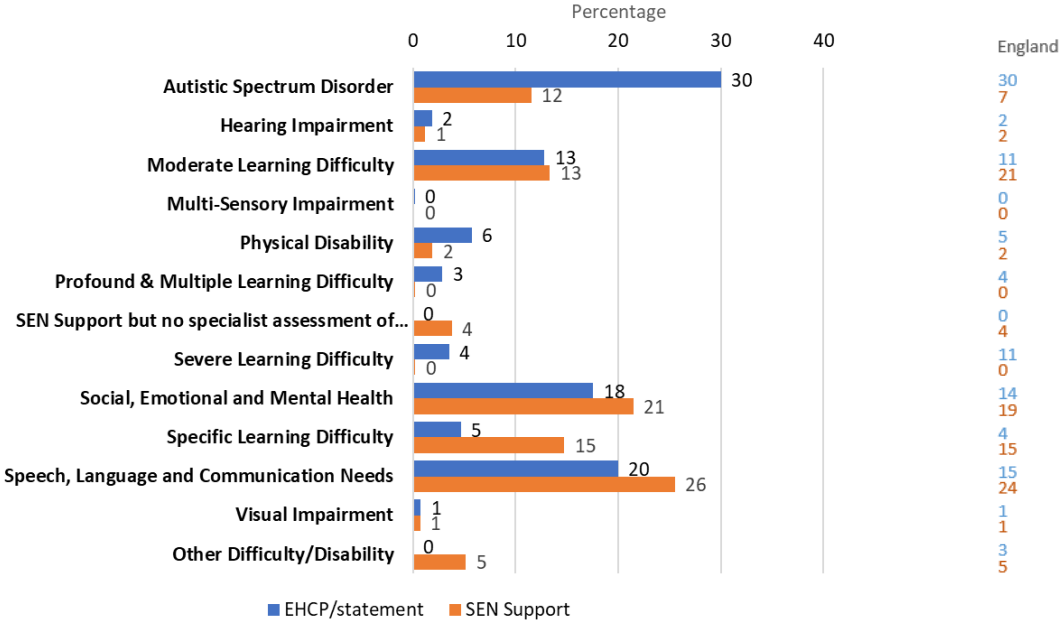
Type of need

SEN code	Primary Category of Need
SpLD	Specific Learning Difficulty
MLD	Moderate Learning Difficulty
SLD	Severe Learning Difficulty
PMLD	Profound & Multiple Learning Difficulty
SEMH	Social, Emotional and Mental Health
PD	Physical Disability

SEN code	Primary Category of Need
HI	Hearing Impairment
VI	Visual Impairment
MSI	Multi-Sensory Impairment
SLCN	Speech, Language and Communication Need
ASD	Autistic Spectrum Disorder
O	Other

In January 2020, the most common type of need among pupils with an EHC plan was autistic spectrum disorder (ASD) (30% of all pupils with an EHCP), and among pupils with SEN support was speech, language and communications needs (SLCN) (26% of pupils with SEN support). This reflects the most prominent primary needs nationally.

Figure 19: Percentage of pupils by primary type of need and SEN provision, January 2020



Source: ESCC Children's service, School Census

The second most prevalent primary need was SLCN (20%) for those with an EHCP, and social, emotional and mental health (SEMH) (21%) for those on SEN support (Figure 19).

For those on **SEN support** compared to England, this indicates:

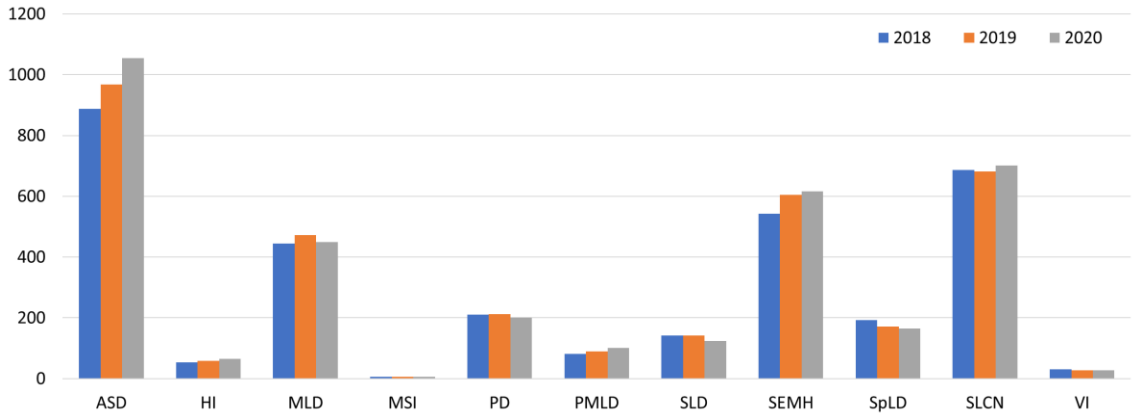
- a greater proportion of children who have **ASD** (12% vs 7% nationally),
- a lower proportion of children with **moderate learning difficulties** (13% vs 21% nationally), and
- a slightly higher proportion of children with **social, emotional and mental health needs** (21% vs 19% nationally), and who have **speech, language and communication needs** (26% vs 24% nationally).

For those with an **EHC plan** compared to England, this indicates:

- a lower proportion of children with **severe learning difficulties** (4% vs 11% nationally),
- a greater proportion of children with **social, emotional and mental health needs** (18% vs 14% nationally), and
- a greater proportion of children with **speech, language and communication needs** (20% compared to 15% nationally).

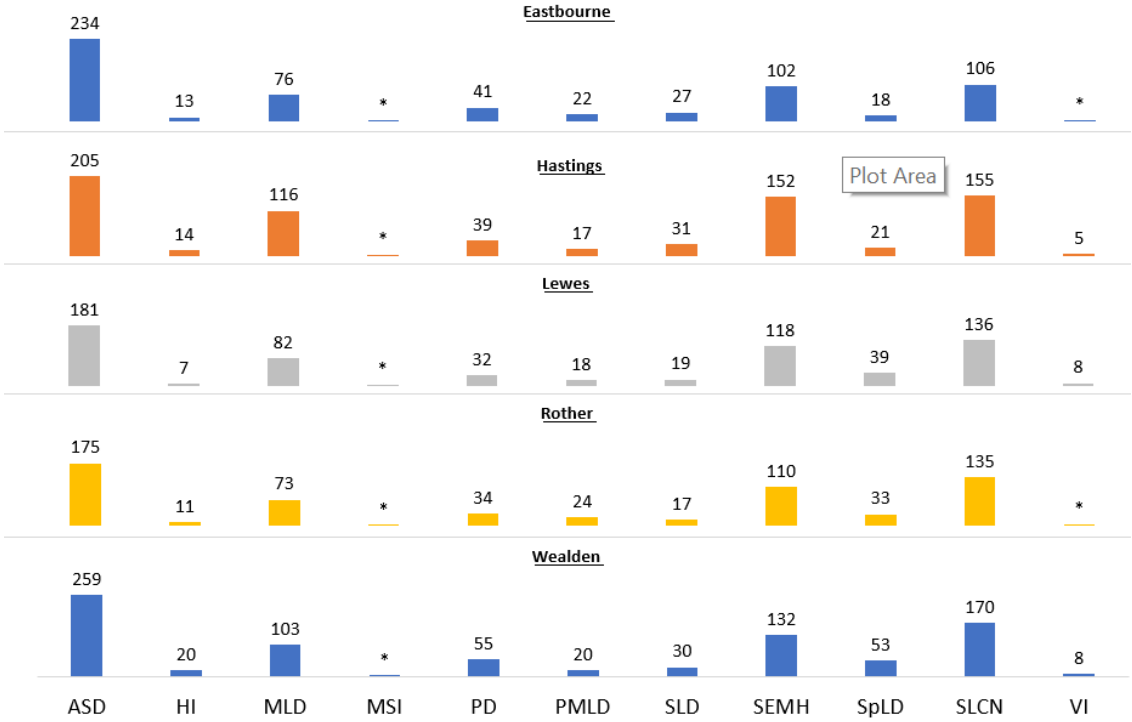
Between January 2018 and January 2020, there has been a 7% increase in the number of EHCPs, most notably for profound and multiple learning disabilities (PMLD) (23% increase, +19 EHCPs), hearing impairment (HI) (20% increase, +11 EHCPs), ASD (19% increase, +166 EHCPs) and SEMH (14% increase, +74 EHCPs). The same time period saw a fall in the number of EHCPs, particularly for: Specific Learning Difficulties (SpLD) (15%, -29 EHCPs), and Severe Learning Disabilities (SLD) (13%, -18 EHCPs) (figure 20). Across all areas, the most prevalent needs are ASD, SLCN, and SEMH (figure 21).

Figure 20: Number of EHCPs by primary need: 2018-2020



Source: ESCC Children's service

Figure 21: Number of EHCPs by primary need and district/borough, Jan 2020

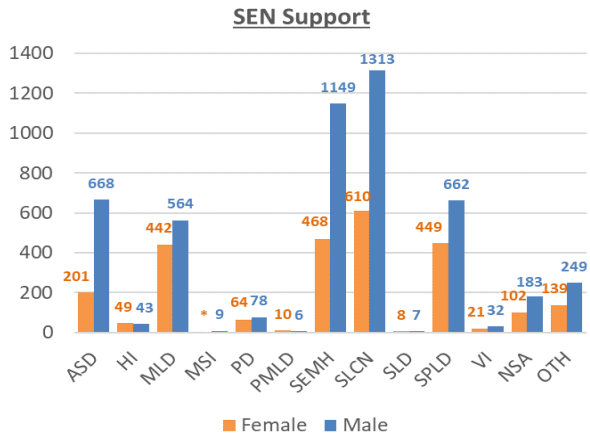


Source: ESCC Children's service

Gender

In January 2020, 66% of pupils receiving SEN support in East Sussex (not including those in independent schools) were boys, and 34% were girls. This is a slightly higher proportion of boys than the South East (64%) or England (65%). The proportion of boys receiving SEN support has decreased slightly over the last couple of years in East Sussex.

Figure 22: Number of pupils on SEN support by primary need and gender, Jan 2020

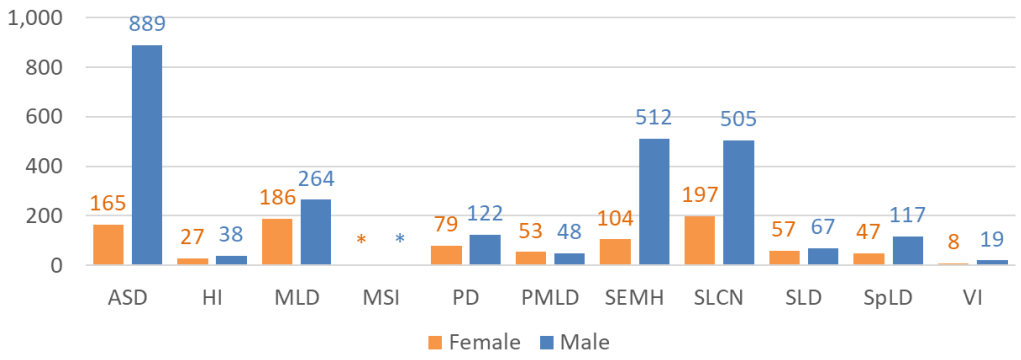


* 5 pupils or less

Source: ESCC Children's service

If looking at all 3,510 of those with an EHCP aged 0-25, the gender split is 74% EHCPs for males and 26% for females. The greatest gender gaps for all those with an EHCP remain in those with ASD (84% males) and SEMH (83% males) (figure 23).

Figure 23: Number of 0-25 year olds with an EHCP by primary need and gender, as at 16th Jan 2020

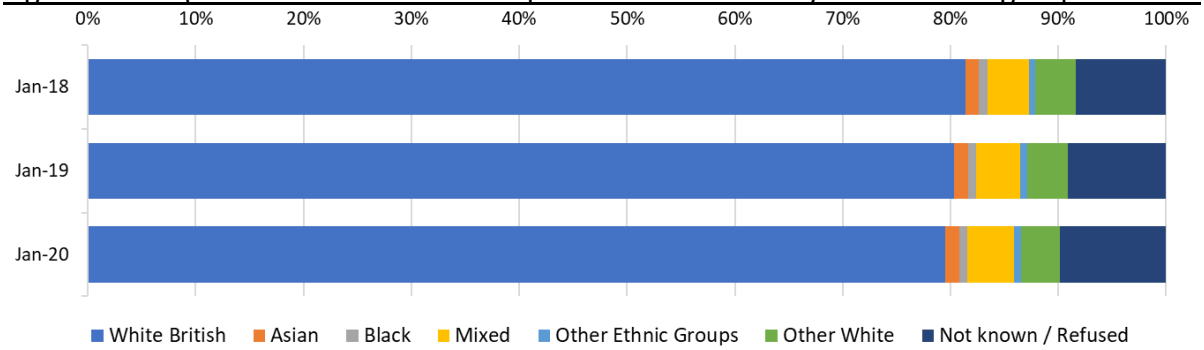


* 5 pupils or less
NB: Includes all educational settings both maintained and non-maintained within or outside of the local authority
Source: Local Authority Core Pupil Database (Synergy) as at 16/01/2020

Ethnicity

In January 2020, 79% of children and young people with an EHC plan were White British, a slight decrease from January 2019 (80%) and January 2018 (81%) (figure 24). 11% were from minority ethnic groups, with the greatest proportion of this cohort identifying as Mixed ethnicity (4%). For 10% of those with an EHC plan, ethnicity is unknown. This represents a significantly higher proportion of White British pupils than nationally (68%), and a significantly lower proportion of pupils from minority ethnic groups (30%). However, as at 2011 Census, 90% of the 0-24 population in East Sussex were White British, and 6% were from a minority ethnic group, suggesting a potential over-representation of some minority ethnic groups among pupils with EHC plans in East Sussex.

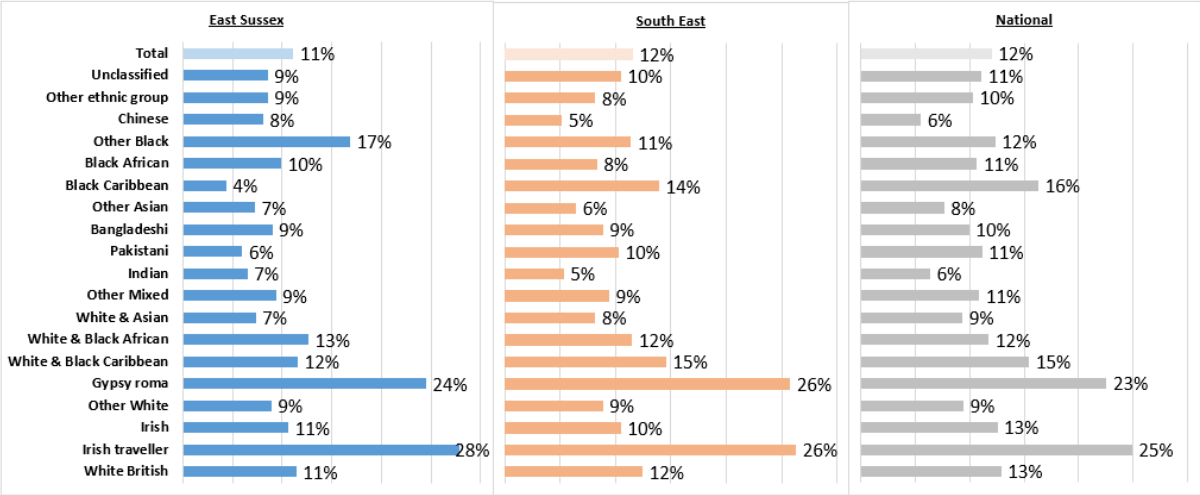
Figure 24: Proportion of those with EHC plans in East Sussex by broad ethnic group: 2018-20



Source: ESCC Children's service, School Census

For pupils on SEN support in the academic year 2019/20, 87% were White British, compared to 78% in the South East and 70% nationally. In January 2020, over 1 in 4 Irish Traveller pupils in East Sussex received SEN support (28%), similar to regionally (26%) and nationally (25%), and around 1 in 4 Gypsy Roma pupils. In East Sussex, a higher proportion of Chinese pupils (8%) and Other Black pupils (17%), and a lower proportion of Black Caribbean (4%), Pakistani, and White and Black Caribbean pupils received SEN support than either regionally or nationally (Figure 25).

Figure 25: Pupils receiving SEN Support by ethnic group: 2019/20 academic year



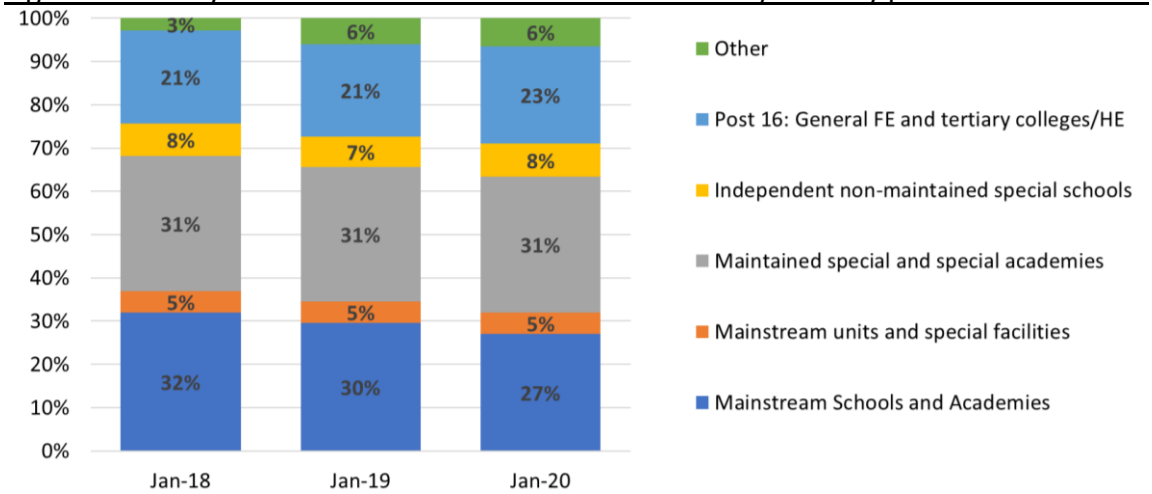
Source: Department for Education

Type of Placement

EHCPs: 0-25 year olds

Since 2018, the proportion of all 0-25 year olds with a statement/EHCP who are in mainstream schools and academies has fallen from 32% to 27% (figure 26). In contrast, the proportion of young people with a statement or EHCP in post 16 education or in 'other' placement types have both increased over the same period. Those in maintained special and special academies has consistently constituted 31% of all placements. East Sussex has a lower proportion of EHCPs in maintained academies than nationally, and a higher proportion in non-maintained special schools and independent schools.

Figure 26: 0-25 year olds with ESCC maintained Statement/EHCP by placement: 2018-20

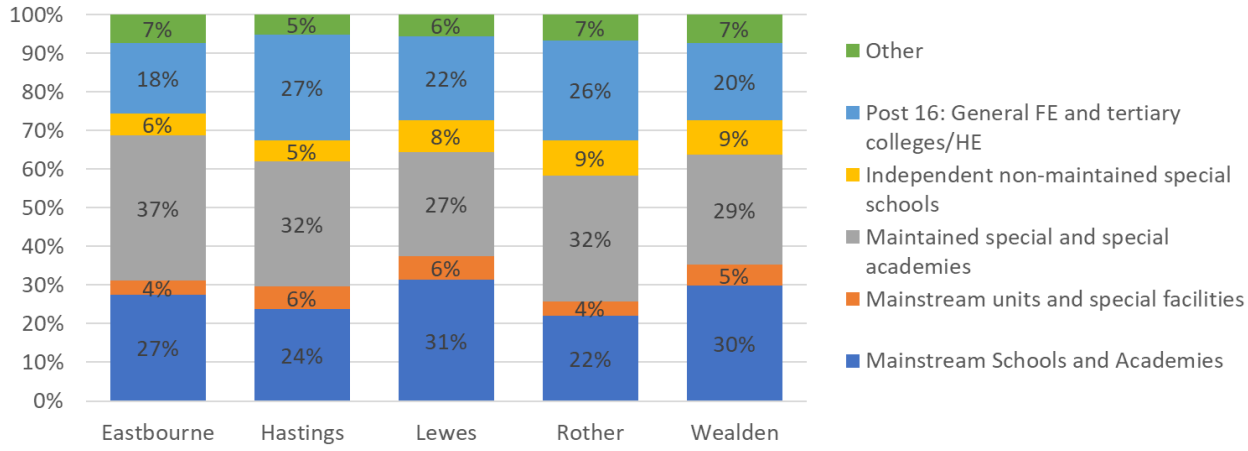


Source data: Local Authority Core Pupil Database (SEN Module)

There is variation across the districts and boroughs for placement type of young people with a Statement/EHC plan. Eastbourne has a higher proportion of young people in maintained special and special academies (37%) compared to the other areas: the lowest proportion being Lewes (27%). In contrast, Eastbourne has a lower proportion of young people in post-16 education (18%) than the other Districts and Boroughs in East Sussex. Hastings and Rother have a higher proportion of young people in Post-16 settings that the other Districts

and Boroughs, while Lewes and Wealden have higher proportions in mainstream schools and academies (Figure 27).

Figure 27: 0-25 year olds with ESCC maintained Statement of SEN/EHCP by placement and District/Borough: January 2020

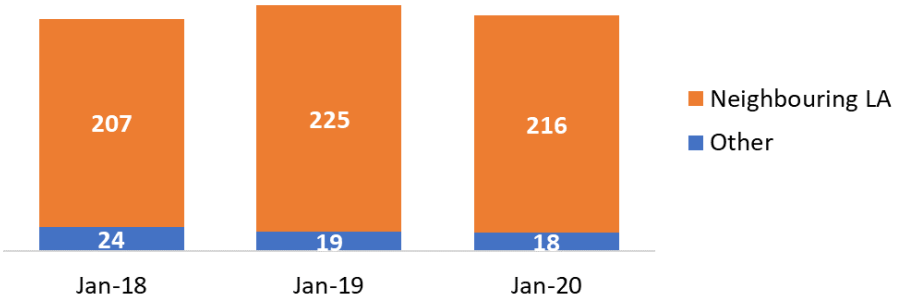


Source data: Local Authority Core Pupil Database (SEN Module)

Since 2018, the proportion of young people with a Statement/EHCP in mainstream schools/academies has fallen in all Districts and Boroughs. In contrast, the proportion in post-16 education has risen in all areas except Eastbourne. The proportion of young people in maintained and special academies has risen in Eastbourne and Wealden but fallen in Hastings.

234 young people with an East Sussex Maintained EHC plan were placed out of area as at January 2020. Of these, 92% (216) were placed in a neighbouring local authority. This has increased from 90% in 2018. The number of young people placed in other local authorities has consistently been falling, from 24 in January 2018 to 18 in January 2020 (Figure 28).

Figure 28: Young people with East Sussex Maintained EHCPs placed outside of area 2018-20

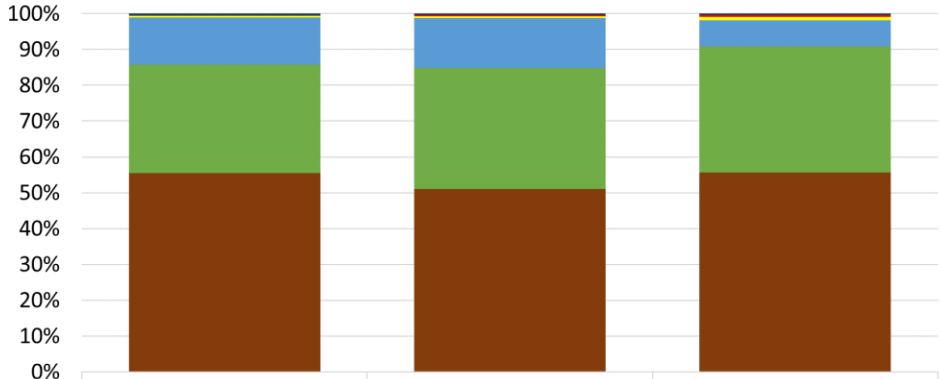


Source data: Local Authority Core Pupil Database (SEN Module)

School-aged population

In 2019/20, over half (56%) pupils receiving SEN support were in state-funded primary schools, and just under a third (30%) were in state funded secondary schools. This is a similar proportion in primary schools to England (56%) but is higher than the South East (51%). The proportion in state-funded secondary schools in East Sussex is lower than both the South East (34%) and England (35%).

Figure 29: Proportion of pupils on SEN support by setting: 2019/20



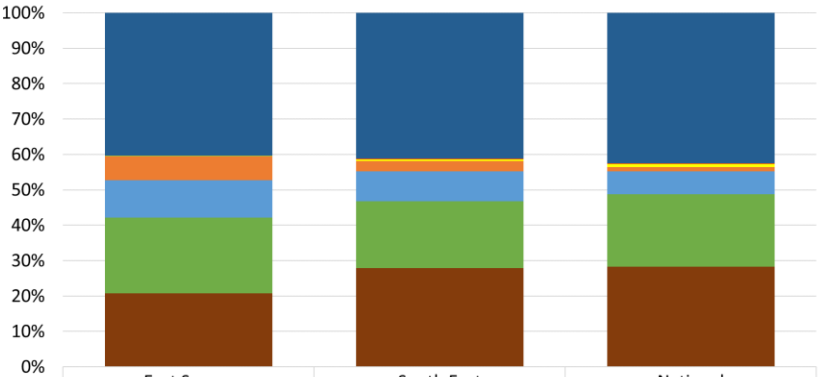
	2019/20 East Sussex	2019/20 South East	2019/20 National
State-funded special school	0.5%	0.2%	0.2%
State-funded nursery	0.0%	0.4%	0.5%
Pupil referral unit	0.5%	0.5%	0.9%
Non-maintained special school	0.0%	0.0%	0.0%
Independent schools (incl. Special Schools)	13.2%	13.9%	7.3%
State-funded secondary	30.2%	33.8%	35.1%
State-funded primary	55.7%	51.2%	55.8%

Source: Department of Education, collated by Performance and Intelligence, Sussex NHS Commissioners

Both East Sussex and the South East have a lower proportion of pupils on SEN support in Pupil Referral Units (0.5%) than nationally (0.9%), but East Sussex has over twice the proportion in State-funded Special schools (0.5%) than either regionally (0.2%) or nationally (0.2%). Both East Sussex (13%) and the South East (14%) have approximately twice the percentage of pupils on SEN support in Independent Schools (mainstream and special schools) than nationally (7%) (figure 29).

In 2019/20, 21% pupils with an EHCP were in state-funded primary schools. This is a significantly lower proportion than nationally (28%), and across the South East (28%). A similar proportion of pupils with an EHCP are in state-funded secondary schools (21%) than nationally (20%) and regionally (19%), and in state-funded special schools (40%) than nationally (43%) and regionally (41%). (figure 30). However, East Sussex has a significantly higher proportion of pupils with EHCPs in non-maintained special schools (7%) and independent schools (including special schools) (11%) than nationally (1% and 6% respectively) or regionally (3% and 8% respectively).

Figure 30: Proportion of pupils with an EHCP by setting: 2019/20

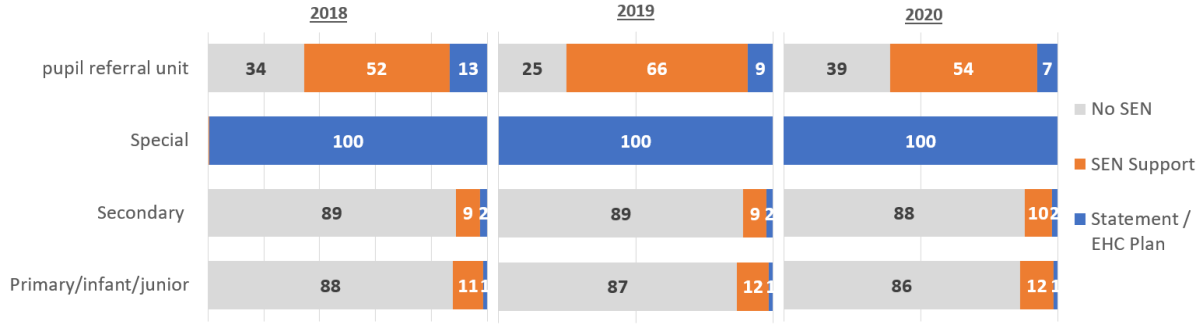


	East Sussex	South East	National
State-funded special school	40	41	43
State-funded nursery	-	0	0
Pupil referral unit	0	1	1
Non-maintained special school	7	3	1
Independent schools (Incl. special schools)	11	8	6
State-funded secondary	21	19	20
State-funded primary	21	28	28

Source: Department of Education, collated by Performance and Intelligence, Sussex NHS Commissioners

Between 2018 and 2020 there has been a slight increase in pupils with SEN support or a Statement/EHCP in maintained primary and secondary schools. (figure 31).

Figure 31: Proportion of pupils with SEN within each state maintained setting (not including independent schools): January 2018 to 2020

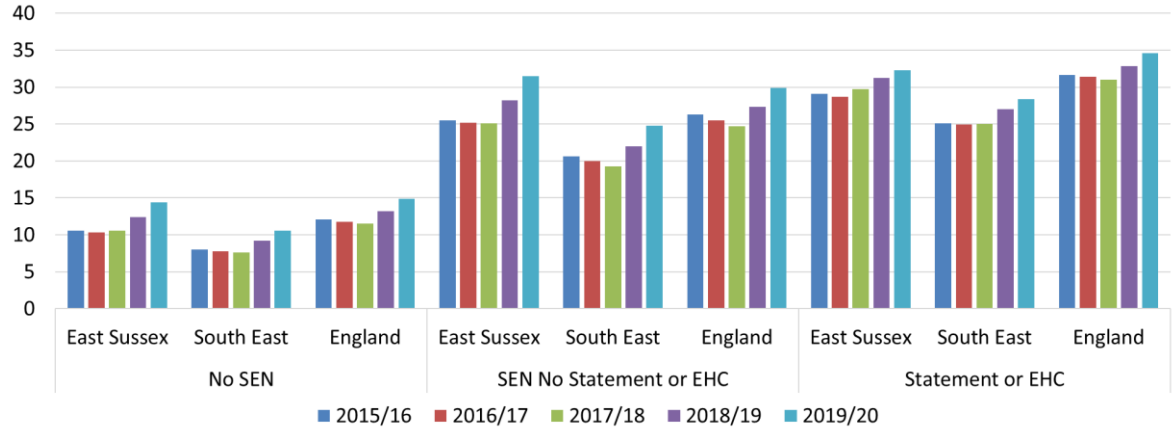


Source: ESCC Children's service, School Census

Free School Meals

In 2019/20, 17% pupils were eligible for Free School Meals (FSM). Of those with no SEN, 14% were eligible, less than half of those eligible who had SEN but no statement of EHC (32%) or those with a Statement of EHC (32%). Compared to nationally, this represents a slightly higher proportion of pupils on SEN support with no statement or EHC (30% nationally), and a slightly lower proportion eligible for FSM who have a statement or EHC (35% nationally). Eligibility for FSM has been rising locally, regionally and nationally since 2017/18 (figure 32), with the greatest proportional increase across all three areas amongst pupils with SEN but no statement or EHC (6% increase in East Sussex compared to 5.5% in the South East and 5% in England). Eligibility for those with a Statement of EHC appears to be increasing at a slightly slower rate in East Sussex (2.6% compared to 3.4% and 3.6% for the South East and England).

Figure 32: Eligibility for Free School Meals by SEN provision type, 2015/16 to 2019/20



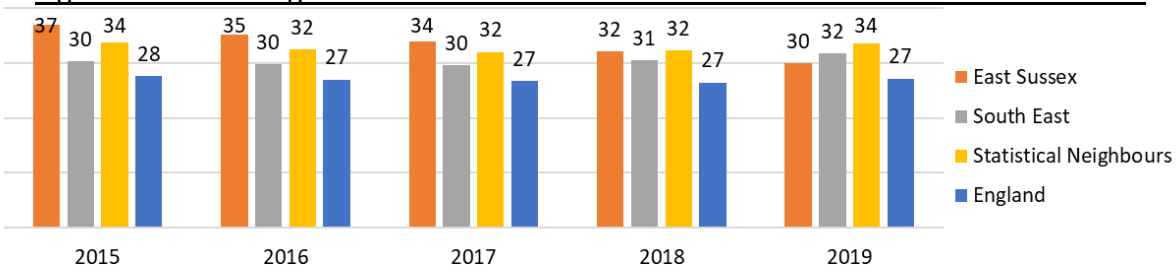
Source: Department for Education, school census data

Looked after children with SEN

In 2019, there were approximately 600 Looked After Children (LAC) in East Sussex. Just under a third (30%) of looked after children have an EHCP, and just over a third (35%) have SEN but no EHCP. The proportion of LAC with SEN in East Sussex (65%) is 9% higher than nationally (56%), 5% higher than the South East (60%), and slightly higher than our nearest statistical neighbours (64%). The majority of this variation is the proportion of LAC with SEN but no EHCP (figures 33 and 34).

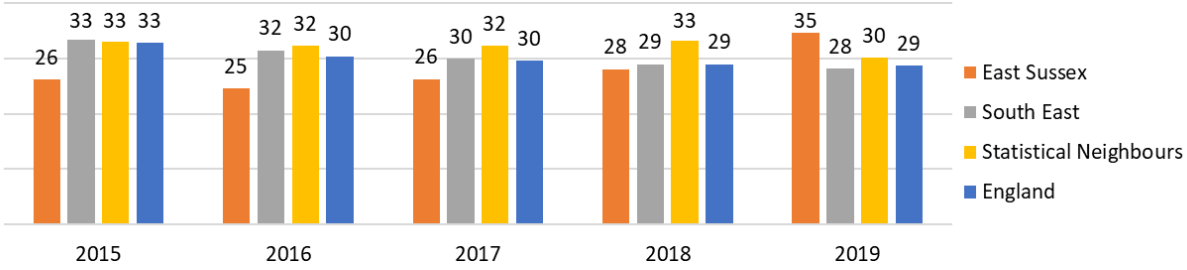
The proportion of LAC with an EHCP has been steadily falling since 2015 when the proportion in East Sussex exceeded that nationally, regionally and in comparison to our nearest statistical neighbours (figure 33). However, in 2019, the proportion of LAC with an EHCP, while higher than England, is now lower than the South East (32%) and our nearest statistical neighbours (34%).

Figure 33: Percentage of Looked After Children who have a statement of SEN or EHCP



In comparison to those with an EHCP, the proportion of Looked After Children with SEN but no EHCP has been steadily increasing from 26% in 2015, to 35% in 2019, with the greatest increase between 2018 and 2019. This has meant that the proportion of LAC with SEN but no EHCP now exceeds figures nationally (29%), regionally (28%) and for our nearest statistical neighbours (30%) (figure 34).

Figure 34: Percentage of Looked After Children who have SEN but no EHCP

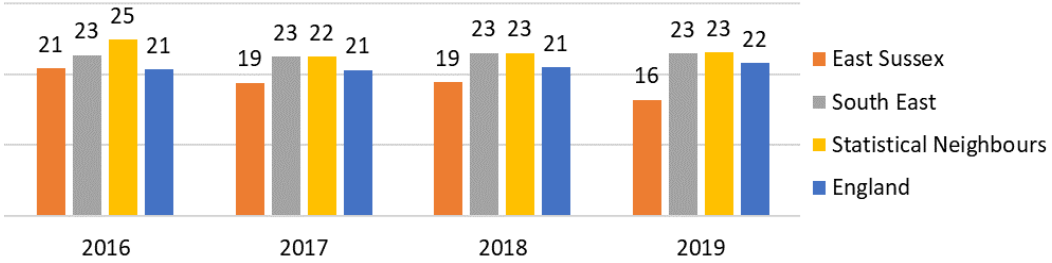


Children in Need with SEN

In 2019, there were approximately 1,340 Children in Need (CIN) in East Sussex. Of these children, 16% had an EHCP and 24% had SEN Support but no EHCP. The proportion of CIN with SEN in East Sussex (40%) is lower than nationally (46%), regionally (47%), and our nearest statistical neighbours (49%). The majority of this variation is a significantly lower proportion of CIN who have an EHCP (figures 35 and 36).

