# Children and young people with Special Educational Needs and Disabilities (SEND)

## Joint Strategic Needs Assessment 2026

### What is a JSNA?

A Joint Strategic Needs Assessment (JSNA) is a collaborative document between key partners such as the local authority, health services and voluntary sector agencies that sets out the health and wellbeing needs of a distinct population with the view to developing a jointly-agreed and locally determined set of priorities on which to base commissioning plans. A JSNA is also the basis of an intelligence-informed strategic vision for the future. This JSNA is focussed on the population and needs of children and young people with special educational needs and disabilities (SEND).

This document will focus on the 4 broad areas of need and explore prevalence and trend data, a needs profile, outcomes and inequalities analysis, an overview of the service landscape, and insights from lived experience.

NHS Gloucestershire

Gloucestershire COUNTY COUNCIL

# Introduction

Nationally children and young people with special educational needs (SEND) have poorer outcomes than their non-SEND peers. In Gloucestershire we want to better understand the needs of our SEND population so that we can commission appropriate services and provision to meet their needs and improve outcomes.

When a child is born, their development starts to be monitored to ensure they are growing and developing at the expected rates. All children are individuals, and the development rates are guidelines.

Developmental delay could be resolved as the child grows without any help or support, be resolved with some minimal help or support or may become recognised as a learning disability which will have a lifelong impact on the child. Therefore, defining levels of children with learning disabilities is difficult.

Once a child enters a more structured learning environment developmental delays are more likely to be observed by professionals, these children will be identified as having special educational needs (SEN) and appropriate support put in place either as school-led SEN support or as an Education Health & Care Plan (EHCP).

This JSNA represents an accurate picture of known data and information available as of Summer 2026.

# What is SEND?

A child or young person has a special educational need or disability if they have significantly greater difficulty learning than the majority of other children of the same age, or if a physical or mental health condition prevents them from making use of the facilities generally provided for others of the same age.

We have responsibilities by law to support children and young people with a special educational need or a disability, up to the age of 25. This includes helping young people with SEND to prepare for adulthood and independence, and transition to further support after this age if it's needed.

Special educational needs appear to have some link with deprivation although it is not clear if the deprivation contributes to a special need or the special need contributes to the deprivation, it is most likely to be bi-directional.

# How are Primary Needs Allocated

Additional support will be provided via a graduated approach when a pupil is identified as making less than expected progress in either attainment, developmental or social needs. The first stage of intervention is a 'My Plan' which is a process and tool that sets out the needs of the child and family to identify what support can be provided. If a child's needs are more complex, they can be graduated onto a 'My Plan Plus' which involves a multi agency assessment of need to understand the range, depth or significance of those needs. When a child or young person is receiving support from a 'My Plan' or 'My Plan Plus', they are reported as receive SEN support via the school census. In a 2025 survey to schools, 81% responded that the SENCO determines the SEN primary need recorded on the School Census.

When a child is not making sufficient progress despite the school having taken purposeful and relevant action, it may be appropriate to consider applying for an EHCP through EHC Needs Assessment (EHCNA). The primary need is determined at the start of this process and is recorded officially by the SEN caseworker on the EHCP3 – Handover Form and GCC's Management Information System. The number of EHCPs by primary need is reported on a yearly basis to the Department for Education via the SEN2 Census. The primary need recorded on the school census may differ from that recorded on the EHCP.

The purpose of identifying need is to determine what action the school and local authority need to take to improve outcomes for children and young people, not to fit someone into a category. In practice, individual children or young people have needs that crosscut several areas and can change over time.

In 2025 a survey provided to parents and carers of CYP with SEN highlighted that 26% were not sure of their child's primary need

Guidance will be provided to schools and settings to improve the accuracy and consistency of primary need recording through the provision of guidance, training, and best practice resources for SEN Support and EHCP cohorts.

# SEND population in Gloucestershire

In January 2026 there were; 14,785 (15.8% of pupils) children and young people receiving SEN support in all Gloucestershire schools without an EHCP and 7,521 (4.2% of residents aged 0-24 years) with an EHCP

## New EHCPs issued by Primary Need (2025)

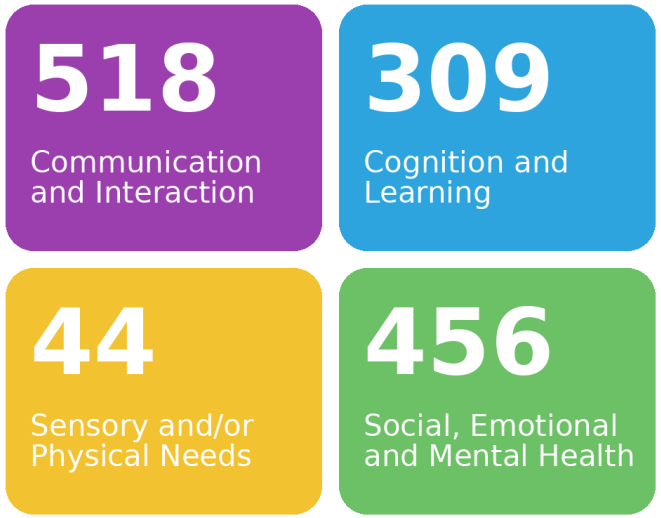



Figure 3.1 Number of New EHCPs Issued by primary need
Source: Explore Education Statistics

In the 2026 Pupil Wellbeing Survey 12.6% of pupils reported SEN/EHCP in the survey compared with 21.4% recorded in the January 2026 Pupil Census. This varied by education phase, ranging from 9.2% of post-16 learners, to 11.0% of secondary pupils and 14.4% of primary pupils. This differs from the proportions recorded in the 2026 School Census, but children and young people may not be fully aware of all the support they receive and may not put a label on it.

## EHCNA Requests By Age

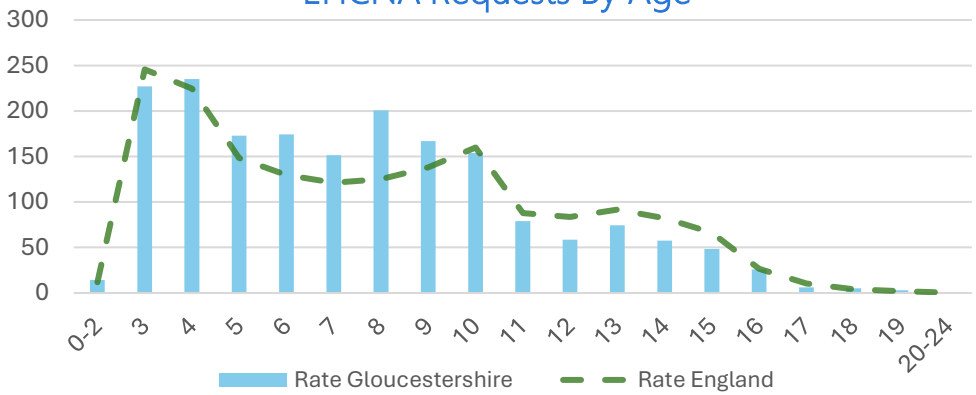



Figure 3.2 Rate per 10,000 of EHCNA requests by age (2025)
Source: Explore Education Statistics

## Where are pupils with EHCPs educated?

| | |
|---|---|
| Early Years settings including PVIs | 1.05% |
| Mainstream schools or academies | **48.72%** |
| Specialist bases in mainstream settings | 0.89% |
| Mainstream Post 16 provision | **10.38%** |
| Maintained special schools or special academies | **20.42%** |
| NMSS or independent schools - LA funded placements | 5.86% |
| Specialist Post-16 institutions | 1.78% |
| Alternative Provision | 0.52% |
| Elective Home Education (EHE) | 1.38% |
| Other (including hospital schools where applicable) | 3.94% |
| Other arrangements by LA (EOTAS) | 5.05% |

Figure 3.3 Percentage of children with an EHCP by type of setting
Source: SEN2 Census 2026

## SEN Support by Primary Need

↑ ↓ Indication of increase/decrease compared with 2025 census

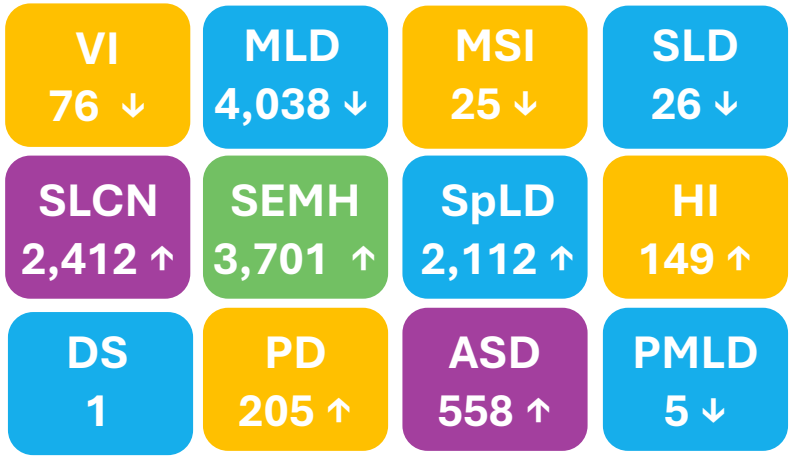



Figure 3.4 Number of children receiving SEN Support by Primary Need
Source: Explore Education Statistics

## Current and Projected Rate of EHCPs

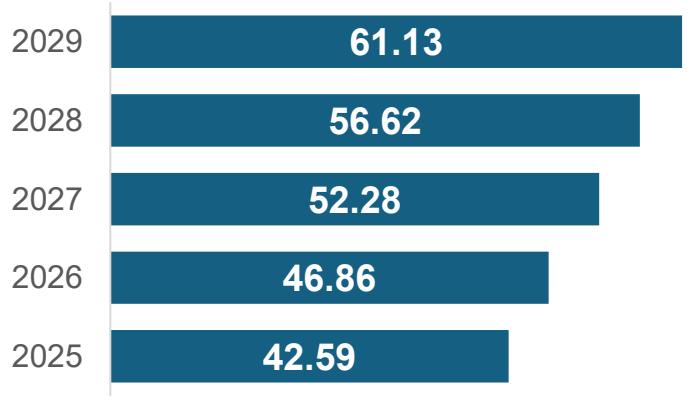
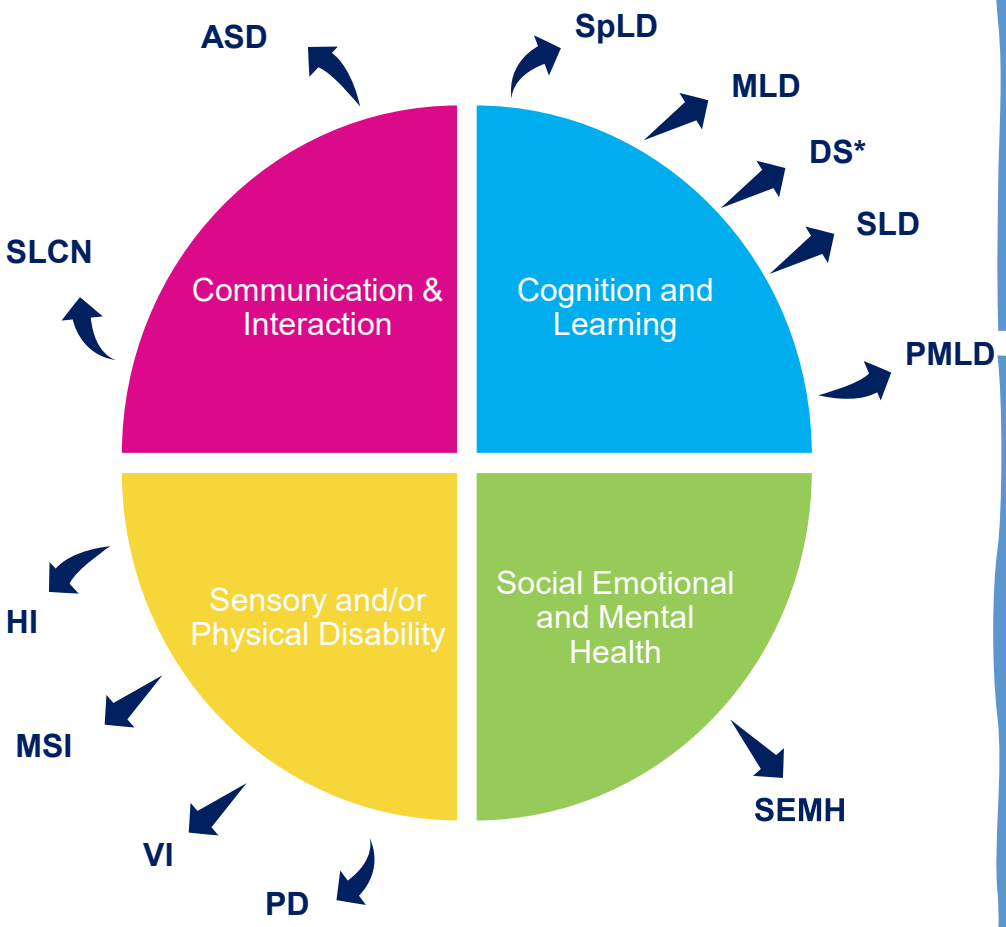



Figure 3.5 Current and projected rate per 1,000 of all CYP with EHCPs
Source: SEN2 Census 2026

# What are the primary needs of children & young people with SEND?




* Down Syndrome (DS) was introduced as a primary need category in 2024/25. In the school census, some pupils with an EHCP were recorded as having DS as their primary need. However, as of January 2026, no individuals had DS recorded as the primary need on their EHCP.

## Communication & Interaction

Children and young people with Speech Language and Communication Needs (SLCN) may struggle to express themselves, understand others, or use social communication appropriately. Difficulties may relate to one or more aspects of speech language and communication at different stages of development.

Children and young people with Autism Spectrum Disorder (ASD) often have significant challenges with social interaction, and may also experience difficulties with language, communication and imagination, affecting how they relate to others

## Cognition and Learning

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to Profound and Multiple Learning Difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as physical disability or sensory impairment. Specific Learning Difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

## Sensory and/or Physical Disability

There are some children and young people who require special education provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with Vision Impairment (VI), Hearing Impairment (HI) or a Multi-Sensory Impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties.

Some children and young people with a Physical Disability (PD) require additional ongoing support and equipment to access all opportunities available to their peers.

## Social Emotional and Mental Health (SEMH)

Children and young people may experience a range of social and emotional difficulties which manifest in many ways. In line with the SEND Code of Practice, some children and young people may present with behaviours that challenge, disrupt learning or indicate distress. Gloucestershire recognises that behaviour is often a form of communication and may reflect underlying unmet needs, trauma, anxiety, neurodiversity or difficulties with emotional regulation. These behaviours may also be associated with mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or medically unexplained physical symptoms. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactivity disorder (ADHD) or attachment disorder.

# Communication & Interaction

## Contents



## Key Findings

- Communication and Interaction remains one of the largest areas of SEND need in Gloucestershire. ASD prevalence remains below England, while SLCN rates have increased and are now above the national average.
- Communication & Interaction needs are not evenly distributed across Gloucestershire. Gloucester and Tewkesbury have significantly higher rates of C&I needs than the county average. Need is concentrated around urban areas, although children in rural areas may travel further to access specialist support. Patterns of need and provision do not always align, creating challenges around accessibility and sufficiency.
- Demand for autism assessments and speech, language and communication support remains high. In response, Gloucestershire is strengthening early identification and intervention through ELSEC, Speech and Language Therapy services, and workforce development initiatives.
- Children and young people with C&I needs accounted for 54.2% of those identified as having needs that could be met within a specialist setting, compared with 41.8% of the wider EHCP population. Specialist base provision is planned to increase from 54 places in 2025 to more than 500 by 2029.
- Persistent absence remains high, while educational outcomes are mixed. EYFS and KS2 attainment were below England, although average Attainment 8 scores for pupils with ASD and SLCN were above their respective national averages in 2024/25. Overall, educational outcomes and attendance remain poorer than for pupils without SEND, highlighting the importance of increased investment in early intervention and inclusion.
- Most young people with C&I needs and an EHCP remain engaged in education, employment or training-related activity, with Post-16 Education increasing from 186 young people (88.7%) in 2025 to 240 (89.0%) in 2026. Gloucestershire continues to support positive outcomes through Preparing for Adulthood services, independent travel training and supported employment pathways.

# Communication & Interaction - Prevalence and Trends

C&I remains one of the largest drivers of SEND demand. The rate of CYP with communication and interactions needs has increased over recent years. While ASD prevalence remains below the national average, SLCN rates have increased significantly and now exceed the England average. Continued growth in C&I needs will require sustained investment in early intervention, workforce development, mainstream inclusion and local specialist provision.

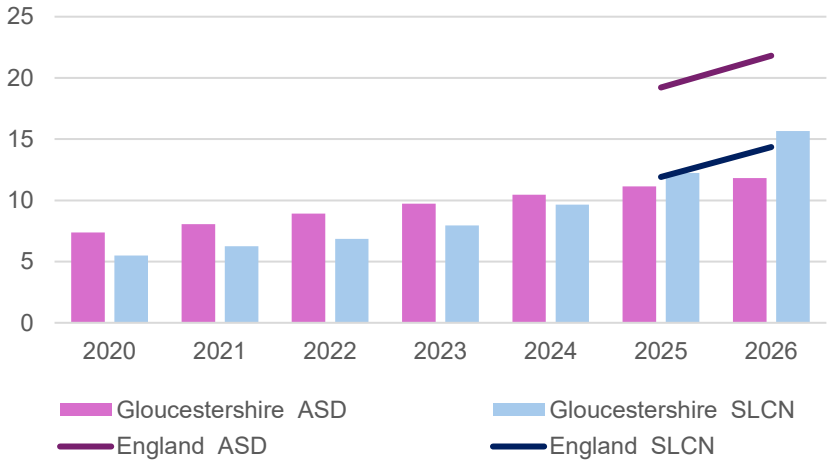



Figure 6.1 - Rate of ASD & SLCN EHCPs per 1,000 7– 15-year-olds
Source: SEN2 Census

The percentage of individuals with a C&I need living in the most deprived quintile (20.44%) is over double that of the entire 0–24-year-old population (9.72%). The C&I population in the second most deprived quintile (8.85%) is **significantly lower** than the 0–24-year-old population (11.74%). The proportion of the C&I population in the least deprived quintiles (20.31%) is **significantly lower** than the 0–24-year-old population (29.05%).

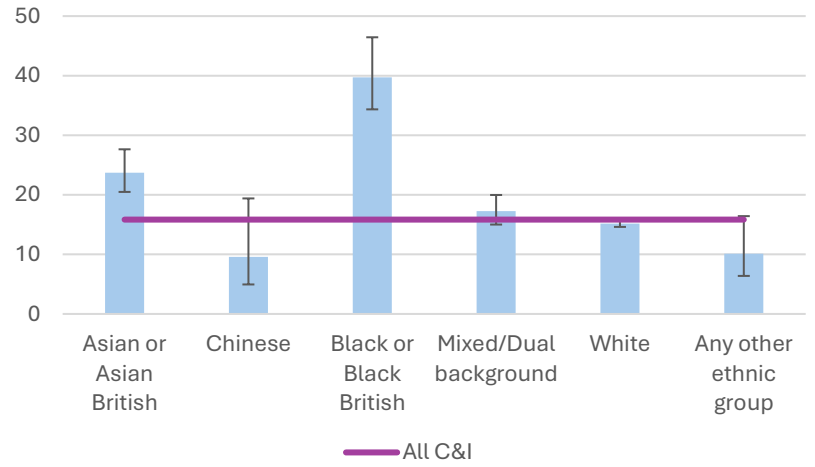



Figure 6.3 Rate per 1,000 of C&I EHCPs by ethnic group population in 2026 (EHCP data: SEN2 Census, Population data: Census 2021)

In 2026, Asian or Asian British and Black or Black British children and young people were more likely to be identified with communication and interaction (C&I) needs compared with the overall rate. However, these findings should be interpreted with caution, as ethnicity data was either refused or not recorded for a sizeable proportion of individuals.

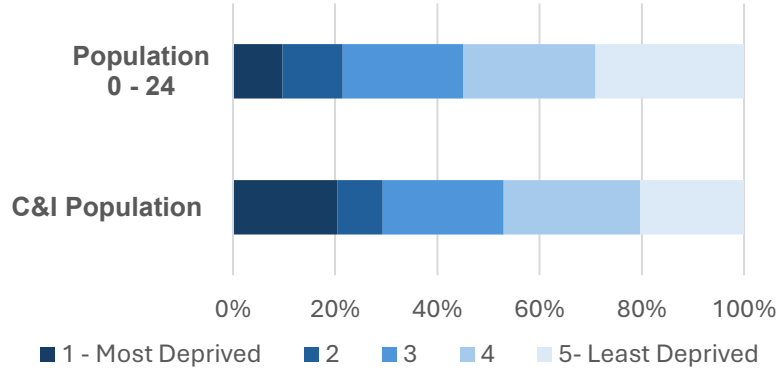



Figure 6.2 – Distribution of the EHCP population and the 0–24 population across IMD deprivation quintiles

The chart shows the distribution of recorded primary need across age groups, with a steadier and more concentrated pattern than previous years, although differences between cohorts remain evident across the age range.

This pattern is consistent with analysis undertaken in summer 2025, which found that Gloucestershire identifies a higher proportion of pupils with SEN than the national average, particularly in primary years. That analysis also highlighted a tendency for MLD to be recorded more frequently, alongside lower identification of ASD.

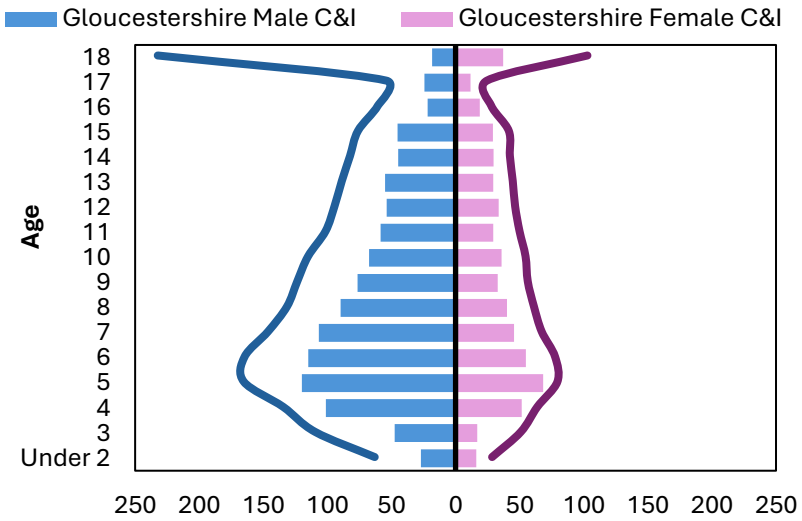



Figure 6.4 –Rate per 1,000 of children receiving EHCP/SEN Support (School Census) primary need prevalence by Age Group and Gender compared to England

Gloucestershire is strengthening early identification and support for speech, language and communication needs through ELSEC, Speech and Language Therapy services, Best Start in Life Plan, and workforce development initiatives.

