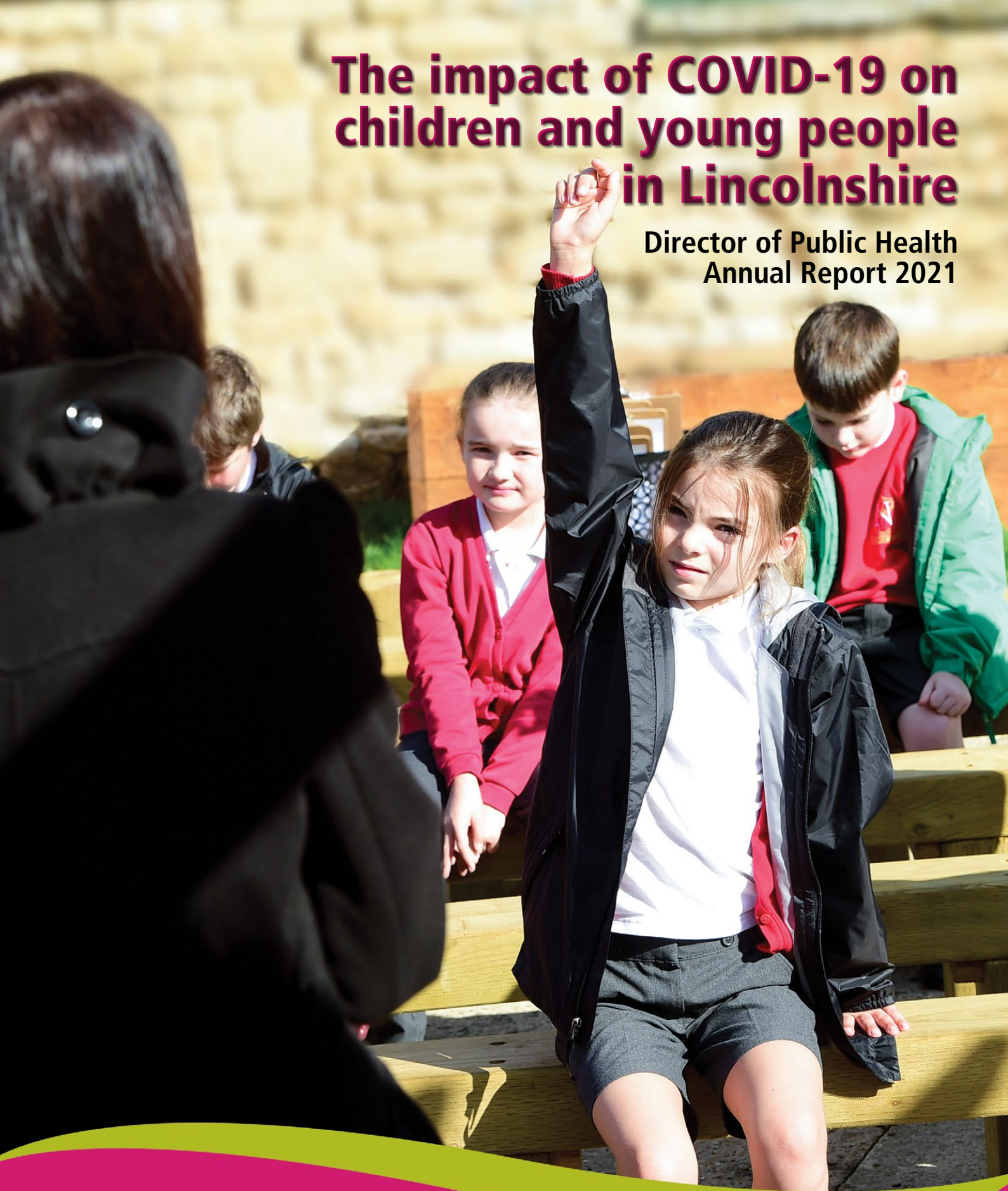


The impact of COVID-19 on children and young people in Lincolnshire

Director of Public Health
Annual Report 2021



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1. Foreword and introduction

Welcome to my third annual report as Director of Public Health for Lincolnshire. The past few years have been enormously challenging for us all and while we are in a better place than we were a year ago with the successful rollout of the vaccine we aren't out of the woods yet. Covid has tested us all and in no small way that of our children and young people in the county. They are the focus of this report.

We all want our children to succeed in life and do well – to be healthy, happy, and to be able to look forward to a future rich with opportunity. In Lincolnshire we have excellent services and high aspirations for all our children, but we can't be complacent. We are very aware that, at every stage, some children have better outcomes than others. Importantly, many of these trends persist right through the life-course; meaning that those with worse health and outcomes as adults will have had worse health and outcomes as children as well. The effects of the Covid-19 pandemic are likely to have widened some of these gaps.

It's a challenge to us, but also an opportunity. Every time we interact with children, we have a chance to address this – to prevent poor outcomes and ill health, to help ensure our children are resilient and can move forward from the pandemic well.

This report highlights some existing areas where children and young people have distinct needs in Lincolnshire, the services we have that support them, how these services have tailored their support during the Covid-19 pandemic and what the core areas of focus are as we now move into a protracted period of recovery from the pandemic. It will take as its focus three key areas which we believe can address the issues which are highlighted in the report:

- by delivering services designed for children and young people, not adapted adult services
- by focussing on physical activity, diet and nutrition, emotional and mental well-being
- by prioritising education, increasing opportunity, and tackling health and social disparities.

The impacts of the pandemic are still being felt by young people. We have good services in place but we need to build on those strengths to ensure children get the best start in life, have equal opportunities to support so they can thrive and reach their potential.

Derek Ward

Director of Public Health



I'm delighted to be co-author of this report with Derek. I'm also proud to be leading some of the best children's services in the country which are rated as 'outstanding' by Ofsted.

The Covid pandemic has been an enormous challenge for children and young people and their families and carers. It's brought some innovation and inspiration in the way we work but it's also highlighted areas where we can do even better for our children.

It's widely accepted that prevention is better than cure, and yet the need to treat adults in poor health often dominates the agenda when discussing health and care services. This is despite the fact that over 20% of our population in Lincolnshire is made up of people aged less than 20. We have a lot of children and young people, and they need support which is tailored to their needs and not simply through adapting the solutions and interventions we have for adults.

This is where our services can come in. Instead of waiting for disparities to show up later in life, we have universal services, such as health visitors, schools and children's centres which can change lives through the right support at the right time. We have excellent support for those children who have additional needs, and social services ready to protect and support those most in need of help. This report outlines both the needs of children and young people in Lincolnshire, and how we plan to shape our services to do the best for our children and families that we possibly can.

We can build on the increased use of digital technology to engage with certain groups and provide some services virtually, while offering effective alternatives where they are needed. We need to consolidate on the partnerships and collaborations we have built through the pandemic to have joint targets, reduce duplication and ensure strong, effective services

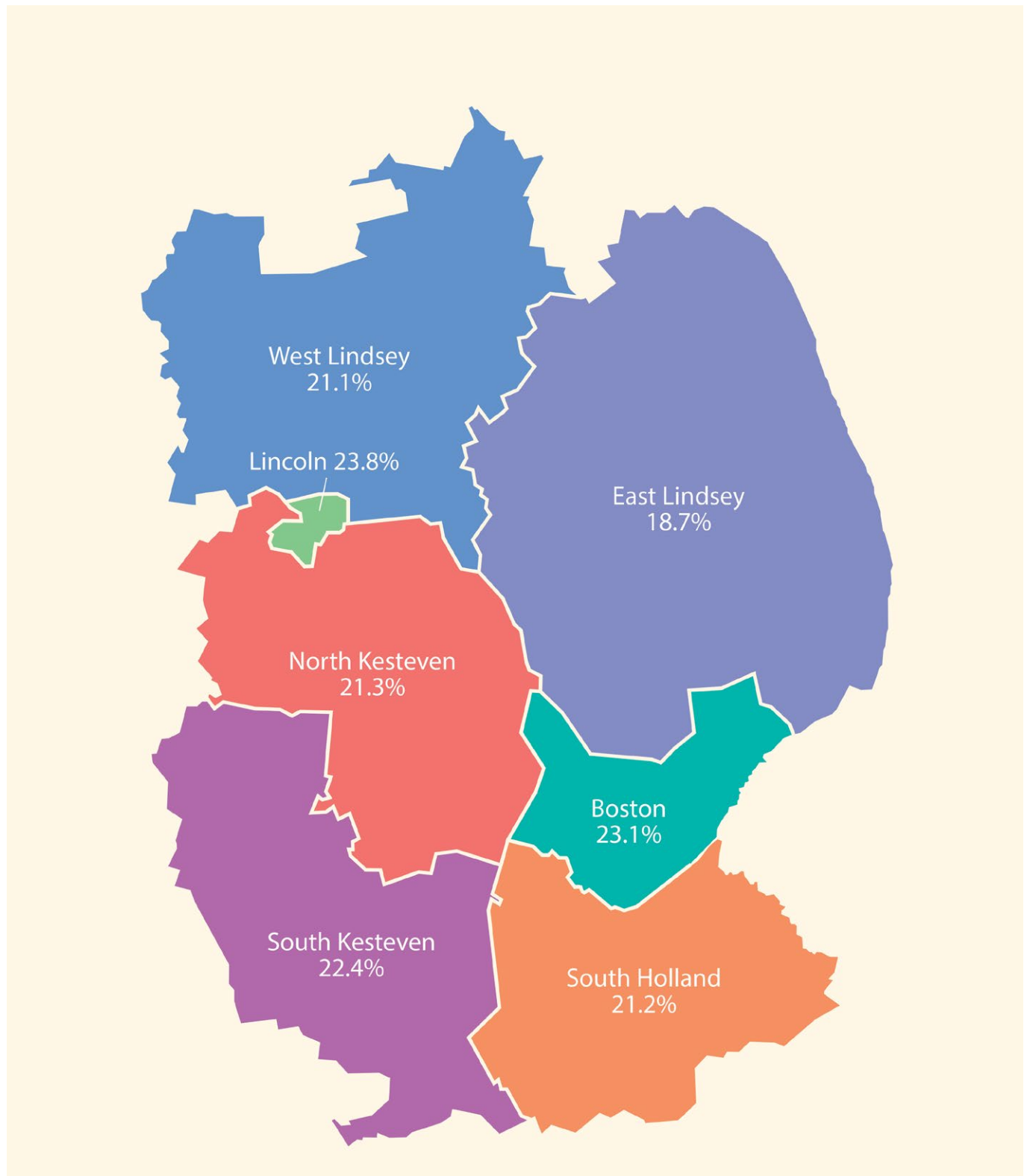
Very simply, children are not little adults. If we want to build a healthier, happier society in Lincolnshire for the long-term then we need to have a clear focus on ensuring our children get the best start in life we can possibly give them. If we're serious about prevention, we need to start with children.

