

# Health Needs Assessment of Children with Special Educational Needs and Disability (SEND)

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# 1 Introduction & Definitions

## 1.1 Introduction

This JSNA chapter aims to articulate key data on children and young people (aged 0 to 25) with Special Educational Needs and Disabilities (SEN) with the view to better understanding the inequities of health and social care outcomes and utilisation services. Detail on educational outcomes are not included in this needs assessment despite education settings and educational outcomes being a key protective factor and site of significant intervention for children and young people with SEN. These are largely contained within the SEN Strategy.

This chapter builds on 'Working Together Improving Outcomes: Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities'<sup>1</sup> which provides detailed analysis of the population of children with SEN and disabilities and aspirations at improving their education and health outcomes from 2017-2019.

## 1.2 Definitions of Children and Young people with SEN and with Disabilities

### 1.2.1 Definitions of SEN

According to the SEN Code of Practice<sup>2</sup>, children and young people have a special educational needs (SEN) when a they have a learning difficulty or disability which calls for additional educational provision to be made for him or her.

For those children and young people of compulsory school age this means that they will have '*a significantly greater difficulty in learning than the majority of others of the same age, or a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions*' (2015 15). As a result of their needs children and young people who are SEN will be in receipt of educational provision which is more intense or different from that provided to other children and young people of their age.

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<sup>1</sup> KCC (2017) 'Working Together Improving Outcomes: Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities' <https://www.kent.gov.uk/education-and-children/special-educational-needs/send-strategy/strategy-for-children-with-special-educational-needs-and-disabilities> Accessed 06/09/18

<sup>2</sup> DH and DoE (2014) 'Special Educational Needs and Disability Code of Practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities' [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEN\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEN_Code_of_Practice_January_2015.pdf) Accessed 06/09/18



Those children under compulsory school age will have special educational needs if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was available.

Educational and Health Care Plans (EHCPs) were introduced in September 2014 and provide an integrated plan of care for children who are assessed as needing more support than can be provided through SEN support in schools and this would include accessing Special School provision. EHCPs replaced statements in a phased approach. Therefore, national data still includes counts of statements.

Children and young people who have SEN and receive SEN support in schools or integrated care through an EHCP will have a wide range of needs. These described in the primary and secondary needs types recorded in the school census<sup>3</sup>. These need types include Speech Language Communication, Social and Emotional and Mental Health Needs, Learning, Physical and Neurodevelopmental Disability and Sensory Impairments. The full list of SEN types is provided in Appendix A.

### 1.2.2 SEN and Social Emotional and Mental Health Needs

SEN will also include children and young people with a behavioural or emotional mental health need. Advice to schools on children and young people's mental health and behaviour provided by the Department of Education says 'A wide range of mental health problems might require special provision to be made. These could manifest as difficulties such as problems of mood (anxiety or depression), problems of conduct (oppositional problems and more severe conduct problems including aggression), self-harming, substance abuse, eating disorders or physical symptoms that are medically unexplained. Some children and young people may have other recognised disorders such as attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), attachment disorder, autism or pervasive developmental disorder, an anxiety disorder, a disruptive disorder or, rarely, schizophrenia or bipolar disorder'<sup>4</sup>

### 1.2.3 SEN and Disability as defined under the Equality Act 2010

Therefore, there is a significant overlap between children and young people with SEN and those with a disability defined under the Equality Act 2010 – that is '...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'<sup>5</sup>.

<sup>3</sup> The school census is a statutory census that takes place during the autumn, spring and summer terms. More information can be found at <https://www.gov.uk/guidance/school-census>

<sup>4</sup> DoE (2018) 'Mental health and behaviour in schools' [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508847/Mental\\_Health\\_and\\_Behaviour\\_-\\_advice\\_for\\_Schools\\_160316.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf) Accessed 06/09/18 Page 17

<sup>5</sup> <https://www.gov.uk/definition-of-disability-under-equality-act-2010> Accessed 06/09/18

The SEN code of practice notes that in the Equality Act definition ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. It also makes reference to long-term health conditions such as asthma, diabetes, epilepsy, and cancer but clarifies that children with these health needs may not be understood as having SEN <sup>6</sup> .

### 1.3 Measurement of the Prevalence and Needs of children and young people with SEN and Disabilities

The current sources of data to inform prevalence and the needs of children and young people with SEN and disabilities are:

- Synthetic estimates
- School Census
- Kent Integrated Dataset (KID)
- KCC Integrated Children and Young People’s Dataset 2017-18 (ICYPD) which includes the school census data and data from Early Help and Prevention and Specialist Children’s Services
- Disability Register
- KCC SEN Database

Synthetic estimates are derived from research and applied to the Kent population of children and young people. Synthetic estimates can, but do not usually, include modelling which takes into wider social determinants.

The school census and the ICYPD includes SEN status and whether the child or young person has an EHCP. It records the primary need of the child and young person by SEN type.

The health status of children and young people with SEN can also be recorded by GPs. For those children who are registered with GPs in Kent, this data will be recorded in the Kent Integrated Dataset. It is not clear whether children and young people’s SEN status or whether they have an EHC plan is systematically recorded by GPs. Inquiries into KID for the purposes of this needs assessment suggest that they are not. This means that linking of the School Census which records SEN status into the KID is a critical next step, as it would allow an understanding the health and health service utilisation of this group of children and young people.

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<sup>6</sup> Ibid page 16

## 2 Strategic Context

### 2.1 Strategic Context in Kent

#### 2.1.1 Kent SEN Strategy

Kent's Strategy for Children and Young People with SEN and Disabilities 2017-2019<sup>7</sup> has the following priorities

1. Improve the progress rates and attainment outcomes for all children and young people with SEN and those who are disabled, so that we close the achievement gap between them and other children and achieve outcomes which are above national expectations for similar pupils. To achieve this improvement, it will be essential to increase school attendance for SEN learners and ensure they are not excluded from school.
2. Improve provision for, and easy access to, appropriate local services in childcare, education, care and health in order that more families can care for their children in their home and fewer children are educated out of their local area or out of the county. This includes delivering the additional places in Special Schools, new Free Schools and Specialist Resourced Provisions as set out in this Strategy.
3. Develop the quality and capacity of early years providers, schools and colleges, in order to meet the needs of local families and their children with SEN and disability, especially in supporting learners with autism and speech and language needs. We will ensure the necessary training, advice and support is provided to increase capacity in meeting these needs.
4. Ensure there is effective use of High Needs<sup>8</sup> funding in delivering the kinds of support and interventions for learners that impact successfully on improving their progress and attainment. As part of this we will carry out a review of High Needs funding in mainstream schools and colleges to identify the most effective practices and to achieve the best value from the available resources.
5. Develop the broadest range of providers to increase parental choice and offer provision which offers a flexible match to the needs of children and young people. We aim to have

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<sup>7</sup> KCC (2017) 'Working Together Improving Outcomes: Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities' <https://www.kent.gov.uk/education-and-children/special-educational-needs/send-strategy/strategy-for-children-with-special-educational-needs-and-disabilities> Accessed 06/09/18

<sup>8</sup> High Needs Funding The high needs funding system supports provision for children and young people with special educational needs and disabilities (SEND) from their early years to age 25, enabling both local authorities and institutions to meet their statutory duties under the Children and Families Act 2014. More information can be found at <https://www.gov.uk/government/publications/high-needs-funding-arrangements-2019-to-2020>

a continuum of provision across mainstream and special education, colleges, training and care providers, so that the needs of all children and young people in Kent can be met locally. We expect this to result in less need for extended journeys and reduced costs for SEN transport.

6. Improve transition planning at age 14 and, in partnership with schools and colleges, develop a wider range of learning options and pathways post 16 that cater well for the needs of SEN students, including high quality work experience and support for traineeships and apprenticeships. In this way we expect to see a significant reduction in the numbers of SEN learners who are NEET.
7. Build parents' confidence in the support provided and improve the engagement of parents by providing them with timely information, advice and support, and a high-quality statutory assessment process which delivers to timescales. It is a priority to ensure that children and young people with SEN, and their parents and carers, are involved in decision making at every stage of the process.
8. Deliver the whole life pathway for disabled children and young people, and their families, so that they receive more integrated support especially as they transition to early adulthood. We aim to ensure disabled children and families have timely access to appropriate community equipment and wheelchair services to meet their current and future needs. Where it is helpful, we also aim to build on personal budgets for social care making available personal budgets for education to families when it will improve independence and choice.
9. Deliver greater local integration and co-ordination of education, health and care services and plans for children and families in Kent ensuring this is extended to young people aged 25 where it is appropriate and promote positive and seamless transitions at all stages between the ages of 0-25.
10. Develop new outcome focused approaches to joint commissioning and integrated working that promote early intervention and prevention whilst also ensuring that KCC and NHS Clinical Commissioning Groups meet their new statutory duties linked to the provision of services within the Education Health and Care Plan.
11. Develop innovative approaches to addressing gaps in services through joint commissioning and using evidence-based practice and research to improve the quality and availability of provision 0-25, with good transition to adult services.
12. Ensure the provision of high-quality specialist services as appropriate and necessary, such as educational psychology, speech and language therapy and child and adolescent emotional and mental health support. We want the most medically vulnerable pupils

with complex health conditions to have timely access to specialist nursing in schools and care settings working alongside school staff trained to respond to their medical needs.

13. Ensure we embed a culture of evaluating the impact of what we do, that the outcomes for children and young people are regularly reviewed and we monitor and invite feedback on parents' experiences of schools and systems.
14. Improve the effective and efficient use of our resources to meet increasing demand and remove perverse incentives so that costs do not escalate.

### **2.1.2 Transformation of Children, Young People and Young Adults Mental Health Provision**

The Transformation of Children, Young People and Young Adults Mental Health Provision is an NHSE led multi agency programme aimed at implementing the ambitions of Five Year Forward for Mental Health.

The programme is articulated in an annual plan which can be accessed at [https://www.kent.gov.uk/\\_data/assets/pdf\\_file/0008/63818/Transforming-health-and-social-care-in-Kent-and-Medway.pdf](https://www.kent.gov.uk/_data/assets/pdf_file/0008/63818/Transforming-health-and-social-care-in-Kent-and-Medway.pdf)

The 2018/19 version includes a focus on children and young people with neurodevelopmental disorders and children and young people with disabilities.

## **3 Prevalence of Special Educational Need and Disability (SEN) in Kent**

### **3.1 Introduction**

The prevalence of SEN overall is taken from the School Census. Children and young people who have SEN are identified in the school census as either receiving SEN support or having an Education and Health Care Plan (EHCP).

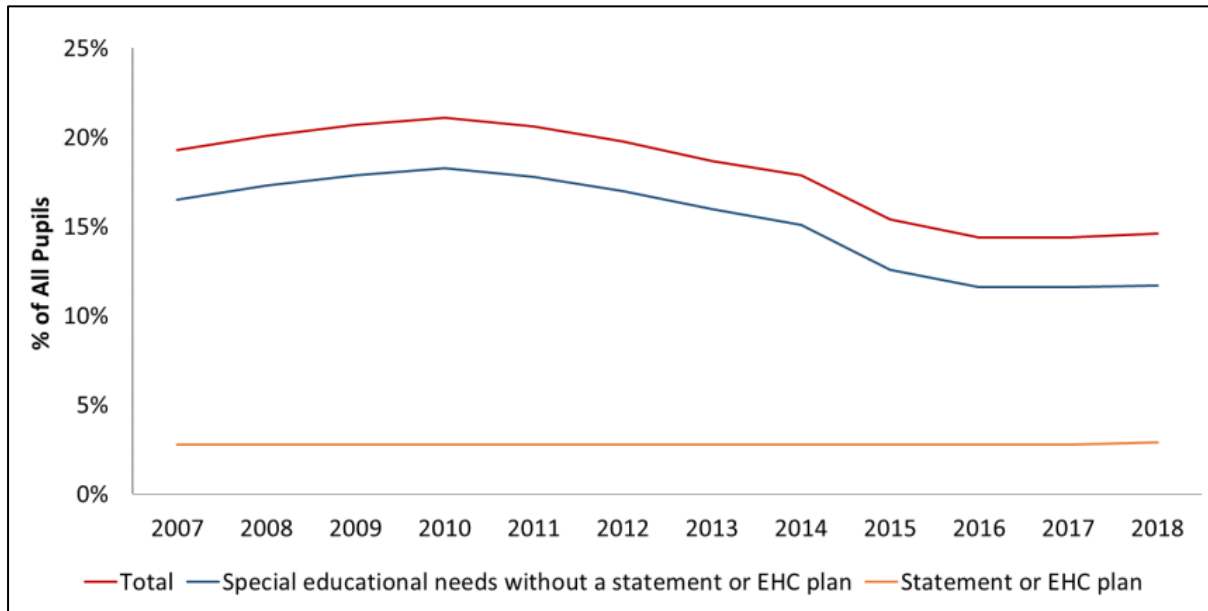
Additional detailed analysis of the ICYPD has been undertaken of SEN children in Year R – 11, at the end of January 2017. This includes pupils missing education and pupils educated at home. This linked data set includes the school census as well as datasets from Educational and Young People's Services (EYPS) and Specialist Children's Services (SCS). The datasets from EYPS and SCS reported on all activity during the academic year September 2016 to August 2017.

National data also include children who are on statements.

## 3.2 Prevalence

### 3.2.1 National Prevalence of Children and Young People with SEN

Figure 1 shows the percentage of Children and Young People who are SEN in England from 2007 to 2018



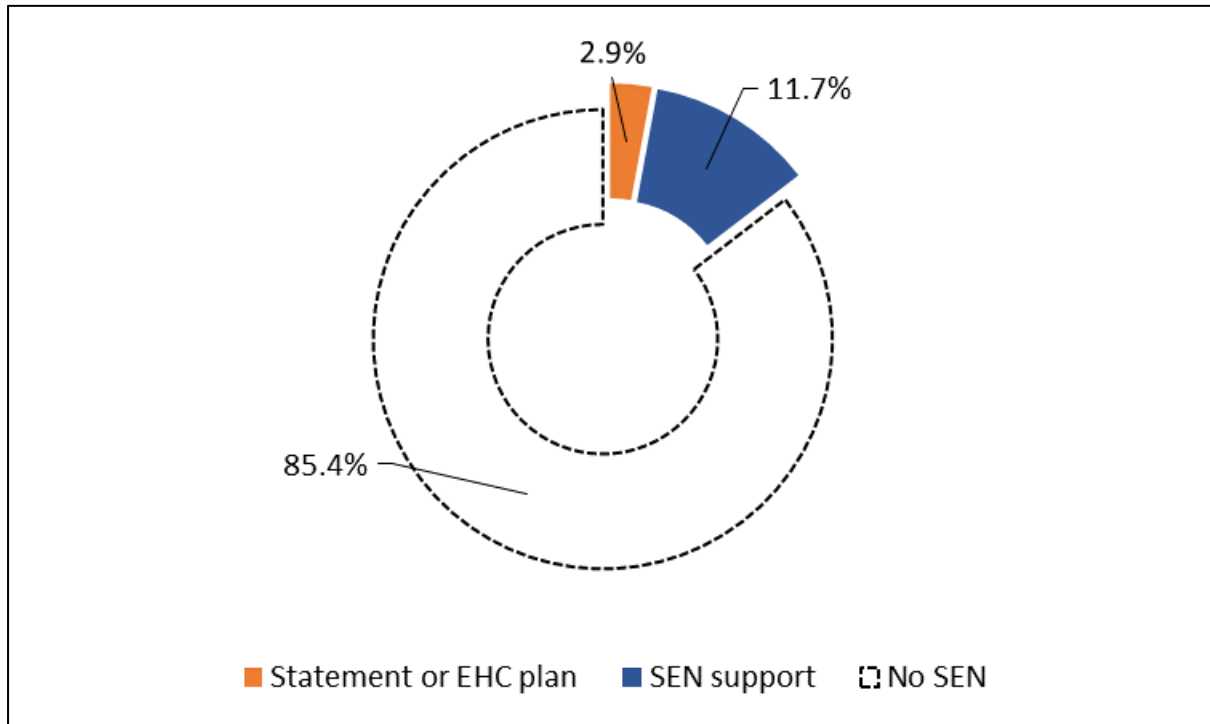
Source: DoE 2018

Despite a fall in the number of children and young people with SEN from 2010 to 2016 in England, the number in England has increased for a second consecutive year from 1,244,255 in January 2017 to 1,276,215 in January 2018, an increase from 14.4% to 14.6% of pupils<sup>9</sup>.

<sup>9</sup> DofE ( 2018) 'Special educational needs in England: January 2018'  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729208/SEN\\_2018\\_Text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729208/SEN_2018_Text.pdf) Accessed 1/08/18

### 3.2.2 National Prevalence of Children and Young People with EHCP

Figure 2 shows the % of Children and Young People in England with a Statement or EHCP, with SEN support and with no SEN in January 2018



Source: DoE 2018

In England, 253,680 pupils have a statement of SEN or an EHCP. This is an increase of 11,495 since January 2017, from 2.8% of the total pupil population to 2.9%.

A further 1,022,535 pupils receive SEN support. This is equal to 11.7% of the total pupil population, an increase from 11.6% in January 2017 (DoE, 2018).

### 3.2.3 Kent Prevalence of Children and Young People with SEN

In Kent, in 2018, 28,787 children and young people have SEN, 12.4 % of children and young people. This is a significant reduction since 2014. The % is now below that of the England and South East benchmark.

Table 1 shows the Count and % of Children and Young People who have SEN from 2014-2018 compared to the South East and the England Value.

Period		Count	Value	Lower CI	Upper CI	South East	England
2014	●	44,642	18.7	18.6	18.9	18.0	17.9
2015	●	34,246	14.2	14.1	14.3	15.2*	15.4*
2016	●	27,918	12.4	12.3	12.6	13.9	14.3
2017	●	26,879	11.8	11.6	11.9	13.8	14.3
2018	●	28,767	12.4	12.3	12.6	14.1	14.4

Source: Department for Education special educational needs statistics  
<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

**Finding: The reasons for the reduction of children and young people with SEN in Kent compared to England requires some additional explanation.**

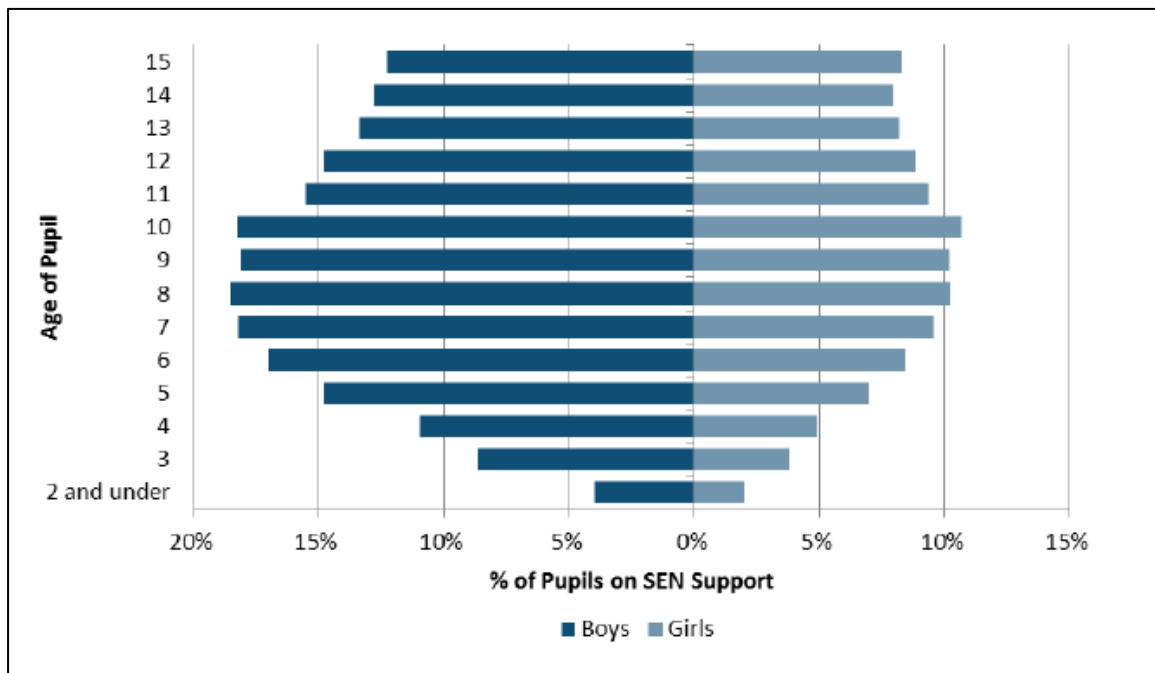
**Finding: The number and percentage of children and young people with SEN in Kent has declined since 2014. The percentage of children and young people in Kent (12.4) in 2018 is lower than the England (14.4) and South East (14.1) value.**

Of the 205,677 pupils in Year R to Year 11, included in the Kent school census in 2016, 19,333 were recorded as receiving SEN support, which is 9.4% of all pupils, and 5,837 were recorded as having an EHCP, which is 2.8% of all Kent pupils.



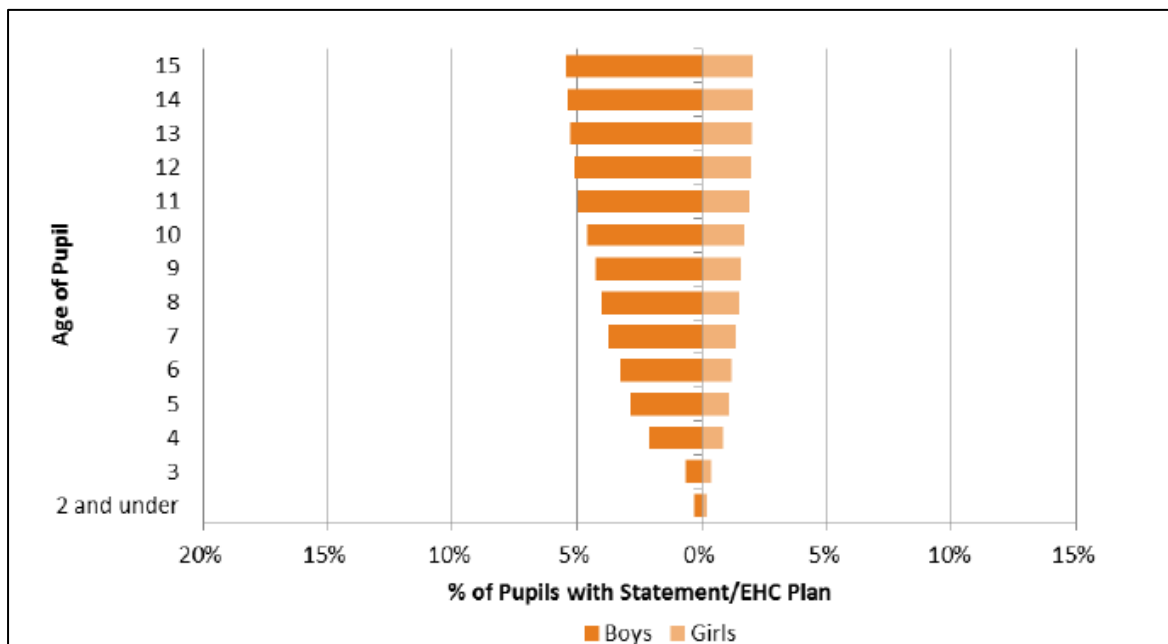
### 3.2.4 Age and Gender of Children and Young People with SEN in England in January 2018

Figure 3 shows the age and gender of children and young people with SEN support in England in January 2018



Source: DoE 2018

Figure 4 shows the age and gender of children and young people with statement or an EHCP in England in January 2018



Source: DoE 2018

In England, SEN support is more prevalent in boys than girls, 14.7% of boys were on SEN support in January 2018 compared to 8.2% of girls. There is little change from January 2017 when 14.6% of boys and 8.1% of girls were on SEN support.

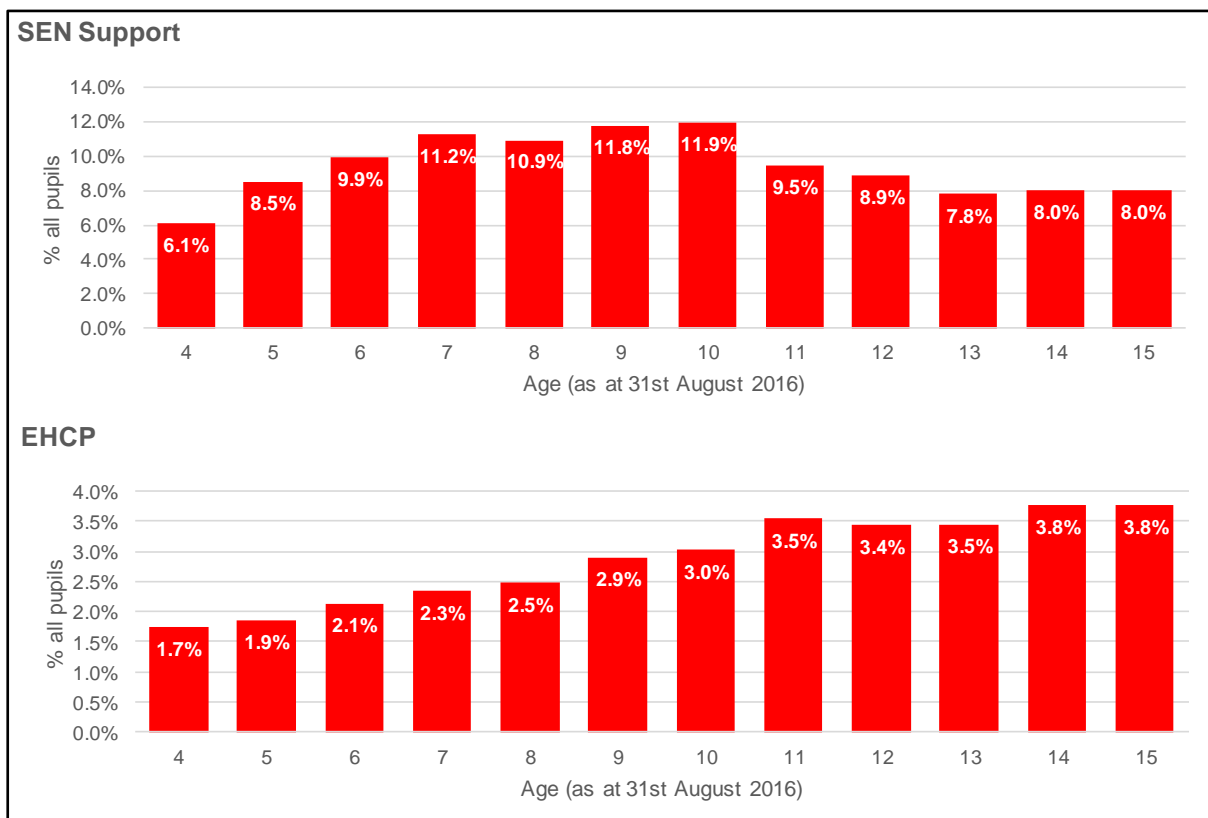
In England, 4.2% of boys had a statement or EHC plan in January 2018, an increase from 4.0% in January 2017. 1.6% of girls had a statement or EHC plan in January 2018, unchanged from January 2017.

In England, SEN support is most prevalent among 10-year-olds (14.6% of pupils). This is consistent with previous years. This reduces to 12.5% for 11-year-olds and continues to decline as age increases.

As age increases, the percentage of pupils with Statements or EHC plans increases, up to age 15, where 3.8% of pupils have a statement or EHC plan (DoE 2018).