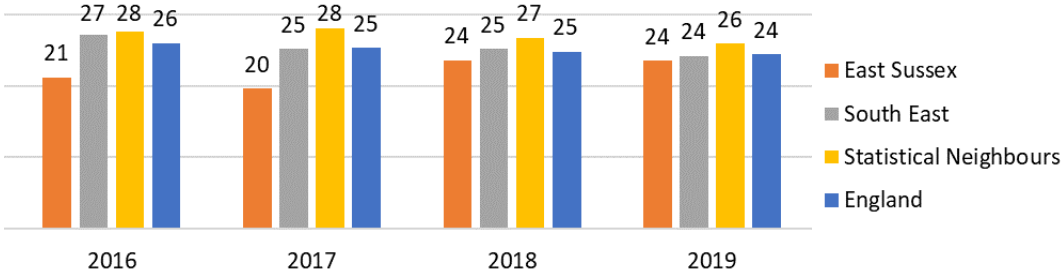
The proportion of CIN with an EHCP has been steadily falling in East Sussex since 2016 whereas nationally and regionally figures have remained stable over this period, resulting in East Sussex having a significantly lower proportion of CIN with an EHCP (figure 35).

Figure 35: Percentage of Children in Need who have a statement of SEN or EHCP



In contrast to those with an EHCP, the proportion of Children in Need with SEN but no EHCP in East Sussex increased from 21% in 2016 to 24% in 2019. In contrast the proportions in England, the South East, and across our nearest statistical neighbours have been falling over the same period so, with the exception of nearest statistical neighbours, they are now broadly in line with East Sussex (figure 36).

Figure 36 : Percentage of Children in Need who have SEN but no EHCP



Education

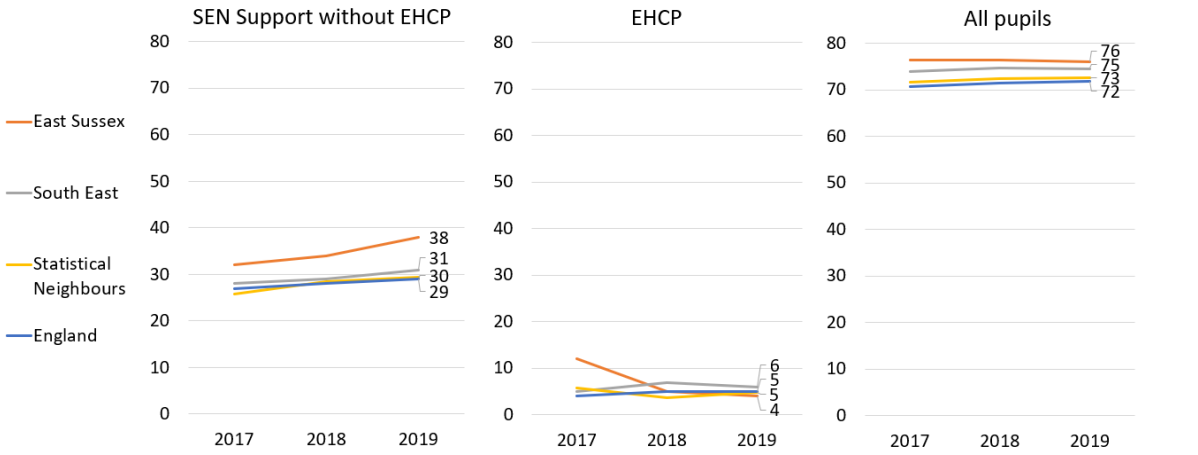
Attainment

Nationally, the attainment difference between pupils with SEN compared to pupils with no identified SEN remains the largest difference of all pupil characteristics groups. This section looks at how attainment in key stages of education in East Sussex compares to attainment for similar groups and education stages nationally.

Early Years

Progress in Early Years is assessed by whether children are achieving a good level of development (GLD). This means achieving at least the expected level in the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy and maths.[140] In East Sussex, the proportion of children with SEN Support who achieve GLD is consistently higher than nationally, regionally and our nearest statistical neighbours. In 2019, there was a 9% gap in GLD achievement for those on SEN Support in East Sussex (38%) and nationally (29%), a 7% gap compared to regionally (31%) and an 8% gap compared to our nearest statistical neighbours (30%). The proportion achieving a GLD in all geographically comparative areas is rising (Figure 37). The proportion of all children achieving a GLD in early years is also consistently higher in East Sussex than other areas. However, in 2019, only 4% of children with an EHCP achieved a GLD in East Sussex, decreasing from 12% in 2017. This has resulted in the proportion of children with an EHCP achieving a GLD falling below national, regional and nearest neighbour figures where previously achievement was higher.

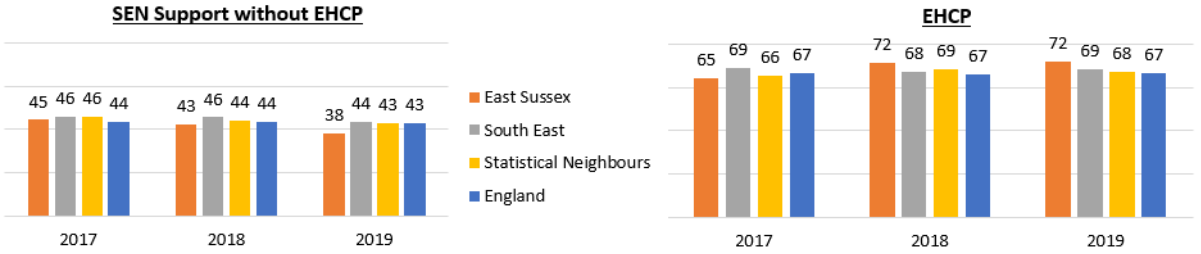
Figure 37: Percentage of good level of development achieved in Early Years: 2017 to 2019



Source: Department for Education

East Sussex has the highest proportion of early years children with SEN Support (SEN but no EHCP) achieving a GLD of all 11 statistical neighbour authorities, 8% higher than the 30% average. The gap in GLD between children on SEN Support in the county compared to all pupils is 38%, with the gap in attainment between the two groups being smaller than nationally, regionally and our nearest neighbours for both 2018 and 2019. However, the gap between GLD for pupils with an EHCP and all pupils is currently 72% and has been a greater gap in attainment than comparative areas in both 2018 and 2019, indicating lower than expected early years development for this cohort (figure 38).

Figure 38: Gap in GLD achievement in comparison to All pupils

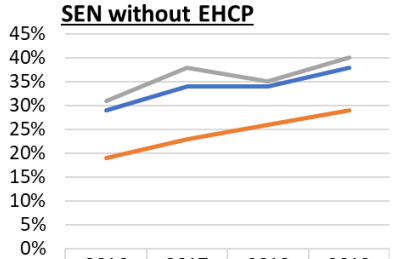


Source: Department for Education

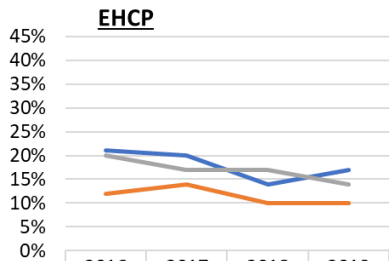
Key Stage 1 (KS1)

The proportion of children with SEN but no EHCP achieving expected level or higher in key stage 1 reading (38%), writing (29%) and maths (40%) has been increasing over the last 4 years (figure 39). East Sussex has the highest proportion of this cohort achieving expected level of all comparator authorities, about 6% higher than the average. For all subjects, those achieving expected levels are higher than England (33% reading, 25% writing and 36% maths). However, for KS1 pupils with an EHCP, the proportion achieving expected levels has reduced across all subjects over the last 4 years, particularly maths which has fallen from 20% in 2016 to 14% in 2019. Despite this, proportions reaching expected levels of KS1 reading and writing remain higher than our comparator areas and nationally, while for maths East Sussex is on a par with other areas. [141]

Figure 39: proportion of KS1 pupils with SEN achieving expected levels in key subjects



	2016	2017	2018	2019
KS1 Reading	29%	34%	34%	38%
KS1 Writing	19%	23%	26%	29%
KS1 Maths	31%	38%	35%	40%



	2016	2017	2018	2019
KS1 Reading	21%	20%	14%	17%
KS1 Writing	12%	14%	10%	10%
KS1 Maths	20%	17%	17%	14%

Source: East Sussex SEND Analysis dashboard

The gap in attainment between KS1 pupils on SEN support in East Sussex and attainment for all KS1 pupils nationally has decreased across all subjects. However, there still remains a 35-40% gap between KS1 pupils with and without SEN Support (Table 6). For those with an EHCP in East Sussex, the attainment gap has also narrowed in comparison to those with an EHCP nationally. This is a result of the proportion attaining expected levels falling in East Sussex from higher than, to similar to, national levels. Correspondingly, the gap in attainment between pupils with an EHCP in East Sussex and attainment for all KS1 pupils nationally has increased across all subjects, most notably reading which has increased from 59% in 2016/17 to 68% in 2018/19.

Table 6: Percentage gap for pupils attaining the expected Key Stage 1 standard in reading, writing and maths compared to nationally

SEN SUPPORT	2016/17	2017/18	2018/19
READING			
between SEN Support and National SEN Support	0.8	0.1	4.5
between SEN Support and National All Pupils	-41.2	-41.8	-37.2
WRITING			
between SEN Support and National SEN Support	-0.1	1.1	4.8
between SEN Support and National All Pupils	-45.2	-44.2	-39.9
MATHS			
between SEN Support and National SEN Support	2.3	-1.3	3.8
between SEN Support and National All Pupils	-37.5	-41.1	-35.3

EHCP	2016/17	2017/18	2018/19
READING			
between EHCP and National EHCP	7.8	0.0	-0.7
between EHCP and National All Pupils	-58.8	-66.8	-68.0
WRITING			
between EHC Plan and National EHC Plan	4.2	0.6	0.9
between EHC Plan and National All Pupils	-54.8	-60.4	-59.7
MATHS			
between EHC Plan and National EHC Plan	2.4	3.6	0.3
between EHC Plan and National All Pupils	-59.1	-59.4	-61.3

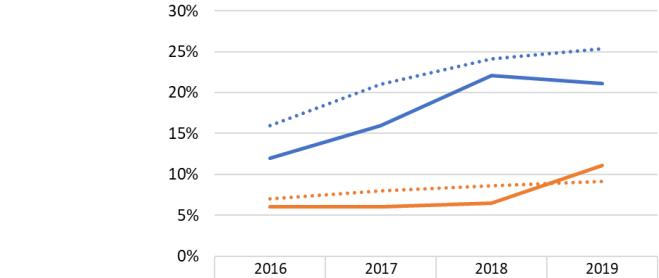
Source: East Sussex Children's Services Data, Research and Information Management Team

Key Stage 2 (KS2)

Attainment

Figure 40: Percentage attaining expected standard in KS2 combined reading, writing, maths

The proportion of KS2 pupils with SEN Support who are achieving the expected levels in combined reading, writing and maths is consistently lower than the national average, with the gap widening to 4% in 2019 (figure 40). However, until 2018 the proportions nationally and locally were increasing. Attainment in East Sussex is also slightly lower than the average for our nearest comparator authorities (22%).



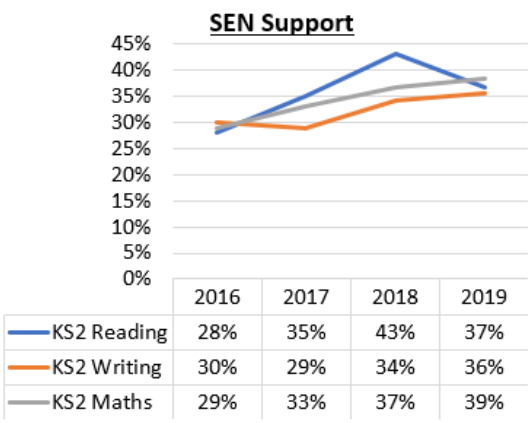
	2016	2017	2018	2019
East Sussex SEN Support	12%	16%	22%	21%
England SEN Support	16%	21%	24%	25%
East Sussex EHCP	6%	6%	7%	11%
England EHCP	7%	8%	9%	9%

Source: East Sussex SEND Analysis dashboard

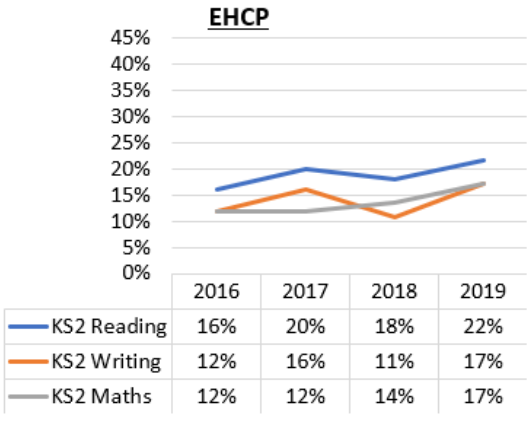
For those with EHCPs, attainment of expected levels has been increasing, most markedly between 2018 and 2019 (from 7% to 11%) when East Sussex moved from lower than nationally to a great proportion attaining expected levels. East Sussex is also higher than our nearest comparator authorities (8%).

The proportion of children with SEN but no EHCP achieving expected level or higher in key stage 2 reading (37%), writing (36%) and maths (39%) has increased over the last 4 years, although between 2018 and 2019 there was a significant fall in those achieving expected reading levels (Figure 41). For all subjects, those achieving expected levels are lower than both England and comparator authorities.

Figure 41: proportion of KS2 pupils with SEN achieving expected levels in key subjects



	2016	2017	2018	2019
KS2 Reading	28%	35%	43%	37%
KS2 Writing	30%	29%	34%	36%
KS2 Maths	29%	33%	37%	39%



	2016	2017	2018	2019
KS2 Reading	16%	20%	18%	22%
KS2 Writing	12%	16%	11%	17%
KS2 Maths	12%	12%	14%	17%

Source: East Sussex SEND Analysis dashboard

Attainment for KS2 pupils with an EHCP has varied over the last 4 years, but in 2019, attainment in East Sussex exceeded that for comparator authorities and nationally. The gap in attainment between KS2 pupils in East Sussex and all KS2 pupils nationally for combined reading, writing and maths in 2019 was 44% for those on SEN support, and 54% for those with an EHCP (table 7).

Table 7: Proportion of KS2 pupils achieving expected or higher, 2019

	East Sussex		Statistical Neighbours		England	
	SEN support	EHCP	SEN support	EHCP	SEN support	EHCP
KS2 combined	21.1%	11.1%	22%	8.3%	25.4%	9.1%
KS2 reading	36.7%	21.7%	39.4%	16.8%	41%	16.4%
KS2 writing	35.5%	17.2%	36%	12.3%	38.9%	13.5%
KS2 maths	38.5%	17.2%	41.9%	15.9%	46.3%	17%

Source: East Sussex SEND Analysis dashboard

Progress

In 2016 the Government introduced progress measures which compare pupils results to the actual achievements of other pupils nationally with similar prior attainment. Progress scores will be centred around 0, with most schools within the range of -5 to +5. A score of 0 means pupils on average do about as well at KS2 as those with similar prior attainment nationally. A positive score means pupils on average do better at KS2 than nationally and a negative score means pupils average do worse. A negative score does not mean that pupils did not make any progress, rather it means they made less progress than other pupils nationally with similar starting points.[142]

(Table 8) shows the average progress scores for SEN Support, EHCP and non-SEN pupils. Pupils with SEN Support or an EHCP in East Sussex make less progress in all subjects compared to pupils with no identified SEN nationally. Similarly to nationally, the biggest gap in progress is in writing. Pupils with SEN Support in East Sussex also make less progress than children with SEN Support nationally. However, while this is also true for pupils with an EHCP in East Sussex for writing and maths, those with an EHCP in East Sussex make more progress in reading than those with an EHCP nationally. However, the gap is narrowing.

Table 8: Progress score in KS2 reading writing and maths compared to nationally

SEN SUPPORT	2016/17	2017/18	2018/19
READING			
between SEN Support and National SEN Support	-0.4	0.0	-1.5
between SEN Support and National All Pupils	-1.6	-1.0	-2.5
WRITING			
between SEN Support and National SEN Support	-1.5	-1.0	-1.5
between SEN Support and National All Pupils	-3.7	-2.8	-3.2
MATHS			
between SEN Support and National SEN Support	-1.6	-0.8	-2.2
between SEN Support and National All Pupils	-2.7	-1.8	-3.2

EHCP	2016/17	2017/18	2018/19
READING			
between EHCP and National EHCP	1.3	0.6	0.2
between EHCP and National All Pupils	-2.4	-3.2	-3.4
WRITING			
between EHC Plan and National EHC Plan	-0.4	-1.0	-1.2
between EHC Plan and National All Pupils	-4.7	-5.1	-5.5
MATHS			
between EHC Plan and National EHC Plan	-0.4	0.0	-0.5
between EHC Plan and National All Pupils	-4.5	-3.8	-4.5

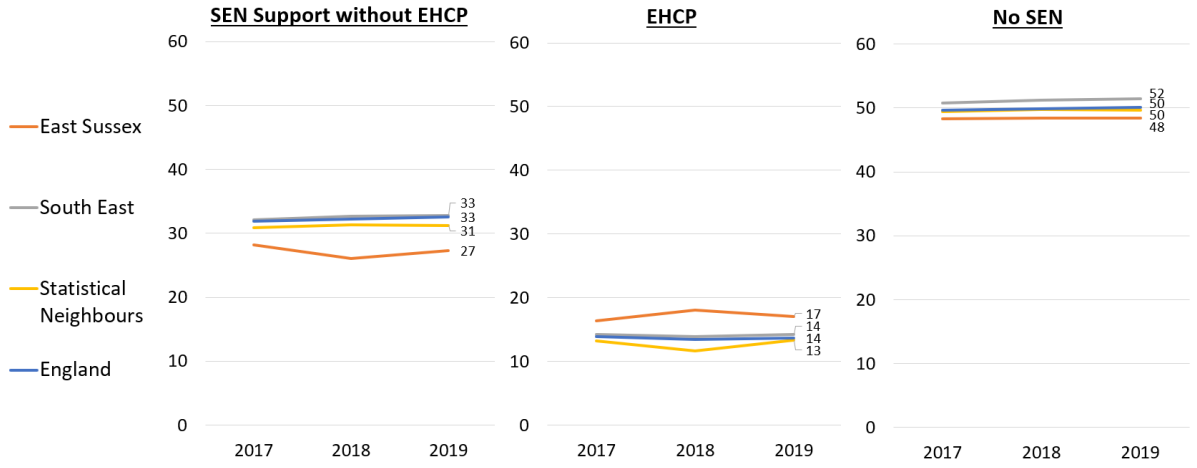
Source: East Sussex Children's Services Data, Research and Information Management Team

Key Stage 4

Attainment

'Attainment 8' measures the average achievement of pupils in up to 8 qualifications. This includes English; maths; three further qualifications that count in the English Baccalaureate (EBacc); and three further qualifications that can be GCSE qualifications or equivalent. East Sussex has significantly lower attainment 8 scores per pupil with SEN Support than both nationally and our comparator authorities and has the lowest score of all 11 statistical neighbours (comparator authorities). Conversely, KS4 attainment 8 scores (17) have consistently been higher than nationally (14) and our nearest statistical neighbours (14) for pupils with an EHCP (Figure 42).

Figure 42: Average Attainment 8 score per pupil at end of Key Stage 4: 2017 to 2019



Source: Department for Education

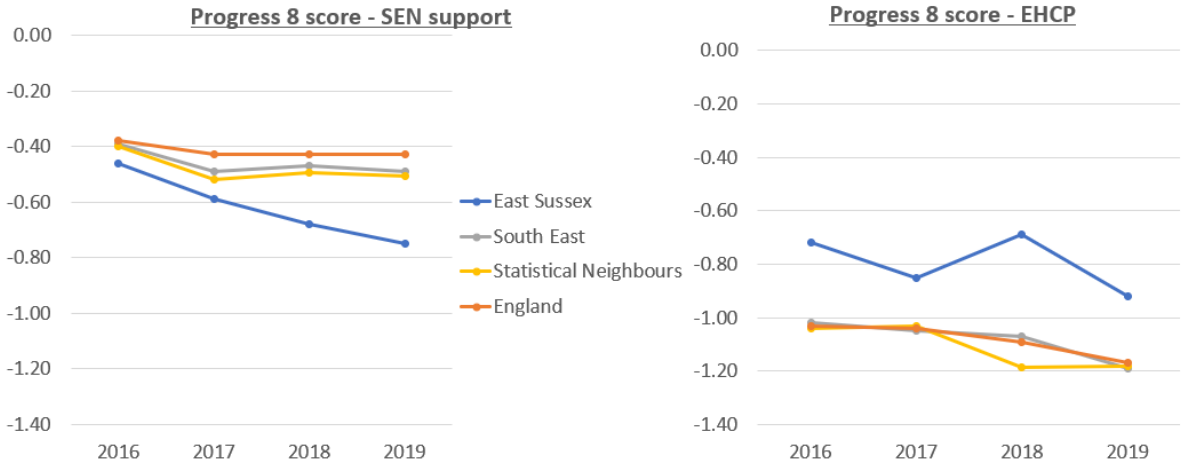
Pupils with SEN perform markedly worse than pupils with no identified SEN across all headline measures of attainment. In 2020, the difference in EBacc entry remained stable, however the difference between SEN and non-SEN pupils has increased for each attainment measure, with the difference increasing the most for the 'achieving English and maths at grades 9-5' statistic.

Progress

Pupils with SEN Support or an EHCP in East Sussex make less progress in all subjects compared pupils with no identified SEN nationally. Those with SEN Support in East Sussex also make less progress than those with SEN support in other areas. For those with SEN Support, progress has been declining since 2016 and is the lowest score of all 11 statistical

neighbours, and one of the lowest scores nationally. For those with an EHCP in East Sussex, progress is better than that for a similar cohort nationally, regionally and against our closest statistical neighbours. Additionally, while the gap in progress for those with EHCPs in comparison to those with no SEN is growing, it is currently smaller in East Sussex than in comparator areas (Figure 43).

Figure 43: Attainment 8 score progress for SEN pupils compared to all pupils nationally



Source: East Sussex Children's Services Data, Research and Information Management Team

Post 16

East Sussex has a significantly lower proportion of young people with SEN support qualified to level 2 (5 GCSE's grade A*-C or equivalent) or level 3 (2 A-Levels, 4 AS levels or equivalent) by age 19 than comparative authorities and nationally, with the lowest proportions of all our statistical neighbours. However, there is a higher proportion of young people with an EHCP qualified to level 2 by age 19 than comparative authorities and nationally, and a similar proportion qualified to level 3 (Table 9), with local levels of qualification rising between 2018 and 2019 where nationally there has been a slight decline.

Table 9: Qualification by age 19, 2020

	East Sussex		Statistical Neighbours		England	
	SEN support	EHCP	SEN support	EHCP	SEN support	EHCP
L2 qualified	55%	35%	61%	30%	61%	30%
L2 qualified including English and maths	26%	17%	35%	15%	36%	15%
L3 qualified	24%	12%	28%	11%	31%	12%

Source: East Sussex Children's Services Data, Research and Information Management Team

(Table 10) shows the percentage of 19 year olds qualified to level 2 or 3 compared to nationally. The gap in qualified young people on SEN support in East Sussex and all young people qualified to a similar level nationally is greatest at Level 2 qualification including maths and English, with the gap increasing between 2016/17 (38.5%) and 2018/19 (43%). For those with an EHCP in East Sussex, the qualification gap by age 19 has been decreasing between 2016/17 and 2018/19 across all levels of qualification, but the gap is still between 45% and 51%, with the greatest gap in level 2 qualifications which include maths and English.

Table 10: Percentage qualified by age 19 compared to nationally

SEN SUPPORT	2016/17	2017/18	2018/19
LEVEL 2			
between SEN Support and National SEN Support	-7.6	-8.9	-6.2
between SEN Support and National All Pupils	-24.5	-29.1	-27.0
LEVEL 2 INCLUDING ENGLISH AND MATHS			
between SEN Support and National SEN Support	-6.7	-8.7	-10.3
between SEN Support and National All Pupils	-38.5	-41.3	-43.0
LEVEL 3			
between SEN Support and National SEN Support	-6.7	-11.2	-6.8
between SEN Support and National All Pupils	-32.4	-37.6	-32.9

EHCP	2016/17	2017/18	2018/19
LEVEL 2			
between EHCP and National EHCP	-0.2	-0.4	5.5
between EHCP and National All Pupils	-50.4	-51.7	-46.3
LEVEL 2 INCLUDING ENGLISH AND MATHS			
between EHC Plan and National EHC Plan	-0.4	-0.4	2.4
between EHC Plan and National All Pupils	-54.2	-53.9	-51.4
LEVEL 3			
between EHC Plan and National EHC Plan	-3.0	-4.4	-0.8
between EHC Plan and National All Pupils	-47.7	-48.6	-45.2

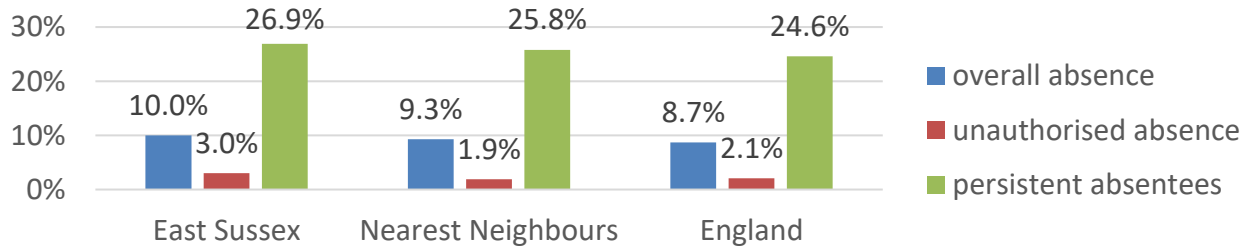
Source: East Sussex Children's Services Data, Research and Information Management Team

Attendance

Pupils with an EHCP

In 2019, East Sussex had a higher proportion of pupils with an EHCP who had a recorded absence from school, than our nearest neighbours and England, and a higher proportion of these were unauthorised (Figure 44). This has been a consistent pattern since 2016, with rates rising both nationally and locally. East Sussex also has a higher persistent absenteeism than our nearest neighbours and England.[143]

Figure 44: Absence among pupils with and EHCP, 2019/20

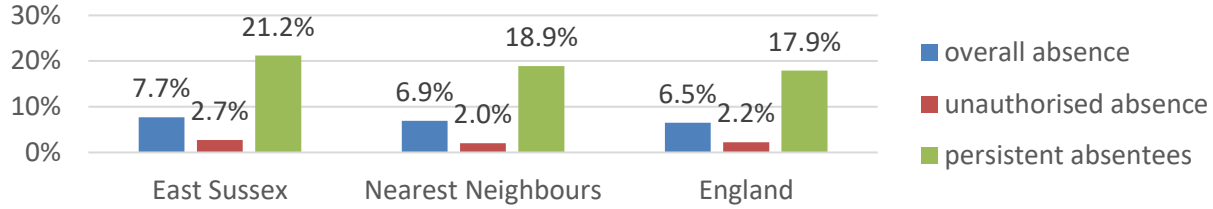


Of all 11 nearest statistical neighbour authorities, East Sussex ranks in the worst three for overall, unauthorised and persistent absenteeism for pupils with an EHCP. East Sussex also in the 30 worst performing local authorities of the 151 local authorities in the country (where 1 is best and 151 worst performing) for absenteeism for pupils with an EHCP.

Pupils with SEN but no EHCP

The picture is similar for pupils with SEN but no EHCP. In 2019/20 East Sussex had a higher proportion of pupils with SEN Support who had a recorded absence from school, for whom this was unauthorised, and for persistent absentees, than our nearest neighbours and England (Figure 45). Similarly to absence among pupils with an EHCP, East Sussex has consistently had higher overall and unauthorised absence for pupils with SEN support than nationally since 2016, with overall and unauthorised absence rising both nationally and locally.[143] Of all 11 nearest statistical neighbour authorities, East Sussex ranks worst for overall, unauthorised and persistent absenteeism for pupils on SEN support. East Sussex also ranks 150th and 147th for overall and persistent absenteeism of the 151 local authorities in the country (where 1 is best and 151 worst performing).

Figure 45: Absence among pupils with SEN but no EHCP, 2019/20



Exclusions

Type of exclusion

Fixed Term Exclusion

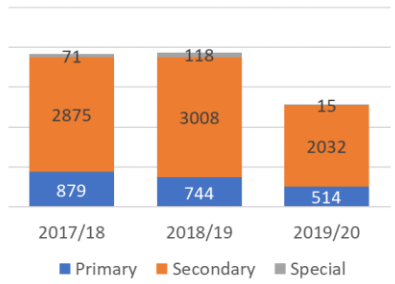
A fixed term exclusion (FTE) is when a pupil is not allowed to attend school for a specific period of time. Pupils can be excluded for a fixed term more than once. The total exclusion time in a school year cannot exceed 45 days. Schools should only exclude for disciplinary reasons and should aim to avoid exclusion by providing behaviour support in school.

Permanent Exclusion

Permanent exclusion (PEX) means the pupil is not allowed to return to their school. A headteacher can only permanently exclude if a child seriously or persistently breaks the school's behaviour policy or allowing them to stay in school would seriously harm their, or other pupils', education or welfare.

Total exclusions (fixed term exclusions and permanent exclusions combined)

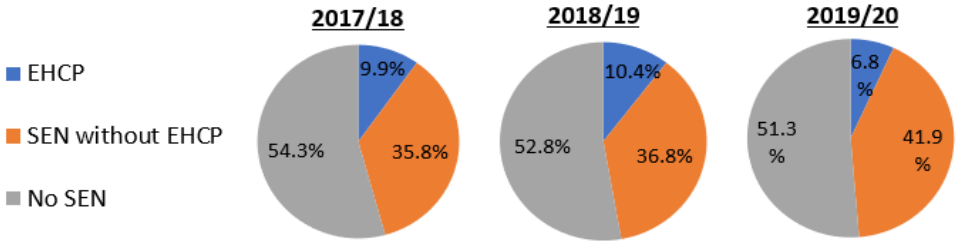
Figure 46: Total exclusions by school setting: 20-1/18 to 2019/20



In 2019/20, there were 2,561 exclusions relating to 1,236 pupils. Of these exclusions, 81% were in secondary schools and 19% in Primary. Less than 1% related to special schools. This represents a marked fall in exclusions of approximately a third compared to 2017/18 (3,825 exclusions of 1,575 pupils) and 2018/19 (3,870 exclusions of 1,571 pupils) (Figure 46).

The proportion of all exclusions relating to pupils with an EHCP or SEN support has been gradually increasing, from 46% in 2017/18 to 49% in 2019/20. This has represented a rise in the proportion of exclusions particularly among pupils with SEN who do not have an EHCP (figure 47). If we look at pupils with and EHCP and on SEN support as proportions of our overall pupil population (3.5% and 11.7% respectively), there is twice the representation than would be expected for pupils with an EHCP who are excluded, and over three times the proportion of pupils with SEN but no EHCP excluded.

Figure 47: Total exclusions by type of support: 2017/18 to 2019/20



Source: East Sussex ISEND service development and finance team

If looking at number of pupils excluded as opposed to number of exclusions, 2019/20 has seen a decrease in the number of children excluded across all needs compared to 2017/18 and 2018/19. This indicates that while the number of exclusions has fallen, the proportion with SEN has risen, meaning that the known gaps in outcome for pupils with SEN are continuing to widen.

Type of exclusion

Fixed Term Exclusion

FTEs accounted for 98.1% of all exclusions in East Sussex in 2019/20 (2,513 FTE's), a slight increase from 97.5% (3,728 FTEs) in 2017/8. The proportion of FTE's relating to pupils with an EHCP or SEN support is similar to that for total exclusions: increasing from 44% in 2017/18 to 48% in 2019/20. In 2019/20, the 2,513 FTE's related to 1,218 pupils. Of pupils receiving a FTE in East Sussex, 75 (6%) had an EHCP, 419 (34%) had SEN but no EHCP, and 724 (59%) had no SEN.

The fixed period exclusion rate is the total number of FTE as a percentage of the total number of pupils. Nationally, the fixed period exclusion rate is 16% for EHC pupils and 16% for SEN support pupils, compared to 3.6% for those without SEN. In East Sussex, the FTE rate is 18% for EHCP pupils and 22% for SEN Support pupils. This is a significantly higher rate for SEN support pupils than both nationally and our nearest statistical neighbours (19%), but the rate has been steadily decreasing in East Sussex since 2016, while nationally the rate for pupils on SEN support has been increasing over the same period.[144]

Table 11: Number of FTEs by type of need: 2019/20

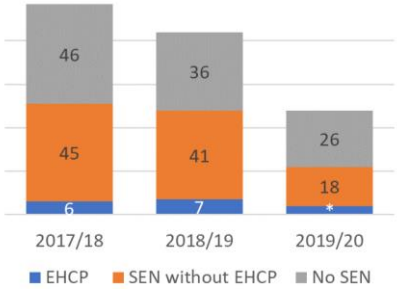
The ratio of total exclusions for pupils with an EHCP is 1:2.3 (where one is the pupil and 2.3 is the average number of FTEs). This compares to 1:2.5 for pupils with SEN without an EHCP, and 1:1.8 for pupils with no SEN, indicating a greater likelihood of multiple FTEs for pupils with SEN compared to those without (Table 11)

	EHCP	SEN without SHCP	No SEN
Total FTE	171	1054	1288
Number pupils with FTE	75	419	724
Ratio FTE to pupils	2.28	2.52	1.78

Source: East Sussex ISEND service development and finance team

Permanent Exclusion

Figure 48: Number of permanent exclusions by type of need: 2017/18 to 2019/20



In 2019/20 there were 48 permanent exclusions of pupils in East Sussex, a decrease from 97 in 2017/18 and 84 in 2018/19. As a proportion of total PEX, those relating to pupils with SEN have decreased since 2017/18 from over half (53%) to 46% in 2019/20. This is still over three times the proportion of pupils with SEN we would expect (14.3% of the total pupil population have SEN) (figure 48).

Source: East Sussex ISEND service development and finance team

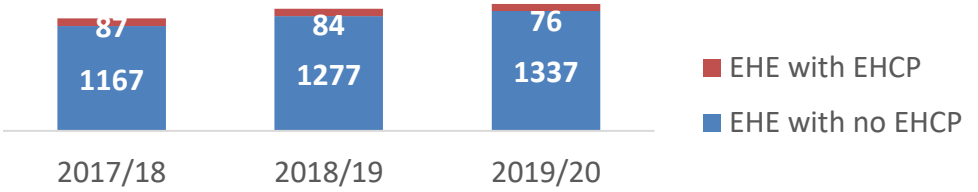
The permanent exclusion (PEX) rate is the total number of PEX as a percentage of the total number of pupils. Nationally, the PEX rate is 0.15 for pupils with an EHCP, and 0.32 for pupils with SEN with no EHC plan, compared to 0.06 for those without SEN. In East Sussex, the PEX rate is slightly higher than nationally for EHCP pupils (0.17%) but lower than our nearest statistical neighbours (0.24%). For those with SEN but no EHCP, the East Sussex rate is markedly higher (0.51%) than nationally (0.32%) and our nearest neighbours (0.37%).[145]

This data indicates that exclusions of all types in East Sussex are much higher than would be expected for pupils with SEN but no EHCP, with these pupils significantly over-represented in exclusion statistics in comparison to other areas and when compared to our local population of SEN pupils.

Electively Home Educated (EHE) children and young people

In academic year 2019/20, 1,413 pupils in East Sussex were home educated. This is an increase of 4% (52 pupils) from 2018/19 and continues the rise of home educated pupils between 2017/18 and 2018/19 (8.5%). However, whilst the number of EHE pupils has been increasing since 2017/18, the number with an EHCP have been decreasing over the same period, constituting 7% of all EHCPs in 2017/18, 6% in 2018/19 and 5% in 2019/20 (figure 49).