# Communication & Interaction - Geographical Distribution

**Do our current services and specialist provision reflect where children and young people with Communication & Interaction needs live?**

The map shows a cluster of higher need in and around urban areas in Gloucestershire, with smaller pockets of higher need in other parts of the county. More rural areas generally show lower recorded numbers, however the map does highlight the distance children and young people in more rural areas travel to receive an education. Geographical analysis helps Gloucestershire plan future specialist provision, inclusion bases and support services in locations where demand is greatest. This supports the ambition for more children to have their needs met locally.

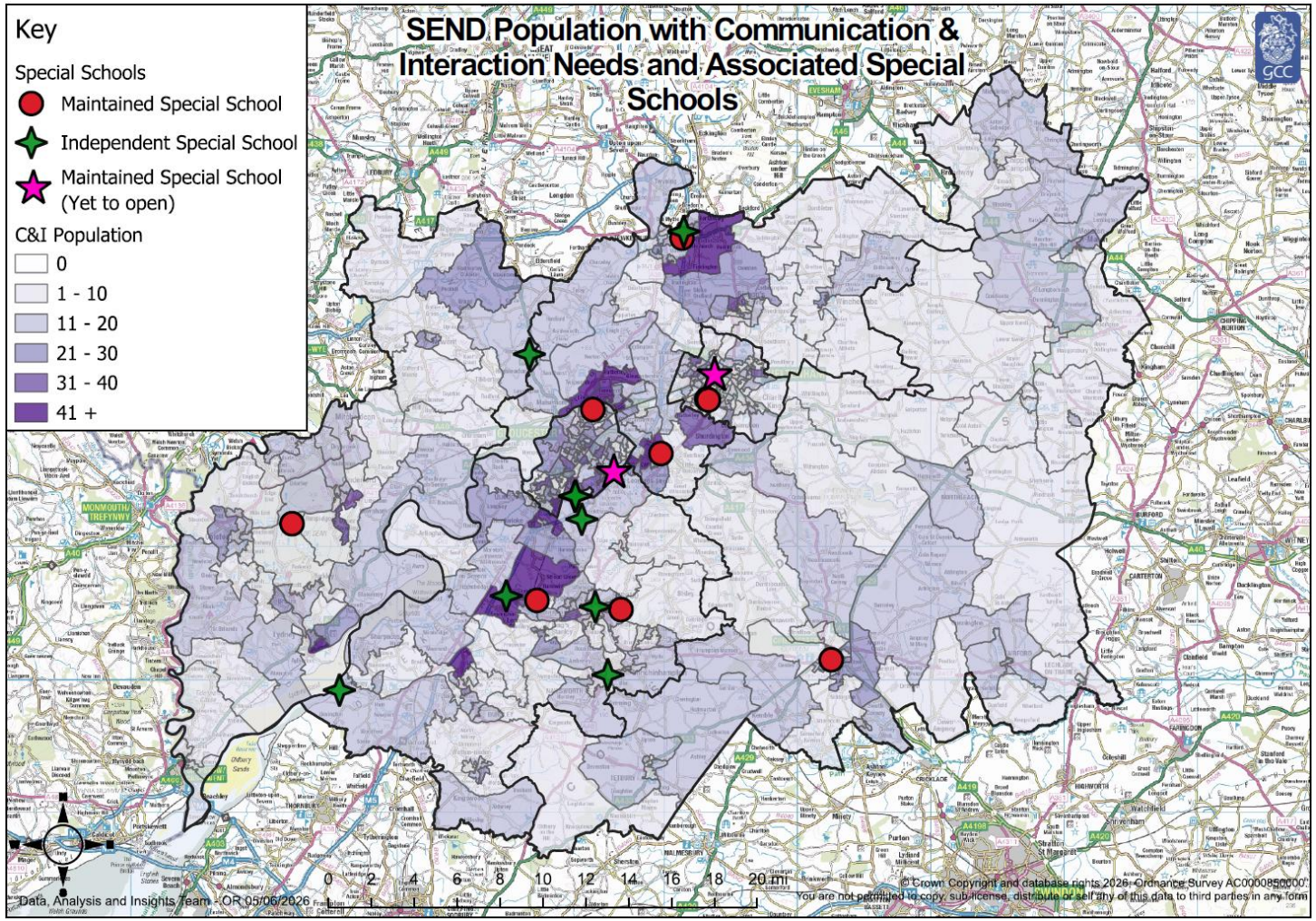



Figure 7.1 – Distribution of children and young people with Communication and Interaction (C&I) needs across Gloucestershire, alongside the locations of special schools that support these needs.

Across Gloucestershire, Communication & Interaction (C&I) need is not evenly distributed geographically. Figure 7.2 shows the rate per 1,000 of children and young people (0-24) with a C&I EHCP.

Gloucester and Tewkesbury have a significantly higher rate of C&I EHCPs while Cheltenham and Cotswold have a significantly lower rate of C&I EHCPs

Together, the visuals suggest that patterns of need and the distribution of specialist provision do not always align. Understanding where need is concentrated supports joint commissioning, workforce planning and future investment in local provision, helping to ensure sufficient capacity, equitable access to support, and opportunities for children and young people to access services as close to home as possible.


Figure 7.2 –Rate per 1,000 of children with a C&I EHCP in district authorities compared with Gloucestershire

**What we're doing**

We are developing our planning for inclusion bases and specialist inclusion bases for children to be educated as close to home and in their local communities

# Communication and Interaction Needs – Health and Support Services

## Speech & Language Therapy

The Children's Speech and Language Therapy Service (CYPS SLT) is a countywide specialist service for children and young people aged 0 – 18 and their families and carers. In 2025/26, the service had approximately 3,900* referrals into the service, which is lower than the previous financial year (4,011). Between 2016/17 and 2019/20 there was an increasing overall referral rate and consequently an increasing caseload. The referral rate and demand for CYPS SALT remains high throughout the year and waiting times continue to increase.

The service has recently launched SHARE. A digital initiative that will support safe waiting by providing assurance that referrals are screened, prioritised and safely supported whilst, waiting for intervention.

## Early Language Support For Every Child (ELSEC)

ELSEC is a national programme funded by the Department for Education and NHS England that aims to improve the early identification and support of children with SLCN. The programme brings together education, health and local authority services to provide screening, early intervention and workforce development, helping children access support at the earliest opportunity and improving longer-term outcomes.

In March 2025, a cohort of 1,760 children participated in an initial ELSEC screening. Over two-thirds were identified within the Red (complex needs), Amber (targeted support required) or Orange (monitor and support) categories (30%, 27% and 11% respectively). Nearly one-third (32%) were classified as Green, indicating no concerns at the point of screening.

These findings highlight the scale of potentially unmet or unidentified SLCN in the early years and the importance of strengthened early identification pathways and accessible intervention offers across Gloucestershire. As the screening was undertaken within a targeted group of settings participating in the ELSEC programme, the results should not be regarded as representative of all children and young people across the county.

Learning from the ELSEC programme will be embedded within the planning and delivery of Experts at Hand, supporting the availability of speech, language and communication support across education settings from early years to post-16, and helping to improve the identification of need and outcomes for children and young people.

**Parent Carer Survey**

33.4% of parents said their child got the right help and support from health services in 2025. This has increased from 30.6% in 2024.

## Dynamic Support Register (DSR)

The DSR is used by NHS Gloucestershire ICB to help identify and support people with a learning disability and/or autism, particularly those who may be at greater risk of hospital admission or placement breakdown.

In the 2025/26 financial year, the service received 100 referrals/consents from 0 – 17-year-olds. At the end of this period there were 173 CYP on the DSR which is similar to the end of 2024/25 (176). 97% of individuals on the DSR have a diagnosis of Autism and 18% had a diagnosis of learning disability.

Once a CYP has consented to be on the DSR, they are assessed using a Dynamic Assessment Tool (DAT). The DAT establishes the risk level of an individual at that moment in time.

## Dynamic Key Working (DKW) Team

Individuals assessed as being at the higher end of moderate risk or above are eligible for additional support from the DKW team.

In the 2025/26 financial year, the service had 70 notifications and 43 active cases, 40 of which had an allocated DKW caseworker. The number of notifications has decreased from the 2024/25 financial year (87), however the number of active cases with an assigned DKW remains the same. Where risks reduce and are effectively managed, cases may be stepped down, with the option for the young person or family to request further support if risks increase again.

# Communication and Interaction Needs – Health and Support Services

## Children's Autism and ADHD Assessment Service (CAAAS)

CAAAS is a specialist NHS multidisciplinary service that assesses children and young people who may be autistic or have ADHD. The service is delivered by Clinical Psychologists, Paediatricians, Psychiatrists, Occupational Therapists, and Speech and Language Therapists, providing comprehensive assessments for children aged 2 to 17 years (autism) and 6 to 17 years (ADHD). Referrals are accepted from health, education, and social care professionals where neurodevelopmental differences are having a significant impact on a child or young person's daily life.

During the 2025/26 financial year, CAAAS received 1,905* referrals with the greatest demand for the service arising between April and June.

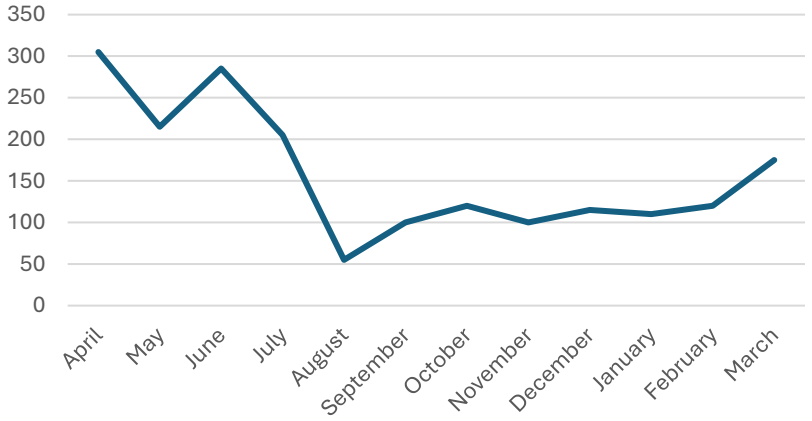



Figure 9.1 – Number of Referrals to the Children's Autism and ADHD Assessment Service

* Data from some partner organisations have been rounded to the nearest five to comply with their information governance requirements.

## Augmentative and Alternative Communication (AAC) Service

The Augmentative and Alternative Communication (AAC) Service supports children and young people aged 0–25 years who experience significant communication difficulties and may benefit from specialist AAC tools and approaches. AAC includes a range of methods used to support or replace spoken communication, such as communication boards, symbol systems and speech-generating devices.

The service is delivered through a multidisciplinary approach, bringing together expertise from education, speech and language therapy, occupational therapy and other relevant professionals. Through a graduated assessment process, the service identifies communication needs, recommends appropriate AAC solutions and provides support to help children and young people communicate effectively across home, education and community settings.

## Triple P Positive Parenting Programme

Triple P (Positive Parenting Programme) is a universal parenting support programme for families with children and young people aged 0-12 years. It provides evidence-based advice and practical strategies to help parents build positive relationships, manage challenging behaviours, support emotional wellbeing, and create a stable home environment. Triple P aims to strengthen family resilience through early intervention and prevention, helping families develop the skills and confidence to support their child's development.

During the 2025/26 financial year, 69 parents have completed the Triple P Positive Parenting Programme. In the current training cohort, 28 parents are currently attending.

## Avoidant/Restrictive Food Intake Disorder (ARFID)

Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder characterised by severe restrictions in the amount or type of food consumed, often linked to sensory sensitivities, anxiety, or neurodevelopmental conditions such as autism. The condition can have a significant impact on nutrition, health, wellbeing, and daily life.

ARFID is not currently covered by specific NICE guidance and local assessment and support pathways continue to evolve in response to emerging evidence and growing awareness of the condition. Feedback from parent carers highlights concerns about the availability of specialist support, including difficulties accessing services, obtaining timely assessment and navigating care pathways. These findings indicate a potential gap in provision for children and young people with complex feeding needs.

# Communication and Interaction Needs – Education Provision

## Educational Provision & Forecasting

In 2025, most children and young people with a C&I need attended either mainstream schools and academies (1,483) or maintained special schools and academies (815). Demand is projected to increase significantly, with the C&I EHCP rate rising from 17.2 per 1,000 population aged 0–24 years in 2025 to 25.3 per 1,000 by 2029.

To meet this demand, Gloucestershire is investing in mainstream inclusion, specialist bases and maintained special school provision to increase local capacity and support more children and young people to have their needs met closer to home. This includes a planned increase in specialist base provision from 54 places in 2025 to over 500 places by 2029. These developments are intended to reduce reliance on non-maintained special schools and independent placements while improving placement sufficiency across the county, enabling more children and young people to access support and education closer to home. Early years and post-16 provision are also expected to grow in line with demand.

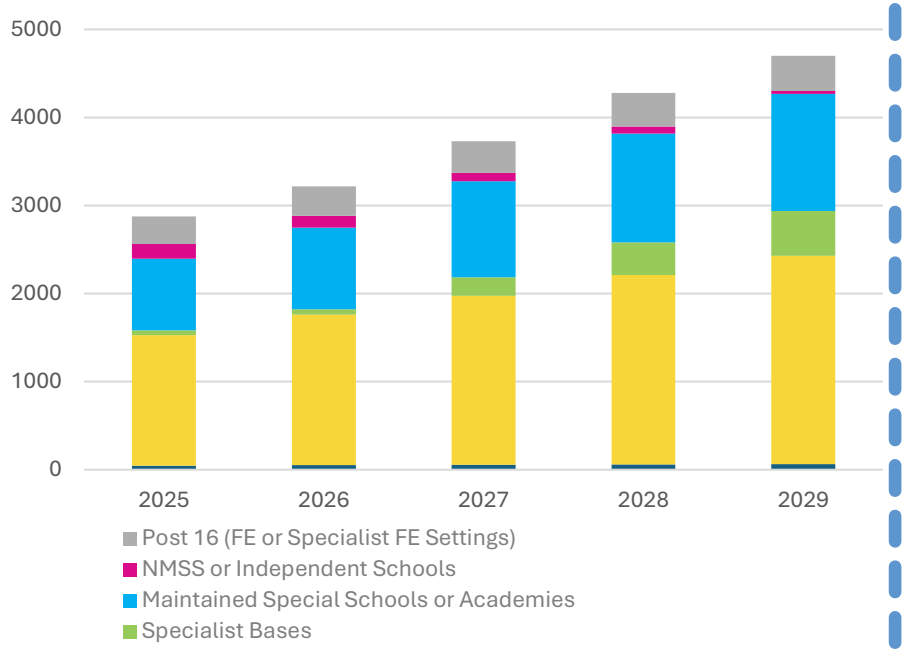



Figure 10.1 – Actual (2025) and Projected (2026–2029) numbers by provision type. Number of children in alternative provision have been suppressed due to very low numbers.

Gloucestershire County Council has approved a £20 million budget to open a new special school in Cheltenham (Opening 2028) for children with Complex Learning Difficulties (CLD), including autism and associated communication and interaction needs

## Persistent Absence

A higher rate of children and young people with C&I EHCP/SEN Support are persistently absent. In 2024/25 the overall persistent absence rate per 100 for pupils without SEN was 14.1, compared to 24.7 of individuals with C&I primary need. This rate was significantly similar to the England average of 25.2.

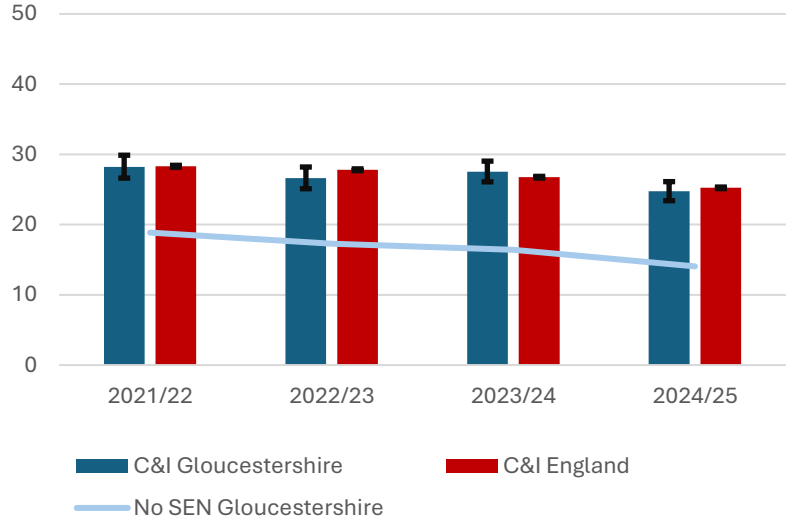



Figure 10.2 – Rate of Persistent Absences of individuals with a C&I need in Gloucestershire vs England compared with individuals with no SEN in Gloucestershire

## Special School Provision

As of 15 January 2026, the council had identified 282 children and young people whose needs could be met within a specialist setting.
Of these, 54.2% had a primary C&I need.

This is significantly higher than the proportion of children and young people with a C&I need (41.8%) across the wider population of those with an Education, Health and Care Plan.

Of those individuals with a C&I EHCP whose needs could be met within a specialist setting

- **124** were in a mainstream school or academy
- **16** were Educated Other Than At School (EOTAS)
- **Less than 10** in alternative provision settings
- **Less than 10** were in specialist bases in mainstream settings
- **Less than 10** were Electively Home Educated
- **Less than 10** were in other settings (Including Hospital Schools)
- **Less than 10** were in an early years setting

Gloucestershire's Multi-Agency School Attendance Strategy has been developed to ensure all children and young people can access the opportunities provided by attending an education setting.

# Communication and Interaction Needs – Education Outcomes

## Suspension and Permanent Exclusions

In the 2024/25 academic year the rate of suspensions per 1,000 in Gloucestershire for those with C&I needs was 212.5 which is significantly higher than the national rate of C&I suspensions (137.8). The rate of suspensions for 2025/26 has dropped to 149.5, national data for this academic year has not been released.

Permanent exclusions rates were similar for children with C&I needs in this period (3.56 in 2024/25, 3.53 in 2025/26). On national level in 2024/25, the rate of permanent exclusions with C&I needs was much lower (1.40), however it was not significantly different.

Our data demonstrates a disproportionately high level of exclusions in children and young people with SEND. Our education inclusion strategy outlines how we will address these challenges to reduce the number of children and young people disproportionality excluded from education.

## Early Years Foundation Stage (EYFS)

At the end of EYFS in 2024/25, 21.0% of children receiving SEN support achieved the expected Good Level of Development (GLD), compared with 2.5% of children with an Education, Health and Care Plan (EHCP). In contrast, 72.7% of children with no identified SEN met the expected GLD. Overall, 15.9% of children with a C&I need in Gloucestershire attained a GLD, lower than the England average of 19.7%.

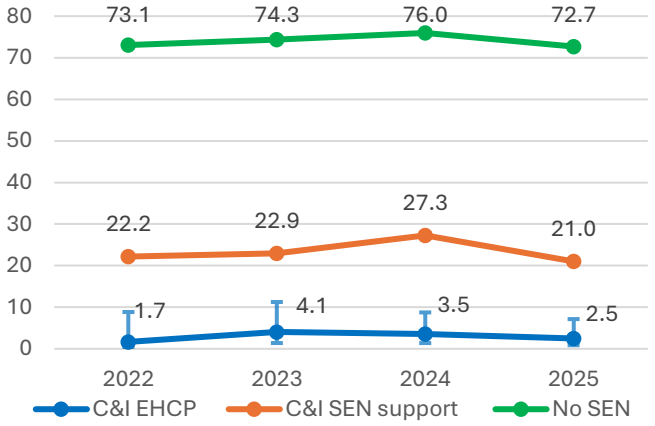



Figure 11.1– Percentage of children with a C&I EHCP/SEN Support who met the expected Good Level of Development (GLD) at the end of EYFS.

The Best Start in Life programme aims to improve GLD outcomes by strengthening early identification, early intervention, parent empowerment, inclusive practice, multi-agency working, readiness for learning, and access to early education. Through this whole-system approach, the programme seeks to reduce developmental gaps before school entry for children with SEND.

## KS2

7.7% of children with a C&I EHCP, 26.3% of those with a C&I SEN support and 72.5% of those with no SEN achieved the expected or higher level in Reading, Writing and Maths (RWM). The percentage of children receiving SEN support who achieved the expected or higher level in reading, writing and maths has generally been increasing however the percentage has decreased in children with an EHCP. Overall, 17.8% of children with a C&I need in Gloucestershire achieved the expected or higher in RWM, lower than the England average of 25.0%.

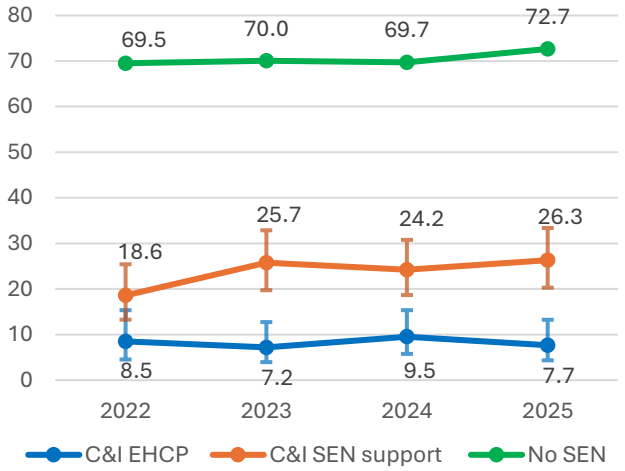



Figure 11.2 – Percentage of children who achieved the expected or higher level in Reading, Writing and Maths

## KS4

In Gloucestershire, average Attainment 8 scores for pupils with ASD varied across the period, increasing from 30 in 2021/22 to 33.6 in 2024/25, despite a dip in 2022/23. For pupils with SLCN, scores have also increased in recent years, reaching 28.9 in 2024/25. Both groups achieved higher average Attainment 8 scores than the England averages in 2024/25 (29.6 for ASD and 27.6 for SLCN).