### 3.2.5 Age of Pupils in with SEN in Kent

Figure 5 shows the Age of Pupils in Year R to 11 Receiving SEN Support or with an EHCP in Kent in August 2016

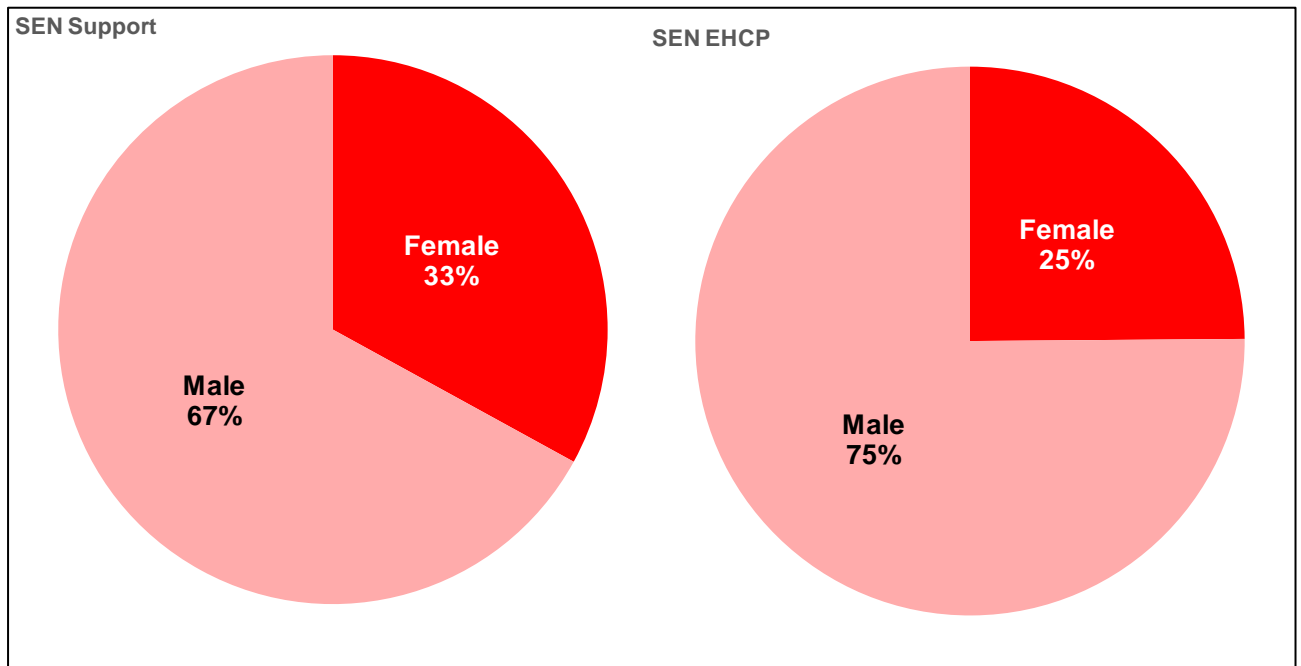


Source: ICYPD 2018

Figure 5 shows that the percentage of pupils receiving SEN support increases in primary age to 11.9% at age 10 before reducing at age 11, stabilising at around 8% from 13 to 15 years of age. The percentage of pupils with an EHCP increases from age 4 to 3.8% at age 15.

**Finding: The prevalence of SEN support amongst pupils in Kent peaks at age 10. This is consistent with the age profile of pupils with SEN in England. The fall in the prevalence of SEN support at 11 may be attributed to the lack of SEN support in secondary settings rather than a resolution of the young person’s needs.**

Figure 6 shows the Gender of Pupils in Year R to 11 Receiving SEN Support or a EHCP in Kent in January 2017



Source: ICYPD 2018

Figure 6 shows that males are significantly overrepresented amongst pupils receiving SEN support or with an EHCP.

**Finding: The over representation of males amongst children and young people who are SEN is consistent with the findings in England. The proportion of males with ECHP in Kent appears to be slightly higher. Additional analysis into gender and EHCPs in Kent with the inclusion of SEN types is required.**

### 3.2.6 Ethnicity of Children and Young People with SEN in England in 2018

In England, special educational needs are most prevalent in travellers of Irish heritage and Gypsy/Roma pupils with 30.8% and 26.9% respectively.

Travellers of Irish heritage and black Caribbean pupils had the highest percentage of pupils with statements or EHC plans (4.4% and 4.0% respectively). Indian pupils had the lowest percentage of pupils with statements or EHC plans at 1.8%, compared with 2.8% of all pupils nationally (DoE, 2018).

Additional analysis of the ethnicity of children and young people with learning disability SEN types found that the identification of need differs considerably between ethnic groups.

Identification rates 25% or more above the national average were recorded among:

- traveller children of Irish heritage (for Moderate Learning Difficulty (MLD), Severe Learning Difficulty (SLD) and Profound and Multiple Learning Difficulty (PMLD))
- children of Romany gypsy heritage (for MLD, SLD and PMLD)
- children of Pakistani heritage (for MLD, SLD and PMLD)
- children of Bangladeshi heritage (for PMLD)
- children of 'other' Asian heritage (for PMLD)
- children of black Caribbean heritage (for MLD)
- children of black African heritage (for PMLD)
- children of 'other' black heritage (for SLD and PMLD)
- children of 'other' 'mixed' heritage (for PMLD)

(PHE, 2016)

### **3.2.7 Children and Young People with English as a First Language and SEN in England in 2018**

In England, pupils whose first language is known to be English are more likely to have special educational needs (14.9%) than those whose first language is known to be other than English (12.4%).

### 3.2.8 Ethnicity of Pupils with SEN in Kent

Table 2 shows a breakdown of pupils in Year R to 11 with SEN Support or an EHCP by Ethnic Group in Kent in January 2017

Ethnicity group	All pupils (years R-11)		Pupils with SEN support		Pupils with an EHCP	
	No.	%	No.	%	No.	%
White	178,977	87.0%	17,634	91.2%	5,209	89.2%
Mixed/Dual Background	10,110	4.9%	772	4.0%	269	4.6%
Asian/Asian British	7,674	3.7%	356	1.8%	128	2.2%
Black/Black British	5,127	2.5%	283	1.5%	123	2.1%
Other Ethnic Groups	1,662	0.8%	100	0.5%	35	0.6%
Chinese	679	0.3%	32	0.2%	13	0.2%
Refused	922	0.4%	97	0.5%	23	0.4%
Not obtained	526	0.3%	59	0.3%	37	0.6%
<b>Kent Total</b>	<b>205,677</b>	<b>100%</b>	<b>19,333</b>	<b>100%</b>	<b>5,837</b>	<b>100%</b>

Source: ICYPD 2018

The breakdown presented above reflects the ethnicity profile in Kent, with White pupils representing 87% of the total school population. In Kent, there were slightly more White pupils with SEN when compared to the proportion of all pupils that are White. There is a much lower rate of pupils with SEN support or an EHCP in Asian and Black groups, 12.8% of White pupils had SEN support or an EHCP, compared to 6.3% of Asian pupils and 7.9% of Black pupils.

**Finding: Given national findings regarding the high prevalence of SEN amongst Irish travellers and Gypsy Roma Travellers additional analysis of these ethnicities and their receipt of SEN and EHCP as well as qualitative inquiry to understand issues of access and acceptability in relation to health and educational support is required.**

### 3.2.9 Pupils with SEN by School District in Kent

Table 3 shows the Number of Pupils in Year R to 11 with SEN by School District in Kent in January 2017

School district	All pupils (years R-11)	Pupils with SEN support		Pupils with an EHCP		Number of special schools
		No.	% <i>all pupils</i>	No.	% <i>all pupils</i>	
Ashford	17,702	1,672	9.4%	462	2.6%	2
Canterbury	18,105	1,750	9.7%	606	3.3%	2
Dartford	17,371	1,443	8.3%	318	1.8%	1
Dover	14,670	1,450	9.9%	411	2.8%	2
Folkestone & Hythe	13,554	1,490	11.0%	397	2.9%	1
Gravesham	15,826	1,846	11.7%	307	1.9%	1
Maidstone	22,453	1,668	7.4%	701	3.1%	2
Sevenoaks	11,922	931	7.8%	413	3.5%	2
Swale	20,600	2,378	11.5%	609	3.0%	1
Thanet	18,522	1,969	10.6%	698	3.8%	4
Tonbridge & Malling	18,780	1,484	7.9%	493	2.6%	2
Tunbridge Wells	16,172	1,252	7.7%	422	2.6%	2
<b>Kent Total</b>	<b>205,677</b>	<b>19,333</b>	<b>9.4%</b>	<b>5,837</b>	<b>2.8%</b>	<b>22</b>

Source: ICYPD 2018

The largest proportion of pupils with SEN support access education in Gravesend (11.7%), Thanet (10.6%) and Swale (11.5%). The largest numbers of pupils with SEN support in Swale (2,378), Thanet (1,969) and Gravesham (1,846).

The largest proportion of pupils with EHCPs access education in Thanet (3.8%), Canterbury (3.3%) and Sevenoaks (3.5%). The largest number of pupils with EHCPs access education in Maidstone (701), Thanet (698), Swale (606) and Canterbury (609). This will be skewed by Special Schools.

Thanet has the largest number of Special Schools.

Table 4 shows the Number of Pupils in Year R to 11 Attending Mainstream Schools and PRUs with SEN by School District in Kent in January 2017

School district	Non special school pupils (years R-11)	Non special school pupils with an EHCP	
		No.	% <i>all pupils</i>
Ashford	17,408	170	1.0%
Canterbury	17,838	339	1.9%
Dartford	17,264	211	1.2%
Dover	14,517	260	1.8%

Folkestone & Hythe	13,287	130	1.0%
Gravesham	15,647	127	0.8%
Maidstone	21,967	215	1.0%
Sevenoaks	11,616	111	1.0%
Swale	20,408	417	2.0%
Thanet	18,060	241	1.3%
Tonbridge & Malling	18,629	343	1.8%
Tunbridge Wells	15,873	123	0.8%
<b>Kent Total</b>	<b>202,514</b>	<b>2,687</b>	<b>1.3%</b>

Source: ICYPD 2018

The largest proportion of pupils with EHCPs in non Special Schools are in Swale (2.0%), Canterbury (1.9%), Dover (1.8%) and Tonbridge and Malling (1.8%). The largest number of pupils with EHCPs in non Special Schools are in Swale (417), Thanet (343) and Canterbury (339).

### 3.2.10 Pupils with SEN by District of Residence

Table 5 shows the Pupils in Year R to 11 with SEN by District of Residence in Kent in January 2017

Pupils residential district	All pupils (years R-11)	Pupils with SEN support		Pupils with an EHCP	
		No.	% all pupils	No.	% all pupils
Ashford	18,081	1,686	9.3%	442	2.4%
Canterbury	17,589	1,659	9.4%	546	3.1%
Dartford	14,755	1,255	8.5%	338	2.3%
Dover	14,427	1,434	9.9%	430	3.0%
Folkestone & Hythe	13,686	1,516	11.1%	427	3.1%
Gravesham	15,336	1,806	11.8%	403	2.6%
Maidstone	21,621	1,645	7.6%	624	2.9%
Sevenoaks	14,112	1,093	7.7%	321	2.3%
Swale	20,386	2,362	11.6%	798	3.9%
Thanet	18,797	2,019	10.7%	623	3.3%
Tonbridge & Malling	17,286	1,338	7.7%	467	2.7%
Tunbridge Wells	14,248	1,117	7.8%	299	2.1%
Outside Kent	5,352	403	7.5%	119	2.2%
<b>Total</b>	<b>205,676<sup>10</sup></b>	<b>19,333</b>	<b>9.4%</b>	<b>5,837</b>	<b>2.8%</b>

Source: ICYPD 2018

<sup>10</sup> There was one pupil with an unknown address

The greatest proportion of pupils with SEN support reside in Gravesham (11.8%), Swale (11.6%), Folkestone and Hythe (11.1%) and Thanet (10.7%). The largest number of pupils with SEN support reside in Swale (798), Thanet (623) and Maidstone (624).

**Finding: There is variation in the distribution of children and young people with SEN support and with EHCP across districts in Kent. This is to be anticipated. However, in respect to predicting increases in demand, it is important to monitor the impact of placements of families in housing need in Kent and policies which influence the placement of populations of children with high prevalence of SEN within Kent i.e. Children in Care.**

### 3.2.11 Pupils with SEN in England by School Type

In England, the percentage of pupils with a statement or EHC plan attending state-funded special schools has seen a year on year increase since January 2010 from 38.2% to 44.2% in January 2018.

The percentage of pupils with statements or EHC plans attending independent schools has also increased year on year between January 2010 and January 2018, from 4.2% to 6.3%.

The percentage of pupils with SEN without statements or EHC plans attending independent schools has also increased each year. In January 2010, 4.0% of pupils with SEN without statements or EHC plans attended independent schools, increasing to 7.1% of pupils in January 2018.

The percentage of pupils with SEN without statements or EHC plans attending state-funded primary schools has also increased between January 2010 and January 2018, from 51.4% to 57.1%. Meanwhile, the percentage of pupils with SEN without statements or EHC plans attending state-funded secondary schools has declined over the same period, from 43.6% in January 2010 to 33.9% in January 2018.

Academies have exactly the same duties for pupils with special educational needs and disabilities (SEN) as all other schools. The placement of pupils with SEN is broadly similar when comparing primary and secondary academies to all state-funded primary or secondary schools.

The percentage of pupils with SEN support in primary academies is 12.5%, compared to 12.4% in all state-funded primary schools. 10.5% of pupils in secondary academies have special educational needs compared to 10.6% in all state-funded secondary schools.

The percentage of pupils in primary academies with a statement or EHC plan is 1.4%. This is the same as for all state-funded primary schools. The percentage of pupils in secondary academies with a statement or EHC plan is 1.6%, the same as for all state-funded secondary schools (DoE 2015).



### 3.2.12 Pupils with SEN by School Type in Kent

Table 6 shows the breakdown of Pupils in Year R -11 by School Type in Kent in January 2017

School type	All pupils (years R-11)	Pupils with SEN support			Pupils with an EHCP		
		No.	% SEN support pupils	% all pupils	No.	% EHCP pupils	% all pupils
Primary	122,332	12,376	64.0%	10.1%	1,532	26.2%	1.3%
Secondary	75,844	6,425	33.2%	8.5%	1,091	18.7%	1.4%
Combined Primary & Secondary	4,266	459	2.4%	10.8%	63	1.1%	1.5%
Special School	3,163	13	0.1%	0.4%	3,150	54.0%	99.6%
Pupil Referral Unit (PRU)	72	60	0.3%	83.3%	1	0.02%	1.4%
<b>Kent Total</b>	<b>205,677</b>	<b>19,333</b>	<b>100%</b>	<b>9.4%</b>	<b>5,837</b>	<b>100%</b>	<b>2.8%</b>

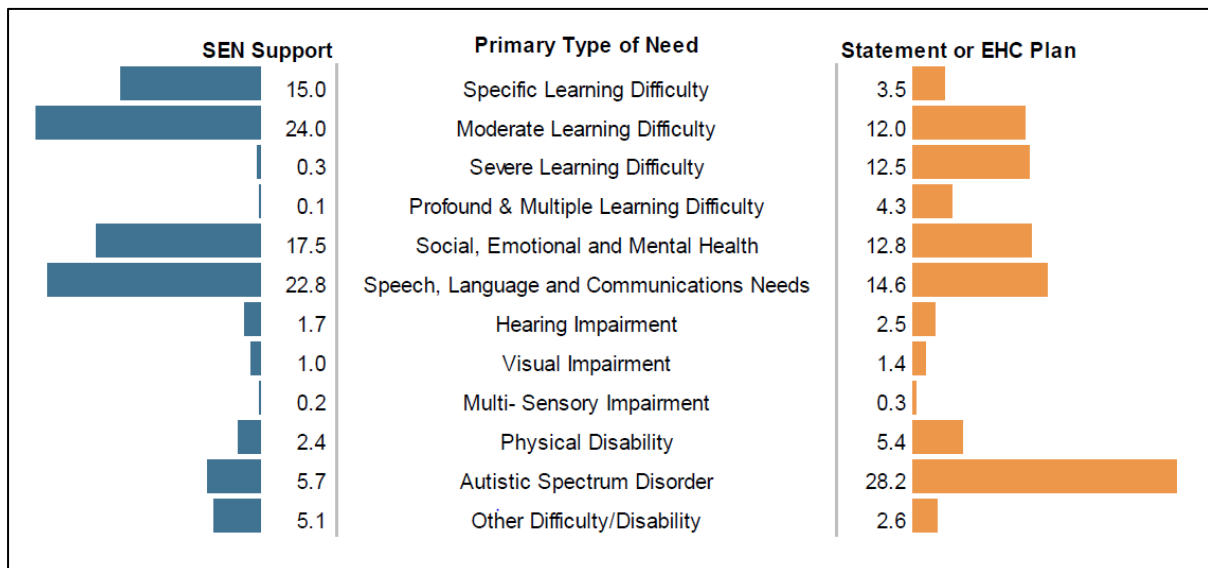
Source: ICYPD 2018

Of the pupils with SEN support, nearly two thirds (64%) were at primary school and a third were at secondary school. 10% of all primary school pupils had SEN support compared to 8.5% of secondary school pupils. Whilst the numbers are small, over 80% of pupils at pupil referral units had SEN support. Over half of the pupils with an EHCP attended a Special School (54%) and around a quarter (26%) were at primary school.

**Finding: The relative proportions of pupils in primary and secondary schools with SEN support in Kent is consistent with the findings for England. Additional analysis of trends over time in secondary schools in Kent is required to understand whether this is in line with the decline over time that is being seen in England.**

### 3.2.13 Primary SEN Type for Pupils in England in January 2018

Figure 7 shows Primary SEN type of children and young people with SEN in England in January 2018



Source: DoE 2018

Moderate learning difficulty (MLD) is the most common primary type of need overall at 21.6% of pupils with SEN in January 2018. This percentage has decreased from 22.7% in January 2017 when it was also the most common primary type of need (DoE 2018).

Moderate Learning Difficulty is also the most common type of need for pupils on SEN support; 24.0% of pupils on SEN support had this primary type of need in January 2018 (DoE 2018).

Autistic Spectrum Disorder remains the most common primary type of need for pupils with a statement or EHC plan. 28.2% of pupils with a statement or EHC plan had this primary type of need in January 2018. This has increased from 26.9% in January 2017.

### 3.2.14 Primary SEN Type for Kent Pupils

Table 7 shows the Primary SEN Type for Children and Young People aged 0-25 with SEN Support in Kent by sex in January 2018

Primary Need	Female	% of F Total	Male	% of M Total	Total	% of Total
Speech, Language & Communication Needs	1,423	19.2%	3,147	22.0%	4,570	21.1%
Social, Emotional and Mental Health	1,304	17.6%	3,254	22.8%	4,558	21.0%
Specific Learning Difficulty	1,505	20.3%	2,166	15.2%	3,671	16.9%
Moderate Learning Difficulty	1,363	18.4%	2,013	14.1%	3,376	15.6%
Autistic Spectrum Disorder	477	6.4%	1,620	11.3%	2,097	9.7%
Other	457	6.2%	648	4.5%	1,105	5.1%
Severe Learning Difficulty	285	3.8%	602	4.2%	887	4.1%
Physical Disability	229	3.1%	325	2.3%	554	2.6%
SEN Support – No Specialist Assessment	144	1.9%	237	1.7%	381	1.8%
Hearing Impairment	118	1.6%	110	0.8%	228	1.1%
Visual Impairment	76	1.0%	91	0.6%	167	0.8%
Multi-Sensory Impairment	16	0.2%	61	0.4%	77	0.4%
Profound & Multiple Learning Disabilities	8	0.1%	7	0.0%	15	0.1%
<b>Total</b>	<b>7,405</b>		<b>14,281</b>		<b>21,686</b>	

Source: KPHO 2018

In Kent, for those children and young people aged 0-25 with SEN support, the largest proportion have primary SEN type of SLCN (21.1%) and Social and Emotional and Mental Health (21.0%).

Table 8 shows the Primary SEN Type for Children and Young People aged 0-25 with EHCP in Kent by sex in January 2018

Primary Need	Female	% of F Total	Male	% of M Total	Total	% of Total
Autistic Spectrum Disorder	739	27.8%	3,380	43.8%	4,119	39.7%
Social, Emotional and Mental Health	332	12.5%	1,450	18.8%	1,782	17.2%
Speech, Language & Communication Needs	406	15.3%	1,050	13.6%	1,456	14.0%
Severe Learning Difficulty	389	14.6%	594	7.7%	983	9.5%
Moderate Learning Difficulty	286	10.8%	408	5.3%	694	6.7%
Physical Disability	212	8.0%	349	4.5%	561	5.4%
Profound & Multiple Learning Disabilities	143	5.4%	195	2.5%	338	3.3%
Hearing Impairment	70	2.6%	112	1.5%	182	1.8%
Specific Learning Difficulty	31	1.2%	125	1.6%	156	1.5%
Visual Impairment	43	1.6%	55	0.7%	98	0.9%
Multi-Sensory Impairment	4	0.2%	1	0.0%	5	0.0%
Other	1	0.0%	0	0.0%	1	0.0%
<b>Total</b>	<b>2,656</b>		<b>7,719</b>		<b>10,375</b>	

Source: KPHO 2018

Table 9 shows Primary SEN Type for Children aged 0-5 with SEN support In Kent by sex in January 2018

Primary Need	Female	% of F Total	Male	% of M Total	Total	% of Total
Severe Learning Difficulty	249	59.0%	558	55.0%	807	56.2%
Social, Emotional and Mental Health	42	10.0%	134	13.2%	176	12.3%
Autistic Spectrum Disorder	26	6.2%	110	10.8%	136	9.5%
Moderate Learning Difficulty	25	5.9%	47	4.6%	72	5.0%
SEN Support - No Specialist Assessment	15	3.6%	45	4.4%	60	4.2%
Specific Learning Difficulty	15	3.6%	34	3.4%	49	3.4%
Physical Disability	14	3.3%	23	2.3%	37	2.6%

Other	13	3.1%	22	2.2%	35	2.4%
Speech, Language & Communication Needs	*	1.2%	19	1.9%	24	1.7%
Visual Impairment	7	1.7%	9	0.9%	16	1.1%
Profound & Multiple Learning Disabilities	6	1.4%	5	0.5%	11	0.8%
Hearing Impairment	*	0.9%	*	0.4%	8	0.6%
Multi-Sensory Impairment	*	0.2%	*	0.4%	*	0.3%
<b>Total</b>	<b>412</b>		<b>1,006</b>		<b>1,431</b>	

Source: KPHO 2018

Table 10 shows Primary SEN Type for Children aged 6-15 with SEN Support In Kent by sex in January 2018

Primary Need	Female	% of F Total	Male	% of M Total	Total	% of Total
Speech, Language & Communication Needs	1,377	22.8%	3,019	25.0%	4,396	24.3%
Social, Emotional and Mental Health	1,039	17.2%	2,854	23.7%	3,893	21.5%
Moderate Learning Difficulty	1,228	20.3%	1,856	15.4%	3,084	17.0%
Specific Learning Difficulty	1,189	19.6%	1,778	14.7%	2,967	16.4%
Autistic Spectrum Disorder	380	6.3%	1,297	10.8%	1,677	9.3%
Other	348	5.8%	550	4.6%	898	5.0%
Physical Disability	177	2.9%	261	2.2%	438	2.4%
SEN Support - No Specialist Assessment	121	2.0%	187	1.5%	308	1.7%
Hearing Impairment	92	1.5%	97	0.8%	189	1.0%
Visual Impairment	52	0.9%	69	0.6%	121	0.7%
Severe Learning Difficulty	33	0.5%	41	0.3%	74	0.4%
Multi-Sensory Impairment	14	0.2%	54	0.4%	68	0.4%
Profound & Multiple Learning Disabilities	*	0.0%	*	0.0%	*	0.0%
<b>Total</b>	<b>6,050</b>		<b>12,063</b>		<b>18,113</b>	

Source: KPHO 2018

Table 11 shows Primary SEN Type for Children aged 16-18 with SEN Support by Sex In Kent in January 2018

Primary Need	Female	% of F Total	Male	% of M Total	Total	% of Total
Specific Learning Difficulty	301	32.3%	354	29.5%	655	30.7%
Social, Emotional and Mental Health	223	24.0%	266	22.1%	489	22.9%
Autistic Spectrum Disorder	71	7.6%	213	17.7%	284	13.3%
Moderate Learning Difficulty	110	11.8%	110	9.2%	220	10.3%
Other	96	10.3%	76	6.3%	172	8.1%
Speech, Language & Communication Needs	41	4.4%	109	9.1%	150	7.0%
Physical Disability	38	4.1%	41	3.4%	79	3.7%
Hearing Impairment	22	2.4%	9	0.7%	31	1.5%
Visual Impairment	17	1.8%	13	1.1%	30	1.4%
SEN Support - No Specialist Assessment	8	0.9%	*	0.4%	13	0.6%
Severe Learning Difficulty	*	0.3%	*	0.2%	6	0.3%
Multi-Sensory Impairment	*	0.1%	*	0.2%	*	0.2%
<b>Total</b>	<b>927</b>		<b>1,191</b>		<b>2,129</b>	

Source: KPHO 2018

Table 12 shows Primary SEN Type for Children with an EHCP aged 0-5 by Sex In Kent in January 2018

Primary Need	Female	% of F Total	Male	% of M Total	Total	% of Total
Autistic Spectrum Disorder	72	32.7%	232	40.1%	304	38.0%
Severe Learning Difficulty	53	24.1%	156	26.9%	209	26.2%
Speech, Language & Communication Needs	25	11.4%	57	9.8%	82	10.3%
Profound & Multiple Learning Disabilities	22	10.0%	50	8.6%	72	9.0%
Physical Disability	21	9.5%	26	4.5%	47	5.9%

Moderate Learning Difficulty	8	3.6%	21	3.6%	29	3.6%
Social, Emotional and Mental Health	6	2.7%	17	2.9%	23	2.9%
Hearing Impairment	8	3.6%	14	2.4%	22	2.8%
Visual Impairment	*	0.9%	*	0.7%	6	0.8%
Specific Learning Difficulty	*	0.0%	*	0.3%	*	0.3%
Multi-Sensory Impairment	*	0.5%	*	0.0%	*	0.1%
Other	*	0.5%		0.0%	*	0.1%
<b>Total</b>	<b>215</b>		<b>573</b>		<b>794</b>	

Source: KPHO 2018

Table 13 shows Primary SEN Type for Children with an EHCP aged 6-15 by Sex In Kent in January 2018

Primary Need	Female	% of F Total	Male	% of M Total	Total	% of Total
Autistic Spectrum Disorder	418	27.5%	2,145	44.2%	2,563	40.2%
Social, Emotional and Mental Health	182	12.0%	974	20.1%	1,156	18.1%
Speech, Language & Communication Needs	264	17.3%	732	15.1%	996	15.6%
Severe Learning Difficulty	192	12.6%	277	5.7%	469	7.4%
Moderate Learning Difficulty	165	10.8%	219	4.5%	384	6.0%
Physical Disability	123	8.1%	214	4.4%	337	5.3%
Profound & Multiple Learning Disabilities	87	5.7%	115	2.4%	202	3.2%
Hearing Impairment	42	2.8%	68	1.4%	110	1.7%
Specific Learning Difficulty	20	1.3%	76	1.6%	96	1.5%
Visual Impairment	27	1.8%	29	0.6%	56	0.9%
Multi-Sensory Impairment	*	0.1%	*	0.0%	*	0.0%
<b>Total</b>	<b>1,520</b>		<b>4,849</b>		<b>6,369</b>	

Source: KPHO 2018

Table 14 shows Primary SEN Type for Children with an EHCP aged 16-18 by Sex In Kent in January 2018

Primary Need	Female	% of F Total	Male	% of M Total	Total	% of Total
Autistic Spectrum Disorder	162	28.9%	698	43.4%	860	39.7%
Social, Emotional and Mental Health	108	19.3%	395	24.6%	503	23.2%
Speech, Language & Communication Needs	76	13.5%	183	11.4%	259	11.9%
Severe Learning Difficulty	76	13.5%	91	5.7%	167	7.7%
Moderate Learning Difficulty	54	9.6%	83	5.2%	137	6.3%
Physical Disability	38	6.8%	62	3.9%	100	4.6%
Specific Learning Difficulty	7	1.2%	39	2.4%	46	2.1%
Profound & Multiple Learning Disabilities	18	3.2%	24	1.5%	42	1.9%
Hearing Impairment	14	2.5%	17	1.1%	31	1.4%
Visual Impairment	7	1.2%	15	0.9%	22	1.0%
Multi-Sensory Impairment	*	0.2%	*	0.0%	*	0.0%
<b>Total</b>	<b>560</b>		<b>1,607</b>		<b>2,167</b>	

Source: KPHO 2018



Primary SEN type varies with age and gender for children and young people with SEN support and with EHCPs.

Of children with SEN support, of those aged 0-5, the largest proportion (59%) have a primary SEN type of Severe LD of which 558 are male and 249 are female.