**Heather Sandy**

Director of Children's Services

1.1 Children and young people in Lincolnshire – Demography

Lincolnshire has a large number of children and young people with 163,550 people aged 0–19, accounting for 21.4% of the local population, which is below 23.6% seen nationally. Lincoln contains proportionally more 0–19-year-olds than any other district (Figure 1). This number is expected to rise but only slightly, to approximately 165,900 by 2043 compared to a projection for England of a fall in the total number of 0–19 years olds in the same period. This change in population is linked to



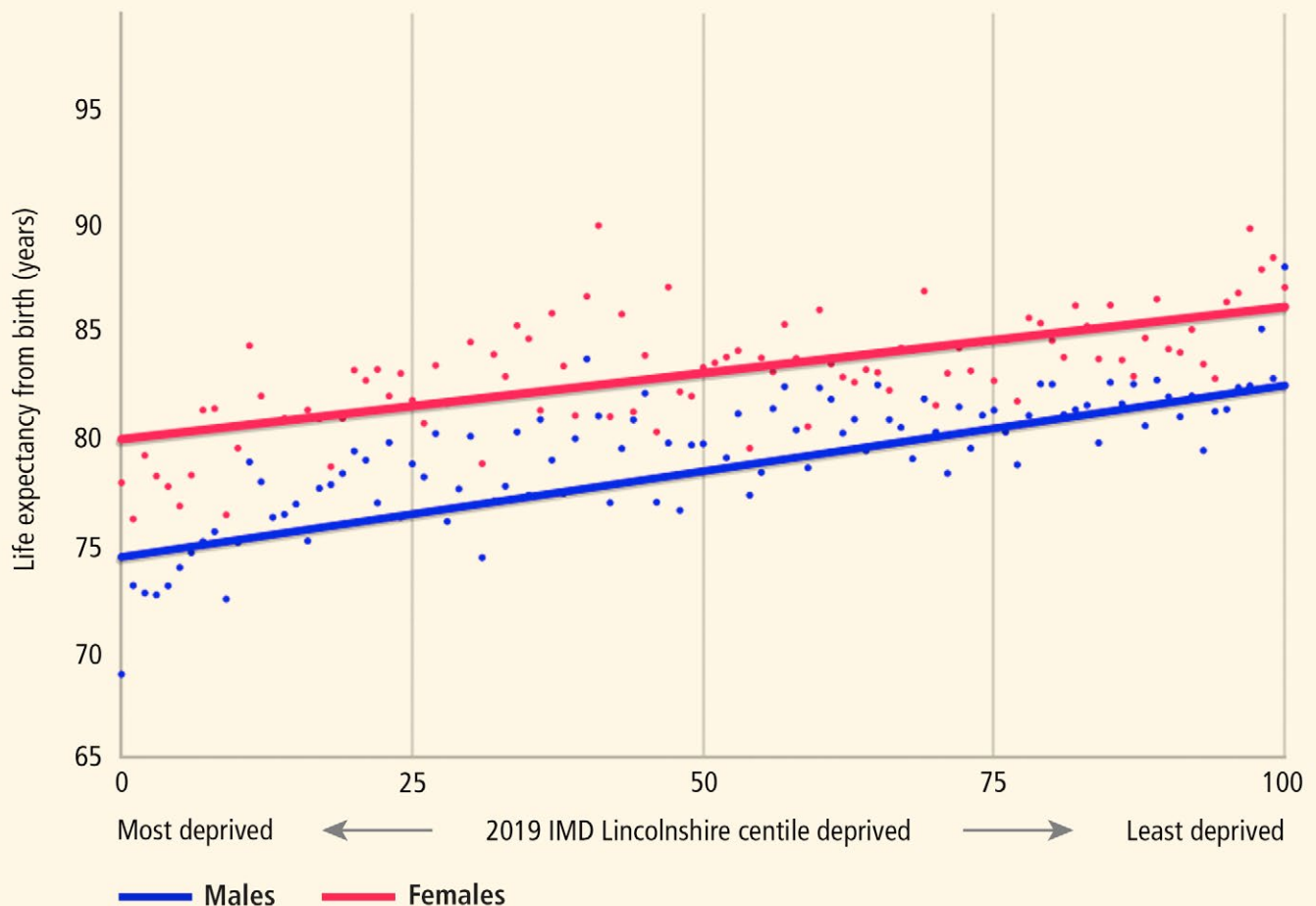
falling birth rates and numbers of overall births across the country (Source: ONS, Births in England and Wales 2019).

1.2 Vulnerability factors

1.2.1 Inequalities in Life Expectancy

We know not all children in Lincolnshire get an equal start in life. The importance of early childhood experiences in having a happy, healthy life is well-known throughout the life course. There is a direct link between deprivation, health inequalities, and poor life outcomes. This can be seen clearly as children born into deprived areas have a lower life expectancy on average than in less deprived areas (Figure 2).

Figure 2: Projected life expectancy for a child in Lincolnshire born between 2017-2019 (ONS Life expectancy for local areas of the UK: between 2001-2003 and 2017-2019)



1.2.2 Child vulnerability at home

Secure and safe home environments nurture children to thrive and live happy lives and Lincolnshire is an excellent place to raise children. Unfortunately, various factors can adversely affect a child's living situation and place them at risk of harm in the short and long term. Though Lincolnshire observes one of the lowest overall rates of child vulnerability (Children's Commissioner, 2021), over 23,000 children in the county are affected by at least one of the 'toxic trio':

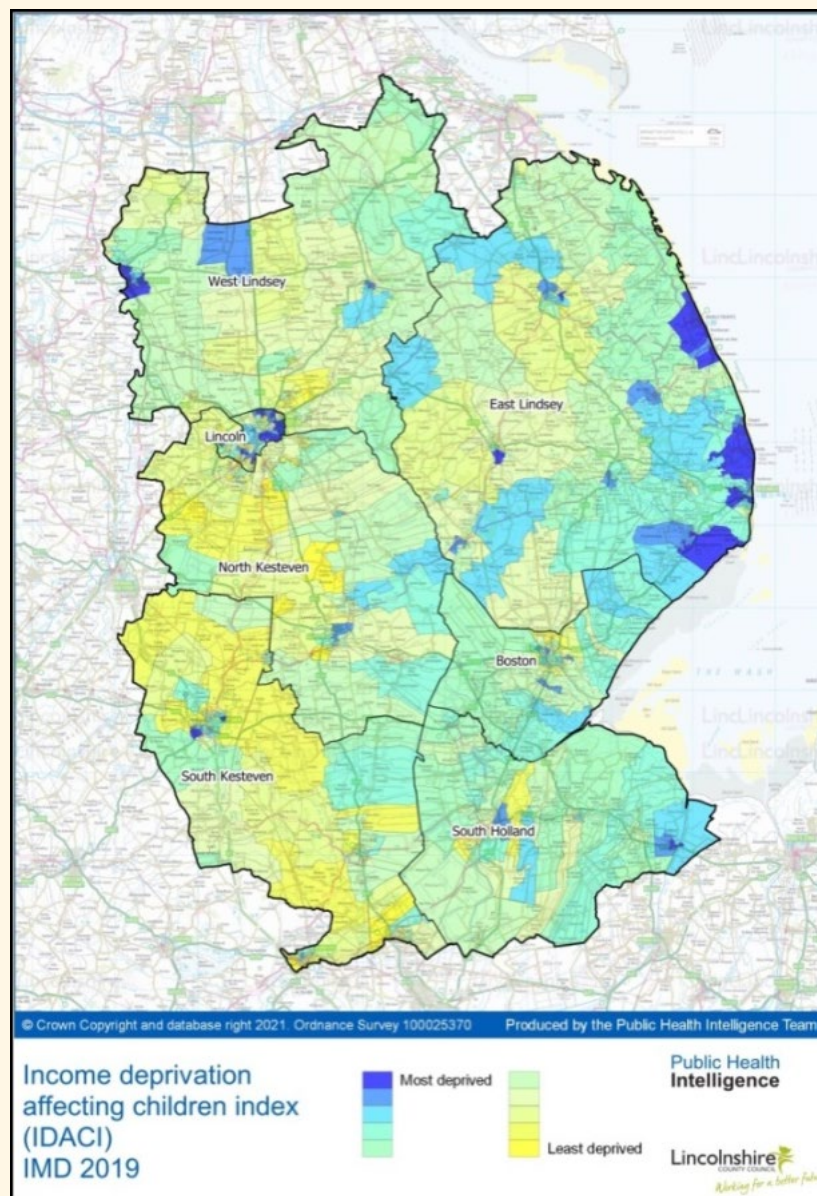
- 3.7% live with an adult who misuses alcohol or other substances
- 5.9% live with an adult who has experienced domestic abuse within the past year
- 11.5% live with an adult with a severe mental health problem

Children exposed to adverse childhood experiences (ACEs) such as neglect, exploitation, and household dysfunction are more likely to smoke, binge drink, and enter the criminal justice system, as well as experience poor health including injury and mental illness. We believe every child deserves a fair chance, which is why we place priority on promoting child welfare to give every child the best start.

1.2.3 Deprivation

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of children aged 0 to 15 living in income deprived families. Much of Lincolnshire has relatively low-income deprivation among children however there are pockets of deprivation along the east coast, as well as in Lincoln, Gainsborough, Grantham, Louth, and Horncastle (Figure 3).

Figure 3: Income Deprivation (IDACI) affecting children aged 0-15 years in Lincolnshire



1.2.4 Educational attainment

Despite the various challenges outlined above we do know that our children in Lincolnshire are, overall, well supported to achieve good educational outcomes, as demonstrated below:

Reading: 71% achieved the expected standard in Key Stage 1 and 69% achieved the expected standard in Key Stage 2

Writing: 67% achieved the expected standard in Key Stage 1 and 77% achieved the expected standard in Key Stage 2

Maths: 73% achieved the expected standard in Key Stage 1 and 75% achieved the expected standard in Key Stage 2

Science: 80% achieved the expected standard in Key Stage 1 and 81% achieved the expected standard in Key Stage 2

2. Child health in Lincolnshire

2.1 Burden of disease

It is important to remember that children are not simply little adults. Children and Young People (CYP) experience different health problems to adults at different life stages for different reasons. We want to outline the main reasons why CYP become ill, in Lincolnshire. We can summarise this by using data from the Global Burden of Disease (GBD) study. Within this we can see the estimated years lived with disability (YLD), which is a measure reflecting the impact an illness has on quality of life before it resolves or leads to death.

The top causes of YLD in Lincolnshire for people aged 0–19-years-old (in order of most to least) are dermatitis, headache, anxiety, asthma, depressive disorders, low back pain, conduct disorder, acne, neonatal disorders and congenital birth defects. The top 5 causes of YLDs for female 0–19-year-olds are headaches, anxiety, dermatitis, asthma and depressive disorders, whilst it is dermatitis, asthma, conduct disorder, anxiety and headaches for males.

2.1.1 Morbidity

The top overall causes of (level 4 GBD) YLDs for 0–19-year-olds in Lincolnshire are eczema (352.3 YLDs per 100,000), anxiety (328.6 per 100,000) and asthma (322.5 per 100,000). Other leading causes include conduct disorder, symptoms of depression, and autism. The main causes of morbidity are dominated by mental health and behavioural problems rather than physical health issues. The predominant causes of YLD change with age: from birth related and infectious disease in early childhood, to mental health and non-communicable disease in adolescents.