‘I do think the whole education system needs to be re-thought, but [if I was to change one thing] it would be less focus on exams and academic success. Everyone has a talent. Schools should flourish that talent.’

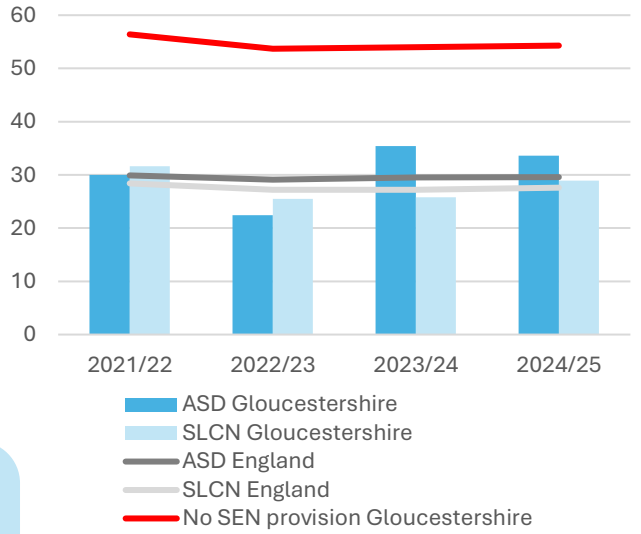



Figure 11.3 – Average Attainment 8 of Children with ASD, SLCN and No SEN of Gloucestershire against England

# Communication and Interaction Needs – Employment Outcomes

## Preparing for Adulthood (PfA)

The PfA team supports children and young people with SEND across education. The team focuses on supporting young people to safely navigate and engage with their local communities. This includes promoting independent travel where appropriate, as well as delivering tailored one-to-one interventions for those requiring additional support with social interaction and community participation. The PfA programme delivers support to group settings within education placements, centred around community access, peer on peer engagement and developing independence.

In 2025/26, the PfA team provided direct support to 41 young people with a C&I need*. In total 245 young people were supported, this includes 31 individuals who received independent travel training, 193 participants who engaged in group-based sessions delivered in both educational and community settings and 21 young people receiving 1-2-1 support through commissioned services in the community.

* Primary need information was not consistently recorded for all young people supported during the academic year and, as a result, the needs profile may not fully reflect the entire cohort.

**From 'R' who benefitted from Travel Training**

"I am now very happy with catching the bus and I'm not worried about travelling on my own anymore. I can also catch a different bus to the one we practiced on, which means sometimes I can get to college earlier. I now feel safe enough to catch the bus on the weekends to meet friends in town, which I couldn't do before, so it has made me very happy."

## Work Based Placements

During 2024, 46.8 per 1,000 17-24 EHCPs (45 individuals) were in work-based placements. This decreased to 35.2 per 1,000 17-24 EHCPs (39 Individuals) in 2025, however this was above the national rate of 30.5.

In 2025, 19 young people with a C&I need participated in supported internships, while only a small number undertook apprenticeships and none were enrolled in traineeships. Nationally, in 2025, 11.47% of those with a C&I EHCP who are in work-based placements were participating in traineeships. This may indicate an opportunity to explore greater use of traineeships as part of the local offer in preparation for adulthood.

Research suggests that supported internships can significantly improve progression into paid employment for young people with SEND. Local evaluations have reported that more than half of participants secure paid employment following completion of a supported internship, while national evidence highlights improvements in work-readiness, confidence, independence and preparation for adulthood.

## Education, training & employment (16-18)

Youth Support destination data indicates that the majority of young people with C&I needs who held an EHCP were recorded as participating in Post-16 Education in both 2025 and 2026. The number recorded in Post-16 Education increased from 186 (88.7%) young people in 2025 to 240 (89.0%) young people in 2026.

The number of young people with C&I needs recorded as Not in Education, Employment or Training (NEET) decreased from 11 in 2025 to 8 in 2026. Training, re-engagement provision and employment accounted for a small proportion of recorded destinations in both years, with a small number of young people recorded in employment in 2026.

Overall, the data suggests that most young people with Communication and Interaction needs and an EHCP were engaged in education or employment-related activity at the time of both snapshots, with Post-16 Education remaining the most common recorded destination.

*These figures are based on a snapshot of destination information recorded by the Youth Support service in March of each year.*

# Communication and Interaction Needs – Additional Support

## Youth Justice Involvements

In the January 2026 school census there were 5,108 children who have a Communication and Interaction primary SEN need. Of this cohort, 1.17 per 1,000 have been known to the Youth Justice System which is significantly less than the rate of involvements for the entire SEND population (6.31 per 1,000)

## Short Breaks

Short breaks provide disabled children and young people with an opportunity to spend time away from their parents or primary carers, relaxing, having fun with their friends, experiencing the same range of activities and environments as non-disabled children and young people. Short breaks also provide parents and carers with a "break" from their caring responsibilities, giving them a chance to rest, spend time with partners and other children.

As of June 2026, 208 individuals with a presenting communication and interaction need were attending short breaks activity clubs.

‘Parents are often afraid to let their children gain independence. There is a lot of loneliness and isolation.’

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

As of 20 July 2026, SENDIASS had received 883 referrals relating to children and young people with C&I needs in 2025/26. This is higher than the 817 referrals recorded by the same point in 2024/25. SENDIASS provides information, advice and support across a range of education, health and social care issues. The service recorded 3,807 contacts during the current academic year, compared with 3,683 at the same point last year, indicating a continued need for advice and support among children, young people and families across education, health and social care issues.

## Children in Care

Services for Children in Care (CiC) include assessment and placements (either residential or foster care), alongside coordinated support across health, social care and education for both children in care and care leavers.

As of 31st March 2026, there were 765 children in care in Gloucestershire. Of these, 660 were matched to children in the county’s education system. Among this group, 6.06% had an EHCP for a C&I need, while 2.42% were receiving SEN Support for a C&I need.

The rate of C&I EHCPs was below the 2023/24 national average (7.78%), and the proportion receiving SEN Support was lower than the national rate (5.38%). Overall, the proportion of children in care with an EHCP or receiving SEN Support was higher than for those not in care.

## Transitioning to support from Adult Social Care

In 2025/26, 100 people aged between 17 and 24 started an adult service for the first time, compared with 82 in 2024/25 and 78 in 2023/24.

Over half (51.0%) of those starting adult services were recorded in adult social care data as having autism, an increase from 43.9% in 2024/25 and 37.2% in 2023/24. This is reflected in education data, where 21.0% of this cohort were identified with needs relating to Communication and Interaction, combining those with a primary SEN type of Autistic Spectrum Disorder (16.0%) and Speech, Language and Communication Needs (5.0%). In addition, 29 people aged 16 to 23 had a transition assessment in 2025/26 but had not yet started a service; of these, 27.6% were identified as having Communication and Interaction needs.

The high proportion of individuals with a transition background suggests that many young people with communication and interaction needs continue to require structured support into adulthood.

Nationally, the Families First Partnership programme aims to strengthen early intervention and family support services, helping more children remain safely within their families and communities where appropriate. For children and young people with C&I needs, the reforms emphasise coordinated support across education, health and social care, alongside a stronger focus on family networks and earlier help to prevent needs escalating into crisis.

# Cognition & Learning

## Contents



## Key Findings

- Gloucestershire has a significantly higher rate of C&L needs than England, driven largely by the prevalence of MLD. Gloucestershire is supporting schools through Educational Psychology, guidance and workforce development to improve the accuracy and consistency of need identification.
- Tewkesbury has a significantly higher rate than the Gloucestershire average, while Cheltenham has a significantly lower rate. Understanding where need is concentrated supports the planning of services, specialist provision and workforce capacity.
- Children and young people with C&L needs often access support from multiple education, health and care services, reflecting the interconnected nature of learning, communication, physical and developmental needs. Gloucestershire is strengthening inclusive practice such as the Assistive Technology Lending Library.
- Demand for provision is expected to continue increasing over the coming years. Gloucestershire is investing in mainstream inclusion, assistive technology, specialist bases and maintained special school provision to ensure more children and young people can have their needs met closer to home.
- Educational outcomes for children with C&L needs are mixed. At EYFS, 14.6% achieved a Good Level of Development compared with 9.7% nationally, while at KS2, 11.0% achieved the expected standard in Reading, Writing and Maths compared with 13.8% nationally.
- The rate of young people with EHCPs participating in work-based placements decreased to 35.2 per 1,000 17-24 year olds in 2025, although this remained above the national rate of 30.5. Gloucestershire continues to promote positive employment outcomes through its Preparing for Adulthood programme, supported internships and independent living initiatives designed to improve readiness for employment and adulthood.

# Cognition & Learning- Prevalence and Trends

The rate of CYP with Cognition and Learning needs is greater in Gloucestershire than England. This is due to the significantly high prevalence of MLD in the county. The rate of MLD in Gloucestershire (10.1) is over double the rate of England (4.2). While the number of pupils recorded with MLD (EHCP and SEN Support) in the School Census has begun to decline, this has coincided with an increase in the use of the 'Other Difficulty/Disability' category. This suggests that further work is required to support the accurate and consistent identification and recording of children's needs.

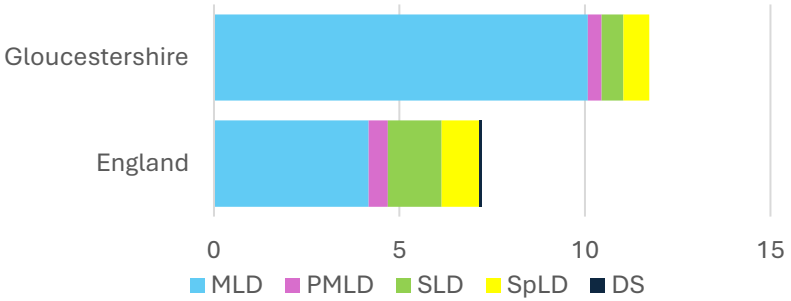



Figure 15.1 - Rate of C&L EHCPs per 1,000 0 to 24-year-olds in 2026

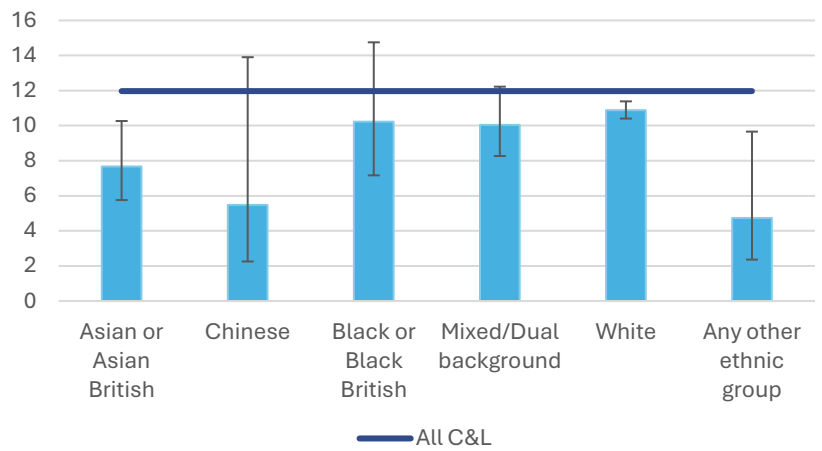



Figure 15.3 Rate per 1,000 of C&L EHCPs by ethnic group population in 2026 (EHCP data: SEN2 Census, Population data: Census 2021)

In 2026, Asian or Asian British children and children in any other ethnic group were less likely to be identified with Cognition and Learning (C&L) needs compared with the overall rate. However, these findings should be interpreted with caution, as ethnicity data was either refused or not recorded for over 10% of the C&L population

The chart shows the distribution of recorded primary need across age groups, with a broader spread of needs in younger children that becomes more concentrated as age increases.

This pattern aligns with analysis undertaken in summer 2025, which found that Gloucestershire identifies a higher proportion of pupils with SEN than seen nationally, particularly in primary years. The analysis also highlighted a greater likelihood of pupils being recorded with MLD and a lower likelihood of ASD being recorded as the primary need.

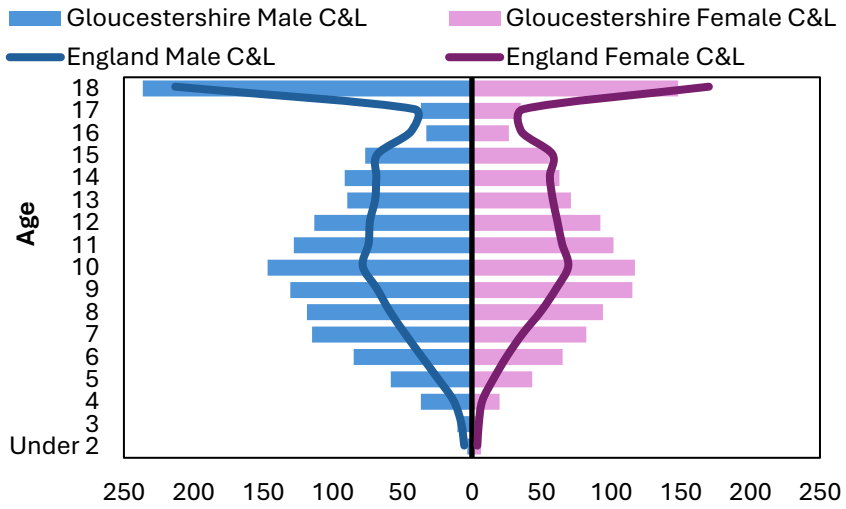



Figure 15.4–Rate per 10,000 of children receiving EHCP/SEN Support (School Census) primary need prevalence by Age Group and Gender compared to England

The percentage of individuals with a C&L need living in the most deprived quintile (19.91%) is over double that of the entire 0–24 year old population (9.72%). The C&L population in the second most deprived quintiles (8.65%) is significantly lower than the 0–24 year old population (11.74%). The proportion of the C&L population in the least deprived quintile (20.35%) is significantly lower than the 0–24 year old population (29.05%).

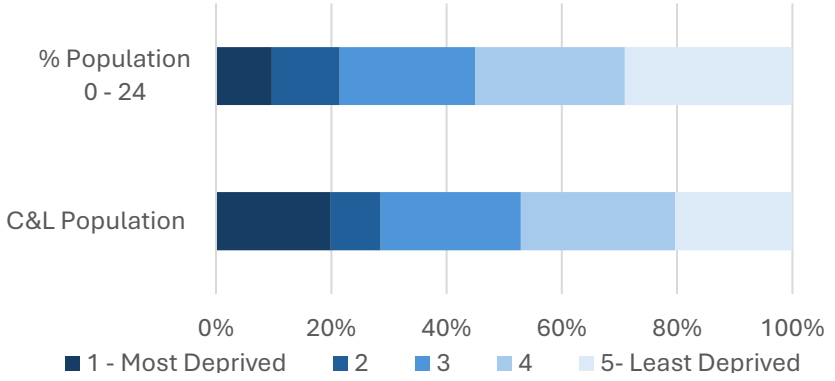



Figure 15.2 – Distribution of the C&L EHCP population and the 0–24 population across IMD deprivation quintiles

The Specialist Teaching & Educational Psychology Service (STEPS) are working with schools to support them in identifying needs accurately.

# Cognition & Learning – Geographical Distribution

**Do our current services and specialist provision reflect where children and young people with Cognition and Learning needs actually live?**

The map shows a cluster of higher need in and around urban areas in Gloucestershire, with smaller pockets elsewhere across the county. While rural areas generally show lower recorded numbers, some children and young people travel considerable distances to access education. To improve accessibility and support more children to learn within their local communities, Gloucestershire is developing inclusion bases and specialist inclusion bases across the county.

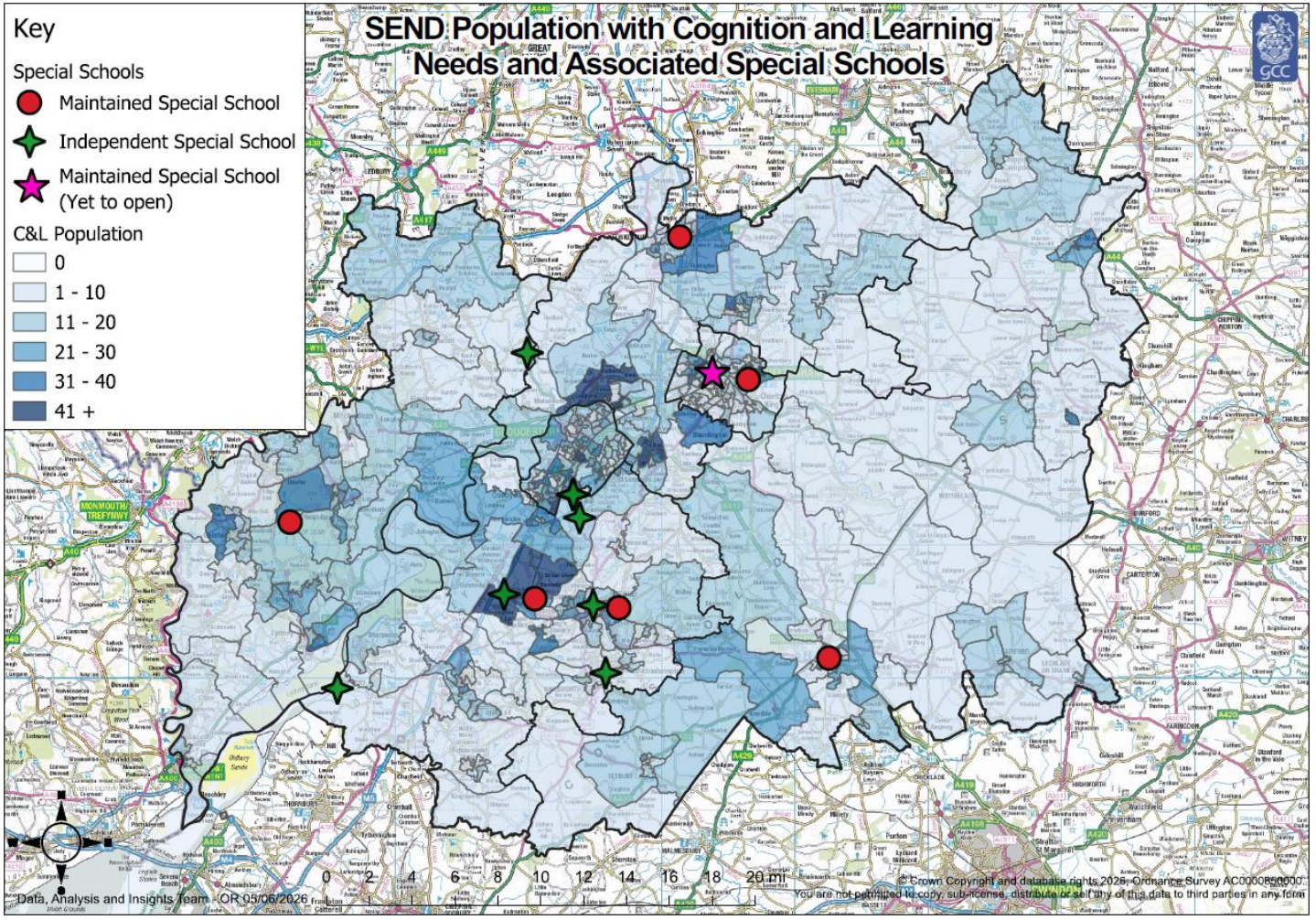



Figure 16.1 – Distribution of children and young people with Cognition and Learning (C&L) needs across Gloucestershire, alongside the locations of special schools that support these needs. Data Sources: SEN2 Census, School Census, GIAS

Across Gloucestershire, Cognition and Learning (C&L) needs are not evenly distributed geographically. Figure 16.2 shows the rate per 1,000 children and young people aged 0-24 with a C&L EHCP. Tewkesbury has a significantly higher rate of C&L EHCPs than the Gloucestershire average, while Cheltenham has a significantly lower rate.

This pattern differs from the overall distribution of children and young people with Cognition and Learning (C&L) needs shown in Figure 16.1, where the largest populations are concentrated in Gloucester and Stroud. The comparison suggests that the distribution of specialist provision is not always aligned with the geographical distribution of need, which may result in some children and young people travelling further to access appropriate support and education. Consideration of these patterns can inform future commissioning and service planning, helping to ensure provision is accessible, appropriately located and able to meet demand across the county.

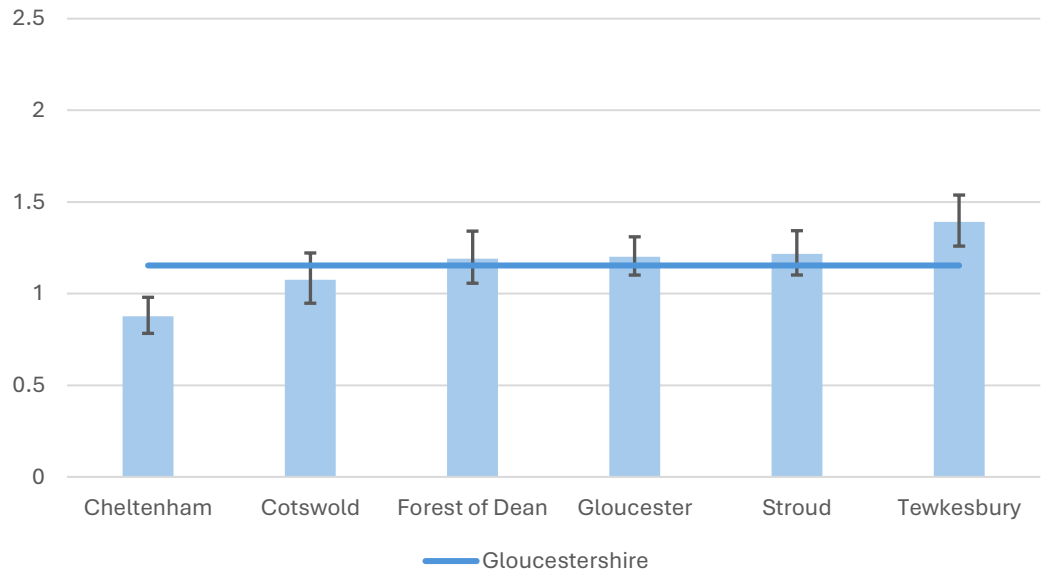



Figure 16.2 –Rate per 1,000 of children with a C&L EHCP in district authorities compared with Gloucestershire. Data Sources: SEN2 Census

# Cognition & Learning Needs – Health and Support Services

Cognition and Learning needs frequently occur alongside other developmental, physical, sensory, communication, and mental health needs. Consequently, children and young people with learning difficulties may access a range of support services, including Speech and Language Therapy, Community Paediatrics, CAAAS, Occupational Therapy, Physiotherapy, CAMHS, and specialist education services. This reflects the often complex and interconnected nature of children's needs and the importance of joined-up support across agencies.