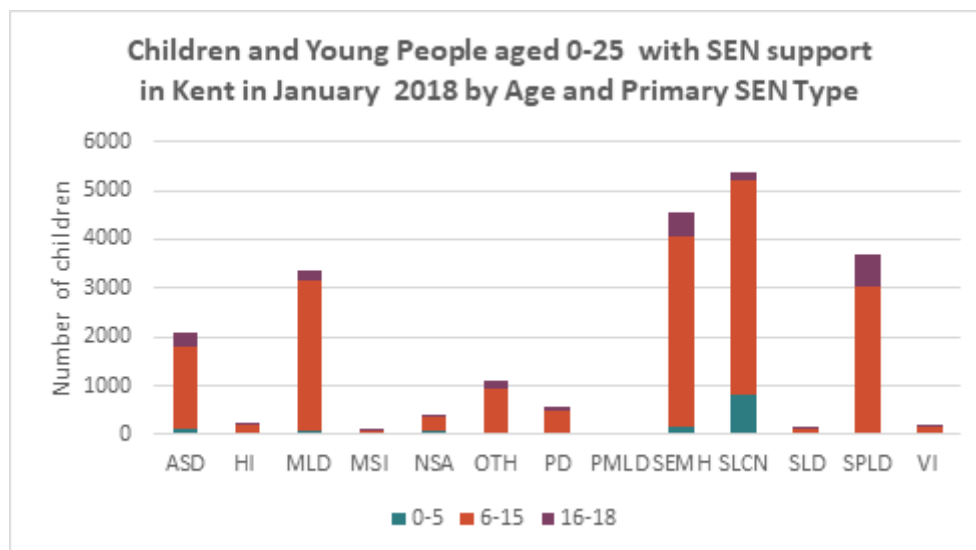
Of those children and young people with SEN support aged 6-15, the largest proportion have a primary SEN type SLCN (24%) of which 3,019 are males and 1,377 are females.

Of those children and young people with SEN support aged 16-18, the largest proportion is primary SEN type Specific LD (30.7%) of which 354 are males and 301 are females.

Of those children with an EHCP aged 0-5 the largest proportion have a primary SEN type ASD (38%) of which 232 are male and 72 are male.

Of those children with an EHCP aged 6-15, the largest proportion have a primary SEN type ASD (40.2%) of which males are 2145 and females are 418.

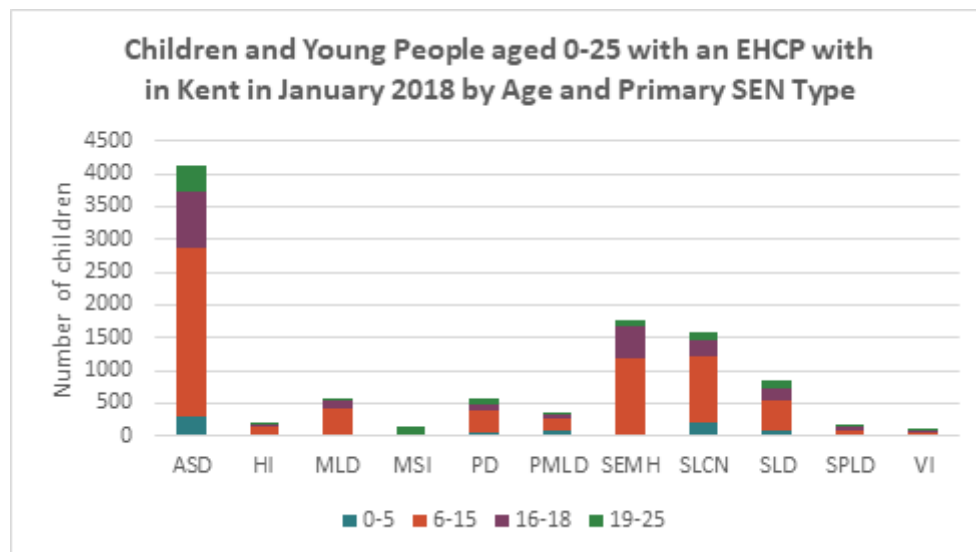
Figure 8 shows the Number of Children and Young People aged 0-25 with SEN Support in Kent in January 2018 by Age and Primary SEN type



Source: KPHO 2018

Children and young people aged 6-15 account for the majority of children with SEN Support and the primary SEN types SLCN, SEMH, MLD and ASD.

Figure 9 shows the Number of Children and Young People aged 0-25 with an EHCP in Kent in January 2018 by Age and Primary SEN type



Source: KPHO 2018

Children and young people aged 6-15 account for the majority of children with EHCPs and the primary SEN types ASD, SEMH, SLCN. The next largest group amongst those with the Primary SEN type ASD, SEMH and SLCN are young people aged 16-18 years old. The prevalence appears higher amongst 16-18 year olds which raises questions regarding the most effective time for EHCPs to be put in place for young people.

**Finding: SEN Type for children with SEN support and EHCP varies with age with the largest number of children with SEN support and EHCP of school age. However, 16-18 do account for a large number of children with ASD, SEMH and SLCN which suggest some young people are attaining EHCPs aged 16-18 and may not be benefitting from early intervention at a younger age.**

**Finding: Variation between Kent and England data across primary SEN types for children and young people with SEN is anticipated and evident. However, the primary SEN type ASD is much greater amongst children and young people with SEN support (9.7 % in Kent, 5.7% in England) and amongst children and young people with EHCP (39.7% in Kent, 28.2% in England).**

The reasons for this are likely to be multiple. Those suggested include inconsistent/ over diagnosis in Kent or conversely, better identification as a result of the proximity of the Specialist Teaching and Learning Service to schools in Kent.

### 3.3 Experiences of Parents and Carers

A national survey conducted of parents and carers by the Department of Education<sup>11</sup> reported that 68% of parents and carers were satisfied and 14% were dissatisfied with their experience of the EHC Plan.

62% agreed and 7% disagreed that the help support in the EHC plan will help the child/young person achieve what they want to in life. 38% agreed and 8% disagreed that taking part in getting the EHC plan was a positive experience for the child/young person. 63% agreed and 7% disagreed that the EHC plan will achieve the outcome agreed. These scores were around average nationally.

A survey of parents and carers of 61 children aged 4-18 years in East Kent CCGs in 2017 found that most children and young people, (41%) had waited over 12 months for the diagnosis. Most, (33%) had been referred by their child's school or early years setting. The second largest referee was the child or young person's GP. The majority, (95%) had been first referred when the child was under the age of 10. Parents and carers reported receiving a range of different support prior to being referred for assessment including parenting programmes (34%), LIFT meetings (29%) and access to a paediatrician (29%). Most parents and carers were either unsatisfied or very unsatisfied with the length of time they had to wait (62%), the communication they received while they were waiting (62%) or information and advice that they were given about other sources of help and support (66%). Only 43% of the parents and carers reported being offered parenting programmes like Cygnet or Early Bird whilst waiting for an assessment. 43% did attend the parenting course which they were offered.

## 4 Prevalence of Speech Language and Communication Needs, Social and Emotional and Mental Health Needs, Learning Disability, Autistic Spectrum Disorder, Physical Disability and Hearing and Visual Impairment and Multi-Sensory Impairment in the Population

### 4.1 Introduction

Speech Language and Communication Needs, Social and Emotional and Mental Health Needs, Learning Disability, Autistic Spectrum Disorder and Hearing and Visual Impairment

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<sup>11</sup> DoE ( 2017) ' Experiences of Education, Health and Care plans: a survey of parents and young people' <https://www.gov.uk/government/publications/education-health-and-care-plans-parents-and-young-people-survey> Accessed 21/01/19

and Multi-Sensory Impairment are all SEN types used to record the primary presenting needs for children with SEN.

There are 4 levels of learning disability. Those are specific difficulties (like dyslexia), moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties.

In this section the synthetic estimates, reported KID prevalence and nationally reported SEN data is used to understand prevalence at district and CCG level.

## 4.2 Speech Language and Communication Needs

Speech, language and communication needs are a feature of and coexist with a number of neurodevelopmental, learning, physical and sensory disabilities. These include autistic spectrum disorder, profound learning disability, cleft lip or palate and hearing loss. Speech Language and Communication Needs may be transient or persistent.

Kent's Speech Language and Communication Health Needs Assessment which can be accessed at [http://www.kpho.org.uk/\\_data/assets/pdf\\_file/0010/71695/Speech-Language-and-Communication.pdf](http://www.kpho.org.uk/_data/assets/pdf_file/0010/71695/Speech-Language-and-Communication.pdf) provides some additional estimated prevalence data for sub categories of speech , language and communication need, although with significant limitations.

## 4.3 Social and Emotional and Mental Health

Social and Emotional and Mental Health Needs are defined by the DoE 2015 as a range of social and emotional difficulties which may manifest as challenging or disruptive or disturbing behaviour which may reflect underlying mental health, substance misuse or physical health needs. Some children and young people may have emotional or behavioural conditions such as ADHD or attachment disorder. It is important to note that children and young people be displaying these behaviours and have diagnoses of these conditions without receiving or being recorded as SEN<sup>12</sup>.

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<sup>12</sup> DH and DoE ( 2014) 'Special Educational Needs and Disability Code of Practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities'  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEN\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEN_Code_of_Practice_January_2015.pdf) Accessed 06/09/18

Table 15 shows the Count and % of Children and Young People who have the Social and Emotional and Mental Health SEN type from 2015-2018 Compared to the South East and the England Value.

Period		Count	Value	Lower CI	Upper CI	South East	England
2015	●	5,577	2.31	2.25	2.37	2.09*	2.00*
2016	●	5,334	2.38	2.31	2.44	2.37	2.34
2017	●	5,060	2.21	2.15	2.28	2.32	2.33
2018	●	5,463	2.36	2.30	2.42	2.42	2.39

Source: Department for Education special educational needs statistics  
<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

In 2018, 5,463 children and young people in Kent were recorded as having a social, emotional and mental health SEN type. The number and % of children with social and emotional and mental health SEN type has fluctuated but remained constant over the period 2015-2018. The % is similar to the South East and England benchmark.

**Finding: The number of children with social and emotional and mental health SEN type has fluctuated but remained constant over time. This is surprising given the context of increases in mental health conditions amongst children and young people, albeit emotional health rather than behavioural conditions. This may be accounted for by changes in the definition of this SEN type.**

#### 4.3.1 Mental Health Conditions and Learning Disability

Children and young people with learning disabilities have a higher risk and prevalence of mental health disorders. Emmerson and Hatton’s analysis of Metzler (2000) and Green (2005) led them to conclude that the prevalence of psychiatric disorders was 36% among children and young people with intellectual disability and 8% among children and young people without. Children and young people with Intellectual disabilities accounted for 14% of all children and young people with a diagnosable psychiatric disorder. Increased prevalence was particularly marked for those children and young people with autistic spectrum disorder (OR¼33.4), hyperkinesia (OR¼8.4) and conduct disorders. Cumulative risk of exposure to social disadvantage was associated with increased prevalence.<sup>13</sup>

Children and young people with learning disabilities are:

- 33 times more likely to have an AS disorder than the general population

<sup>13</sup> Emerson and Hatton, 2007 in BOND (2015) ‘ Children and Young People with Learning Disabilities : Understanding their Mental Health’ <http://vox.mtcserver3.com/wp-content/uploads/2015/01/Children-Young-People-with-Learning-Disabilities.pdf>

Accessed 09/06/18 Page 11

- 8 times more likely to have ADHD
- 6 times more likely to have conduct disorder
- 4 times more likely to have an emotional disorder
- 3 times more likely to experience schizophrenia
- 1.7 times more likely to have a depressive disorder<sup>14</sup> .

For this research Emmerson and Hatton (2007) applied the following criteria to identifying children with learning or intellectual disabilities.

The child’s primary carer reported that the child had ‘learning difficulties’ and the child’s teacher reported that either they had marked difficulty in all three areas of scholastic attainment assessed (reading, math, spelling) or their estimated developmental quotient (DQ) fell two or more standard deviations below the sample average. Child DQ was calculated by dividing the child’s mental age (as estimated by their teacher) by chronological age.

The child’s primary carer did not report that the child had ‘learning difficulties’ but the child’s teacher reported that they had marked difficulty in all three areas of scholastic attainment assessed and their DQ fell two or more standard deviations below the average SDQ.

No information was available from the child’s teacher but the child’s primary carer reported that the child had ‘learning difficulties’ and that they had been concerned about the child’s speech development in the first three years of life (Emmerson and Hatton 2007: 494).

**Table 16 shows the Estimated Number of Children and Young People in Kent with a Learning Disability and Mental Health Disorder aged 0-25 by Age Band and Gender**

CCG	Age band					
	0-4	5-9	10-14	15-19	20-24	Under 25
NHS Ashford CCG	4	29	65	76	69	243
NHS Canterbury And Coastal CCG	5	39	93	163	229	529
NHS Dartford, Gravesham And Swanley CCG	9	62	128	140	139	477
NHS South Kent Coast CCG	6	41	90	110	101	347
NHS Swale CCG	4	26	54	62	61	207
NHS Thanet CCG	4	31	66	78	73	252
NHS West Kent CCG	15	109	241	264	226	855
Kent	48	337	737	891	898	2911

Source: Emmerson & Hatton (2004), People with LD in the UK (2011), PCIS (registered population, December 2016)

Source: KPHO 2018

<sup>14</sup> Ibid.

The greatest estimated number of persons under the age of 25 with a learning disability and a mental health disorder are in West Kent CCG, which reflects that West Kent CCG has the greatest population of all the CCGs.

Table 17 shows the Projected Estimate of the Number of Children and Young People in Kent by CCG with a Learning Disability and Mental Health Disorder 2017-2021

CCG	2017	2018	2019	2020	2021
NHS Ashford CCG	246	247	249	251	252
NHS Canterbury And Coastal CCG	528	534	539	545	550
NHS Dartford, Gravesham And Swanley CCG	481	484	487	490	492
NHS South Kent Coast CCG	347	347	346	345	345
NHS Swale CCG	208	209	209	210	211
NHS Thanet CCG	258	258	258	258	258
NHS West Kent CCG	858	863	868	873	879
Kent	2928	2942	2957	2972	2987

Source: Emmerson & Hatton (2004), People with LD in the UK (2011), PCIS (December 2016 and registered popula

Source: KPHO 2018

This table shows that the estimated number of persons under the age of 25 with a learning disability and a mental health disorder will increase over the period 2017-2012.

#### **4.3.2 Children and young people with Neurodevelopmental Disorders: Attention Deficit Hyperactivity Disorder (ADHD)**

ADHD is defined as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. It is also understood to be a neurodevelopmental disorder.

The prevalence of ADHD varies among studies and has been estimated to be around 2.4% of children and young people in the UK. That said prevalence data from 2017, released in November 2018, has estimated that 1.6% 5-19 year olds have a hyperkinetic disorder, 2.6 % in boys and 0.6% in girls. Rates are lowest in the 17-19-year olds. Hyperkinetic disorders are more common in children in families with income or disability related benefits and children in families with poor family functioning.

#### **4.3.3 Estimates of ADHD/ Hyperkinetic Disorders**

The following estimates are based on prevalence of ADHD as being 2.4% of children and young people aged 0-18 years old.

**Table 18 shows the Estimated Number of Children aged 5-16 with Hyperkinetic Disorders 2017-2021 in Kent and in each CCG**

CCG	Hyperkinetic disorders (5 - 16)				
	2017	2018	2019	2020	2021
NHS Ashford CCG	283	285	287	289	291
NHS Canterbury And Coastal CCG	392	392	392	392	392
NHS Dartford, Gravesham And Swanley CCG	601	608	615	621	628
NHS South Kent Coast CCG	416	415	414	412	411
NHS Swale CCG	271	272	273	275	276
NHS Thanet CCG	331	332	333	333	334
NHS West Kent CCG	966	974	982	990	998
Kent	3255	3273	3290	3308	3326

Source: PHE, PCIS (registered population projected forward based on 2006 to 2016 data)

Source: KPHO 2018

**Table 19 shows the Estimated Number of Children aged 5-16 with Hyperkinetic Disorders 2017-2021 in Kent and in each District**

District	Hyperkinetic disorders (5 - 16)				
	2017	2018	2019	2020	2021
Ashford	285	289	291	294	297
Canterbury	291	294	298	301	305
Dartford	245	251	257	261	266
Dover	237	239	241	242	244
Gravesham	267	271	277	282	287
Maidstone	347	352	359	364	369
Sevenoaks	231	234	238	242	245
Shepway	222	223	225	226	228
Swale	351	357	363	370	375
Thanet	333	338	344	349	353
Tonbridge and Malling	277	281	284	287	289
Tunbridge Wells	234	235	237	239	240
Kent	3319	3365	3413	3457	3497

Source: PHE, ONS (resident population projected from 2014)

Source: KPHO 2018



**Table 20 shows the Estimated Number of Young People aged 16-25 Self-Reporting 4 or More Symptoms of ADHD 2017-2021 in Kent and in each CCG**

CCG	ADHD (4 or more, 26-24)				
	2017	2018	2019	2020	2021
NHS Ashford CCG	2049	2066	2083	2101	2118
NHS Canterbury And Coastal CCG	5759	5850	5941	6031	6122
NHS Dartford, Gravesham And Swanley CCG	3999	4016	4032	4049	4065
NHS South Kent Coast CCG	3010	3016	3021	3027	3032
NHS Swale CCG	1765	1771	1777	1782	1788
NHS Thanet CCG	2215	2218	2221	2223	2226
NHS West Kent CCG	6816	6854	6891	6929	6966
Kent	25614	25790	25966	26142	26317

Source: APMS, PCIS (registered population projected forward based on 2006 to 2016 data)

Source: KPHO 2018

**Table 21 shows the Estimated Number of Young People aged 16-25 Self-Reporting 6 or more symptoms of ADHD 2017-2021 in Kent and in each CCG**

CCG	ADHD (all 6, 16-24)				
	2017	2018	2019	2020	2021
NHS Ashford CCG	267	269	271	274	276
NHS Canterbury And Coastal CCG	750	762	774	786	798
NHS Dartford, Gravesham And Swanley CCG	521	523	525	527	530
NHS South Kent Coast CCG	392	393	394	394	395
NHS Swale CCG	230	231	231	232	233
NHS Thanet CCG	289	289	289	290	290
NHS West Kent CCG	888	893	898	903	908
Kent	3337	3360	3383	3406	3429

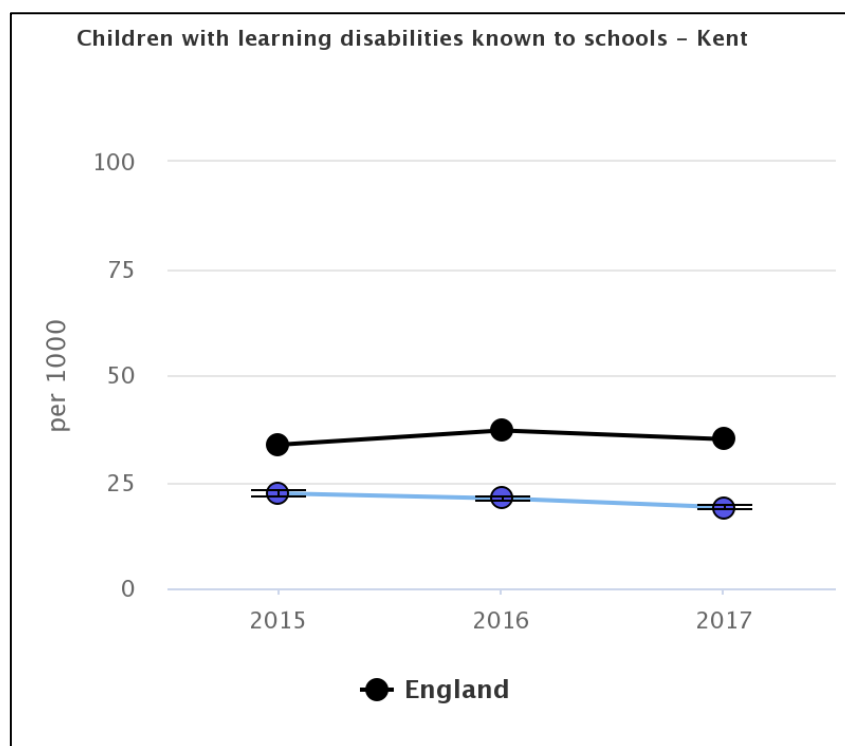
Source: APMS, PCIS (registered population projected forward based on 2006 to 2016 data)

Source: KPHO 2018

## 4.4 Learning Disability

### 4.4.1 All Learning Disability SEN Types in Kent

Figure 10 shows the rate of Children and Young People with Learning Disability SEN type per 1000 in Kent from 2015 to 2017



Source: PHE 2018

Table 22 shows the number and rate per 1000 of Children and Young People with Learning Disability SEN type per 1000 in Kent and England from 2015 to 2017

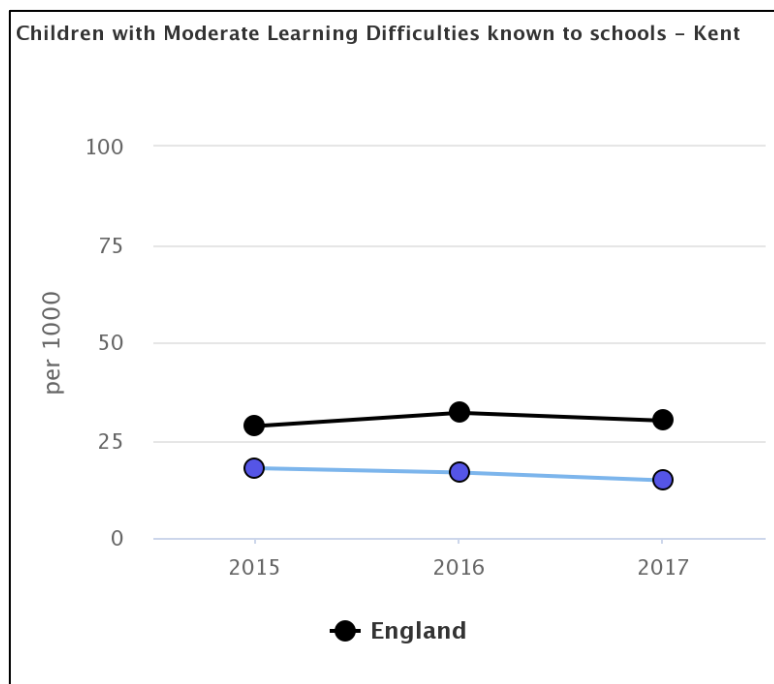
Period		Count	Value	Lower CI	Upper CI	South East England	
2015	●	5,366	22.3	21.7	22.9	30.8	33.7
2016	●	5,139	21.1	20.5	21.7	30.3	37.0
2017	●	4,710	19.0	18.5	19.6	28.5	35.0

Source: Department for Education statistical collections: Special Educational Needs, local authority tables  
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

**Finding:** The number of children and young people with a Learning Disability SEN type in Kent has reduced from 5,366 in 2015 to 4,710 in 2017. The rate in Kent (19.0) is significantly lower than that of England (35.0) and that of the South East (28.5).

#### 4.4.2 Moderate Learning Disability SEN Type in Kent

Figure 11 shows the number and rate per 1000 of Children and Young People with a Moderate Learning Disability SEN type per 1000 in Kent and England from 2015 to 2017



Source: PHE 2018

Table 23 shows the number and rate per 1000 of Children and Young People with a Moderate Learning Disability SEN type per 1000 in Kent and England from 2015 to 2017

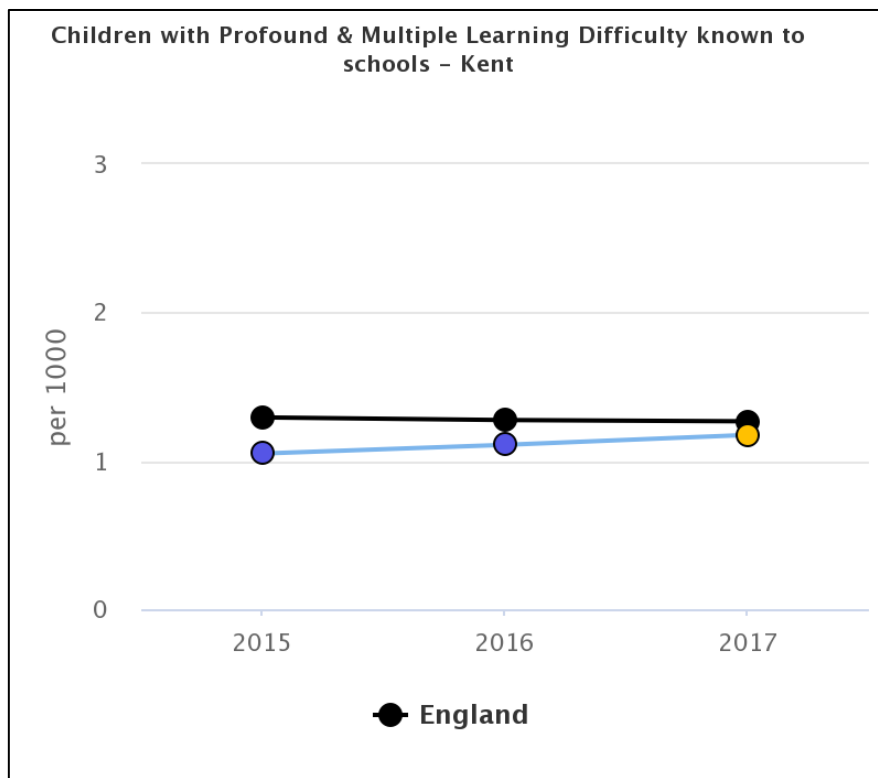
Period	Count	Value	Lower CI	Upper CI	South East England
2015	4,296	17.8	17.3	18.4	26.4 28.6
2016	4,074	16.7	16.2	17.2	26.0 32.0
2017	3,641	14.7	14.2	15.2	24.2 30.0

Source: Department for Education statistical collections: Special Educational Needs, local authority tables  
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

**Finding:** The number of children and young people with a Moderate Learning Disability SEN type in Kent has reduced from 4,296 in 2015 to 3,641 in 2017. The rate in Kent in 2017 (14.7) is significantly lower than that of England (30.0) and that of the South East (24.2).

#### 4.4.3 Profound and Multiple Learning Disability SEN Types

Figure 12 shows the number and rate per 1000 of Children and Young People with Multiple and Profound Learning Disability SEN type per 1000 in Kent and England from 2015 to 2017



Source: PHE 2018

Table 24 shows the number and rate per 1000 of Children and Young People with Multiple and Profound Learning Disability SEN type per 1000 in Kent, South East and England from 2015 to 2017

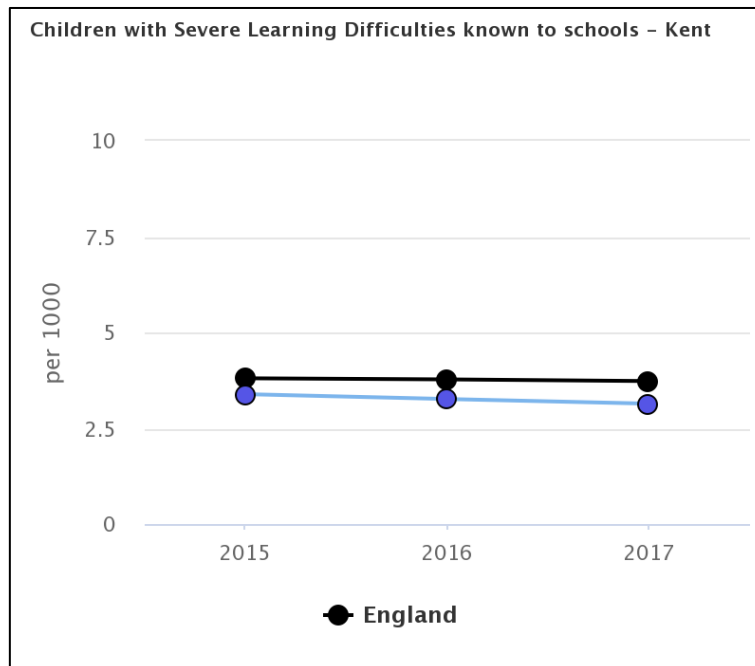
Period		Count	Value	Lower CI	Upper CI	South East England	
2015	●	253	1.05	0.93	1.19	1.01	1.29
2016	●	270	1.11	0.98	1.25	1.00	1.28
2017	●	291	1.17	1.05	1.32	0.97	1.27

Source: Department for Education statistical collections: Special Educational Needs, local authority tables  
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

The number of children and young people with a Multiple and Profound Learning Disability SEN type in Kent has reduced from 253 in 2015 to 291 in 2017. The rate in Kent in 2017 (1.17) is similar to that of England (1.27) and the South East (.97).

