



# Learning disability, learning difficulty and intersectionality in children and young people 0-25 years

## Evidence search report

Completed: 26th February, 2025

If you would like to discuss the findings below or require an additional search, please contact: Sussex Health Knowledge and Libraries at [uhsussex.library@nhs.net](mailto:uhsussex.library@nhs.net)

### Please acknowledge this work in any resulting paper or presentation as:

Evidence search: Learning disability, learning difficulty and intersectionality in children and young people 0-25 years. Frankie Marcelline. 26th February, 2025. BRIGHTON, UK: Sussex Health Knowledge and Libraries.

## Summary

This is the last of three individual evidence searches for each of SEND/ND/LD categories plus intersectionality or four categories of disadvantage - limited to ages 0-25 and the last 10 years. This evidence search focusses on database research and grey literature on learning disabilities and learning difficulties which includes intersectionality (ethnicity, sexual orientation, deprivation and care-experienced children). Key works include: Strand and Lindorff's, Ethnic Disproportionality in the Identification of High-Incidence Special Educational Needs: A National Longitudinal Study Ages 5 to 11. (2021); Demie's, Disproportionality in the attainment of pupils with special educational needs at the end of primary school in England. (2022); Keates's, Lost in the literature: People with intellectual disabilities who identify as trans: a narrative review. (2022); Azpitarte's, Failing children with Special Educational Needs and Disabilities in England: New evidence of poor outcomes and a postcode lottery at the Local Authority level at Key Stage 1. (2024); and Ofsted's, The education of children living in children's homes. (2021).

## Contents

### A. Search terms and notes

### B. How to access full text

### C. Search results

#### i. LD and ethnicity or race

1. Development of the First Patient-Reported Experience Measure (PREM) for Hearing Loss in Audiology Care-My Hearing PREM.
2. Primary care experiences of adults reporting learning disability: a probability sample survey.
3. NHS Race and Health Observatory (RHO), We deserve better: Ethnic Minorities with a Learning Disability and Access to Healthcare.
4. British Journal of Special Education, Disproportionality in the attainment of pupils with special educational needs at the end of primary school in England.

5. Journal of Autism and Developmental Disorders, Effects of Intersectionality Along the Pathway to Diagnosis for Autistic Children With and Without Co-occurring Attention Deficit Hyperactivity Disorder in a Nationally-Representative Sample.
6. Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England.
7. Exceptional Children, Ethnic Disproportionality in the Identification of High-Incidence Special Educational Needs: A National Longitudinal Study Ages 5 to 11.
8. Diabetes in adults with intellectual disability: prevalence and associated demographic, lifestyle, independence and health factors.
9. Children and Young People's Mental Health Coalition (CYPMHC), Overshadowed: The mental health needs of young people with learning disabilities are overlooked despite an increased risk.
10. British Journal of Special Education, The experiences of minority ethnic heritage parents having a child with SEND: a systematic literature review.
11. Family and community in the lives of UK Bangladeshi parents with intellectual disabilities.
12. School readiness in children with special educational needs and disabilities: Psychometric findings from a new screening tool, the Brief Early Skills, and Support Index.
13. Journal of Research in Special Educational Needs, Exploring British Pakistani mothers' perception of their child with disability: insights from a UK context.
14. Oxford Review of Education, Pedagogy for Ethnic Minority Pupils with Special Educational Needs in England: Common yet Different?

## **ii. LD and sexual orientation and gender identity**

1. Characteristics and primary care experiences of people who self-report as autistic: a probability sample survey of adults registered with primary care services in England.
2. Tizard Learning Disability Review, Lost in the literature: People with intellectual disabilities who identify as trans: a narrative review
3. Learning Disability Practice, Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities.
4. Sexualities, You're not sure that you are gay yet: The perpetuation of the 'phase' in the lives of young disabled LGBT + people.
5. Journal of intellectual disabilities, A narrative review of the literature about people with intellectual disability who identify as lesbian, gay, bisexual, transgender, intersex or questioning.
6. National Children's Bureau (NCB), Gender and children and young people's emotional and mental health: Evidence review.
7. Research in developmental disabilities, The experiences and support needs of people with intellectual disabilities who identify as LGBT: A review of the literature.
8. Anti-Bullying Alliance, Homophobic, Biphobic and Transphobic (HBT) Bullying among Disabled Children and those with Special Educational Needs (SEN): A Review of Literature.