## Learning Disability Children and Adolescent Mental Health Services

The CAMHS Learning Disability team supports children with a range of learning disabilities including autism and/or ADHD who attend specific special schools. In 2024/25 there were 243 referrals to the service; this rose to 256 in 2025/26. Referrals remain consistent throughout the majority of the year, with a peak of approximately 35 in October and a low of approximately 15 in August.

## Annual Health Checks

Annual health checks provide an opportunity for young people and adults with learning disabilities aged 14 and over to discuss their health with a GP or nurse. The checks help identify health concerns early, review ongoing support needs and develop actions to promote good health and wellbeing. Annual health checks are an important mechanism for reducing health inequalities, ensuring reasonable adjustments are in place and supporting a smooth transition from children to adult health services.

We're planning to increase engagement with schools and youth services to raise awareness of the LD Register and the importance of Annual Health Checks.

## Children's Occupational Therapy

The Children's Occupational Therapy (OT) service is an integrated countywide specialist service working in partnership with other health, education and social care services across Gloucestershire. It aims to address the needs of children and young people who have difficulties managing their activities of daily living and developing functional skills such as bathing, showering, toileting, dressing, eating etc. In 2025/26, there were 1,460* referrals to the service and a caseload of 1,550* children and young people. The number of referrals waiting for routine occupational therapy has been rising since January, with some children waiting longer than 18 weeks for non-urgent occupational therapy support. Most referrals to the service come from educational establishments and parents/carers, with the lowest rates during school holidays.

## Learning Disabilities Hospital Liaison Nurse Team

The Learning Disabilities Hospital Liaison Nurse Team supports children, young people and adults with learning disabilities who are attending Gloucestershire Royal Hospital or Cheltenham General Hospital for planned or emergency care. The team works with patients, families, carers and hospital staff to ensure reasonable adjustments are made to meet individual needs, improve communication and promote positive hospital experiences. Support may include pre-admission planning, advice for carers and staff, assistance during hospital stays, and discharge planning.

'Just because you've got additional needs doesn't mean you can't advocate for yourself and speak up about what kind of what treatment might be right for you… it's also really important to speak to the patient as well and not necessarily just talk to their parent or personal assistant.'

# Cognition and Learning – Education Provision and Inclusion

## Educational Provision Forecasting

In 2025, most children and young people with a Cognition and Learning (C&L) need attended either mainstream schools and academies (988) or maintained special schools and academies (434). Demand is projected to increase significantly, with the C&L EHCP rate rising from 11.3 per 1,000 population aged 0–24 in 2025 to 13.8 per 1,000 by 2029. To meet this demand, capacity will need to increase across mainstream schools, specialist bases and maintained special schools. Investment in local provision will support more children and young people to have their needs met within Gloucestershire, reducing reliance on non-maintained special schools and independent placements. Early years and post-16 provision are also expected to grow in line with demand.

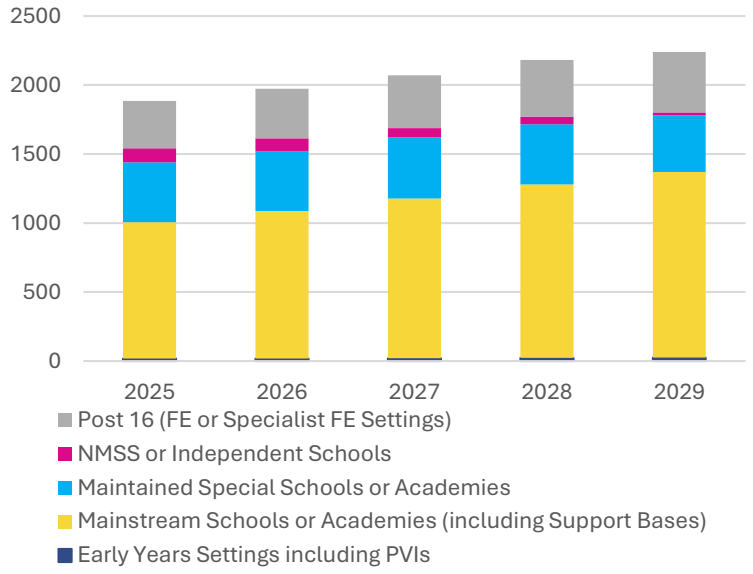



Figure 18.1 – Actual (2025) and Projected (2026–2029) numbers by provision type. Number of children in Specialist bases and alternative provision have been suppressed due to very low numbers.

## Special School Provision

As of 15 January 2026, the council had identified 282 children and young people whose needs could be met within a specialist setting. Of these, 18.8% had a primary C&L need.

This is significantly lower than the proportion of children and young people with a C&L (27.7%) across the wider population of those with an Education, Health and Care Plan.

Of those individuals with a C&L EHCP whose needs could be met within a specialist setting;

- **39** were in a mainstream school or academy
- **Less than 10** were Educated Other Than At School (EOTAS)
- **Less than 10** were in alternative provision settings
- **Less than 10** were Electively Home Educated
- **Less than 10** were in other settings (Including Hospital Schools)
- **Less than 10** were in an early years setting

## Persistent Absence

A higher rate of children and young people with C&L EHCP/SEN Support are persistently absent compared to absence rates where no SEN has been identified. In 2024/25 the overall persistent absent rate per 100 for pupils with no identified SEN was 14.1, compared to 26.2 of individuals with C&L primary need. This rate was **significantly similar** to the England average of 27.4.

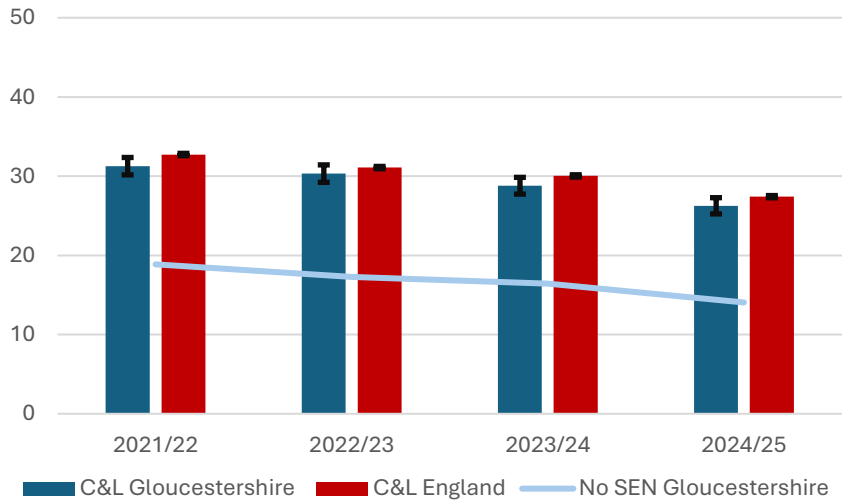



Figure 18.1 – Rate of Persistent Absences of individuals with a C&L need in Gloucestershire vs England compared with individuals with no SEN in Gloucestershire

## Assistive Technology Lending Library (ATLL)

The Gloucestershire ATLL Pilot involved 33 schools and provided opportunities for schools to trial Assistive Technology alongside training and implementation support. Feedback from participating schools, children and young people demonstrated positive outcomes across a range of additional needs. Of the 36 pupil evaluations completed**, 75% reported improved independence**, **53% improved engagement with learning**, **50% reduced barriers to curriculum access** and 42% identified a positive impact on academic progress. The strongest evidence of impact was reported for pupils with C&L needs, C&I needs, and SEMH needs, and some pupils with English as an Additional Language (EAL). Schools also reported increased confidence in identifying, selecting and implementing Assistive Technology to support inclusive practice and improve outcomes for children and young people. The ATLL will continue as part of Experts at Hand, with the aim of widening its reach and achieving greater impact.

# Cognition & Learning – Education Outcomes

## Suspension and Permanent Exclusions

In the 2024/25 academic year the rate of suspensions per 1,000 in Gloucestershire for those with C&L needs was 193.4 which is significantly lower than the national rate of C&L suspensions (215.2). The rate of suspensions for 2025/26 has dropped to 162.1, which is significantly lower than 2024/25, national data for this academic year has not been released.

Permanent exclusions rates were similar for children with C&L needs in this period (2.60 in 2024/25, 2.04 in 2025/26). This is in line with national data where 2.27 individuals per 1,000 with a C&L need were permanently excluded.

> 'I started getting bullied by other students and unfortunately, I could take no more and I regrettably took matters into my own hands and for this I got excluded…[school] said things would be put in place to help with all of this, including a My Plan to assess my learning difficulties but nothing ever was done.'

In Gloucestershire, average Attainment 8 scores for pupils with MLD remained consistent across with the average being 24.1 in 2024/25, while SpLD scores are higher with a peak of 40.9 in the same period; Gloucestershire consistently achieves higher average scores in the MLD and SpLD groups compared to England. The number of individuals with SLD or PMLD who were eligible for KS4 was very low and therefore not included in this analysis.

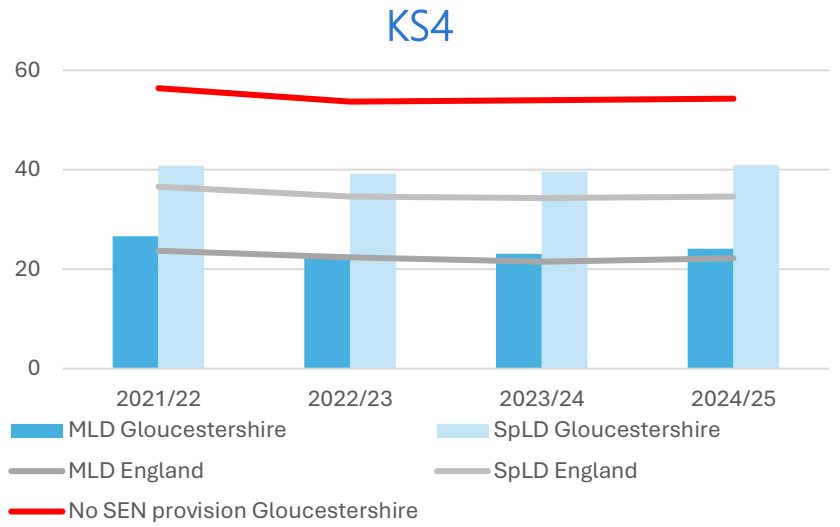



Figure 19.3 – Average Attainment 8 of Children with MLD, SpLD and No SEN of Gloucestershire against England

## Early Years Foundation Stage (EYFS)

At the end of the Early Years Foundation Stage (EYFS) in 2024/25, 16.8% of children receiving SEN support for a C&L need achieved the expected Good Level of Development (GLD), compared with 4.0% of children with a C&L Education, Health and Care Plan (EHCP). In contrast, 72.7% of children with no identified SEN met the expected GLD. Overall, 14.6% of children with a C&L need in Gloucestershire attained a GLD, higher than the England average of 9.7%.

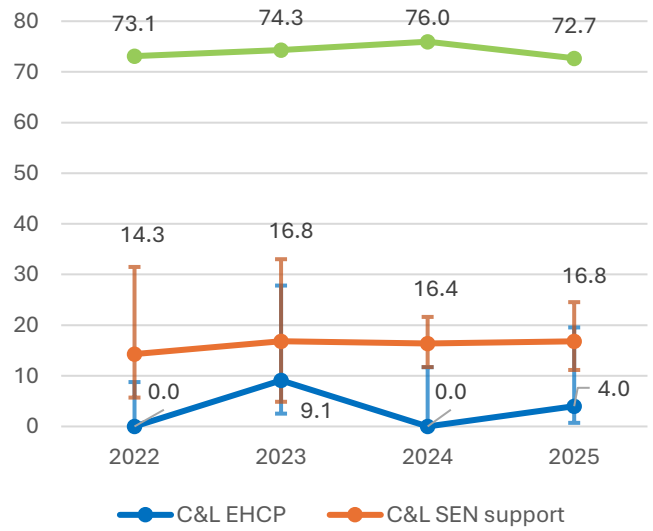



Figure 19.1– Percentage of children with a C&L EHCP/SEN Support who met the expected Good Level of Development (GLD) at the end of EYFS.

## KS2

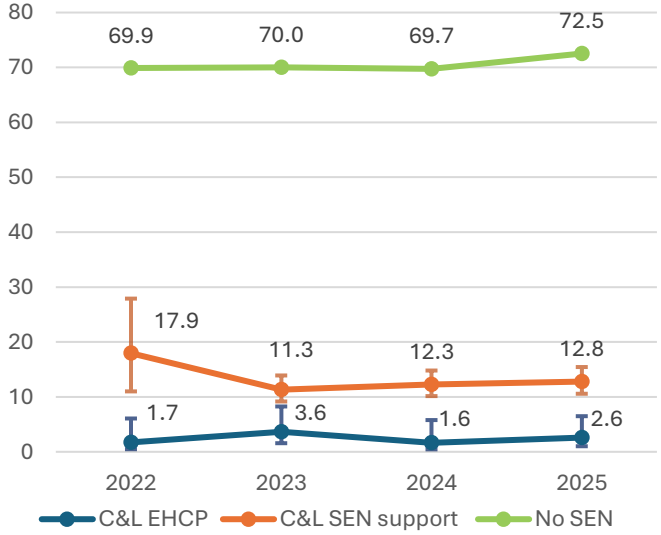



Figure 19.2 – Percentage of children with a C&L EHCP/ SEN Support who achieved the expected or higher level in Reading, Writing and Maths

2.6% of children with a C&L EHCP, 12.8% of those with a C&L SEN support and 72.5% of those with no SEN achieved the expected or higher level in Reading, Writing and Maths. The percentage of children receiving SEN support who achieved the expected or higher level in reading, writing and maths has decreased compared with 2022, however the percentage has increased in children with an EHCP. Overall, 11.0% of children with a C&L need in Gloucestershire achieved the expected or higher in RWM, lower than the England average of 13.8%.

# Cognition & Learning – Employment Outcomes

## Preparing for Adulthood (PfA)

The PfA team supports children and young people with SEND across education. The team focuses on supporting young people to safely navigate and engage with their local communities. This includes promoting independent travel where appropriate, as well as delivering tailored one-to-one interventions for those requiring additional support with social interaction and community participation. The PfA programme delivers support to group settings within education placements, centred around community access, peer on peer engagement and developing independence.

In 2025/26, the PfA team provided direct support to 34 young people with a C&L need*. In total 245 young people were supported, this includes 31 individuals who received independent travel training, 193 participants who engaged in group-based sessions delivered in both educational and community settings and 21 young people receiving 1-2-1 support through commissioned services in the community.

* Primary need information was not consistently recorded for all young people supported during the academic year and, as a result, the needs profile may not fully reflect the entire cohort.

**Feedback from R's mum on the benefits of Travel Training**

"I am much more relaxed about R getting to college, where before I used to worry about his safety. I also feel confident that if there was an issue, R would be able to contact me on his phone to let me know what was happening. I feel very positive about travel training and it has also enabled me to have more time in the mornings to help support the rest of the family, which has been invaluable."

## Supported internships

During 2024, 46.8 per 1,000 17-24 EHCPs (45 individuals) were in work-based placements. This decreased to 35.2 per 1,000 17-24 EHCPs (39 individuals) in 2025, however this was above the national rate of 30.5.

In 2025, 16 young people with a C&L need participated in supported internships, while only a small number undertook apprenticeships and none were enrolled in traineeships. Nationally, in 2025, 11.04% of those with a C&L EHCP who are in work-based placements were participating in traineeships. This may indicate an opportunity to explore greater use of traineeships as part of the local offer in preparation for adulthood.

Research suggests that supported internships can significantly improve progression into paid employment for young people with SEND. Local evaluations have reported that more than half of participants secure paid employment following completion of a supported internship, while national evidence highlights improvements in work-readiness, confidence, independence and preparation for adulthood.

## Education, training & employment (16-18)

Youth Support destination data indicates that the majority of young people with C&L needs who held an EHCP were recorded as participating in Post-16 Education in both March 2025 and March 2026. The number recorded in Post-16 Education increased from 205 young people in 2025 to 251 young people in 2026, remaining the most common recorded destination in both years.

The number of young people recorded as NEET increased between the two snapshots, from less than 10 in 2025 to 14 young people in 2026. Training, re-engagement provision and employment accounted for a small proportion of recorded destinations in both years, with figures below 10 suppressed to protect confidentiality.

Overall, the data suggests that most young people with Cognition and Learning needs and an EHCP were engaged in education, employment or training-related activity at the time of both snapshots, with Post-16 Education remaining the predominant recorded destination.

*These figures are based on a snapshot of destination information recorded by the Youth Support service in March of each year.*

# Cognition & Learning – Additional Support

## Youth Justice Involvements

In the January 2026 school census there were 7,780 children who have a Cognition & Learning primary SEN need. Of this cohort, 2.31 per 1,000 have been known to the Youth Justice System which is significantly less than the rate of involvements for the entire SEND population (6.31 per 1,000)

## Short Breaks

Short breaks provide disabled children and young people with an opportunity to spend time away from their parents or primary carers, relaxing, having fun with their friends, experiencing the same range of activities and environments as non-disabled children and young people. Short breaks also provide parents and carers with a "break" from their caring responsibilities, giving them a chance to rest, spend time with partners and other children.

As of June 2026, 106 individuals with a presenting C&L need were attending short breaks activity clubs.

‘[I would like to] have more control over my life. People [including peers] interfere in my life. I want to be independent, just like anyone else.’

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

As of 20 July 2026, SENDIASS had received 200 referrals relating to children and young people with C&L needs in 2025/26. This is lower than the 270 referrals recorded by the same point in 2024/25. SENDIASS provides advice and support across a range of education, health and social care issues. The service recorded 1,080 contacts during the current academic year, compared with 1,392 at the same point last year, indicating a continued need for advice and support among children, young people and families across education, health and social care issues.

## Children in Care

Services for Children in Care (CiC) include assessment and placements (either residential or foster care), alongside coordinated support across health, social care and education for both children in care and care leavers.

As of 31st March 2026, there were 765 children in care in Gloucestershire. Of these, 660 were matched to children in the county’s education system. Among this group, 6.21% had an EHCP for a C&L need, while 6.97% were receiving SEN Support for a C&L need.

The rate of C&L EHCPs was below the 2023/24 national average (6.37%), however the proportion receiving SEN Support was higher than the national rate (5.75%). Overall, the proportion of children in care with an EHCP or receiving SEN Support was higher than for those not in care.

## Transitioning to support from Adult Social Care

In 2025/26, 100 people aged between 17 and 24 started an adult service for the first time, compared with 82 in 2024/25 and 78 in 2023/24. Learning Disability was the most common Primary Support Reason, accounting for 46.0% of people, although this represents a decrease from 65.9% in 2024/25 and 65.4% in 2023/24. A high proportion (89.0%) of individuals were recorded as having a transition indicator from children’s services.

Locally recorded primary need data shows a similar profile of need. SLD was the most frequently recorded primary SEN type (37.0%), and in 2025/26 cognition and learning needs accounted for 47.0% when combined across all relevant categories. In adult social care data, 46% of people had a Learning Disability band recorded, with Band C (medium support needs) being the most common (21.0%). Among those who had received a transition assessment but had not yet started a service, 58.6% were identified as having cognition and learning needs. The most common primary support reason for transitions was Learning Disability Support (65.5%).

Nationally, the Families First Partnership programme aims to strengthen early intervention and family support services, helping more children remain safely within their families and communities where appropriate. For children and young people with C&L needs, the reforms emphasise coordinated support across education, health and social care, alongside a stronger focus on family networks and earlier help to prevent needs escalating into crisis.

# Sensory and/or Physical Disability Needs

## Contents



## Key Findings

- S&PD is the smallest of the four broad areas of need, accounting for approximately 5.3% of children and young people with an EHCP. Physical Disability accounts for the largest proportion of S&PD EHCPs, while children and young people with sensory impairments often require specialist support from an early age.
- Many children and young people with S&PD needs access specialist health services throughout childhood. This includes support from Occupational Therapy, Physiotherapy, sensory services, continuing care and long-term ventilation services, reflecting the complex and often lifelong nature of these needs.
- Demand for specialist support is increasing for some cohorts. The number of children receiving long-term ventilation increased from 25 to 30 between April 2025 and April 2026. Gloucestershire continues to strengthen local provision and specialist support to help children and young people access education and services as close to home as possible.
- Educational outcomes are mixed but compare favourably with many SEND cohorts. Key Stage 2 attainment is broadly in line with England, while average Attainment 8 scores are above the national average for pupils with S&PD needs. Suspension rates also remain below national levels.
- Young people with S&PD needs continue to access employment and preparation for adulthood pathways. Although participation in work-based placements decreased to 35.2 per 1,000 17-24 year olds, this remained above the national rate. Gloucestershire continues to support positive adulthood outcomes through its Preparing for Adulthood programme, travel training and supported employment pathways.

# Sensory and/or Physical Disability - Prevalence and Trends

The rate of children and young people with S&PD needs has remained consistent over recent years. The majority of S&PD EHCPs consist of Children and Young people with a Physical Disability (PD).