#### 4.4.4 Severe Learning Disability SEN Types

Figure 13 shows the number and rate per 1000 of Children and Young People with Multiple and Profound Learning Disability SEN type per 1000 in Kent and England from 2015 to 2017



Source: PHE 2018

Table 25 shows the number and rate per 1000 of Children and Young People with Severe Learning Disability SEN type per 1000 in Kent, South East and England from 2015 to 2017

Period	Count	Value	Lower CI	Upper CI	South East England
2015	817	3.39	3.16	3.63	3.44 3.80
2016	795	3.26	3.04	3.50	3.32 3.77
2017	778	3.14	2.93	3.37	3.26 3.73

Source: Department for Education statistical collections: Special Educational Needs, local authority tables  
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

**Finding:** The number of children and young people with a Severe Learning Disability SEN type in Kent has reduced from 817 in 2015 to 778 in 2017. The rate in Kent in 2017 (3.14) is significantly lower to that of England (3.73).

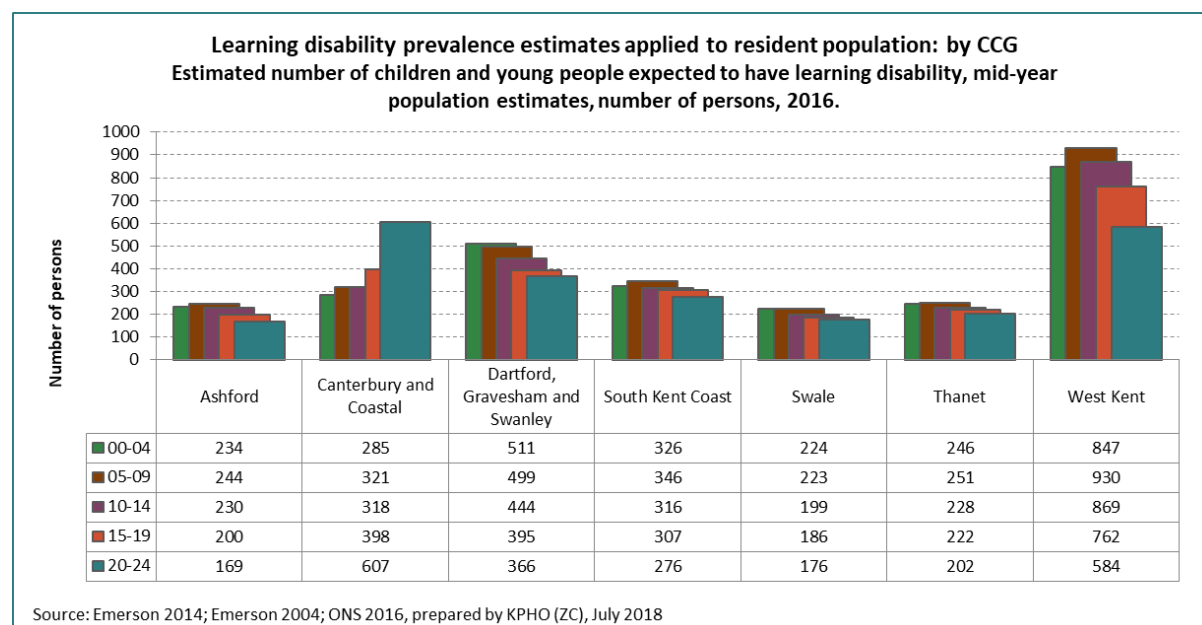
#### 4.4.5 Estimated Prevalence of Children and Young People with Learning Disability by age band and CCG

Estimated prevalence of children and young people with learning disabilities is based on a model developed by Emmerson, (2014)<sup>15</sup>, which provide the following estimates by age and gender.

**Table 26**

Age	Male	Female	Total
0-4	0.19%	0.11%	0.15%
5-9	1.21%	0.72%	0.97%
10-14	2.76%	1.73%	2.26%
15-19	3.22%	2.10%	2.67%
20-24	3.09%	2.11%	2.60%

**Figure 14 shows the Estimated Prevalence of Children and Young People with a Learning Disability aged 0-24 by CCG**



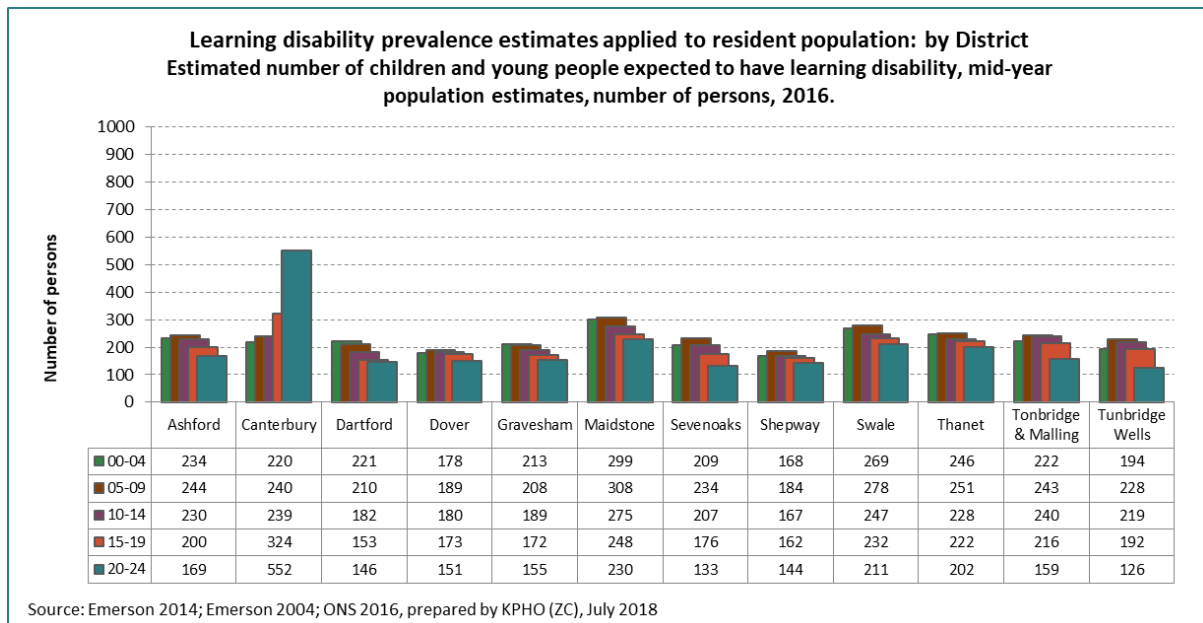
Source KPHO 2018

<sup>15</sup> Emerson and Hatton, 2007 in BOND (2015) 'Children and Young People with Learning Disabilities : Understanding their Mental Health' <http://vox.mtcserver3.com/wp-content/uploads/2015/01/Children-Young-People-with-Learning-Disabilities.pdf>  
Accessed 09/06/18 Page 11

The prevalence of children and young people with learning disability in each CCG reflects the size of the population with West Kent having the highest population of children and young people. Canterbury and Coastal CCG includes a large student population aged 20-24. This student population will include disproportionately fewer young people with learning disabilities than estimated here.

#### 4.4.6 Estimated Prevalence of Children and Young People with Learning Disability by age band and District

Figure 15 shows the Estimated Prevalence of Children and Young People with a Learning Disability aged 0-24 by District



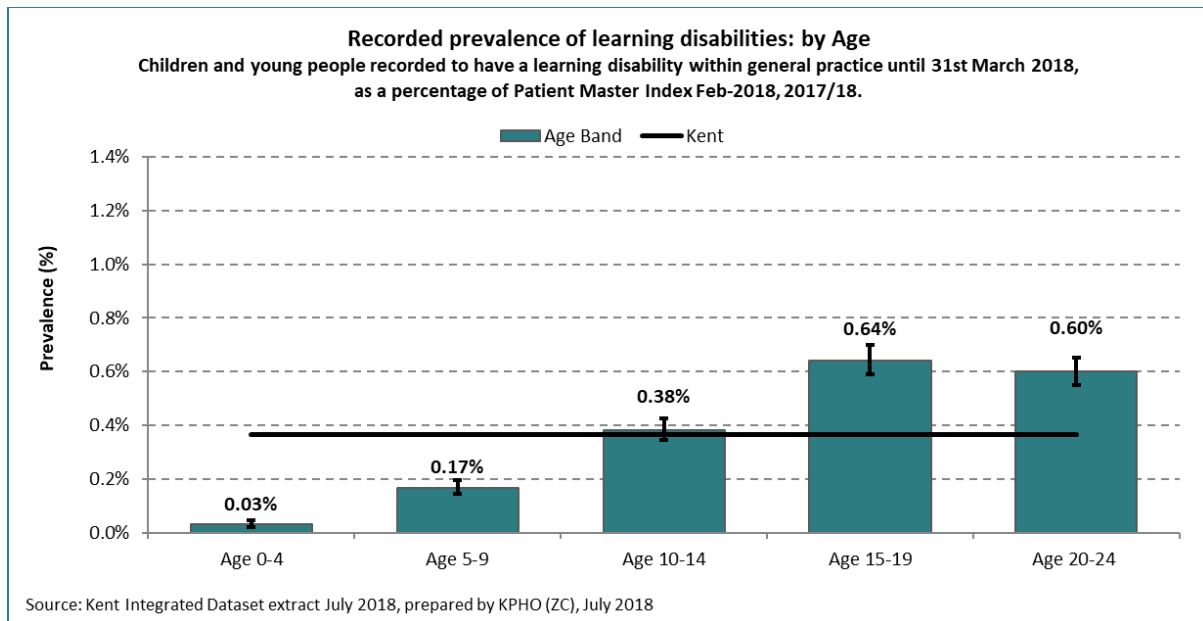
Source: KPHO 2018

The prevalence of children and young people with learning disability in each district reflects the size of the population in each district. Canterbury includes a large student population aged 20-24. This student population will include disproportionately fewer young people with learning disabilities than estimated here.

#### 4.4.7 Recorded Prevalence of Learning Disability by Age

The average recorded prevalence of children and young people with learning disabilities in Kent aged 0-24 is 0.37%.

Figure 16 shows the Recorded Prevalence of Children and Young People with a Learning Disability aged 0-24 by Age Band



Source: KPHO 2018

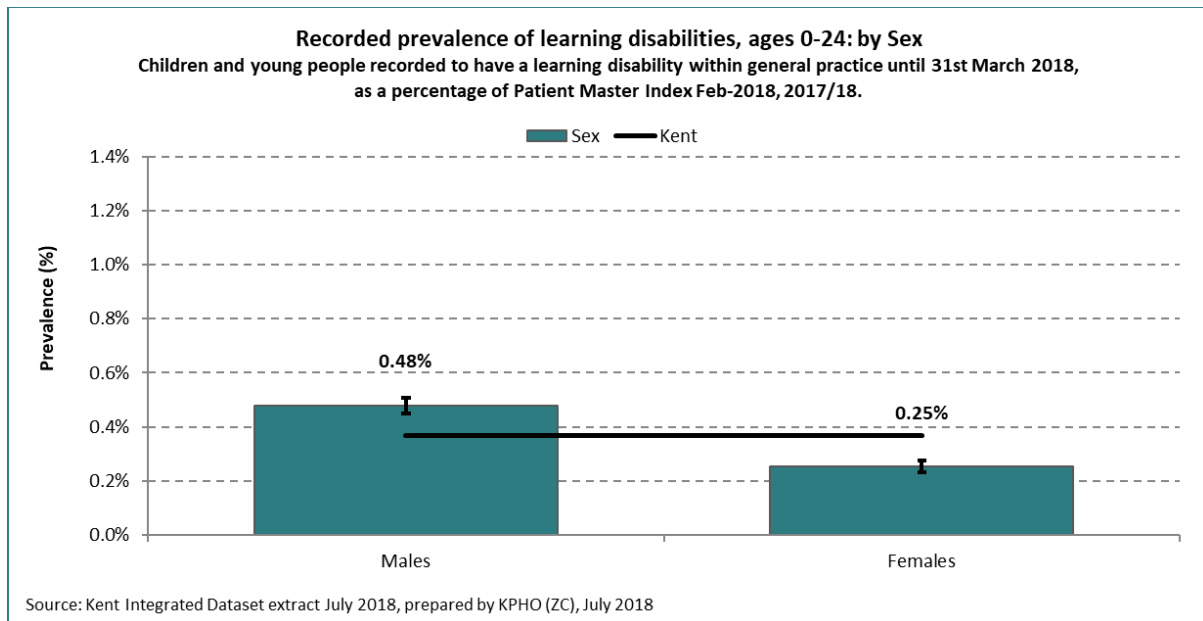
The recorded prevalence shows an increase in prevalence to age 15-19 and 20-24.

**Finding: The recorded prevalence of learning disability is less than that of national estimated across all age ranges. Additional analysis by age will provide additional insight into the drivers of this under reporting.**

#### 4.4.8 Recorded Prevalence of Learning Disability by Sex



Figure 17 shows the Recorded Prevalence of Children and Young People with a Learning Disability aged 0-24 by Sex

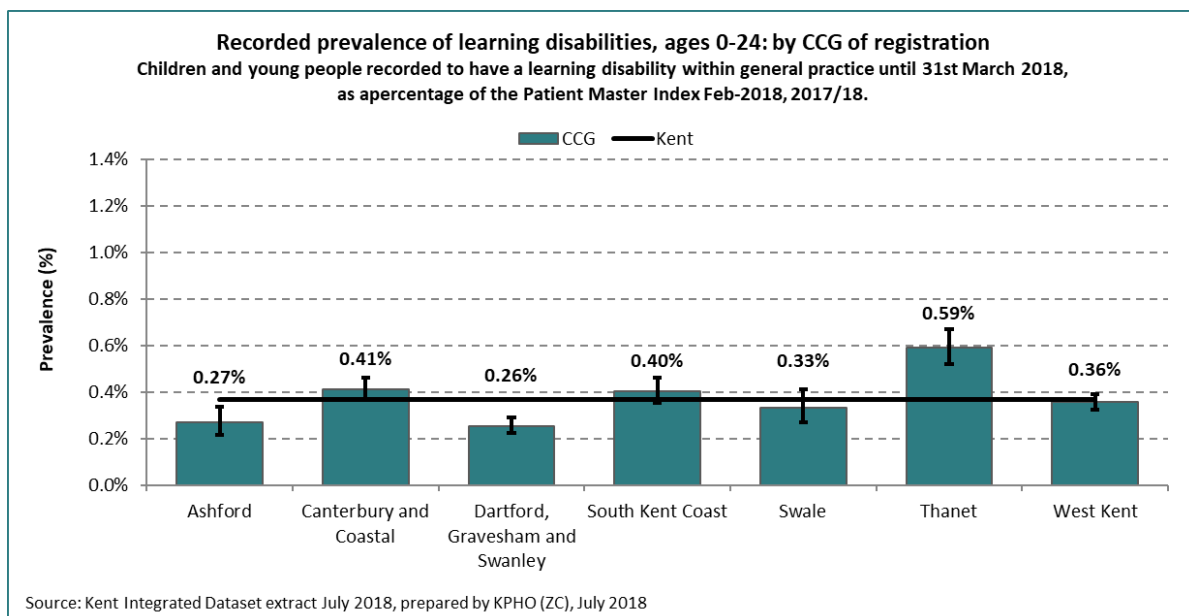


Source: Kent PHO

Recorded prevalence of learning disability shows a greater proportion of males (0.48%) than females (0.25%).

#### Recorded Prevalence of Learning Disability by District of Residence

Figure 18 shows the Recorded Prevalence of Children and Young People with a Learning Disability aged 0-24 by CCG of Registration



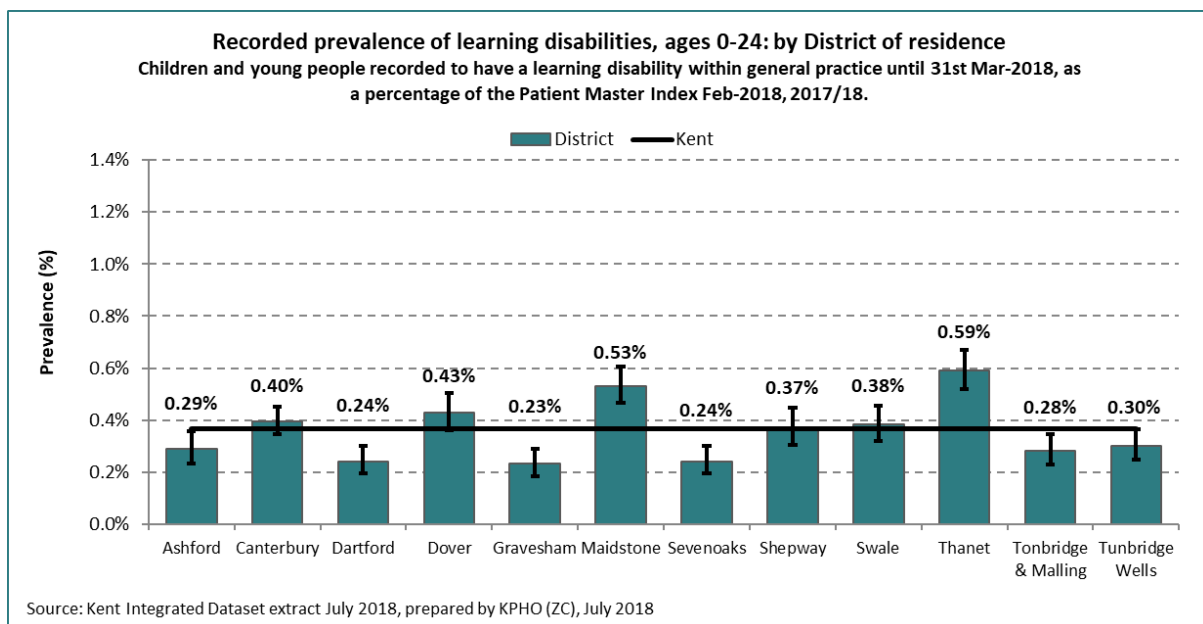
Source: Kent PHO

The prevalence of children and young people with a learning disability registered is significantly greater (0.59%) in Thanet and significantly less in Ashford (0.27%, Dartford, Gravesham and Swanley (0.26%).

**Findings: There are significant variations in the recording of learning disability at CCG level. Additional investigation is required to understand why this variation in recording exists and the consequence of it.**

#### 4.4.9 Recorded Prevalence of Learning Disability by CCG

Figure 19 shows the Recorded Prevalence of Children and Young People with a Learning Disability aged 0-24 by District of Residence



Source: Kent PHO

Thanet (0.59%) and Maidstone (0.53%) have a significantly higher prevalence of recorded learning disability than the Kent value. Dartford (0.24%), Gravesham (0.23%) and Sevenoaks (0.24%) have significantly lower recorded prevalence of recorded learning disability than the Kent value.

**Findings: There are significant variations in the recording of learning disability at district level. Additional investigation is required to understand why this variation in recording exists and the consequence of it.**

## 4.5 Autistic Spectrum Disorder (ASD)

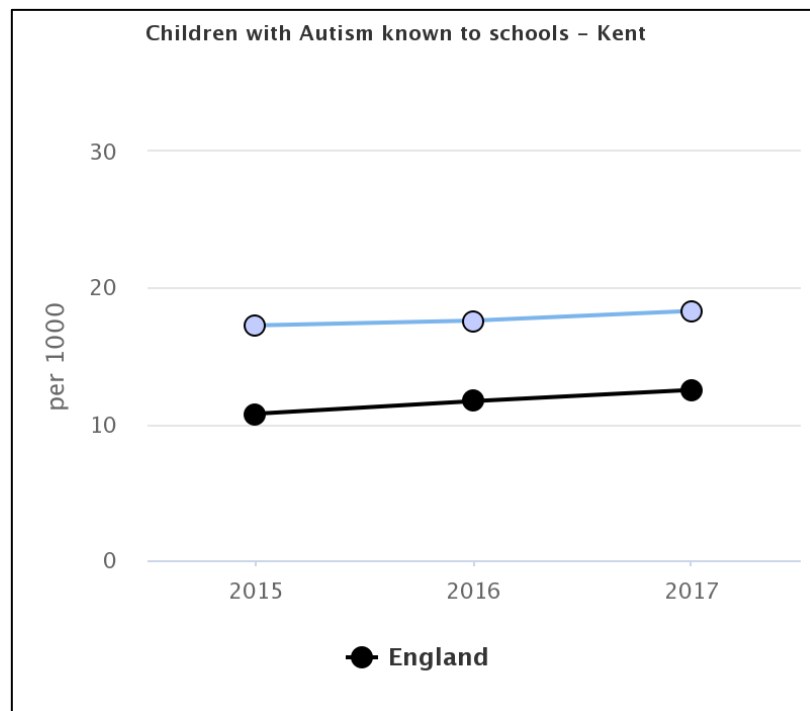
The prevalence of ASD<sup>16</sup> is estimated to be 1.2% of 5 to 19 year olds and was more common in boys (1.9%) than girls (0.4%). Although there is a perception that ASD is increasing, the most recent population prevalence for England does not support this view. Prevalence estimates in childhood reported in 2017 are in line with the prevalence in adulthood<sup>17</sup>

Children and young people with ASD have high rates of co morbid mental ill health.

- 70% of children and young people with ASD will have a mental health concern at some point in their life and 40 % will have 2 or more concerns<sup>18</sup>
- 1 in 10 of the children and young people who use CAMHS have autism<sup>19</sup>

### 4.5.1 Autism SEN Type in Kent

Figure 20 shows the Prevalence of Pupils with the Autism SEN type in Kent and in England from 2015 to 2017



Source: PHE 2018

<sup>16</sup> NHS Digital (2017) 'Mental Health of Children and Young People in England, 2017 Autism spectrum, eating and other less common disorders '  
<https://files.digital.nhs.uk/42/C6048B/MHCYP%202017%20Less%20Common%20Disorders.pdf>  
Accessed 28/12/2018

<sup>17</sup> Brugha et al ( 2016)

<sup>18</sup> BOND 2015: 12

<sup>19</sup> National Autistic Society 2010

The prevalence of children and young people with the SEN type Autism in Kent is significantly greater than England. Prevalence has increased slightly in England and in Kent from 2015 to 2017.

Table 27 shows the Prevalence of Pupils with the Autism SEN type in Kent, in the South East and in England from 2015 to 2017

Period		Count	Value	Lower CI	Upper CI	South East	England
2015	●	4,157	17.2	16.7	17.8	11.7	10.8
2016	●	4,288	17.6	17.1	18.1	12.4	11.7
2017	●	4,534	18.3	17.8	18.8	13.1	12.5

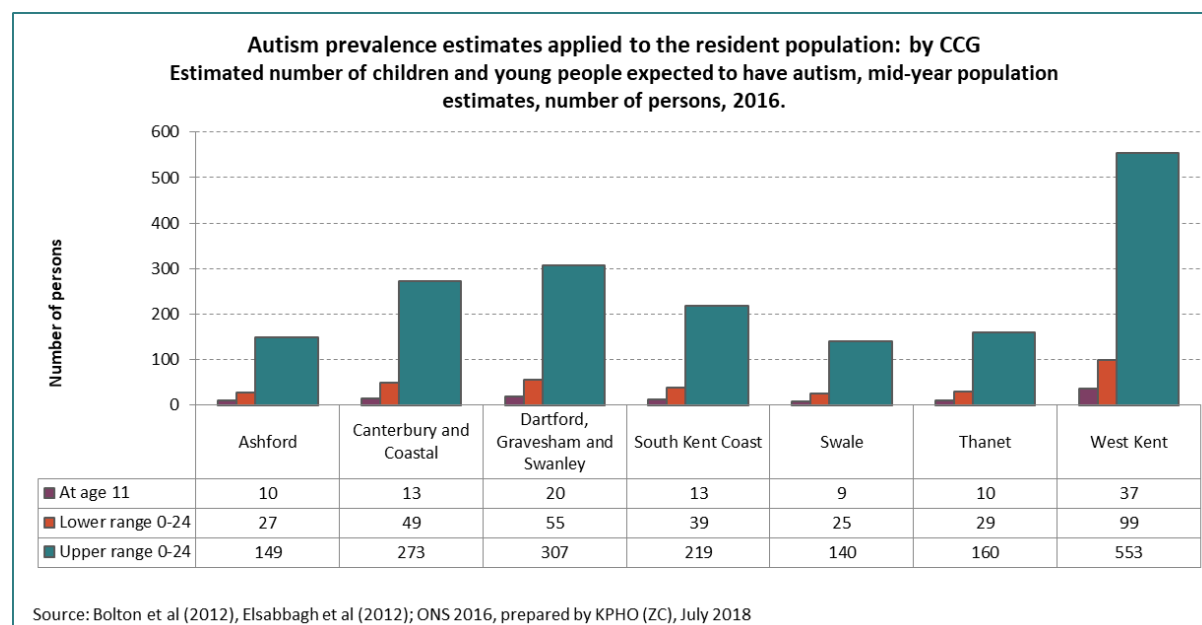
Source: Department for Education statistical collections: Special Educational Needs, local authority tables  
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

Source: KPHHO 2018

The prevalence of children and young people with the Primary SEN type Autism in Kent (18.3 per 1000 in 2017) is significantly greater than in the South East (13.1 per 100 in 2017) and in England (12.5 per 1000 in 2017). Prevalence has increased slightly in Kent, in the South East and in England from 2015 to 2017.

#### 4.5.2 Estimated Prevalence of Children and Young People with Autism by age band and CCG

Figure 21 shows the Estimated Prevalence of Children and Young People with the Autism in Kent by CCG

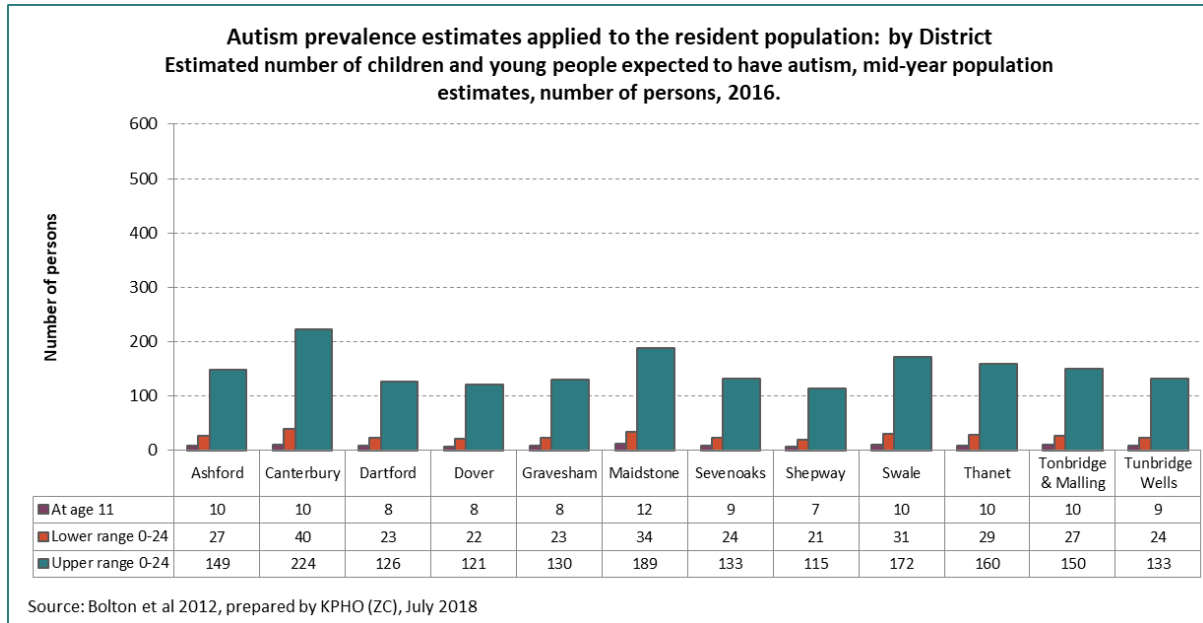


Source: KPHO 2018

The estimated prevalence of children and young people with autism reflects the size of the population in each CCG. West Kent CCG is the most populous of the CCGs.