## **iii. LD and deprivation**

1. Complications of excess weight seen in two tier 3 paediatric weight management services: an observational study.
2. Characteristics and primary care experiences of people who self-report as autistic: a probability sample survey of adults registered with primary care services in England.
3. Childhood Reading Ability and Pain in Childhood Through to Midlife.
4. Clinical and cost-effectiveness of an adapted intervention for preschoolers with moderate to severe intellectual disabilities displaying behaviours that challenge: the EPICC-ID RCT.
5. Educational outcomes of children with major congenital anomalies: Study protocol for a population-based cohort study using linked hospital and education data from England.
6. British Educational Research Journal, Failing children with Special Educational Needs and Disabilities in England: New evidence of poor outcomes and a postcode lottery at the Local Authority level at Key Stage 1.
7. Lead exposure sources and public health investigations for children with elevated blood lead in England, 2014 to 2022.
8. National Audit Office (NAO), Support for children and young people with special educational needs.

9. The experience of parenting a child with dyslexia - A UK perspective with single parents.
10. Factors associated with low school readiness, a linked health and education data study in Wales, UK.
11. Infant feeding method and special educational need in 191,745 Scottish schoolchildren: A national, population cohort study.
12. Trends in hospital admissions during transition from paediatric to adult services for young people with learning disabilities or autism: Population-based cohort study.
13. Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK.
14. British Journal of Special Education, Disproportionality in the attainment of pupils with special educational needs at the end of primary school in England.
15. Journal of Autism and Developmental Disorders, Effects of Intersectionality Along the Pathway to Diagnosis for Autistic Children With and Without Co-occurring Attention Deficit Hyperactivity Disorder in a Nationally-Representative Sample.
16. Review of Education, Identifying service users' experience of the education, health and care plan process: A systematic literature review.
17. Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England.
18. Expectations and experiences of parents taking part in parent-child interaction programmes to promote child language: a qualitative interview study.
19. British Journal of Special Education, Teenage social behaviour and emotional well-being: the role of gender and socio-economic factors.
20. Archives of disease in childhood, Attention-deficit/hyperactivity disorder: variation by socioeconomic deprivation.
21. Beyond the global motion deficit hypothesis of developmental dyslexia: A cross-sectional study of visual, cognitive, and socio-economic factors influencing reading ability in children.
22. Frontiers in Education, Status Quo and Inequalities of the Statutory Provision for Young Children in England, 40 Years on From Warnock.
23. Twice upon a time: Examining the effect socio-economic status has on the experience of dyslexia in the United Kingdom.
24. The association between imported factors and prisoners' mental health: Implications for adaptation and intervention.
25. The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007.
26. The impact of universal newborn hearing screening on long-term literacy outcomes: a prospective cohort study.
27. Journal of Family Medicine and Health Care, The Influence of Socio-Economic Status on the Prevalence of School-Age Childhood Behavioral Disorders in a Local District Clinic of North West England.

#### **iv. LD and care experienced**

1. Social Care Institute for Excellence (SCIE), Tackling inequalities in care for people with learning disabilities and autistic people.
2. Government of the United Kingdom (gov.uk), Outcomes for children in need, including children looked after by local authorities in England.
3. University of Oxford, Care leavers' transition into the labour market in England.
4. House of Commons Education Committee, Educational poverty: how children in residential care have been let down and what to do about it.
5. National Institute for Health and Care Excellence (NICE), Looked-after children and young people. NICE guideline [NG205].
6. OFSTED, The education of children living in children's homes.
7. University College London (UCL), Getting it right for care experienced students in higher education.
8. University of Oxford, The Educational Progress of Looked After Children in England: Linking Care and Educational Data.

9. Department for Education (DfE), Promoting the education of looked-after and previously looked-after children.
10. Pediatrics, Educational Progress of Looked-After Children in England: A Study Using Group Trajectory Analysis.
11. University of the West of England, Moving on up: Pathways of care leavers and care-experienced students into and through higher education.

#### D. Search strategy

#### E. Disclaimer

### A. Search terms and notes

#### Agreed terms for SEND/ND/LD groups:

SEND terms	
LD terms	<p>Learning difficulty(ies)</p> <p>Learning disability(ies)</p> <p>Intellectual Disability</p> <p>Mild learning difficulties/disabilities</p> <p>Moderate learning difficulties/disabilities</p> <p>Severe learning difficulties/disabilities</p> <p>Profound and multiple learning disabilities</p> <p>Global learning delay</p>
ND terms	<p>Autistic Spectrum Disorder</p> <p>Autistic Spectrum Condition</p> <p>ADHD</p> <p>Attention Deficit Hyperactivity Disorder</p> <p>ADD</p> <p>Attention Deficit Disorder</p> <p>Dyslexia</p> <p>Dyspraxia</p> <p>Dyscalculia</p> <p>Tic Disorders</p> <p>Tourette Syndrome</p> <p>Foetal Alcohol Syndrome</p>