2.1.2 Mortality

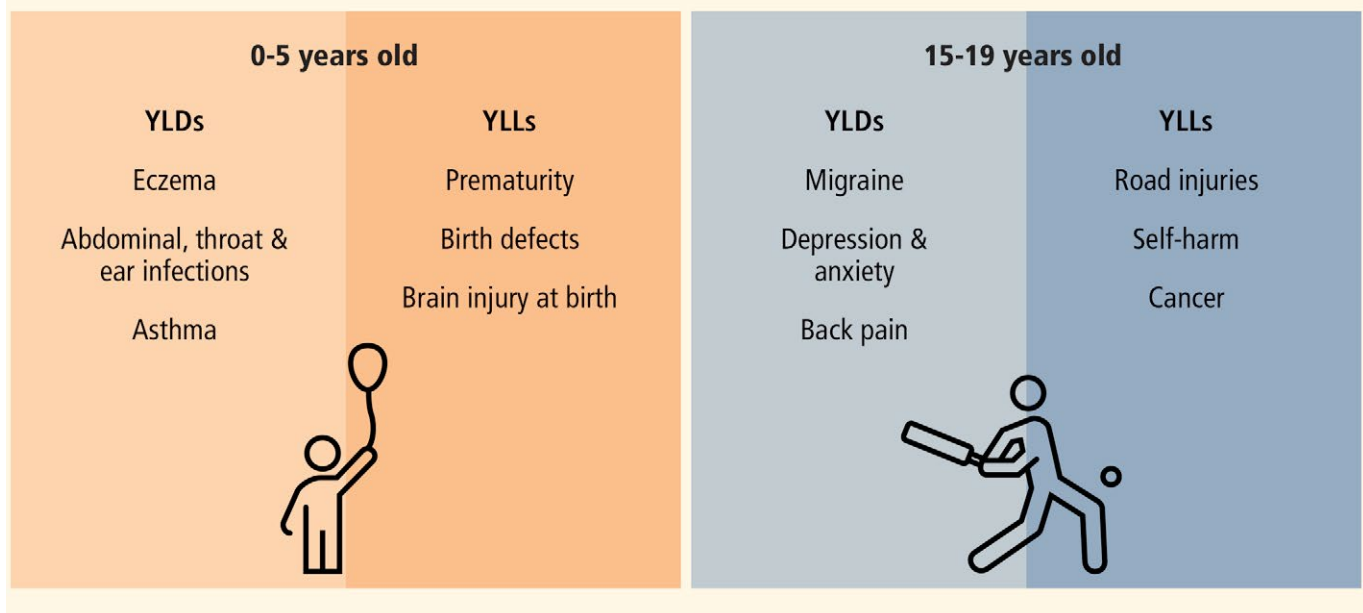
Thankfully, it is a rare event for children to die and Lincolnshire neonatal and infant mortality rates are lower than the national average. The main causes of (level 4 GBD) Years of Life Lost (YLLs) for 0–19-year-olds in Lincolnshire are prematurity (452.3 YLLs per 100,000), congenital heart disease (146.7 per 100,000) and brain injury at birth (101.9 per 100,000). Genetic disease, road injuries, and sudden infant death are also in the top 10 causes of child death in the county. Again, we see a division between causes of mortality in younger children (birth related, genetic and infectious disease) and teenagers (injury, self-harm, and cancer).

2.1.3 Overall disease burden

As seen in Figure 4 overleaf, the leading causes of Disability Adjusted Life Years (DALYs) are strongly influenced by age group. The main cause of DALYs for children under five years old are related to causes of mortality such as prematurity (1985.7 DALYs per 100,000), whilst DALYs for 15–19-year-olds are more influenced by causes of morbidity, such as depression (772.5 per 100,000) and anxiety (739.6 per 100,000). Mental health DALYs feature heavily for both sexes during adolescence, and good mental health is important for young people to live secure, happy, and healthy lives. This is likely to worsen given the isolating effects of COVID-19.

The leading causes of morbidity in 0–5-year-olds are eczema, abdominal, throat and ear infections, and asthma, whilst it is migraine, depression and anxiety, and back pain for 15–19-year-olds. The main causes of mortality in 0–5-year-olds are prematurity, birth defects and brain injury at birth, but 15–19-year-olds are affected by road injuries, self-harm and cancer.

Prematurity is the single greatest overall cause of DALYs for 0–19-year-olds in Lincolnshire as it affects short- and long-term health as well as risk of mortality. Premature birth is more likely to happen if a mother smokes during pregnancy. In Lincolnshire, prevalence of smoking in early

Figure 4: Leading causes of morbidity (YLDs) and mortality (YLLs) in 0–5 and 15–19-year-olds

pregnancy (18.1%) and at time of delivery (16.2%) are higher than the national average, and the importance of reducing smoking in pregnancy has been highlighted in Saving Babies' Lives and Lincolnshire's Joint Strategic Needs Assessment 2019 to improve maternal and neonatal health.

The above findings show that not only should we consider the health needs of CYP to be different to adults, but there are important differences within this age group. We understand and apply this to provide effective services that meet the needs of local children and young people.

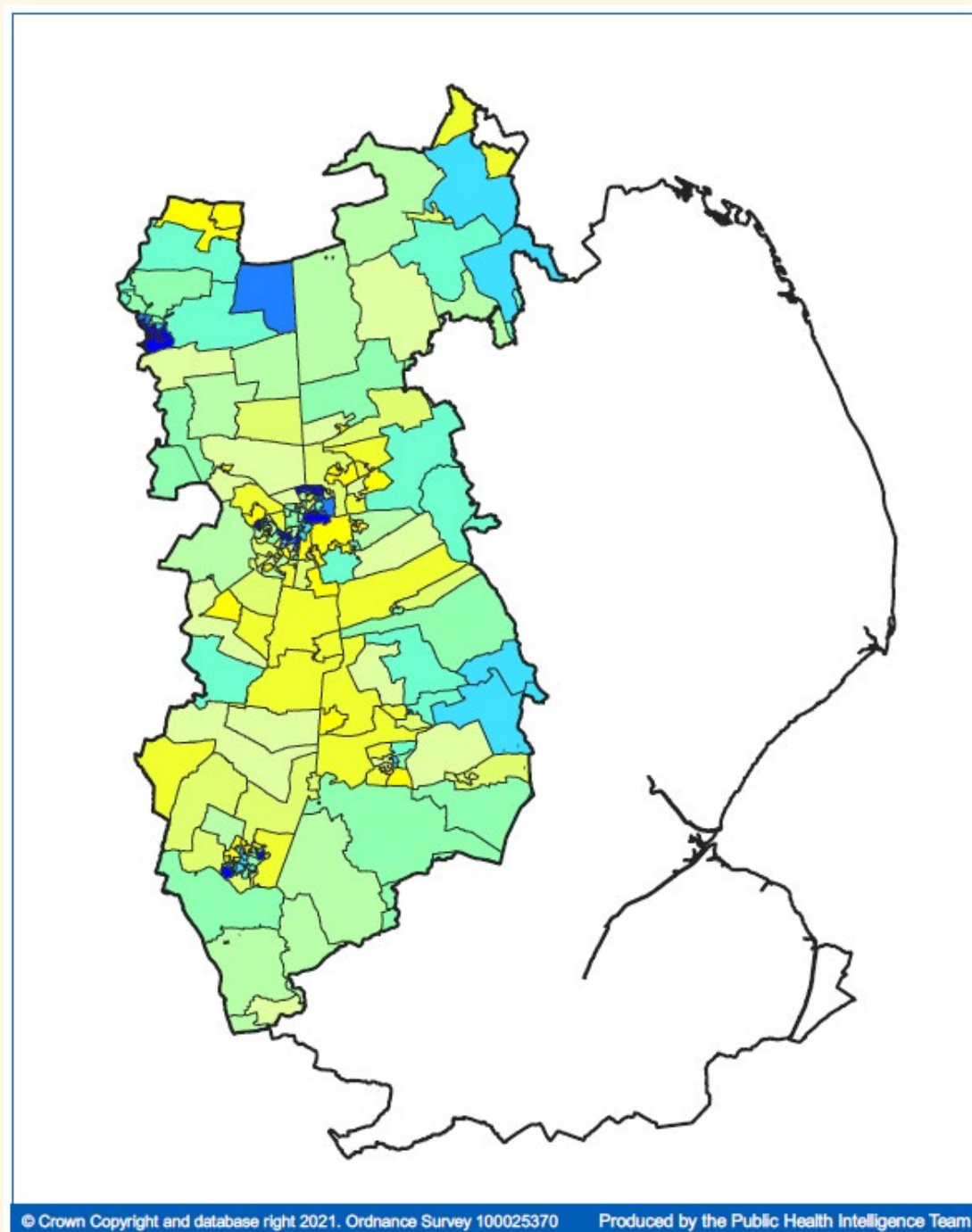
2.2 Health and healthcare

According to Child Health Profiles (Source: <https://fingertips.phe.org.uk/profile/child-health-profiles/>), when compared to England, Lincolnshire has comparatively better (lower) levels of A&E attendances for children under the age of 18. Despite emergency admissions being higher than seen across England underlying this are variances by particular conditions which causes the admission. For some conditions Lincolnshire is significantly better than the England rate but for other worse.

Dental health is important not just because healthy teeth help us chew and digest food, but they also allow us to speak clearly, give shape to our faces and provide us with confidence. Lincolnshire has a higher proportion of children under 5 years with visible dental decay (25.5%) compared to the national average with an increasing trend to 2018-19. There are a range of reasons for oral health inequalities in children such as deprivation, access to dental services and diet. Additionally, children in deprived areas are more likely to live in an area without water fluoridation (Figure 5). These risk factors contribute to poorer dental health for children living in more deprived areas (Lincolnshire County Council, 2019).