#### 4.5.3 Estimated Prevalence of Children and Young People with Autism by age band and District

Figure 22 shows the Estimated Prevalence of Children and Young People with the Autism Primary SEN type in Kent by District

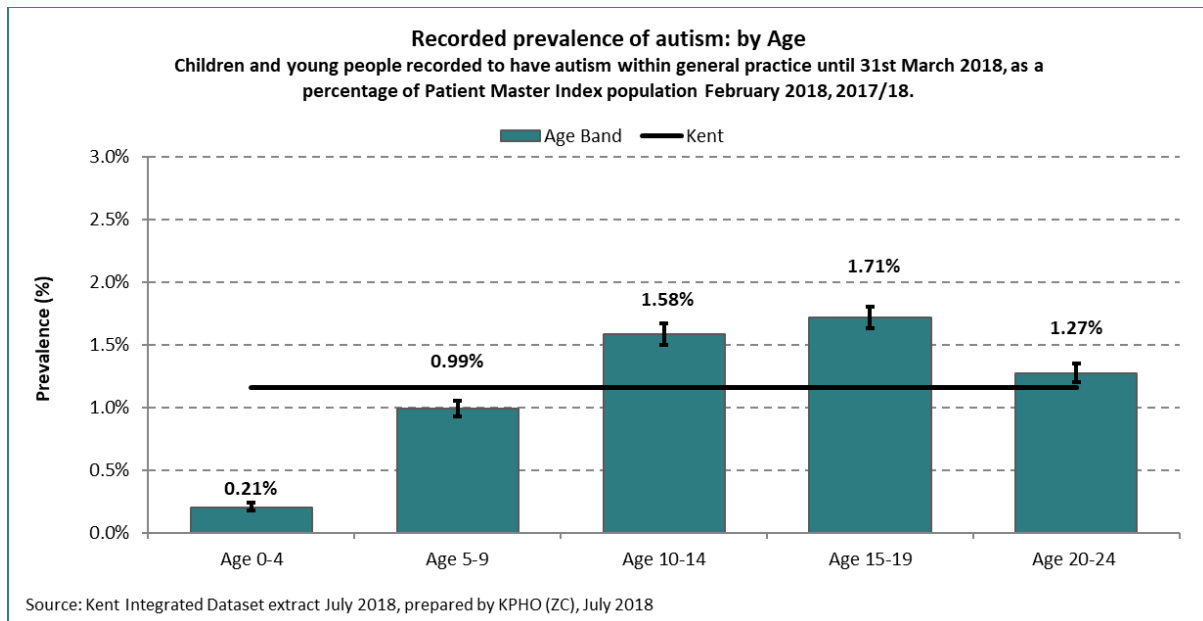


Source: KPHO 2018

The estimated prevalence of children and young people with autism reflects the size of the population in each district.

#### 4.5.4 Recorded Prevalence of Autism

Figure 23 shows the Recorded Prevalence of Children and Young People aged 0-24 with Autism in Kent by Age



Source: KPHO 2018

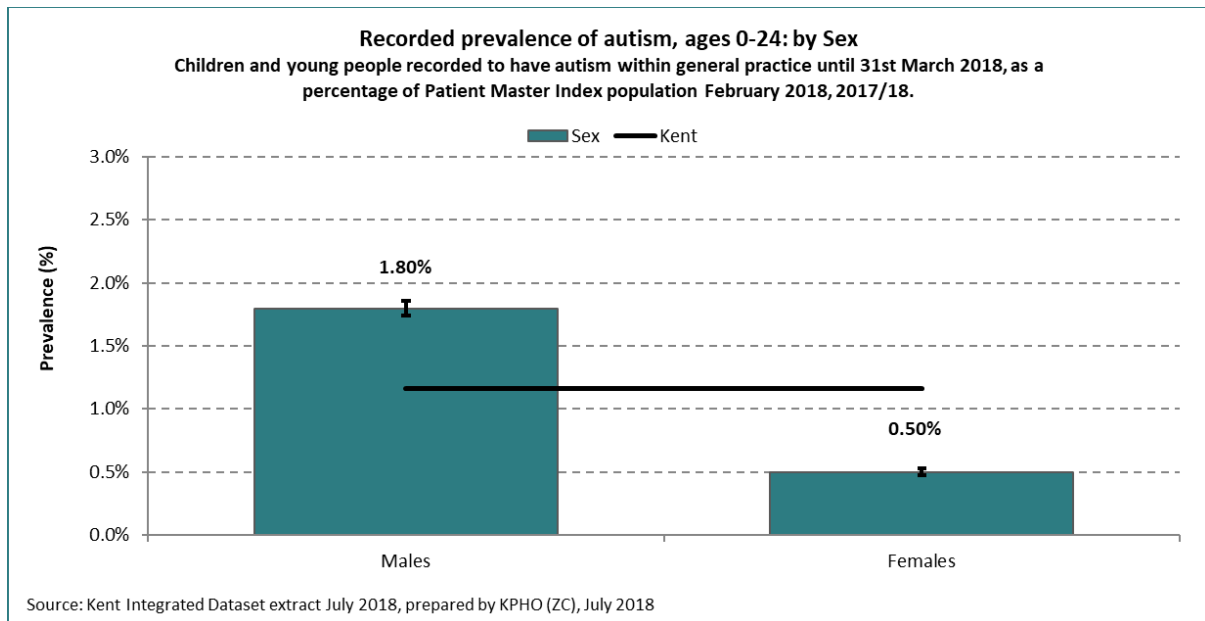
Estimated prevalence of children and young people with an Autism increases with age and then declines in the 20-24 age band.

**Finding: Recorded prevalence of children and young people with autism varies by CCG. Opportunities to address this variation should be identified.**

**Finding: Recorded prevalence of children and young people with autism shows a decline in 20-24 year olds. This decline is likely to be linked to a lack of recording rather than prevalence. Additional analysis is required to understand the reason and impact of this decline.**

**Finding: The recorded prevalence of ASD by GPs is similar, or slightly higher than the estimated prevalence and less than the prevalence of children and young people with a primary SEN type, ASD. This suggests that the KID could provide some valuable additional intelligence about the utilisation of health services and the sufficiency of health services for children and young people with ASD in Kent and requires investigation.**

Figure 24 shows the Recorded Prevalence of Children and Young People aged 0-24 with Autism in Kent by Sex

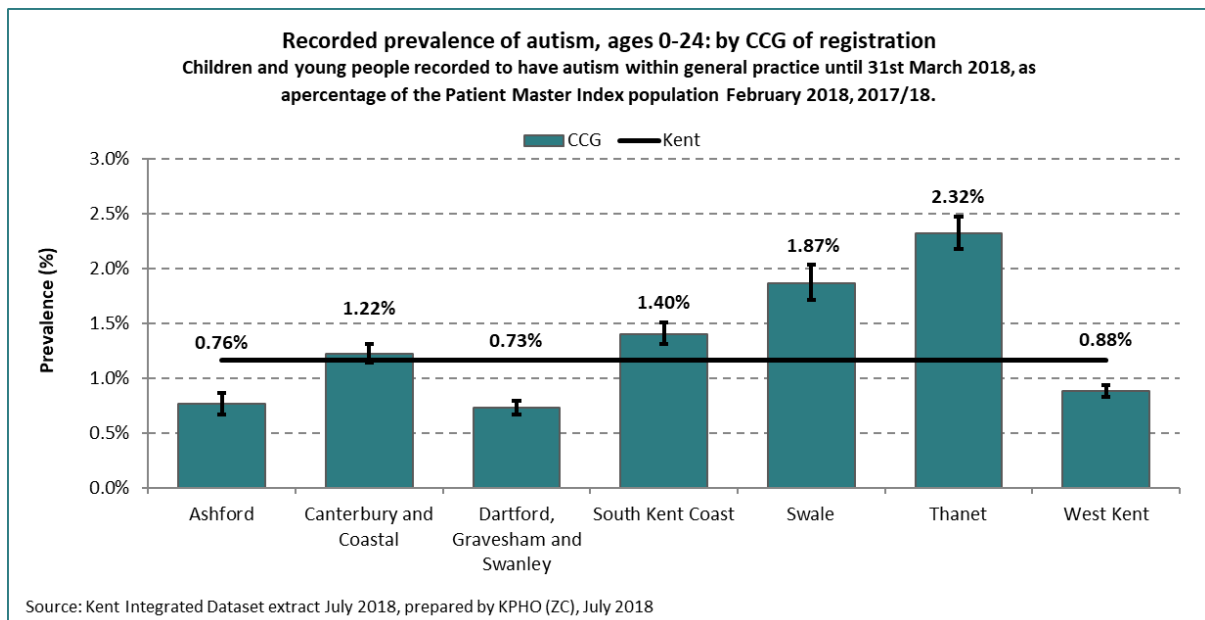


Source: KPHO

The recorded prevalence of autism in males (1.8%) is greater than females (0.5%) in Kent.

#### 4.5.5 Recorded Prevalence of Autism by CCG of Registration

Figure 25 shows the Recorded Prevalence of Children and Young People aged 0-24 with Autism in Kent

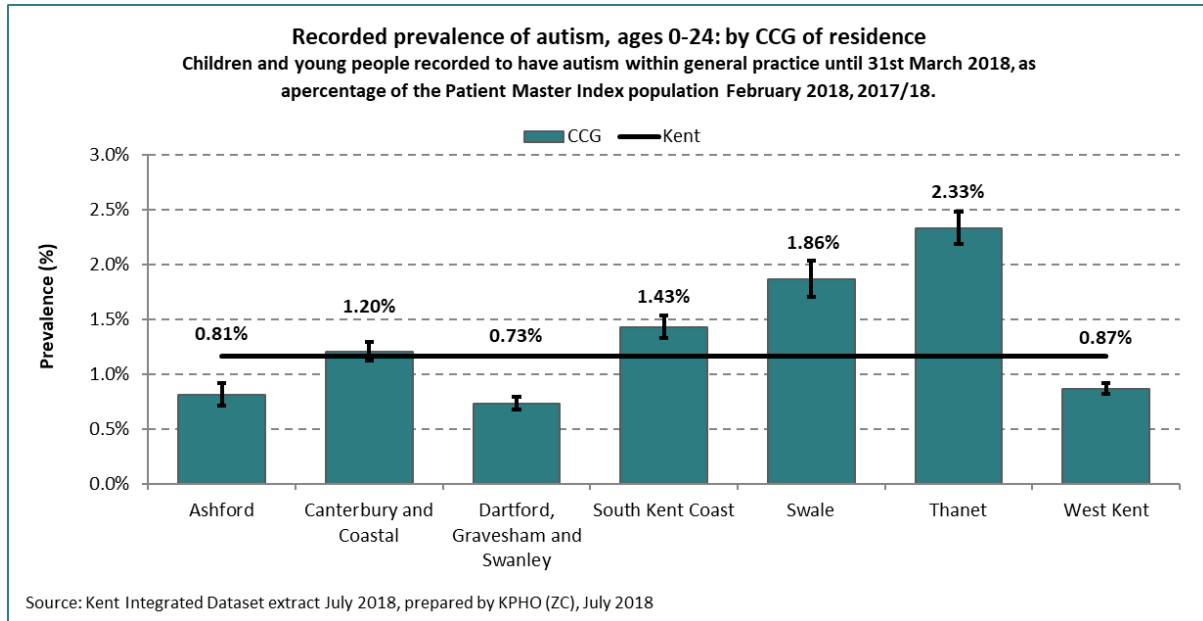


Source: Kent PHO

Recorded prevalence of autism in children and young people aged 0-24 is higher in Thanet (2.32%), Swale (1.87%) and South Kent Coast (1.87%) than Kent. It is lower in Dartford, Gravesham and Swanley (0.73%) and Ashford (0.76%) and West Kent (0.88%).

#### 4.5.6 Recorded Prevalence of Autism by CCG of Residence

Figure 26 shows the Recorded Prevalence of Children and Young People aged 0-24 with Autism in Kent by CCG of Residence



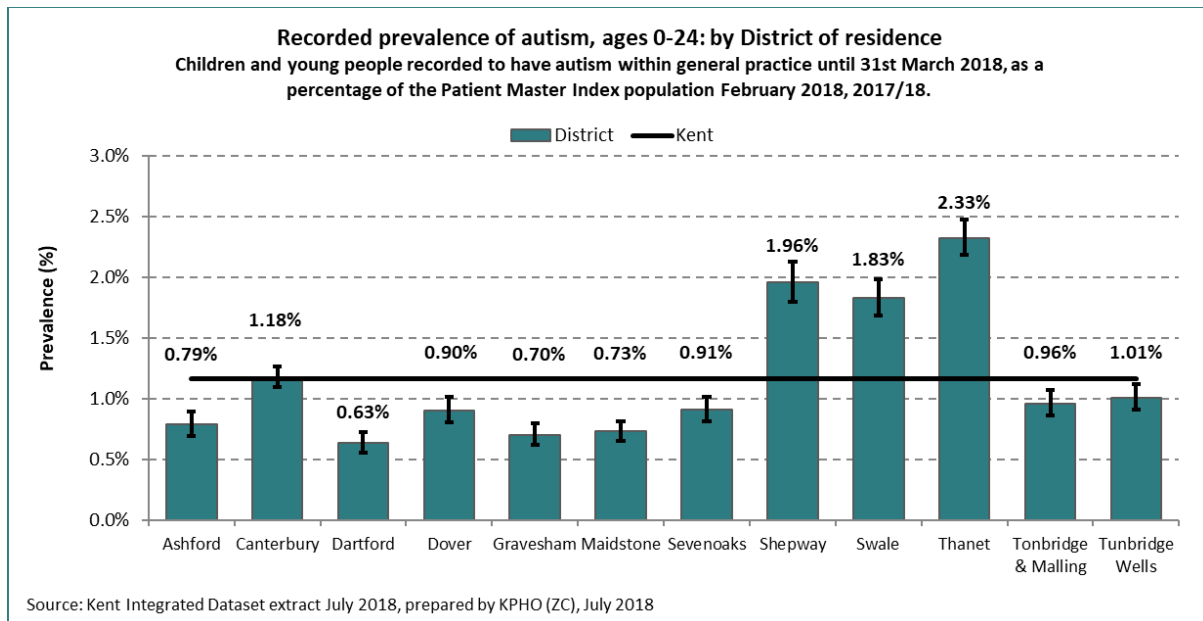
Source: KPHO 2018

Recorded prevalence of autism in children and young people aged 0-24 is higher in Thanet (2.33%), Swale (1.86%) and South Kent Coast (1.87%) than Kent. It is lower in Dartford, Gravesham and Swanley (0.73%) and Ashford (0.81%) and West Kent (0.87%).

#### 4.5.7 Recorded Prevalence of Autism by District of Residence



Figure 27 shows the Recorded Prevalence of Children and Young People aged 0-24 with Autism in Kent by District of Residence



Source: KPHO 2018

Recorded prevalence of autism in children and young people aged 0-24 is higher in Thanet (2.33%), Swale (1.83%) and Shepway (1.96%) than Kent. It is lowest in Dartford (0.63%) Gravesham (0.70%), Maidstone (0.73%) and Ashford (0.79%).

#### 4.6 Physical Disability

A physical disability is a physical condition which limits a person's movements and/or control of movements, senses or activities. There are many causes of physical disabilities in children, the most common causes include muscular dystrophies, spina bifida, cerebral palsy and acquired injuries. Physical disability may occur independently or may be associated with other disabilities such as learning disabilities or sensory impairment.

As part of their work to understand the prevalence of disabilities amongst children in the UK Blackburn, Spencer and Read, 2010 report the following prevalence of functions which linked to a physical disability<sup>20</sup>.

<sup>20</sup> Blackburn, C., Spencer, N. and Read J., (2010) 'Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey' BMC Paediatrics 10: 21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2873517/> Accessed 28/12/18

Table 28

Function	Prevalence (%)	Confidence Intervals
Mobility	1.5	1.3-1.7
Manual Dexterity	0.8	0.7-1.0
Lifting and Carrying	0.7	0.6-0.8
Continence	0.7	0.6-0.8
Physical coordination	1.3	1.1-1.5

It is not possible to identify reported prevalence of physical disability in children in health records in the KID in Kent.

#### 4.7 Hearing Impairment

Permanent hearing impairment has been estimated to be at a rate of 1-1.3 per 1,000 population from neonatal screening programmes by median 2 years of age and may be as high as 2.05 per 1,000 among children 9 years of age and older<sup>22,23</sup> A more recent study of Australian children aged 11 to 12 years of age found 0.7% and 0.9% of children had severe bilateral and unilateral hearing loss<sup>24</sup>.

Applied to the Kent population we could estimate this to affect around 290 children up to 9 years of age, 600-800 children aged 10 to 14 years and 2,000-2,600 children aged 0 to 24 years.

Read codes for hearing impairment<sup>25</sup> were queried within the Kent Integrated Dataset for recording until 31st March 2018 we found 2,042 children aged 0 to 24. Of these 1,319 were aged 4 to 15 years.

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<sup>22</sup> Fortnum, H.M., Summerfield, A.Q., Marshall, D.H., et al (2001) Prevalence of permanent childhood hearing impairment in the United Kingdom and implications for university neonatal screening: questionnaire-based ascertainment study. *BMJ*, 323, 1-6

<sup>23</sup> NICE (2009) Cochlear implants for children and adults with severe to profound deafness. Accessed September 2018 <https://bit.ly/2N5WqRH>

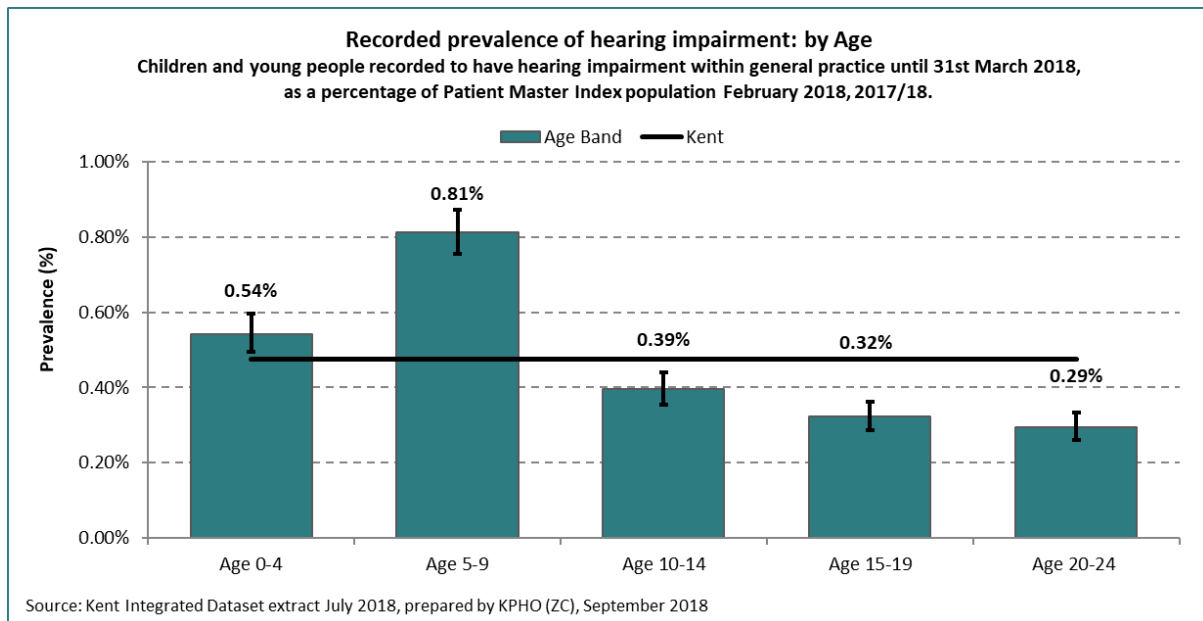
<sup>24</sup> Wang J., Clercq, CMP., & Sung, V et al (2018) Cross-sectional epidemiology of hearing loss in Australian children aged 11-12 years old and 25-year secular trends. *Arch Dis Child*, 103 579-585

<sup>25</sup> University of Cambridge (2017) Primary care unit – code lists. Accessed September 2018 <https://bit.ly/2xD7uR8>

Read codes for severe hearing impairment<sup>26</sup> queried within the Kent Integrated Dataset for recording until 31st March 2018 we found 724 children aged 0 to 24. Of these 439 were aged 4 to 15 years.

#### 4.7.1 Recorded Prevalence of Hearing Impairment by Age

Figure 28 shows the Recorded Prevalence of Hearing Impairment of Children and Young People in Kent by Age in February 2018



Source: KPHO 2018

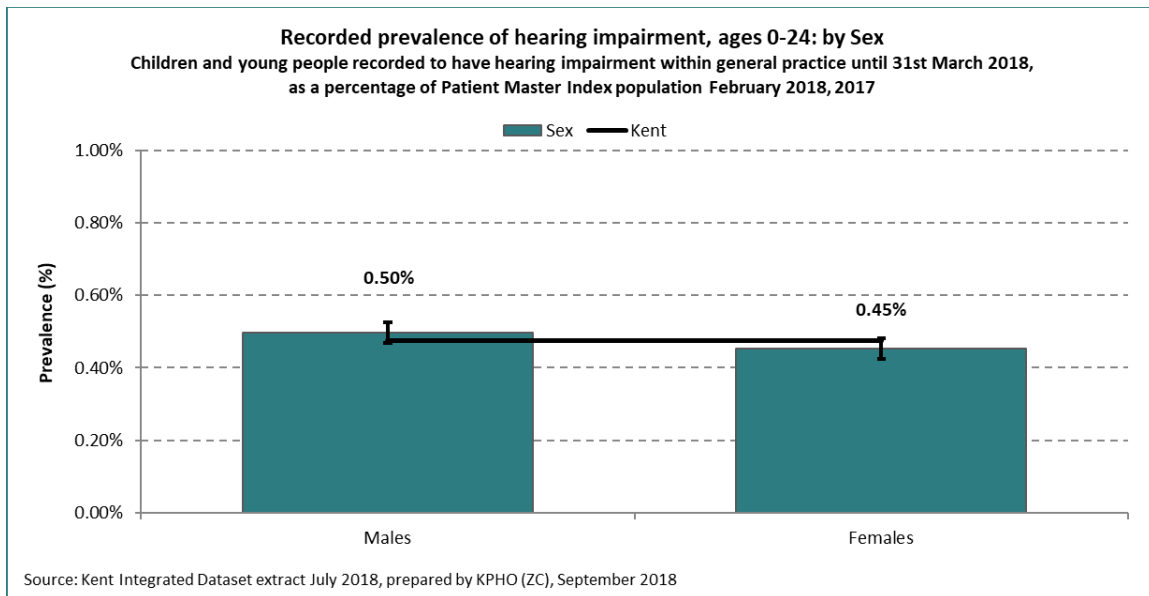
The recorded prevalence of hearing impairment for children and young people in Kent peaks at age 5 – 9 years old, when children are of school age and when additional hearing screening is undertaken. It then declines. This decline is likely to reflect under reporting.

**Finding: Despite some issues regarding the under reporting of hearing impairment in children and young people after the age of 9, the recorded prevalence is in line with the estimated prevalence. This suggests that the KID could provide some valuable additional intelligence about the utilisation and the sufficiency of health services for children and young people with hearing impairment in Kent and requires investigation.**

#### 4.7.2 Recorded Hearing Impairment by Sex

<sup>26</sup> Carey, I et al (2017) Do health checks for adults with intellectual disability reduce emergency hospital admissions? Evaluation of a natural experiment. J Epidemiological Community Health, 71(1) 52-58

**Figure 29 shows the Recorded Prevalence of Hearing Impairment for Children and Young People aged 0-24 by Sex in Kent**

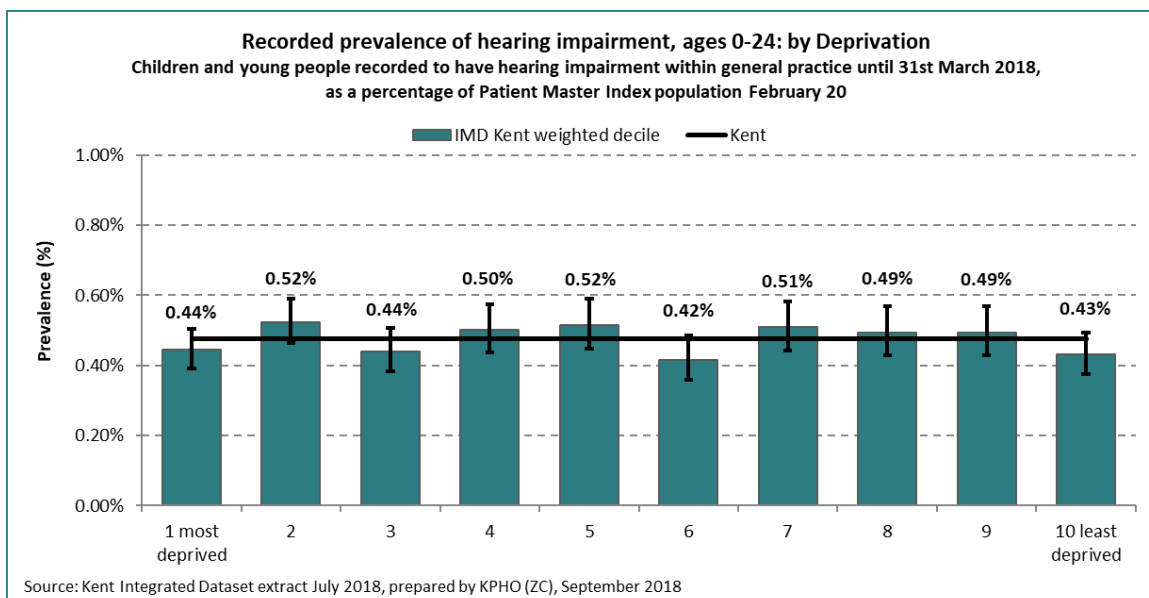


Source: KPHO 2018

Recorded prevalence of children and young people with a hearing impairment in Kent shows that there is an equal distribution across males and females.

#### 4.7.3 Recorded Prevalence of Hearing Impairment for children and young people aged 0-24 by Deprivation

**Figure 30 shows the Recorded Prevalence of Hearing Impairment for Children and Young People aged 0-24 by Deprivation Decile in Kent in February 2018**

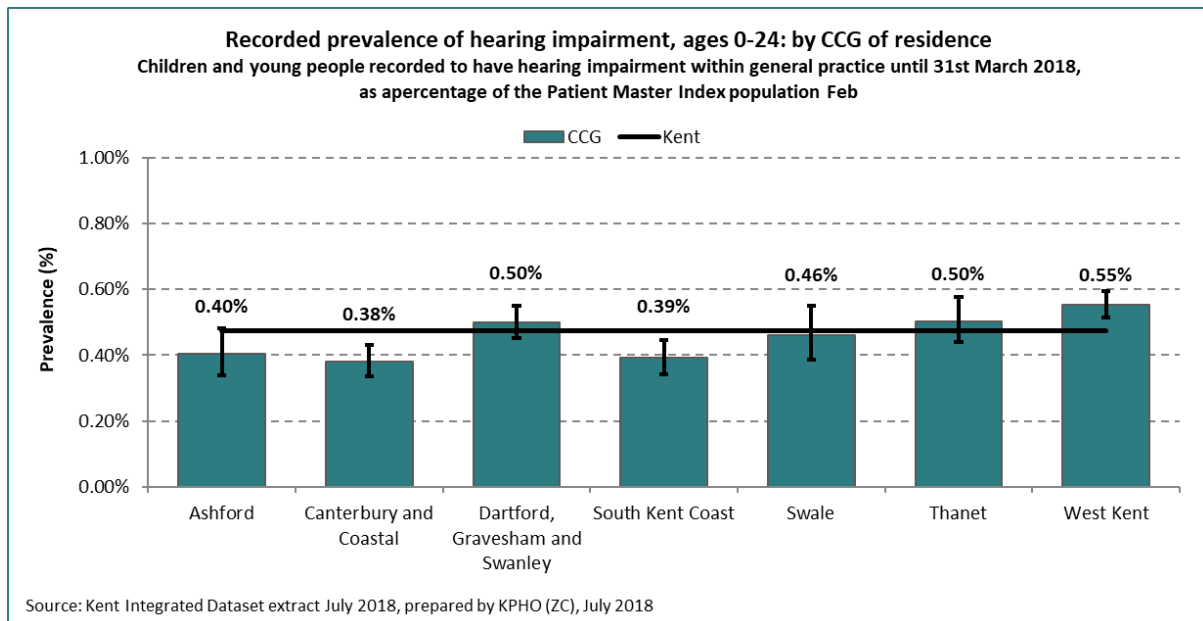


Source: KPHO 2018

There is a similar distribution of hearing impairment across deprivation deciles for children with hearing impairment in Kent indicating no association between deprivation and hearing impairment.