Figure 49: Electively Home Educated pupils with EHCPs in East Sussex, 2017/18 to 2019/20



Source: East Sussex Children's Services, Teaching and Learning Provision Department

Between January 2019 and December 2019, 6 children and young people with a statement of special educational needs or EHC plan (0.2%) were taken out of mainstream school by their parents to be home educated. This is a similar proportion to the South East (0.2%) and England (0.2%). Within East Sussex the number has steadily fallen from 14 between January and December 2018 (0.4%), and 10 between January and December 2017 (0.3%).[146]

Not in Education, Employment or Training (NEET)

There is no reliable local SEND data in relation to NEET young people for the overall Yr12 - Yr16+ cohort as too many situations are recorded as Not Known (38%). This is a similar proportion to nationally as there is not a requirement from the Department for Education for Local Authorities to track data for the older SEND cohort. Locally work has been undertaken in ISEND over the last year to improve NEET data for young people with SEND.

Accurate local data is currently only available for pupils in Year 12 and 13 (age 16-17). This is for pupils with EHCP only as the national education caseload database defines SEND as just those with an EHCP. In March 2020 there were 498 young people aged 16-17 with SEND in East Sussex. A young person with SEND in Yr12 and Yr13 was almost twice as likely to be NEET than those who are non-SEND; 8% (n=40) compared to 4.6%. This is higher than the proportion of young people with SEND who are known to be NEET nationally (7.2%) and

regionally (6.8%).[147] This correlates with a lower proportion of 16-17 year olds with SEND in learning (86%) than those without SEND (90%). However, for 2.8% of 16-17 year olds with SEND and 1.7% of 16-17 year olds without SEND, current activity is unknown (figure 50).

Figure 50: Young people with SEND: Year 12-13, aged 16-17 years, March 2020

	Cohort	Proportion engaged in:			Total	NEET	Current activity not known	NEET & not known %
		Mainstream education and training	ISPs	Supported internships				
ENGLAND	45,444	87.10%	1.10%	0.20%	88.40%	7.20%	2.20%	9.40%
SOUTH EAST	7,581	86.00%	1.20%	0.30%	87.40%	6.80%	3.10%	10.00%
East Sussex	498	85.70%	0.00%	0.20%	85.90%	8.00%	2.80%	10.80%

Source: ESCC children services

SEN support information is only available at a local level, with data indicating that 12.4% of 16-17 year olds with SEND are NEET, and 78.2% are in learning. There is no national comparative data available on young people with SEN Support who are NEET.

Work Based Placements

As at January 2020, 30 young people with an East Sussex Maintained EHC Plan were part of apprenticeships (18), traineeships (6) or supported internships (6). This compares to 43 as at January 2019, and 35 as at January 2018, indicating a slight fall in participation.[148] Conversely, the numbers regionally and nationally have increased over the same time period by 42% and 63% respectively since 2018. Of those with and EHCP who are on a work based placement, three times as many (60%) are enrolled on an apprenticeship than a traineeship (20%) or supported internship (20%) (table 12).

Table 12: Work based placement for those with an EHCP: as a % of total in placements

		2017	2018	2019	2020
young people enrolled on an **apprenticeship**	East Sussex	25%	29%	49%	60%
	South East	44%	40%	42%	36%
	National	22%	27%	24%	24%
young people enrolled on a **traineeship**	East Sussex	0%	14%	14%	20%
	South East	9%	16%	14%	14%
	National	22%	19%	20%	14%
young people enrolled on a **supported internship**	East Sussex	75%	57%	37%	20%
	South East	47%	44%	43%	50%
	National	56%	54%	56%	62%

The represents a rise in the proportion of work based placements in apprenticeships (from 25% in 2017) and traineeships (from 5% in 2017) in East Sussex, but a decrease in those on supported internships (from 75% in 2017). In contrast to this, nationally, the majority of work based placements for young people with an EHCP have consistently been supported internships (62% in 2020), with a quarter in apprenticeships and 14% in traineeships. Nationally there has been a decrease in traineeships from 22% in 2017.

7. SERVICE PROVISION

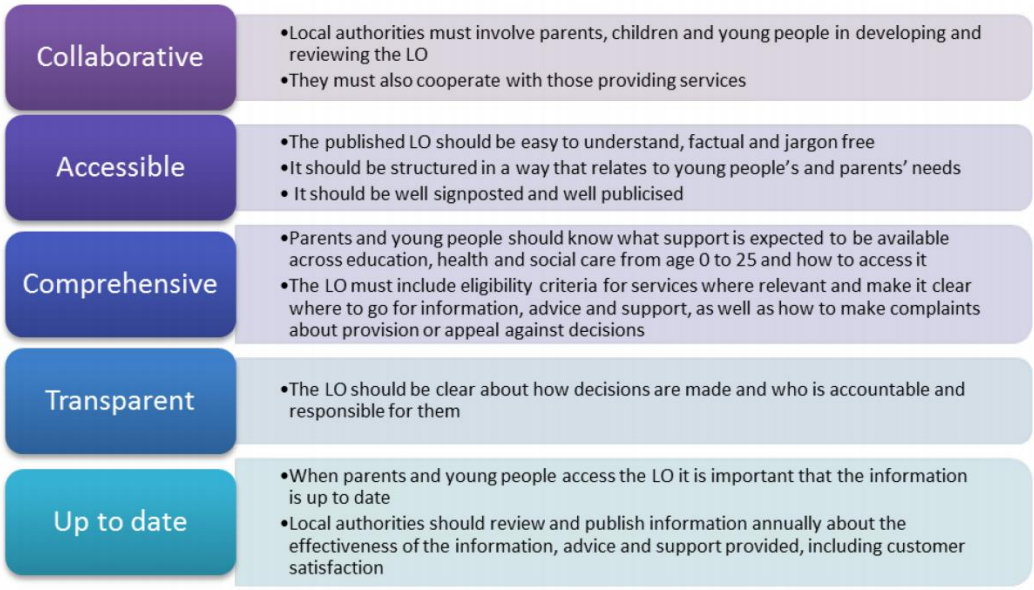
Chapter Summary

The following table provides a summary of the local evidence on SEND service provision as detailed in the chapter.

SEND PROVISION IN EAST SUSSEX	
Education	• In 2019/20 there were 1,937 children and young people supported by ISEND services. • Referrals to ISEND are generally falling, especially for the Education Support Behaviour and Attendance Service (ESBAS), although ESBAS still accounts for a third of all referrals. • Since 2017/18, Communication Learning and Autism Support Service referrals have doubled • All primary and 89% secondary schools hold East Sussex Quality Mark for Inclusion • There is an annual 42% growth in requests for EHCP assessment, reflecting a 50% increase in requests from parent carers. • East Sussex has the third highest refusal rate for EHCP requests of all local authorities in the country, as well as a lower proportion of completed assessments resulting in an EHCP • Newly issued EHCPs placed in LA maintains mainstream schools has been declining locally and nationally since 2015, with East Sussex lower (31% vs 39%) and falling faster. • The number of complaints received by ISEND increased by 66% between 2018 and 2020, the majority concerning exclusions and school placements. • There are increasing appeals registered to the SEND Tribunal about EHCP decisions, particularly concerning: education plus health and/or social care; about LA decision not to complete a needs assessment; and about LA decision not to issue an EHCP. The vast majority of appeals are concluded in favour of the family.
Health	**Neuro-developmental and neuro-disability needs - assessment and support:** Therapy • In 2019/20, Speech and Language Therapy (SALT) supported twice the number of young people (1,400) than Occupational Therapy (765) of Physiotherapy (700). • Predominant needs for therapy services: developmental delay/ASD and neuro-disability • Increase in SALT and OT EHC needs assessment requests, for both services this was mainly for ASD, Development co-ordination Disorder (DCD), Sensory processing and SEMH Community Paediatrics • Average 1,250 children accepted annually, exceeding staff capacity for 800 children a year • Relatively higher proportion of children diagnosed with ASD in Eastbourne, Hailsham and Seaford. This could be due to socio-economic factors, a fragmentation of neuro-developmental assessment pathways, or geographical practitioner differences. • Recently the skill mix/joint working has been improved in the community paediatric team • Significant rise in those waiting over 2 years ('longest waiters') to access the service. Face-to-face clinic to address long waiting times stalled due to COVID, have since begun again. • 75% of the 866 waiting for autism assessment, and 66% of 'longest waiters' are aged 5-11 Pathways and Access • A joint ASD/ADHD pathway for <11s is being piloted from May 2021 for 12 months • Current CAMHS waiting list of 300 for ASC assessment (under 19s) and 600 for ADHD assessment (under 18s), with a waiting time of approximately 2 years. CAMHS • Data is not currently reported on young people with SEND being supported by CAMHS
Social Care	• Children's Disability Social Care Team (CDS) is fully integrated with other SEN services • Significantly decreasing number of families accessing commissioned short breaks • Rising number of families receiving social care personal budget (PB) or direct payment (DP) • Higher proportion of social care PBs (98%) than nationally (87%) and lower education PBs (1% vs 7%) and integrated PBs (1% vs 4%). • At least 1/3 young people assessed by the Youth Offending Team were identified with SEND
Information, advice and support	• The East Sussex Local Offer Website received about 74,000 visits in 2019/20 • Membership of the new East Sussex Parent Carer Forum is increasing: 64% children represented by the membership have ASD

SEND Local Offer

The Children and Families Act 2014 introduced a statutory duty on local authorities to develop and publish a Local Offer, which sets out what they expect to be available for local children and young people with SEN and disabilities across education, health and social care[149]. Every local authority must have a Local Offer that is available on the internet and must make sure that people without access to the internet can also see it. The Local Offer should be:



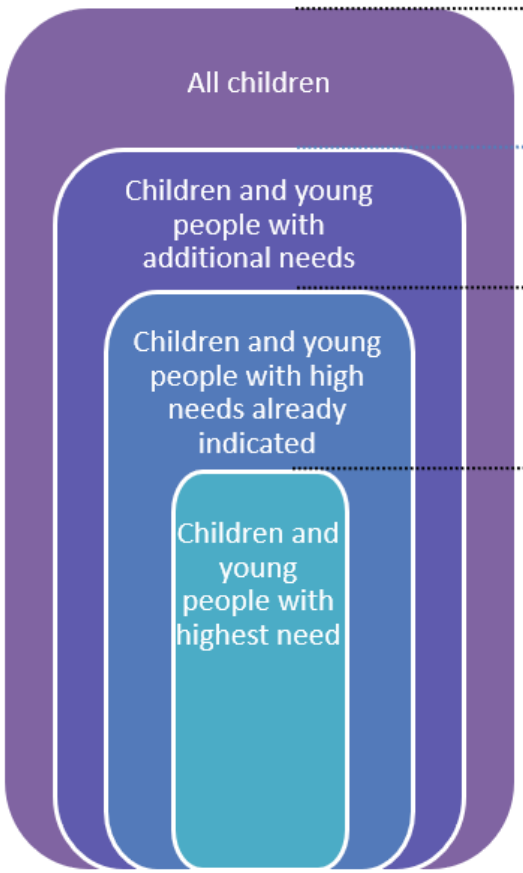
Source: DfE, adapted from the SEN and Disability Code of Practice, 2014

Information about services and support can be found in the Local Offer ESCC webpage. In 2017/18 there were over 100,000 unique visits to the Local Offer website (including the landing page). This fell to 68,200 in 2018/19 due to a redesign and simplification of the website but rose again by 8% (to 73,950) in 2019/20.

SEND tiers of provision

There are 4 Tiers of services to support children and young people with SEND:
Tier 1 Universal services: early identification and prevention (GPs, health visitors, teachers, youth workers)
Tier 2 Targeted services/provision: Provision for children and young people who have specific identified needs and/or are considered to be vulnerable. This involves low intensity of intervention and can be delivered through the universal settings but with provision aimed at specific identified groups.
Tier 3 Referred: referred-to specialist education, care and health services for children with identified high needs
Tier 4 Specialist: services for children and young people with severe and / or complex needs who are likely to require even more support than is available either through universal or targeted services. These services will require an assessment of need.

The following graphic outlines the services available in East Sussex at each Tier of Support (please note that for some services, support is provided across tiers).



TIER 1

UNIVERSAL

Mainstream Schools

ESCIS

SLES

NHS commissioned services (incl. GPs, and other primary care services)

Health Visiting Service

Community Pharmacy services (NHSE and wider),

Optometry services

Immunisation and screening programmes)

Mental Health Emotional Wellbeing Schools Network

Early Years settings

FE colleges

School Health Service

TIER 2

TARGETED

Local Offer (incorporating Short Breaks, I-go, Sibs service, Triple P additional needs parenting)

School Health services: weight management

Care for the Carers resilience group (WRAP)

NHS secondary care services: community paediatricians, Specialist nursing services and professionals working outside of multi-disciplinary teams such as school counsellors; primary mental health workers

Emotional wellbeing service

SLT, Occupational Therapy, Physiotherapy

Equipment provision

i-Rock Youth Hubs (Hastings, Eastbourne and Newhaven)

Online counselling

TIER 3

REFERRED

ISEND Communication Learning Autism Support Service (CLASS)*

ISEND Education as an Additional Language Service (EALS)*

ISEND Early Years' Service (EYS)*

ISEND Education Support Behaviour and Attendance Service (ESBAS)*

ISEND Sensory Needs Service (SNS)*

ISEND Teaching and Learning Provision (TLP)*

ISEND Interim Provision Service (IPS)*

CAMHS Family Intensive support service

Specialist CAMHS Community Teams: Autism Diagnostic Services

Children Disability Service Duty and Assessment Team (DAT)

Early Intervention Service (EIS)

Mental Health Teams therapeutic services

Intensive home support teams

TIER 4

SPECIALIST

Children's Disability Social Work Teams (DAT, FST/LAC) => CiN, LAC and CiNP

Specialist Intervention Service (SIS)

Residential and respite Homes

Special Schools and Specialist Facilities

Day services

Inpatient services

Specialist outpatient services

Crisis/home treatment services

Tertiary centres for Neuro-disability/neurology/genetics

KEY:

Health services

Education

Social Care

Other

*ISEND services are education support services and work with schools , settings and colleges. ISEND services build capacity in education settings and therefore support pupils on the full range of CAMHS tiers . 'Referred' is the best fit category for the majority of ISEND work as it equates to 'specialist' on the 'universal', 'targeted', 'specialist' education tiers. The referral route into ISEND is from schools and settings (and health for EYS).

CAMHS services – In addition to the specialist provision outlined above, children and young people with SEND will also have access to universal CAMHS services

Strategic Joint Commissioning

The Dedicated Schools Grant (DSG) national funding formula allocated high needs block funding for East Sussex for 2021/22 of £65.9m, which is a £6.7m increase compared to 2020/21.[150]

In order to ensure that statutory obligations to commission sufficient provision for children and young people (CYP) with SEND are met, a Joint Commissioning Strategy has been developed which articulates key priorities for development across education, health and care. Commissioners in East Sussex share a number of strategic aims, including:

1. to identify all children who have special education needs or disabilities as early as possible in their lives;
2. to provide empowering support for parents and carers to help them to care for, and support the development of, their children;
3. all services to respond promptly to the needs of children, and work towards our agreed outcomes. This will include universal services such as schools and early years education settings, and universal health services;
4. to commission coherent, coordinated, personalised education, health and care support for individual children and young people, with formal, integrated Education, Health and Care plans for those children who need specialist support, aimed at helping them to achieve well at school and in training and employment, and enabling them to live lives which are as independent as possible, fully included within their local communities; and
5. to provide maximum choice for children, young people and families about how the resources available to support them are used.

Children's commissioners from the local authority and the CCG's meet weekly to help identify upcoming need and raise any issues.

The Council for disabled children considered the critical areas for joint working within SEND between Local Authorities and Clinical Commissioning Groups to be:

- children's wheelchairs, and community equipment;
- residential placements, respite and Short Breaks;
- speech and language therapy;
- occupational therapy;
- independent brokering/advocacy.

In light of this thinking and as examples of the Local Authorities joint commissioning approach, East Sussex Children's Services Department and the Clinical Commissioning Groups (CCG's) agreed to jointly commission and jointly fund two major services, a combined single service that provides children's therapy and any related equipment and includes all professional therapies; speech and language, occupational therapy and physiotherapy, and a combined single provider of wheelchairs. The Children's Integrated Therapies and Equipment Service (CITES) is currently provided through Kent Community Health Foundation Trust as a block contract jointly funded through the local authority and the CCG's and provides services across all of East Sussex. CITES is a significant provider alongside other services for children with SEN and Disability and is required to contribute to

the new way of working outlined in the SEND Reforms of the Children and Families Act 2014.[13]

In addition to provision of therapies, the children's services department is a partner in a jointly funded block contract with adult social care and the CCG's to provide wheelchairs. The Children and Adults Wheelchair service (CAWS) is currently provided through Millbrook.

Local authorities have a statutory duty to ensure there are sufficient good school places for all pupils, including for those with Special Educational Needs and Disabilities (SEND). Place planning for pupils with SEND is an important part of commissioning strategies to ensure that affordable, high quality and local provision is available to meet the needs of SEND pupils across the county. Place planning sits alongside other strategies to support inclusion in mainstream schools, and the development of a matrix which sets out the support available in special schools so clear criteria govern admissions to existing and new specialist provision.

Historically East Sussex has had a high reliance on statutory assessments for SEND and continues to have an above average rate of children supported on Education Health and Care Plans (EHCPs) compared with national average or statistical neighbours. Pupils with EHCPs in East Sussex are educated in a range of provision from mainstream schools to independent non-maintained special schools. Over the last five years we have seen a reduction in the number of pupils with EHCPs attending local mainstream schools, combined with the increase in the number of placements in the specialist sector (both in terms of new placements and in-year movement). The ESCC SEND forecasts (detailed in Chapter 10 of the needs assessment) provide clear evidence that there will be an increase in the number of pupils with SEND over the next 10-15 years.

New Provision

Over the last few years the local authority has been implementing plans to develop more places for SEND pupils, these include securing new free special schools and the development of more specialist facilities in mainstream schools.

Special Free Schools

- Ropemakers' Academy: 80 places for pupils aged 4-16 with Social Emotional and Mental Health needs in Hailsham. The Council has funded the cost of building the new school from its approved capital programme. The school opened to pupils in September 2020.
- The Flagship School: 56 places for pupils aged 9-16 with high functioning autism and pupils with social, behavioural and communication difficulties in Hastings. Capital costs funded by the ESFA. The school will open in September 2021.
- The Summerdown School: 84 places for pupils aged 5-16 with autism and speech language and communication needs, and 51 places for PMLD including 6 for nursery age children. The provider (Southfield Academy Trust) has identified an Eastbourne site for the school. The cost of building the new school will be funded by the ESFA, the cost of constructing the PMLD element of the new build will be funded from the Council's approved capital programme. The school opens in September 2022.

Specialist Facilities

- Churchwood Primary Academy, Hastings: 8 pupils with Autistic Spectrum Disorder, opened September 2019.
- Grovelands Primary School, Hailsham: 8 pupils with Autistic Spectrum Disorder, opened September 2019.
- Priory School, Lewes: 12 pupils with specific learning difficulties and associated SEN (e.g. anxiety/high functioning autism), opened September 2020.
- Robertsbridge Community College: 12 pupils with specific learning difficulties and associated SEN (e.g. anxiety or high functioning autism), opened September 2020.

Education

ISEND

Within East Sussex, the Inclusion, Special Educational Needs and Disabilities (ISEND) service aims to ensure that appropriate support is provided to children, their families and the schools they attend as early as possible. For this reason, ISEND maintains a range of support services who can provide expertise and guidance to all schools and settings, including academies and special schools.

Assessment and Planning

The ISEND Assessment and Planning team are a dedicated team of Assessment and Planning Officers and managers, who fulfil the Local Authority's statutory responsibilities in relation to the Education Health and Care Plan (EHCP) process. This starts with being the point of contact for a parent/carer and professionals during an Education Health and Care Needs Assessment, through to Annual Reviews of an EHCP where a plan has been agreed. Assessment and Planning aim to ensure that assessments are timely and within statutory timescales; that EHCPs reflect an up to date, holistic view of the child or young person, including their strengths, needs, aspirations and views; and that children, young people and their families are central to the decision-making process from initial assessment through to ceasing the plan when it is no longer required.

Early Intervention

The ISEND Early Years Service (EYS) supports pre-school aged children with Special Educational Needs, Disabilities (SEND) and/or complex needs where those difficulties create a significant barrier to learning and/or inclusion. ISEND Early Years Service also supports preschool aged children who have EAL (English as an Additional Language). The Education Support Services in ISEND build capacity in schools and settings through advice, guidance and intervention; to enable them to support their pupils with SEND to achieve the best possible outcomes. A summary of the service main specialisms is as follows:

ISEND Service	Summary of main specialisms
Communication Learning and Autism Support Service (CLASS)	Speech Language and Communication Needs including Autism. Social interaction/ relationships concerns. Specific learning difficulties (e.g. dyslexia, dyspraxia, dyscalculia). Literacy difficulties. Numeracy difficulties. Need for diagnostic assessment in cognition, literacy, numeracy and ICT. Help with assistive technology.
English as an Additional Language Service (EALS)	Pupil has English as an Additional Language and they are not making progress in their learning. Pupil not accessing the curriculum. New arrival,

	Asylum Seeker or Refugee. Parents do not speak English/have difficulty communicating. Translation and interpreting services. Mother Tongue Assessment.
Educational Psychology Service (EPS)	Concerns about academic progress. Social Emotional Mental Health Needs. Anxiety. Trauma. Attachment. Autism. Dyslexia. Speech Language and Communication Needs. Specific Learning Difficulties. Unpicking complex cases. Need for cognitive assessment to establish learning needs. Holistic assessment of needs. Whole school approach to inclusion. Staff training. Post-16 person-centred reviews and Preparation for Adulthood. Staff supervision and parent/carer support.
Education Support Behaviour and Attendance Service (ESBAS)	Difficult and dangerous behaviour. Risk of exclusion. Friendship concerns. Social Emotional Mental Health Needs. Trauma. Poor attendance. Bullying (perpetrator and/or victim). Substance misuse. Gypsy Roma Traveller behaviour and wellbeing support. Parenting support.
Early Years Service (EYS) (Supporting Early Years settings and during the first term of the Reception year for open cases requiring transition support)	Progress, development or behaviour concerns. Transition support (home to pre-school to reception). Speech Language and Communication Needs including Autism. Downs Syndrome. PMLD. Reasonable adjustments for complex medical needs. SEN funding in preschool provisions.
Sensory Needs Service (SNS)	Child or young person with hearing impairment. Child or young person with vision impairment. Pupil attending a hearing facility. Advice on reasonable adjustments to environment to support vision and/or hearing impairment.
Teaching and Learning Provision (TLP)	Reasonable adjustments for medical conditions. Education for pupil who has not attended school for 15 days or more in an academic year (consecutively or cumulatively) due to ill health (physical and/or mental health). Assessing the suitability of Electively home Educated (EHE) child. Advice and guidance concerning academic progress of a GRT pupil.

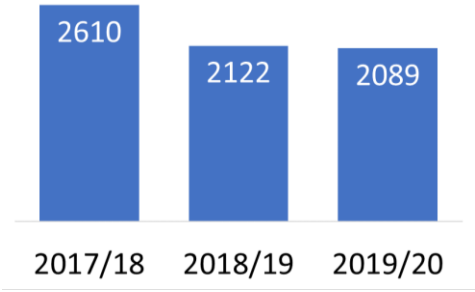
The ISEND SEN Practice and Standards team provide advice and guidance to schools regarding the early identification of SEND and how to meet those needs effectively. This team aims to supports every teacher to be a confident teacher of pupils with SEND, and every leader to be a confident leader of SEND, so that every pupil with SEND succeeds and is fully prepared for the next stage of their journey. This is achieved through sharing best practice in professional networks of SENCOs and school leaders; clear guidance documents, such as the Universally Available Provision guidance; targeted intervention in response to concerns around inclusive practice; and whole system approaches, such as Therapeutic Thinking and the East Sussex Quality Mark for Inclusion.

The Schools Mental Health and Emotional Wellbeing Advisers (MHEW) raise the profile of mental health and emotional wellbeing best practice in schools and colleges, in accordance with Public Health England's eight key principles of a whole school approach. The role provides support for schools and colleges in undertaking their responsibilities for supporting pupils with mental health needs, and delivers training programmes to improve practice in early identification of children and young people with mental health concerns. The mental health offer for schools and colleges is coordinated across all services, including health and social care and focuses on developing a trauma-informed approach that is consistent with the principles of Therapeutic Thinking.

ISEND Services

In 2019/20 there were 1,937 children and young people supported by ISEND services. This compares to 2,079 in 2018/19 and 1,804 in 2017/2018.

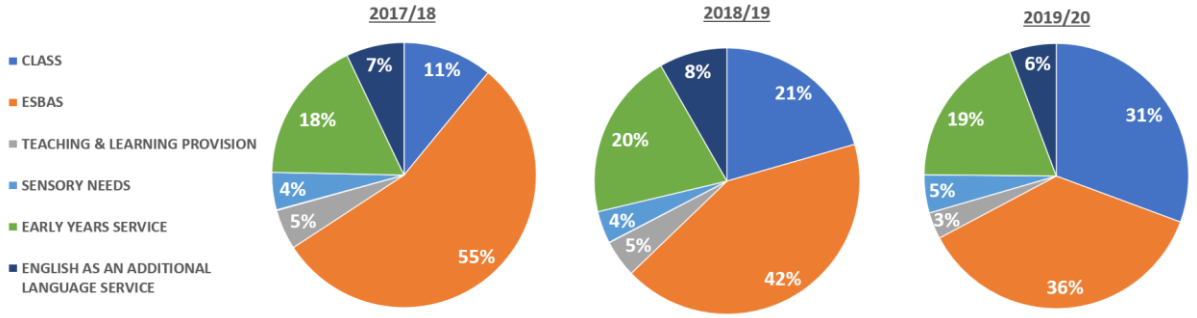
Figure 51: Total referrals into ISEND services:, 2017/18 to 2019/20



The total number of referrals into ISEND services has been falling over the last three years, decreasing by approximately 20% (521 referrals) between 2017/18 and 2019/20 (figure 51). The vast majority of this decrease has been in Education Support Behaviour and Attendance Service (ESBAS) referrals which have reduced by 666 over the three year period. All other services have seen a slight numerical decrease in referrals between 2017/18 and 2019/20, except the Communication Learning and Autism Support Service (CLASS) where the number of referrals has over doubled from 286 to 640.

The greatest proportion of referrals into ISEND services has consistently been into ESBAS. However, as a proportion of annual referrals between 2017/18 and 2019/20, referrals into ESBAS have decreased from half of all referrals (55%) in 2017/18, to a third (36%) in 2019/20. Conversely, the proportion of referrals to CLASS have steadily increased from 11% in 2017/18 to 31% in 2019/20. Referrals into other ISEND services have remained broadly similar across the three years, with the Early Years Service constituting just under 20% of all referrals (figure 52).

Figure 52: Referrals into ISEND services: 2017/18 to 2019/20

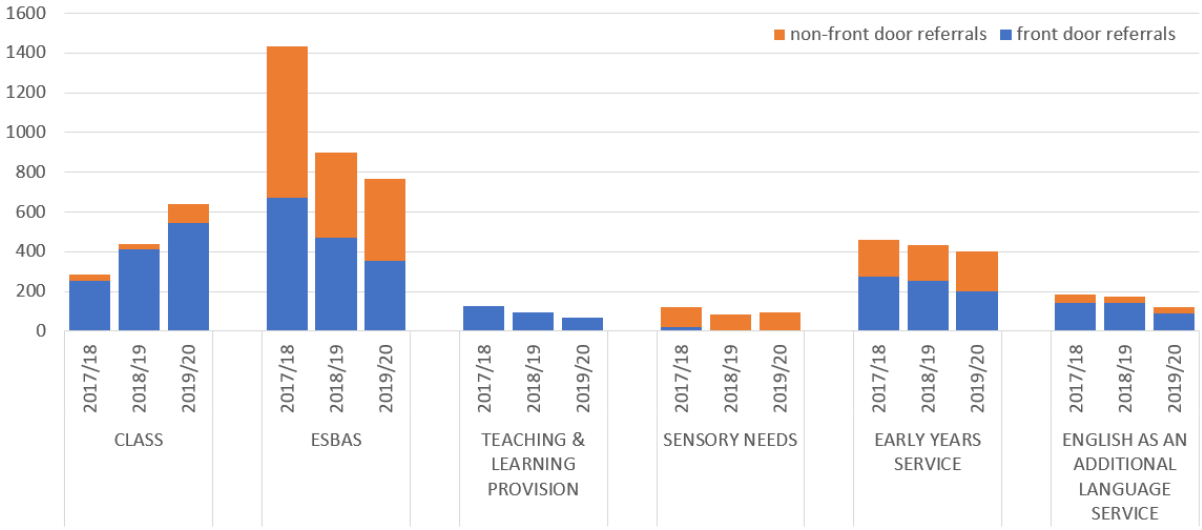


Source: East Sussex Inclusion, Special Educational Needs and Disability Services (ISEND)

East Sussex have an 'Inclusion, Special Educational Needs and Disability (ISEND) front door' as a single point of referral for schools and settings, where they have concerns about the progress and/or engagement of children with SEND. This access point is needs based rather than service based, to allow for the allocation of the right service/s, guidance and support to better support the early identification of children's needs. Children referred through the ISEND Front Door will be directed to the appropriate service. If a child's needs may require the involvement of two or more specialist services, or individual need is less clear, the duty identified professional (an Educational Psychologist or Adviser) will present the referral to a multi-agency panel of professionals (Children's Integrated Therapy Service, schools and ISEND support services representatives), and support is then allocated through a joint response. The overall number of Front Door referrals includes referrals passed to services

outside of ISEND, i.e. CITES and referrals that were refused. Non-front door, or traded, referrals relate to provision purchased directly by services (not part of the core provision).

Figure 53: Referrals into ISEND services: 2017/18 to 2019/20



Source: East Sussex Inclusion, Special Educational Needs and Disability Services (ISEND)

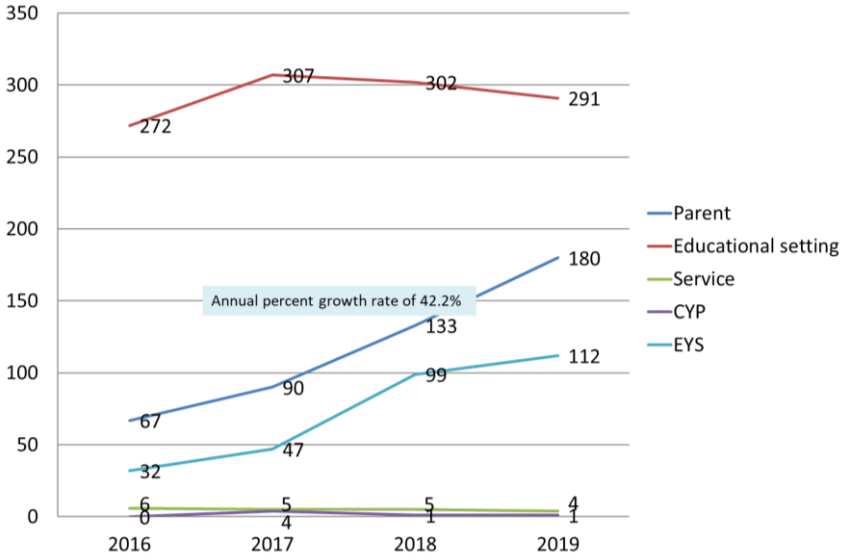
All referrals to Teaching and Learning Provision are through the ISEND front door, along with most referrals to CLASS, Early Years Service (EYS), and English as an Additional Language Service (EALS). CLASS is the only ISEND service for which referrals are increasing, however the proportion of these that are non-front door are increasing year on year. Over half referrals to ESBAS are non-front door referrals, along with most referrals to the sensory needs service (figure 53).

Traded provision by the education psychology service can be for individual children or whole school support. For this reason, referrals are monitored as days of provision as opposed to number of referrals. Over the last three years, on average the education psychology service has delivered 1,000 days of support per year.

EHCP Assessment

In 2019 there were 588 Requests for EHCP Assessment (0.4% of the 0-24 population), increasing from 540 in 2018, 453 in 2017 and 377 in 2016. This is an annual growth rate of 42%. The most common source of statutory assessment requests is educational setting, followed by parent requests and the Early Years Service. While requests from education settings have remained fairly consistent since 2016, those from parents have grown by 50% over the same time period (figure 54).

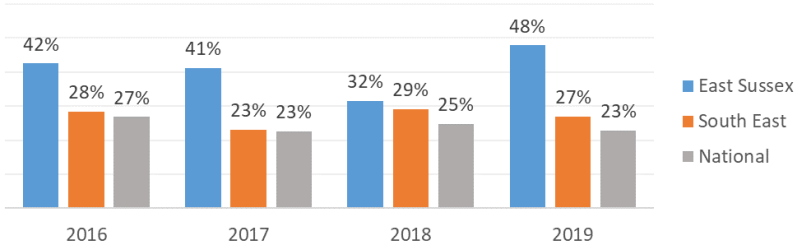
Figure 54: Number and source of Requests for Assessment, 2016-2019



Source: East Sussex Inclusion, Special Educational Needs and Disability Services (ISEND)

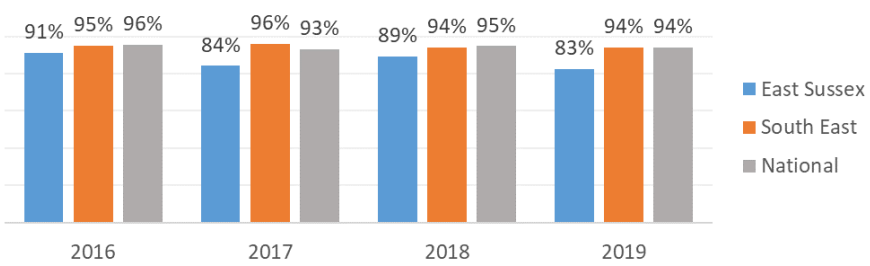
Of the initial requests for an EHCP in 2019, 283 (48%) were refused, nearly double the proportion refused in the South East (27%) or nationally (23%). The refusal of EHCP requests in East Sussex has consistently exceeded that for the South East and England (figure 55). This is the highest refusal rate in comparison to our nearest neighbour authorities, and the third highest of all local authorities in the country.[151]

Figure 55: Proportion of initial EHCP requests refused: 2016 to 2019



Of those who are assessed for an EHCP, East Sussex has a lower proportion than regionally and nationally where completed assessments result in an EHCP plan, and this has also been a consistent pattern since 2016 (figure 56).

Figure 56: Completed assessments that result in an EHCP plan being issued: 2016 to 2019

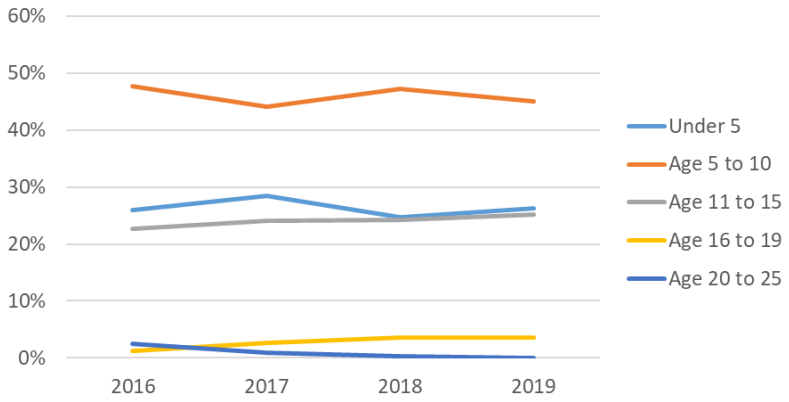


In 2019, 38 EHCPs were transferred to other local authorities, and 4 were discontinued as SEN needs were met without an EHCP.

New EHC plans

In 2019, almost half of those with new plans were aged 5-10 (45%), 25% were 11-15 years, 26% were under the age of 5 and 4% were aged 16-19 (Figure 57). This is a broadly similar split to nationally, albeit with a slightly greater proportion of under 5s. Since 2016, the proportion of new EHC plans has increased year on year for 11-15 year olds (from 22% to 25%) and 16-19 year olds (from 1% to 4%), while there has been slight decrease over the same period for EHC plans issued for children aged 10 and under, and aged 20 to 25.

Figure 57: Percentage of new EHCP plans issued in East Sussex by age group, 2016 to 2019



Source: ESCC Children's service, School Census

Of new EHCPs in 2020, 91% were issued within the first 20 weeks excluding exception cases (82% were issued within 20 weeks including exception cases). This is higher than both our nearest comparator authorities (44%) and England (58 %).