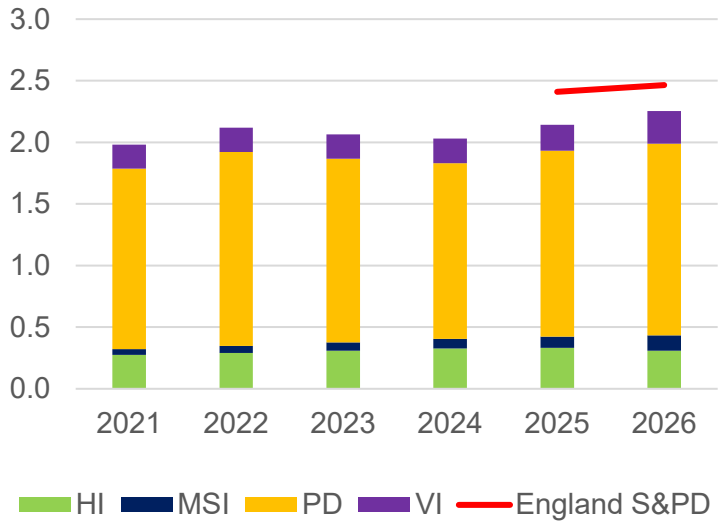



Figure 23.1 - Rate of S&PD EHCPs per 1,000 0– 24 year olds

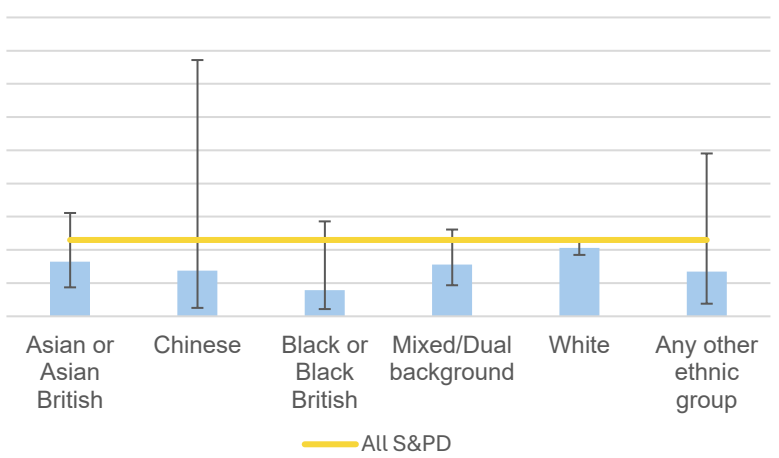



Figure 23.3 Rate per 1,000 of S&PD EHCPs by ethnic group population in 2026 (EHCP data: SEN2 Census, Population data: Census 2021)

In 2026, there was no ethnic group that was significantly more or less likely to be identified with Sensory and/or Physical Disability (S&PD) needs. However, these findings should be interpreted with caution, as ethnicity data was either refused or not recorded for over 10% of the S&PD population.

The chart shows the distribution of sensory and/or physical primary need across age groups, with a relatively even and consistent pattern.

This reflects the nature of these needs, which are more often identified early in life—frequently from birth—and are therefore less likely to change or be newly diagnosed over time. As a result, there is limited variation between age groups compared to other need types. Overall, the chart indicates a stable profile of need across ages, with less movement in classification over time.

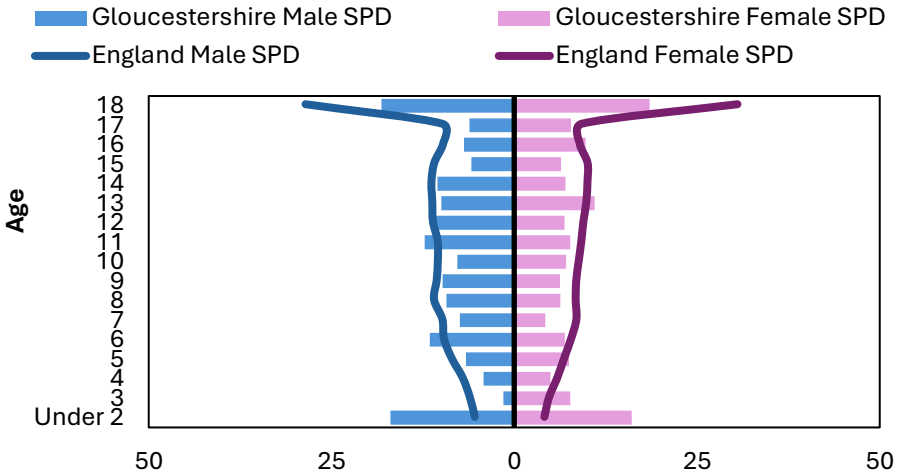



Figure 23.4 –Rate per 1,000 of children receiving EHCP/SEN Support (School Census) primary need prevalence by Age Group and Gender compared to England

The percentage of individuals with a S&PD need living in the most deprived quintile (18.14%) is nearly double that of the entire 0–24-year-old population (9.72%). The S&PD population in the second most deprived quintile (5.79%) is **significantly lower** than the 0–24-year-old population (11.74%). The proportion of the S&PD population in the least deprived quintile (25.19%) is **not significantly lower** than the 0–24-year-old population (29.05%).

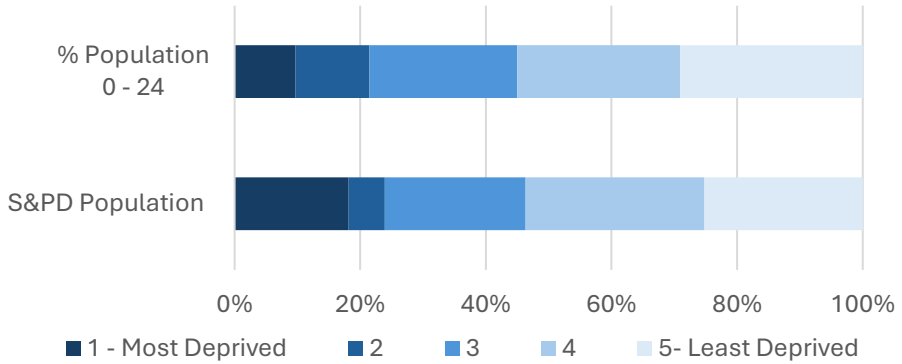



Figure 23.2 – Distribution of the S&PD EHCP population and the 0–24 population across IMD deprivation quintiles

The Specialist Teaching & Educational Psychology Service (STEPS) provides specialist support for children and young people with hearing, vision and multi-sensory impairments, contributing to early identification of needs and ensuring access to the right support at the right time. Working closely with schools, families and partner agencies, the service promotes inclusion and educational outcomes in line with national ambitions for earlier intervention and improved mainstream provision.

# Sensory and/or Physical Disability – Geographical Distribution

**Do our current services and specialist provision reflect where children and young people with Sensory and/or Physical Disability needs live?**

Children with S&PD needs are distributed across the county and may require access to highly specialist services. Understanding where children live helps plan local provision, specialist support and transport arrangements so children can access services and education as close to home as possible.

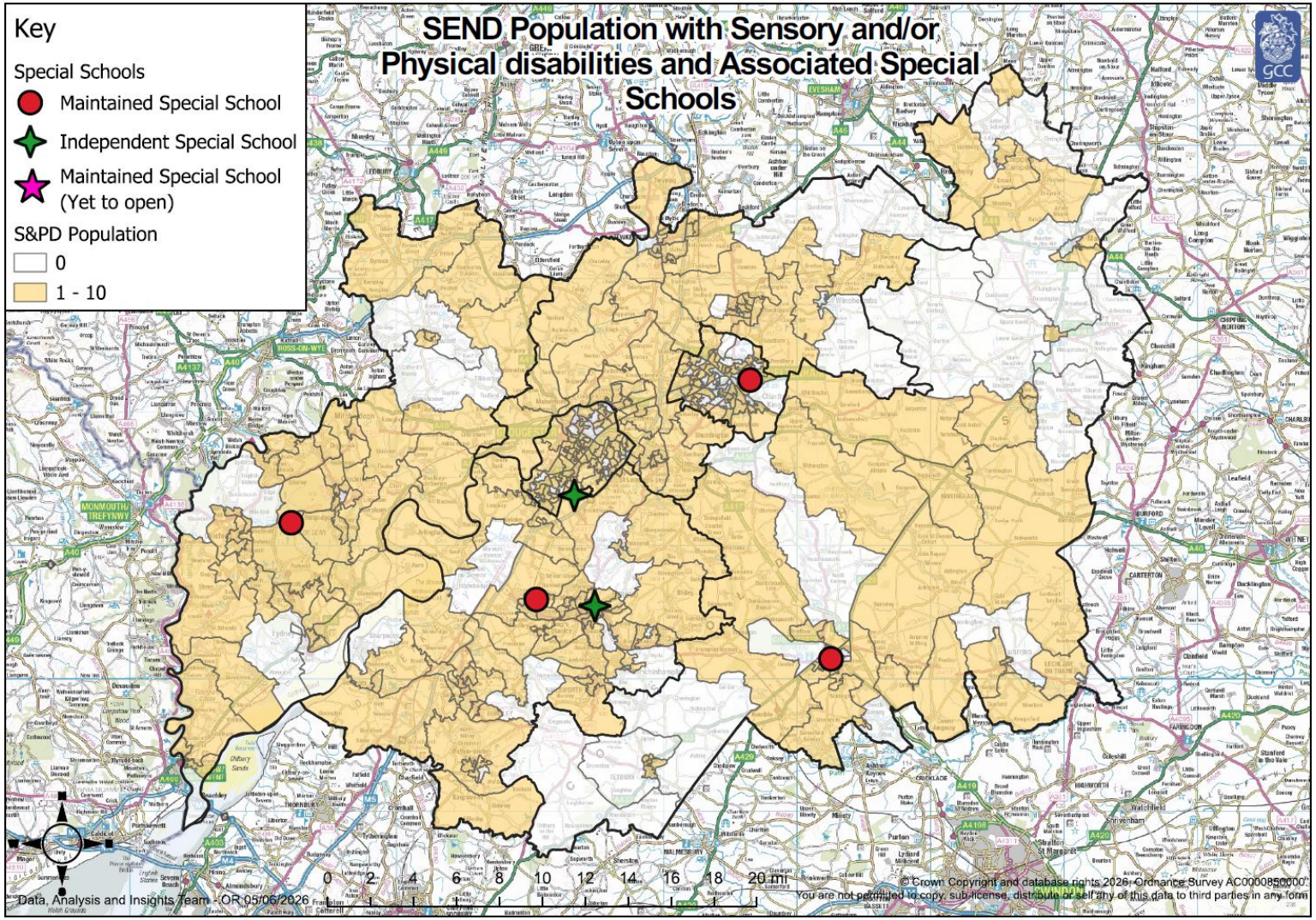



Figure 24.1 – Distribution of children and young people with S&PD needs across Gloucestershire, alongside the locations of special schools that support these needs. Data Sources: SEN2 Census, School Census, GIAS

Across Gloucestershire, S&PD need is not evenly distributed geographically in terms of population size. Figure 24.2 shows the rate per 1,000 of children and young people (0-24) with a S&PD EHCP.

Stroud has a significantly higher rate of S&PD EHCPs while Cheltenham has a significantly lower rate of S&PD EHCPs.

This is not reflected in Figure 24.1 where children and young people with an S&PD SEND need seem to be more evenly distributed.

Together, the visuals suggest that patterns of need and the distribution of specialist provision do not perfectly align, which is important for understanding potential pressures on travel, placement sufficiency, and equitable access to specialist support.

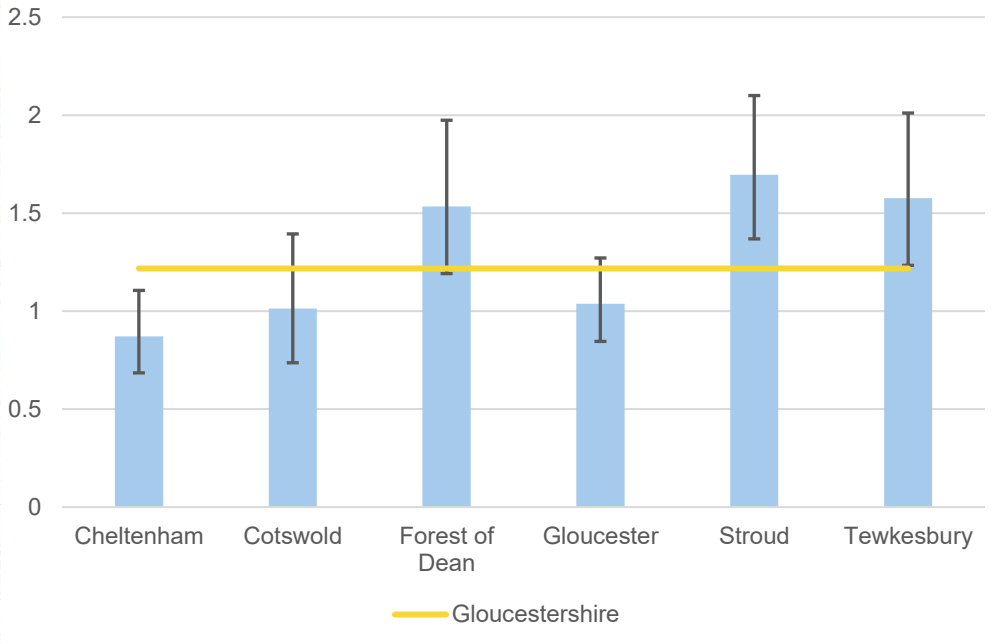



Figure 24.2 –Rate per 1,000 of children with a S&PD EHCP in district authorities compared with Gloucestershire. Data Sources: SEN2 Census

# Sensory and/or Physical Disability – Health and Support Services

## Continuing Care

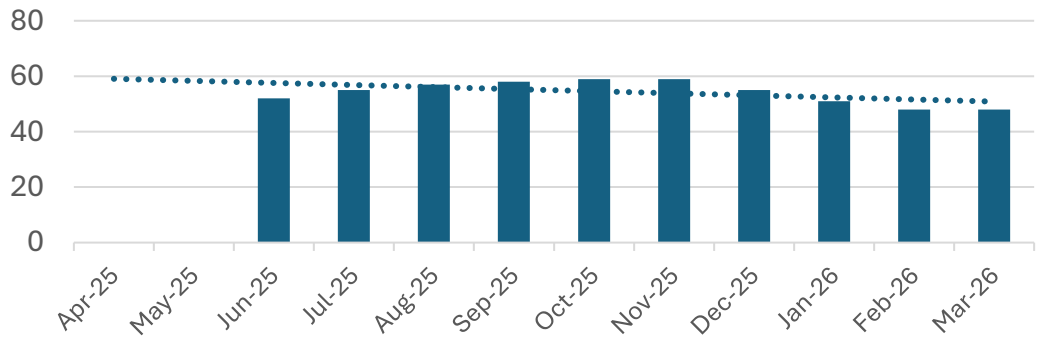



Figure 25.1 – This graph shows the total caseload of children supported through the Children and Young People Continuing Healthcare (CYPCC) service across 2025/26

The Children's Complex Care Team deliver home-based specialist care and support to children who have been diagnosed with a life-limiting, or life-threatening condition, and are not expected to reach adulthood, and are eligible for Children's Continuing Care Funding.

With the service delivered by two Nurse Assessors, the caseload has remained broadly controlled, and the downward linear trend indicates a gradual reduction over time. This reflects effective caseload management, robust triage and timely review processes. We have ended the year with 48 children on our caseload.

## Home Enteral Feeding

The Gloucestershire Hospitals NHS Foundation Trust Home Enteral Feeding (HEF) service supports a consistently high cohort of children, young people, and young adults in Gloucestershire, with a 0–18 caseload that has remained stable between 153–171 over the past year. As of June 2026, 153 children and young people were receiving enteral feeding support, the majority via gastrostomy (76%), alongside a smaller group with jejunostomy or gastro-jejunostomy tubes and 29 children with nasogastric tubes.

A further 69 young adults aged 18–25 require specialist feeding support, predominantly via low-profile gastrostomy devices.

## Child and Young Person's Advance Care Plan

The Child and Young Person's Advance Care Plan (CYPACP) is a shared, multi-agency plan for babies, children and young people with life-limiting or life-threatening conditions.

The CYPACP is a dynamic document, reviewed regularly as needs change, and is a core component of paediatric palliative and complex care pathways

Children and young people with a CYPACP should be understood as a group with significant health needs who require carefully coordinated, personalised care. The CYPACP helps ensure that each child's wishes, comfort, safety and wellbeing are central to how support is planned and delivered. It enables children to experience more consistent care across home, school and health settings, reduces uncertainty during periods of illness, and supports families to feel informed, prepared and involved in decisions about their child's care.

In Gloucestershire there are currently 23 children with an active CYPACP. Not all children with comparable health needs will have a CYPACP in place, for a range of clinical, personal or timing-related reasons, so this cohort does not represent the full population of children who may require similar levels of support

# Sensory and/or Physical Disability – Health and Support Services

## Long Term Ventilation

Long-term ventilation (LTV) provides ongoing respiratory support for children and young people whose breathing is unable to fully meet their needs because of complex medical conditions. Ventilation may be delivered non-invasively through a mask or invasively via a tracheostomy, depending on the individual's clinical needs. Some children require ventilation only for part of the day, such as during sleep, while others are dependent on ventilation 24 hours a day. The aim of LTV is to support breathing, improve quality of life, and enable children and young people to live as independently as possible.

The number of children and young people receiving long-term ventilation in Gloucestershire increased from 25 in April 2025 to 30 in April 2026. During both years, 7 children and young people were receiving tracheostomy support. A small number of children receive both long-term ventilation and tracheostomy support. Together, these children and young people represent a cohort with highly complex healthcare needs requiring ongoing multidisciplinary support.

In addition to providing specialist clinical care, the service works with families, personal assistants, school nurses, teaching assistants, and education settings to deliver training that enables children and young people to safely attend and participate in school and community life.

## Children's Physiotherapy

The Gloucestershire Community Children and Young People's Physiotherapy Service aims to support children and young people with a range of conditions by providing them and their families with support, advice and physical intervention to achieve planned outcomes for the child and their family.

Children's Physiotherapy is a countywide specialist service for children and young people aged 0-16 years (16-19 in full time education), their families and carers, providing care in both the hospital and community settings. In 2025/26 Children's Physiotherapy had 3,945* referrals, this was a slight increase on the previous year (3,570). 12,650* contacts were made with children and young people and their families in 2024/25 from the service.

GHC provides a range of universal and targeted resources to support children, families and professionals while awaiting specialist therapy support, helping to build skills, promote early intervention and support needs outside of direct clinical contact.

## Together for Short Lives

Children and young people with life-limiting conditions, and their families, are provided specialist support to help manage complex health needs, improve quality of life and access respite and emotional support. In Gloucestershire, support can be accessed through referrals to the Community Children's Nursing (CCN) Service, James Hopkins Trust and Acorns Children's Hospice.

In 2023/24, 64 in every 10,000 children had a life-limiting conditions in Gloucestershire. A report published in 2024[1] around children's hospice funding outlined the amount spent by each Integrated Care Board (ICB) on children's hospice care. Of the 42 Integrated Care Boards (ICBs) in England, 32 provided data on children's hospice funding. Gloucestershire ICB reported spending equivalent to £228.91 per child or young person aged 0–24 with a life-limiting or life-threatening condition, which was above the average reported by responding ICBs. The report also highlights wider funding pressures facing children's hospice services, noting reductions in funding from ICBs and local authorities since 2021/22.

*1.Together for Short Lives: Children's Hospice Funding in 2024*

* Data from some partner organisations have been rounded to the nearest five to comply with their information governance requirements.

# Sensory and/or Physical Disability – Health and Support Services

## Neurodisability Service (Epilepsy)

In Gloucestershire, 455 children are currently supported by the paediatric epilepsy service, and 1,221 children are supported by the neurodisability service within Gloucestershire Hospitals NHS Foundation Trust. These figures represent children with a wide range of developmental, neurological and long-term health needs who require ongoing clinical oversight, coordinated care, and support across home, school and community settings.

These numbers reflect children whose health needs require specialist input, often alongside educational and social care support. Many of these children experience challenges that affect learning, communication, mobility, participation, and daily living, meaning they are more likely to require SEND support or an EHCP.

The epilepsy cohort includes children with seizure disorders that may impact safety, attendance, concentration and fatigue, and who are provided with seizure care plans for school. Additional care plans to accommodate understanding about impact of the epilepsy and the treatment, alongside consideration of support and adjustments needed are often required.

The neurodisability cohort includes children with conditions such as cerebral palsy, neuromuscular conditions and complex neurodevelopmental profiles, many of whom require multi-agency support.

Not all children with neurological or developmental needs will be captured in these caseload figures. Some children may be supported by other services or may be awaiting assessment. Others may have similar needs but are not currently under a hospital-based specialist team. Therefore, these numbers represent a significant cohort, but not the full population of children with neurological or developmental needs in Gloucestershire.

## Newborn Hearing

Newborn Hearing Screening is a universal screening programme offered to all newborn babies in Gloucestershire to identify potential hearing impairments at the earliest opportunity. Babies who do not achieve a clear screening result are referred to Audiology for further assessment, helping to ensure early diagnosis and support for hearing loss.

During the 2025/26 financial year, a total of 85 babies were referred to the Paediatric Audiology Service.

> ‘I had many appointments with opticians, GPs and consultants and I felt like they didn’t have the knowledge or confidence to work with me and just labelled me as a disabled kid.’

## Sussex Tool Findings

The 2026 Sussex Tool audit covered 1,147 pupils across eight special schools. Around 45% (518 pupils) were included within the complexity matrix assessment, indicating a significant level of healthcare need within special school populations. While most pupils were assessed as requiring lower levels of nursing input, a small number required intensive specialist nursing support.

Epilepsy was the most frequently recorded complex long-term health condition, accounting for almost two-thirds (64.5%) of recorded conditions. Within the stable and predictable healthcare needs category, epilepsy-related needs (34.8%) and gastrostomy/jejunostomy feeding needs (27.1%) were the most frequently recorded.

Medicines management represents a substantial area of activity within special schools. The audit identified 106 pupils requiring daily medication in school, 475 requiring occasional medication, 83 pupils requiring medicine for short breaks/residential, 197 medicines administered during the school day, and 436 support staff requiring annual medicines administration training.

Comparisons with previous years should be interpreted with caution, as changes to the Sussex Tool definitions and inclusion criteria in 2026 may have affected the number of pupils recorded across some categories. Therefore, some children included in the 2025 audit may no longer meet the revised 2026 criteria, despite no significant change in their underlying health needs or level of complexity.

The findings nevertheless provide an important picture of healthcare need within Gloucestershire's special schools and have informed the planning of increased nursing capacity to better meet these needs.

# Sensory and/or Physical Disability – Education Provision and Inclusion

## Educational Provision

In 2025, most children and young people with a S&PD need attended either mainstream schools and academies (193) or maintained special schools and academies (80). Demand is projected to increase, with the S&PD EHCP rate rising from 2.18 per 1,000 population aged 0–24 in 2025 to 2.6 per 1,000 by 2029. To meet this demand, capacity will need to increase across mainstream schools, specialist bases and maintained special schools. Investment in local provision will support more children and young people to have their needs met, reducing reliance on non-maintained special schools and independent placements. Early years and post-16 provision are also expected to grow in line with demand.