#### 4.7.4 Recorded Prevalence of Hearing Impairment for Children and Young People Aged 0-24 in Kent by CCG

Figure 31 shows the Recorded Prevalence of Hearing Impairment for children and young people aged 0-24 by CCG of Residence



Source: KPHO 2018

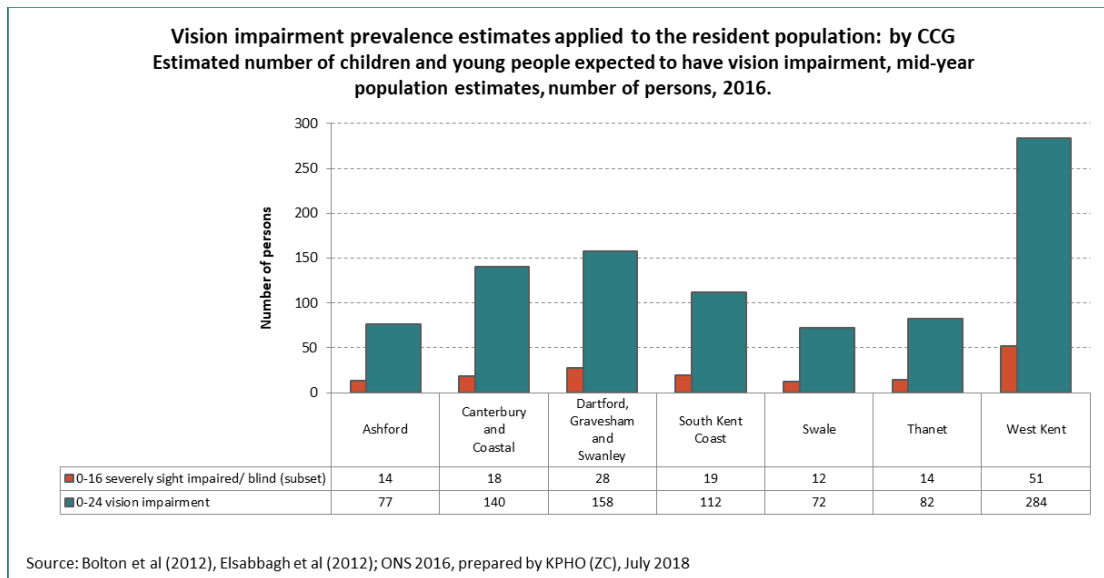
Recorded prevalence of children and young people aged 0-24 in Kent by district shows there are there are less children and young people recorded in Canterbury and Coastal and South Kent Coast and proportionally more in West Kent.

**Finding:** There is a some variation in the recorded prevalence of children and young people with a hearing impairment by CCG of residence, with Canterbury and Coastal (0.38%) and South Kent Coast ( 0.39%) having a lower recorded prevalence than the Kent value and West Kent ( 0.55%) having the higher recorded prevalence than the Kent value .

## 4.8 Visual Impairment

### 4.8.1 Estimated Prevalence of Children and Young People with Visual Impairment in Kent

Figure 32 shows the Estimated Prevalence of Children and Young People aged 0-24 with a Visual Impairment by CCG and Age

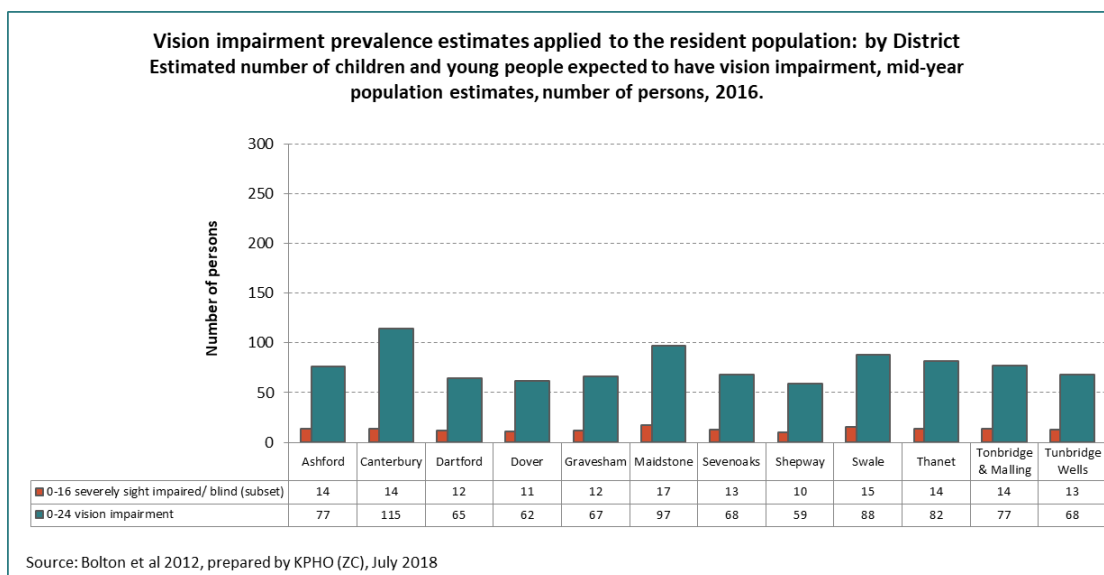


Source: KPHO 2018

The estimated number of children and young people reflects the size of the population in each CCG. West Kent has the highest number of children and young people with a visual impairment and is the most populous CCG.

#### 4.8.2 Estimated Prevalence of Children and Young People with Vision Impairment by age band and District

Figure 33 shows the Estimated Prevalence of Children and Young People aged 0-24 with a Visual Impairment by District and Age



Source: KPHO 2018

Estimated prevalence of children and young people reflects the size of the population in each District.

## 5 Vulnerable Children and Young People who have SEN

### 5.1 CYP with SEN who are involved in the Youth Justice System (YJS)

#### 5.1.1 National Evidence

National evidence suggest that the young people involved in the YJS are likely to have high levels of SEN.

It is understood that young people who offend have higher percentage of learning disability than the non-offending population. It is estimated that 25 to 30 % of children and young people in the YJS have learning disabilities, and that this rises to around 50 % of those in custody. Chitsabesan (2006) found that 1 in 5 young offenders identified as having a learning disability. Hughes (2012) reports that generalised learning disability is significantly more common in young people in custody than the wider population 'with research studies suggesting a prevalence of 23-32%, compared to 2-4% of the general population'. Hughes goes on to note that 'dyslexia, appear significantly more common in young people who offend, with research studies suggesting a prevalence of between 43 and 57%, compared to around 10% of the general population'.

#### 5.1.2 Kent Evidence

Analysis of the ICYPD database in Kent for children and young people in 2017 shows that:

- 37.7% of the pupils who were known to the youth offending team (had a court disposal during the academic year) had SEN
- 1% of pupils with SEN were known to the Youth Offending Unit with 21.3% having an early help notification, which may have been linked to offending behaviour.

**Finding: Given the high prevalence of SEN amongst children and young people in contact with the Youth Justice System, there is a need to ensure that there is an effective process for integrating SEN support, EHCPs and YJS support.**

### 5.2 CYP with SEN who are Children in Care and Children in Need

#### 5.2.1 Children in Need

The % of children in need in Kent with SEN support was 21.20% in 2017. This was a reduction by 1.2% from 2016. The Kent value is lower than the England value of 25.30 % in 2017.

The % of children in need in Kent with an EHC was 26.60 in 2017. This was a reduction of 2.80% from 2016. The Kent value is higher than England value of 20.60% and of statistical neighbours' value of 20.03%.

**Finding: The % of CHIN in Kent with SEN support is lower than England. The % with EHCP is higher than England and Kent's statistical neighbours.**

### 5.2.2 Children in Care

The % of children in care in Kent with SEN support was 26.1% in 2017. This was a reduction of 2.5 % from 2016. The Kent value is lower than the England value of 29.6 in 2017.

The % of children in care in Kent with an EHC or statement was 26.70% in 2017. This is a reduction of 2.10 from 2016. The Kent value is the same as the England value of 28.82 but lower than statistical neighbours of 28.82 indicating an under identification of need (Source: LAIT)

Analysis of the ICYPD integrated database in Kent for shows that:

50.1% of the pupils who were a KCC or other local authority child in care during the academic year had SEN.

35.3% of the pupils who were known to child protection during the academic year had SEN.

26.8% of the pupils who were a child in need during the academic year had SEN.

3.3 % of pupils with SEN were a child in care (Kent or OLA) compares to 0.5% of pupils with no SEN.

1.7% of pupils with SEN were known to child protection compared to 3.7% of pupils with no SEN.

8.4% of pupils with SEN were children in need compared to 3.2% of children with SEN.

**Finding: Given the high prevalence of SEN amongst CHIN and CIC, there is a need to ensure that there is an effective process for integrating SEN support, EHCPs and CHIN and CIC plans.**

**Finding: The % of CIC with EHCP or statement in Kent (26.7) is lower than the England average (30.5). The % of CIC with SEN support in Kent (26.1) is lower than the England average (29.4).**

**Finding: The % of CHIN with EHCP or statements in Kent (21.2) is lower than the England average (25.0). The % of CHIN with SEN support in Kent (21.2) is lower than the England average (26.6).**

**Finding: Given the high prevalence of SEN amongst CIC and CHIN, although less than the England average, national or local policies which impact on the placement of these children and young people will impact on the distribution of SEN support and EHCPs.**



### 5.2.3 Prevalence of CYP with SEN and Deprivation:

Mosaic is a classification system designed by Experian to profile the characteristics of the UK population. Each household in the UK is classified as belonging to one of the 66 types, which fall into a broader range of 15 groups. These types and groups describe the residents of a household in terms of their typical demographics, their behaviour, their lifestyle characteristics and their attitude.

Table 29 shows 27% of pupils with SEN were from households of families with limited resources, who have to budget to make ends meet (Group M – Family Basics), 19% were from younger households that are settling down in housing priced with their means (Group H – Aspiring Homemakers) and 12% were from households of thriving families, who are bringing up children and following careers (Group D – Domestic Success).

Group M, H and D also accounted for the highest number of all Kent pupils. So, to understand the numbers in the context of the pupil population size in each Mosaic group in Kent an index has been applied to each group. An index of 100 indicates that a Mosaic group has an average number of pupils with SEN to it given its population, shown in Table 28.

For example, 18.6% of the pupil population were from Mosaic Group D (Domestic Success), yet only 11.9% of the pupils with SEN were from this type of household and are therefore underrepresented, with an index below 100.

Table 28 shows there are more pupils, than expected, with SEN from the most deprived households when compared to pupils from the most affluent households. Looking at the three Mosaic groups that accounted for the highest proportion of pupils, pupils from the deprived Group M (Family Basics) are more likely to have SEN when compared the pupils from Group D (Domestic Success) and H (Aspiring Homemakers).

Pupils from households in inexpensive homes in, often isolated, village communities (Group G – Rural Reality) and pupils living in privately rented properties suitable for young people, in urban neighbourhoods (Group J – Rental Hubs) were both overrepresented when looking at pupils with SEN support or an EHCP.

Although Group K (Modest Traditions), N (Vintage Values) and O (Municipal Challenge) recorded a high index, it must be noted that the numbers are small in comparison to other Mosaic groups.

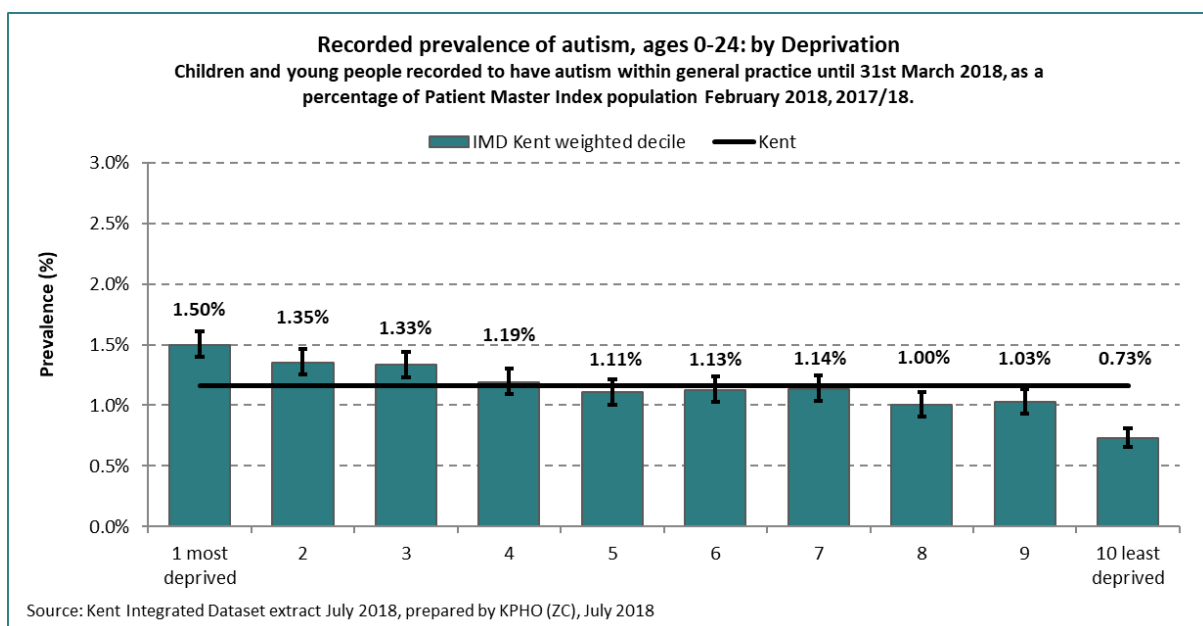
Table 29 shows Pupils in Year R to Year 11 with SEN by Mosaic group in January 2017

Mosaic group	All Pupils (years R-11)		Pupils with SEN support or EHCP		INDEX
	No.	%	No.	%	
<b>A Country Living</b>	11,702	5.7%	1,191	4.7%	<b>83</b>
<b>B Prestige Position</b>	18,355	8.9%	1,397	5.6%	<b>62</b>

<b>C City Prosperity</b>	912	0.4%	63	0.3%	<b>56</b>
<b>D Domestic Success</b>	38,348	18.6%	3,003	11.9%	<b>64</b>
<b>E Suburban Stability</b>	9,696	4.7%	1,216	4.8%	<b>102</b>
<b>F Senior Security</b>	1,960	1.0%	262	1.0%	<b>109</b>
<b>G Rural Reality</b>	12,828	6.2%	1,899	7.5%	<b>121</b>
<b>H Aspiring Homemakers</b>	43,257	21.0%	4,706	18.7%	<b>89</b>
<b>I Urban Cohesion</b>	2,212	1.1%	230	0.9%	<b>85</b>
<b>J Rental Hubs</b>	7,899	3.8%	935	3.7%	<b>97</b>
<b>K Modest Traditions</b>	3,583	1.7%	584	2.3%	<b>133</b>
<b>L Transient Renters</b>	12,286	6.0%	1,941	7.7%	<b>129</b>
<b>M Family Basics</b>	38,153	18.5%	6,882	27.3%	<b>147</b>
<b>N Vintage Values</b>	1,299	0.6%	261	1.0%	<b>164</b>
<b>O Municipal Challenge</b>	2,999	1.5%	583	2.3%	<b>159</b>
<b>Unknown</b>	188	0.1%	17	0.1%	
<b>Kent Total</b>	<b>205,677</b>		<b>25,170</b>		

Source: ICYPD 2018

Figure 34 shows the Recorded Prevalence of Autism in 0-2y year olds in Kent by Deprivation



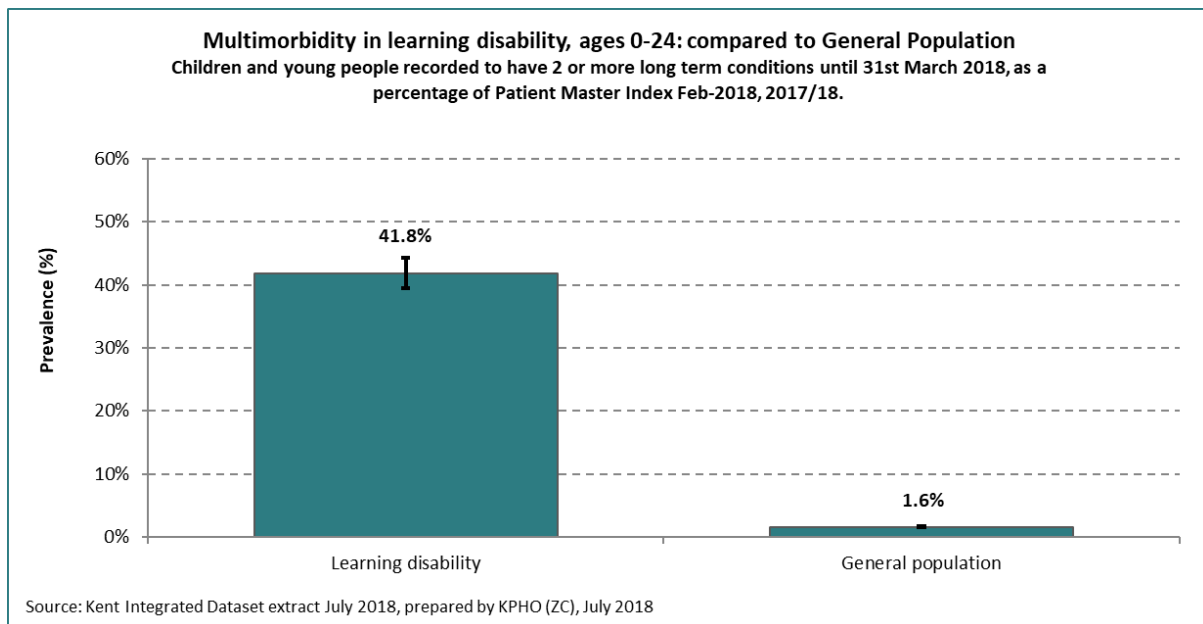
Source: KPHO 2018

**Finding:** There is an association between recorded ASD amongst children and young people in Kent and deprivation decile, with significantly higher prevalence amongst children and young people in decile 1, 2 and 3 and a significantly lower prevalence in decile 10. This association demonstrates the need to ensure that the needs of the population group are incorporated into efforts to address poverty and deprivation. It also provides opportunities to target preventative action and service improvements in localities in these deciles.

## 6 Health Outcomes of Children and Young People with SEN

### 6.1 Multi Morbidity and Children and Young People with Learning Disability

Figure 35 shows the Prevalence of Children and Young People in Kent with Multi Morbidity who are Recorded as having a Learning Disability compared to the General Population



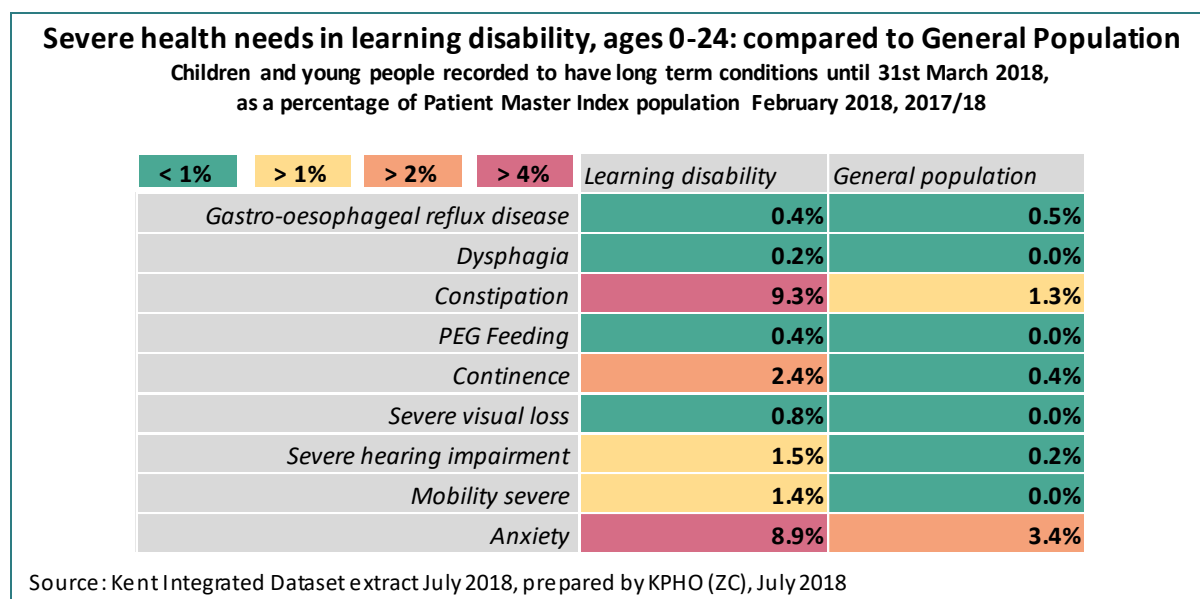
Source: KPHO 2018

41.8% of children and young people in Kent who are recorded as having a learning disability have comorbid long-term conditions compared to 1.6% in the general population.

### 6.2 Severe Health Conditions

#### 6.2.1 Prevalence of Severe Health Needs in Children and Young People with a Learning Disability

Figure 36



Source: KPHO 2018

### 6.2.2 Continence

There is a high prevalence of continence in children with disabilities. Continence may be temporary or permanent and may change with their developmental stage and the trajectory of children’s health needs. Half of all children with a physical disability may have continence problems. There is a clear association between severity of disability and incontinence.

The risk of underlying bladder and bowel co-morbidities in children and young people with additional needs is often not recognised, resulting in potential long-term damage. The importance of a comprehensive assessment is highlighted in ‘Understanding bowel and bladder comorbidities in children and young people with additional needs – the importance of assessment’<sup>27</sup>.

### 6.3 Obesity amongst Children and Young People with SEN

Data on obesity and disability is not robust. However, analysis shows that children who have a limiting illness are more likely to be obese or overweight, particularly if they also have a learning disability. Those children who have a limiting illness and a learning disability are one and a half times as likely to be obese as children with neither, whilst a child who also has a learning disability is twice as likely to be obese<sup>28</sup>.

<sup>27</sup> Promocon ( 2014) ‘Understanding bowel and bladder comorbidities in children and young people with additional needs – the importance of assessment’ <https://www.ics.org/>

<sup>28</sup> Miller V et al ( 2016) ‘Obesity Health Needs Assessment’ [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0018/60327/Obesity-HNA.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0018/60327/Obesity-HNA.pdf) Accessed 28/12/2018

**Finding: Work to prevent obesity and supporting children with SEN already at an unhealthy world should be undertaken to ensure the long term emotional and physical impacts of unhealthy weight do not continue to exacerbate health inequalities experienced by people with learning disabilities in adulthood.**

#### 6.4 Sexual Health Needs of Children and Young People with SEN

Children and young people with SEN have a higher risk of bullying, vulnerability to unintended and unwanted relationships, or may display inappropriate sexual behaviour and being victims of sexual exploitation and abuse. Their risk is increased by a lack of knowledge and understanding regarding sex, sexuality and relationships. This lack of knowledge has been addressed by the increase in RSE resources for example by the FPA.

**Finding: There is a need for additional service data to be accessed and analysed in order to ensure that young people with SEN are getting equitable access to sexual health services.**

#### 6.5 Harmful Sexual Behaviours (HSB) and Children and Young People with SEN

Those with neurodevelopmental disorders such as learning disability or autism are most likely to be over represented amongst those displaying harmful sexual behaviour (HSB); they may also be victims of HSB. NICE refers to the need for appropriate identification of HSB, which is complicated by its broad definition and communication issues experienced by young people with neurodevelopmental disorders<sup>29</sup>.

In Kent, there is evidence that the young people with HSB are being referred to sexual health and psychosexual services assessment and referral to an appropriate service. In Kent HSB has been incorporated into the Children and Young People's Mental Health Service and accessed through a Single Point of Access.

**Finding: Given reports of children and young people with HSB being referred to sexual health services, there is a need to clarify the pathway for abuse and problematic HSB for a and identify workforce development needs to ensure effective identification and assessment.**

#### 6.6 Oral Health Needs of Children and Young People with SEN

Children of all ages are at risk of tooth decay however vulnerable groups such as children with a learning disability are more susceptible to tooth decay.

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<sup>29</sup> NICE ( 2016) ' Harmful Sexual Behaviour in Children and Young People'  
<https://www.nice.org.uk/guidance/NG55> Accessed 21/01/19

**Finding: There is a lack of health assessment to understand the specific oral health needs of children with disabilities in Kent.**

## 6.7 Health Harming Behaviour of Children and Young People with SEN

### 6.7.1 Substance Misuse

Young people with disabilities are at risk of problematic substance misuse. Reasons suggested for this include the difficulty in participating in school culture, having communication issues which leads to drug use to deal with distress, frustration, isolation, exclusion and bullying. They may experience social pressure and drugs may be used as a means of ‘fitting in’ and gain acceptance. Mental health problems and poverty may increase the risk of disabled young people using substances. Communication difficulties and the lack of accessible information may aggravate drug problems and inhibit help-seeking for some disabled young people. Young people may also use substances as a form of self-medication to alleviate the symptoms of long-term illnesses.

## 7 Educational Outcomes for Children and Young People with SEN

### 7.1 Educational Attendance

Analysis of the ICYPD for children and young people in Year R to 11 in January 2017 showed that for children and young people with SEN

- 22% had school attendance below 90%.
- 7% had a fixed exclusion during the academic year.

**Findings: Children and Young People with SEN have a low level of attendance. Efforts needs to be focussed at better understanding attendance by SEN group and identifying strategies to improve attendance.**

### 7.2 Educational Attainment

Analysis of the ICYPD for children and young people in Year R to 11 in January 2017 showed that fewer pupils with SEN support and with EHCP plans achieved a good level of development, were working at or above expected standard at phonics or achieved the national standard at KS 2 or English and Maths at KS 3.

Table 30

Attainment	All Pupils	Pupils with SEN support	Pupils with an EHCP
EYFSP: % Achieved good level of development	79.4%	25.2%	3.1%
Phonics: % working at or above	86.0%	43.7%	13.3%

expected standard			
KS2: % achieved national standard	72.4%	21.9%	9.5%
KS4: Standard pass in English & Maths	61.6%	29.6%	6.8%

Source: ICYPD 2018

**Findings: Children and Young People with SEN have a low level of attainment. Efforts needs to be focussed at better understanding attainment by SEN group and school type and identifying strategies to improve it.**

## 8 Services for Children with SEN

### 8.1 Introduction

### 8.2 Preventative Health Care

#### 8.2.1 Smoking in Pregnancy

Smoking during pregnancy can cause serious pregnancy-related health problems including complications during labour, an increased risk of low birth-weight which increases risk of disability. Exposure to smoke in the womb is also associated with psychological problems in childhood such as attention and hyperactivity problems and disruptive and negative behaviour<sup>30</sup>.

<sup>30</sup> NICE ( 2010) ' Public Health Guidance Smoking in Pregnancy'  
<https://www.nice.org.uk/guidance/ph26/chapter/2-Public-health-need-and-practice#health-risks> Accessed 31/12/18

Figure 37 shows the Smoking at the Time of Delivery for Mothers in Kent and in England from 2010/11-2016/17

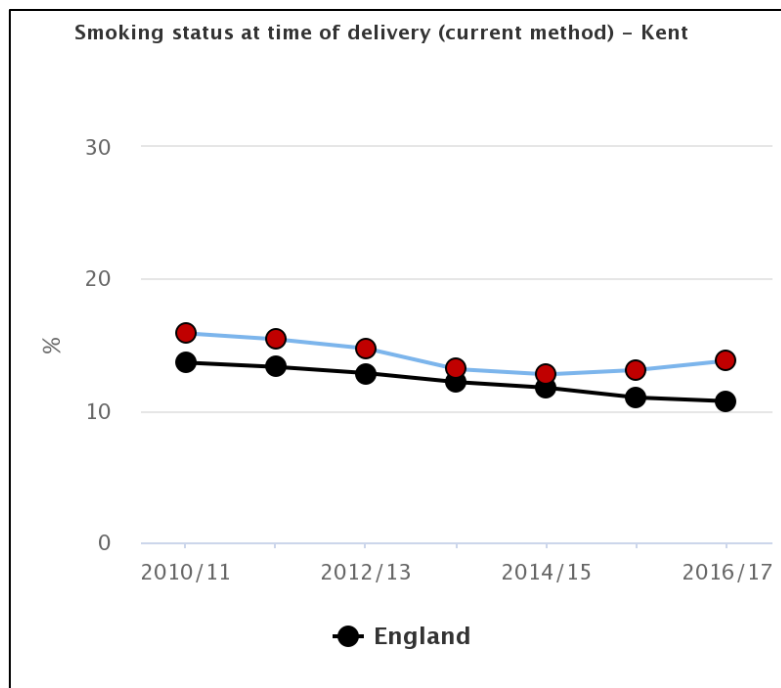


Table 31 shows the Smoking at the Time of Delivery for Mothers for Kent, For the South East and for England from 2010/11-2016/17

Period	Count	Value	Lower CI	Upper CI	South East England
2010/11	2,665	15.9	15.3	16.4	11.9
2011/12	2,621	15.4	14.9	16.0	11.6
2012/13	2,433	14.7	14.2	15.3	11.4
2013/14	2,111	13.1	12.6	13.7	10.9
2014/15	2,081	12.7	12.2	13.3	10.4
2015/16	2,124	13.1	12.6	13.6	9.8
2016/17	2,223	13.8	13.3	14.3	9.7

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)

Smoking at the time of delivery in Kent in 2016/17 (13.8 %) was significantly higher than the South East (10.7%) and England value (9.7%). The percentage of mothers in Kent who report smoking at the time of delivery in Kent has decreased in Kent from 2010/11 (15.9%) to 2016/17 (13.8%).