SEND	SEN/ Special Educational Need(s) SEND/ Special Educational Need(s) and Disability
Neurodiversity	Neurodiversity Neurodivergence Neurodevelopmental Autism/Autism Spectrum Disorder (ASD)/Autism Spectrum Condition (ASC) Attention Deficit Hyperactivity Disorder (ADHD)/ Attention Deficit Disorder (ADD) Dyslexia Dyscalculia Dyspraxia Tic disorders Tourette syndrome Fetal alcohol spectrum disorder/ Fetal alcohol syndrome (possibly include spelling variation "foetal") "Specific learning difficulties" as specific phrase only
Learning Disability	Learning Disability(ies) Learning Difficulty(ies) Moderate learning difficulties Severe learning difficulties Profound and multiple learning difficulties

### Equalities groups terms for literature review

[Includes range of terms no longer generally used to capture relevant historic results]

Protected characteristic/equality group	Synonyms/inclusions for search terms
Intersectionality	Intersection*
Ethnicity/Race	Ethnicity Race Gypsy, Roma, Travellers

	Black and racially minoritised Black and global majority BAME Black, Asian and Minority Ethnic Ethnic minority/minorities
Sexual orientation and gender identity	Sexual Orientation Gender identity LGBT LGBTQ LGBTQIA+ Trans Transgender
Deprivation	Deprivation Socioeconomic/socio-economic Socioeconomic/socio-economic status/disadvantage Poverty
Care experienced	Looked after children Care leavers Care/fostering experienced Care-experienced

**Sources searched (number of results in brackets):**

ERIC (1)  
 Google (25)  
 nasen (8)  
 Ovid MEDLINE (25)  
 PubMed (1)

**Date range:** 2015-2025

**Limits:** Country: UK and date

For full search strategy see Section D below.

**Please acknowledge this work in any resulting paper or presentation as:**

Evidence search: Learning disability, learning difficulty and intersectionality in children and young people 0-25 years. Frankie Marcelline. 26th February, 2025. BRIGHTON, UK: Sussex Health Knowledge and Libraries.

## B. How to access full content

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](#).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

## C. Search results

### i. LD and ethnicity or race

#### 1. **Development of the First Patient-Reported Experience Measure (PREM) for Hearing Loss in Audiology Care-My Hearing PREM.**

Smith Sian K. O'Connell Georgina

Burns Knibb Rebecca Greenwood Rosemary Hussain Saira Shaw Rachel Straus Jean Banks Jonathan Hall Amanda Dhanda Nisha Noble Sian Pryce Helen. Health expectations : an international journal of public participation in health care and health policy 2024;27(6): e70088 .

[Available online at this link](#)

CONTEXT: Patient-reported experience measures (PREMs) provide important insights into the challenges experienced when living with a chronic condition. Although patient-reported outcome measures (PROMs) exist in audiology, there are no validated PREMs to help clinicians understand patient perspectives and identify areas where patients may need additional support or interventions., OBJECTIVE: The aim of this study was to develop and evaluate content for the new 'My Hearing PREM', which captures lived experiences of hearing loss from patients' perspectives., DESIGN: My Hearing PREM was developed and tested in two key phases. Phase 1 involved generating the PREM prototype in accordance with our conceptual model of the lived experience of hearing loss. In Phase 2, cognitive interviews were conducted with adults with hearing loss to appraise the content of the PREM (relevance, clarity, acceptability and comprehensiveness) and assess its respondent burden. Key stakeholders (e.g., adults with hearing loss, patient and public representatives, clinicians and researchers) were consulted throughout Phases 1 and 2 to review and refine the PREM. Interview data were analysed using thematic analysis., SETTING AND PARTICIPANTS: Sixteen participants (aged 16 years and over) with hearing loss took part in cognitive interviews, recruited from UK audiology departments and non-clinical settings (e.g., lip-reading classes, national charity links and social media)., RESULTS: Most PREM items were found to be relevant, clear, acceptable and comprehensive. Several problems were identified, including items not working well with the response scale options, irrelevant questions and a lack of clarity about terms (e.g., healthcare professionals) and whether questions should be answered based on the use of hearing aids (or not). The PREM was amended accordingly., CONCLUSIONS: Currently, no hearing loss-specific PREMs exist in audiology. Involving multiple stakeholders in the development of the PREM helped to ensure that the items were relevant, clear, acceptable and comprehensive. The PREM is undergoing further evaluation and refinement in preparation for investigating the feasibility of implementing it into clinical practice., PATIENT OR PUBLIC CONTRIBUTION: Ongoing Patient and Public Involvement and Engagement (PPIE) with key groups (South Asian Women's groups, young people's groups, learning disability networks and student populations) was integral to the study. PPIE members reviewed patient information sheets and consent forms, advised on recruitment, reviewed the interview schedule and checked coding and analysis procedures. PPIE members provided feedback on the PREM's comprehensibility. Members of the public, including adults attending lip-reading classes and hearing aid users from the South Asian community, provided feedback on iterative PREM drafts. Copyright © 2024 The Author(s). Health Expectations published by John Wiley & Sons Ltd.