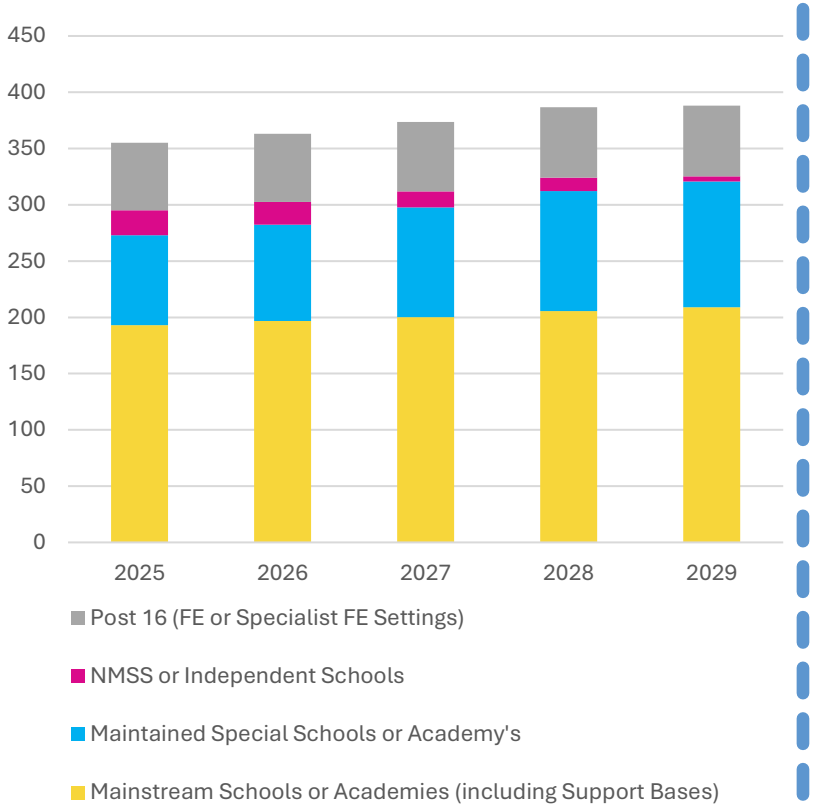



Figure 28.1 – Actual (2025) and Projected (2026–2029) numbers by provision type. Number of children in Specialist bases, alternative provision, and early years have been suppressed due to very low numbers.

## Persistent Absence

A higher rate of children and young people with S&PD EHCP/SEN Support are persistently absent compared to absence rates where no SEN has been identified. In 2024/25 the overall persistent absent rate per 100 for pupils with no identified SEN was 14.1, compared to 28.5 of individuals with S&PD need. This rate was **significantly similar** to the England average of 30.0.

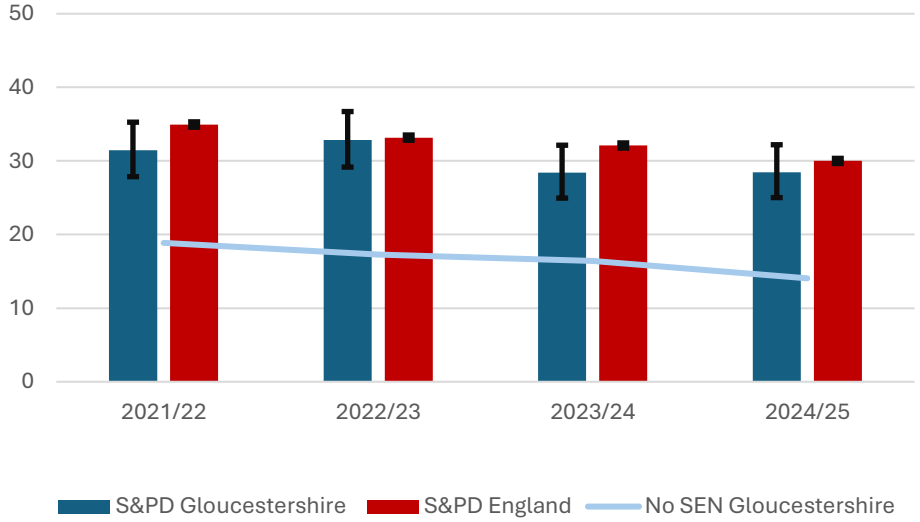



Figure 28.2 – Rate of Persistent Absences of individuals with a S&PD need in Gloucestershire vs England compared with individuals with no SEN in Gloucestershire

## Special School Provision

As of 15 January 2026, the council had identified 282 children and young people whose needs could be met within a specialist setting. Of these, 2.8% had an S&PD need.

This is not significantly different to the proportion of children and young people with a S&PD need (5.32%) across the wider population of those with an Education, Health and Care Plan.

Of those individuals with an S&PD need whose needs could be met within a specialist setting;

- **Less than 10** were in a mainstream school or academy
- **Less than 10** were in specialist bases in mainstream settings
- **Less than 10** were in an early years setting

‘My message to leadership would be to educate their staff about stigma, how to recognise it in yourself, and how to remember that people are complex and not defined by their diagnosis.’

# Sensory and/or Physical Disability – Education Outcomes

## Suspension and Permanent Exclusions

In the 2024/25 academic year the rate of suspensions per 1,000 in Gloucestershire for those with S&PD needs was 47.95 which is significantly lower than the national rate of S&PD suspensions (99.77). The rate of suspensions for 2025/26 has increased to 76.50, however this was not significantly different to 2024/25, national data for this academic year has not been released.

During the 2024/25 and 2025/26 academic years, no individuals with a S&PD need were permanently excluded. The rate of permanent exclusions for those with a S&PD need in England was 0.89.

Our data demonstrates a disproportionately high level of exclusions in children and young people with SEND. Our education inclusion strategy outlines how we will address these challenges to reduce the number of children and young people disproportionality excluded from education.

## KS4

At KS4, the average Attainment 8 scores of young people with a S&PD Need has increased from 42.3 in 2022/23 to 45.1 in 2024/25. This was higher than the national performance of individuals with an S&PD need (35.7 in 2024/25), however was below the average Attainment 8 score of children and young people with no SEN (54.3 in 2024/25).

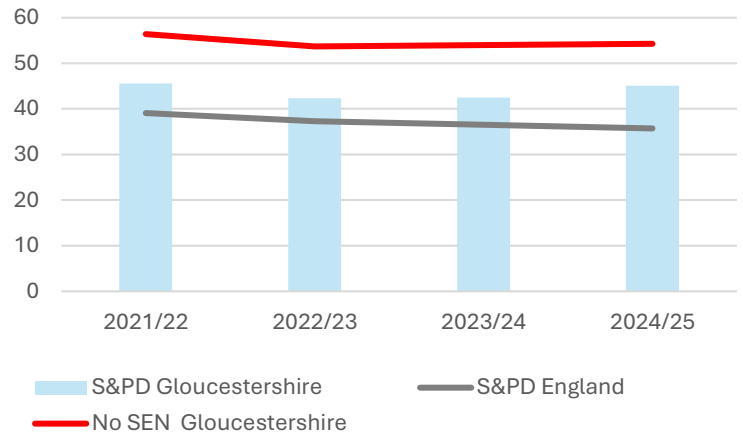



Figure 29.3 – Average Attainment 8 of Children with S&PD and No SEN of Gloucestershire against England

## Early Years Foundation Stage (EYFS)

At the end of the Early Years Foundation Stage (EYFS) in 2024/25, 32.1% of children receiving SEN support achieved the expected Good Level of Development (GLD), compared with 0% of a small cohort of children with an EHCP. In contrast, 72.7% of children with no identified SEN met the expected GLD.

Overall, 26.5% of children with a S&PD need in Gloucestershire attained a GLD, lower than the England average of 35.4%.

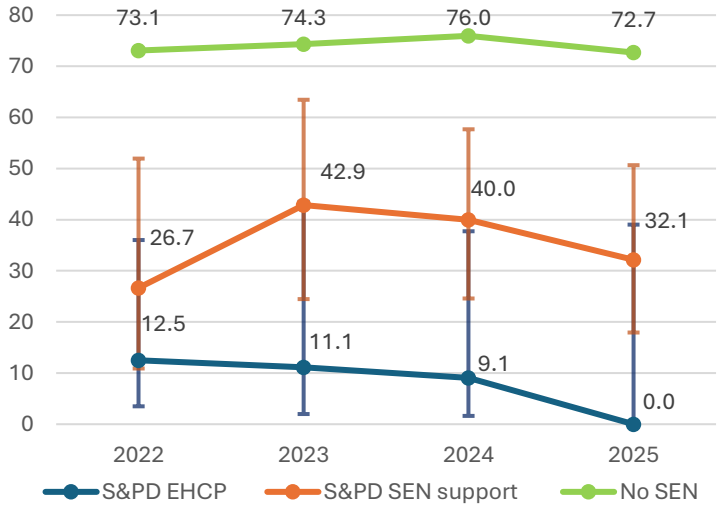



Figure 29.1– Percentage of children with a S&PD EHCP/SEN Support who met the expected Good Level of Development (GLD) at the end of EYFS.

## KS2

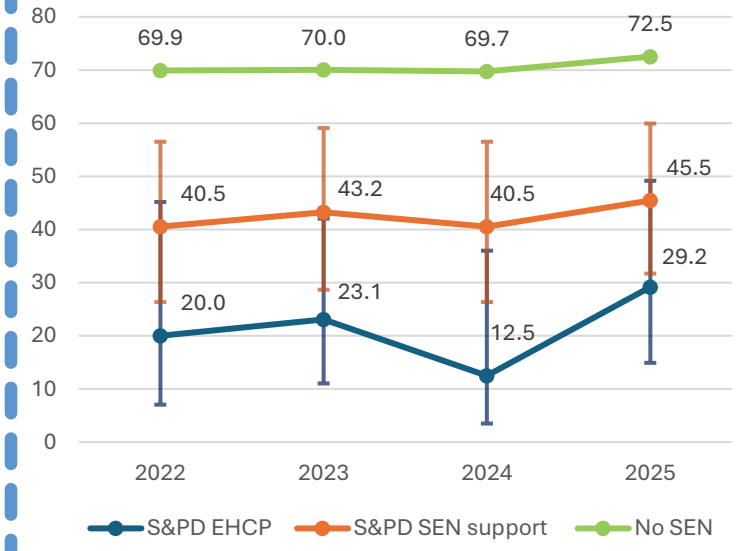



Figure 29.2 – Percentage of children who achieved the expected or higher level in Reading, Writing and Maths

29.2% of children with an S&PD EHCP, 45.5% of those with a S&PD SEN support and 72.5% of those with no SEN achieved the expected or higher level in Reading, Writing and Maths. The percentage of children receiving SEN support or an EHCP who achieved the expected or higher level in reading, writing and maths has increased since 2022. Overall, 39.7% of children with a S&PD need in Gloucestershire achieved the expected or higher in RWM, which is in line with the England average of 39.3%.

# Sensory and/or Physical Disability – Employment Outcomes

## Preparing for Adulthood (PfA)

The PfA team supports children and young people with SEND across education. The team focuses on supporting young people to safely navigate and engage with their local communities. This includes promoting independent travel where appropriate, as well as delivering tailored one-to-one interventions for those requiring additional support with social interaction and community participation. The PfA programme delivers support to group settings within education placements, centred around community access, peer on peer engagement and developing independence.

In 2025/26, the PfA team provided direct support to 23 young people with a S&PD need*. In total 245 young people were supported, this includes 31 individuals who received independent travel training, 193 participants who engaged in group-based sessions delivered in both educational and community settings and 21 young people receiving 1-2-1 support through commissioned services in the community.

* Primary need information was not consistently recorded for all young people supported during the academic year and, as a result, the needs profile may not fully reflect the entire cohort.

**From 'A' who benefitted from Travel Training**
"I found Steve (a travel trainer) very helpful as he asked me questions about things that could happen on the bus and what to do in those situations. He also got me open to challenges that I couldn't do before. I think that travel training helped me a lot into gaining confidence about travelling alone from home to college and back."

## Supported internships

During 2024, 46.8 per 1,000 17-24 EHCPs (45 individuals) were in work-based placements. This decreased to 35.2 per 1,000 17-24 EHCPs (39 Individuals) in 2025, however this was above the national rate of 30.5.

In 2025 a small number of young people with a S&PD EHCP undertook a supported internship, while none were enrolled in apprenticeships or traineeships. Nationally, in 2025, 20.14% of those with a S&PD EHCP who are in work-based placements were participating in apprenticeships and 8.27% were in traineeships. This may indicate an opportunity to further develop the use of traineeships as part of Gloucestershire's preparation for adulthood offer.

Research suggests that supported internships can significantly improve progression into paid employment for young people with SEND. Local evaluations have reported that more than half of participants secure paid employment following completion of a supported internship, while national evidence highlights improvements in work-readiness, confidence, independence and preparation for adulthood.

## Education, training & employment (16-18)

Youth Support destination data indicates that the majority of young people with S&PD needs who held an EHCP were recorded as participating in Post-16 Education in both March 2025 and March 2026. The number recorded in Post-16 Education increased from 30 young people in 2025 to 49 young people in 2026, remaining the most common recorded destination in both years.

Other recorded destinations accounted for a very small proportion of the cohort. A small number of young people were recorded as NEET in 2026, while figures relating to employment, training and re-engagement provision were below the disclosure threshold and have been suppressed to protect confidentiality.

Overall, the data suggests that the majority of young people with an S&PD EHCP were engaged in education-related activity at the time of both snapshots, with Post-16 Education remaining the predominant recorded destination.

*These figures are based on a snapshot of destination information recorded by the Youth Support service in March of each year.*

# Sensory and/or Physical Disability – Additional Support

## Youth Justice Involvements

In the January 2026 school census there were 716 children who have a S&PD need. Of this cohort, no children were known to the Youth Justice System which is significantly less than the rate of involvements for the entire SEND population (6.31 per 1,000)

## Short Breaks

Short breaks provide disabled children and young people with an opportunity to spend time away from their parents or primary carers, relaxing, having fun with their friends, experiencing the same range of activities and environments as non-disabled children and young people. Short breaks also provide parents and carers with a "break" from their caring responsibilities, giving them a chance to rest, spend time with partners and other children.

As of June 2026, 43 individuals with a presenting sensory and/or physical need were attending short breaks activity clubs.

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

As of 20 July 2026, SENDIASS had received 40 referrals relating to children and young people with S&PD needs in 2025/26. This is lower than the 42 referrals recorded by the same point in 2024/25. SENDIASS provides advice and support across a range of education, health and social care issues. The service recorded 173 contacts during the current academic year, compared with 175 at the same point last year, indicating a continued need for advice and support among children, young people and families across education, health and social care issues.

## Children in Care

Services for Children in Care (CiC) include assessment and placements (either residential or foster care), alongside coordinated support across health, social care and education for both children in care and care leavers.

As of 31st March 2026, there were 765 children in care in Gloucestershire. Of these, 660 were matched to children in the county's education system. Among this group, less than 1% had either an EHCP or SEN Support where Sensory and/or Physical Disability was their primary need.

The rate of SEN provision with a S&PD primary need was below the 2023/24 national average (1.52%). Overall, the proportion of children in care with an EHCP or receiving SEN Support was higher than for those not in care.

## Transitioning to support from Adult Social Care

In 2025/26, personal care support was the second most common Primary Support Reason among those aged 17 to 24 starting adult services, accounting for 18.0% of people, compared with 12.2% in 2024/25 and 11.5% in 2023/24. Individuals within this group accessed a range of long-term service types, including Supported Living and Direct Payments, which together accounted for a substantial proportion of provision. Among those who had received a transition assessment but had not yet started a service, a small number of individuals were identified as having a sensory or physical disability.

# Social, Emotional and Mental Health

## Contents



## Key Findings

- SEMH is one of the fastest growing areas of SEND need in Gloucestershire. The rate of SEMH EHCPs has almost doubled since 2021 and is now significantly higher than the England average
- SEMH need is not evenly distributed across the county. Tewkesbury has a significantly higher rate than the Gloucestershire average, while Cheltenham has a significantly lower rate. Understanding where need is concentrated supports targeted planning of services, provision and family support.
- Children and young people with SEMH needs often require support from multiple services across education, health and care. Demand for mental health and family support services remains high, including CAMHS, Mental Health Support Teams, SENDIASS and wider early help provision. Gloucestershire is strengthening early intervention through Family Hubs and partnership working across agencies.
- Demand for specialist provision is expected to continue increasing. The SEMH EHCP rate is forecast to rise substantially by 2029. Gloucestershire is investing in mainstream inclusion, specialist provision and local capacity to support more children and young people to have their needs met closer to home.
- Outcomes for children and young people with SEMH needs remain a significant challenge. Persistent absence is over 2.5 times higher than for pupils without SEN and suspension rates remain among the highest of all need groups. Gloucestershire is responding through its Attendance Strategy, Inclusion Strategy, SEMH support pathways and alternative provision, supporting earlier intervention, improved engagement and better educational outcomes.
- Children and young people with SEMH needs experience wider inequalities beyond education. SEMH is overrepresented among children in care and among those known to the youth justice system, highlighting the importance of coordinated support across education, health and social care.

# Social, Emotional and Mental Health- Prevalence and Trends

The rate of children and young people with SEMH needs has continued to increase rapidly. Since 2021, the rate of SEMH has almost doubled from 5.4 to 10.6 in the most recent census. Gloucestershire currently has significantly higher rates of SEMH than England (9.1).

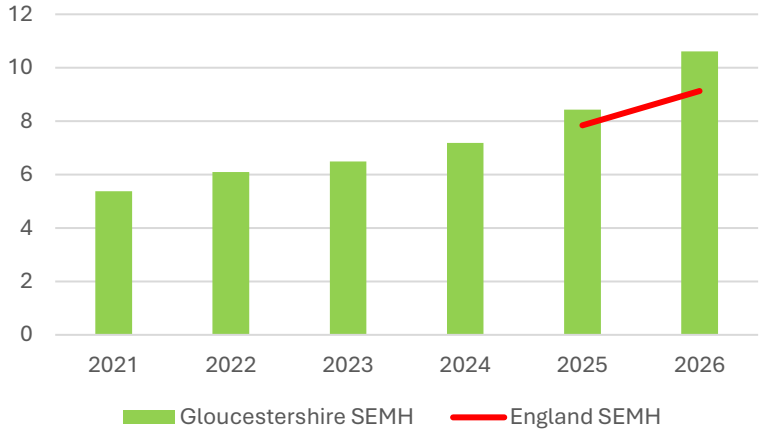



Figure 33.1 - Rate of SEMH EHCPs per 1,000 0–24-year-olds
Source: Explore Education Statistics

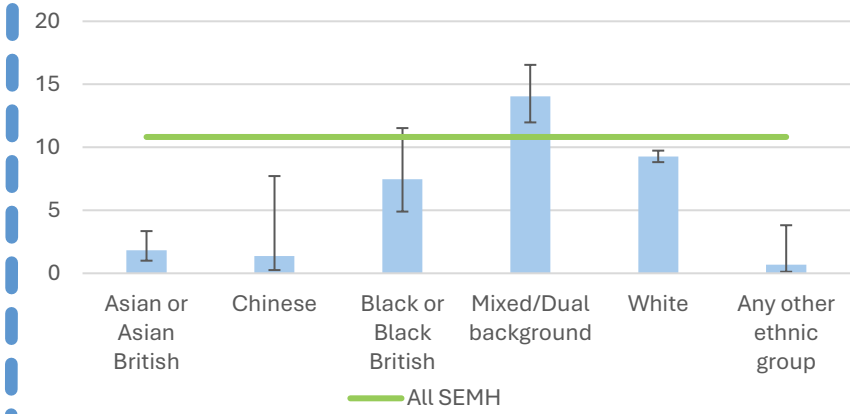



Figure 33.3 Rate per 1,000 of SEMH EHCPs by ethnic group population in 2026 (EHCP data: SEN2 Census, Population data: Census 2021)

In 2026, children and young people from Asian or Asian British, Chinese, White and Any other ethnic group backgrounds were less likely to be identified with SEMH needs compared with the overall rate, while Mixed/ Dual background are significantly more likely to be identified with these needs. However, these findings should be interpreted with caution, as ethnicity data was either refused or not recorded for over 15% of the SEMH population.

The chart shows the distribution of Social, Emotional and Mental Health (SEMH) need across age groups, with a clear increase in prevalence through the secondary years.

Compared to the national picture, this pattern aligns with local analysis showing that rates of SEMH in Gloucestershire have become statistically higher in recent years, having previously been more comparable. The higher proportions seen in younger age groups reflect this divergence, particularly where identification increases during adolescence.

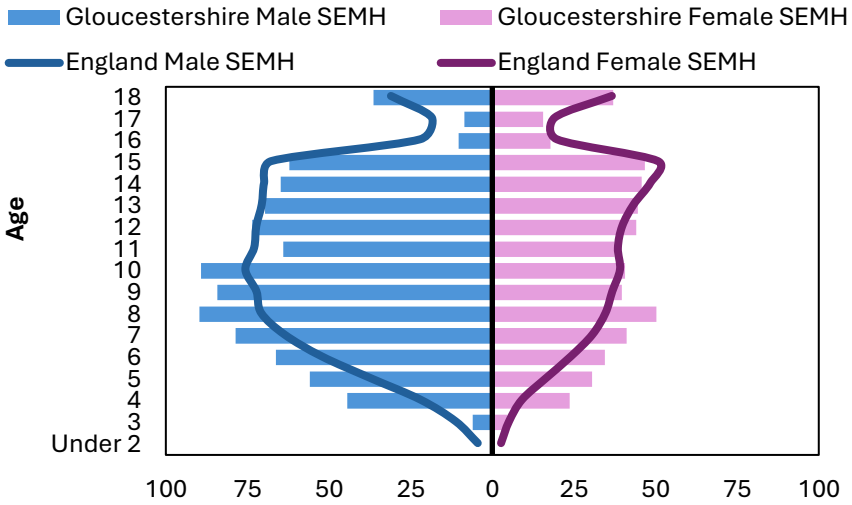



Figure 33.4 –Rate per 1,000 of children receiving EHCP/SEN Support (School Census) primary need prevalence by Age Group and Gender compared to England

The percentage of individuals with a SEMH need living in the most deprived quintile (22.17%) is over double that of the entire 0–24-year-old population (9.72%). The SEMH population in the second most deprived quintiles (9.02%) is **significantly lower** than the 0–24-year-old population (11.74%). The proportion of the SEMH population in the least deprived quintiles (20.50%) is **significantly lower** than the 0–24-year-old population (29.05%).