The local authority decides when to apply an exception case to an EHCP: where the 20 week deadline is impractical:

- Exceptional personal circumstances that affect the child, young person, or their family during the EHCP process;
- Cases where the child or their parent aren't living in the LA for a continuous period of 4 weeks or more; and
- Cases where the LA asks a school for professional advice to inform the EHCP: a week before the end of the summer holiday, up until a week before the new academic year.

Across East Sussex, the South East, Nearest statistical neighbours and England, the proportion of newly issued statements and plans placed in local authority maintained mainstream schools has been declining since 2015 (Table 13). Currently, 31% of new EHCPs are placed in maintained mainstream school in East Sussex, similar to our nearest Statistical neighbours (31%) but lower than regionally and nationally (39%).

Table 13: % of newly issued statements/plans placed in LA maintained mainstream schools

	2015	2016	2017	2018	2019
East Sussex	39.4	39.7	36.8	35.7	30.8
South East	44.9	42.6	37.3	38.3	39.3
Statistical Neighbours	37.7	36.9	34.3	31.7	30.8
England	44.7	42.5	41.5	40.4	39.4

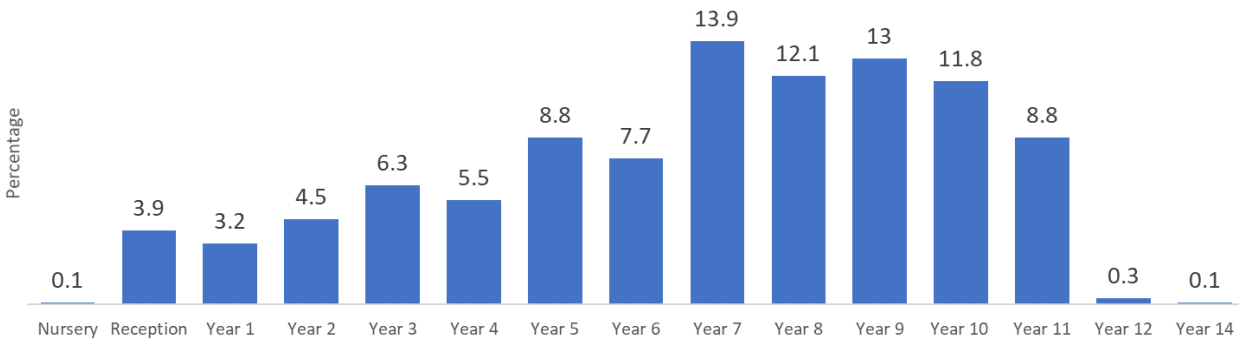
Source: Department of Education, collated by Performance and Intelligence, Sussex NHS Commissioners

As a proportion of all those with EHCP plans, approximately 40 requests have been made each year since 2017 for placement change from mainstream to special school. This represents an average of 1.2% of the total number of young people with EHCPs, lower than regionally and nationally where the average is 2.1%.[152]

Transport

Across the home to school transport service, there are 931 children and young people with SEND supported to access school. Of this group, 906 (97%) use hired transport (taxis) and 25 use public transport. Three quarters of SEND young people using the service have their gender recorded: 56% male; 19% female; 25 unrecorded (attributed to increasing awareness of gender identity meaning that gender is not always recorded). Data indicates that, on average, a conservative estimate is that over 10 miles are travelled per SEND client transportation. 40% of home to school transport is accessed by primary school children (year RE to 06), with the proportion growing relatively steadily as age increases. Conversely, for older children and young people using the service, the greatest proportion is in the first year of secondary school, with use generally declining as age increases. Over half (51%) of SEND children accessing the transport service are in academic years 7 to 10 (figure 58).

Figure 58: Percentage of SEND children using home to school transport by academic year



Source: East Sussex County Council Transport Hub

ISEND Tribunal Data

The following information is 2018 and 2019 data for appeals registered to the SEND Tribunal about decisions concerning Education, Health and Care needs assessments and plans, for those aged 0-25.

Appeals

The following data details the appeals registered in 2018 and 2019. Table 14 summarises the type of appeals registered to SEND tribunals in East Sussex

Table 14: SEND Tribunal - terminology of appeals

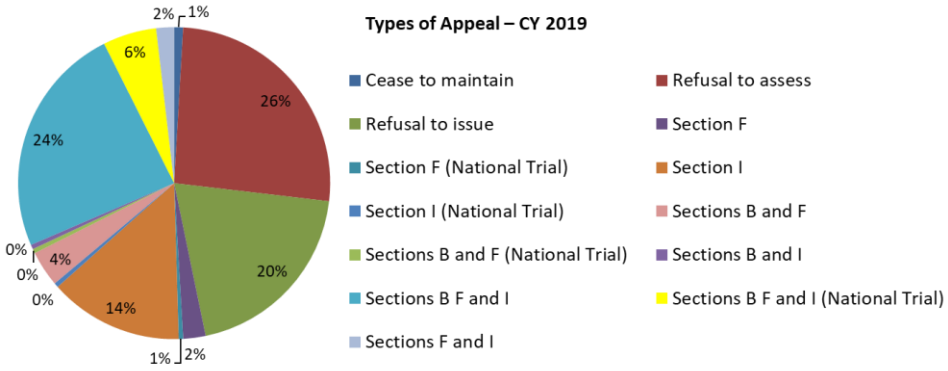
	Appeal terminology	
Refusal to Assess (RTA)	The LA has made the decision not to complete a needs assessment for the child/young person	
Refusal to Issue (RTI)	The LA has made the decision not to issue an EHCP for the child/young person	
Section B	The section of the completed EHCP that describes the child/young person's SEN	Any of these three sections

Section F	The section of the completed EHCP that describes the special educational provision required to meet the child/young person's SEN	can be appealed on their own, or multiple sections can be appealed
Section I	The section of the completed EHCP that names the school/educational setting that the child/young person will attend, and the school type (e.g. mainstream school, special school, etc).	
Cease to maintain	The LA has completed an annual review and made the decision to cease the child/young person's EHCP	
National Trial (NT)	Appeals against completed EHCPs can also be registered as National Trials. This means that appeals can also deal with the health and/or social care needs and provision in the plan	

Source: East Sussex Inclusion, Special Educational Needs and Disability Services (ISEND)

In 2019, the most prevalent types of appeal were Refusal to Assess (26%), appeals against the EHCP section describing educational, health and/or social care provision (section F National Trial) (24%) and appeals against the EHCP description of needs and education, health and/or social care provision (Section B and F National Trial) (20%). Refusal to Assess, Refusal to Issue, and appeals against the EHCP description of need, provision and educational setting together (sections B F and I) (24%) remain the most frequent types of appeal. There's also been an increase in section I appeals against named setting (figure 59).

Figure 59: Type of appeal for children and young people, 2019



Source: East Sussex Inclusion, Special Educational Needs and Disability Services (ISEND)

Since 2018, there's been an increase in the types of appeal that include a National Trial (NT) element (appeals also dealing with health and/or social care provision in the EHCP). The National Trial scheme only began midway through 2018, so the increase in NT appeals may be linked with awareness growing as well as the general increase in appeals. A comparison of appeals in April to December 2018, and April to December 2019, shows an increase in the percentage of NT relating to Education, Health, and Care, from 40% appeals to 61%.

Compared to 2018, there has been a fall in appeals about the EHCP description of need or provision to meet education, health and/or social care needs, and Cease to Maintain appeals. However, there has been an increase in all other appeal types with the exception of appeals for both description of SEN and educational setting to attend[153].

In 2019, there were 68 appeals against the LA decision to refuse to Assess (RTA), and 36 against the LA decision not to issue an EHCP (RTI), nearly twice the number of RTA appeals than in 2018 (35) and over a third more RTI appeals (26). This represents 24% appealed of a total 283 RTAs in 2019, and 49% appealed of a total 74 RTIs. This is a 4% increase in RTA

appeals compared to 2018, but a 6% decrease in RTI appeals. This data is based on the date the decision was made, as opposed to the date it was appealed.

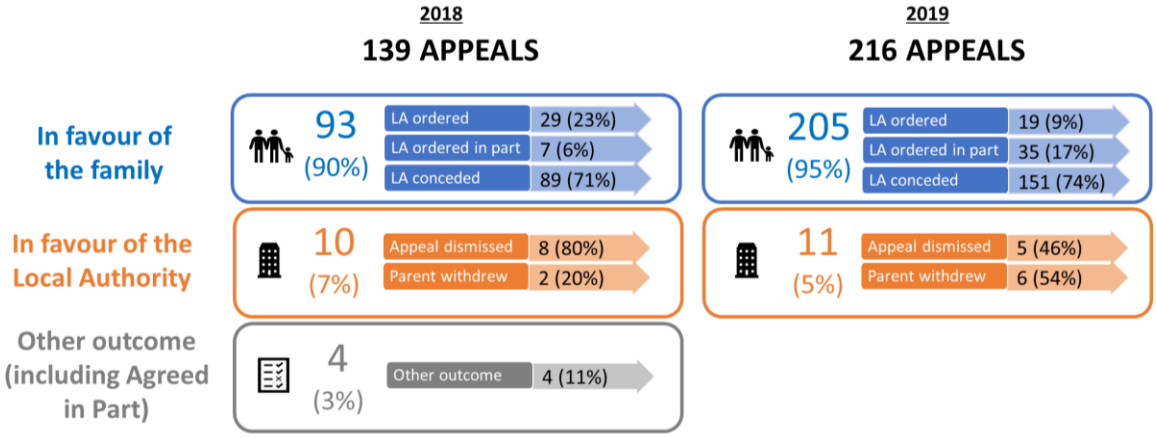
Appeals can be concluded either in favour of the parent/carer/family, or in favour of the local authority in a number of ways:

In favour of the parent/carer/family	
Local Authority Ordered	Decision against the local authority following a full hearing
Local Authority Ordered in part	Only part of the appeal concluded in favour of the family
Local Authority conceded	Local Authority agrees to the families case or the parties agree to a settlement (consent order) and no hearing takes place
In favour of the local authority	
Appeal dismissed	Decision in the local authorities favour following a full hearing
Parent withdrew appeal	Family withdraws the case following negotiations with Local Authority. No hearing takes place
Alternative agreement outcomes	
Including 'Agreed in part'	The parties agree to a settlement and inform the court of the basis of the settlement

Source: East Sussex ISEND Assessment and Planning

In 2018, 90% appeals were concluded in favour of the family, rising to 95% in 2019. In 2019, all of the 11 remaining appeals (5%) were concluded in favour of the Local Authority (LA), and in 2018 10 (7%) were (Figure 60).

Figure 60: Outcome of SEND appeals: 2018 and 2019



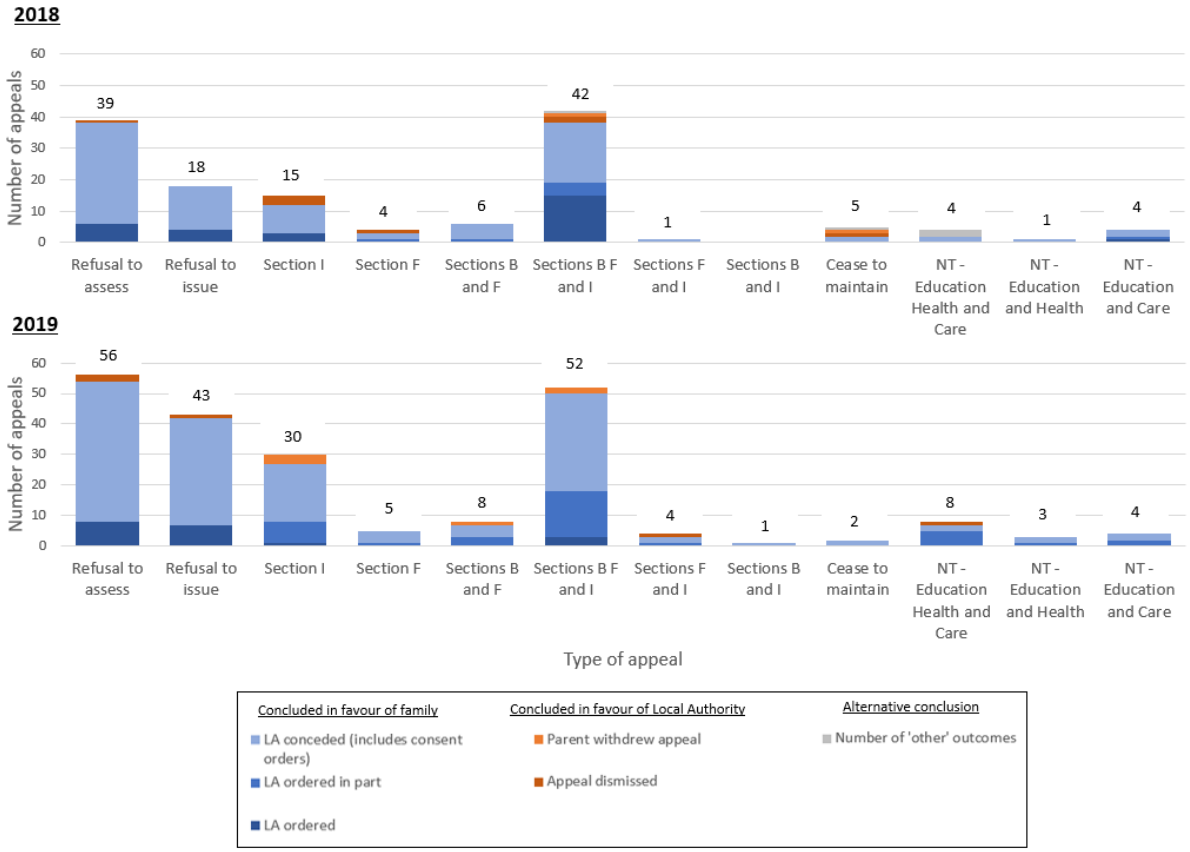
Source: East Sussex ISEND Assessment and Planning

In 2018, the predominant type of appeals were Sections B, F and I appeals (42, 30%) and refusal to assess (39, 28%). Section B, F and I appeals were most likely concluded by the LA conceding (45%) or LA ordered in favour of the parent (36%). Nearly all refusal to assess appeals were concluded in favour of the parent (97%), and most were LA conceded (82%). Of the 18 (13%) refusal to issue appeals, all were concluded in favour of the parent and the majority (78%) were LA conceded (figure 61).

In 2019, the three predominant types of appeal were also refusal to assess (56, 26%), Section B, F and I appeals (52, 24%) and refusal to issue (43, 20%). Section B, F and I appeals were most likely concluded with the LA conceding (62%) or LA ordered in part (in favour of

the parent) (29%). Similarly to 2018, the majority of refusal to assess and refusal to issue appeals were concluded in favour of the parent (96% and 98% respectively). Of these, 46 (85%) refusal to assess and 35 (82%) refusal to issue appeals were conceded by the local authority, and the rest were LA ordered. In 2019, a large proportion of Section I appeals were also concluded in favour of the parent (27, 90%), and of these 27, 63% were conceded by the LA.

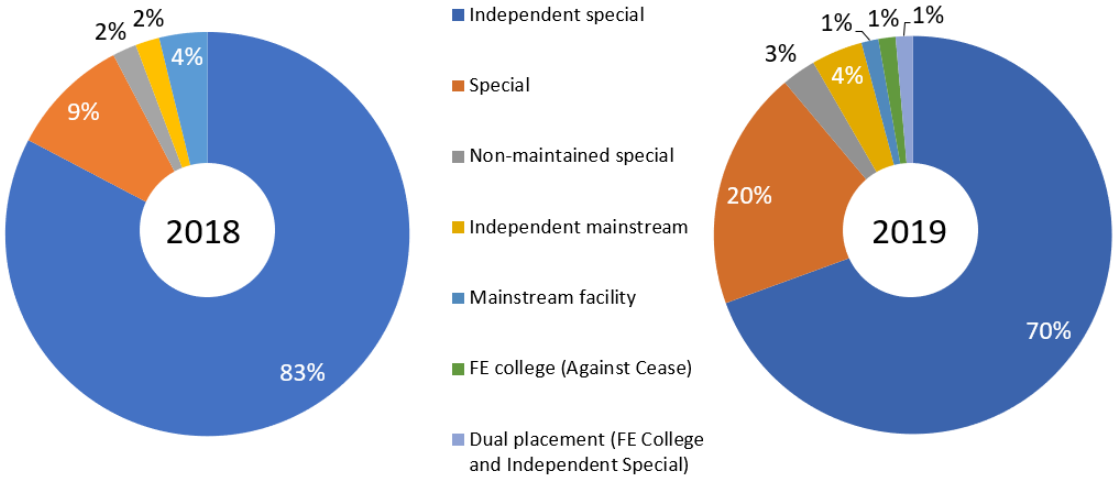
Figure 61: Tribunal appeals by appeal type and outcome, 2018 and 2019



Source: East Sussex ISEND Assessment and Planning

In 2018 there were 52 appeals against the educational setting and school type in the EHCP, rising to 72 in 2019. In both years, Independent special and Special schools were requested in the vast majority of appeals (Figure 62), and there has been a larger increase in requests for these two settings than any other between 2018 and 2019.

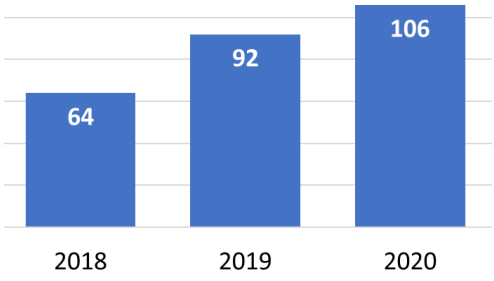
Figure 62: Proportion of Section I appeals by requested setting: 2018 and 2019



Source: East Sussex Inclusion, Special Educational Needs and Disability Services (ISEND)

ISEND complaints

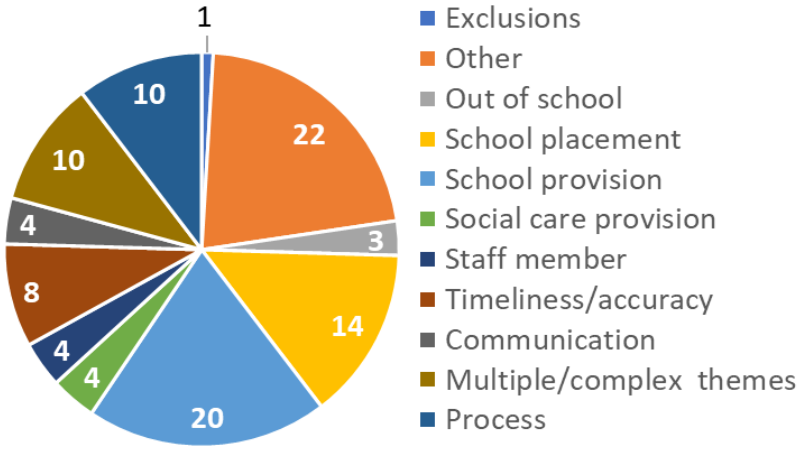
Figure 63: ISEND complaints received: 2018 to 2020



The number of complaints received by ISEND has increased annually over the last three years, with complaints rising by 66% between 2018 and 2020 from 64 to 106 (Figure 63).

The predominant complaints are about exclusions (20%), School Placements (14%), multiple/complex themes (10%), and complaints about ISEND process (10%) (figure 64). The latter two categories are newly captured from 2020, but exclusions and school placements have consistently had the highest number of complaints of any topic over the three years.

Figure 64: ISEND complaints by subject: 2018 to 2020



Source: ESCC Inclusion, Special Educational Needs and Disability Services (ISEND)

East Sussex Quality Mark for Inclusion (ESQMI)

The East Sussex Quality Mark for Inclusion (ESQMI) consists of a set of expected criteria arranged under 6 overarching headings that all East Sussex schools will demonstrate as part of their inclusive practice. The ESQMI format enables SENCos, school leaders and governors to immediately see areas of strength and areas for development. This will:

- support schools to identify priorities for their school development plan through immediate analysis of strengths and areas for development
- provide SENCos with information to support their role
- provide schools with an efficient tool for evidencing impact and best practice
- enable the LA to quality assure the ESQMI process so that parent/carers can feel confident that where a school has the ESQMI it represents inclusive practice and a commitment by the school to improve outcomes for pupils with SEND
- enable the LA to collate and aggregate data to identify schools with best practice and provide a foundation for providing support from the LA as well as school to school collaboration.[154]

Currently 100% Primary Schools and 89% Secondary schools in East Sussex hold the quality mark for inclusion.

Health

People with disabilities are particularly vulnerable to any deficiencies in health care and may experience greater vulnerability to secondary conditions such as:

- pressure ulcers and pain,
- co-morbid conditions,
- age-related conditions, for example some people with developmental disabilities show signs of premature ageing in their 40s,
- engaging in risk behaviours such as poor diet and smoking, and
- higher rates of premature death, particularly for those with intellectual impairments.

Barriers to heath care can include affordability of health services and transportation, lack of appropriate services, physical barriers such as inadequate bathroom facilities, and inadequate skills and knowledge of health workers.[155]

Children's Integrated Therapy and Equipment Service (CITES)

The Children's Integrated Therapy and Equipment Service (CITES) is a specialist service that provides occupational therapy, speech and language therapy and physiotherapy to children and young people aged 0-16 years and 16-19 years if in full-time education. CITES is an integrated service with a range of healthcare professionals, including physiotherapists (PT), occupational therapists (OT), speech and language therapists (SLT), integrated therapy assistants (ITA), professional leads, and managers and administration teams.

Referrals to CITES are accepted for children and young people who have developmental difficulties which significantly impact on their life. This could include neurological or movement disorders; respiratory disorders such as cystic fibrosis; speech, language and communication difficulties as well as disabled children and young people who require specialist equipment and housing adaptations for children up to the age of 18. Specialist

assessments, training and advice are offered, as well as individual or group therapy intervention where appropriate. As a specialist therapy service, training and guidance is provided to enable pre-schools, schools and other settings support children with:

- speech, language and communication difficulties
- fine and gross motor skill development needs
- strategies for managing children's sensory needs.

CITES also loan specialist equipment to families, as well as schools and other settings supporting children with additional needs. CITES is provided by Kent Community Health NHS Foundation Trusts (KCNHSFT) and East Sussex County Council, with services delivered in the most appropriate setting, such as pre-schools and nurseries, schools, children's centres, clients homes, or CITES clinics.[156]

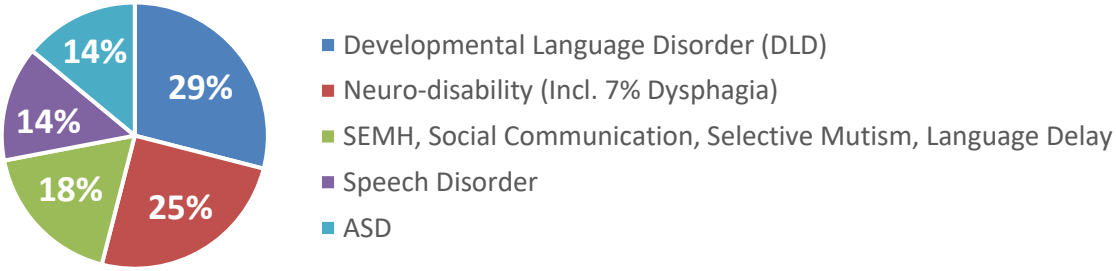
From 2021-22, the CITES service will be introducing a new 'satisfaction' feedback process four times a year for children and young people, parents and schools. This will be linked to assessment of need; mainstream settings (EYS/SYS and College); SEND Support (EHCP)and Specialist Facilities; and integrated Care (Special Schools, including nurseries and CYP at independent placements with home support needs).

Speech and Language Therapy (SALT)

In April 2020 all secondary schools were given access to Speech Link and Language Link, with licences funded for 2 years by KCNHSFT. This resource gives all schools access to assessment materials and programmes, and parents can be directed to access The Speech Link parent portal. Referral to CITES for additional specialist support is dependent on no improvement being identified after Speech and Language Support has been implemented as part of the teachers graduated SEND support in education.

In 2020 there were 26 Whole Time Equivalent (WTE) Qualified Speech and Language Therapists (SLT's) supporting 1,393 children and young people receiving therapy package of care, 40% of who had an EHCP. This is 49% of the total CITES qualified workforce. The key Therapy Pathways supporting the majority of children and young people across Early Years, Mainstream Schools and Colleges and Special School/ Specialist Facilities are:

Figure 65: SALT therapy services supporting CYP with SEND in East Sussex: 2020



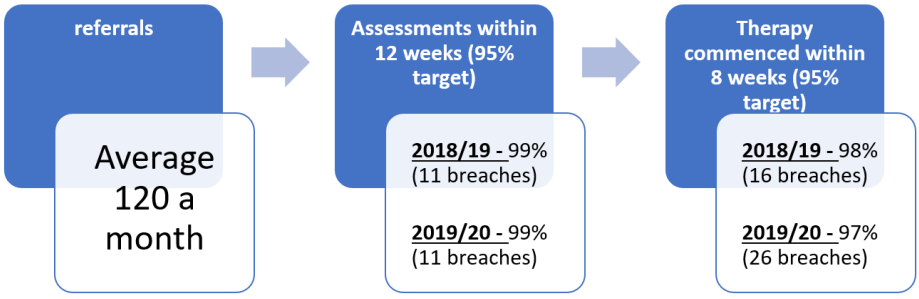
Source: East Sussex School Health and Children's Integrated Therapy and Equipment service

The SALT service receives average of 120 referrals per month (largest peak in October and November at 145 referrals). This includes requests to support statutory assessment for children and young people known to service. Of these, about 20 referrals per month are for EHCNA assessments for children and young people not known to service (total 180 requests

in 2019/20). Between 2018/19 and 2019/20, there was a 10% increase in EHCNA requests, with the highest increase for those with Autism/Dyspraxia/Sensory Processing and SEMH.

In both 2018/19 and 2019/20, 99% of referrals have had a completed assessment within 12 weeks, against a target of 95%. In each year, there were 11 breaches (children not seen/assessed within 12 weeks) (Figure 66). In the first 9 months of 2020/21, a similar pattern is emerging with 99% completed assessments within 12 weeks, but only 3 breaches to date. In comparison to the previous year, there was a slightly lower proportion of therapies commencing within 8 weeks of assessment, and a higher number of breaches (therapies not commenced within 8 weeks) in 2019/20. However the proportion remained above the 95% target. The first 9 months of 2020/21 show a similar pattern with 97% commenced and 18 breaches to date.

Figure 66: SALT assessment and therapy pathway: 2018/19 and 2019/20

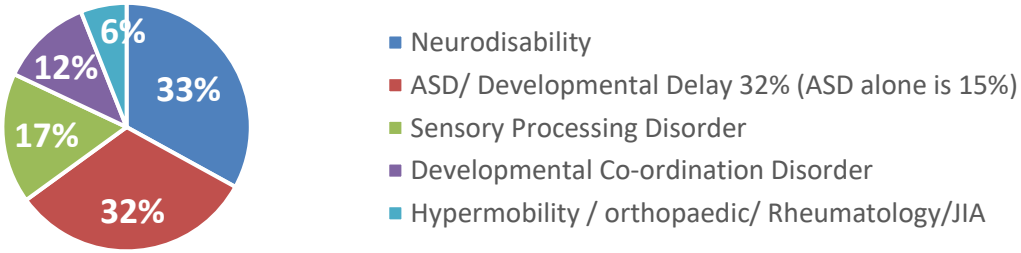


Source: East Sussex School Health and Children's Integrated Therapy and Equipment service

Occupational Therapy (OT)

As at March 2021, there were 765 children on the Occupational Therapy CITES caseload, with the service offering 15 whole time equivalent Qualified Occupational Therapists. The key Therapy Pathways supporting the majority of children and young people across Early Years, Mainstream Schools and Colleges and Special School/ Specialist Facilities are:

Figure 67: OT therapy services supporting CYP with SEND in East Sussex: 2020

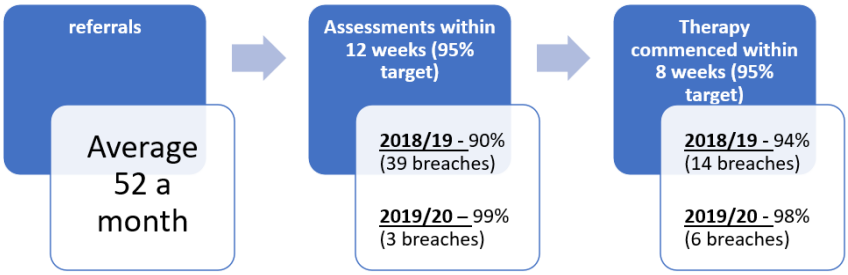


Source: East Sussex School Health and Children's Integrated Therapy and Equipment service

The OT Service receives an average of 52 referrals per month (largest peak in October and November at 64 referrals per month). This includes requests to support statutory assessment for children and young people known to service. Of these, about 20 referrals per month are for ECHNA assessments for children and young people not known to service (total 190 requests in 2019/20). Between 2018/19 and 2019/20, there was a 20% increase in EHCNA requests, the highest being in those with ASC/ DCD/ Sensory Processing and SEMH.

There has been a significant increase in assessments within 12 weeks of referral between 2018/19 (90%) and 2019/20 (99%), as well as in proportion of therapy commenced within 8 weeks of assessment (94% and 98% respectively). (Figure 68). Data for the first 9 months of 2020/21, indicates that 95% targets for assessment and therapy commencement will again be met (98% assessment within 12 weeks, 96% therapies commenced within 8 weeks).

Figure 68: OT assessment and therapy pathway: 2018/19 and 2019/20

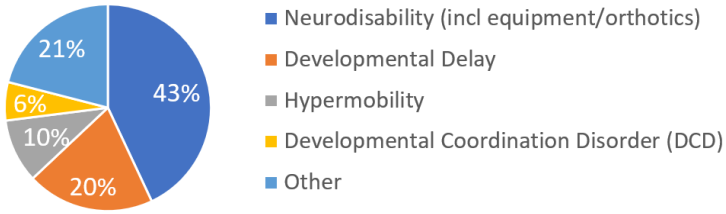


Source: East Sussex School Health and Children's Integrated Therapy and Equipment service

Physiotherapy (PT)

As at March 2021 there were 699 CYP on the Physiotherapy caseload. PT is the most consistent CITES service in terms of referrals and caseload numbers, year on year. The key Therapy Pathways supporting the majority of children and young people across Early Years, Mainstream Schools and Colleges and Special School/ Specialist Facilities are:

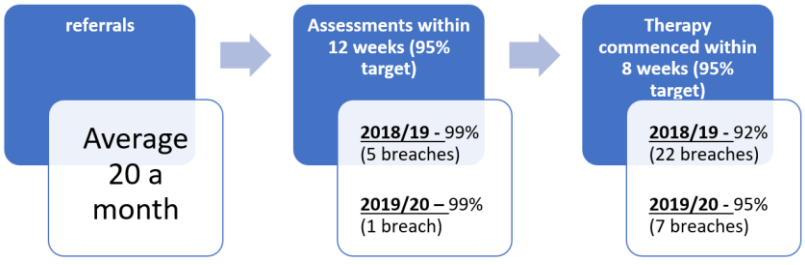
Figure 69: PT – main therapy services supporting CYP with SEND in East Sussex: 2020



Source: East Sussex School Health and Children's Integrated Therapy and Equipment service

The PT Service receives an average of 20 referrals per month. The number of assessments within 12 weeks of referral remained stable between 2018/19 (99%) and 2019/20 (99%), both years exceeding the 95% target. There has been an increase in the proportion of therapy commenced within 8 weeks of assessment from below target (92%), to 95% in 2019/20. (Figure 70). Data for the first 9 months of 2020/21, currently shows 100% assessments within 12 weeks, but a potential fall in therapy commencement within 8 weeks (currently 88% with 17 breaches).

Figure 70: PT assessment and therapy pathway: 2018/19 and 2019/20



Source: East Sussex School Health and Children's Integrated Therapy and Equipment service

Community Paediatrics

Community Paediatrics is the specialist team, made up of Paediatricians, Nurses, Administrative support, and Therapists. The team works with therapists, nurses, Children's Services, ISEND, Public Health, general paediatricians and other specialists in the community, such as Child and Adolescent Mental Health Services (CAMHS) and the voluntary sector in prevention, assessment, diagnosis, treatment and support. The Community Paediatrics Team:

- Carry out a range of statutory assessments of children in relation to developmental and health advice for special educational needs, and health assessments of children in care; including safeguarding and welfare
- Provide neuro-developmental assessment and on-going advice and intervention for children with a range of disabilities, including physical disability and autism spectrum disorders
- Provide out of hospital care within a multidisciplinary team for children and young people with long term difficulties/disabilities[157]

Historically Community Paediatrics was delivered in two teams: West Team covered the areas of Eastbourne Hailsham Seaford (EHS) CCG and High Weald Lewes Havens (HWLH) CCG, and East Team covered Hastings and Rother (HR) CCG. The two teams have now merged into one to cover East Sussex as a whole.

Referrals

In 2014/15 there were 785 children and young people accepted into the community paediatrics service, rising to 1,178 out of 1,451 referred in 2020/21 (table 15).

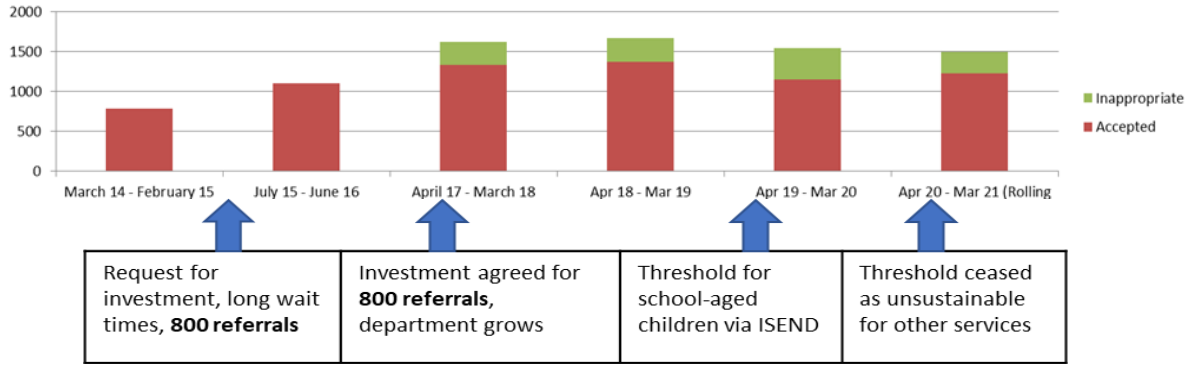
Table 15: Total referrals received by rolling twelve months in community paediatrics

Year	Total	Accepted	Inappropriate	% inappropriate
Mar 14 - Feb 15		785	n/a	n/a
July 15 - June 16	1100	1100	n/a	n/a
Apr 17 - Mar 18	1626	1337	289	18%
Apr 18 - Mar 19	1674	1370	304	18%
Apr 19 - Mar 20	1542	1155	387	25%
Mar 20 – Mar 21	1494	1224	270	18%

Source: Designated Medical Officer for Special Educational Needs and Disability

Additional investment was requested in 2014/15 for 3 paediatricians, nurses and admin to enable the department to see 800 children annually, and this was agreed and implemented in 2017/18. However, the number of referrals to the service since this time has been between 1,100 and 1,600 annually, with between 1,100 and 1,400 accepted into the service, indicating that the service is accepting children for assessment that it does not have the capacity to see. (figure 71). In 2019/20 a threshold for school age children was introduced with a requirement for referrals to community paediatrics to come from schools and not GPs, and that schools must refer to the ISEND Front Door before referral to community paediatrics. From this time there has been a gradual fall in referral numbers. In 2020/21 this threshold was removed due to being unsustainable across the whole system, and there were additional challenges caused by COVID-19 in terms of assessments and face-to-face contact. On average over the last 4 years, 20% of referrals to the service have been inappropriate.