2. **Primary care experiences of adults reporting learning disability: a probability sample survey.**

Tromans Samuel J. Teece Lucy Shankar Rohit Hassiotis Angela Brugha Traolach McManus Sally. The British journal of general practice 2024;74(749): e845 -e853 .

[Available online at this link](#)

BACKGROUND: Adults with learning disability face multiple adversities, but evidence on their needs and primary care experiences is limited., AIM: To compare the characteristics and primary care experiences of adults reporting learning disability with those who did not., DESIGN AND SETTING: This was an analysis of the 2022 General Practice Patient Survey, a national probability sample survey conducted in 2022 with people registered with NHS primary care in England., METHOD: This analysis reports descriptive profiles, weighted and with 95% confidence intervals. Logistic regression models adjusting for gender, age, ethnicity, and area-level deprivation compared experiences of adults reporting learning disability with those who did not., RESULTS: Survey participants comprised 623 157 people aged  $\geq 16$  years, including 6711 reporting learning disability. Adults reporting learning disability were more likely to be male, younger, of mixed or multiple ethnicities, and live in more deprived areas. All chronic conditions included in the survey were more common in adults reporting learning disability, especially reported sensory, neurodevelopmental, neurological, and mental health conditions. Adults reporting learning disability were twice as likely to have a preferred GP, and less likely to find their practice's website easy to navigate. They were also less likely to have confidence and trust in their healthcare professional, or feel their needs were met., CONCLUSION: Adults reporting a learning disability had a higher likelihood of chronic health conditions. Their reported experiences of primary care indicate that, despite recent initiatives to improve services offered, further adaptations to the consistency and ease of access to primary care is needed. Copyright © The Authors.

3. **We deserve better: Ethnic Minorities with a Learning Disability and Access to Healthcare.**

NHS Race and Health Observatory (RHO), 2023

Commissioned by the NHS Race and Health Observatory, this comprehensive recommendations review: 'We deserve better: Ethnic minorities with a learning disability and access to healthcare' has been undertaken by the University of Central Lancashire, in collaboration with Manchester Metropolitan University, Learning Disability England and the Race Equality Foundation.

The review spans the last two decades and gives a deep insight using mixed research methods into the access and experiences of healthcare services for people with a learning disability from Black, South Asian (Indian, Pakistani or Bangladeshi heritage) and minority ethnic backgrounds.

Supported by NHS England, the review was launched via an online webinar on 25 July 2023, with an array of experts including those who have, or care for someone with a learning disability. It explores why, in 2023, there are still discriminatory barriers preventing equitable healthcare treatment. Presently, this is resulting in shorter life expectancy triggered by poorer healthcare access, experience and outcomes.

[Available online at this link](#)

4. **Disproportionality in the attainment of pupils with special educational needs at the end of primary school in England.**

Demie, F. British Journal of Special Education, 2022

This research article aims to examine disproportionality in the attainment of pupils with special educational needs at the end of primary education. The sample consisted of 3,025 pupils who completed Key Stage 2 in one LA in London. Two methodological approaches were used in the data collection. The background data related to special educational needs were collected as part of the January school census and this was then matched at the pupil level to their Key Stage 2 results collected by the Department for Education for all state-educated pupils in England at end of the summer term. The data were then analyzed further using descriptive statistics. The findings of the analysis of Key Stage 2 results show that pupils with special educational needs in England are much

less likely to meet the expected standard, raising key concerns for policymakers and teachers. A number of factors were identified, including pupils' type of need, gender, socio-economic status, ethnic background and exclusions rate. The data show that some ethnic minorities are more likely to be identified with some types of special educational need compared to White British pupils. Policy implications for tackling disproportionality in special educational needs and further research are discussed in the concluding section.