Figure 5: Differences in water fluoridation and child deprivation (IDACI) within Lincolnshire

Fluoridated Water Area Zones by overall deprivation



Non-Fluoridated Water Area Zones by overall deprivation

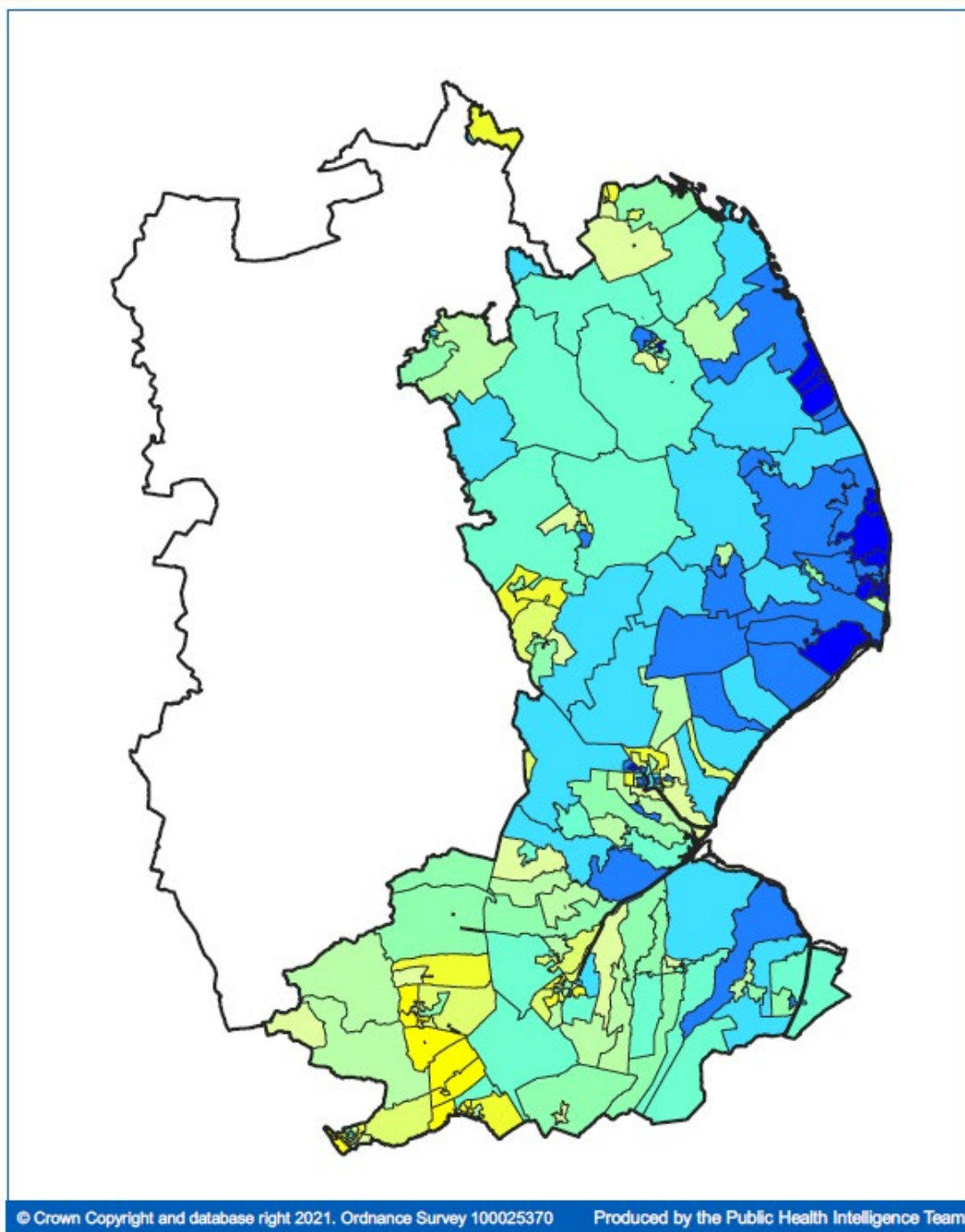
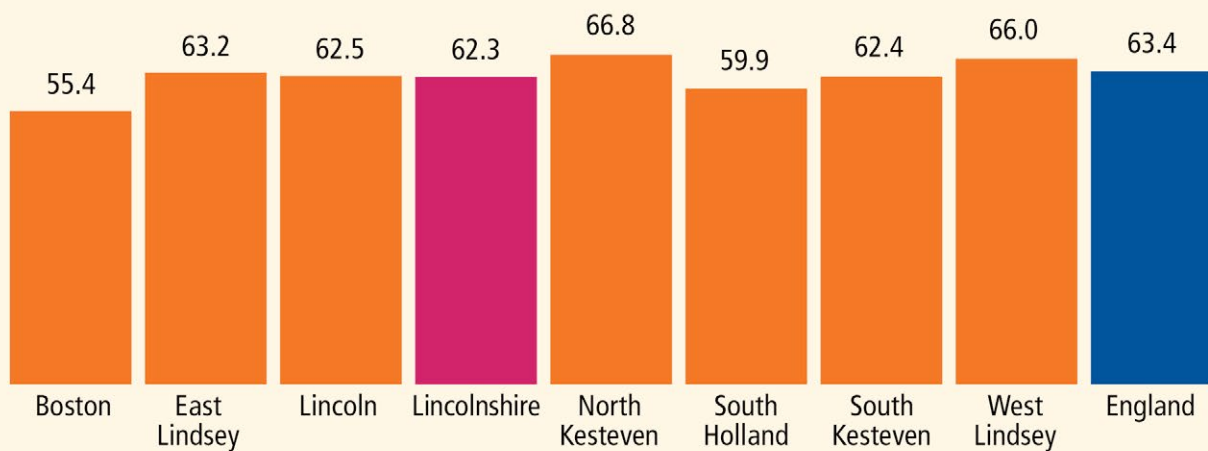
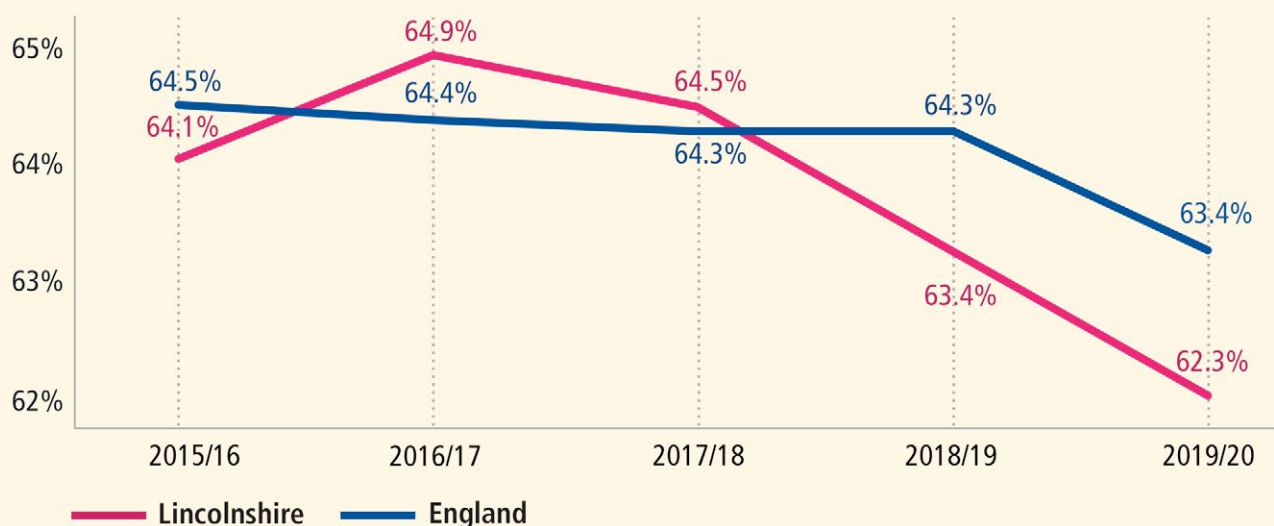


Figure 6: Prevalence of healthy weight in Year 6 children**Benchmark against England****Change over time**

Healthy weight is a key determinant in ensuring children grow up happy and healthy. Locally our Joint Strategic Needs Assessment (Source: www.research-lincs.org.uk/JSNA-Topics.aspx) tells us that Lincolnshire has 68.8% of children with a healthy weight compared to 70.4% nationally but this belies a variance across the county, something which we intend to address with our child weight management programme currently being developed.

Though children are not little adults, in that they are unlikely to directly experience obesity related health problems during childhood (such as type 2 diabetes), obese children are more likely to become obese adults and experience these health effects in the future. Supporting a child to maintain a healthy weight supports future health through the life course.

3. COVID-19

3.1 Introduction to COVID-19

The COVID-19 pandemic has had an unprecedented effect on life in Lincolnshire – and our children have certainly been affected. Although risk of severe disease in children is thankfully low, children have experienced significant disruption – from parents not able to introduce their babies to others, to teenagers missing out on education and social contact. Our services have risen to the challenge of supporting children and families in the midst of a global pandemic, and now we plan for the long recovery.

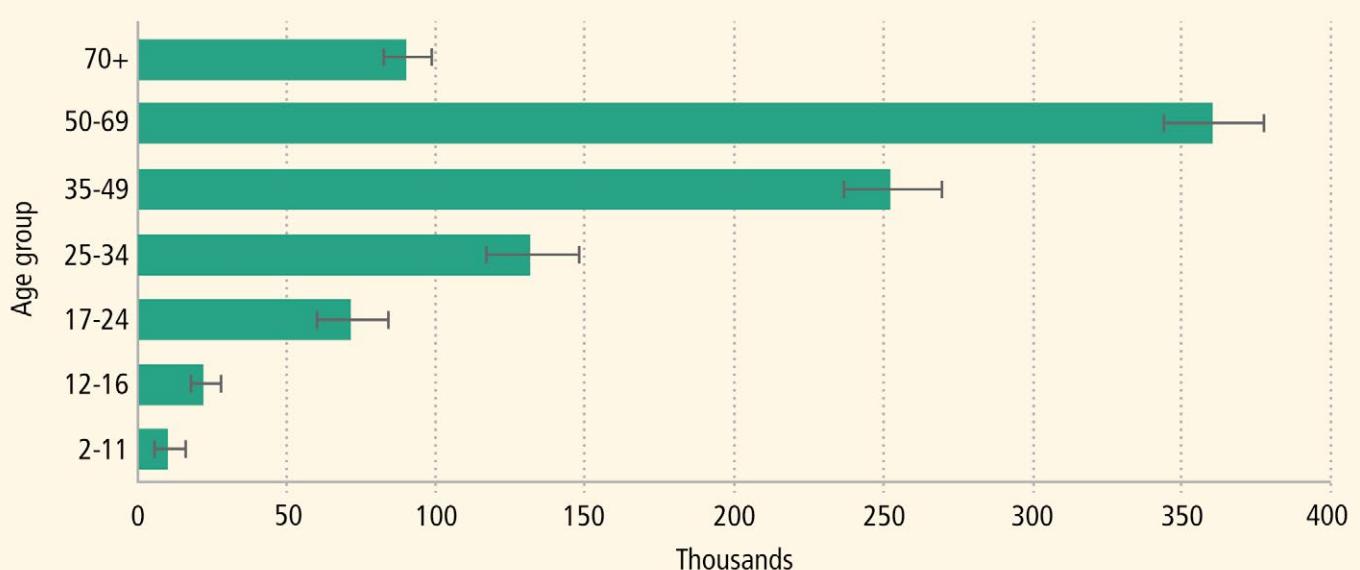
3.2 COVID-19 and children

Coronavirus disease 2019 (COVID-19) is a viral disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus is spread between people via respiratory transmission (as droplets or aerosol), and direct contact (Public Health England, 2021). The risk of SARS-CoV-2 transmission is greatest when in:

- Closed spaces
- Crowded places
- Close contact

The most commonly reported COVID-19 symptoms are fever, a new continuous cough, and a change to sense of smell or taste, however the presenting symptoms in children are less well understood. Additionally, an estimated 945,000 people in private households in the UK experience long term COVID symptoms (Figure 7), of which 3.6% are under 16 years old (Office for National Statistics, 2021). The most common long COVID symptoms reported overall are fatigue, shortness of breath and muscle aches.¹

Figure 7: Estimated number of people living in private UK households with self or parent reported long COVID symptoms: four-week survey ending July 2021 (ONS, 2021)