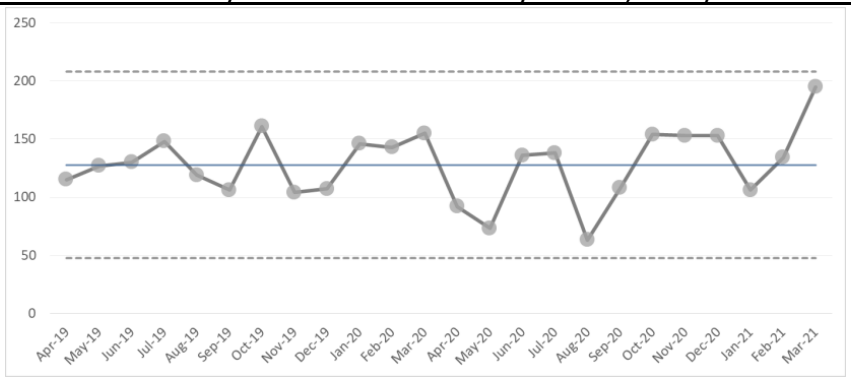
Figure 71: Total community paediatric referrals received 2014/15 to 2020/21



Source: Designated Medical Officer for Special Educational Needs and Disability

Figure 72 shows monthly referrals between April 2019 and March 2021, showing a recent spike in referrals since schools reopened after the early 2021 COVID-19 lockdown.

Figure 72: Community Paediatric referrals by month, 2019/20 to 2020/21



Source: Designated Medical Officer for Special Educational Needs and Disability

Diagnoses

As at 3rd December 2020 there were 1,874 patients with a diagnosis of autism either discharged or on the caseload of Community Paediatrics. Of this number, 65% were aged 5-11, 33% aged 0-4 and 2% aged 11+ years. There were an additional 37 patients with a diagnosis of autism supported by Community Paediatrics as at 3rd December 2020 who had moved into East Sussex, where referral was made before allocation to East Sussex CCGs (2% of total). Before the three CCGs in East Sussex merged, the data indicated that there were a significantly higher proportion of children diagnosed with autism in Eastbourne, Hailsham Seaford across all ages (Table 16).

Table 16: number of all patients (discharged or on caseload as at December 3rd 2020) with a diagnosis of Autism: by (pre-merged) CCG, age (at referral) and gender.

CCG	Age Group/Gender									Grand Total
	0-4			5-11			11+			
	F	M	Total	F	M	Total	F	M	Total	
EHS CCG	61	226	287(47%)	128	389	517(42%)	9	14	23	**827**(44%)
HR CCG	31	112	143(23%)	78	201	279(23%)	7	7	14	**436**(23%)
HWLH CCG	34	129	163(27%)	115	286	401(33%)		10	10	**574**(31%)
Grand Total	**129**	**480**	**609**	**326**	**891**	**1217**	**16**	**32**	**48**	**1,874**

Source: Designated Medical Officer for Special Educational Needs and Disability

Given that the populations of the three "old" CCG areas were similar (between 22,500 and 24,300 in 2018), this suggests that a relatively higher proportion of children diagnosed with ASD in Eastbourne Hailsham and Seaford than in Hastings and Rother, while High Weald, Lewes Havens have about one third diagnoses which is what might be expected. An understanding of this potential difference is important to ensure services are equally accessible and robust for all children in East Sussex. Further consideration of this difference suggests that it could potentially be linked to:

- Relatively higher rates of deprivation in east of county (lower rates of diagnosis are known to occur in lower socioeconomic groups);
- Differences in thresholds across county due to practitioner differences - historically, one team has covered Hastings and Rother, whilst another team has covered the whole of Eastbourne, Hailsham, and Seaford, and High Weald Lewes and Havens (including SALT). These now operate as one service with increasing efforts towards reliability training and multi-professional support to assessment;
- The fragmentation of the neurodevelopmental pathway, creating diagnostic difficulty, whereby children with a clear neurodevelopmental presentation including significant ADHD features, intellectual disability and language delays/disorder may be recognised as having an autism profile in the absence of a pathway allowing for holistic assessment of all neurodevelopmental presentations.

This differentiation was highlighted in the Public Health annual report 2017/18 report The State of Child Health in East Sussex, where differences across the county were noted. In response, an increased skill mix was implemented within community paediatrics to include clinical psychology, and SALT within the team, and there was further impetus for the county to have a single joined up neurodevelopmental pathway rather than it be fragmented across providers (CAMHS, CITES, Community Paediatrics, School Health and Health visitors).

Waiting times

Waiting time from referral to first time seen by a Paediatrician

Between September 2019 and August 2020, 29% children were seen within 24 weeks, and nearly two thirds (59%) within 40 weeks (Table 17). In general, children are seen within varying periods of time from referral as they are prioritised according to their presentation in community paediatrics. Prioritised children include; those in preschool years with certain characteristics such as marked regression in development; those with a "welfare" related presentation, including safeguarding; those soon to transition; or those at risk of exclusion.

Table 17: Waiting time from referral Community Paediatrics to first time seen by a Paediatrician – all patients, September 2019 to August 2020

Waiting time	Number	%
18 weeks or less	176	22%
19-24 weeks	59	7 %
25-30 weeks	114	14%
31-40 weeks	128	16%
41-50 weeks	88	11%
51-60 weeks	48	6%
61-70 weeks	31	4%
71-80 weeks	58	7%
>81 weeks	114	14%
Grand Total	**816**	**100%**

Source: Designated Medical Officer for Special Educational Needs and Disability

Given the overall capacity of the service, the number of appropriate referrals, and the waiting times to be seen, this means that children who do not receive prioritisation may wait excessively long times to be seen. These children are more likely to be in the group who have waited in excess of 24 months.

Table 18 shows that the percentage of children waiting longer than two years has grown from 3% of 1,042 children waiting in June 2020, to 10% of 1,449 children waiting in March 2021. Prior to COVID-19 these children were part of a "longest waiters" initiative in which children were being seen in a one-stop clinic. However, this has largely relied on being able to see children face to face, so the initiative stalled for several months during COVID-19. Since November 2020 the service has resumed for some children in this initiative using a shorter face to face assessment.

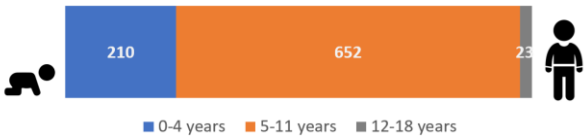
Table 18: Children on community paediatrics waiting list: June 2020 to March 2021

	Number/% of children on waiting list		
Time since referral onto waiting list	March 2021	November 2020	June 2020
More than 24 months	146 (10%)	62 (5%)	33 (3%)
18-24 months	193 (13%)	166 (14%)	108 (10%)
12-18 months	245 (17%)	218 (18%)	230 (22%)
Under 12 months	865 (60%)	775 (63%)	671 (65%)
Grand Total	**1,449**	**1,221**	**1,042**

Source: Designated Medical Officer for Special Educational Needs and Disability

Waiting times for those referred for autism assessment

Of the 866 children and young people waiting for assessment for autism, the vast majority (75%) are aged 5-11, and 24% are aged 0-4.



Waiting times for children specifically referred for autism assessment

	Age			
Current waiting time	0-4 years	5-11 years	12-18 years	% of total
0-3 months	95	155	*	28%
3-6 months	73	112	*	21%
6-12 months	39	161	6	23%
12-18 months	*	130	7	16%
18-24 months	*	90	7	11%
Up to three years		*		0.5%

* - number <5

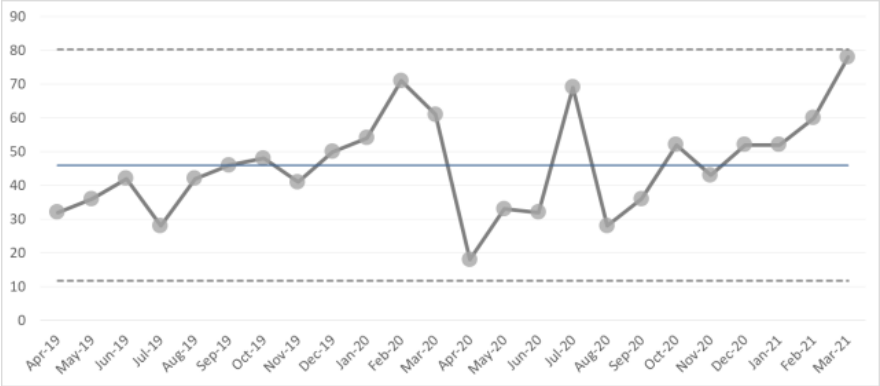
Source: Designated Medical Officer for Special Educational Needs and Disability

The above table shows the waiting time profile for children who **at referral** were referred for an assessment for possible autism. Note that autism assessments become relevant for children who are not initially referred for possible autism, especially if the child is referred in the preschool years for complex and severe delays. The data indicates that:

- The vast majority of preschool children are seen within 12 months (are prioritised).
- 66% 5-11 year olds have waited up to 12 months. All 'longest waiters' are aged 5-11.
- 12-18 year referred for autism assessment would have been referred prior to their transition to secondary school as the pathway for autism assessment moves to CAMHS for children in secondary schooling (usually over 11 years). These children are more likely to be accepted if they have other learning needs or possible genetic problems, making paediatric assessment more appropriate.

Children on the waiting list receive support and are actively managed by community paediatrics, and this creates an additional workload for the team.

Figure 73: Average waiting times to first appointment by month



Source: Designated Medical Officer for Special Educational Needs and Disability

If average waiting times of children seen are reported, the picture can be misleading. For example, in March to June 2020, due to COVID lockdown, only prioritised children were being seen, who had waited shorter lengths of time. The longest waiters' initiative, to see those children waiting very long periods, was temporarily halted, and it took some time to develop an appropriate way to assess these children. Therefore waiting times appeared "better", whereas the opposite was actually the case. Currently some of the longest waiting children are being seen so the average wait time increases.

Mental Health

In May 2020, Sussex CCG's published Foundations for Our Future[158], a year-long review of young people's emotional health and wellbeing services across Sussex. The review focused on emotional health and wellbeing of all children and young people, including those with special educational needs and disabilities. Key themes from the review highlighted the need for a whole system response to address:

- the complexity of the current system of provision making it difficult to access/navigate
- more focus on early intervention, health promotion and prevention services and support
- a lack of clarity of referral criteria and thresholds and a lack of joint working around this
- growth of waiting times for assessment and services, particularly specialist mental heath
- workforce challenges in recruitment, retention, and also in professional and skill mix
- the need for planned investment in prevention, promotion, self-care, resilience, school-based support, and specialist services to achieve more balance in distribution of investment to meet different levels of need
- lack of clarity of service pathways and of levels of investment to make them sustainable
- inconsistent commissioning of services across Sussex with a lack of co-ordinated leadership, capability and capacity
- lack of outcomes-led commissioning making it difficult to determine delivery outcomes
- schools and colleges not being sufficiently equipped or resourced to play a central role in relation to emotional health and wellbeing.
- Improving opportunities to engage children, young people and their families and co-design, co-develop provision.

Based on these findings, a number of recommendations were made, and a Sussex concordat (a signed written agreement) produced for future commitment to work in partnership to: deliver these recommendations and provide improvement of services; develop a clear and prioritised action plan for delivery; improve honesty and transparency; closer working with communities and partners; and give a strong voice to children, young people and their families to ensure co-production.

Child and Adolescent Mental Health Services (CAMHS)

Sussex Child and Adolescent Mental Health Service is an NHS specialist service, provided by Sussex Partnership NHS Foundation Trust for young people aged 0-18 years and their families who are experiencing difficulties with their mental and emotional health. Many young people experience difficulties with their mental health such as anxiety, low mood, trauma, eating difficulties, plus many others which can impact on all aspects of life such as education, home life, hobbies, socialising and having fun. CAMHS work with young people, their families and other organisations, such as schools, to achieve the following:

- Develop a shared understanding of the young person's difficulties.
- Identify realistic goals or changes that the young person would like to make
- Identify and build on strengths
- Improve self-esteem and confidence to cope with difficulties
- Learn emotional coping techniques to help manage difficult or upsetting thoughts, feelings, urges or experiences
- Empower young people to identify, express and communicate their needs, to ensure their health is supported feel confident knowing how to get additional support

There is no data currently collected in relation to children and young people with SEND being supported by CAMHS, however local information is available on the assessment pathways for ASD and ADHD. Since 2012, CAMHS Sussex Partnership NHS Foundation Trust (SPFT) ASD pathway for children and young people between 11 and 18 has been commissioned with dedicated capacity of 1.6 whole time equivalent (WTE). There has also been capacity of 5.8 WTE CAMHS SPFT ADHD nursing capacity for the ADHD pathway up to age 18. This increased in 2020 to 9 WTE skill mix, including Psychology Assistants, Nurse Associates, Nursing, Administration and 0.4 WTE. Data on the pathways is presented below.

Neurodevelopmental Disorders

The East Sussex Health and Social Care plan (April 2020) prioritises improving outcomes for vulnerable and/or disadvantaged groups. For children and young people, the plan identifies improving outcomes for children with special educational needs and disability (SEND), prioritising a single assessment pathway for autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and other neurodevelopmental disorders.[159]

Autism Spectrum (and related) Disorders and Attention Deficit Hyperactivity Disorder

Neurodevelopmental disorders form a group of overlapping conditions including ASD, ADHD, Learning Disability, Foetal Alcohol Spectrum Disorders, Language disorders, Developmental Coo-ordination Disorder and Attachment Disorders. Diagnosis of ASD and ADHD used to be mutually exclusive, but now co-morbidity is recognised in between 40% and 80% of children.[159] Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are neurodevelopmental disorders nationally affecting 1.5% and about 4%

of children respectively, with significant impact on outcomes, and associated costs in mental health, participation, and education.

ASD and ADHD Assessment Pathways

Three providers each provide elements of the ASD pathway:

- East Sussex Healthcare NHS Trust (ESHT) provides ASC assessments for the under 11-age group in the Community Paediatrics (Child Development) Service. The Community Paediatric Service offers ASD diagnostic services and some support for families up to and around diagnosis, up to age 11 years. It provides neurodevelopmental assessment, follow up and support for children up to 19 years, especially those with learning disability, physical neurodisability and other comorbidities. The service capacity is approximately 18 whole time equivalent staff. This service receives some speech and language support from the CITES service as below.
- Sussex Partnership NHS Foundation Trust (SPFT) provides the assessment for the over 11s/under 18s in CAMHS. SPFT CAMHS ADHD provides the ADHD service up to the age 18. Children with suspected ADHD are referred to CAMHS, with referrals accepted for children aged 6 years and above. The service is Nurse led with a psychiatrist primarily involved for diagnosis, prescription of medication treatment and review. Prior to age 6, children with possible ADHD are referred to Child Development Service.
- Kent Community NHS Foundation Trust (KCFT) provide Children's Integrated Therapy Services and are commissioned to provide speech and language therapist support to 200 ASD assessments for <11s annually.

A joint ASD/ADHD pathway for under 11s is being piloted from May 2021 for 12 months. ESHT and SPFT are working together in piloting the pathway for approximately 250 under 11s who are already in the Community Paediatric Service and require ADHD assessment. This cohort will have the ADHD assessment and treatment pathway, as appropriate, in a single service. This pilot is for one year and will inform longer term plans on joint pathways.

NHS Capacity

ESHT - Overall, Community Paediatric (Child Development) Service receives:

70-170 Referrals a month	**1,100-1,400** Referrals accepted a year for assessment and ongoing care as appropriate	**40%** Lower estimate for children with ASD who have features of ADHD
1,400-1,700 Referrals a year	**Around 800** Referrals each year are specifically for ASD	**320** Potential children with ASD and ADHD moving between services

SPFT - CAMHS ADHD caseload is set to increase in 2021 as the ADHD workforce increases to around 15 WTE.

45 New referrals for ADHD assessment each month after screening	**600** CAMHS ADHD caseload, but set to increase in 2021 as ADHD workforce increases	Service capacity for **22** ADHD assessments a month	**Around 18** New CYP in caseload a month

Currently there is a CAMHS waiting list for ASC assessment >11s<19 (reported Dec 2020) of 301, and a CAMHS waiting list for ADHD assessment <18s (reported Nov 2020) of 568. The

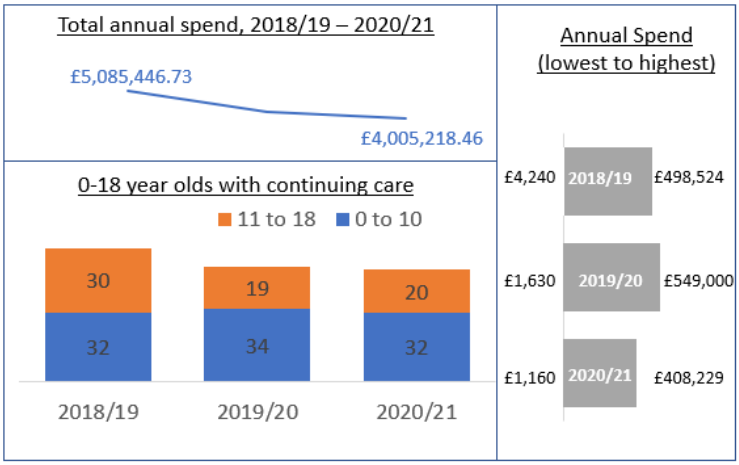
waiting time for ADHD assessment is around two years but should improve with recent investment in ADHD assessment capacity.

Continuing Care (CC) and Continuing Health Care (CHC)

Some children and young people (up to the age of 18) with very complex health needs may need additional health support to that which is routinely available from GP practices, hospitals or in the community through Universal Services. If a child or young person meets the criteria for children and young people's continuing care (CC), the CCG will commission care at home or in external respite to support their health needs. Assessment of needs and eligibility takes place in collaboration with other services such as education, social care and allied health professionals. For those who need immediate support such as palliative care, there is a fast-track process to ensure that their care can be put in place as soon as possible.

Planning for transition into adult services (NHS continuing healthcare) begins at the age of 14 and assessment takes place in the months running up to a young person's 18th birthday.

Figure 74: Continuing care in East Sussex, 2018/19 - 2020/21



In 2020/21 there were 52, 0-18 year olds with continuing care, compared to 53 in 2019/20 and 62 in 2018/19. Of this number, just over a third (38% in 2020/21 and 36% in 2019/20) are aged between 11 and 18. The total expenditure for 2020/21 was just over £4 million, with cost of individual support packages ranging from £1,160 to £408,229.

Source: East Sussex Continuing Healthcare and Children's Continuing Care team

Over the last year, 8 children with CC have had a personal health budget, similar to 2018/19 and 2019/20. Where a child or young person (or their family) eligible for continuing care requests a personal health budget, the responsible CCG must arrange for the provision of the care by means of:

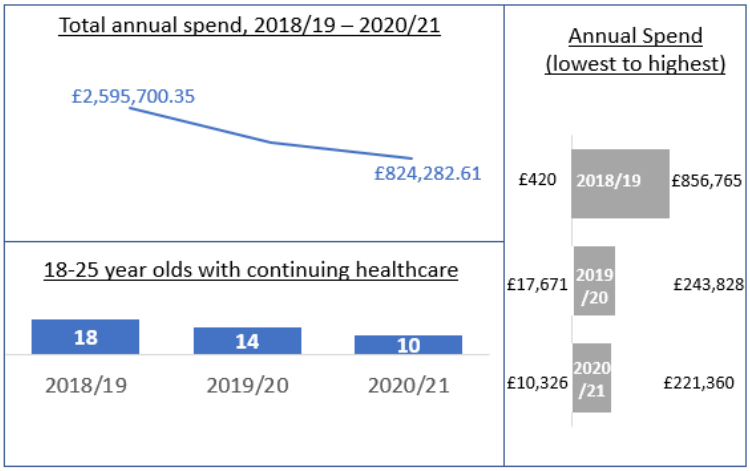
- A **direct payment** to the young person or their family
- The agreement of a **notional budget** to be spent by the CCG following discussions with the child or young person, and their representative on how best to secure provision needed.
- the transfer of a **real budget** agreed as above, to a person or organisation which applies the money as agreed between the CCG and the child/young person, and their representative.[160]

East Sussex has a WellChild Nurse, a nursing role which is part of a national charity that provides support to families who have a young person with complex needs. The main aim is to promote the ethos that children are better cared for at home with the right support

around them. The WellChild nurse supports 0-18 year olds with complex needs who is not on already on the caseload for the continuing care team. The number of children supported by the Wellchild Nurse fluctuates, with 15 children supported in some way during the 2020/21 financial year.

A young person aged between 18-25 with long-term complex health needs, would need to meet the criteria for care and support for adults, which is funded solely by the NHS. This is known as NHS Continuing Healthcare (CHC) and can be provided in a variety of settings outside the hospital including in a person's home or in a care home. Assessment of needs and eligibility takes place by a multidisciplinary team of healthcare professionals, with eligibility for support based on regularly reviewed assessed needs as opposed to a particular diagnosis or condition. The individual should be fully involved in the assessment process and kept informed. Carers and family members should also be consulted where appropriate.

Figure 75: Continuing Health Care in East Sussex, 2018/19-2020/21



In 2020/21 there were 10, 18-25 year olds with continuing health care, compared to 14 in 2019/20 and 18 in 2018/19. The total expenditure for 2020/21 was £824,283, with cost of individual support packages ranging from £10,326 to £221,360. Of the 10 individuals with CHC in 2020/21, 6 had a personal health budget, compared to 7 in 2019/20 and 8 in 2018/19 (figure 75).

Source: East Sussex Continuing Healthcare and Children's Continuing Care team

Social Care

Support for Children with Social Care Needs

The Children's Disability Social Care Team (CDS) is fully integrated with other SEN services in East Sussex to facilitate ease of joint strategy, commissioning, and funding arrangements.

CDS meets its statutory obligations to support and protect children with SEN through a variety of directly provided services, commissioning of independent and voluntary organisations, close partnership working and joint funding arrangements. A graduated approach meets the needs of a wide range of children and prevents escalation of need. Families are able to access an Early Intervention Team, shorts breaks, and specific carer, sibling and whole family services all without social work assessment.

Children in Need (CIN) and their families access a range of support through Personal Budgets. Families are encouraged to identify the support that best meets their individual circumstances. Looked After Children (LAC) are placed within the Council's own homes and foster homes and in independent residential and foster homes. Close working relationships

with Continuing Care, Continuing Health Care, Child and Adolescent Mental Health Services (Learning Disability) and Positive Behaviour Service enhance the services provided by CDS.

Young People aged 16-19 access the same services but additionally are managed within a separate team within Adult Social Care. The Transitions Team closely work with children and adult services as well as Continuing Care and Continuing Health Care. Its focus is on good transition to adulthood and the application of the Care Act. CDS retains responsibility for safeguarding from 0-19 and is linked into locality social work through managers meetings and safeguarding partnership groups. Identified leads within the service for specific areas of safeguarding ensure that all workers have access to up to date training and research.

Provision mapping for the service is achieved through data analysis, service user feedback, and information from voluntary organisations and the East Sussex Parent Carer Forum.

Short Breaks

Short breaks include clubs, holiday activities and overnight breaks. They can: last from a few hours to a few days, include weekend or week-long breaks and holiday activities, and take place at home or away. Short breaks provide disabled children and young people time away from their parents, relaxing and having fun with their friends, and they allow families a 'break' from their caring duties and time to unwind, rest or spend time with other children.

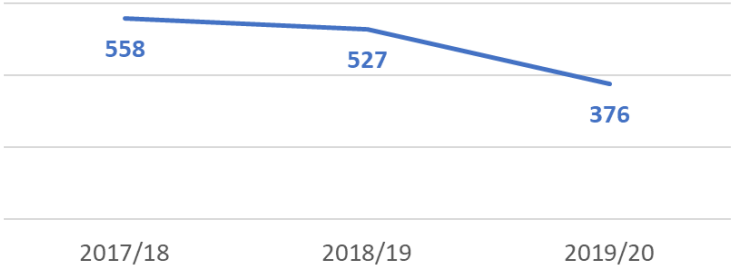
There are three types of services:

- **Universal services** are for children and young people who: qualify for lower rate disability living allowance (DLA), or receive some support at school. All disabled children should have access to most universal and mainstream services
- **Targeted services** are for children and young people who: qualify for middle or higher rate DLA, a Personal Independence Payment (16+); have a statement of SEN or an Education, Health and Care (EHC) Plan; attend a special school; have a special facility placement; or get support from the ISEND Early Years Support Service.
- **Specialist services** are for children and young people: with a severe learning or physical disability or complex health need, and who meet the current Children's Disability Service criteria, and need a high level of service to support the young person and their family.

Families may access a mixture of universal, targeted and specialist services at one time. This may change as they age and their needs change. A list of available short break services can be found here.

In 2019/20, 376 children and young people accessed commissioned short breaks in East Sussex, substantially lower than in 2018/19 (527) and 2017/18 (558) (Figure 76). If an assessment panel recommends an overnight/residential stay, the social worker will request this from a resource panel. In 2019/20 26 children and young people accessed a residential stay through Acorns or The Bungalow residential centres, down from 28 in 2018/19 and 35 in 2017/18.

Figure 76: Young people accessing commissioned short breaks, 2017/18 - 2019/20



Source: East Sussex ISEND Social Care

Personal Budgets/Direct Payments

Where universal or targeted services cannot meet the person's needs they may get a personal budget. This is money to pay for the support they need to meet the outcomes in their Education, Health and Care (EHC) plan. Families get a short breaks service or a personal budget, not both. There are three types of personal budgets that families may qualify for with an EHC plan: Education, Social Care and Health Most children and young people with an EHC plan don't meet eligibility criteria for Social Care or Health services funding. But they can request an education personal budget. People with a social care personal budget also have specific outcomes to meet. This normally includes accessing named short breaks activities. Parents and carers manage and control how to spend the personal budget until the young person is 16. Then, if the social worker or mental health worker, family and young person agree, they can manage the budget for themselves. The parent or the young person can ask to receive the personal budget:

- as direct payments in order to buy services themselves,
- and employ someone to manage the money for them,
- and ask the local authority, school or college to manage the money for them, or
- can use a combination of the above.

Social Care personal budgets may include services that can't be taken as direct payments (actual money), such as overnight respite in a local authority residential unit.

In 2019/20, 151 children and young people were in receipt of a social care personal budget or direct payment. This has increased from 136 in 2018/19 and 120 in 2017/18. In East Sussex 98% of all personal budgets in 2019 were Social Care, 1% Education and 1% integrated. This is a higher proportion of Social Care personal budgets than nationally (87%) and regionally (86%), and a lower proportion of Education personal budgets (7% and 11% respectively) and integrated personal budgets nationally (4%).

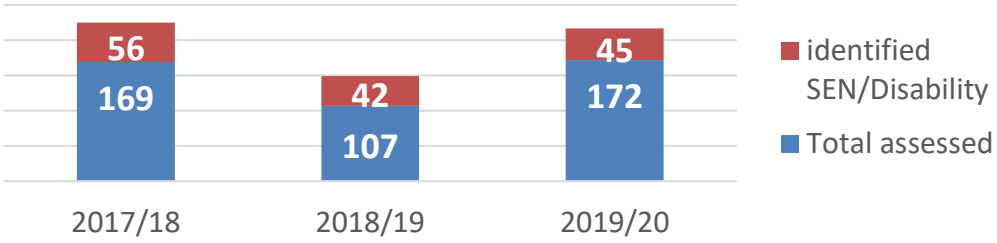
Youth Offending

The Youth Offending service aims to prevent offending by children and young people. The service works mainly with children and young people aged 10-17 who have offended and received a caution from the police or who have been sentenced by the court to a community or custodial penalty. The Youth Offending Team (YOT) works with Council teams, children's Services and the Reparation Team, as well as police, the probation service, the NHS and the voluntary sector. aims to prevent offending by children and young people.

Between 2017/18 and 2019/20 there were 699 young people assessed by the service. Of these, 448 were assessed using the Asset Plus Assessment tool which asked specifically

about disability/SEN. The remaining 251 were assessed using a tool which did not have a specific question to identify young people with a disability or special educational needs, so there is no data for this cohort. Since November 2019 the Asset Plus assessment tool has been used for all cases assessed by the Youth Offending Team. Of the 448 young people assessed with the Asset Plus tool between 2017/18, 143 (32%) were identified as having a special educational need or disability (figure 77).

Figure 77: Number of children and young people assessed by the Youth Offending Team who were identified as having SEN or a disability, 2017/18 to 2019/20.



Source: Youth Offending Team, 2020

ADULT SOCIAL CARE

Young people in receipt of Adult Social Care Services

In 2019/20, 260 young people with an EHCP were in receipt of adult social care services. The largest cohort were supported by the Transitions Team (122), followed by Direct Payment (DP) services (62), rolling respite/short term residential support (23), and day care (22) (table 19).

Table 19: Young people with an EHCP in receipt of Adult Social Care services

Service	2019/20
Supported by Transitions Team	122
Receiving Day Care	22
Receiving Direct Payments	62
Receiving Home Care	3
In Residential support - permanent	6
In Residential support - short term respite	5
In Residential support - rolling respite/rolling short term	23
In Supported Accommodation	7
Supported by Shared Lives	2
receiving Professional Support/other services	8

Source, East Sussex Adult Social Care

Transition Service

The Transition Service supports teenagers aged 16-25 and their families to move from Children's Services into Adult Services support. This service is for those with a severe and enduring disability, and EHCP, or who are eligible for Adult Social Care support. Support provided includes helping to: coordinate different services; develop aims; find courses or work; live a safe, healthy independent life; choose where to live; develop interests; and direct to other support. In 2020/21, 122 young people with an EHCP were supported by the Transition Team, of these 92 received services from Adult Social Care.

Information, advice, and support

East Sussex Local Offer

The East Sussex Local Offer provides a central hub for information about services, provision and support for parents and carers with SEND. In 2019/20 there were 73,949 visits to the East Sussex Local Offer Website, this compares to 104,636 visits in 2017/18 and 68,205 in 2018/19, with the fall in numbers over the last few years coinciding with a time that the site was being redesigned and simplified. In 2019/20 there were also 1,000 social media posts/engagement with young people with SEND and their families from ESCC.

AMAZE

Amaze Special Educational Needs and Disability Information, Advice and Support Service
SENDIASS is the Special Educational Needs and Disability Information, Advice and Support Service for children and young people with SEND up to 25 and their parents and carers in East Sussex and Brighton and Hove. The service, which started in September 2017, provides independent and impartial advice on finding the education, health and social care support for 0-25 year olds with SEND, as well as support to access disability benefits, leisure opportunities, befriending services, workshops and courses, and provision for adulthood. Support is available via the Amaze website, a telephone and email helpline, and one to one advice for complex issues.

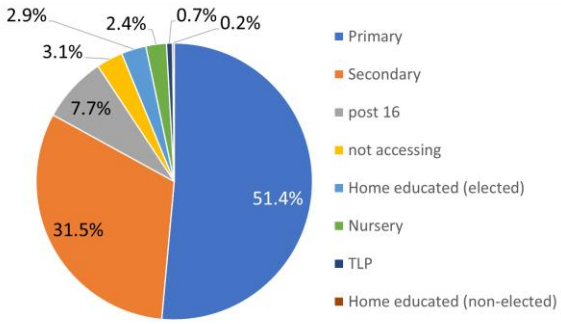
In 2019/20, 937 young people and families were supported by SENDIASS, a slight rise from 2018/19 (899). Of this number 142 parent carers and 13 young people were supported with casework (17% of the total number supported). In total in 2019/20, 3,365 helpline and casework issues were raised with SENDIASS, a 14% increase from 2018/19 (2,939).

East Sussex Parent Carer Forum

The East Sussex Parent Carer Forum (ESPCF) is a new forum for parent carers of children and young people with SEND in East Sussex, launched in January 2020. As at the 30th 2021, the forum has 416 members. Due to the pandemic, engagement has been challenging to increase membership of the forum, although numbers are growing. ESPCF attend and have input into multiple meetings, workstreams and co-productive work, including with Inclusion Special Educational Needs and Disabilities (ISEND); Ofsted; Department for Education (DFE) & ISEND; Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS) Steering Group; Assessment and Planning; Autism Pathway Review and Implementation Group (APRIG); Children and Young People's Trust (CYPT); East Sussex I-go leisure card team; the East Sussex SEND Joint Strategic Needs Assessment steering group; SEND Strategy and Governance Group (SSG); Transport; mental health; local offer; the South East Region SEND network (SE19 SEND); Post 16 Transitions; Supported Employment; and Police Disability Advisory Service.

The use of social media, and Facebook in particular has been a key part of ESPCF activity and engagement. As at 30th June 2021 there are 370, members of the closed Facebook group and 825 Facebook followers. Additionally, in the 6 months from the beginning of January 2021 to the end of June 2021 the ESPCF website received 2,369 visits.

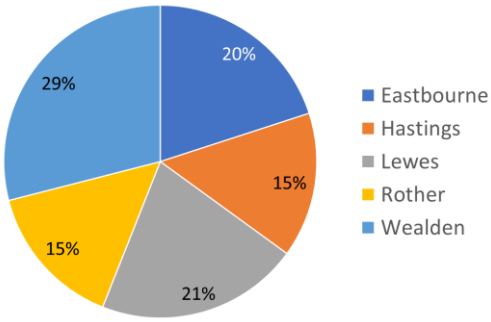
Figure 78: ESPCF membership - education phase as at 30th June 2021



As at June 2021, over half (51%) of members had children in primary education, and a third (32%) in secondary education. A further 8% were in post-16 education, and the remaining 9% were not accessing education, home educating, or had children in nursery provision (Figure 78).

Figure 79: ESPCF membership -geographical breakdown as at 30th June 2021

As at 30th June 2021, nearly a third (29%) of members were based in Wealden, and one in five were in Lewes (21%) and Eastbourne (20%). Slightly lower proportions of the membership are from Hastings (15%) or Rother (15%) (figure 79).



Just under two thirds (64%) of children represented by this membership have a primary need of Autism (52%), Autism and ADHD (8%) or Autism with PDA (5%). Other predominant needs include: ADHD (4%), Dyslexia (3%), Learning disability or difficulty (3%), SEMH (3%), Cerebral Palsy (2%), SLCN (2%), Hearing Impairment (2%) and Downs Syndrome (2%).

8. STAKEHOLDER/PROVIDER VOICE

Chapter Summary

This section summarises key themes from stakeholder engagement detailed in the chapter.

The consultation highlighted a key strength of the strategic approach to SEND provision is work undertaken to develop multi-agency partnership working and joint commissioning. The system is working particularly well where there is shared leadership across priorities. Operationally, partnership working is effective particularly where there are good working relationships between services, commissioners, schools, and parents, which foster continuity and inclusion. However, there are still improvements to be made to avoid duplication and silo working. This was noted particularly between health and social care, and between child and adult services to enable a smoother to transition into adulthood. Differing information systems and disjointed service pathways pose a significant hindrance to joint commissioning and working, although Liquid Logic, and the merging of CCGs and ICS is expected to improve this. Other barriers to joint working include high staff turnover; lack of service capacity and increasing workloads. However, it was outlined that relationships on the ground were good and that some joint processes such as EHCPs were generally working well. Partnerships with parents and carers are a priority in terms of service design, support for the new Parent Carer Forum and helping parents better understand available provision. There is a strong consensus that there needs to be more resource and focus put into early intervention and prevention to address rising numbers of young people with lower level/behavioural needs and to prevent issues escalating to higher level needs or crisis.

There were both examples of excellence and areas for improvement identified across health, social care, VCS and education provision. Key provision perceived to be working well include: the Communication Learning and Autism Support Service (CLASS) for its close working with families; the Educational Psychology Service (EPS) for the supportive assessment process; and the Education Support Behaviour and Attendance Service (ESBAS) which has had a significant impact during the pandemic; mainstream education where special facilities are available and inclusion is prioritised; the holistic and specialist support available in special schools; and the support from the CVS, particularly in relation to peer support and information. Health services such as CITES and Community Paediatrics were also cited as working well to support those with SEND, although with the caveat that these services were difficult to access, had long waiting lists, and had a lack of capacity to meet service demand. Perceived gaps in provision include mental health provision for CYP with SEND, early intervention services, and specialist facilities in mainstream education settings. Inequity of access was an issue for some services, and reductions in service offers in schools, mental health services, and in respite and short breaks also detrimentally impacted families.