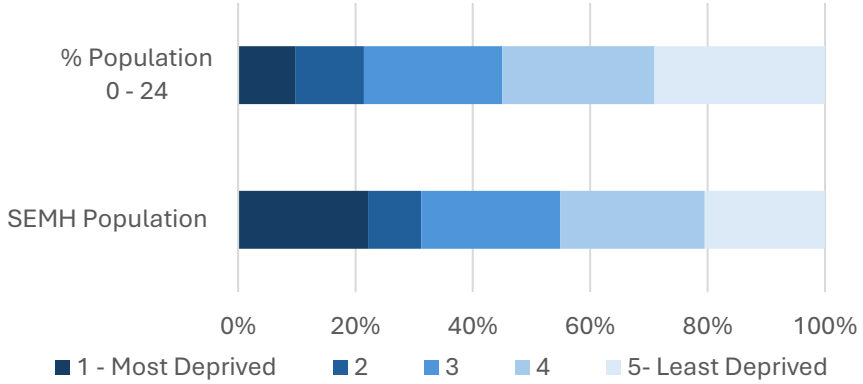



Figure 33.2 – Distribution of the SEMH EHCP population and the 0–24 population across IMD deprivation quintiles (EHCP data: SEN2 Census, Population data: Mid Year Estimates 2024)

We're developing our Best Start Family Hubs to be 'one stop shops' for parents and families in our community to find the support they need to help themselves, alongside a high-quality virtual offer, providing flexible help face to face and online.

# Social, Emotional and Mental Health – Geographical Distribution

The map shows a cluster of higher need in and around urban areas in Gloucestershire, with smaller pockets of higher need in other parts of the county. More rural areas generally show lower recorded numbers, however the map does highlight the distance children and young people in more rural areas travel to receive an education.

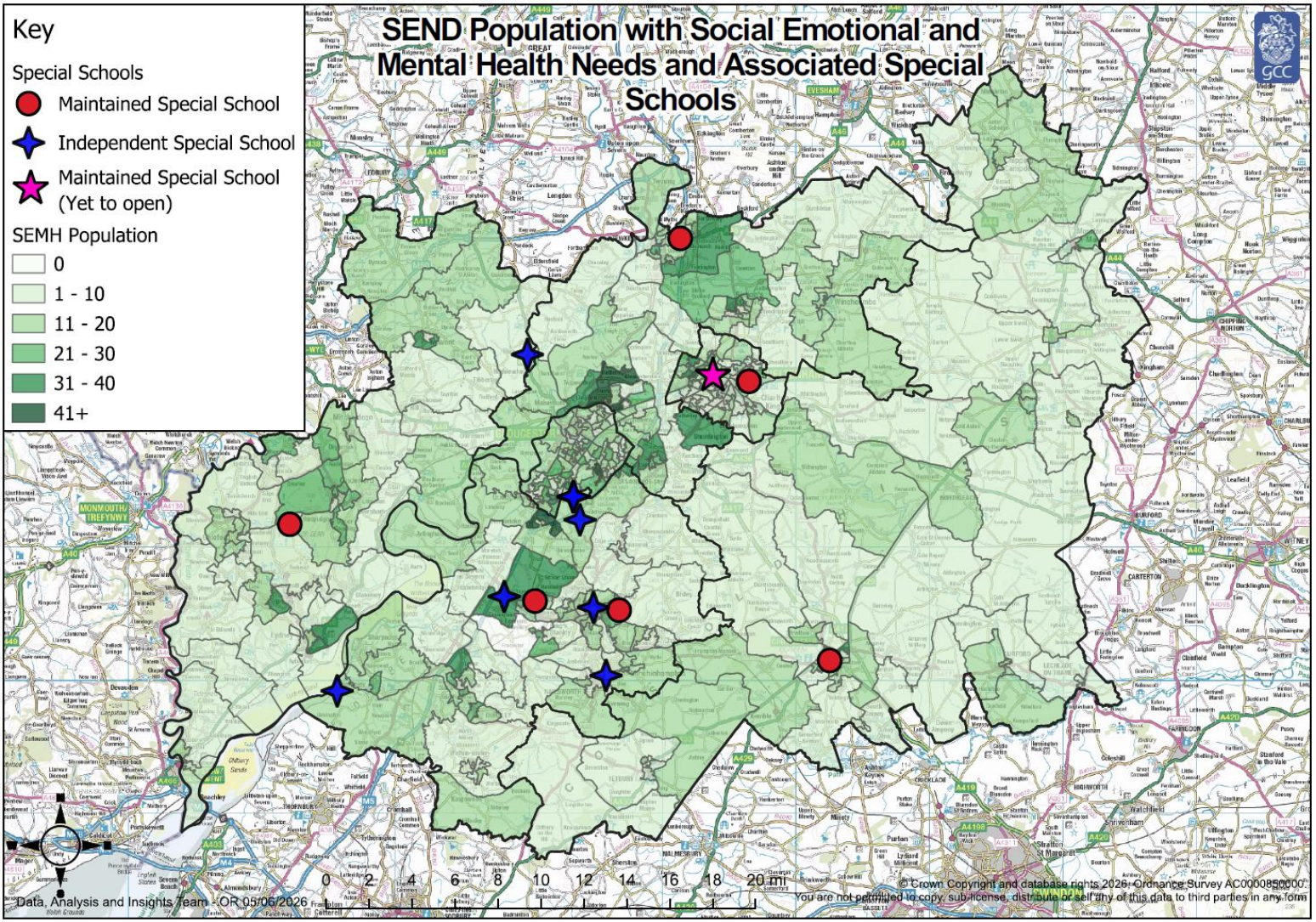



Figure 34.1 – Distribution of children and young people with Social Emotional and Mental Health (SEMH) needs across Gloucestershire, alongside the locations of special schools that support these needs. Data Sources: SEN2 Census, School Census, GIAS

Across Gloucestershire, SEMH need is not evenly distributed geographically. Figure 34.2 shows the rate per 1,000 of children and young people (0-24) with a SEMH EHCP.

Tewkesbury has a significantly higher rate of SEMH EHCPs while Cheltenham has a significantly lower rate of SEMH EHCPs.

This is not reflected in Figure 34.1 where the densest population of children and young people with SEMH are situated in Gloucester.

Together, the visuals suggest that patterns of need and the distribution of specialist provision do not perfectly align, which is important for understanding potential pressures on travel, placement sufficiency, and equitable access to specialist support.

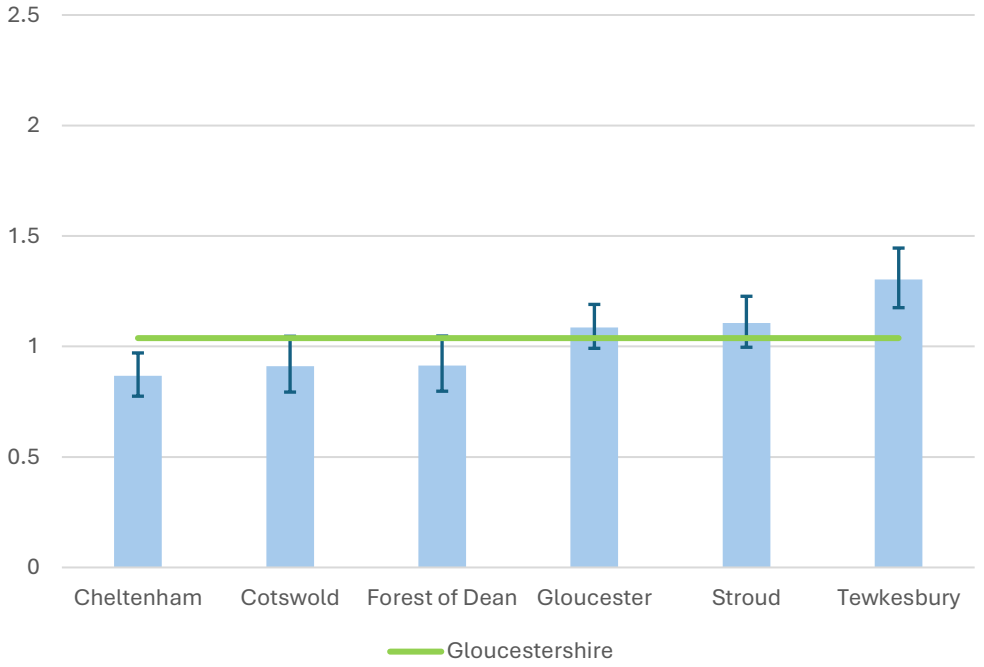



Figure 34.2 –Rate per 1,000 of children with a SEMH EHCP in district authorities compared with Gloucestershire. Data Sources: SEN2 Census

# Social, Emotional and Mental Health – Health and Support Services

## Children and Adolescent Mental Health Services (CAMHS)

CAMHS provides specialist assessment and intervention for children and young people experiencing significant emotional, behavioural and mental health difficulties. The service supports a range of needs, including anxiety, depression, eating disorders, developmental conditions and self-harm, working alongside families and partner agencies to improve emotional wellbeing and mental health outcomes.

The CAMHS Core team supports children with significant SEMH needs. In 2024/25, there were 2,340* referrals to the service; this decreased to 1,430* in 2025/26.

There is currently a data gap with identifying referrals to core CAMHS* teams for children and young people with SEN – however the rate of referrals to all CAMHS from special schools was 22.6 per 100 pupils (3-year average 2023/24 - 2025/26) compared to 7.9 per 100 for all schools.

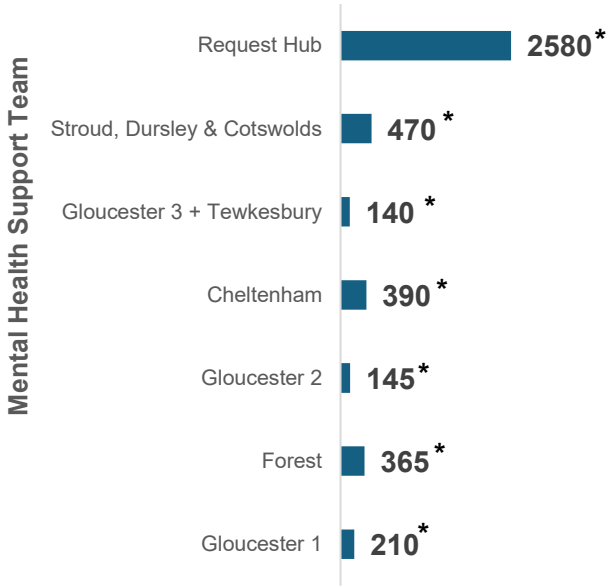



Figure 35.1 – Number of Referrals to Mental Health Support Teams in Gloucestershire in 2025/26

## Persistent Physical Symptoms Service (PPS)

The PPS Service supports children and young people whose ongoing physical symptoms have a significant impact on their daily lives but cannot be fully explained by an underlying medical condition. Symptoms can include headaches, abdominal pain, fatigue, musculoskeletal pain and functional neurological symptoms.

The multidisciplinary service works with young people, families and education settings to improve understanding of symptoms, support self-management and reduce the impact on education, wellbeing and participation in everyday activities. During 2025/26, there were 75 referrals to the service. Studies referenced by the service suggest that around one in ten children and adolescents experience episodes of persistent physical symptoms during childhood, highlighting the potential demand for specialist support.

## SEND Health Advisory Service (SHAS)

SHAS is a Gloucestershire-wide health service that supports children and young people aged 0 to 25 years who are being considered for an Education, Health and Care Needs Assessment (EHCNA) and who are not currently receiving support from another health service. The service aims to ensure that health needs are identified and appropriately considered as part of the Education, Health and Care Plan (EHCP) process.

Following the assessment, health advisors produce a report for the Local Authority to inform the EHCNA process and can signpost families towards relevant services and sources of support where unmet health needs are identified.

During the 2025/26 financial year, the service has received 451 referrals. In this period, 51 referrals were not progressed by the service, and 330 health needs reviews were completed. Following the health needs review, 303 (91.8%) children and young people had additional health needs identified.

‘Adults should teach us in a gentle and loving way the realities of being able to pick yourself when you’re down [and how] this is important for adult life ahead.’

* Data from some partner organisations have been rounded to the nearest five to comply with their information governance requirements.

# Social, Emotional and Mental Health – Education Provision and Inclusion

## Educational Provision

In 2025, most children and young people with a SEMH need attended either mainstream schools and academies (1,001) or maintained special schools and academies (208). Demand is projected to increase significantly, with the SEMH EHCP rate rising from 10.3 per 1,000 population aged 0–24 in 2025 to 16.5 per 1,000 by 2029. To meet this demand, capacity will need to increase across mainstream schools, specialist bases and maintained special schools. Investment in local provision will support more children and young people to have their needs met, reducing reliance on non-maintained special schools and independent placements. Early years and post-16 provision are also expected to grow in line with demand.

Gloucestershire County Council has approved a £16.5 million budget to open a new special school in Gloucester (Opening 2027) for children with Moderate and Additional Learning Difficulties (MALD) and associated needs which impact their learning (SLCN, ASD, SEMH and S&PD)

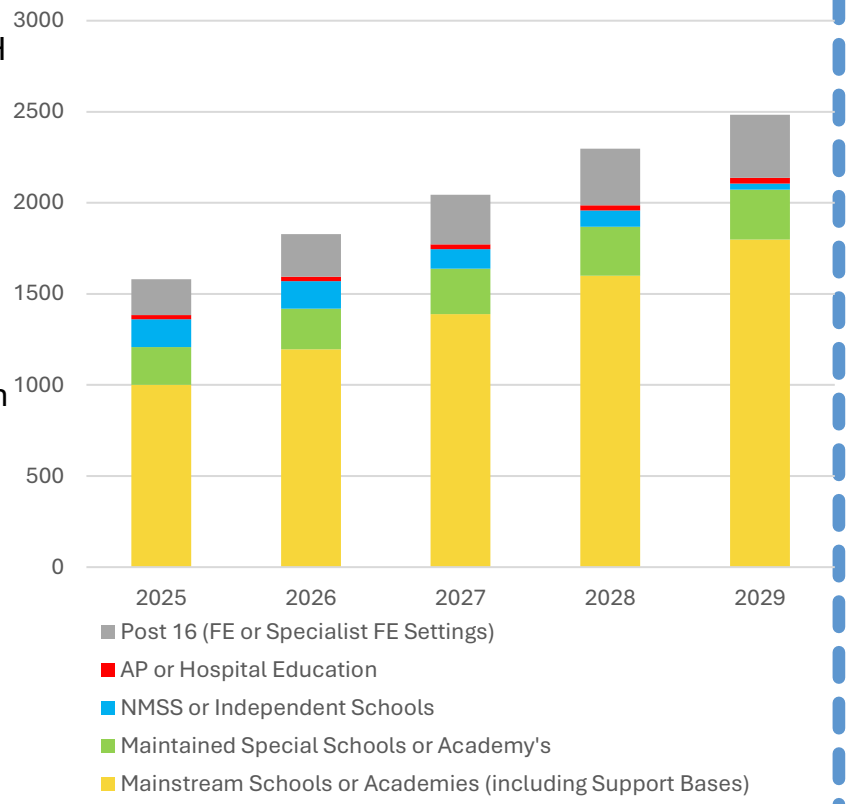



Figure 36.1 – Actual (2025) and Projected (2026–2029) numbers by provision type. Number of children in Specialist bases and alternative provision has been suppressed due to very low numbers.

## Persistent Absence

A higher rate of children and young people with SEMH EHCP/SEN Support are persistently absent compared to absence rates where no SEN has been identified. In 2024/25 the overall persistent absent rate per 100 for pupils with no identified SEN was 14.1, compared to 38.4 of individuals with SEMH primary need. This rate was **significantly similar** to the England average of 38.6.

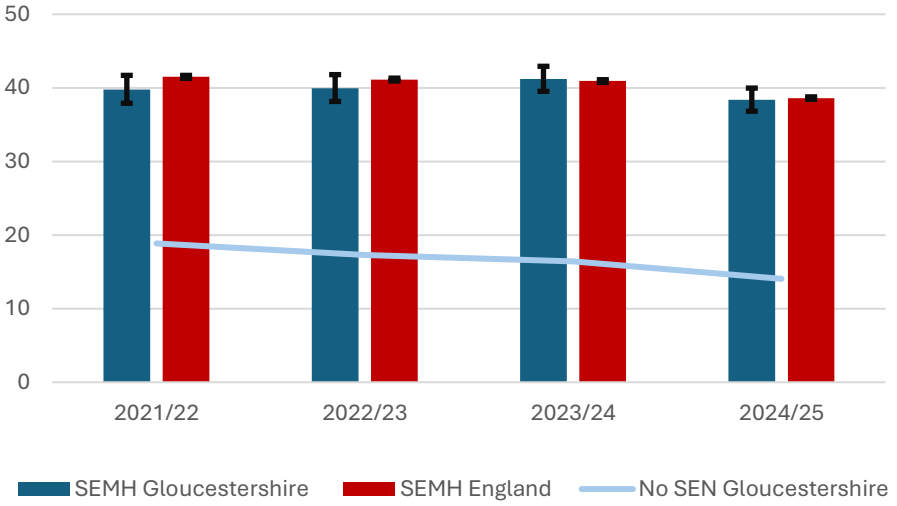



Figure 36.2 – Rate of Persistent Absences of individuals with a SEMH need in Gloucestershire vs England compared with individuals with no SEN in Gloucestershire

## Special School Provision

As of 15 January 2026, the council had identified 282 children and young people whose needs could be met within a specialist setting. Of these, 24.3% had a SEMH need.

This is not significantly different to the proportion of children and young people with a SEMH (25.0%) across the wider population of those with an Education, Health and Care Plan.

Of those individuals with a SEMH EHCP whose needs could be met within a specialist setting;

- **53** were in a mainstream school or academy
- **11** were Educated Other Than At School (EOTAS)
- **10** were in alternative provision settings
- **Less than 10** were in specialist bases in mainstream settings
- **Less than 10** were Electively Home Educated
- **Less than 10** were in other settings (Including Hospital Schools)

**Parent Carer Survey**
90.1% of parents said their child was in an education setting (vs. 86.0% in 2024)

# Social, Emotional and Mental Health – Education Outcomes

## Suspension and Permanent Exclusions

In the 2024/25 academic year the rate of suspensions per 1,000 in Gloucestershire for those with SEMH needs was 691.6 which is statistically similar to the national rate of SEMH suspensions (688.47). The rate of suspensions for 2025/26 has dropped to 511.7, national data for this academic year has not been released.

Permanent exclusions rates were similar for children with SEMH needs in this period (11.78 in 2024/25, 9.52 in 2025/26). This is in line with the national rate of 9.23.

In a piece of research conducted in the summer of 2025, it was found that 2 out of 3 permanently excluded pupils had SEMH as a primary need at some point.

> 'Safe spaces for people like me have been taken away. There used to be a space for people like me that struggle mentally, but the school took that away because other students were messing around.'

At KS4, the average Attainment 8 scores of young people with a SEMH Need decreased from 32.6 in 2021/22 to 26.4 in 2024/25. This was in line with the national performance of individuals with SEMH needs (26.7 in 2024/25), however was well below the average Attainment 8 score of children and young people with no SEN (54.3 in 2024/25).

## KS4

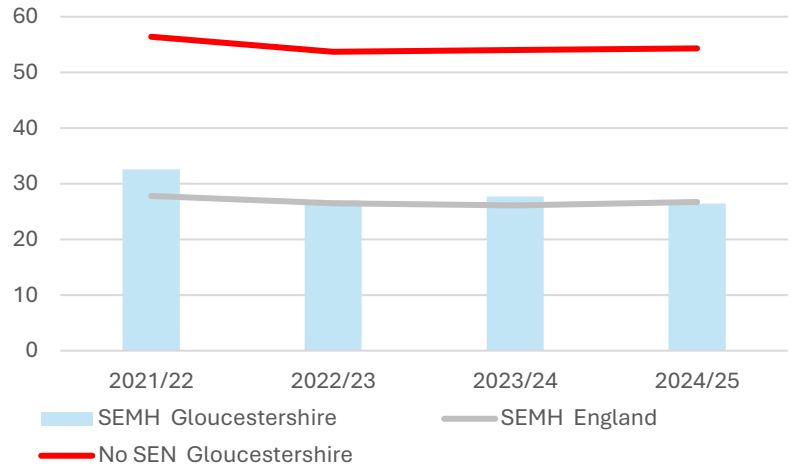



Figure 37.3 – Average Attainment 8 of Children with SEMH needs and pupils with No SEN in Gloucestershire against England

At the end of the Early Years Foundation Stage (EYFS) in 2024/25, 27.8% of children receiving SEN support achieved the expected Good Level of Development (GLD), compared with 0% of children with an Education, Health and Care Plan (EHCP). In contrast, 72.7% of children with no identified SEN met the expected GLD. Overall, 27.0% of children with a SEMH need in Gloucestershire attained a GLD, broadly in line with the England average (27.1%)

## Early Years Foundation Stage (EYFS)

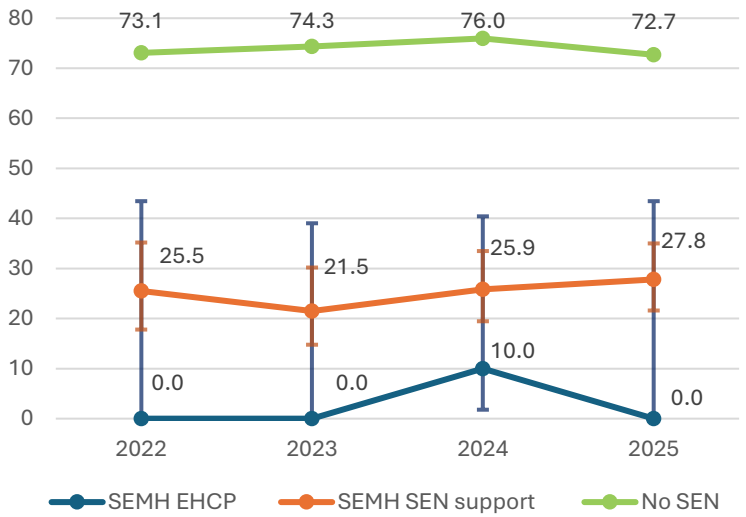



Figure 37.1– Percentage of children with a SEMH EHCP/SEN Support who met the expected Good Level of Development (GLD) at the end of EYFS.