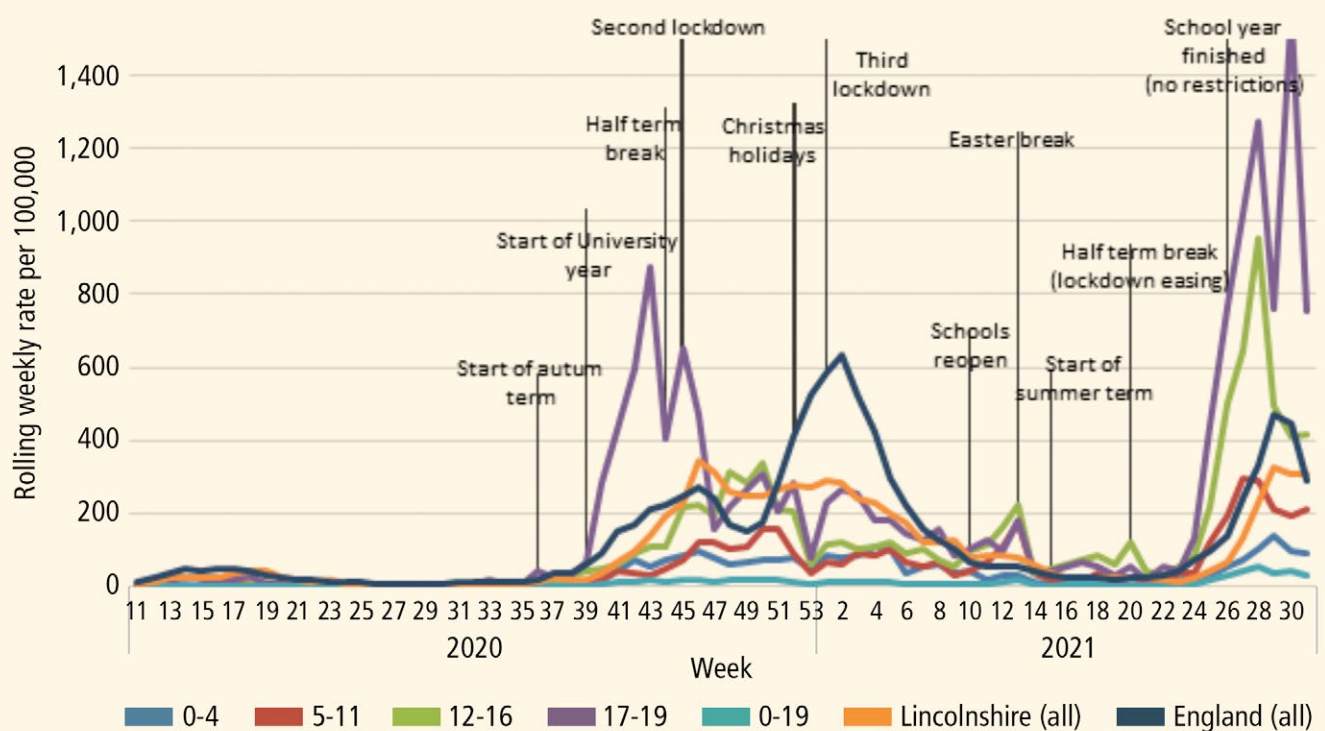
1. The National Institute for Health and Clinical Excellence have published a guideline pertaining to the provision of a multi-disciplinary service to support patients with long COVID.

Children experience different health problems to adults in different ways, and this is also seen in COVID cases. Children generally experience milder COVID-19 symptoms and are far less likely to be admitted to hospital for treatment and thankfully it is very rare for children to die from COVID-19.

3.3 COVID-19 and children in Lincolnshire

Figure 8 illustrates the 7-day rolling rate of COVID-19 infections in Lincolnshire for all persons and those aged 0–19 years since the start of the pandemic².

Figure 8: Weekly case rate of COVID-19 cases in Lincolnshire by age groups



The 0–19 weekly case rate increased with return to school (with higher rates in older age groups) and a considerable increase among 17–19s with the start of university year. Following this, cases largely followed a downward trajectory until school testing protocols were changed³. Among 0–19s, COVID-19 case rates have been higher in older age bands both locally and nationally. COVID-19 case rates from March to August 2021 were lower in Lincolnshire than the overall rate in England for all 0–19 year old age bands and in the population overall.

Though children are less likely to directly experience harm from COVID-19, the potential indirect impact should not be understated. Children have endured uncertainty, isolation from friends and family, lost school time, and threats to social security through poor parental health. Respiratory infection resurgence, long COVID, mental and physical deconditioning, delays in diagnosis and disease management, and health and social care disruption (including management of backlogged cases) are key challenges cited by the Academy of Medical Sciences.

2. Due to testing policy and accessibility March to May 2020, the whole Lincolnshire case rate should be interpreted with caution.

3. From 8 March, twice weekly staff testing took place using home testing kits.

4. Early years

Early life events are highly influential on long term health and wellbeing. The life course approach is a way of thinking about how experiences in earlier parts of life affect later health and wellbeing. Some of these experiences are protective (such as a loving family, positive emotional wellbeing, an active lifestyle, and a nutritious diet) and others can be harmful (such as neglect and unsafe housing). Positive early life experiences foster a child's growth, brain and language development, wellbeing, and the formation of secure relationships. We view the early years of a child's life as an absolute priority in shaping future life events through the life course approach, and use this to plan and provide effective services.

4.1 Child development

Prior to the pandemic, Lincolnshire recorded a higher rate of children achieving the expected level in development, communication skills, fine motor skills and personal-social skills at 2–2.5 years compared to national figures (Public Health England, 2020). However, 5-year-olds in Lincolnshire had lower levels of good development at the end of reception, although this has been increasing over recent years.

During the pandemic, a decreasing proportion of children are at the expected level for communication skills. Referrals to children's health services for speech and language concerns have more than doubled from 2019-20 to 2020-21 – suggesting an already high level of need has been exacerbated and highlights the unique effects of the pandemic on developing children.

The impact of the pandemic on young children's development has been identified nationally within the early years sector:

Almost all providers said that the pandemic had significantly impacted the learning and development of children who had left and subsequently returned. They were particularly concerned about children's personal, social, and emotional development. Some children had returned less confident and more anxious. In some cases, children had also become less independent, for example returning to their setting using dummies or back in nappies having previously been toilet trained. <https://www.gov.uk/government/publications/covid-19-series-briefing-on-early-years-october-2020>

Early Years and Childcare are piloting an audit on the quality of learning opportunities offered within Lincolnshire's early years settings; this will identify the impact on childcare settings following the pandemic and the subsequent effects on children's development, as well as supporting our providers to be able to demonstrate how they have met the challenges of the pandemic.

4.2 Health visiting

Health visitors lead on The Healthy Child Programme (HCP), a universal preventive service for families with young children. Health visitors in Lincolnshire have been working throughout the pandemic to support children and families and ensure children have the best start they can. The 0-19 health service in Lincolnshire is considered a national exemplar and during the pandemic this service ensured families with the greatest need were prioritised. We need to ensure this service also becomes a core part of how we recover from the pandemic and supports children and families at such a crucial stage of their lives.

4.3 Immunisations

Childhood vaccinations protect children, their contacts, and the wider community against preventable and potentially serious communicable disease. Ensuring a high level of uptake of these vaccinations is a key public health priority to prevent outbreaks. Prior to the pandemic,

Lincolnshire generally had similar local to national uptake for childhood vaccinations though often below the benchmark goal, for example MMR uptake at 2 years was 90.6% locally and nationally, with a target of 95%. COVID-19 resulted in national suspension of the School Age Immunisation Service during the first lockdown, affecting human papilloma virus vaccine delivery and deferral of MenACWY and teenager booster programmes to 2021. Uptake and catch-up has been supported by the recruitment of additional staff and by setting up community clinics.

4.4 Breastfeeding

Breastfeeding supports maternal-infant bonding and offers a range of health benefits to both mother and infant, such as greater protection to infants from infectious disease and allergic conditions, and lower risk of postnatal depression and cardiovascular disease for breastfeeding mothers. The pandemic impacted on delivery of breastfeeding support groups across Lincolnshire meaning breastfeeding rates were at risk of falling. However, individual breastfeeding support and advice continued throughout the pandemic with virtual breastfeeding group support gradually restored from June 2020. This has supported and maintained sustained breastfeeding rates, and face-to-face breastfeeding support groups opened again in September 2021 with an initially reduced capacity. Increasing local breastfeeding rates remains a priority for Early Years and Children's Health Services.

4.5 Supporting parents and families

During the pandemic, parents have continued to access the Children's Health Single Point of Access (SPA) advice line for supportive guidance and information. The SPA team is complemented by a central duty health visitor and a children's nurse role that ensures prompt response times to parents contacting the service. SPA calls are for a range of reasons and demand in calls per month has gradually increased. Building on our successful use of social media to communicate with parents through the pandemic, we are currently working to create a website which will share information, deliver health protection messages, and signpost parents and carers the support that they need. This is one way we are working to make sure we build on the good practice put in place during the pandemic to ensure our support for families is better than ever.

4.6 Children's Centres

There are 48 children's centres in Lincolnshire which offer a wide range of services including

- Antenatal appointments
- Child and family health services
- Early education
- Support for parents
- Skills development
- Outreach services to children and families

The centres are free to join for families from antenatal through to age five. Any adult who is caring for a child can access services at the centre. During the school holidays, older siblings up to eight years old are welcome. There are eight maternity hubs based in children's centres, part of the NHS Better Births Maternity Transformation Programme. The aim is to bring families together, so parents have access to antenatal, postnatal, and general health care under one roof.

Children's centres remained open during the pandemic to ensure the delivery of antenatal appointments and the Healthy Child Programme. Services have now returned to a pre pandemic

offer. Children's centres are a key part of our vision for ensuring children in Lincolnshire get the best early support possible, and will remain central to that as we move forward.

4.7 Best Start

Lincolnshire's 'Best Start' services cover a range of Early Years support and inclusion for children aged 0-5 years and their families, within Children's Centres, outreach venues and the family's home.

The Early Years and Family Service, delivered by Early Years Alliance, provides early childhood activities across Lincolnshire that support children's early development and their parents and carers positive parenting skills and techniques. Delivery encompasses play-based sessions focusing on different areas of child development to provide tailored support where needed, such as communication themed sessions. In addition, service provision includes delivery with other professionals, e.g. antenatal top tips sessions are co-delivered with midwifery services to prepare expectant parents for parenthood. This Service is delivered across Lincolnshire within the 48 designated Children's Centres, including two additional sites and 24 outreach sites. There are 21 different session types provided.

4.8 BAME Inclusion Service

Our Black Asian and Minority Ethnic (BAME) Inclusion Service, delivered by PAB Languages Ltd., provides an inclusion service to families via translation support and encouraging families from different backgrounds to make use of our Early Years and Family services. This Service is funded to deliver activities across three Lincolnshire districts, which are Boston, South Holland, and Lincoln, and works hard to ensure that families who might find it harder to access our services are empowered to sustain & improve their own wellbeing and that of their community.

4.9 Early Education and Childcare

Lincolnshire has a diverse marketplace of childcare & early education settings, made up of around 900 registered childcare providers, ranging from private, voluntary, and independent group-based provision to childminders and the early years provision delivered in our schools and academies.