Child mental health issues, including for those with ASD or additional complex needs, post-diagnostic ASD support, children with lower level needs who may not meet current service thresholds, and support for families/carers who are less able to access support were identified as gaps in provision. These, alongside improving service accessibility, closer partnership working, and addressing capacity issues were perceived to be key commissioning priorities

Professional and Provider Voice

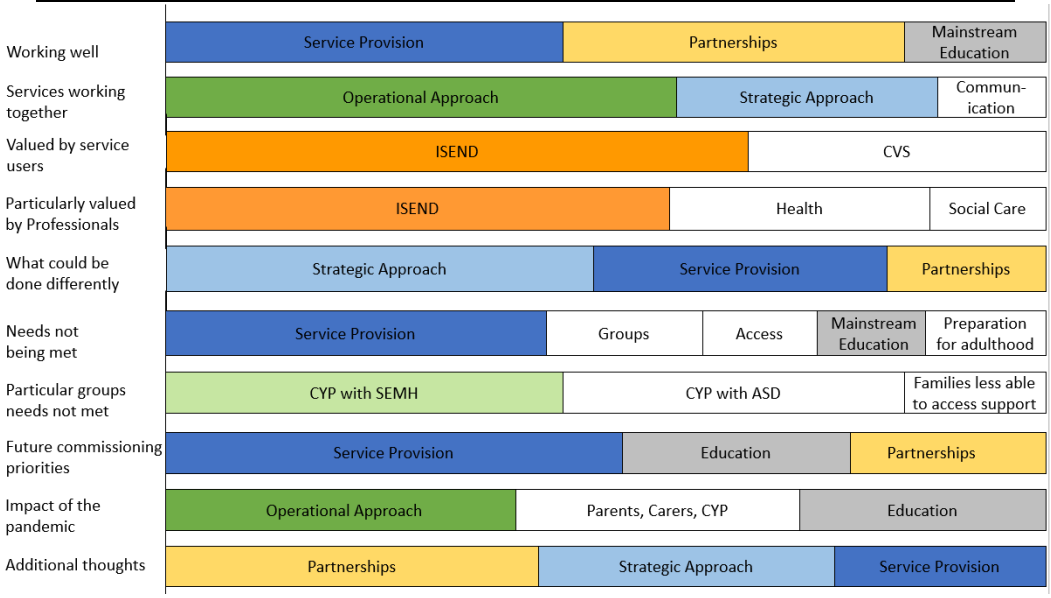
Those who provide and commission services have a unique understanding of how current provision is serving the needs of children and young people with SEND and their families. Engagement was undertaken with key stakeholders from a range of organisations including East Sussex County Council, East Sussex Clinical Commissioning Group, East Sussex Healthcare NHS Trust, Kent Community Health NHS Foundation Trust, Sussex Partnership NHS Foundation Trust and several local schools. This included 36 semi-structured interviews and six small group discussions, with between two and four people, lasting an average of one hour. Additionally, 10 professionals provided written feedback. Overall, the views of 62 professionals were captured and analysed using thematic analysis, which is a method for identifying, analysing and reporting patterns (themes) within data.

The engagement involved the following ten questions, each of which will be looked at in turn:

1. What is working well to meet the needs of children and young people with SEND and their families?
2. How well do different services work together in the provision of support to children and young people with SEND and their families?
3. Are you aware of any particular SEND services or support systems that are valued by children and young people and their parents and carers?
4. Are there any services that you particularly value as a professional or provider of services to children and young people with SEND?
5. What could be done differently to improve current local provision?
6. Are there any particular needs that are not currently being met by local SEND provision?
7. Are there particular groups or populations whose needs are currently not being effectively met?
8. What are the most important priorities for commissioners to address in future plans?
9. Thinking about the pandemic over the last few months, have you noticed any particular impact on either the way services are delivered, or on the experiences of services users?
10. Are there any other comments or suggestions you'd like to share about local SEND provision?

Figure 80 shows the key themes raised by each question:

Figure 80: Key themes from Professional/Provider engagement by question

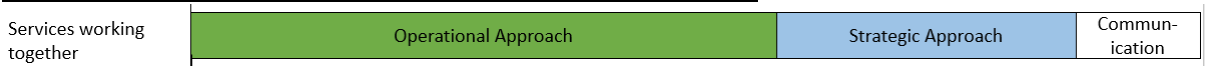


Detailed analysis of the themes and subthemes from consultation with SEND professionals is available in **Appendix 3**. The following summarises the key themes for each question.

Question one: What is working well to meet the needs of children and young people with SEND and their families?

- **Service provision** was the dominant theme mentioned when service providers and professionals were asked what was working well to meet need. This related particularly to general provision of ISEND services, most notably the Communication Learning and Autism Support Service (CLASS), the Educational Psychology Service (EPS) and the Education Support Behaviour and Attendance Service (ESBAS). For health services the community paediatrics team were cited by several respondents as working particularly well to meet need. Respondents also noted the strength of provision at local special schools, particularly initial use of specialist provision to enable transition to more local provision. Support provision from the Voluntary Community Sector is highly valued.
- **Partnerships** are seen as a real asset in East Sussex, mostly in terms of multiagency working at an operational level, both across the system as a whole, and within and between specific services. Multiagency working between the Community Paediatrics Service and Educational Psychologist Service was highlighted as working particularly well. The integrated therapy service was also noted by several respondents as having good partnership working practices, most notably with ISEND services. The opportunities for joint working at a strategic level for key priorities/issues was of particular value for enabling multiagency working and ensuring joined up thinking. The system was also seen to be working well where there are good working relationships between services, with commissioners, with schools, and with parents, with some noting the continuity and inclusion these relationships foster.
- **Mainstream education** is working well, in particular where: special facilities and support are available within schools; where inclusion is a priority; and where mainstream schools had a positive approach towards CYP with SEND. The role of the SENCOs was highlighted as proactive, with good links for joint working and sharing practice. The high needs review and ES quality mark for inclusion were both cited as improving provision.
- Other areas highlighted as working particularly well to meet need were the **clarity of processes** for EHCPs and high needs funding; the **resourcing of non-statutory services** in ISEND and the **evidence based approach** to commissioning. **Access to services** was also noted by some respondents as working well in terms of referral pathways and the front door system. Improved support for **mental health and emotional wellbeing** was also recognised and the value of life skills in schools in **preparing CYP for adulthood**.

Question two: How well do different services work together in the provision of support to children and young people with SEND and their families?



- There were mixed experiences of **joint/multi-agency working practices** among respondents. Many good examples of multiagency working were noted, specifically around working with ISEND, joint working under EHCP and IMARP processes, mental health initiatives in schools, and good relationships between staff on the ground. However, some respondents felt that multiagency working in general was not good, with room for improvement particularly around silo working and to prevent duplication.

Common barriers to joint working included high staff turnover, service capacity, workloads, differing IT systems within different providers and budget cuts. It was also noted by several respondents that staff knowledge of other services could be improved.

- **The strategic commissioning approach** was a common theme raised with regards to joint working. A willingness to commission jointly across the CCG and the local authority was noted, as well as recent improvements in joint working. However, several people raised duplication and disjointed service provision resulting from historical commissioning decisions, and further work being needed on joint commissioning between health and social care. A significant hindrance to joint commissioning raised by a number of respondents is the differing information systems across services, although there is an expectation that the introduction of Liquid Logic will improve this. Additionally, disjointed pathways to services affected ability for joint working. A small number of respondents stated that organisational change had improved joint working, but more focus was needed on the impact of change on services and professionals. Shared leadership across different priorities was noted as a key enabler of joint working.
- Other issues raised included **communication** and a lack of clarity for schools of responsibilities and roles of different services, and a need for **closer working with families** and the Parent Carers Forum to continue to ensure the voice of CYP and their parents are heard in EHCP processes.

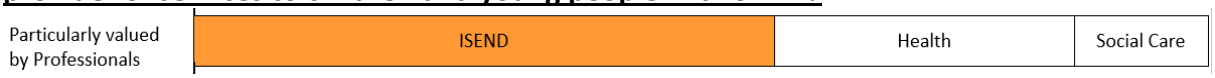
Question three: Are you aware of any particular SEND services or support systems that are valued by children and young people and their parents and carers?

- When respondents were asked what services/support other than their own that they valued, and what they perceived CYP and parents and carers valued, **ISEND** services were mentioned most frequently. However, it should be noted that 39% of professionals that gave their views worked within the council and so many stakeholders may have been more aware of ISEND provision than wider provision. In particular, CLASS+ and CLASS were highlighted as being well utilised and highly valued, particularly for directly working with parents. The Education Support Behaviour and Attendance Service (ESBAS) was noted by several respondents as having significant impact, specifically during the first lockdown and supporting children back into school, as was the Educational Psychology service for its highly qualified staff, supportive assessment process and as a route to EHCPs. Other ISEND services perceived to be particularly valued by families include the Early Years Service (EYS), groups such as Small Beginnings, English as an Additional Language Service (EALS) (specifically support during lockdown), and the Sensory Needs Service (SNS) support through transition and key stage days.
- Families are seen to value **CVS support**, specifically AMAZE and the SEND Information Advice and Support Service (SENDIASS), and peer support via the Parent Carer Forum.
- The holistic nature of support, and the services delivered within in Special **Schools** was perceived to be particularly important, for example therapy and emotional/behavioural support. Mainstream schools were perceived to be valued especially where there is access to after school clubs, family support workers or mental health support.
- **Health** services including CAMHS provision, the CITES team, Community Paediatrics and the Children's Community Nursing Team were all highly valued once accessed, although

a common theme across health services was the difficulty accessing the services due to waiting lists and thresholds for support. This was particularly noted for CAMHS.

- **Other** systems and support mechanisms that respondents perceived to be particularly valued by included **EHCPs** for gaining access to support, **respite and short breaks**, the **I-Go card** scheme, **direct payments**, **peer support** and clear and **honest communication** from professionals.

Question four: Are there any services that you particularly value as a professional or provider of services to children and young people with SEND?



- A number of specific **services** were mentioned by numerous providers and professionals as particularly highly valued. The most commonly cited were the Education Psychology Service, ESBAS, CITES and CLASS/CLASS+. A theme running across the services, was the importance of partnership working and good working relationships.
  - **ISEND -** the Education Psychology service, the Education Support Behaviour and Attendance Service (ESBAS), and Communication Learning and Autism Support Service (CLASS/CLASS+). ESBAS is valued specifically for the impact in getting children back into school, and for partnership working, and CLASS for support in upskilling and sharing autism knowledge. Several other services were highlighted as valuable by multiple respondents, including ISEND Teaching and Learning Provision, the Sensory Needs Service, and the English as an additional Language Service which was noted to be particularly effective during lockdown.
  - **Health –** particularly valued are the Children's Integrated Therapy and Equipment Service (CITES); Community Paediatrics with noted improved partnership relationships; CAMHS – in particular FISS, although it was noted that more capacity was needed; Continuing Care; Health Visiting; and Keyworkers.
  - **Education** – specifically, mainstream schools with inclusive support services, and the support and expertise in Special Education Settings.
  - **Social Care** - respite provision, early help and early intervention are all highly valued.
- In addition to the services above, many respondents emphasised the importance of **CVS support**, particularly that provided by **AMAZE**.

Question five: What could be done differently to improve current local provision?

- There were several areas of the **strategic approach** to SEND provision in East Sussex that professionals identified as areas for improvement. Most notably there was consensus that more resource and focus needs to be concentrated on **early intervention and prevention services**, particularly in schools, which would release capacity in specialist services to better meet higher level needs. A need for more **resourcing** was also identified as a theme related to increasing the capacity of services within schools, and other services where there are currently long waiting times. **CYP voice** should be more central in terms of service development, and for service commissioning, and there remain areas where a more joined up approach and closer **partnership working** would benefit. Technology was identified as a barrier to this, but there is recognition that the merging of CCGs and ICS may improve strategic partnerships.

- As well as strategically, there is also consensus that **partnership working** at an operational level could be improved, particularly relationships between health and Local Authority teams to create more effective joint working.
- Another prominent theme for areas needing improvement was **service provision**, with a focus particularly on **education**. Within mainstream education, perceived improvements included more clarity around the universal offer for post-16 provision, more specialist provision within schools, for example for continence support and therapy, more facilities to support CYP to stay in their local communities, and access to alternative teaching provision. Within Specialist schools, there is inequity of access to SNS and on-site school nursing, increased capacity needed for more complex needs, and perceived difficulties with the pathways between mainstream and special schools. Other service provision issues identified by multiple respondents as needing to be addressed include: more whole family support, information and guidance for **parents and carers**; **long waiting times** for services such as CAMHS and Community Paediatrics; a **lack of capacity** in CAMHS, CITES, CLASS, and in third sector provision compared to other areas; **reductions in services offers** for Respite services and short breaks, and after school provision; **inequity of access** to Educational Psychology services; and a lack of formal post-diagnostic support following an autism diagnosis.
- Additional areas needing improvement that were each raised by several professionals included **access** into services, with very high thresholds noted for some services (including CAMHS, social care and Continuing Health Care), lengthy front door processes, and clarity needed around referral pathways. **Preparation for adulthood**, needs to start earlier and there needs to be more information for families available around transition. Finally, there needs to be more comprehensive training for staff around specific conditions and the roles of other roles across the system.

Question six: Are there particular needs not currently being met by local SEND provision?

- **Child Mental Health** was the most predominant need identified as not sufficiently being met by local provision. General support for social, emotional and mental health was identified as needed, but also specific support for children with autism and mental health issues, and to address the rising anxiety in children around attending school.
- In terms of **service provision**, there was some consensus that more resource was needed for **respite** service and short break provision to meet need, as well as a greater need both for specialist placements in **schools,** and to ensure these are provided to the children with the greatest need. In relation to schools, there was also a noted gap in opportunity for out of school activities for children with SEND, as well as a lack of flexibility and strict academic focus in mainstream education which may not be suitable for meeting the needs of all children and young people. Multiple respondents noted fragmentation in delivery of **therapy services**, potentially causing anxiety to families; long waiting times for **community paediatrics** assessments due to lack of capacity; and a lack of **post diagnostic support**, particularly for those with Autism.
- **Specific needs** identified as not being met included nutrition and support for behavioural eating/drinking issues, a need for better assessment to identify intellectual

disabilities, insufficient resource to meet the needs of those with intellectual disabilities and moderate needs, and a need for more peer support for parents and carers.

- **Access** was raised by respondents as inequitable in terms of difficulties with provision in more rural areas, and in terms of stricter thresholds limiting access in recent years.
- **Preparation for adulthood** was also a perceived gap in provision, particularly in terms of earlier opportunities to develop appropriate life skills, and a need for smoother transition between child and adult services. Related to this was a perceived need to upskill post 16 education staff to better support more diverse needs.

Question seven: Are there any particular groups or populations whose needs are currently not being effectively met?

- Children with **mental health issues** were the most cited group perceived to be insufficiently supported by current provision. There is a consensus that there is a lack of support, and difficulties accessing services, specifically for young people with SEMH and a SEND diagnosis, and for children who are out of school due to high anxiety.
- Support for anxiety and mental health issues among CYP with **ASD** was also a noted gap in current provision, as was support for children with ASD who have other challenging behaviours, particularly those with additional complex health needs. Additionally, CYP with autism who are perceived to have lower level needs are not always having their needs met in mainstream education.
- In addition to children with ASD, the link to a paucity of support for children with **lower level needs** was also raised in relation to a dearth of provision for those with milder SEN, and more specifically a lack of formal assessment pathway and wellbeing support for intellectual disabilities leading to children missing out on support.
- **Some families and carers** were identified as being less able to access support. Several potential reasons for these were cited, including: having less financial opportunity to access services; due to their own cognitive needs; a need for more support for those with English as a Second Language; or more appropriate support needed for those from different cultures.
- A smaller number of respondents also highlighted a number of other groups for whom current provision is not effectively meeting their needs, including: inequitable provision with fewer services in more **rural areas**; difficulties sourcing local providers and transition support for more **complex medical needs**; limited funding and services for **sensory impairment**, particularly lower level needs; better identification and support needed for **Foetal Alcohol Spectrum Disorder** (**FASD**), too long an assessment process for **ADHD**, and limited provision for those with **physical disabilities**, mental health in **early years** and for those from **Gypsy Roma Traveller** backgrounds.

Question eight: What are the most important priorities for commissioners to address in future plans?

- **Service Provision** and addressing capacity issues was the predominant commissioning priority identified by Professionals. The main priority within this was the need for

adequate resourcing for CAMHS and appropriate support for **mental health and wellbeing** of children and young people with SEND. This was particularly highlighted as a commissioning priority within mainstream schools. **Capacity issues** and the need for increased provision was also a theme for many other SEND services, with therapy provision, particularly in schools; and support for challenging behaviour emerging as key priorities. Several respondents also noted that many special schools are over-subscribed, and more placements may be needed. Other services identified as needing increased capacity were post-diagnostic support for ASD and ensuring ASD services meet the need of girls as well as boys, respite care, and level 2 social care needs. There is also a clear need to **improve accessibility** of services, specifically: a greater focus on transition points, especially at 16-18 years, when commissioning services; swifter access and more information on EHCPs; more flexibility, and improved staff training and support within schools to meet the need of CYP with SEND; and addressing the growing numbers of children who can't access services due to high thresholds.

- As well as improving service provision, future plans should also address several elements of the **strategic commissioning process**. Central to this are: more joined up, integrated services and pathways, for example for neurodevelopmental conditions and motor disabilities; better communication and joint commissioning between health and education services; appropriate commissioning based on a whole population approach with a clear understanding of current and future need; and early, sustained and greater engagement with parents/carers/CYP in commissioning and service development.
- Wider support for **parents and carers** was also prioritised to enable engagement and opportunities for peer support.

Question nine: Thinking about the pandemic over the last few months, have you noticed any particular impact on either the way services are delivered, or on the experiences of services users?

Impact of the pandemic	Operational Approach	Parents, Carers, CYP	Education

- There were three key themes raised by professionals when thinking about the impact of the pandemic: impact on working practices; impact on families; impact on education; and across all of these, impact on service provision. Many noted the huge impact of the pandemic both on those receiving services, and on how support has been provided.
- **Working practices** – there have been several positive impacts on working practices, such as increased attendance at multiagency meetings through online platforms, online resources that have been developed will continue to be useful, and the realisation that some services and work can be undertaken differently. Some services have also now moved back from remote provision to face to face. However, changes to remote work practices have also posed significant problems both in working processes and in service delivery. For example: it has been difficult for a lot of interventions to be translated from face-to-face to remote support; schools returns and visitor restrictions have impacted on ability to deliver services which had otherwise been able to continue through the pandemic, such as ISEND; technology has caused issues for some, including poor connectivity and digital poverty; redeployment has impacted on capacity and provision; and pressures on service staff have never been so great. Inconsistent government advice, and differing guidance for health and education has been also challenging.

- There has been a huge impact of the pandemic noted for **CYP and families**. COVID-19 has put significant pressure on families, particularly through the home schooling period. Parents and carers have found this very challenging in terms of managing work and their child's home schooling. Being isolated and losing support groups and respite provision particularly impacted some. A smaller number of respondents noted positive impacts on some CYP as being at home removed some demands that were difficult to cope with. Several noted the mental health impact of the pandemic on families of CYP with SEND.
- **Education provision** was also impacted by the pandemic, although several professional noted that the continued school places for those with an EHCP, and the provision provided by special schools during the pandemic lessened the disruption for some. There have been mixed experiences of education. The return to school is perceived to be a positive experience for many, with both pupils and parents happy to return. However, many schools did not provide ISEND and other services in school during the pandemic, and school places for some children with SEND were limited at points throughout the pandemic. Additionally, a lack of laptops/devices to support home learning disadvantaged some.
- In addition to the impact on **service provision** outlined above, many respondents noted that existing delays and waiting times for services have been exacerbated by the pandemic, that there have been increasing demands for some services, potentially reflecting additional challenges faced by families, and there has been an increase in safeguarding cases and referrals for mental health issues.

9. PARENT CARER VOICE

Chapter Summary

The following summarises key themes from the parent carer engagement detailed in the chapter.

The consultation with parent carers has highlighted that the current system of SEND provision is not seen to be working effectively to meet the needs of children and young people with SEND. A strength of the current strategic approach is that, where it is working efficiently, coordinated working between services is more effectively meeting need, and the front door referral system is improving access. Amaze was also highlighted as working well with advice and supporting access to SEND provision, and the CLASS service was noted as working well once accessed.

However, the greater consensus among consultation respondents is that the SEND system overall fails to effectively support families. Key themes include that there is a lack of holistic support, a dearth of funding, ineffective joint working (particularly between education and health), insufficient engagement and working with families, excess waiting lists and assessment delays, and a strong theme of feeling like it was a fight to access support, particularly for EHCPs. A smaller number suggested that the SEND system as a whole needed to be reassessed, due to the Council presenting as a barrier to support and a lack of overall governance, particularly with regards to EHCPs. For some, the issues they have been facing with accessing SEND support have been compounded during the pandemic. The consultation also highlighted a strong perception that there is a lack of overall SEND training, particularly in schools, and a lack of understanding of SEN needs, with professionals trained to prioritise budgets over needs. Again, this was particularly felt by those going through the EHCP process.

By far the main area of provision mentioned by parents was education, particularly relating to provision in schools. In some instances, provision is working well, particularly where there are regular and proactive communications between the school and family, where there are after school clubs available, and where individual staff (often SENCOs) have been noted to be empathetic and understanding. However, one of the biggest themes of the consultation was that there is an overall lack of effective SEND provision in schools, particularly for therapy needs, mental health, and autism (with concurrent mental health needs), and for older young people with SEN. SEND provision in education settings as a whole is noted to be slow to recognize needs, with insufficient knowledge, staff and resource to meet the expectation of early identification and intervention. Many highlighted the need for better SEN training for staff, particularly around ASD, ADHD, and Dyslexia. There is specifically seen to be gaps in provision relating to pre-diagnosis of need, those on SEN support or with lower-level needs, and those whose needs are masked in the classroom, particularly those on the spectrum. Many parent carers noted that communication from schools regarding their child's SEN was poor, that there was a lack of information on available support, and that they didn't feel listened to. A minority noted the obstructive attitude of staff, particularly when being asked for referral to services that they believed would be difficult to

access such as EHCPs. The perception is that the education system, particularly within schools, needs to be more focused on inclusion and empathy.

The EHCP process was also a key theme throughout the consultation questions. This was the process that was seen to be the greatest fight to navigate, with the EHCP system as a whole seen to be lengthy and ineffective. Key aspects that are seen to be making the process inefficient and problematic include: a lack of working with or listening to families, decisions being made on incorrect and outdated information, regulations not being followed, statutory timelines not being met, uncomprehensive and poor quality assessments, a lack of trust in the honesty of EHCP communications, and a perception that the process is designed to prevent access to EHCPs. A number who had been through the EHCP process spoke of feeling pushed to tribunal to get support needed, at financial and health cost for themselves.

Many respondents were satisfied with their health provision, and health practitioners were appreciated for doing their best. Health services were seen to be responsive and efficient when accessed, with specific mention of CAMHS and FISS, the Scott Unit (child development services) and Paediatric Support. However, a significant and recurrent caveat to this throughout the consultation is the difficulties of accessing health services, specifically regarding diagnoses, and the lack of capacity within health provision to meet demand for services. With CAMHS in particular, many respondents raised access issues, primarily due to the significant and increasing length of waiting lists for assessment and diagnosis; being unable to meet eligibility criteria for support; and the general complexity of the system. Ineligibility is particularly an issue for those whose children have mental health issues and a primary diagnosis of Autism. There was also a noted lack of post-diagnostic support from CAMHS, and for those diagnosed with ASD. CAMHS was the service that most respondents identified they would like to access but could not. Long waiting lists, complexity of access and delays in assessment were also key barriers to accessing support for ASD and ADHD, and for therapy support. The wait for access to CAMHS was highlighted as a time when the mental health of many young people, and their families, worsened.

Long waiting times were also noted for therapy services, particularly Speech and Language Therapy, and Occupational Therapy, as well as for community paediatrics. Therapy provision was also noted to be insufficient in schools, and where accessed, the period of intervention was sometimes felt to be too short, and provision felt to be limited. Behind CAMHS and respite, Occupational therapy was one of the key services people stated they would like to access but were either ineligible or didn’t know how.

Social care was mentioned significantly less than education or health. In general, social care teams are perceived to be kind and helpful when access, but again long waiting lists and high eligibility criteria are affecting access to support, particularly around direct payments for respite.

The predominant need highlighted as not receiving sufficient support and service provision was ASD, specifically in girls, for those who are high functioning, and for those with mental health issues. Mental health was also a strong theme throughout the responses as an area where significant improvements in provision is needed. Other needs where there is felt to

be a lack of provision include: opportunities for social independence - particularly relating to reduced access to after school and holiday clubs; dyslexia; severe behavioural needs; and lower-level needs. There is also felt to be a lack of provision in the north of the county,

As outlined above, access to support is a key theme throughout the consultation and was the predominant element of the system highlighted for improvement, particularly for EHCPs, CAMHS, community paediatrics and therapy services. The pandemic has had an impact on service access for a large proportion of respondents. For example, where there has been difficulty moving face-to-face services online during lockdown and support has been withdrawn, parent carers have noted an impact in terms of loneliness and isolation, and a regression in their child's progress. Some also reported that services were stopped with very little communication, particularly services such as SALT or CLASS that could not be adequately delivered online, and communication for those awaiting assessment or recently diagnosed. Many felt online provision, where available, was better than nothing, but often services became unavailable or there are long waiting lists with not enough capacity to meet rising pressure on services.

Other key themes from the consultation included the need for better access to respite, with services being very difficult to access and having very high eligibility and related to this was the impact of the lack of, or loss of after school and holiday clubs, both in terms of respite and social opportunities for young people. Finally, a theme that ran throughout the consultation was the impact that the issues raised by respondents had on the wider family and specifically on parent/ carer mental health in terms of extreme significant stress, exhaustion, and isolation.

Parent Carer Voice

In February 2021, a questionnaire was sent to parents and carers across the county to ask about their experiences of provision for children and young people with special educational needs and disabilities (SEND) in East Sussex. The survey, co-designed by East Sussex Parent Carer Forum, East Sussex County Council, the Clinical Commissioning Group and Amaze, looked to understand what is important to parent carers, and perceptions/experiences of what is working well to support families, and where there are gaps or there is improvement needed to local provision.

The survey was sent out to parent carers by multiple channels to maximise the possible response, including: ESPCF and Amaze, ESCC social media, ISEND social media, SENCO hubs, Parent Governors, Virtual School Bags, GP's, and Community Paediatrics. The responses were anonymised, with the main themes pulled out across all questions. This was undertaken by an external company and by East Sussex Public Health to maintain objectivity of analysis. In the three weeks that the survey was open, 725 families responded. Of this number

- 80% (577) had one child with SEND, and
- 20% (148) had more than one child with SEND.

In total 889 children and young people were represented in the survey. This chapter provides the main findings from the survey.

The engagement collected demographic information about both the child/young person and their needs, and their family member responding to the survey. In addition, a number of questions were asked to identify parents' experiences and thoughts about SEND provision, including:

1. Service provision:
    a. Services accessed
    b. What is working particularly well to meet family's needs
    c. What is not working well to meet family's needs
    d. Services people would like to access but are not, and why
    e. Satisfaction with service areas
    f. Involvement in decision making
    g. Satisfaction with SEND processes
2. Future accessing of services:
    a. Thoughts on additional support that would be helpful
    b. Anything that could be done differently to better meet needs
    c. Any impact of the pandemic on service provision and use
    d. Any other comments

This chapter will provide the main findings from the survey.

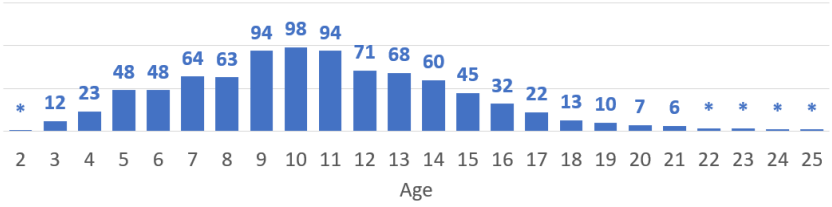
Respondent demographics

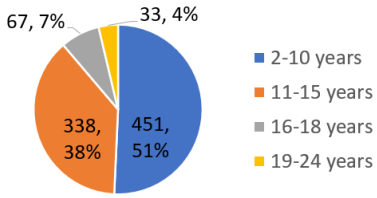
Children and young people with SEND

This section shows the demographic characteristics of the 889 children and young people represented by their families and carers in the survey.

Age

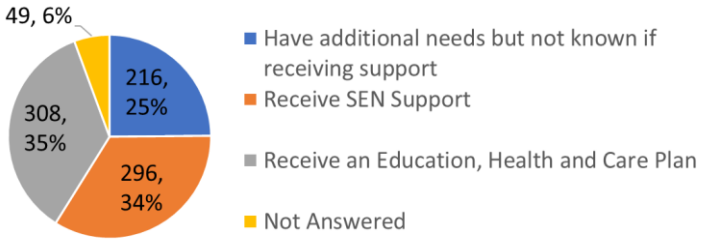
The age of the children whose needs are discussed in the survey increased from age 2 to 10, and then decreased from 10 onwards. Over half of children were aged 2-10 years, and just over a third aged 11-15 years. This closely mirrors the ages of children receiving SEN support in East Sussex but represents a slight under-representation of children aged 5-10 and 16-24 in receipt of and EHCP.





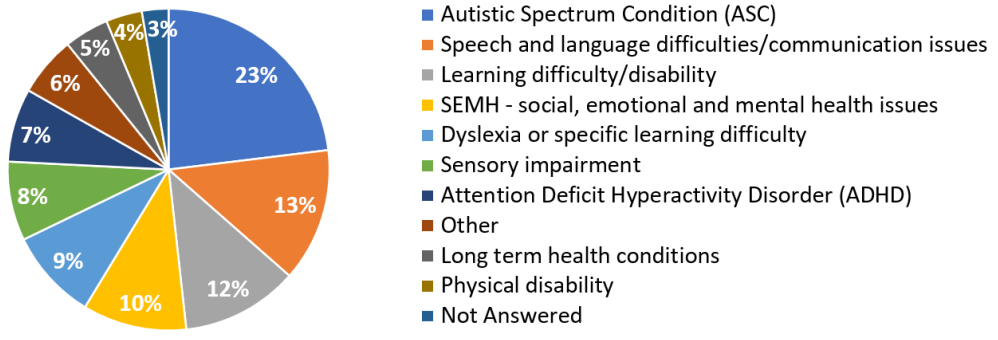
Support received

A third of children are in receipt of SEN support, and a third in receipt of an EHCP plan. 25% have additional needs but it is not known if they are receiving SEN support or an EHCP.



Additional needs

When asked about the needs of their child(ren), 678 parents and carers responded (94%), identifying 1,793 needs (multiple needs could be selected by each respondent). Autistic Spectrum Condition accounted for a quarter of the needs identified by parents and carers (23%), followed by Speech, Language and Communication Needs (SLCN) (13%), learning difficulties/disability (12%), and social, emotional and mental health issues (10%).



106 of those who answered this question (15%) selected 'other' needs. Within this category, 212 other needs were identified, with the most predominant themes being waiting for diagnosis, mental illness, and Developmental Coordination Disorder (Dyspraxia).

Education setting

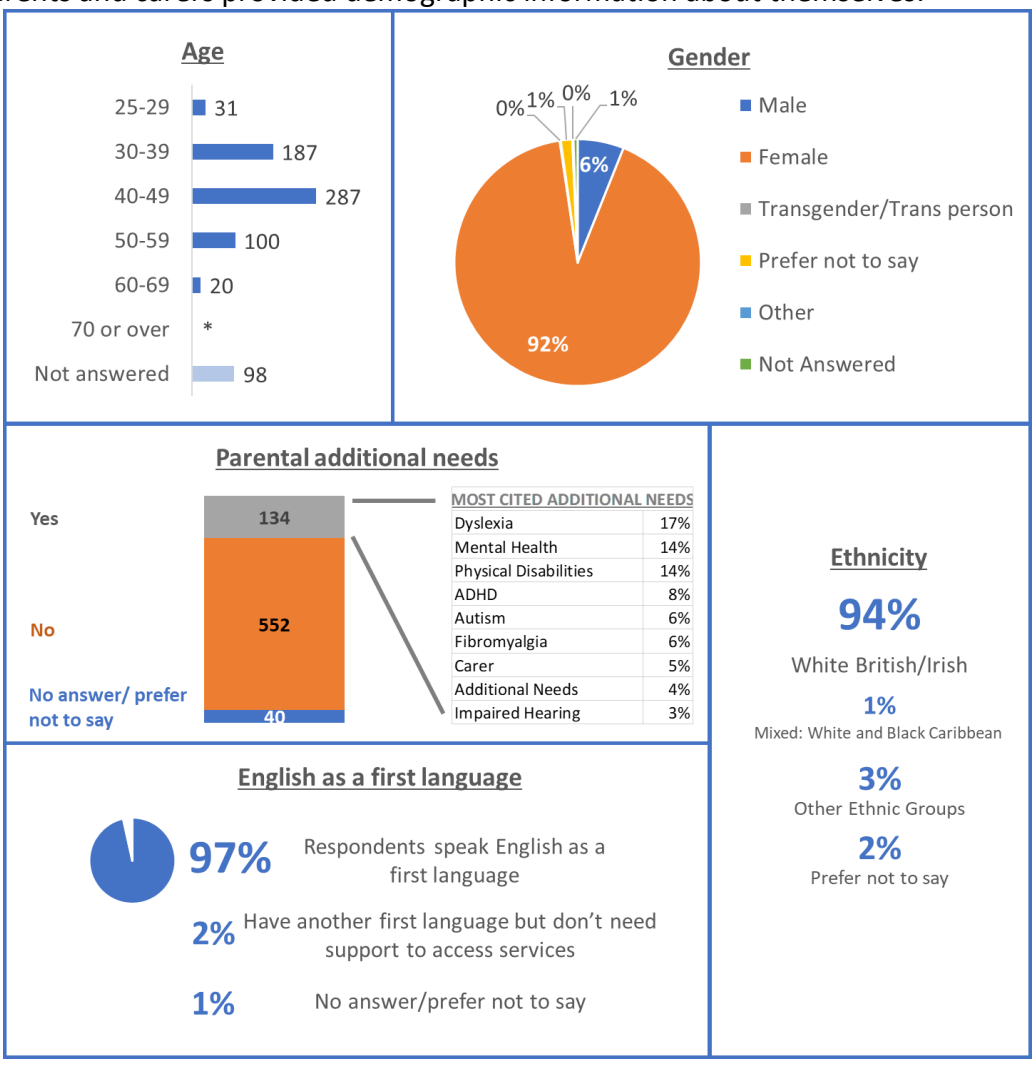
Education Setting	N	%
Primary - mainstream	391	45%
Secondary - mainstream	220	26%
Secondary – special school	70	8%
Primary – special school	66	8%
College - mainstream	28	3%
Pre school/early years	26	3%
Other - please detail below	26	3%
No current placement	18	2%
College – specialist 20-25	12	1%
Primary - home educated	10	1%
Secondary - home educated	10	1%
ISEND Interim Provision Service (IPS)	6	1%
Education Otherwise Than At School	*	0%
Not Answered	*	0%

For the 889 children and young people represented in the survey, mainstream primary education was identified as the top education setting making up 45% of all settings. The second most predominant education setting was mainstream secondary education 26%, followed by special school secondary education (8%).

62% of children and young people represented in the survey attend settings maintained by ESCC 19% (167) are home educated, 8% (68) attend an Academy/Free school and 6% (51) attend Independent non-maintained schools.