**Finding: The percentage of mothers who smoke at the time of delivery is greater than the South East and England value. Efforts must be focussed on reducing the number and percentage of mothers who smoke at the time of delivery.**



## 8.3 Identification

### 8.3.1 2.5-year Check

An assessment at 2.5 years is a key component of the Healthy Child Programme 0-5. It reflects a key milestone in speech language, social development and cognitive development and therefore the opportunity to provide health promotion as well as refer to services as appropriate. The assessment has historically been undertaken by both Early Educators (EYFS) and Health Visitors. Concerns around duplication and conflicting advice to parents and carers resulted in an ambition to integrate the assessments undertaken by Health Visitors and Early Years Practitioners into the Integrated Review (IR) linked to a national Public Health Outcome expressed as assessment of ASQ 3<sup>31</sup>, the tool currently being used by Health Visitors. In Kent, outcome data is not currently sufficient to be reported and benchmarked.

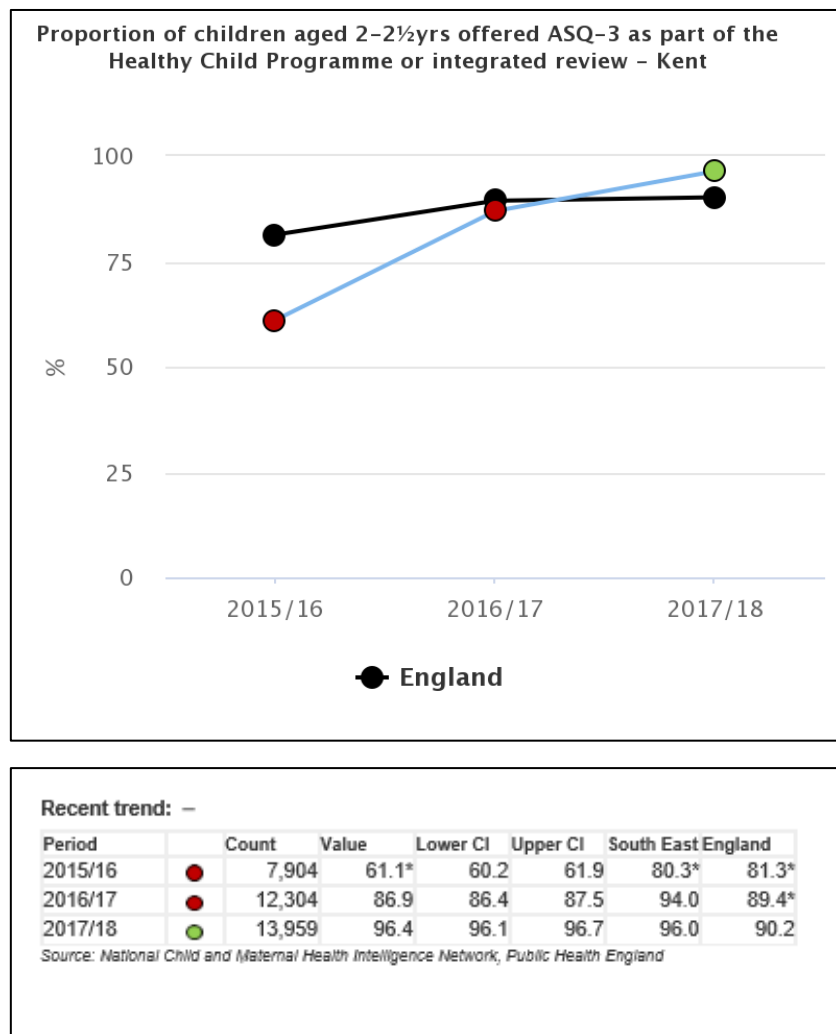
The IR has not however been systematically implemented. Piloting of the IR did not result in outcomes which would justify the additional logistical challenges of bring together the health visitors and early educators' education with parents, carers and children and the infrastructure required to share assessment data across workforces. In Kent, the aim has been to establish communication routes between the two workforces in order to ensure that concerns and expertise is shared in the best interest of the most vulnerable of children and young people.

The mandating of the check by Health Visitors has resulted in an increase in the assessment across the population. This increase from 2015/16 to 2017/18 in Kent is shown in figure 36. The proportion of children aged 2-2.5 years offered the ASQ 3 as part of the HCP is now 96.4%, greater than the England average of 90%.

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<sup>31</sup> DoE ( 2014 ) ' *Implementation study: Integrated Review at 2-2½ Years - Integrating the Early Years Foundation Stage Progress Check and the Healthy Child Programme health and development review* ' [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/376698/DFE-RR350\\_Integrated\\_review\\_at\\_age\\_two\\_implementation\\_study.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/376698/DFE-RR350_Integrated_review_at_age_two_implementation_study.pdf) Accessed 31/12/18

Figure 38 shows the Proportion of Children offered ASQ 3 as part of the 2-2 half year check in Kent and in England from 2010/11-2016/17



Source: PHE 2018

### 8.3.2 Health Visiting

Health Visiting have a key role in the identification of and prevention of SEN<sup>32</sup> through the assessment role like the 2-2.5 year check (see above) , through sign posting , referral , contributing to health care plans coordinated with specialist or community nursing and through delivering interventions.

**Finding: Health Visitors and the 2-2.5 year check is critical to identifying and preventing SEN and disabilities in particular SLCN. There is evidence that the quantity of 2- 2.5-year**

<sup>32</sup> DH ( ) 'Early Years High Impact Area 6: Health, Wellbeing and Development of the Child aged 2: Ready to learn, narrowing the 'word gap'  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/756700/early\\_years\\_high\\_impact\\_area\\_6.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756700/early_years_high_impact_area_6.pdf) Accessed 31/12/18

**checks have increased. The outcomes of the check is not clear and would benefit from audit.**

### **8.3.3 School Public Health Nursing**

Public Health School Nurses can support the identification of children with SEN. Their role includes providing a universal health needs questionnaire at Year R and Year 6 and supporting the school to coordinate the care of children with complex and additional health and wellbeing needs and build awareness of the management of the health condition the child has.

**Finding: Universal uptake of Public Health School Nurse Health Questionnaire at Year R and Year 6 requires improvement as does the delivery of interventions at Level 1 which may prevent escalation of need.**

### **8.3.4 Educational Psychology**

Educational Psychologists identify and assess children who have SEN and provide training and specialist support to educational settings to best meet the needs of those children.

### **8.3.5 Children's Mental Health Services**

The estimated need for children and young people emotional and mental health services exceeds the current capacity.

The deficit is greatest for those children who would benefit from early intervention for mild to moderate mental health need.

At present it is not possible to report on the access to services for children and young people with SEN or by presenting need.

That said, children and young people's mental health services are a key part in the neurodevelopmental pathway which will identify ASD and ADHD needs. In the West of Kent, paediatricians also play a key role for those children aged under 11. Waiting times exist for these pathways which are subject to trajectories seeking to make improvements.

### **8.3.6 Paediatrics**

Paediatricians provide neurodevelopmental assessment for children who are under 5 across Kent and under 11 in West Kent.

These assessments are included in the Mental Health Services Data Set (MHSDS) but it is not possible at present to disaggregate the assessment of neurodevelopmental conditions from other interventions provided by KCHFT and NELFT, to understand demand and capacity issues.

### **8.3.7 SALT**

SALT provide assessments which are incorporated into neuro developmental assessments as well as providing interventions for children with SLCN.

### 8.3.8 SEN Services

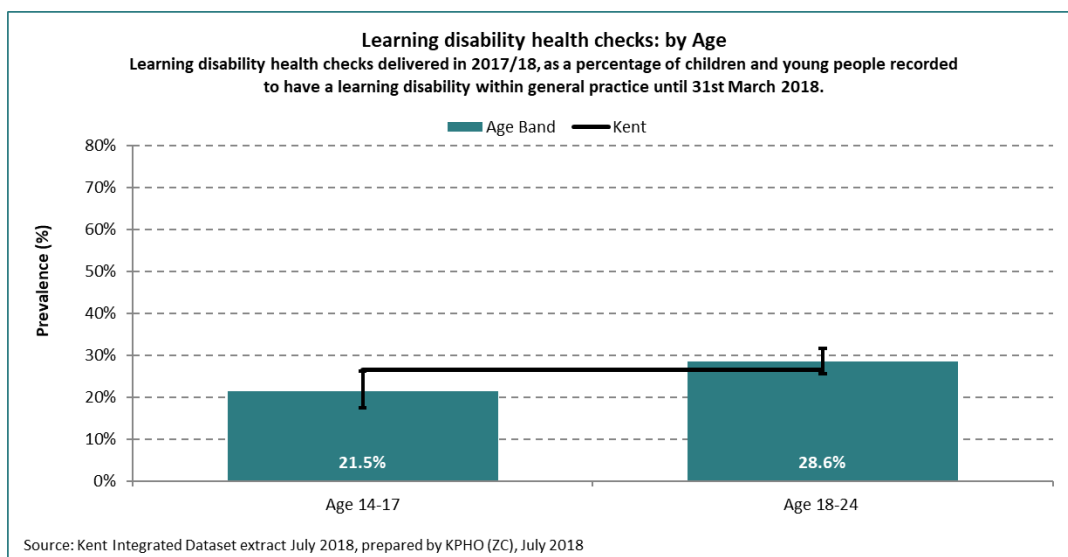
The SEN Service in KCC provide assessments of SEN and if the assessment meets the statutory criteria based on a multi-agency assessment, an EHCP will be formulated and agreed. The SEN service is reporting an increase in the demand for SEN assessments reasons for this include the promotion of the EHCP route by clinicians, parental expectation, a lack of multi-agency involvement in the LIFT process reducing the efficacy of this preventative intervention and a policy decision to enable parents to refer directly to the service for assessment. An additional reason may be the behaviour of other parts the acre system for children and young people with neuro developmental disabilities and increases in population of children and young people.

**Findings: The SEN service are reporting an increase in the demand for assessment for an EHCP. The reasons for this are likely to be multiple. A plan is in place to reduce demand but given other changes in the system of care including a focus on children with neuro developmental disorders and work to address waiting lists, which are likely to be responsible for some of the increase in demand, a multi-agency and systemic approach to managing should be sought.**

### 8.3.9 Learning Disability Health Checks in Kent

Annual Health Checks are provided by most GPs for patients 14 and over who are listed on their Learning Disability Register.

Figure 39 shows the Prevalence of Young People in Kent who are Recorded as Having a Learning Disability who have accessed a Health Check by Age Band

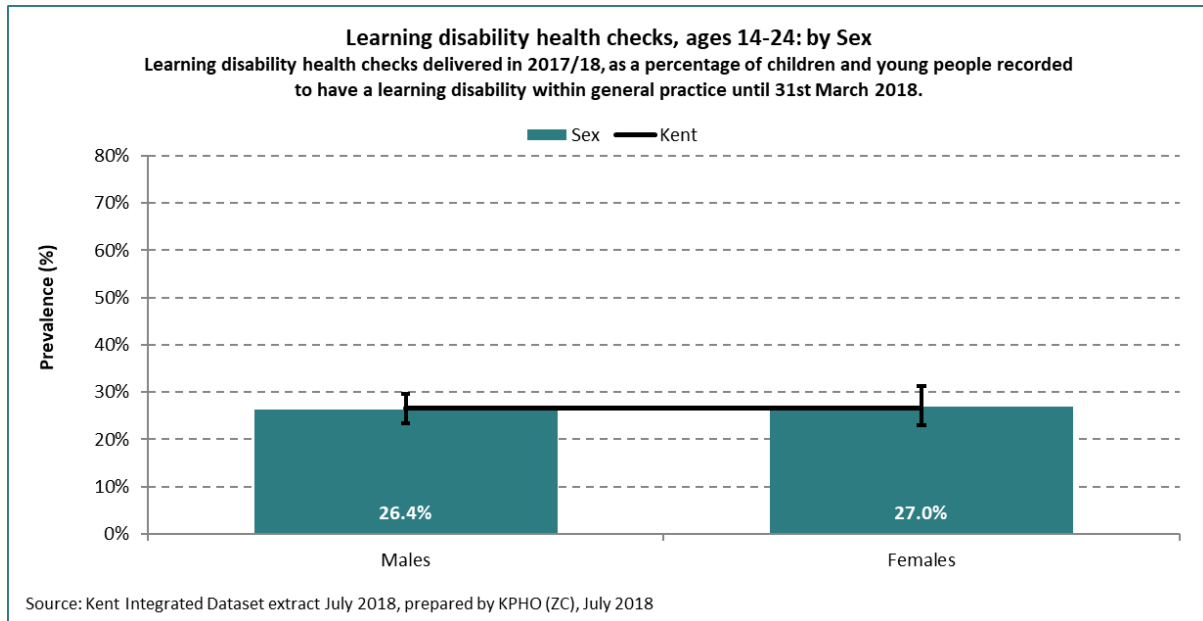


Source: PHE 2018

In Kent, 21.5% of young people aged 14-17 year olds and 28.6% of 18-24 year olds who are recorded as having a learning disability have accessed one.

**Finding: Annual Health Checks for young people aged 14 plus are not compulsory and are not delivered by every GP. That said with uptake at only 21.5% of 14-17 Year olds and 28.6% of 18-24 Year olds recorded as having a learning disability, having accessed one, improvements in uptake could be made.**

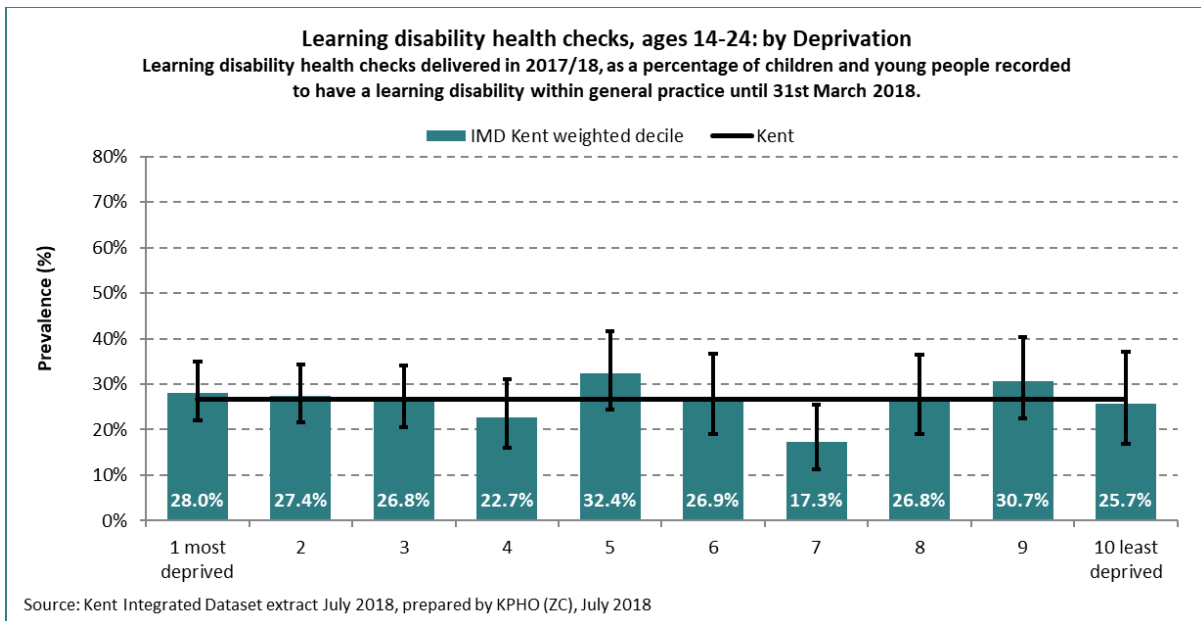
Figure 40 shows the Prevalence of Young People in Kent who are Recorded as Having a Learning Disability who have accessed a Health Check by Sex



Source: PHE 2018

26.4% of males and 27% of females aged 14-24 Years old who are recorded as having a learning disability in Kent have accessed an Annual Health Check in 2017/18.

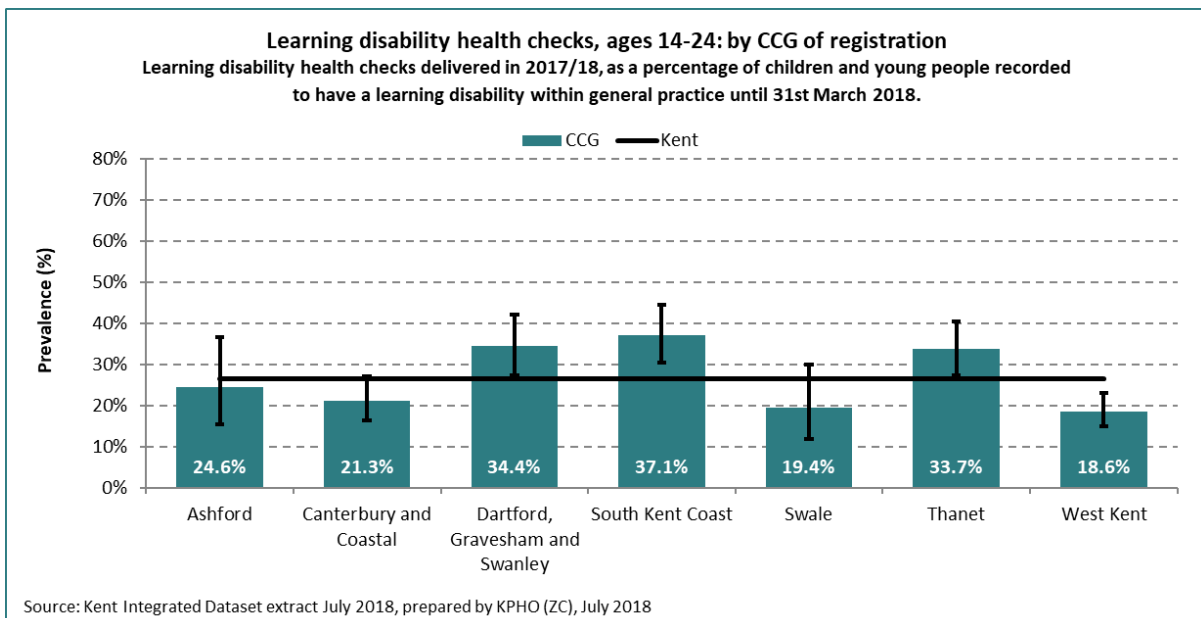
Figure 41 shows the Prevalence of Young People in Kent who are Recorded as Having a Learning Disability who have accessed a Health Check by Deprivation Decile



Source: KPHO 2018

The prevalence of young people aged 14-25 recorded as having a learning disability in Kent who have accessed a health check is similar across deprivation decile. No association between access to health check and deprivation is suggested.

Figure 42 shows the Prevalence of Young People in Kent who are Recorded as Having a Learning Disability who have accessed a Health Check by CCG of Registration

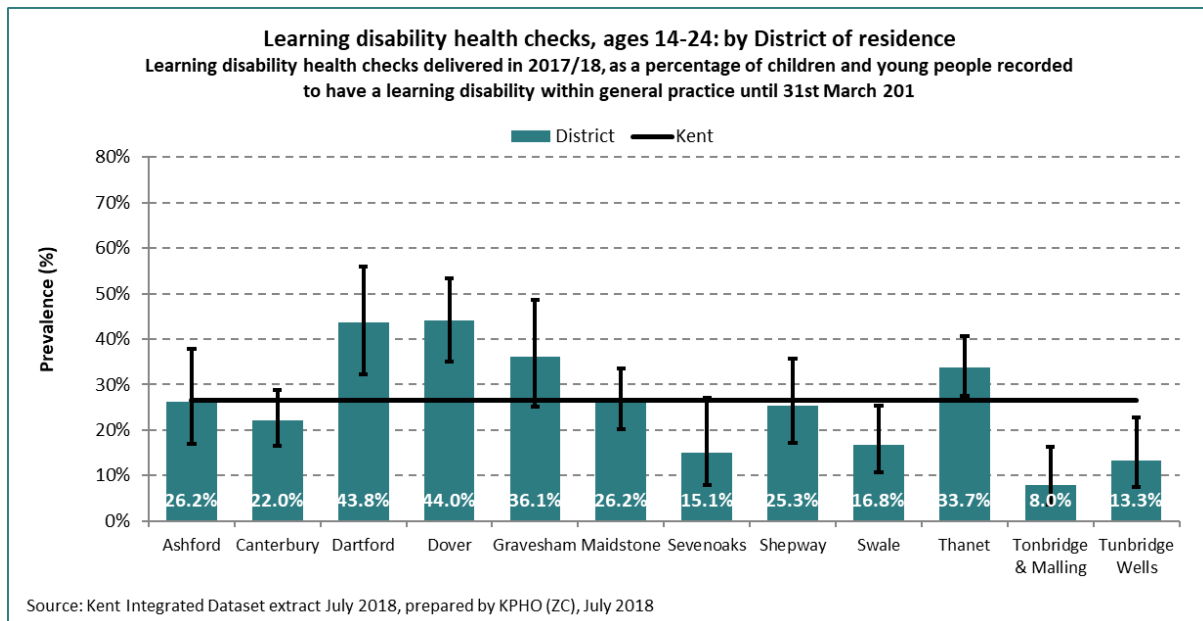


Source: KPHO 2018

South Kent Coast CCG have the highest % of young people recorded as having a learning disability accessing health checks, at 37.1%. West Kent CCG have the lowest at 18.6%.

**Finding: West Kent CCG have a significantly lower % of young people aged 14-24 recorded as having a learning disability accessing a health check.**

Figure 43 shows the Prevalence of Young People in Kent who are Recorded as having a Learning Disability who have accessed a Health Check by District of Residence



Source: KPHO 2018

Dartford (43.8%) and Dover (44.0%) have a significantly higher prevalence of young people aged 14-24 recorded as having a learning disability accessing health checks than the Kent average. Tonbridge and Malling (8.0%) and Thanet (13.3%) have significantly lower prevalence than the Kent average. This presents inequities in access to preventative healthcare and systematic review of medications.

## 8.4 Secondary Prevention

### 8.4.1 Portage

Portage is a service for early years children with additional needs. It offers home visits and runs groups in the community. It works to achieve improvements in a child's communication and language, physical skills, social and self-help skills, sensory skills and an ability to explore through play, imagination and improved understanding of the world.

**Finding: There is a need for additional service data to be accessed and analysed in order to ensure that children and young people with SEN are getting equitable and sufficient access to Portage services.**

#### 8.4.2 Occupational Therapy

**Finding: There is a need for additional service data to be accessed and analysed in order to ensure that children young people with SEN are getting equitable and sufficient access to Occupational Therapy services.**

#### 8.4.3 Speech, Language and Communication Therapy

**Finding: There is a need for additional service data to be accessed and analysed in order to ensure that children young people with SEN are getting equitable and sufficient access to Speech Language and Communication services.**

#### 8.4.4 Sensory Services

Sensory services for children by the Adult Social Care Directorate Kent County Council with some functions commissioned to the community and voluntary sector. Adult Social Care also deliver adult sensory services.

The team provide a service to:

- Children and young people who have been diagnosed as deaf, visually impaired or deafblind and requires specialist social work provision.

The team carries out the following functions:

- Children and Families assessment
- Child protection including proceedings in Public Law Outline and specialist reports such as parenting capacity and welfare of the child.
- Family work to support children to develop strategies to overcome challenges
- Multi-agency work with specialist teaching, health and the voluntary sector
- Specialist information, advice and support
- Specialist support to Children in Care and transition to adult services including life story work that is accessible for the child
- Case management, assessment, support planning, Direct payments and short breaks
- Direct work that is adapted to support children with emotional wellbeing and residences in terms of their disability
- Delivering specialist training to non-statutory services to ensure that it is accessible for the child and their family

The Sensory Service for children and young people is much smaller than that provided to adults. Data from an

Capacity Planning Issues:

Data from KCCs Specialist Sensory Teaching and Learning Service shows that on average there are 30 young people with moderate, severe or profound hearing impairment in each



year group. Of the school aged pupils with hearing impairment 16% attend Special Schools for Profound, Severe and Complex Learning Needs.

On average there are 26 young people with moderate, severe or profound visual impairment in each year group.

Of the school aged pupils with visual impairment 54% attend Special Schools for Profound, Severe and Complex Learning Needs.

**Finding: Despite the numbers of children, young people and young adults being low compared to adults in the Sensory Services , analysis undertaken by the service identifies there is a need to improve transition points for young people , with young people with visual impairments presenting specific challenges to service pathways.**

#### 8.4.5 ADHD

NICE (2018)<sup>33</sup> is clear that children and young people would benefit from a multi-agency approach at operational and strategic level. The later should be made up of paediatricians, specialist ADHD teams, LD trusts, forensic services and the DCYP. The role laid out in the NICE guidance includes the coordination of training activity including training for schools' staff. MDT who have a specialist role regarding ADHD are guides to provide training to the wider children and young people's workforce on the diagnosis and management of ADHD.

**Finding: There is a need to confirm whether the multi-agency approach which NICE recommends for the assessment and management of ADHD is in place in Kent and what training is provided to the wider children and young people's workforce on the management of children and young people with ADHD.**

Children and young people are identified in school settings should be referred to parent training via the SENCO. Children who are showing behaviours associated with ADHD in a range of settings should either be referred to parent training (this should not wait for a diagnosis) or undertake watchful waiting for 10 weeks. If the impairment is persistent a referral should be made to secondary care. Children and young people with severe impairment should be referred directly to secondary care.

**Finding: NICE guidance is clear that parent training / education should be offered to children and young people who are showing non-severe symptoms of ADHD/ hyperkinetic disorder. The provision and pathway to these courses requires additional investigation.**

In Kent the secondary care offer for children and young people with ADHD varies across Kent. In the East of the county secondary care is provided by the Children and Young

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<sup>33</sup> NICE ( 2008) 'Management and Diagnosis of ADHD' <https://www.nice.org.uk/Guidance/CG72> Accessed 21/01/19

People's Mental Health Service, delivered by NELFT. In the West, the service is offered to under 11s by Paediatricians in (MFT, KCHFT).

NICE guides that post diagnosis and titration, prescribing should be undertaken in primary care in line with shared care guidance. In Kent, prescribing is undertaken in the West in primary care. In the East it takes place in secondary care.

**Finding: NICE guidance around pharmaceutical management of children and young people with an ADHD diagnosis requires that primary care undertake pharmaceutical management post diagnosis and titration. This is not currently in place in the East of the County.**

NICE guides that young people receiving treatment from CAMHS or paediatricians should be assessed at school leaving age and a care programme approach taken if those young people need to transition to adult services. It is not clear whether the assessment is being undertaken and how many young people transition to adult services in a care planned approach.

**Finding: NICE is clear that young people with ADHD who are receiving care from CAMHS or from paediatricians should be assessed at school leaving age to support their transition to adult services. The delivery of this assessment in Kent requires additional investigation.**

#### **8.4.6 Autistic Spectrum Disorder (ASD)**

NICE guidelines (2014) for under 19's note the need for a local autism multi agency strategy group with representation from clinicians, managers and commissioners in child health, mental health, education, social care, parent and users groups and the community and voluntary sector. This group should appoint a lead for the ASD pathway. NICE guidance includes the requirement for multi-agency teams at local level with SALT, Clinical or Educational Psychologist and Paediatricians or Psychiatrists as core members and access to other defined specialists including OTs who are represented. This team should be accessed through a single point of referral.

**Finding: NICE is clear that a multi-agency teams should operate at strategic and operational level, overseeing the ASD pathway. It is not clear whether this is in operation in Kent or whether this has been updated to incorporate new commissioning arrangements for the assessment of neurodevelopmental disorders.**

In Kent, there has historically been a fragmented service offer. There was also a historic commissioning gap for 8-11-year olds in East Kent. This gap was filled in the short term by a provider who solely assessed for ASD (for some children and young people this meant an additional wait to receive and alternative diagnosis) .

The assessment of all children with the exception of those aged under 11 in Swale being delivered by Medway Foundation Trust (MFT) and those under the age of 11 in West and

North Kent which is delivered by KCHFT and those children under 8 in East Kent has now been passed to the Children and Young People’s Mental Health Service, delivered by NELFT .