In Lincolnshire, at the end of the summer term 2021, 75% of eligible children aged 2 years were accessing their funded education places. Nationally, 62% of children aged 2 years were accessing their funded education in January 2021, down from 69% in 2020. The pandemic has had an impact, but approximately 55% of providers in Lincolnshire remained open throughout the lockdown, and where provision closed, some children (where parents required access to childcare) transferred their place to an alternative setting who were able to remain open during this time.

A Childcare Sufficiency Assessment in Lincolnshire, to assess the current availability of childcare, was completed across the county in the autumn term 2020. Feedback from the childcare sector provided the local authority with an understanding of how the marketplace was responding to the global pandemic. We're pleased that this consultation demonstrated that Lincolnshire remains in a strong position to meet the needs of children and families.

However, it's not been easy – many childcare providers have experienced some financial losses because of the pandemic, but we're pleased to say that 95% of the marketplace remains sustainable and take-up of childcare places is increasing. Childcare providers in Lincolnshire are committed to making provision flexible and continue to be responsive to the needs of the community.

The early years and Childcare sector have successfully mitigated risk and prevented outbreaks through following guidance, they have also been supported throughout by Lincolnshire's Health Protection Team and the Early Years and Childcare Support team.

5. Schools and Education

Lincolnshire's children receive an excellent education, and we are very proud of their achievements. We always have an ambition to see children do better – and we've seen this in some areas, for example with the proportion of 5-year-olds achieving a good level of development by the end of Reception increasing over recent years.

5.1 Education during COVID-19

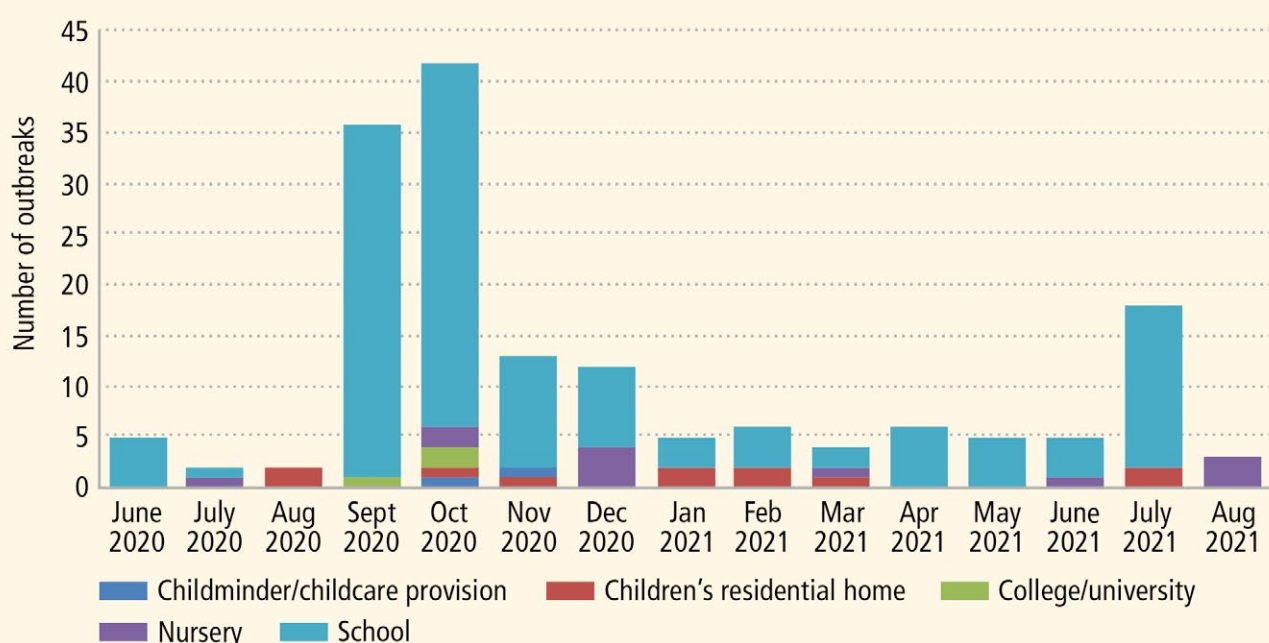
Access to a quality education goes beyond acquisition of knowledge; a good education fosters healthy behaviour, promotes future employability, and develops social skills and peer relationships. Schools are supportive environments which encourage young people to reach their full potential.

Attainment in Lincs is better than the England Average – with an attainment 8 score of 46.8, and higher proportions of pupils passing Key Stage 4 English and Maths 9–4 (64.8%), and higher average point score per entry of best 3 A Levels (provisional 2020 result: 39.39). In 2019, 93.1% of 16–17 year olds in Lincolnshire were in education or training, higher than the national average (92.5%).

During the pandemic, school pupils and education providers have adapted at pace. Though schools were closed at times during the pandemic to the general school population, children of key workers were able to attend. Figure 9 shows the number of Public Health England (PHE) confirmed outbreaks across child and education settings in Lincolnshire between June 2020 and August 2021. A peak in school COVID-19 outbreaks coincided with when schools reopened in September 2020, though this was not observed when schools re-opened in March 2021. Schools have kept children in school by successfully mitigating risk and preventing outbreaks through following guidance and have been supported throughout by Lincolnshire's Health Protection Team.

The pandemic has meant that children have missed out on a lot of face-to-face teaching. This has been a huge challenge for them, their families, and their teachers. Schools have worked with

Figure 9: PHE confirmed COVID-19 outbreaks in children's settings in Lincolnshire



our education team to ensure laptops were distributed to families in need and prevent anyone from being left out. Despite this, quality internet access remains a significant problem in parts of Lincolnshire (Children's Commissioner, 2021).

It is not just the educational impact that's important – school can provide a safe space and a haven from challenges at home for children who need it. We all need support, social contact, and friendship – the pandemic has meant that many of our young people were prevented from mixing with their peers at a vitally important time for them to grow and build their own identity. We have seen evidence that suggests the pandemic has seen an increase in demand for mental health support for children and young people. Protecting and supporting safe attendance at school is therefore a priority moving forwards.

5.2 School meals

Children in reception, Year 1, Year 2, and children from disadvantaged families are entitled to receive free school meals. Good nutrition is important for children to grow, learn, and live healthy lives. We are seeing growing numbers of children in Lincolnshire receiving free school meals (22.8% of primary school and 16.5% of secondary school pupils). Early school closures and episodic outbreaks placed this at risk, so action was taken to ensure free school meals continued to be provided throughout the pandemic in Lincolnshire, including when schools were closed.

6. Children with SEND

Children with special educational needs and disabilities (SEND) are a diverse group of young people with varying needs, which may include needing additional support for learning and physical or hidden disability. Their needs are particular and require dedicated support that is distinctively targeted to children and their parent carers alike. School attendance and health service accessibility is important for children with SEND to live healthy lives through individualised support.

6.1 Supporting children with SEND

An education healthcare plan (EHCP) is a multi-disciplinary assessment of the educational, health and social needs of a CYP up to the age of 25, to identify additional support required in school settings. Over 6,300 CYP in Lincolnshire have an EHCP and the number of EHCPs is projected to rise to over 8,000 in 2023. In Lincolnshire we are proud to have the highest ambitions for our CYP with SEND. We know that children feel very positive about the support they receive from education, health and care professionals in Lincolnshire and our parent carer forum has contributed to the shaping and designing of our services.

6.1.1 Keeping SEND children supported in school

It has been a priority in Lincolnshire throughout the pandemic to safely keep children in school. Education, transport, SEND and health protection teams worked together with schools and health providers to ensure children could return to school safely. The National SEND review is informative in ensuring systems meet the needs of SEND children and young people and this has unfortunately been delayed. We are proud however to have ensured the safe education for children with SEND by considering individual health needs, disseminating infection prevention and control guidance and personal protective equipment (PPE), and regular communication between schools and Lincolnshire's health protection team.

6.1.2 Supporting families

Good communication has been central to supporting children and young people with SEND during the pandemic. During the first and second national lockdowns, all families of children with EHCPs were contacted to check their wellbeing and risk assess any concerns in family circumstances and access to learning. Those at higher risk were followed up to ensure the right support was available. The SEND team have conducted virtual visits during the pandemic, with face-to-face visits returning as social measures were relaxed.

Respite has continued to be provided during the pandemic to support children and their families. Short breaks are important in allowing children and young people with SEND to spend time away from their family, and the service provides a break from usual care responsibilities, something which positively impacts on the psychological wellbeing of parents and carers.

6.1.3 Ask SALL

The SEND Advice Line for Lincolnshire (SALL) was introduced in September 2020 as an early advice service supporting education settings to meet the academic, social, and emotional needs of CYP with SEND in Lincolnshire.

We have seen the benefit Ask SALL provides to education settings and, more importantly, the child themselves. This highlights the importance of providing early help to children and their families and strengthening support for special educational needs co-ordinators (SENCOs). It is for this reason we want to continue with this level of support to empower SENCOs and manage the emotional and behavioural impacts of the pandemic.

6.2 Autism and learning difficulties

Children with autism and learning difficulties have a broad range of health, social and educational needs. According to a report by the National Autistic Society, parents of children with autism have expressed concerns about their child's academic progress during the pandemic, as well as withdrawal of key support services, and anxiety among children who find disruptions to routine challenging. The Lincolnshire County Council autism and learning disability (ALD) service delivered virtual training to support and enable education staff to support CYP in school during the pandemic. The ALD service saw no clear negative impact on CYP returning to school after the autumn 2019-20 lockdown, with positive improvements seen across ALD areas of support (such as communication, learning, and social, emotional and mental health (SEMH), and education staff confidence to provide support.

6.3 Health services for children with SEND

Children with SEND have a spectrum of health needs and require regular access to a range of health, care, and support services. The Disabled Children's Partnership found delays to health appointments for disabled children were common and support detailed in EHCPs or special educational needs (SEN) plans were not provided for some children. Health services for children with disabilities are sometimes delivered at school, which limited service access during periods of school closure.

In Lincolnshire, the early support co-ordination team have virtually supported parents of children with complex needs, and funding support has been continued for domiciliary care. Where there have been delays in access to health services (such as community paediatrics and occupational therapy (OT)) this is being mitigated through a focus on increasing recruitment and virtual service delivery. However, this remains challenging and not appropriate for every child. Continued effort to improve access to appropriate support will be crucial to ensure good health outcomes for these children.

7. Social care and support

Lincolnshire is home to many happy and thriving children. Children deserve to grow up in loving, secure and caring households but we know that children sometimes grow up in challenging circumstances. In this chapter, we examine how the pandemic has affected young people's social security.

7.1 Safety and security at home

The pandemic has required people to spend periods of time out of work and school, and more time at home. For some families, this means more time spent living in difficult circumstances, with children possibly subject to neglect and reduced access to routine services. Locally, though child social care referrals have not significantly changed, there has been an increase in the total number of Lincolnshire children subject to a child protection plan (CPP) and child in care (CIC). The Social Care screening team and Early Help Front Door made changes to increase identification of hidden harm, and support vulnerable children and families. Virtual Multi-Agency Child Exploitation (MACE) meetings have ensured a clear focus on vulnerability to child exploitation with targeted work to promote awareness, create safe spaces and protect children at risk of harm.