Parents and Carers

721 parents and carers provided demographic information about themselves:

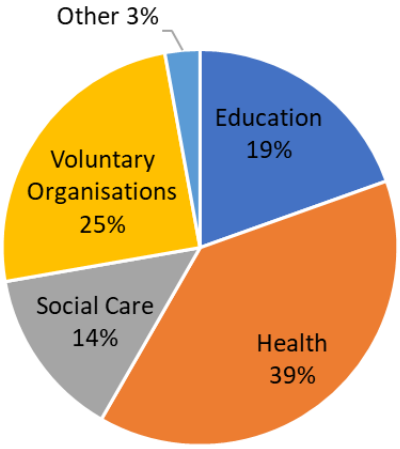


Service Provision

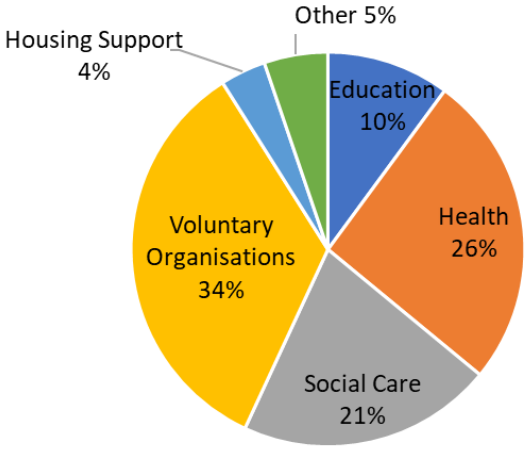
Services accessed in the last 12 months

This question was asked separately in relation to young people aged 0-17, and to those aged 18-25 due to the different services available to each age group. For the 843 0-17 year olds identified through the survey, parent carers identified 6,127 services that had been accessed over the last 12 months. Over one third (39%) of the services accessed for 0-17 year olds were health services, one quarter voluntary organisations, 19% education services and 14% Social Care. For the 39 18-25 year olds identified through the survey, 267 services had been accessed. Unlike access for 0-17 year olds, over one third of those accessed for 18-25 year olds (34%) were voluntary organisations, one quarter (26%) health services, 21% Social care, 10% Education and 4% Housing support.

Services accessed by 0-17 year olds



Services accessed by 18-25 year olds



The most predominant services accessed were (% is of the total for the service area e.g. education, health, social care etc.):

	0-17 year olds (843 young people, 6,127 services)			18-25 year olds (39 young people, 267 services)		
	Service	N	%	Service	N	%
Education	ISEND CLASS	254	21%	Transition Service	11	41%
	ISEND Early Years	202	17%	ISEND CLASS	6	22%
	SEN School Transport	128	11%			
Health	Child Development Centre	379	16%	Hospital Consultant/ Specialist	18	26%
	SALT	306	13%	SALT		
	OT	220	9%	OT	14	20%
	CAMHS	216	9%		12	17%
Social care	Early help	57	7%	ASC social worker/care manager	11	20%
	Millbrook Wheelchair Service	48	6%	Direct payment/personal budget	11	20%
	Other Social Worker	46	5%			
CVS	AMAZE	217	14%	AMAZE	18	20%
	iGO register/leisure card	201	13%	iGO register/leisure card	10	11%
	ISEND CLASS+	143	9%	Blue Badge	9	10%
Housing support	N/A			Shared Lives	5	50%

What is working well to support families' needs

305 respondents identified examples of where the support from the SEND provision in East Sussex worked well to support their families' needs. In the main, respondents were most likely to name specific elements of SEND provision, such as within schools, ISEND, health and the voluntary sector. There was less mention of broader themes, such as the way services work together. Within school-based provision, additional themes relating to the SENCO role and staff attributes were evident. Many comments also related to the quality of communication and responsiveness of individuals and services. Key themes were:

Support in Schools

- When describing what is working well, parents most frequently described provision based in and around school settings. In many cases, it was not possible to determine whether the comments related to the school itself or external services provided in the setting. However, parents most often made statements that described the **attributes they valued from the staff** they encountered. This included their dedication, positivity, accessibility, understanding and caring nature. A number described staff working alongside them as advocates where necessary. When mentioning elements of school provision, parents most frequently singled out support provided by SENCOs, with commonly used words to describe them including knowledgeable, committed, helpful and supportive.
- **Communication** was a strong theme and key component of what parents think is working well within schools. In particular, regular and proactive communication from schools, the ability to call with concerns and get a quick and helpful response and feeling listened to.
- A number of parents provided examples of where provision in mainstream schools was working well for them. In particular at East Sussex College in Lewes and the Eastbourne Academy autistic unit. Other examples were given of schools recognising needs early and making reasonable adjustments, such as extra time for exams. A similar number of parents reported being very happy with their (mainly un-named) special school.
- **After school clubs** were mentioned by a number of parents as being very valuable.

ISEND Provision

- **Specific services within ISEND** were also a dominant aspect of what is working well in East Sussex SEND provision, with the services offered by CLASS and CLASS+ the most cited. Parents particularly valued the tailored advice available to school in assessment of needs and planning strategies. Training is also viewed as helpful, as is the sibling group.
- Along with the **Early Years Service, TLP** was the next most frequently service mentioned by name. One to one teaching, tailored provision and friendly and supportive staff were provided as reasons. In relation to the Early Years Service, parents particularly valued the availability and regular communication from staff, with many parents mentioning staff by name. Identifying need, managing transitions and communication with settings were also valued. The Spectrum service also received a number of mentions from parents, in particular help with skills acquisition and access to local opportunities. A number of other SEND services were praised in very general terms and personal connections with SEND staff were commonly cited as 'supportive' and 'informative'.

Health

- Support with **speech and language** via schools and children's centres received the most mentions from parents. Child and Adolescent Mental Health Services (**CAMHS**) were the next most cited 'health' service, with the majority singling out the **Family Intensive Support**

Service (FISS) as particularly valuable. The **Scott Unit** and support from **paediatricians** also received many positive comments, relating to helpfulness, responsiveness and efficiency. Several parents acknowledged that their comments were balanced by very long waits. Other services mentioned as working well included the ADHD nurse support, children's integrated therapy and health visiting.

Voluntary, Community and Social Enterprises (VCSE)

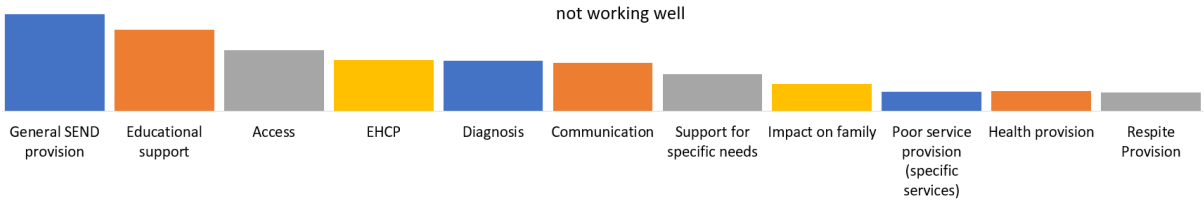
- **AMAZE** was the most frequently cited voluntary organisation. Parents indicted that they valued their general advice and support in accessing other services and opportunities. Aspens were also mentioned by a number of parents, as being a useful source of support. Services which provided 'activity' or 'skills based' support were also highlighted more generally as valuable. A number of respondents also particularly valued the input from organisations that were able to provide practical help with the EHCP process.

Overall SEND Provision

- A number of parents described the benefits of **co-ordinated provision**, for example having physiotherapy at the same time as speech and language via the integrated therapy services. The **'front door referral system'** was highlighted as being an improvement on the previous process. Other, lesser mentioned themes included the practical and financial benefits of having transport provided, the flexibility afforded by Direct Payments in meeting needs, and the I-Go card.

What is NOT working well to support families' needs

There were 561 responses to the question of what is not currently working well to support SEND children and their families in East Sussex. The key themes raised include:



General SEND provision

- The overarching theme from parent carers is a general feeling of a **lack of support** for children with SEND and their families in East Sussex, with an overall SEND system which, in its current form, is felt to be failing to support many families. This has been compounded for some by the impact of the pandemic, both on availability of services, and on additional pressures such as home schooling. **A lack of resources**, and funding within SEND provision was also noted, with some commenting on there generally not being enough support from services to meet the needs of children. The lack of resources was noted by a small number specifically in relation to CAMHS/ mental health support. There is also a general perceived need for better training to understand special educational needs, particularly in schools.
- Other issues highlighted by fewer, but multiple respondents include: the need for better **support during transitional periods**, especially between primary and secondary school and between children and adult services; a need for **more special school placements**; more provision and consistency of provision of (school) **transport**; improvement in the process of **equipment** provision, the importance of improving **earlier diagnosis and intervention**, and provision at **crisis point/emergency care**; and **holistic support** for the whole family.

Education support

- The second dominant theme relates to issues with provision in the education system. The consistent feedback that **provision is insufficient within schools** is the most predominant

sub-theme across all themes raised through this question. This is particularly felt in relation to therapy/ sensory support, autism (including those with ASD and mental health issues), a lack of willingness to refer for EHCPs, a lack of governance of school provision of EHCPs, and insufficient support for those on SEN Support, with lower level needs, or whose needs are masked. In relation to this, there was reference to **the impact of funding issues** on what schools are able to offer, and staffing levels, with not enough (trained) staff to support SEND children. Several respondents also noted a lack of support in school for those without a diagnosis or who are waiting for a diagnosis, and for those who are home educated.

- **SENCO support** is seen to be variable, with some respondents describing a refusal to listen, investigate or refer, and for some, a lack of understanding of SEN needs.
- For a minority who related comments to specific settings, less prominent themes included secondary provision being inconsistent with primary provision, and primary provision being slow to recognise needs and refer, which some noted detrimentally affected their child.
- A few respondents noted **labelling** of some children with SEN (especially behavioural issues) as 'naughty. This affects support: with some provision stopped if a child struggles to engage.

<u>Access</u>

- There was consensus that **accessibility** of SEND services and support needs to be improved, with many citing the feeling of **having to 'fight'** to access SEND support. This was specifically reported in relation to EHCPs (a separate theme), but also in relation to accessing SEND support more generally and experiences of having to chase, reapply, wait or fight against barriers to access support. Many noted the added stress of this.
- **Long waiting times** to access SEND services was raised by many, along with unclear referral processes. This was a general system issue, but also related to support in education.
- In relation to health provision, **access to speech and language therapy and occupational therapy** was cited as particularly difficult with long waiting times, not enough provision, and the amount of support being insufficient to adequately address need. The **eligibility criteria** for services was also seen to be a significant barrier to access, with eligibility for CAMHS highlighted as problematic, especially for those with ASD and emotional/mental health.
- Finally, there is perception of a lack of provision in the North of the County, with many services located in coastal areas.

<u>EHCP process</u>

- The majority of comments relating to EHCPs were to note that the whole **EHCP system was not seen to be working well** to support people. There were several aspects of the EHCP process that were highlighted as preventing or affecting provision for children who have or are trying to get support via an EHCP. Key themes raised by multiple respondents include that: the process to get an EHCP is very slow and inefficient; the council system in itself is thought of as a barrier to getting support; there is not enough working with or listening to families; there is a perception that decisions are sometimes related to budget considerations over need, and that regulations/codes of practice are not always being followed; information errors are affecting decisions, as are issues with the assessment process such as length of time between assessment and decision; there a distrust from families that communications regarding the EHCP process are accurate; and there is a feeling of a lack of overall governance of the EHCP process. A significant number of respondents related these issues to the EHCP process being a battle, with some noting a repeated refusal of EHCP, with decisions then changed after a fight (several through tribunal).
- Another theme was that there is seen to be **insufficient provision to meet needs**, particularly for placement availability.

Diagnosis

- Overall, the **diagnosis process is seen as slow and complex**. The second most predominant subtheme across all responses related to diagnosis, and the impact of waiting lists and delays in assessment for diagnosis. The majority of comments related to waiting lists to access CAMHS/mental health support, and the Scott Unit, with significant waits for diagnosis of ASD and ADHD also highlighted. A number noted the worsening of their child's health conditions while waiting for diagnosis, with the majority of families waiting a year, and in some cases several years.
- There is also seen to be a **lack of support post-diagnosis**, with a small number relating this to specific conditions, most notably ASD and mental health.

Communication

- The three main issues with communication most commonly identified were the **lack of (accessible) information** on available service provision and support, **poor communication with families**, both generally and specifically from schools, and that **parents don't feel listened to**, particularly by education settings and within the EHCP process. Some parents also raised feeling their parenting was being judged by the school. Poor communication (and joint working) between professionals was also highlighted by a number of parent carers, particularly health and education, and a lesser extent between and within schools.

Support for Specific Needs

- When asked what was not working to support SEND families, specific needs were identified as not sufficiently provided for. The two predominant needs were Autism (particularly in girls, in those with con-concurrent mental health issues, and for young people whose needs are masked), and mental health provision (particularly anxiety and self-harm).
- Other needs/areas for which it's felt there is a paucity of support are: opportunities for social independence; dyslexia; behavioural needs (specifically where there is violence/ aggression towards the carer); lower-level needs; and support for young adults with SEND.

Impact on family

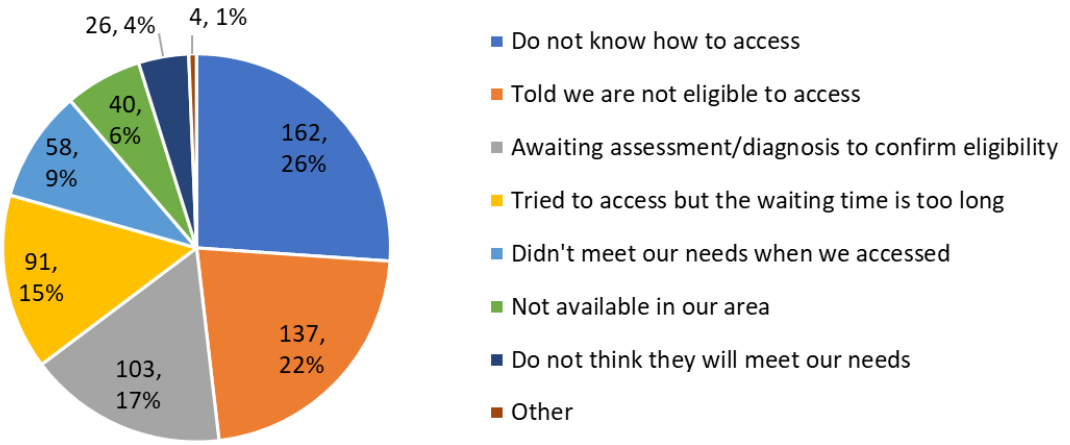
- Some parents noted an impact of problems accessing provision or support on the **health** of their family: most commonly in terms of mental health/stress impact for the parent; worsening of physical and/or mental health for children; and a few also noted their own exhaustion and loneliness/isolation.
- **Financial** impacts on the family were also identified as consequences of issues accessing SEND support, including privately funding service provision and assessments and the financial impact of going to tribunal for EHCP provision.

A number of other themes were identified by multiple respondents. These include the need for respite services but difficulty accessing support due to high eligibility criteria; the impact of a lack of/loss of after school and holiday clubs on social opportunities and activities for young people, and opportunities for respite for families; poor support specifically from CAMHS which is felt to be overstretched and underfunded, and, to a lesser extent, difficulties accessing social care support.

Services people would like to access but are not, and why

621 parents and carers responded to the question asking if there were services they would like to access but are not. The top three reasons for not using services that the respondents would like to access is that they do not know how to access them (26%), they have been

told that they were not eligible to access them (22%) and they are awaiting diagnosis before they know if they will be eligible for the services (17%).

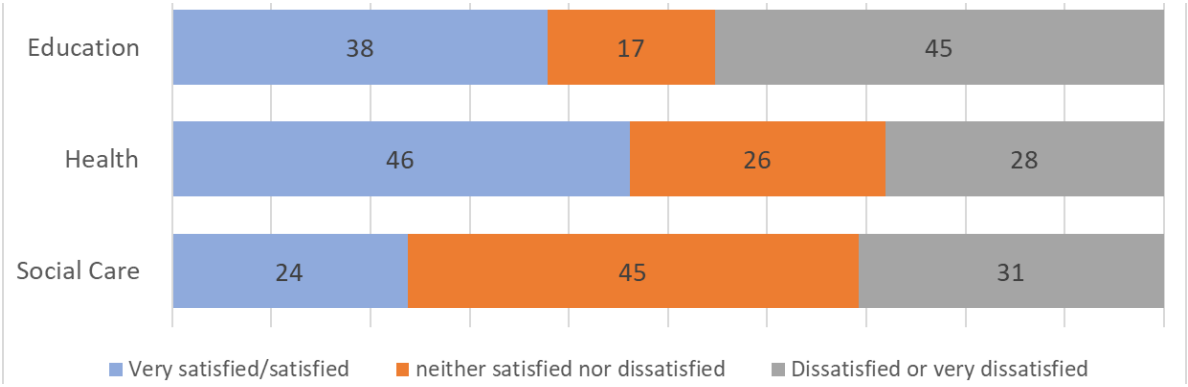


The most commonly cited services that people would like to access but are not able to access are CAMHS, ADHD, respite and Occupational Therapy. CAMHS is the predominant service for which: people are told they're not eligible; people are awaiting assessment/diagnosis to confirm eligibility; people have tried to access but had to wait too long; people's needs weren't met when they did access the service; and for which people did not believe would meet their needs. Long waiting times were also cited for ADHD support, and respite care and occupational therapy are services that people would like to access but have either been told they are ineligible or do not know how to access. Respite was the most commonly cited service that people did not know how to access.

Satisfaction that needs are correctly identified and supported within Education, Health and Social Care

Of the 718 people who rated their satisfaction with identification and support provided:

- **Education provision** - 45% were **dissatisfied or very dissatisfied** with the provision their child received, compared to 38% who were satisfied or very satisfied.
- **Health provision -** conversely, 44% of respondents were satisfied or very satisfied with provision, compared to 27% who were dissatisfied or very dissatisfied.
- **Social Care provision** - nearly half respondents (45%) stated they were neither satisfied nor dissatisfied with social care provision, with just under a third (31%) dissatisfied or very dissatisfied, and about a quarter (25%) satisfied or very satisfied.



When given the option to provide reasons for satisfaction or dissatisfaction with SEND identification and support, the majority of comments (74%) were from those who had identified dissatisfaction with provision, 20% were from those satisfied and 6% were from those who had reported being neither satisfied nor dissatisfied.

The dominant theme emerging in relation to satisfaction with provision relates to **Education** support and services, which was mentioned twice as many times as health. While respondents generally note that school staff operate to the best of their ability and knowledge, there is a perception that there is a lack of adequate training to identify SEND needs and provide appropriate post-diagnostic support for children. Some respondents feel it necessary to progress their case to a tribunal to receive the required support in schools for their children. However, the tribunal process is perceived to be a time-consuming and stressful experience for families which shouldn't be necessary to go through. Decisions on EHCPs are felt to be made more on budget considerations than the needs of children, and this is thought to impact provision of a quality service. Parents and carers view schools as having minimal resources, and taking a long time to listen, understand and recognise SEN. However, 38% of respondents who stated they were satisfied/very satisfied with education services felt the school attended to their unique needs when the children were receiving the necessary support.

Dissatisfaction with identification of, and support for SEND needs through the **health** service is strongly related to the length of time and complex process involved in accessing support. Respondents perceive there is a lack of forward planning and proactive support for children from the Health service. Access to specialist mental health provision through schools is also noted by many as lacking. Similarly to education services, where there was satisfaction with health services, this related to a feeling that front line health workers were supporting as best they could, with a number of references to specific health care specialists that had provided relevant help and advice and understood the respondent's unique needs.

Social care was mentioned significantly less than health and education, although nearly a third of respondents reported being dissatisfied with **Social care**. Where comments were made, dissatisfaction was largely due to people being unable to access provision (including direct payments for respite) as they didn't meet the eligibility criteria as their children's needs were not deemed to be severe for social care input. Those who accessed social care services reported the assessment processes to be lengthy, with some perceiving the process to be less thorough than if they had accessed equivalent private sector services. However, social care teams were reported to be kind and helpful.

Involvement in decision making

Respondents were asked how involved they felt in the process of identification of their child(ren)'s needs. Parent carers were most likely to report that they had a mixed experience, with this being the most common response to their feeling involved, informed, able to influence and feeling that what they wanted to happen did. Respondents were twice as likely to report feeling that what they wanted to happen wasn't achieved than to respond that it was. They were also significantly more likely across all questions to respond negatively about their experiences of involvement in the identification process than positively.

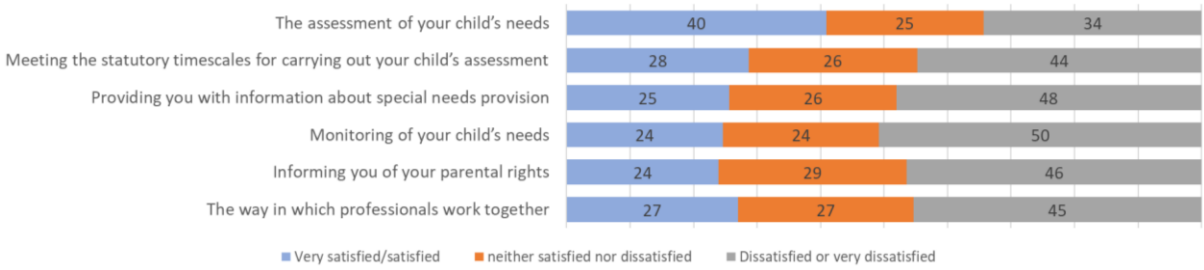
	Yes	No	Don't know	Mixed experience	Not Answered
Feel what you said made a difference	149 (21%)	202 (28%)	34 (5%)	306 (42%)	34 (5%)
Feel you were kept informed	164 (23%)	223 (31%)	20 (3%)	289 (40%)	30 (4%)
Feel you were able to influence the decisions made about your child	143 (20%)	232 (32%)	40 (6%)	276 (38%)	34 (5%)
Feel that what you wanted to happen did happen	129 (18%)	264 (36%)	30 (4%)	269 (37%)	33 (5%)
Feel your child's views were considered	143 (20%)	252 (35%)	66 (9%)	223 (31%)	41 (6%)

Of the 271 respondents that chose to explain their response, 78% reported a negative experience, 14% positive and 8% neutral. Key themes included:

- the perception of there being **limited support/ help available** from both ESCC and teachers within educational settings. Unless a child is severely impacted by her or his condition, it is felt that there is often a lack of support, with the process to access provision being slow, challenging and unhelpful. This is particularly noted through schools, who are thought to be ill-equipped to support children with more complex needs.
- Parent carers also report feeling **pushed to go to Tribunal** because their child(ren)'s needs are not met and/or their views are not being listened to. The tribunal process is seen to be long and difficult, but for a number of respondents it is felt that the only way to secure support for their child is to go through tribunals, complaints with ESCC, or the Local Government and Social Care Ombudsman (LGO).
- parents and carers are also reporting that **their views and the needs of their child(ren) are sometimes ignored by service providers**, with parents' voice and medical assessments perceived to be secondary to a council prioritisation of budget.
- Finally, respondents are reporting that they are having **problems in getting a diagnosis**, with some consequently paying for a private diagnosis. The experience of getting a diagnosis for Autism in particular is noted by many as very lengthy and challenging for children, with some reporting that perseverance and making a formal complaint to the Patient Advice and Liaison Service (PALs) are needed to get a diagnosis.
- Other themes raised include a lack of funding for resources to facilitate dyslexia diagnosis or APD diagnosis, and the challenge of incorrect or misleading information influencing decision making.

Satisfaction with assessment processes

Respondents were asked how satisfied they feel with the different aspects relating to the assessment of their child(ren)'s needs. More people were satisfied (40%) than dissatisfied (34%) with the assessment of their child's needs. However, dissatisfaction with the assessment process was significantly higher than satisfaction when talking about meeting statutory timescales for assessment, provision of SEN information, monitoring of needs, informing of parental rights and the way in which professionals work together.



Of the 307 respondents that chose to explain their response, 81% reported a negative experience, 15% positive and 4% neutral. Key themes included:

- A dissatisfaction with **assessments** – specifically long waiting lists and the comprehensiveness and quality of the assessments. There is again a theme within the responses that ESCC professionals are trained to work within a budget which impacts on their assessments of a child. This perception continues into NHS services and assessments around Autism, ADHD and psychological evaluations.
- that communication between services is improving but there is **not enough information provision** about how to access individual services or where to find and use the resources available. There is a feeling that expectations of what can be provided against the reality of available resources is not being honestly communicated between the Council and services, and that communication about the impact on assessment timings and processes should be communicated right from the start of the process.
- There is a perception that **professional services do not liaise with each other effectively** and documentation regarding assessments and diagnosis is often incorrect first time. Parent carers feel that ESCC services work in isolation and do not provide a smooth and cohesive service. This silo working means that sometimes services and front line workers are sometimes limited by the procedures set out by ESCC.
- Other themes include the thoughtful SENCO support received by some children in mainstream schooling, and the excellent NHS services, particularly paediatricians, received once the challenge of accessing the services have been overcome.

Future accessing of services

Support that is not currently in place but would be helpful to support children and families

There were 435 responses to the question of what is not currently provided but would be helpful to support SEND children and their families in East Sussex. Key themes raised include:

- **Better availability and quality of current service**s. This includes a need for better access to high quality resources for families, including clear information from East Sussex County Council (ESCC) on available services, and more resources on the ESCC online gateway and/or through schools. Schools emerged as a particular focus, in relation to a need for more educational support for SEND children, more information on available support (such as counselling) and better SEND training in mainstream schools.
- More support for working parents and social opportunities for children by **providing inclusive clubs, after school activities and activities** for children with additional needs. Also making access to wider respite, such as through social care, easier as many respondents noted the difficulties of meeting current eligibility criteria for support.
- Respondents also suggest more support for parents of child(ren) with SEN, for example counselling provisions being available to parent carers as well as young people.

- Addressing the limited support and wait times in obtaining **health related services** specifically mental health, counselling and to a lesser extent SALT services. A number of parent carers directly link access delays to the worsening of their children's mental health/needs.
- More information and training for children, parents and teachers on **developmental disorders**, specifically ADHD/Autism and Dyslexia. Additionally, providing more teachers with specialist training in learning disabilities and in-class/mainstream school support for kids with learning disabilities is thought to improve both the child(ren)'s wellbeing and their education.

What could be done differently to support families' needs

There were 412 responses to the question of what could be done differently to support SEND children and their families in East Sussex. Key themes raised include:

Better access

- was the pre-dominant theme mentioned when asked what could be improved. This largely related to **long waiting times**, but also respondents noted the general feeling that it was a **battle to obtain suppor**t for their child.
- better support in schools such as local specialist places, and after school/holiday clubs.
- need for additional support for parents/carers to **navigate a complex system**, through an advocate role, as well as through parent support groups.
- Address long **waiting times for CAMHS and community paediatrics and CITES** which requires additional capacity. Address unequal access to CAMHS for neuro-disabilities.
- **processes should be more transparent** and also that **early identification** and support would be more cost effective in the long run.
- Address difficulties accessing and navigating the **EHCP process** which is time consuming with no support for families.
- Improve **communication** between services and address the current lack of trust between parents and professionals.
- Respondents outlined the need to **lower thresholds,** so it isn't just the CYP with the highest needs that are supported by services and with an EHCP. Further to this, respondents highlighted the need for **more funding** and that **provision in the north of the county** was lacking. Respondents also suggested that greater support for young adults and during **transition** is required and more **post-diagnostic support** should be available.

Better communication and information

- particularly provision of **more information of a better qualit**y and more regularly
- Improved communication from staff to families, with regular check ins
- improved communication between organisations, services and departments
- need to listen to parents, families and children, with some suggesting families should be assigned an advocate to support them to navigate the process.

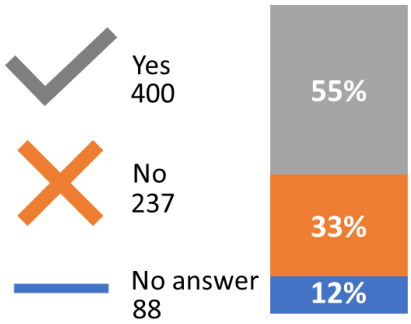
Better training or understanding from staff

- **more/improved training of staff, especially in schools**. There is also a need for staff to develop a better understanding of Individual SEN needs **by listening to the child and family**
- Cultural change needed to focus on **inclusion and empathy in settings**, especially in schools.

Other themes included the need for **more funding**, especially in schools. **Better/more proactive support**, especially during diagnosis and post- discharge. **Listening to parents**, with greater respect for concerns raised. A small number of respondents indicated that

everything about the current system is in need of change, and more staff, especially in schools. Other comments raised were the need for full time SEND workers in schools, improvements required in CAMHS, including better integration between services, and the need to ensure relevant laws are followed for to SEND assessments, EHCPs and provisions.

Have there been any changes to provision or support during the pandemic?



Of the 637 responses, over half stated that the pandemic had caused a change to the support they received during the last year, particularly the impact of not being able to meet in person, and on capacity and demand for services. One in five parents noted positive changes as a result of staff accommodating distance learning. Key themes for this question include:

Online service provision

- The most common issues raised related to the **challenges of moving to online provision**, including a lack of follow up or alternative services offered. This relates into parent carers feeling alone with no support, and some respondents highlighted the impact on their child in terms of are regressing, and progress made being lost.
- However, for a minority**, online education has been preferable**, particularly for those with anxiety issues or who find it difficult to attend school.
- Those who continued to receive their normal level of support were satisfied and found new ways of working socially less stressful.

Communication

- Many parents report that since the beginning of the pandemic virtually all **support has completely stopped** and that there has been little, if any **communication** regarding services and support. Services for which this specifically applies are Speech and Language Therapy, CLASS and general communications regarding assessments and diagnosis.
- Parents have struggled to find who to contact or any information about their provision.

Technology

- The third key theme was the use of **technology** as an alternative style of adapting to the pandemic and its related challenges. If online support is available then the service was perceived by most as better than nothing, but many stated that services often just haven't been available, with wait times significantly impacted.
- It was noted by those who access the services, that **many can't be adequately delivered online**, such as Speech and Language Therapy, CLASS and other therapies.

Capacity and increase in demand

- The final theme emerging relating to provision during the pandemic is a decrease in **capacity and increase in demand** for appointments, assessments, accessing remote learning and different therapies.
- The **time taken to access services** have become generally much longer compared to pre-pandemic times and with the **perception that there will be no change as lockdown eases**.
- For a minority of respondents whose child was diagnosed right before the pandemic, many have received no communication with how to proceed and the support they should receive.

10. FUTURE NEED

Chapter Summary

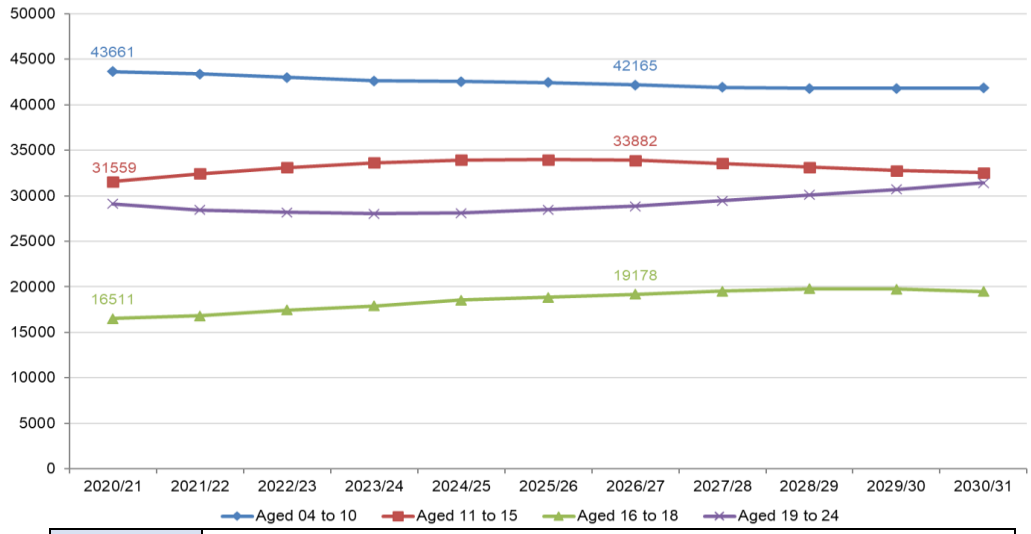
This table summarises the evidence on future need in East Sussex as outlined in the chapter.

FUTURE NEED IN EAST SUSSEX
SEND Population projections • The number of EHCPs for 4-24 year olds is expected to rise by 11.5% (420) by 2030/31 • The greatest increase in **number** of young people supported with EHCPs is expected in the 11-15 age group • Whilst smaller numbers than younger age groups, EHCPs among 19-24 year olds are expected to increase by a third, and among 16-18 year olds by 15% Type of need • the greatest **number** of children needing EHCPs will remain those with ASD: predicted to rise by 23% (345) by 2030/31 • the greatest **increase in need** by 2030/21 is expected in profound and multiple learning disabilities (30% rise, 37), and in social, emotional, mental health (SEMH) needs (29% rise, 233). • Decreases are expected in: specific learning disabilities; severe learning difficulty and SLCN • Rising ASD pupil numbers reflect increases in diagnosis and parental/professional awareness. • SEMH is increasing, but schools are reporting challenges meeting SEMH needs. • A sharp increase is expected in SEMH among 16-18 year olds, which is predicted to be the predominant need for this age group by 2030/31 Severity of need • The need for EHCPs for lower level needs is expected to increase by 10% by 2030/31, particularly for ASD (33% rise) and SEMH (49% rise). • The highest number of EHCPs for lower level needs are among 16-18 year olds • The need for EHCPs for more complex needs is expected to increase by 13% by 2030/31, particularly for ASD (28% rise, 130 additional plans) and SEMH (19% rise, 60 additional plans). • The highest number of EHCPs for more complex needs are among 11-15 year olds • There are markedly higher numbers of EHCPs forecast for SEMH needs in Hastings, and this is expected to remain the most prevalent need until ASD becomes more predominant by 2030/31 Identified priorities An analysis of the forecasts has identified three priorities to respond to increasing EHCP numbers and the need for specialist provision to provide more local provision while reducing high cost independent special school placements: 1. Specialist ASD primary facility provision in Hastings/Rother, Eastbourne and Peacehaven 2. Special school provision for PMLD needs in the north of the county, including nursery ages 3. Post-16 provision developments. 4. New special school provision in Wealden for a wide range of needs including ASD and SEMH.

Population Projections

ESCC Dwelling Led Population Projections (translated from mid-year to academic year estimates) are used forecast future numbers of children with SEND and project the numbers of children and young people in the general population in each age band (Figure 81).

Figure 81: Population projections for 4-24 year olds in East Sussex, 2014/15 to 2030/31



4-10	proxy for primary school year groups R-6
11-15	proxy for secondary school year groups 7-11
16-18	proxy for year groups 12-14
19-24	proxy for post school age young people

Source: Children's Services, ESCC

Forecast estimates show that between 2020/21 and 2030/31, the 4-24 population is expected to increase by 4,400. However, this varies according to age group. The largest numerical increase is expected in the 16-18 age group (3,000), with slightly smaller increases expected in 19-24 year olds (2,300) and 11-15 year olds (1,000). Conversely, there is an expected decline in the 4-10 population (-1,800) over the next decade.

Local SEND forecasting data

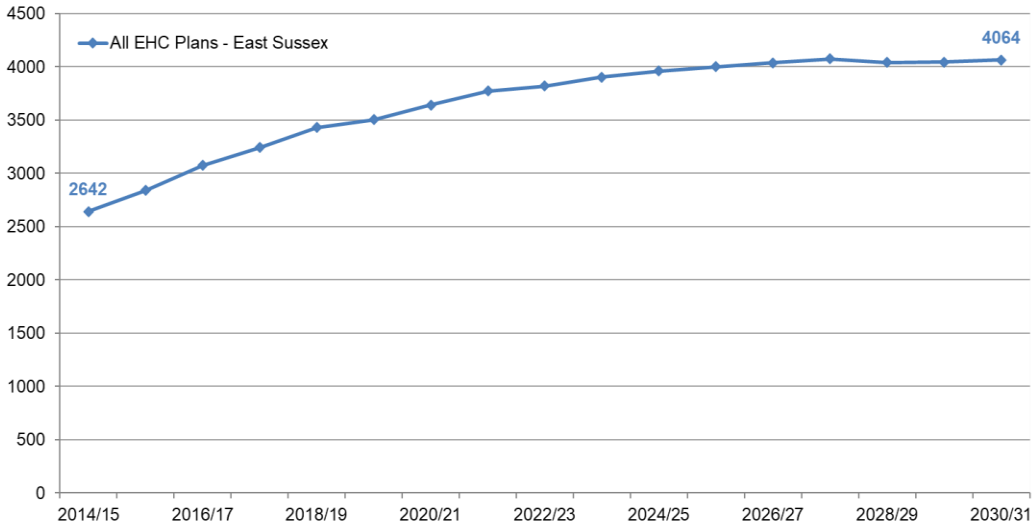
This section outlines forecasting based on local and national data and evidence indicating the service demand and need is likely to look like over the next 10 years. The main data source for this is SEND forecasting data. The Council's SEND forecasting model predicts future numbers of children with statements/EHCPs for SEND by age, severity band of EHCP and primary need. The SEND forecasts produced for the 2019/20 year accurately projected actual numbers within 2-3%.