This change in commissioning has not yet resulted in changes to the Autism Pathway (last version April 2017). The pathway requires that if the support provided in schools is not successful, a referral be made to Early Help or LIFT. Only where the support provided through these services or mechanisms are not successful, should a referral for a diagnosis be made. The remodelling of the specialist mental health service in Kent, introduced a Single Point of Access (SPA) and enabled referrals to be made directly to the SPA.

The Children and Young People’s Mental Health Service delivered by NELFT are reporting that almost a half of their current case load of over 13000 children are children with neurodevelopmental needs. Referrals for assessment are exceeding the demand that they had anticipated. Children and young people in need to a neurodevelopmental assessment are experiencing significant waiting times for assessment across Kent. Both the Children and Young People ’s Mental Health Service and KCHFT are working to reduce the back log of assessments.

**Finding: ASD assessment and diagnosis is now being delivered by the Children’s mental Health Service for children in East Kent and for those above the age of 11 elsewhere in Kent. The impact of the SPA on the utilisation of the pathway, including the conversion rate for referrals to diagnosis for the Children and Young People’s Mental Health Service, needs to be examined.**

**Finding: The Autism Pathway should be updated to incorporate new commissioning arrangements for children delivered through the Children and Young People’s Mental Health Service.**

**Finding: Gaps are being filled in ASD assessment by the commissioning of the Children and Young People’s Mental Health Service in Kent. However, providers are facing significant backlogs and waiting lists and are now working on plans to reduce those trajectories. These additional assessments are likely to have an impact on the demand for SEN assessments, for therapies, for support to schools and for specialist placements.**

#### **8.4.7 Parent Skills Development Programmes**

Early Bird, Early Bird Plus, Cygnet are evidence-based parent (and schools) skills development programmes which are offered in Kent. Cygnet is delivered by Early Help and Prevention. Early Bird and Early Bird Plus is delivered by the Specialist Teaching and Learning Service and by the Early Years Team in KCC.

**Early Bird** is a targeted programme for 0-5-year olds with additional needs or who are waiting for a diagnosis. It builds on practice for children with ASD. The programme aims to support parents in the period between diagnosis and school placement, empowering and

helping them facilitate their child's social communication and appropriate behaviour in their natural environment. It also helps parents to establish good practice in handling their child at an early age, so as to pre-empt the development of inappropriate behaviours. It will help you understand your child's autism; get yourself into your child's world, make contact, and find ways to develop interaction and communication; and learn how to analyse and understand your child's behaviours and how to use structure, so you can pre-empt and cope with problem behaviours.

**Early Bird Plus** is a targeted programme for parents whose child has received a later diagnosis of an autism spectrum disorder and is aged over 4 and under 9. It may also be available for children who have not yet received a diagnosis, although in the context of scarcity, it has been reported that this is not publicised. It also includes a professional working with that child.

The programme addresses the needs of both home and school settings by ideally training parents/carers together with a professional who is working regularly with their child, the aim being that a child will be given consistent support. We work to build both parents' and professionals' confidence and encourage them to problem solve together. Parents are, of course, able to attend the programme without a supporting professional if their school are unable to release a staff member.

**Cygnnet** is designed for parents and carers of children and young people aged 7 to 18 with an autistic spectrum condition and aims to increase understanding of autistic spectrum conditions, develop knowledge of how a child experiences the world, guide parents through strategies, practical guides and gives parents the opportunity to meet other parents.

Appendix B provides a rapid review of the parent skills development training provided to parents and carers in Kent. Although not complete, the review shows that there is inconsistent offer across Kent with no routine monitoring. Further qualitative enquiry identified that the parent training offer is not well publicized and there is a perception amongst paediatricians for example, that parent training did not exist.

### **Kent Parenting Programme**

**Finding: There is a need to understand the sufficiency of the existing Parent Skills Training for parents with children with ASD in the context of the increases in demand for EHCP including the high prevalence of ASD SEN Type in Kent and the contribution that the new Children and Young People's Mental Health Service will be making to parent training.**

**Finding: The existing parent skills development training offer in Kent is not standardised, monitored or publicised. The development of a strategic approach with a particular focus on best meeting the needs of children with ASD and ADHD including those on the pathway, needs to be considered.**

#### **8.4.8 Specialist Teaching and Learning Service**

The Specialist Teaching and Learning Services (STLS) include Specialist Teachers and Outreach from Special Schools. The STLS provide advice and training to support settings and schools in improving the outcomes for children and young people with special educational needs and disabilities. The STLS is responsive and flexible to local needs through the opportunities for discussion and the decision making at the Local Inclusion Forum Team meetings. Specialist assessment for children and young people can be provided and interventions modelled at the targeted and individualised levels of support.

### **8.5 Findings**

#### **8.5.1 Strategic**

There are multiple strategic transformation programmes operating in Kent which will impact on children and young people with SEN including the Transformation of Children, Young People and Young Adults Mental Health and Transforming Care. There is a need to bring these programmes together to understand how the programmes interact and what consequences they may have.

#### **8.5.2 Prevalence**

The number and percentage of children and young people with SEN in Kent has declined since 2014. The percentage of children and young people in Kent (12.4) in 2018 is lower than the England (14.4) and South East (14.1) value

The prevalence of EHCP in Kent has remained stable in Kent from 2014/15 to 2017/18. It remains higher than the England average.

The prevalence of SEN support in Kent has shown a slight fall from 2014/15 to 2017/18. It remains lower than the England average.

The number of children and young people on EHCP in Kent has increased over time. This has been driven by the SEN type Autism. The SEN service are reporting an increase in the demand for assessment for an EHCP. The reasons for this are likely to be multiple. A plan is in place to reduce demand but given other changes in the system of care including a focus on children with neuro developmental disorders and work to address waiting lists a multi-agency and systemic approach to managing this increase in demand should be sought

The prevalence of SEN support amongst pupils in Kent peaks at age 10. This is consistent with the age profile of pupils with SEN in England. The fall in the prevalence of SEN support at 11 may be attributed to the lack of SEN support in secondary settings rather than a resolution of the young person's needs.

SEN Type for children with SEN support and EHCP varies with age with the largest number of children with SEN support and EHCP of school age. However, 16-18 do account for a large

number of children with ASD, SEMH and SLCN which suggest some young people are attaining EHCPs aged 16-18 and may not be benefitting from early intervention at a younger age.

There is variation in the distribution of children and young people with SEN support and with EHCP across districts in Kent. This is to be anticipated however in respect to predicting increases in demand, it is important to monitor the impact of placements of families in housing need in Kent and policies which influence the placement of populations of children with high prevalence of SEN within Kent i.e. Children in Care.

### **8.5.3 Equity**

The over representation of males amongst children and young people who are SEN is consistent with the findings in England. The proportion of males with ECHP in Kent appears to be slightly higher, this may be attributed to the higher proportion of autism SEN type. Additional analysis into gender and EHCPs in Kent with the inclusion of SEN types is required.

Given national findings regarding the high prevalence of SEN amongst Irish travellers and Gypsy Roma Travellers additional analysis of these ethnicities and their receipt of SEN and EHCP as well as qualitative inquiry to understand issues of access and acceptability in relation to health and educational support is required.

Given national findings on the associations between some ethnic groups and learning disability, additional analysis of these ethnicity and SEN types as well as qualitative inquiry to understand issues of access and acceptability in relation to health and educational support is required.

The proportions of pupils in primary and secondary schools with SEN support in Kent is consistent with the findings for England. Additional analysis of trends over time in secondary schools in Kent is required to understand whether this is in line with the decline over time that is been seen in England

### **8.5.4 Primary SEN Type: ASD**

Variation between Kent and England data across primary SEN types for children and young people with SEN is anticipated and evident. However, the primary SEN type ASD is much greater amongst children and young people with SEN support (9.7 % in Kent, 5.7% in England) and amongst children and young people with EHCP (39.7% in Kent, 28.2% in England). The reasons for this are likely to be multiple. Those suggested include inconsistent/ over diagnosis in Kent or conversely, better identification as a result of the proximity of the Specialist Teaching and Learning Service to schools in Kent.

Recorded prevalence of children and young people with autism varies by CCG. Opportunities to address this variation should be identified. The recorded prevalence of ASD is similar, or

slightly higher than the estimated prevalence and less than the prevalence of children and young people with a primary SEN type, ASD. This suggests that the KID could provide some valuable additional intelligence about the utilisation of health services and the sufficiency of health services for children and young people with ASD in Kent and requires investigation.

There is an association between recorded ASD amongst children and young people in Kent and deprivation decile, with significantly higher prevalence amongst children and young people in decile 1, 2 and 3 and a significantly lower prevalence in decile 10. This association demonstrates the need to ensure that the needs of the population group are incorporated into efforts to address poverty and deprivation. It also provides opportunities to target preventative action and service improvements in localities in these deciles.

NICE is clear that a multi-agency teams should operate at strategic and operational level, overseeing the ASD pathway. It is not clear whether this is in operation in Kent or whether this has been updated to incorporate new commissioning arrangements.

Historic gaps in and the fragmentation of commissioning in ASD assessment have been addressed by the commissioning of the Children and Young People's Mental Health Service in Kent. However, providers are facing significant backlogs and waiting lists and are now working on plans to reduce those trajectories. These additional assessments are likely to have an impact on the demand for SEN assessments, for therapies, for support to schools and for specialist placements.

There is a need to understand the sufficiency of the existing Parent Skills Training for parents with children with ASD in the context of the increases in demand for EHCP including the high prevalence of ASD SEN Type in Kent and the contribution that the new Children and Young People's Mental Health Service will be making to parent training.

The existing parent skills development training offer in Kent is not standardised, monitored or publicised. The development of a strategic approach with a particular focus on best meeting the needs of children with ASD and ADHD including those on the pathway, needs to be considered.

#### **8.5.5 Primary SEN Type: Social and Emotional and Mental Health**

The number of children with social and emotional and mental health SEN type has fluctuated but remains constant over time. This is surprising given the context of increases in mental health conditions amongst children and young people, albeit emotional health rather than behavioural conditions. This may be accounted for by changes in the definition of this SEN type.

There is a need to confirm whether the multi-agency approach which NICE recommends for the assessment and management of ADHD is in place in Kent and what training is provided

to the wider children and young people's workforce on the management of children and young people with ADHD.

NICE is clear that young people with ADHD who are receiving care from CAMHS or from paediatricians should be assessed at school leaving age to support their transition to adult services. The delivery of this assessment in Kent requires additional investigation.

#### **8.5.6 Primary SEN Type: Learning Disability**

The number of children and young people with a Learning Disability SEN type in Kent has reduced from 5,366 in 2015 to 4,710 in 2017. The rate in Kent (19.0) is significantly lower than that of England (35.0) and that of the South East (28.5).

The number of children and young people with a Moderate Learning Disability SEN type in Kent has reduced from 4,296 in 2015 to 3,641 in 2017. The rate in Kent in 2017 (14.7) is significantly lower than that of England (30.0) and that of the South East (24.2). (see reasons suggested for LD SEN type above).

The number of children and young people with a Severe Learning Disability SEN type in Kent has reduced from 817 in 2015 to 778 in 2017. The rate in Kent in 2017 (3.14) is significantly lower to that of England (3.73). (see reasons suggested for LD SEN type above).

#### **8.5.7 Primary SEN Type: Hearing Impairment**

There is some variation in the recorded prevalence of children and young people with a hearing impairment by CCG of residence, with Canterbury and Coastal (0.38%) and South Kent Coast (0.39%) having a lower recorded prevalence than the Kent value and West Kent (0.55%) having the higher recorded prevalence than the Kent value.

There is a some variation in the recorded prevalence of children and young people with a hearing impairment by CCG of residence, with Canterbury and Coastal (0.38%) and South Kent Coast (0.39%) having a lower recorded prevalence than the Kent value and West Kent (0.55%) having the higher recorded prevalence than the Kent value.

#### **8.5.8 Vulnerable Groups and SEN**

The % of CIC with EHCP or statement in Kent (26.7) is lower than the England average (30.5). The % of CIC with SEN support in Kent (26.1) is lower than the England average (29.4).

The % of CHIN with EHCP or statements in Kent (21.2) is lower than the England average (25.0). The % of CHIN with SEN support in Kent (21.2) is lower than the England average (26.6).

Given the high prevalence of SEN amongst CIC and CHIN, although less than the England average, national or local policies which impact on the placement of these children and young people will impact on the distribution.



Given the high prevalence of SEN amongst children and young people in contact with the Youth Justice System, with CIC and CHIN, there is a need to ensure that there is an effective process for integrating SEN support, EHCPs and YJS support.

### **8.5.9 Prevention of SEN**

Commissioners and providers of health, education and services should ensure that they work to prevent and mitigate against risks which may cause children and young people to be SEN including work to reduce smoking, drug and alcohol in pregnancy and promote good nutrition in young women prior to conception and in pregnancy and increase breastfeeding at six to eight weeks. This includes ensuring the distribution of Healthy Start vitamin.

Health Visitors and the 2-2.5-year check is critical to identifying and preventing SEN and disabilities in particular SLCN. There is evidence that the quantity of 2- 2.5-year checks have increased. The outcomes of the check is not clear and would benefit from audit.

Universal uptake of Public Health School Nurse Health Questionnaire at Year R and Year 6 requires improvement as does the delivery of interventions at Level 1 which may prevent escalation of need.

### **8.5.10 Health Protection and Prevention of Ill health in Children and Young People with SEN**

Annual Health Checks for young people aged 14 plus are not compulsory and are not delivered by every GP. That said with uptake at only 21.5% of 14-17 Year olds and 28.6% of 18-24 Year olds recorded as having a learning disability, have accessed one in Kent, improvements in uptake could be made.

Commissioners and providers of health, education and services for children with SEN should have access to the comprehensive offer of health protection, screening and assessment including immunisations and vaccinations to address deficits in immunisations and vaccinations.

Commissioners and providers of health, education and services for children with SEN ensure that children and families with disabilities are included in any actions to address health inequalities and child poverty in Kent.

Commissioners and providers of health, education and services for children with SEN should identify opportunities for developing holistic assessment of needs and health promotion in relation to developmental milestones, weight management, dental health, emotional and mental health, substance misuse, sex and relationships across the life course for children with disabilities including entry to special schools, monitoring of health need by health visitors, children's community nursing.

Work to prevent obesity and supporting children with SEN already at an unhealthy world should be undertaken to ensure the long term emotional and physical impacts of unhealthy weight do not continue to exacerbate health inequalities experienced by people with learning disabilities in adulthood.

Commissioners and providers of health, education and services for children with SEN ensure access of those young people with learning disabilities who are registered aged 14 plus to a developmentally appropriate annual health review.

Commissioners should map the provision and utilisation of services in Kent for children and young people with disabilities in line with increasing population needs to understand any inequalities and insufficiencies in service delivery including immunisations, vaccinations and screening, occupational health, speech language and communication therapy, and address gaps in delivery.

Commissioners and providers to address gaps where they are already identified are:

- incontinence at level 2 in West and North Kent and enuresis at level 2 across Kent
- timely access to ADHD and ASD assessment and diagnosis
- timely access to emotional and mental health support for children and young people
- access to sexual health services and Personal Social Health Education (PSHE) for young people with learning disabilities and information and support for their parents and carers
- access to therapies including Speech and Language Therapy (SALT)
- access to community nursing and special school nursing in line with need across all CCGs in Kent.

Given historic gaps in commissioning and service delivery in Kent and the multiple needs of children with SEN, integrated commissioning arrangements should be explored building on the evidence of the North Kent Joint Commissioning Model and the Multi Agency Service Hub

#### **8.5.11 Informatics**

Accurate recording of child and young people with SEN is problematic in some health datasets. There is therefore a need to ensure all providers are contributing to Children and Young People's Health Services (CYPHS) data set and that the CYPHS is linked into the KID for the purposes of generating intelligence. Linking Education data into the KID will further enhance analysis of SEN.

## 9 Recommendations

The recommendations listed below are those findings which are highlighted in the Joint Inspection of SEND services in Kent 2019 and those which address issues of health inequalities and are consistent with the current priorities of Kent's Health and Wellbeing Board 0-25.

### 9.1.1 Strategic

**There needs to be an improvement in the multi-agency leadership focussed on meeting the health and social care needs of children with SEN and coordinating existing and developing improvement programmes, understanding end to end systems and efforts which may result in capacity issues and addressing inequalities of access to health protection, primary secondary and tertiary treatment. Multi agency leadership needs to also be reflected in joint commissioning arrangements and in multi operational arrangements regarding children with ASD and ADHD.**

There are multiple strategic transformation programmes operating in Kent which will impact on children and young people with SEN including the Transformation of Children, Young People and Young Adults Mental Health and Transforming Care. There is a need to bring these programmes together to understand how the programmes interact and what consequences they may have.

Historic gaps in and the fragmentation of commissioning in ASD assessment have been addressed by the commissioning of the Children and Young People's Mental Health Service in Kent. However, providers are facing significant backlogs and waiting lists and are now working on plans to reduce those trajectories. These additional assessments are likely to have an impact on the demand for SEN assessments, for therapies, for support to schools and for specialist placements.

Given historic gaps in commissioning and service delivery in Kent and the multiple needs of children with SEN, integrated commissioning arrangements should be explored building on the evidence of the North Kent Joint Commissioning Model and the Multi Agency Service Hub.

NICE is clear that a multi-agency teams should operate at strategic and operational level, overseeing the ASD pathway. It is not clear whether this is in operation in Kent or whether this has been updated to incorporate new commissioning arrangements.

There is a need to confirm whether the multi-agency approach which NICE recommends for the assessment and management of ADHD is in place in Kent and what training is provided to the wider children and young people's workforce on the management of children and young people with ADHD.

### 9.1.2 Prevalence of SEN, SEN support and EHCPs in Kent

**The prevalence in children with SEN, SEN support and EHCPs vary in Kent compared to South East and England and in primary, secondary and tertiary settings. This may reflect a belief that SEN support is not effective and that EHCPs are required for children and young people's needs to be met.**

The number and percentage of children and young people with SEN in Kent has declined since 2014. The percentage of children and young people in Kent ( 12.4) in 2018 is lower than the England ( 14.4 ) and South East ( 14.1) value.

The prevalence of EHCP in Kent has remained stable in Kent from 2014/15 to 2017/18. It remains higher than the England average.

The prevalence of SEN support in Kent has shown a slight fall from 2014/15 to 2017/18. It remains lower than the England average.

The number of children and young people on EHCP in Kent has increased over time. This has been driven by the SEN type Autism. The SEN service are reporting an increase in the demand for assessment for an EHCP. The reasons for this are likely to be multiple. A plan is in place to reduce demand but given other changes in the system of care including a focus on children with neuro developmental disorders and work to address waiting lists a multi-agency and systemic approach to managing this increase in demand should be sought

The prevalence of SEN support amongst pupils in Kent peaks at age 10. This is consistent with the age profile of pupils with SEN in England. The fall in the prevalence of SEN support at 11 may be attributed to the lack of SEN support in secondary settings rather than a resolution of the young person's needs.

SEN Type for children with SEN support and EHCP varies with age with the largest number of children with SEN support and EHCP of school age. However, 16-18 do account for a large number of children with ASD, SEMH and SLCN which suggest some young people are attaining EHCPs aged 16-18 and may not be benefitting from early intervention at a younger age.

### 9.1.3 Equality

**The needs of the Gypsy Roma and Traveller (GRT) community needs to be a focus of efforts to improve the health and education of children with SEN.**

Given national findings regarding the high prevalence of SEN amongst Irish travellers and Gypsy Roma Travellers additional analysis of these ethnicities and their receipt of SEN and EHCP as well as qualitative inquiry to understand issues of access and acceptability in relation to health and educational support is required.

Given national findings on the associations between some ethnic groups and learning disability, additional analysis of these ethnicity and SEN types as well as qualitative inquiry to understand issues of access and acceptability in relation to health and educational support is required.

#### **9.1.4 Autistic Spectrum Disorder Prevalence (ASD):**

**The higher prevalence of children with ASD in Kent requires additional enquiry, efforts to protect and prevent ill-health and improve outcomes should consider addressing the social gradient in prevalence and need.**

However, the primary SEN type ASD is much greater amongst children and young people with SEN support (9.7 % in Kent, 5.7% in England) and amongst children and young people with EHCP (39.7% in Kent, 28.2% in England). The reasons for this are likely to be multiple. Those suggested include inconsistent/ over diagnosis in Kent or conversely, better identification as a result of the proximity of the Specialist Teaching and Learning Service to schools in Kent.

There is an association between recorded ASD amongst children and young people in Kent and deprivation decile, with significantly higher prevalence amongst children and young people in decile 1, 2 and 3 and a significantly lower prevalence in decile 10. This association demonstrates the need to ensure that the needs of the population group are incorporated into efforts to address poverty and deprivation. It also provides opportunities to target preventative action and service improvements in localities in these deciles.

#### **9.1.5 Social and Emotional and Mental Health (SEMH) including Attention Hyperactivity Deficit Disorder (ADHD) Transition into Adult Services**

**Transition arrangements for children with ADHD need to be articulated and improvements made as required.**

NICE is clear that young people with ADHD who are receiving care from CAMHS or from paediatricians should be assessed at school leaving age to support their transition to adult services. The delivery of this assessment in Kent requires additional investigation.

#### **9.1.6 Learning Disability (LD) Prevalence**

**The higher prevalence of children with LD and their distribution across LD SEN types in Kent requires additional enquiry.**

The number of children and young people with a Learning Disability SEN type in Kent has reduced from 5,366 in 2015 to 4,710 in 2017. The rate in Kent (19.0) is significantly lower than that of England (35.0) and that of the South East (28.5).

#### **9.1.7 Prevalence of Children in Care (CIC) and Children in Need (CHIN) and Young People in contact with the Youth Justice System with SEN**

**There is a need to ensure that children in need, children and children in care and young people in contact with the Youth Justice System are benefiting from SEN support and EHCPs as required and links are made between these and CIC Health Care Plans and ASSET plus.**

The % of CIC with EHCP or statement in Kent (26.7) is lower than the England average (30.5). The % of CIC with SEN support in Kent (26.1) is lower than the England average (29.4).

The % of CHIN with EHCP or statements in Kent (21.2) is lower than the England average (25.0). The % of CHIN with SEN support in Kent (21.2) is lower than the England average (26.6).

Given the high prevalence of SEN amongst CIC and CHIN, although less than the England average, national or local policies which impact on the placement of these children and young people will impact on the distribution.

Given the high prevalence of SEN amongst children and young people in contact with the Youth Justice System, with CIC and CHIN, there is a need to ensure that there is an effective process for integrating SEN support, EHCPs and YJS support.

#### **9.1.8 Primary Prevention of SEN**

**Maternal health and the health of young women must be a priority for all professionals.**

Commissioners and providers of health, education and services should ensure that they work to prevent and mitigate against risks which may cause children and young people to be SEN including work to reduce smoking, drug and alcohol in pregnancy and promote good nutrition in young women prior to conception and in pregnancy and increase breastfeeding at six to eight weeks. This includes ensuring the distribution of Healthy Start vitamin.

#### **9.1.9 Secondary Prevention of SEN**

**Outcomes of that arise from the Health Check at 2- 2.5 years needs to be audited and improvements made.**

Health Visitors and the 2-2.5-year check is critical to identifying and preventing SEN and disabilities in particular SLCN. There is evidence that the quantity of 2- 2.5-year checks have increased. The outcomes of the check is not clear and would benefit from audit.

Universal uptake of Public Health School Nurse Health Questionnaire at Year R and Year 6 requires improvement as does the delivery of interventions at Level 1 which may prevent escalation of need.

**Improvements need to be made the delivery of annual health checks for young people with LD who are 14 plus. This needs to go hand in hand with improvements to the recoding of learning disability by primary care.**

Annual Health Checks for young people aged 14 plus are not compulsory and are not delivered by every GP. That said with uptake at only 21.5% of 14-17 Year olds and 28.6% of 18-24 Year olds recorded as having a learning disability, have accessed one in Kent, improvements in uptake could be made.

#### **9.1.10 Health Protection**

**An equality impact assessment of immunisations and vaccinations needs to be undertaken to identify improvements in rates of immunisation amongst children and young people with SEN.**

Commissioners and providers of health, education and services for children with SEN should have access to the comprehensive offer of health protection, screening and assessment including immunisations and vaccinations.

#### **9.1.11 Health Promotion and Improvement**

**Health impact assessments need to be undertaken across all health improvement programmes to ensure that children and young people with SEN benefit equitably. Services need to demonstrate they are accessible to these children and young people.**

**The Local Offer needs to ensure that it integrates health promotion and improvement.**

Commissioners and providers of health, education and services for children with SEN should identify opportunities for developing holistic assessment of needs and health promotion in relation to developmental milestones, weight management, dental health, emotional and mental health, substance misuse, sex and relationships across the life course for children with disabilities including entry to special schools, monitoring of health need by health visitors, children's community nursing.

Work to prevent obesity and supporting children with SEN already at an unhealthy world should be undertaken to ensure the long term emotional and physical impacts of unhealthy weight do not continue to exacerbate health inequalities experienced by people with learning disabilities in adulthood.

#### **9.1.12 Parenting Skills Training**

**Insufficiencies and inequities in provision of parent skills training needs to be addressed.**

There is a need to understand the sufficiency of the existing Parent Skills Training for parents with children with ASD in the context of the increases in demand for EHCP including the high prevalence of ASD SEN Type in Kent and the contribution that the new Children and Young People's Mental Health Service will be making to parent training

**Equity of Health Interventions for Children with SEN**

**Inequities in the provision of health services need to be better understood and addressed.**

Commissioners should map the provision and utilisation of services in Kent for children and young people with disabilities in line with increasing population needs to understand any inequalities and insufficiencies in service delivery including immunisations, vaccinations and screening, occupational health, speech language and communication therapy, and address gaps in delivery.

Commissioners and providers to address gaps where they are already identified are:

- incontinence at level 2 in West and North Kent and enuresis at level 2 across Kent
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- access to sexual health services and Personal Social Health Education (PSHE) for young people with learning disabilities and information and support for their parents and carers
- access to therapies including Speech and Language Therapy (SALT)
- access to community nursing and special school nursing in line with need across all CCGs in Kent.

### 9.1.13 Informatics

**A strategy to improve recording and monitoring of health, social care and education needs, interventions and outcomes needs to be scoped and delivered in line with the requirements of joint commissioning arrangements. This will require linking data and making it available at population level.**

Accurate recording of child and young people with SEN is problematic in some health datasets. There is therefore a need to ensure all providers are contributing to Children and Young People's Health Services (CYPHS) data set and that the CYPHS is linked into the KID for the purposes of generating intelligence. Linking Education data into the KID will further enhance analysis of SEN.



## 10 Appendix A

The table below provides a list of the SEN types listed for each pupil as part of the School Census.

Code	Description
SPLD	Specific learning difficulty
MLD	Moderate learning difficulty
SLD	Severe learning difficulty
PMLD	Profound & multiple learning difficulty
SEMH	Social, emotional and mental health
SLCN	Speech, language and communication needs
HI	Hearing impairment
VI	Visual impairment
MSI	Multi-sensory impairment
PD	Physical disability
ASD	Autistic spectrum disorder
OTH	Other difficulty
NSA	SEN support but no specialist assessment of type of need

## 11 Appendix B

Age and characteristics of the children and families receiving Parenting interventions	What is the programme that is being delivered	Who Delivers	What is the quality?	What are the deficits/ issues to be considered?
Early Years	Solihull Parenting courses	HV and Early Help	2 per district	Delivery is not consistent across the County
School Aged Children	Tier 1 Parent interventions- individual not group	KCHFT School Public Health Service	? Check PM	
Children and families being worked with by Early Help	Kent Parenting Programme (TOPSE evaluated/Quality Mark in place)	Early Help	See EF matrix	Children and young people need to be being referred to Early Help
Children with a diagnosis of or on the pathway for ASD 5-18	Cygnets	STLS / EWP/ SLT	Dover ( 2 courses annually with 9 families)	**Canterbury Dover Gravesham Dartford Shepway Maidstone
	Early Bird	STLS	Canterbury 21 families ( 17-18) , Dover one a year – 4 families, Maidstone 2 a year	**In Canterbury , Dover , Maidstone, Tonbridge and Tunbridge Wells  Not in Dartford and Gravesham
	Early Bird Plus	STLS	Very limited delivery Folkestone 1 course annually with 6 families	**Of 7 districts which responded only Folkestone delivered Early Bird Plus
Universal offer available across Kent	Managing your Child	Kent Adult Education		
Universal offer available across Kent	Managing your Teenager	Kent Adult Education		