We have worked with partners to ensure children receive timely and appropriate support, Team Around the Child (TAC) consultants have supported schools to prevent escalation of need. Family Assessment and Support Team (FAST) and Early Help (EH) teams have worked together to transition cases when there is no longer a need for statutory intervention. When schools were not open and less able to take on the lead practitioner role Early Help took this on so that children could continue to be transitioned appropriately.

We developed a COVID-19 risk assessment and Red/Amber/Green (RAG) rating systems to identify children most at risk during the lockdown period and prioritise providing support to them. These were reviewed daily and scrutinised weekly by senior managers.

Some young people attended their reviews for the first time during lockdown as they found engaging virtually to be more accessible and inclusive. Going forward, young people will be offered the choice of how they would like to participate in their reviews.

7.2 Children in care

7.2.1 Reviews and court hearings

Raising and empowering the voice of the child is of paramount importance and the impact of the pandemic on this has been reviewed resulting in new guidance to support further improvements in this area.

The impact of COVID-19 on court hearings raised concerns around delays in vulnerable children finding an adoptive family. The pandemic has increased the average length of time taken for a child entering care to move in with their adopted family though this has recently been improving. As we move forwards, we want to ensure these improvements are maintained so children enter secure homes that provide stability and a nurturing environment.

"My flat is great, much better than foster care. It is really good being here, and my flat mate is great."
– Young person commenting on Lincolnshire Youth Housing Accommodation

7.2.2 Health for children in care

Children in care are more likely to experience poorer health and are less likely to be fully vaccinated or receive regular dental assessments. Early childhood experiences strongly influence health and

wellbeing throughout the life course. The pandemic has reduced developmental, immunisations and dental checks for looked after children. Prior to the pandemic we were assessed as outstanding in the delivery of our children's social care services, and our integrated model of delivery with early help, children's health and children's social care resulted in highly effective multi-agency working to co-ordinate and deliver services for families that they valued, and that make a positive difference to children's lives. Moving forwards, we need to ensure looked after children are not left behind and reduce inequalities in health and service access through the delivery of continued outstanding services.

7.3 Youth support

7.3.1 Housing

Lincolnshire is a great place to live though there are some young people living in difficult circumstances. Lincolnshire sees a similar rate of homeless young people (0.48%) to the national rate. Locally, children in care age 16–17, care leavers and homeless 16–17-year-olds are offered multi-occupancy housing and support in preparation for independence and adulthood. COVID-19 created the risk of housing placement breakdowns during difficult times. Lincolnshire Behaviour Outreach Support Service (BOSS) worked with Healthy Minds Lincolnshire to provide information, advice, and support to build resilience among young people and staff, to offer an additional layer of support and enhance the youth housing offer. As a result, there were no evictions or breakdowns in youth housing during the pandemic.

7.3.2 Young carers

Young carers are children and young people who provide care for a family member or friend for reasons such as poor physical or mental health. This may involve personal care, budget management, household chores, and arranging healthcare. During the pandemic, some young people have taken on caring roles for the first time and others have had caring roles increased. The offer to attend school was welcome for young carers, and some young carers informed us remote learning has lessened their anxiety and conflict of school attendance versus leaving someone unwell at home.

During the pandemic, schools and Lincolnshire County Council's Early Help Team have supported young carers virtually, on the phone, or face-to-face. Local Young Carers support groups have continued to support young carers by providing information, advice, and time off to enjoy fun activities. The local priorities for young carers are to increase identification of young carers and improve their access to information, advice, and support, and ensure a co-ordinated approach for families with better experiences and outcomes. A Young Carers survey is currently being completed to explore young carer experiences to inform and shape future local support.

"When dad is unwell or we cannot wake him we know what to do. We have a Safety Plan our Early Help Worker did with us and we know to call an ambulance and then either ring our mum. If she does not answer we call our neighbour and this makes us feel safer."

– A young carer describing the support provided by the Early Help Team

7.3.3 Bright futures

Young people in Lincolnshire generally have excellent prospects following school. This is shown by Lincolnshire having significantly fewer 10–17-year-olds entering the criminal justice system (120.6 per 100,000) than nationally (208.6 per 100,000) as well as a lower-than-average proportion of 16–17-year-olds not in education, employment, or training (NEET) (4.8%).

Future 4 Me is a service supporting young people in Lincolnshire who may be at risk of entering the criminal justice system. The Emergency Duty Team have worked with Future 4 Me to extend emergency support to families, and the Positive Futures Service and Youth and Community Development team created a re-modelled activities offer in COVID-19 secure venues, offering individual support and Time Out sessions during the pandemic using PPE. Young people have been supported by the dedicated health team within Future 4 Me providing access to psychology interventions and speech and language specialisms. BOSS also provided careers guidance to some young people and was well received.

The Liaison and Diversion Service commenced in April 2020 and offers a contact with every child and young person on their reception into Police custody. The use of virtual meeting technology has meant that the Joint Diversionary Panel has continued to operate to avoid children entering the criminal justice process and provide early intervention at the lowest possible level. The aforementioned services lift up young people and empower them to reduce inequalities and facilitate positive lives.

8. Mental health and emotional wellbeing

Mental health is arguably the most significant issue coming out of the pandemic for children and young people. According to Children's Commissioner, an estimated 1 in 6 children in England age 5–19 have a probable mental disorder and there are national increases in referrals to child mental health services. We want children and young people in Lincolnshire to live happy and fulfilling lives and to do this we need to ensure services continue to be tailored to their specific needs and recognise that these differ from adults.

8.1 Isolation and loneliness

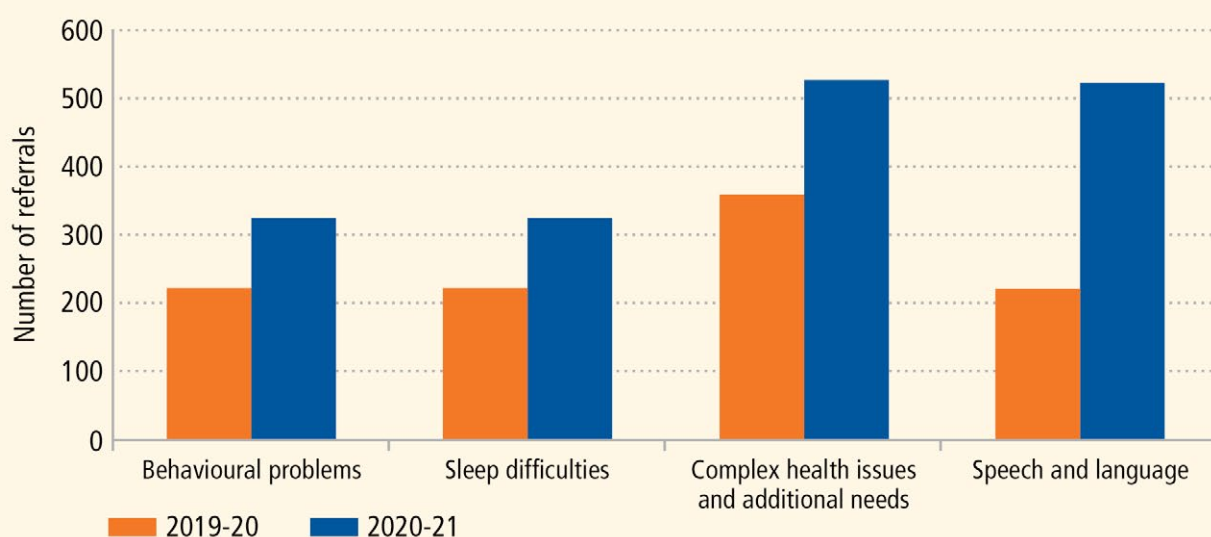
The pandemic has been extremely isolating, whether staying at home in lockdown or in quarantine following close contact with the virus. Many children have been isolated from friends and family with some households struggling with access to online learning and social platforms. Family relationships have been strained and became one of the top reasons young people accessed emotional wellbeing services. The pandemic has affected the mental health of parents who have navigated home working alongside supporting their child's remote learning. Parental low mood and anxiety impacts on the wellbeing of children because it poses risks to bonding, attachment, and safety at home.

With gradual easing of restrictions, Lincolnshire can come together once again and we need to review the services which the Local Authority and other partners offer to ensure these are designed for and meet the specific needs of children.

8.2 Emotional wellbeing and stress

Emotional wellbeing is about being happy, confident, and having good relationships. Children and young people have endured a prolonged period of uncertainty, frequent change, and worry. Public Health England found the mental health and emotional wellbeing of CYP in England was relatively resilient and stable in the early stages of the pandemic, with an increase in anxiety and decline in wellbeing over time. There is evidence the mental health and wellbeing of certain groups were disproportionately affected based on gender and ethnic background, as well as factors including being in care, SEND, pre-existing mental health needs, and LGBT+ young people. In Lincolnshire, we have seen signs of the burden faced by local children, with increases in referrals for difficulties with sleep and behaviour (Figure 10).

Figure 10: Referrals to Children's Health



8.3 Support

8.3.1 School

Schools are safe and secure environments that help children thrive. Schools and local partners have worked to support young people throughout the pandemic. During periods of school closure in lockdown, the BOSS refocused support to parents and carers of young people already in receipt of support pre-pandemic. Parents reported that BOSS support helped them by offering a listening ear (83%), supporting their child (79%), giving practical advice (67%), helping to connect them with the school (67%) and signposting to further advice and information (44%). Moving forwards, we want to support services to open up and resume normal business.



In November 2020, the Department for Education and Department for Health and Social Care launched the Wellbeing for Education Return programme – a package of training and resources using a whole school approach to mental health and wellbeing, and targeted support for children and families. In Lincolnshire, we worked closely with Healthy Minds Lincolnshire and education partners to co-deliver this package to 338 education settings by March 2021, empowering them to support local children. As well as this, the Caring2Learn project trained and supported schools in response to COVID-19 and lockdowns, and in summer 2020 we joined with the KYRA Teaching School to deliver a series of workshops to support education settings in their pandemic response.

After the second national lockdown, there was a sharp increase in referrals to Pilgrim Hospital School due to Emotionally Based School Avoidance (EBSA). The 'EBSA Ladder' aims to identify all factors contributing to school avoidance, and was introduced to mitigate this rising demand, alongside the appointment of additional caseworkers to support this work. In Lincolnshire, we are exploring a range of person-centred solutions to this growing problem including community support and social prescribing models.

8.3.2 Healthcare

Sometimes young people need help in an emergency for reasons of mental health and emotional crises. In Lincolnshire, a higher proportion of young people needing help in a mental health crisis received an emergency telephone response within 4 hours during the pandemic (95%) compared to the previous year. This above national average figure is testament to the hard work put in locally to respond to children and young people's SEMH needs.

In terms of mental health admissions, rates are similar for under 18s in Lincolnshire to nationally, though lower for self-harm among 15–19-year-olds. During the pandemic, Lincolnshire has seen an increase in the number of young people presenting with eating disorders. However, in 2020-21 there has been a significant decrease in mental health inpatient admissions in Lincolnshire. This is largely due to the success of a new intensive home treatment model implemented just before the pandemic – the Child and Adolescent Mental Health Services (CAMHS) Crisis and the Enhanced Treatment Team (CCETT). CCETT have avoided admission for 97% of CYP who provided with home treatment in 2020-21 and the number of admissions halved despite a 7% increase in referrals. This is excellent both in terms of keeping young people safe in their own homes with the support needed and reducing demand on inpatient health services.