Recent years have seen the overall numbers of children and young people with SEND rising quite steeply. There are a variety of reasons for this including parental demand, changes in SEND legislation, changes in organisational policy and changes in diagnostic practice. To allow for these recent trends, the forecasts take account of the average yearly change in the prevalence rates of SEND within the population over the past 5 years.

The forecasts are produced by ESCC's in-house SEND forecasting model. The starting point for the East Sussex model is the latest (January SEND Census) number of children with EHCPs, broken down by a categorisation of 11 Primary Need Types, Age band, and a Banding of Severity of Need from A (Low) to E (High). It should be noted that the modelling data for future need does not include consideration of the COVID-19 Pandemic as there is very little evidence of the impact on children and young people with SEND as yet.

Forecast estimates show that there is an expected annual increase in number of EHC Plans for 4-24 year olds living in East Sussex until 2027/28, when numbers are expected to flatten. Between 2020/21 and 2030/31, the number of young people needing ECH plans is predicted to increase by 420 young people (11.5%) (figure 82).

Figure 82: Forecast number of EHC plans for 4-24 year olds living in East Sussex

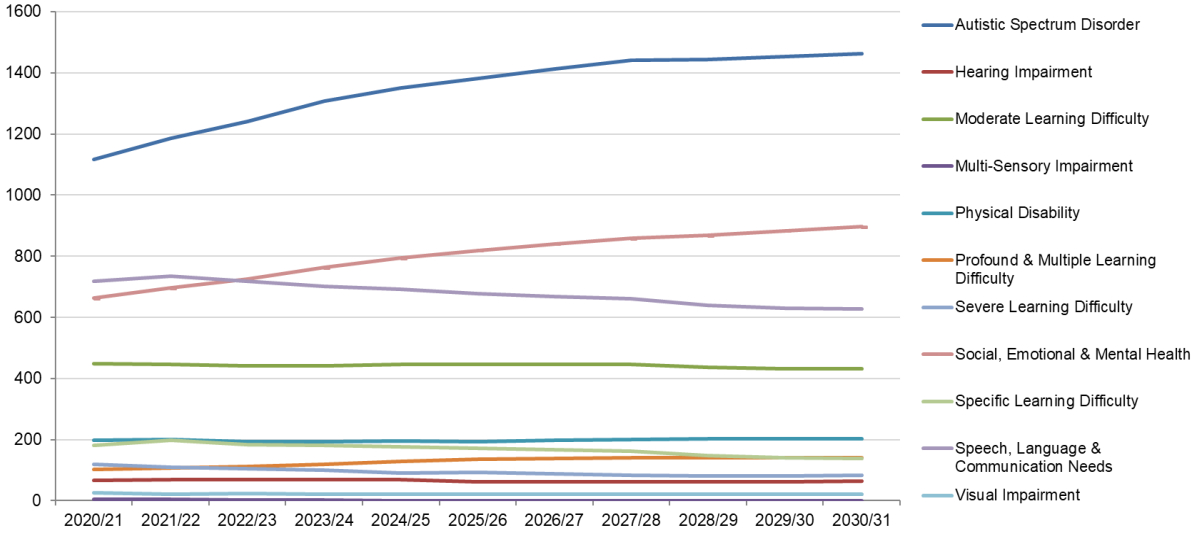


Source: Children's Services, ESCC

Forecast estimates show that, while the greatest **number** of children needing support will remain those with ASD (predicted to increase by 23% (345) by 2030/31), the greatest **increase in need** over the next 10 years is expected to be seen in profound and multiple learning disabilities (30% increase, 37 young people), and in social, emotional and mental health needs (29% increase, 233 young people) (figure 83). This is broadly replicated across the districts and boroughs.

Rising ASD pupil numbers reflect increases in diagnosis and an increase in parental and professional awareness of needs. There is a continuing increase in SEMH, and schools are reporting challenges in meeting these pupils' needs. Profound and Multiple Learning Difficulties (PMLD) pupil numbers, whilst rising, are much lower than other primary needs. Numbers in many other need groups are relatively stable. Fewer new plans are anticipated to be issued for SLCN as some of these children will be issued with a primary need of ASD instead. However, the numbers in existing cohorts moving through into Post 16 are predicted to keep overall SLCN numbers up in the shorter term. Conversely, there are expected decreases in those with specific learning disabilities (31% decrease: 44 people), with severe learning difficulty (25% decrease: 37 people), and with SLCN (14% decrease: 90 young people)

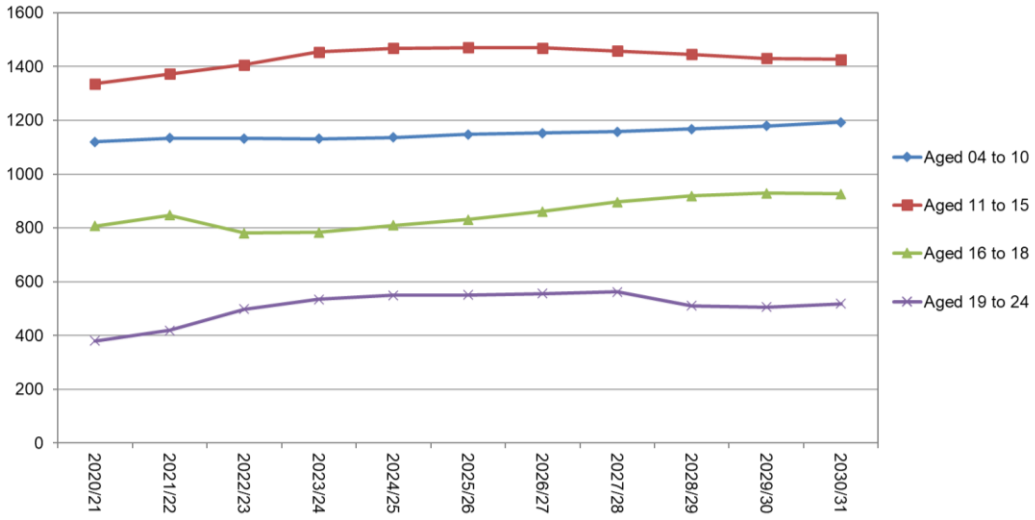
Figure 83: Forecast number of EHC plans for 4-24 year olds in East Sussex by primary need



Source: Children's Services, ESCC

Estimations suggest that the greatest **number** of children needing support is in the 11-15 age group, followed by 0-4 year olds, with EHCPs in these cohorts expected to increase by about 6% between 2020/21 and 2030/31. However, the **greatest proportional increase** is expected in the 19-24 age group which, while smaller numbers than the younger cohorts, is expected to increase by 36% between 2020/21 and 2030/31. The number of EHCPs among 16-18 year olds is predicted to rise by 15% over the same time period (figure 84).

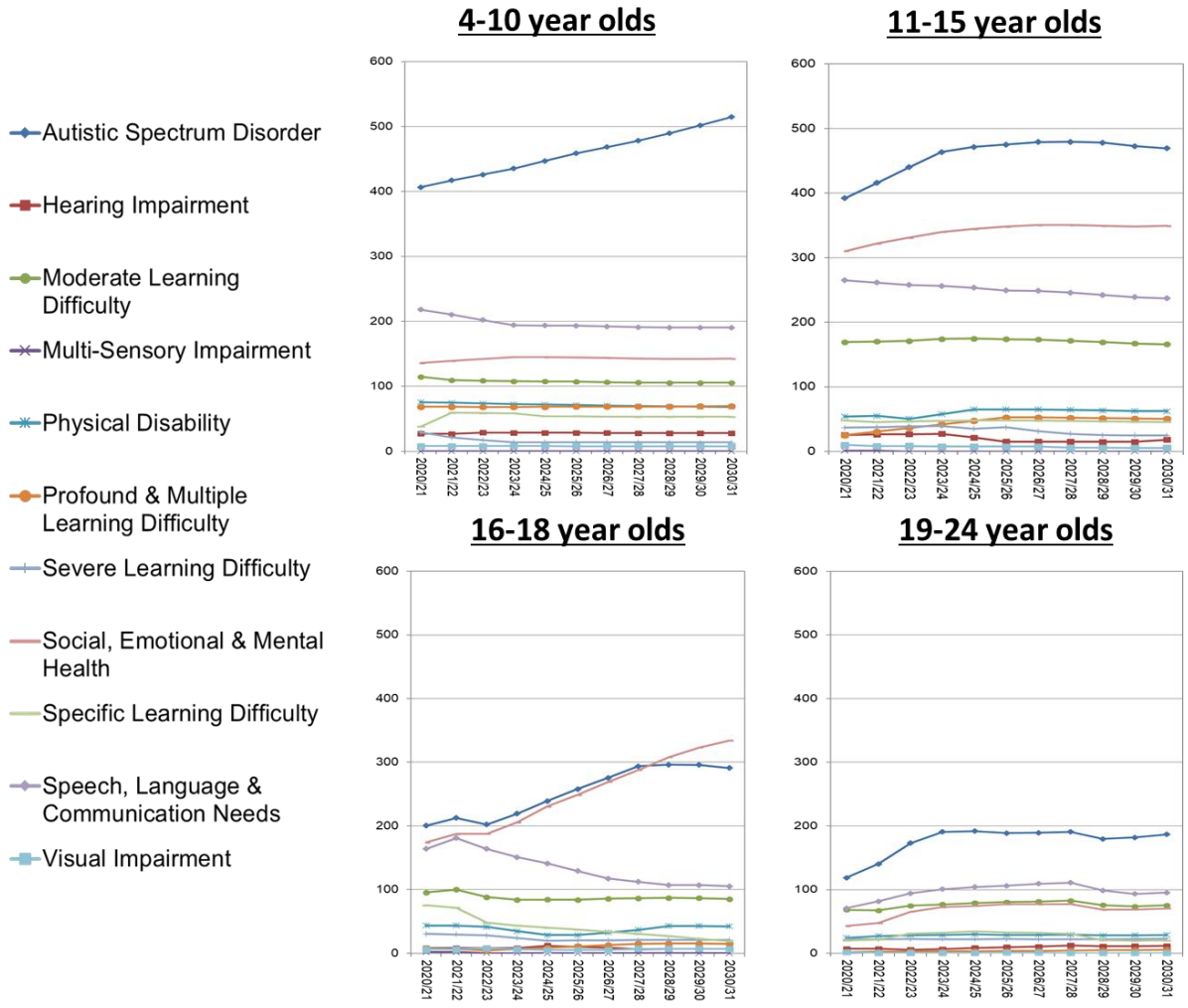
Figure 84: Forecast number of EHC plans for 4-24 year olds in East Sussex by age



Source: Children's Services, ESCC

Amongst all age groups, the greatest number of EHC plans is expected to remain for those with ASD, with the exception of 16-18 year olds where there is a sharp increase expected in those with social, emotional and mental health (SEMH) needs. SEMH is expected to become the most predominant need in this age group towards the end of this decade (figure 85).

Figure 85: Forecast number of EHC plans by age and primary need, 2020/21 to 2030/31



Source: Children's Services, ESCC

EHC Plans: severity of need

The ESCC forecasting model uses Need Bands in relation to severity of need, from A (Low) to E (High). Table 21 summarises the bands and the needs covered by each:

Table 20: SEND Severity of Need Bands used in forecasting

BAND	SEVERITY OF NEED
A	Mainstream school & FE Colleges (with a non-funded statutory plan)
B	Mainstream school & FE Colleges (with a high needs top-up funded statutory plan)
C	Mainstream school units & special facilities (with a high needs top-up funded statutory plan
D	Maintained special Schools and Special Academies (with a high needs top-up funded statutory plan)
E	Independent & Non-Maintained Special Schools and Specialist Post 16 Establishments (statutory plan in high cost agency placements funded by ESCC and OLA)

Source: Children's Services, ESCC

Band A-C

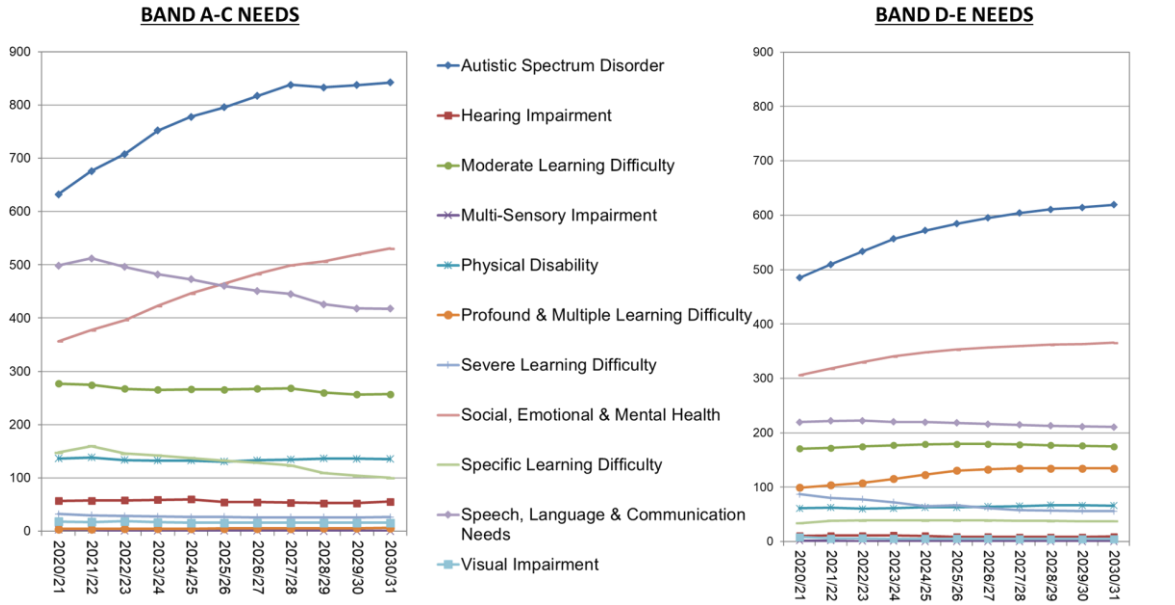
Between 2020/21 and 2030/31 there is expected to be a 10% increase (circa 200 plans) in EHC plans for needs in Bands A-C (lower level needs). Among those with needs in Bands A-C, there is an expected increase in Plans for Autism Spectrum Disorder (33% increase) and Social, Emotional and Mental Health needs (49% increase) while plans for speech, language and communication needs are expected to decrease, alongside a slight decrease in plans for

moderate learning difficulties (figure 85). The 19-24 age group is predicted to continue to have the lowest number of EHC plans for Band A-C needs yet is expected to have the greatest proportionate increase of all age groups (37%) between 2020/21 and 2030/31. The highest number of EHC plans for Band A-C needs is in the 16-18 age group, and this is expected to continue to be the case over the next 10 years.

Band D-E

There is expected to be a 13% increase in EHC plans for the more complex band D-E needs by 2030/31. While the greatest rise in number is expected for ASD (28%, 130 additional plans) and SEMH needs (19%, 60 additional plans), the greatest proportionate increase is predicted to be for Profound and Multiple Learning Difficulties (35 additional plans, a 36% increase). The greatest decrease is expected to be for severe learning disabilities. Across all districts and boroughs, the greatest need amongst those in Band D-E is for ASD, except in Hastings where there are markedly higher numbers of plans for SEMH needs than the other areas. This need in Hastings is predicted to continue to increase over the next 10 years and is expected to continue to be the highest complex need in the area until the end of the 2020's when ASD becomes the prevalent need. The highest number of EHC plans for Band D-E needs is in the 11-15 age group and this will continue to be the case over the next 10 years, with numbers of EHC plans rising across all age groups for more complex needs.

Figure 86: Forecast number of EHC Plans, Bands A-C and D-E



Source: Children's Services, ESCC

Future Needs

An analysis of the forecasts, alongside information on EHCPs being requested and placements made has informed the commissioning strategy for SEND place planning. This strategy is twofold: responding to the increase in pupils with EHCPs and requiring specialist provision; whilst also implementing the strategy of reducing the need for high cost independent special school placements. The following have been identified as priorities:

- Specialist ASD primary facility provision in Hastings/Rother, Eastbourne and Peacehaven
- Special school provision for PMLD needs in the north of the county, including nursery ages
- Post-16 provision developments.

11. CONCLUSIONS

This Needs Assessment has outlined that East Sussex has an extensive array of services in place to support children and young people with special educational needs and disabilities (SEND), and that there has been considerable activity to improve services over the last couple of years. The delivery of SEND provision at all levels is complex, and the demand to keep up with population changes and evolving needs presented by children, young people, parents and carers, is an ongoing challenge, one that looks to have been heightened by the COVID-19 pandemic. This needs assessment adds to and enhances the existing body of knowledge and growing evidence base that frontline practitioners, managers and commissioners of services can draw upon for East Sussex. This section provides an overview of the main findings of the needs assessment and what the evidence is telling us. From this evidence, recommendations have been drawn to inform SEND provision and policy going forward. These recommendations will inform the SEND strategy for East Sussex.

SEND population in East Sussex

Similarly to nationally, the populations of pupils with SEN support or an EHCP are increasing. While East Sussex has a lower proportion of students on SEN Support than comparative areas (nationally and nearest statistical neighbours), numbers are currently rising faster in East Sussex. Autism is the most common primary need for those with EHCPs and is the fastest growing need in terms of numbers. Compared to nationally, East Sussex has a higher SEMH and SLCN need amongst those with an EHCP, and fewer young people with severe learning difficulties. For those with SEN support, East Sussex has a significantly higher proportion supported for ASD, slightly higher SEMH and SLCN need and fewer pupils with moderate learning difficulties. East Sussex also has a slightly higher proportion of EHCPs for young adults (16-19 years) than nationally. Pupils with EHCPs are more likely to be in special schools and less likely in mainstream schools than comparative areas, with proportions in mainstream schools and academies currently declining.

Forecasts predict that the need for EHCPs will rise by over 11% by 2030/31. The greatest number of these, for both lower level and more complex needs, will continue to be for ASD and SEMH, although the greatest proportionate need will be for profound and multiple learning difficulties. While the number for this cohort is relatively low in comparison to other needs, the potential impact on service need could be significant. A sharp increase is expected to make SEMH the predominant need for 16-18 year olds with EHCPs by 2030/31.

Key identified inequalities

National evidence has identified that children and young people with SEND face multiple health and wellbeing inequalities compared to those without. Compared to children with no SEN, children and young people with SEN are more likely to:

- live in poverty and experience material deprivation,
- have higher rates of mental health issues,
- be excluded either permanently or for a fixed period from school,
- not be in education, employment or training (NEET),
- experience social exclusion and discrimination, and
- live in unsuitable housing.

There are also additional risk factors which influence the extent that these inequalities impact on health and wellbeing. For example, nationally, children with SEN are significantly over-represented in the population of Looked After Children (LAC) and Children in Need (CIN), with those on SEN support four times more likely to be LAC and those with an EHCP nine times more likely than those with no SEN. Children with disabilities are also the least likely of people of all ages who have a disability to be living in suitable accommodation and are more likely to be living in overcrowded conditions. Recent research has also identified children with SEN to have some of the greatest difficulties accessing outdoor/green space. Emerging evidence suggests that the effects of the COVID-19 pandemic are worsening existing inequalities and creating needs for children and young people not previously receiving support, particularly around mental health issues. These issues impact on both the mental and physical health of those caring for children with SEND. Carers are also more likely to experience poverty, isolation and impact of caring on employment.

Local evidence confirms that these identified inequalities are also visible in the population of children and young people with SEND in East Sussex. For example, there appears to be a correlation in the distribution of young people with SEN and areas of greatest deprivation in the county, and a higher proportion of SEN Support pupils eligible for free school meals than nationally, although a lower proportion of pupils on EHCPs eligible. Pupils with an EHCP are more likely to be NEET than those without, and indeed there is a higher proportion of 16-17 year olds with EHCPs known to be NEET than nationally. Similarly to nationally, a high proportion of children who are LAC have SEN, and in East Sussex this is a greater proportion than any of the comparative areas, with proportions of those who are LAC and have SEN support rising. Conversely Children in Need who have SEN are fewer than comparative areas. Children with SEND in East Sussex also have higher overall, unauthorised and persistent absence from school than nationally and our statistical neighbours, and are more likely to be excluded, particularly those on SEN Support, although in contrast to nationally, the proportion with fixed term exclusions is decreasing. Furthermore, one third of those assessed by the Youth Offending Team in East Sussex have been identified as having SEND.

Younger children with SEN support in East Sussex are academically more likely to achieve expected levels of attainment than comparator areas. However, from Key Stage 2 onwards, pupils with SEN Support achieve significantly lower attainment, with progress score at Key Stage 4 one of the lowest nationally, and a significantly lower proportion of post 16s with GCSEs or A-levels. The opposite is true for pupils with an EHCP. The gap in attainment for the pupils with and without an EHCP in early years and Key Stage 1 is increasing as attainment falls locally, yet a greater proportion are achieving expected levels at Key Stage 2, Key Stage 4 and in post 16 education than nationally. Progress is generally lower in East Sussex in writing and maths than nationally, with the biggest gap in attainment in writing.

Local SEND service provision

Nationally, assessment of service provision identified that the SEND system is overly complex with a lack of multi-agency working, a lack of funding, insufficient accountability for service providers and a lack of focus on early identification making services particularly difficult to access.[45] This needs assessment has highlighted that these barriers to support are also evident for some children, young people and their families across SEND provision in East Sussex. The following are the key findings:

Access to services can be difficult

There is a perception amongst some families that the current system of provision is complex and hard to navigate. Some parents report a lack of communication about available services and support to families, and there needs to be better communication and support for families to access SEND provision, particularly in schools. There needs to be clarity around referral processes and these need to be communicated to all settings/organisations and families who may be involved with a child with SEND.

Inconsistent joint-working means holistic support for all a child's needs is not always provided

Sometimes, services in East Sussex are not effectively joined up and are working in silo. Where this happens, this looks to be partly due to a lack of communication within and between services, especially between health and education, health and social care, and between child and adult services around transition into adulthood. There is also a perception of a lack of co-ordination and shared leadership between different service providers, such as the Council and specialist health services. This is impacting on the ability to have a joint understanding of, and effectively meet, a child's SEN needs and can lead to duplication in terms of assessment and reporting. It is hoped that the merging of the CCGs in East Sussex will improve joined-up commissioning structures across the county.

The use of different information systems is currently hindering joint working across and within education, health and social care. Within health there are a number of clinical platforms for health information, but these largely work in silo within different providers of health services. Within the local authority, it is hoped the introduction of Liquid Logic will begin to improve communication and consistency of data.

The voices of young people and their families are not being heard effectively and are not informing practice as much as they could be

Partnerships with parents and carers have been a priority in terms of service design in East Sussex over the last few years and there have been significant efforts to increase opportunities to engage children, young people and their families and carers and draw on their experiences and perspectives. This has included support for the new Parent Carer Forum. However, the needs assessment suggests these efforts have not yet produced the changes they seek, and the voices of those accessing SEND provision and support are not being heard or used as effectively as they could be in terms of co-design/ co-development of services. It is hoped that the significant engagement which has been a key component of this needs assessment is helping to strengthen the voice of young people and their parents and carers in influencing how SEND support is accessed, delivered and received.

There is a view amongst some parent/carers that the EHCP process of assessment and allocation is not working effectively or fairly

East Sussex has the third highest EHCP refusal rate in the country and a lower proportion of completed assessments resulting in an EHCP. Tribunal appeals against EHCP decisions are increasing, particularly regarding the EHCP assessment and decision process and requests for independent non-maintained special school placements. Of these appeals, the vast majority are concluded in favour of the family. Request for EHCPs are growing, particularly

those from parent carers. However, there appears to be a consensus within education settings and families that getting a referral for an EHCP is difficult, and if referred it is likely to be refused for the majority. In line with national views, the EHCP assessment and application processes are perceived to be too lengthy and complex, lacking honesty and transparency, and generally a huge struggle for those trying to navigate them. There is a strong view among families that the Council process itself presents a significant barrier to support.

Early Identification and intervention systems are not sufficient to pick up all needs for all children

Across both key stakeholders and parent carers there is consensus that there needs to be more resource and focus put into early intervention and prevention to address rising numbers of young people with lower level/behavioural needs and to prevent issues escalating to higher level needs or crisis. Schools in particular have a key role in early identification and intervention for children and young people with SEN. However, at present, they are not consistently equipped to do this, either in terms of knowledge and understanding of need, nor in terms of resource and service provision to intervene within the education setting. Evidence shows the importance of optimising early childhood development as part of early intervention.

Provision for pupils with SEND is inconsistent across schools

SEND provision is variable across schools, and parent/carers report there is inconsistent and often insufficient knowledge and understanding of SEN. There is a perceived lack of specialist staff and services, and a need for better SEN training particularly around ASD, ADHD, mental health and behavioural issues. This is illustrated by the inconsistent outcomes and progress in school, particularly for those on SEN Support where key stage 2 and key stage 4 attainment and progress in East Sussex is significantly below nationally. Improved SEN training and knowledge would mean that staff are better equipped to identify need, support pre-diagnosed need, and recognise lower level needs or needs that are masked in the classroom due to, for example, conditions such as autism. This increased knowledge and confidence in the workforce would support more inclusive and empathetic SEND provision within schools.

There are significant waiting times for many health services which impacts on severity of need

Children and young people often experience significant waits for assessment and the provision of services, and during these delays health and wellbeing is declining and need is increasing. This is particularly the case for those with SEND who need specialist mental health services (CAMHS), therapy and community paediatrics. A significant number of young people are waiting a year or more for assessment for CAMHS and are often referred multiple times as needs worsen. The wait for Community Paediatrics and CAMHS ASD/ADHD support is approximately two years, and while there is a pilot programme to reduce this waiting time for the longest waiters, the average waiting time for others on the list continues to grow. Emerging evidence suggests that the impact of the pandemic on service provision over the last year has not only increased the need for SEN services, but has vastly increased the waiting time for access.

High referral thresholds and criteria for health and respite services limit available support

High thresholds for services, which are increasing in the current difficult financial climate, mean that there is not sufficient support for children whose needs do not meet these criteria. In East Sussex this is particularly evident for those with mental health needs, those with lower level needs, and those with neuro-developmental disorders such as ASD and ADHD who also have mental health issues and are not eligible for CAMHS services. High thresholds are also a barrier for accessing vital respite and short break services for families, with the additional impact of the closure and lack of after school and holiday clubs meaning that social opportunities for young people have been lost alongside parent carer respite.

There is not enough capacity within the current system to meet need

There are several reported examples of capacity not meeting demand through the current system of SEND provision. In addition to significant waits for assessment and treatment, some services are also seeing more demand than they can meet. Community paediatrics for example have 50% more children and young people on their caseload than there is staffing capacity for. There are also rapidly increasing referrals into services such as CLASS, and requests for therapy needs assessments are growing, particularly for SALT and OT, where provision is seen to be limited in length and lacking capacity to meet need. Reported reductions in provision also have had a detrimental impact on families, including reduced services offers in schools, in mental health services, and for respite/short breaks.

National funding issues look to be affecting SEND provision

National evidence suggests that over the last decade there has been insufficient funding provided to Local Authorities to meet the increasing demand and complexity of need, which has affected provision for majority of local authorities. Evidence in the needs assessment suggests that while high-needs block funding is increasing in 2021/22 compared to last year, the system as a whole does not have sufficient resource to meet growing demand. This is an issue for both lower level and more complex needs and will continue to be an issue with predicted rises in EHCPs potentially increasing the need for more specialist placements and provision. This highlights the importance of ensuring that the SEND commissioning strategy fulfils the local objectives of being coordinated, strategic and transparent to enable affordable, high quality and local provision to meet need both now and in coming years.

There are gaps in SEND provision for specific needs

Gaps in provision identified by both service providers/stakeholders and parent carers include a need for significant improvements in child mental health provision; support for ASD particularly for girls, those who do not have learning disabilities, and those who also have mental health issues; support for those with lower level needs who do not meet service thresholds; greater recognition of dyslexia needs; and support for families and carers less able to navigate and access SEND provision.

Identified assets

This needs assessment has identified a number of assets, such as services or ways of delivering support that are working particularly well or effectively to meet the complex range of needs of young people with SEND in East Sussex. The main assets identified are:

- The introduction of the ISEND Front Door referral process has improved access to SEND provision
- There has recently been work to improve joint commissioning/multi-agency working. Where this is working it is a key strength of the current approach to provision.
- ISEND Communication Learning and Autism Support Service (CLASS) – referrals have doubled since 2017/18 and the service has been identified as working well to support needs and working closely with families. CLASS is also valued by service providers for support in upskilling and sharing autism knowledge.
- Support from the CVS, and in particular from AMAZE SENDIASS is particularly valued by stakeholders and families alike for information, support and advice.
- Membership is continuing to grow for the East Sussex Parent Carers Forum.
- When it can be accessed, the CAMHS Family Intensive Support Service is named by both providers and parent carers as a highly valued service. However, it is noted that demand is higher than capacity.
- Creation of the joint SEND dashboard makes available a more consistent and comprehensive insight into SEND provision and service use in East Sussex.

12. RECOMMENDATIONS

The response to the challenges and recommendations set out in this report require a whole system response, involving continued work to improve multi-disciplinary and agency working, transparency in provision and process, working more closely with children and families, particularly in service design and delivery, and proactively approaching delivery of the changes needed. Key recommendations from this needs assessment are:

Strategic recommendations

1. **Continue to embed co-production at a strategic commissioning level.** Coproduction includes improved communication and integration of pathways, processes and governance between education, health and social care to ensure holistic provision.
2. **Further build on recent efforts to increase opportunities to engage children, young people and their families** to ensure their voices are being heard effectively in the co-design/co-development of provision. This should include continued support for and close working with the new East Sussex Parent Carer Forum and systems for collecting and responding to the voice of children and young people with a wide range of SEND.
3. **Address identified issues relating to parent/carer experience, and communication of, current EHCP processes to make them more accessible, transparent and less complex to navigate**. This should include addressing the view amongst some parent/carers that an EHCP is the only route to support, as well as ensuring that the information on the Local Offer and communications from Assessment and Planning and SENDIASS are clear and support parent/carers through the process. The outcome should be that council criteria, processes and systems are no longer perceived as a barrier to support.
4. **Co-produce a consistent and overarching strategy for communication with children and parents' carers for all SEND services.** This should be developed in cooperation with children and parent carers and should include mechanisms to ensure there is awareness about the range of services and support available, and that feedback and suggestions are gathered centrally and used to inform delivery.
5. **Increase investment in prevention, early identification and intervention**, with a particular focus on strengthening school-based knowledge and resource. This could include expansion of the work of the ISEND SEN Practice and Standards team with schools to ensure support services are accessed. Prevention and early intervention should be embedded throughout SEND provision and practice to prevent escalation of need or needs being unsupported.
6. **Strengthen provision of universal services** to reflect the increasing volumes and complexity of lower level needs that do not meet current service thresholds. This should also ensure that there is sufficient support for those who are awaiting assessment.
7. **As a priority, improve processes and capacity of services with the longest waiting times for assessment and treatment, including Autism.** This includes Community Paediatrics, CAMHS and CITES. Ensure that addressing delays for those who have been waiting longest does not impact on overall waiting times.
8. **Improve access to, and increase provision for mental health support**, to address the increasing mental health needs of young people with SEND. This should also involve working with adult social care to improve access to mental health support for carers.
9. **Identify ways to support schools, colleges and education settings to narrow the gap**

between academic achievement of early years/KS1 children with EHCPs against both local and national comparators, and of children receiving SEN support at KS2 and above and their peers.

10. **Strengthen SEND support at key transition points in educational phases** – reception intake, secondary transfer, and transition to adulthood to ensure needs are being met and children are being prepared for adulthood.
11. **Review exclusions policies and practice** to reduce the number of exclusions. Ensure that schools are equipped to best support SEND children with behavioural needs and to address the high proportion of exclusions for those on SEN Support.

Operational recommendations

12. **Continue work to embed coproduction throughout the SEND system at an operational level.** All parent/carers should experience that the voices of children and their families are at the heart of service planning and delivery.
13. **Review local joint operational working to ensure families consistently experience a smooth pathway through services**. Services should be consistently joined up from the early stages through seamless pathways and effective information sharing agreements.
14. **Increase local capacity in special schools and for consistency of specialist provision** in mainstream primary and secondary schools.
15. **Ensure clarity of referral criteria and thresholds** for professionals and families.
16. **Continue to improve the SEND training offer in schools**, particularly around behavioural issues, neuro-developmental issues and mental health.
17. **Improve access to respite and after school/holiday clubs** which are becoming increasingly important elements of support for children and families, particularly due to the ongoing impact of the pandemic on families and timely access to service provision.
18. **Improve access to provision for children with ASD and coexisting mental health needs.**

Data and information recommendations

19. **Ensure that information and data management is coordinated, and single systems used as far as possible.** This is to ensure current issues are addressed which are being caused by multiple information platforms across and within health, education and social care.
20. **Consider how the variety of a child/young person's needs are recorded on Liquid Logic** to allow further profiling and analysis on the co-occurrence of needs. This could inform improvements in service accessibility for those with comorbidities, specifically mental health issues.
21. **Make recording of SEND status standard practice for CAMHS assessment/ reporting.**

Glossary of Abbreviations

ADHD	attention deficit hyperactivity disorder
ASC	autistic spectrum condition
ASD	autistic spectrum disorder
BAME	Black and Minority Ethnic group
CQC	Care Quality Commission
CAMHS	Child and Adolescent Mental Health Services
CIN	Child in Need
CAWS	Children and Adults Wheelchair service
CYP	Children and Young People
CITES	Children's Integrated Therapies and Equipment Service
CDS	Children's Disability Service
CCG	Clinical Commissioning Group
CLASS	Communication Learning and Autism Support Service
CP	Community Paediatrics
CC	Continuing Care
CHC	Continuing Health Care
DSG	Dedicated Schools Grant
DfE	Department for Education
DHSC	Department of Health and Social Care
DCO	Designated Clinical Officer
DMO	Designated Medical Officer
DCD	Developmental Coordination Disorder
DP	Direct Payment
EYFSP	Early years Foundation Stage Profiles
EYS	Early Years' Service
ESCC	East Sussex County Council
ESHT	East Sussex Healthcare NHS Trust
ESPCF	East Sussex Parent Carer Forum
ESFA	Education and Skills Funding Agency
EHCP	Education Health Care Plan
ESBAS	Education Support Behaviour and Attendance Service
EHCNA	Education, Health and Care Needs Assessment
EP	Educational Psychologist
EPS	Educational Psychology Service
EHE	Electively Home Educated
EAL	English as an additional language
EALS	English as an Additional Language Service
FASD	Foetal alcohol spectrum disorders
FTE	Fixed Term Exclusion
FAS	Foetal Alcohol Syndrome
FSM	free school meals
FE	Further Education

GLD	Global learning delay
GLD	Good Level of Development
HI	hearing impaired
HE	Higher Education
ISEND	Inclusion, Special Educational Needs and Disabilities
IDACI	Income Deprivation Affecting Children Index
JSNA	Joint Strategic Needs Assessment
KCHFT	Kent Community Health NHS Foundation Trusts
LA	Local Authority
LAC	Looked After Children
LSOA	Lower Layer Super Output Area
MHEW	Mental Health and Emotional Wellbeing
MLD	MLD moderate learning difficulty
MSI	Multi-sensory impairment
NT	National Trial
NEET	not in education, employment or training
OT	occupational therapist
PDA	pathological demand avoidance
PEX	Permanent exclusion
PHB	Personal Healthcare Budget
PD	Physical Disability
PMLD	profound and multiple learning difficulties
PRU	Pupil Referral Unit
RTA	Refusal to Assess
RTI	Refusal to Issue
SEND IASS	SEND Information Advice and Support Service
SNS	Sensory Needs Service
SPDs	sensory processing disorders
SLD	Severe Learning Difficulty
SEMH	Social Emotional and Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SENCo	Special Educational Needs Coordinator
SpLD	specific learning difficulty
SALT	Speech and Language Therapist
SLCN	Speech, language and communication needs
SPFT	Sussex Partnership NHS Foundation Trust
TLP	Teaching and Learning Provision
VI	Visually Impaired
VCS	Voluntary Community Sector
WTE	Whole Time equivalent
YOT	Youth Offending Team

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