## KS2

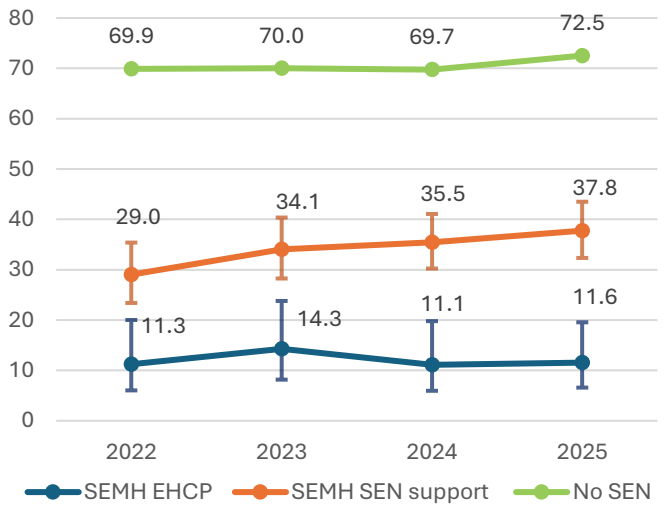



Figure 37.2 – Percentage of children who achieved the expected or higher level in Reading, Writing and Maths

11.6% of children with a SEMH EHCP, 37.8% of those with a SEMH SEN support and 72.5% of those with no SEN achieved the expected or higher level in Reading, Writing and Maths. The percentage of children receiving SEN support who achieved the expected or higher level in reading, writing and maths has generally been increasing however the percentage has remained consistent in children with an EHCP. Overall, 31.2% of children with a SEMH need in Gloucestershire achieved the expected or higher in RWM, lower than the England average of 32.7%.

# Social, Emotional and Mental Health – Employment Outcomes

## Preparing for Adulthood (PfA)

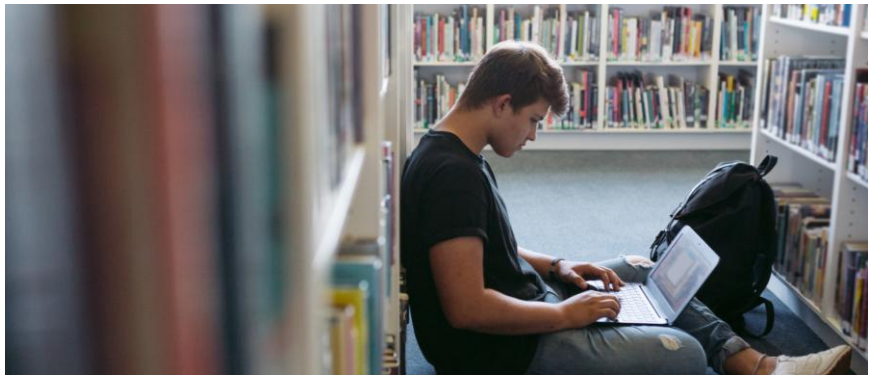
The PfA team supports children and young people with SEND across education. The team focuses on supporting young people to safely navigate and engage with their local communities. This includes promoting independent travel where appropriate, as well as delivering tailored one-to-one interventions for those requiring additional support with social interaction and community participation. The PfA programme delivers support to group settings within education placements, centred around community access, peer on peer engagement and developing independence.

In 2025/26, the PfA team provided direct support to 41 young people with a SEMH need*. In total 245 young people were supported, this includes 31 individuals who received independent travel training, 193 participants who engaged in group-based sessions delivered in both educational and community settings and 21 young people receiving 1-2-1 support through commissioned services in the community.

* Primary need information was not consistently recorded for all young people supported during the academic year and, as a result, the needs profile may not fully reflect the entire cohort.

**Feedback from A's mum on the benefits of Travel Training**

"This service is a must for students, especially post 16 students who desperately need this specific experience to help them gain access to an important life skill. Students tend to cling on to parents/carers, especially due to anxiety and low confidence issues. Without this we could have still seen A extremely reluctant to realise he had the potential to move forward. Steve (a travel trainer) and the team help them realise, with care, support and praise, that despite their disability issues, they can do what other students can do. This is invaluable."



## Supported internships

During 2024, 46.8 per 1,000 17-24 EHCPs (45 individuals) were in work-based placements. This decreased to 35.2 per 1,000 17-24 EHCPs (39 Individuals) in 2025, however this was above the national rate of 30.5.

In 2025, a small number of young people with a SEMH EHCP undertook a supported internship or apprenticeship, while none were enrolled in traineeships. Nationally, in 2025, 29.58% of those with a SEMH EHCP who are in work-based placements were participating in traineeships. This may indicate an opportunity to further develop the use of traineeships as part of Gloucestershire's preparation for adulthood offer.

Research suggests that supported internships can significantly improve progression into paid employment for young people with SEND. Local evaluations have reported that more than half of participants secure paid employment following completion of a supported internship, while national evidence highlights improvements in work-readiness, confidence, independence and preparation for adulthood.

## Education, training & employment (16-18)

Youth Support destination data indicates that the majority of young people with SEMH needs who held an EHCP were recorded as participating in Post-16 Education in both March 2025 and March 2026. The number recorded in Post-16 Education increased from 127 young people in 2025 to 175 young people in 2026, remaining the most common recorded destination in both years.

A notable proportion of young people were also recorded in other destinations. The number recorded as NEET decreased from 27 young people in 2025 to 15 young people in 2026. The number recorded in training increased from 13 to 19, while the number recorded in re-engagement provision decreased over the same period. Employment accounted for a relatively small proportion of recorded destinations in both years.

Overall, the data suggests that most young people with SEMH needs and an EHCP were engaged in education, employment or training-related activity at the time of both snapshots, with Post-16 Education remaining the predominant recorded destination.

*These figures are based on a snapshot of destination information recorded by the Youth Support service in March of each year.*

# Social, Emotional and Mental Health – Additional Support

## Youth Justice

In the January 2026 school census there were 4,839 children who have a SEMH need. Of this cohort, 20.46 per 1,000 children have been known to the Youth Justice System which is significantly more than the rate of involvements for the entire SEND population (6.31 per 1,000)

There's a high prevalence of children with SEMH in the youth justice system in England and Wales[1]. This is reflected in Gloucestershire's statistics.

29 individuals who had a SEMH primary need recorded in the January 2026 census did not have a recorded EHCP or SEN support at the start of the youth justice involvement.

1. Department for Education. (2023). Education, children's social care and offending: multi-level modelling.

## Short Breaks

Short breaks provide disabled children and young people with an opportunity to spend time away from their parents or primary carers, relaxing, having fun with their friends, experiencing the same range of activities and environments as non-disabled children and young people. Short breaks also provide parents and carers with a "break" from their caring responsibilities, giving them a chance to rest, spend time with partners and other children.

As of June 2026, 34 individuals with a presenting Social Emotional and Mental Health need were attending short breaks activity clubs.

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

As of 20 July 2026, SENDIASS had received 856 referrals relating to children and young people with SEMH needs in 2025/26. This is lower than the 991 referrals recorded by the same point in 2024/25. SENDIASS provides advice and support across a range of education health and social care issues. The service recorded 3,938 contacts during the current academic year, compared with 4,404 at the same point last year, indicating a continued need for advice and support among children, young people and families across education, health and social care issues.

## Transitioning to support from Adult Social Care

In 2025/26, 7.0% of those aged 17 to 24 starting adult services were identified in locally recorded primary need data as having a Social, Emotional and Mental Health (SEMH) need. In adult social care data, 14 individuals had a Primary Support Reason of Mental Health Support and a further 9 had support for social isolation. Support needs relating to memory and cognition accounted for 11.0% of individuals, compared with 3.7% in 2024/25.

Among those who had received a transition assessment but had not yet started a service, no individuals were identified as having an SEMH need. Supported Living was the most common service category (38.0%), followed by 'Other long-term care' (21.0%), all of which was day care, and Direct Payments (17.0%).

## Children in Care

Services for Children in Care (CiC) include assessment and placements (either residential or foster care), alongside coordinated support across health, social care and education for both children in care and care leavers.

As of 31st March 2026, there were 765 children in care in Gloucestershire. Of these, 660 were matched to children in the county's education system. Among this group, 21.24% had an Education, Health and Care Plan (EHCP) for a Social Emotional and Mental Health (SEMH) need, while 10.78% were receiving SEN Support for a SEMH need.

The rate of SEMH EHCPs was higher than the 2023/24 national average (15.15%), however the proportion receiving SEN Support was lower than the national rate (14.72%). Overall, the proportion of children in care with an EHCP or receiving SEN Support was higher than for those not in care.

Nationally, the Families First Partnership programme aims to strengthen early intervention and family support services, helping more children remain safely within their families and communities where appropriate. For children and young people with SEMH needs, the reforms emphasise coordinated support across education, health and social care, alongside a stronger focus on family networks and earlier help to prevent needs escalating into crisis.

# What other Services are provided to children and young people with SEND?

## Funded Early Education and Childcare

In Gloucestershire, 12.7% of pupils aged 0-4 are identified as having SEND, broadly in line with the England average of 12.5%. However, when considered across the wider population, 3.2% of children aged 0-4 in Gloucestershire are identified as having SEND, compared with 3.7% nationally.

Among children receiving funded early education and childcare, 10.3% were identified as having SEND through either SEN Support or an EHCP, compared with 9.2% nationally.

**Parent Carer Survey**
Fewer parents said their child's need was identified aged 0-4yrs in the 2025 survey compared to 2024 (44.6% vs. 54.0%)

## Short Breaks

A new Short Breaks Framework is being commissioned to support referrals from the Disabled Children's Team and locality social workers. Grant funding will also enable community organisations to provide short breaks for children with disabilities who are not eligible for social care, helping to offer early support and reduce the risk of needs escalating.

An Emerging Short Breaks Innovation Fund will support mainstream providers to improve accessibility and inclusion, while a Community Connector role will provide families with information, guidance and signposting to available support. A Lived Experience Quality Review provider will engage children, young people and families in reviewing services and informing ongoing quality improvement.

## Gloucestershire Healthy Living and Learning

Healthy children do better in learning and in life. The aim of Gloucestershire Healthy Living and Learning (GHLL) is to help children and young people achieve their full potential and lead long, healthy, happy lives. Working with GHLL will enable schools and colleges to support children and young people to make positive choices to improve their physical, emotional and mental wellbeing.

Gloucestershire Healthy Living and Learning encompasses aspects of both the "Healthy Schools" and "Healthy FE" as well as Mental Health Champions Award to meet the needs of all children and young people across the county.

Every educational setting in Gloucestershire has a dedicated GHLL Lead Teacher. The Lead Teachers are all highly experienced teachers and include Primary, Secondary, Further Education and Special Educational Needs specialists.

At the end of the 2025/26 academic year, 337/351 education settings (96%) had achieved or were working towards their Healthy Schools or Healthy College award and 76 schools have achieved their Mental Health Champions Award.

## Specialist Teaching and Educational Psychology Service (STEPS)

STEPS is a local authority team that provides specialist support to children and young people with additional needs across education settings. STEPS apply their specialist knowledge to support children and young people, schools and families across Gloucestershire. The service brings together educational psychologists (EPs), specialist advisory teachers (ATs), sensory impairment specialists and an Assistive Technology Lending Library (ATLL).

Working collaboratively with schools, families and other professionals, the team offers assessment, advice, consultation and practical strategies to help identify and meet individual needs. They support inclusive education by helping schools adapt teaching, learning environments and resources. The service also promotes children and young people's wellbeing, independence, participation and progress, ensuring they have appropriate support to achieve positive educational outcomes.

- The team works with partners at a strategic level to bring about systems level development.
- The team works at local systems levels to identify and address trends and patterns.
- The team works with schools to support individuals in a bespoke manner.

The team have expertise in special educational needs teaching support and offer guidance to schools through an advisory model and applied psychological advice and support to individual young people and families through consultation. STEPS are advocates for best outcomes and ensure pupil and parental voice is at the heart of decision making. STEPS liaise directly with schools to agree and prioritise their work.

# What are the lived experiences for children & young people with SEND?

Every two years since 2006 the county council has commissioned a pupil survey of children in Gloucestershire schools. Pupils in years 4, 5, 6, 8, 10 and 12 are invited to take part. The survey comprises a wide range of questions around health and wellbeing topics and the wider determinants of health. The latest survey was the 2026 Pupil Wellbeing Survey.

## Self Identification of Need

Among secondary and post-16 pupils, 3.0% reported having a physical disability in 2026, a proportion that has remained broadly stable since 2020.

Learning disability was reported by 5.7% of pupils, similar to pre-pandemic levels. Among pupils reporting a disability, 35.7% reported a physical disability and 70.6% reported having a learning disability.

In 2026, pupils were also asked whether they considered themselves to be neurodiverse. Overall, 20.7% agreed, including 8.0% who reported a professional diagnosis, 7.4% who reported self-diagnosis and 5.4% who were awaiting assessment. Neurodiversity was more commonly reported by pupils who identified as having a disability (65.6%) than by those who did not (16.7%).

## Health Harming Behaviours

In 2026, around 1 in 10 pupils reported ever trying vaping, down from a peak of around 1 in 6 in 2022. However, pupils with a disability, SEN/EHCP and neurodivergent pupils remained more likely to have tried vaping and to vape regularly than their peers.

The proportion of pupils saying they have *never* tried alcohol has increased from 45% in 2012 to 61.6% in 2026. Pupils at special schools (18.2%) were significantly less likely to report trying alcohol than their less vulnerable peers (38.5%).

Overall, 11.9% of pupils reported having tried drugs, most commonly cannabis. While rates were similar among pupils attending special schools and their peers, pupils with a disability (16.7%), SEN/EHCP (16.9%) and neurodivergent pupils (17.9%) were significantly more likely to report having tried drugs than their less vulnerable peers (11–12%).

## Healthy Lifestyles

Healthy eating behaviours were similar for some groups of pupils with additional needs. The proportion reporting eating the recommended five portions of fruit and vegetables per day was comparable between pupils with a disability and those without (27.9% and 27.8% respectively), and between pupils with SEN/EHCP and those without identified SEN (27.1% and 28.1%). However, pupils attending special schools and those identifying as neurodivergent were less likely to report eating ‘5 a day’.

Despite reductions in daily sugary drink consumption over time, pupils attending special schools and those with a disability, SEN/EHCP or who identified as neurodivergent remained more likely to report drinking sugary drinks daily than their peers. A notable gap also remained between pupils with and without SEN/EHCP.

Pupils with a disability, SEN/EHCP and those identifying as neurodivergent were less likely to report achieving recommended levels of physical activity and were also less likely to say they found it easy to be physically active. Similarly, pupils attending special schools and those with a disability, SEN/EHCP, or who identified as neurodivergent were less likely to report brushing their teeth at least once a day, although the large majority of pupils across all groups reported doing so.

## Mental Health and Wellbeing

Pupils with a disability (34.8%), SEN/EHCP (30.0%) and neurodivergent pupils (46.5%) were significantly more likely to report low mental wellbeing than their less vulnerable peers without a disability (22.3%), no SEN (22.0%) and neurotypical pupils (27.7%). While low mental wellbeing has reduced significantly among pupils with no SEN since the pandemic, levels among pupils with SEN/EHCP have remained consistently high.

Findings for happiness were mixed. Pupils attending special schools were significantly more likely to report feeling happy most of the time than their peers (81.0% compared with 66.1%). In contrast, pupils with a disability (54.8%), SEN/EHCP (59.4%) and neurodivergent pupils (45.5%) were less likely to report feeling happy than pupils without a disability (66.9%), no SEN (67.3%) and neurotypical pupils (63.5%).

Gloucestershire is investing in a range of preventative approaches to support emotional wellbeing and mental health. These include LumiNova, which helps children manage anxiety through digital therapeutic support, Young Minds Matter, which provides early intervention and advice for children, young people and families, and MyHappyMind, which promotes emotional literacy, resilience and positive wellbeing in schools.

# Early Identification and Support

## Best Start Inclusion Practitioners (BSIPs)

BSIPs play a key role in strengthening the early identification of children with emerging SEND need through close partnership working with early years providers, health professionals and families. They provide advice, coaching and practical support to practitioners to recognise developmental concerns at the earliest opportunity, implement appropriate inclusive strategies, and ensure children receive timely support within their setting. By promoting evidence-based assessment, supporting graduated approaches, and helping families navigate services, Inclusion Practitioners improve access to early intervention, reduce delays in support, and contribute to better developmental and educational outcomes for children.

Gloucestershire County Council is recruiting 6 BSIPs who will be based in Best Start Family Hubs.

Family Hubs bring together services that support children and families from pregnancy onwards, creating opportunities to identify emerging developmental concerns earlier and connect families with appropriate support.

## Experts at Hand

Gloucestershire is preparing for the introduction of the Department for Education's Experts at Hand programme, a key element of SEND reform designed to strengthen early identification and support within mainstream settings. The programme will bring specialist expertise, including educational psychology, speech and language therapy, occupational therapy and specialist teaching, closer to schools and early years settings. By providing coaching, advice and practical support to practitioners, it aims to improve inclusive practice, enable needs to be identified earlier and support children and young people to access help based on need rather than diagnosis.

## Early Years & Childcare Service SEND and Inclusion support

The Early Years Inclusion Team supports early years providers to deliver high-quality, inclusive practice for children with SEND. Through advice, training, coaching and targeted support, the team helps settings identify and respond to children's needs at the earliest opportunity, implement effective intervention strategies, access appropriate funding and specialist services, and work in partnership with families. This support strengthens the graduated approach, promotes inclusive provision, and improves outcomes for children with SEND.

## Section 23 Notifications

Section 23 notifications are made by health services under the Children and Families Act 2014 when a child under compulsory school age is identified as having, or likely to have SEND. These notifications provide an important mechanism for early identification, enabling the local authority and relevant services to engage with families at the earliest stage and consider what support may be required. Through timely review and follow-up, Section 23 notifications help ensure children are connected to appropriate assessment, intervention and inclusion support, facilitating coordinated multi-agency planning and improving opportunities to address needs before they escalate. We are working with health colleagues to strengthen and enhance the S23 process so that more children are identified and supported earlier, through our Best Start Hubs and networks.

# Gloucestershire Local Offer - Finding Support and Information

## Early Help

**Early Years and Childcare Service**
EY and Childcare Service

**Family Hubs**
Family Hubs

**Family Information Service**
Family Information Service

**Triple P Parenting Courses**
Triple P Positive Parenting Programme

## Education

**Advisory Teaching Service**
ATS

**Augmentative and Alternative Communication Service**
AAC

**Education, Health & Care Plan**
EHCP

**Educational Psychology Service**
EP

**Learning Difficulties and Learning Disabilities**
Learning Difficulties and Learning Disabilities

## Health

**Autism, ADHD & Neurodivergence**
Autism, ADHD & Neurodivergence Support

**Child and Adolescent Mental Health Service**
CAMHS

**Children's Autism and ADHD Assessment Service**
CAAAS

**Children's Continuing Care**
Children's Continuing Care

**Community Paediatric Service**
Community Paediatrics

**Dynamic Keyworking Service**
DKW

**Dynamic Support Register**
DSR

**Gloucestershire Healthy Living and Learning Programme**
GHLL

**Mental Health**
Mental Health

**Newborn Hearing Screening**
Newborn Hearing Screening

**Occupational Therapy, Physiotherapy & Speech and Language Therapy**
Therapy Services

**Together for Short Lives**
Together for Short Lives

## Family Support

**Family Link Plus**
Family Link Plus

**Gloucestershire Parent Carer Forum**
Parent Carer Forum

**Gloucestershire's SEND Local Offer**
SEND Local Offer

**Short breaks for disabled children and young people**
Short Breaks

**Special Educational Needs and Disability Information and Advice Support Service**
SENDIASS

## Employment and Independence

**Preparing for Adulthood**
Preparing for Adulthood

# Key acronyms

AAC – Augmentative and Alternative Communication

ADHD – Attention Deficit Hyperactivity Disorder

ARFID – Avoidant/Restrictive Food Intake Disorder

ASD – Autism Spectrum Disorder

ATLL – Assistive Technology Lending Library

ATS – Advisory Teaching Service

BSIP – Best Start Inclusion Practitioners

C&I – Communication and Interaction

C&L – Cognition and Learning

CAAAS - Children's Autism and ADHD Assessment Service

CAMHS – Child and Adolescent Mental Health Services

CLD – Complex Learning Difficulties

CYPACP - Child and Young Person's Advance Care Plan

CYP – Children and Young People

DCYPS – Disabled Children and Young People's Service

DKW – Dynamic Key Working

DS – Down Syndrome

DSR – Dynamic Support Register

EHCNA – Education, Health and Care Needs Assessment

EHCP – Education, Health and Care Plan

EHE – Elective Home Education

ELSEC – Early Language Support for Every Child

EOTAS – Education Other Than At School

EYFS – Early Years Foundation Stage

GLD – Good Level of Development

HEF – Home Enteral Feeding

HI – Hearing Impairment

IMD – Index of Multiple Deprivation

JSNA – Joint Strategic Needs Assessment

KS2 – Key Stage 2

KS4 – Key Stage 4

LA – Local Authority

LTV – Long Term Ventilation

MALD – Moderate and Additional Learning Difficulties

MLD – Moderate Learning Difficulties

MSI – Multi-Sensory Impairment

NEET – Not in Education, Employment or Training

NMSS – Non-Maintained Special Schools

PD – Physical Disability

PfA – Preparing for Adulthood

PMLD – Profound and Multiple Learning Difficulties

PPS – Persistent Physical Symptoms Service

PWS – Pupil Wellbeing Survey

PVI – Private, Voluntary and Independent (settings)

RWM – Reading, Writing and Mathematics

S&PD – Sensory and/or Physical Disabilities

SEN – Special Educational Needs

SEND – Special Educational Needs and Disabilities

SENDIASS – Special Educational Needs and Disability Information, Advice and Support Service

SEMH – Social, Emotional and Mental Health

SHAS – SEND Health Advisory Service

SLD – Severe Learning Difficulties

SLCN – Speech, Language and Communication Needs

SLT – Speech and Language Therapy

SpLD – Specific Learning Difficulties

STEPS – Specialist Teaching and Educational Psychology Service

VI – Visual Impairment