8.3.3 Local services

Healthy Minds Lincolnshire (HML) is delivered by Lincolnshire Partnership NHS Foundation Trust through a partnership agreement led by Lincolnshire County Council. HML provides emotional wellbeing support for young people up to 19 years old (or 25 if a young person with SEND or leaving care). During the pandemic the service has adapted to offer telephone and video appointments for children as well as parents. The promotion of resilience, normalising emotions and positive coping mechanisms will support children, parents, and carers to bounce back from the impact of the pandemic. In addition, CAMHS and Mental Health Support Teams (MHSTs) worked together to enhance the virtual mental health support available to children and young people, parents and carers, and education settings.

9. Conclusion

Approximately 1 in 15 people aged 0-19 in Lincolnshire have tested positive for coronavirus, compared to 1 in 12 nationally. Thankfully, the effects of the virus for children are very different and it is very rare for children to experience severe COVID-19. However, the indirect effects of the pandemic are undeniable and significant. Though the hard work and collaborative effort of people across Lincolnshire has eased this burden, we are seeing signs of harm and must continue to do all we can to minimise this and give children in Lincolnshire the best start in life.

9.1 Summary of impact

Children and young people in Lincolnshire have endured separation from family and friends, altered access to health and dental care, and disruptions to learning and development. We have seen that young people are less likely to be physically active which increases the risk of becoming overweight and continuing this into adulthood. Altered access to health services during the pandemic could mean continuation of behaviours harmful to health, including smoking in pregnancy which increases the chance of prematurity, a significant health burden in Lincolnshire. Perhaps most significantly, the pandemic has taken its toll on the mental health of the nation and its impact is no less in young people, who are showing signs of stress, anxiety, and low mood. This is particularly pronounced among children with SEND and children in care. The coronavirus pandemic has highlighted inequalities and vulnerabilities and threatens to widen the gap in health and wellbeing between richer and poorer communities.

9.2 Summary of support and learning for the future

We have taken significant strides to support young people in Lincolnshire during the pandemic and have seen excellent success in actions taken to keep children in school, support breastfeeding mothers, vaccinate young children, and keep children fed. Early Years practitioners have delivered creative learning resources, encouraging play and development through video calls to support learning and development, and enhancing attachment relationships. Services adapted rapidly to offer virtual health visitor contact, mental health support, deliver workshops, and raise the voice of the child in social care reviews. Health visitors, social workers and Team Around the Child have protected vulnerable young people, and Lincolnshire County Council's health protection team, Ask SALL, and the SPA advice line have provided information and advice to people across Lincolnshire during a time of uncertainty and challenge.

HML, CAMHS, BOSS and other partners have worked together to support and empower parents and educators in Lincolnshire, and we have seen fewer mental health admissions thanks to the work of CCETT with support from HML, CAMHS and BOSS. The pressure on local early intervention services has been increasing, and key partners have begun a full review of children's mental health services. This will take time, but we will work collaboratively to understand how services can work better for CYP and their families in Lincolnshire, learning from the pandemic and transforming the help available locally.

9.3 Challenges ahead

The COVID-19 vaccination programme has been highly effective in reducing deaths and hospital admissions in the general population, but the virus remains in circulation. COVID-19 is expected to become endemic and with this comes future uncertainty and the need for learning lessons and continuing to protect the health of the public. Though we have been able to describe a broad range

of impacts of the coronavirus pandemic upon young people, it is likely we will see its full extent revealed over time.

9.4 Moving forwards

It is our priority to address the findings in this report to promote and protect the health of people in Lincolnshire.

As we move into COVID-19 recovery, we aim to open up and protect services and settings such as children's centres which offer social support, improve parental wellbeing, and are utilised by health visitors and children's nurses. We want to develop a child and family weight management service with a continued focus on maintaining a healthy weight and promoting positive health through fun family friendly activities.

We also want to preserve gains during the pandemic such as closer working relationships and collaborative partnerships, where there are opportunities to define roles and create joint targets to avoid duplication and ensure efficient and effective service delivery. Increased use of virtual technology has demonstrated potential benefit in terms of accessibility, acceptability, and engagement with certain groups. Moving forward, we will consider continuing to offer this for people who prefer to access support virtually and offering options around engagement that are appropriate to service context.

This report has highlighted some existing areas where children and young people have distinct needs in Lincolnshire, the services we have that support them, how these services have tailored their support during the COVID-19 pandemic and what the core areas of focus are as we now move into a protracted period of recovery from the pandemic. As a result of this we should focus on three key areas going forwards which can be delivered by the priorities and recommendations set out in Figure 11 below.

Figure 11: Priorities and recommendations moving forwards

- 1 Keep schools and other child settings open**
- 2 Offer universal programmes whilst targeting disadvantage**
- 3 Reduce health inequalities and disease burden**
- 4 Use creative and innovative ways of working and engaging**
- 5 Monitor and maintain critical services**
- 6 Get young people the right support at the right time**
- 7 Support children to eat well and get active**
- 8 Catch-up on vaccinations, dental and physical health needs**
- 9 Support the mental health and wellbeing of people in Lincolnshire**
- 10 Prioritise recruitment, maximise staff mix and work together**

Three key areas which can begin to address the issues highlighted in this report are:

- Ensure services are designed for children and young people specifically, not adapted adult services
- Focus on physical activity, diet & nutrition, emotional and mental well-being
- Prioritise education, increasing opportunity and tackling health and social disparities

The children and young people of Lincolnshire are our priority. We will continue to work for and with them for a better future so they may enjoy happy and healthy lives.

Glossary

1. ALD – Autism and Learning Disability - A Lincolnshire County Council service working with and supporting schools to meet the needs of pupils with autistic spectrum disorder and/or learning difficulties.
2. BAME – Black Asian and Minority Ethnic – terminology normally used in the UK to describe people of non-white descent.
3. Birth Rate – The number of live births per thousand of population per year
4. BOSS – Behaviour Outreach Support Service – Lincolnshire Behaviour Outreach Support Service is a service commissioned by Lincolnshire County Council on behalf of the community of schools in Lincolnshire. They provide support to schools as part of the Lincolnshire Ladder of Behavioural Intervention.
5. CAMHS – Child and Adolescent Mental Health Services – CAMHS are NHS Services that assess and treat young people with emotional, behavioural or mental health difficulties.
6. CCETT – Crisis and Enhanced Treatment Team – CCETT are provided by CAMHS (definition above) as a new intensive home treatment model to support young people with mental health difficulties at home.
7. CIC – Child in Care – the definition of looked-after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.
8. CPP – Child Protection Plan – Children may be subject to a Child Protection Plan following a child protection case conference detailing the ways which the child is to be kept safe, how their health and development is to be promoted and any ways in which professionals can support the child's family in promoting the child's welfare if this is in the child's best interests.
9. CYP – Children and Young People – Refers to children and young people from birth until their 18th birthday.
10. DALY – Disability-adjusted life year – a measure of overall disease burden, expressed as the number of years lost to ill-health, disability or early death.
11. Demography – the study of statistics such as births, deaths, income, or the incidence of disease which illustrate the changing structure of human populations.
12. EBSA – Emotionally Based School Avoidance – A term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school.
13. EH – Early Help – A team that supports children, young people, and their families to achieve their potential, by either preventing difficulties, or stopping things getting worse.
14. EHCP – Education Health Care Plan – a legal document which: identifies a child's special educational needs; the additional or specialist provision (support, therapy etc) required to meet their needs; and, the outcomes (capabilities, achievements) the provision should help them achieve.
15. FAST – Family Assessment and Support Team – social work teams across the county working with and supporting children in need, child protection, and court work.

16. GBD – Global Burden of Disease – The GBD study aims to quantify the burden of premature mortality and disability for major diseases or disease groups, and uses a summary measure of population health, the DALY, to combine estimates of the years of life lost and years lived with disabilities.
17. Health inequality – Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. A health inequality refers to a higher burden of illness, injury, disability or mortality experienced by one group relative to another.
18. HML – Healthy Minds Lincolnshire – a service which provide emotional wellbeing support for children and young people up to 19 years.
19. IDACI – Income deprivation affecting children index – an indicator which gives a rank, score and decile by pupil and school postcode to describe a child's level of deprivation.
20. IMD – Index of Multiple Deprivation – This is the official measure of relative deprivation for small areas (or neighbourhoods) in England.
21. LGBT+ – Collectively refers to people who identify as Lesbian, Gay, Bisexual or Transgender and people with gender expressions such as nonbinary, intersex, and queer people (can also be written as LGBTQ+).
22. MACE – Multi-Agency Child Exploitation – the strategic-planning group for partnership activity to address the sexual and/or criminal exploitation of children, including 'County Lines' and missing children.
23. MenACWY – The MenACWY vaccine is offered to teenagers and University students to protect against four strains of a bacteria which can cause meningitis and meningococcal disease.
24. MMR – Measles, Mumps and Rubella vaccine – These are three different diseases which are caused by three different viruses. The vaccines given to immunise against measles, mumps and rubella are all combined into one injection, the MMR vaccine. This is usually administered to children aged 12-13 months. A second dose is usually given as a pre-school booster.
25. Morbidity – A state of poor health, due to a specific illness. 'Co-morbidity' refers to several different types of illness that you may have at once.
26. Mortality – The number of deaths in a given area or period, or from a particular cause.
27. NEET – Young People Not in Education, Employment or Training – Those aged 16 to 24 years who are not in education, employment or training.
28. ONS – Office for National Statistics – an organisation who collect, analyse and disseminate statistics about the UK's economy, society and population.
29. OT – Occupational Therapy – A service offered by both the NHS and Social Services which works with a person to improve their ability to perform everyday tasks for those having difficulties.
30. PPE – Personal Protective Equipment – equipment that will protect the user against a health and safety risk.
31. QALY – Quality-adjusted life year – A measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health
32. SALL – The SEND Advice Line for Lincolnshire – an early advice service for SENDCos and other professionals to help schools meet the needs of children and young people with special educational needs and disabilities, as early as possible. It is not a referral process.

33. SEMH – Social, Emotional and Mental Health – refers to students with difficulties managing their feelings, emotions and behaviour. These issues can hinder their ability to access education and opportunities.
34. SENCO – Special Educational Needs Coordinator – a school teacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities.
35. SEND – Special Educational Needs – Children and young people with special educational needs who also have a disability. A disability is described in law (the Equality Act 2010) as a ‘physical or mental impairment, which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.
36. TAC – Team Around the Child – A group of professionals who are working with an individual child or young person with a disability or complex needs come together to share information and agree a plan – along with parents/guardians – to meet the child’s needs. The emphasis should be on the needs of the child and the aim is to provide joined-up support.
37. Variance – In statistics, variance measures how far a set of random numbers are spread out from the mean (the average).
38. YLD – Years Lived with Disability – The number of years of what could have been a healthy life that were instead spent in states of less than full health. YLD represents non-fatal disease burden.
39. YLL – Years of Life Lost – The number of years of life lost due to premature death, defined as dying before the ideal life span. YLL represent fatal disease burden.