[Available online at this link](#)

5. **Effects of Intersectionality Along the Pathway to Diagnosis for Autistic Children With and Without Co-occurring Attention Deficit Hyperactivity Disorder in a Nationally-Representative Sample.**

Miller, H.L., Thomi, M., Patterson, R.M. et al. *Journal of Autism and Developmental Disorders*, 2022

Children with complex behavioral profiles (e.g., ASD + ADHD) may experience delays in obtaining a final diagnosis. Low-resource or underrepresented groups may be at even greater risk for delayed diagnosis. We assessed the effect of sociodemographic factors, symptom complexity and co-occurring conditions, and identifier of first symptoms on diagnostic trajectories among children aged 3-17 years diagnosed with ASD (n = 52) or ASD + ADHD (n = 352) from a nationally representative sample. Race/ethnicity and gender disparities were evident in both groups. Race, symptom complexity, and co-occurring conditions predicted age of final diagnosis and wait time between first concern and final diagnosis, both of which were staggeringly high. Results suggest a complex influence of sociodemographic factors on the diagnostic pathway, and risk of health disparities as a function of intersectionality.

[Available online at this link](#)

6. **Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England.**

Roman-Urrestarazu Andres van Kessel Robin Allison Carrie Matthews Fiona E. Brayne Carol Baron-Cohen Simon. *JAMA pediatrics* 2021;175(6): e210054 .

[Available online at this link](#)

Importance: The global prevalence of autism spectrum disorder (ASD) has been reported to be between 1% and 2% of the population, with little research in Black, Asian, and other racial/ethnic minority groups. Accurate estimates of ASD prevalence are vital to planning diagnostic, educational, health, and social care services and may detect possible access barriers to diagnostic pathways and services and inequalities based on social determinants of health., Objective: To evaluate whether socioeconomic disadvantage is associated with ASD prevalence and the likelihood of accessing ASD services in racial/ethnic minority and disadvantaged groups in England., Design, Setting, and Participants: This case-control prevalence cohort study used the Spring School Census 2017 from the Pupil Level Annual Schools Census of the National Pupil Database, which is a total population sample that includes all English children, adolescents, and young adults aged 2 to 21 years in state-funded education. Data were collected on January 17, 2017, and analyzed from August 2, 2018, to January 28, 2020., Exposures: Age and sex were treated as a priori confounders while assessing correlates of ASD status according to (1) race/ethnicity, (2) social disadvantage, (3) first language spoken, (4) Education, Health and Care Plan or ASD Special Educational Needs and Disability support status, and (5) mediation analysis to assess how social disadvantage and language might affect ASD status., Main Outcomes and Measures: Sex- and age-standardized ASD prevalence by race/ethnicity and 326 English local authority districts in pupils aged 5 to 19 years., Results: The final population sample consisted of 7047238 pupils (50.99% male; mean [SD] age, 10.18 [3.47] years) and included 119821 pupils with ASD, of whom 21660 also had learning difficulties (18.08%). The standardized prevalence of ASD was 1.76% (95% CI, 1.75%-1.77%), with male pupils showing a prevalence of 2.81% (95% CI, 2.79%-2.83%) and female pupils a prevalence of 0.65% (95% CI, 0.64%-0.66%), for a male-to-female ratio (MFR) of 4.32:1. Standardized prevalence was highest in Black pupils (2.11% [95% CI, 2.06%-2.16%]; MFR, 4.68:1) and lowest in Roma/Irish Travelers (0.85% [95% CI, 0.67%-1.03%]; MFR, 2.84:1). Pupils with ASD were more likely

to face social disadvantage (adjusted prevalence ratio, 1.61; 95% CI, 1.59-1.63) and to speak English as an additional language (adjusted prevalence ratio, 0.64; 95% CI, 0.63-0.65). The effect of race/ethnicity on ASD status was mediated mostly through social disadvantage, with Black pupils having the largest effect (standardized mediation coefficient, 0.018;  $P < .001$ ) and 12.41% of indirect effects through this way., Conclusions and Relevance: These findings suggest that significant differences in ASD prevalence exist across racial/ethnic groups and geographic areas and local authority districts, indicating possible differential phenotypic prevalence or differences in detection or referral for racial/ethnic minority groups.

7. **Ethnic Disproportionality in the Identification of High-Incidence Special Educational Needs: A National Longitudinal Study Ages 5 to 11.**

Strand, S., & Lindorff, A. *Exceptional Children*, 2021

We used pupil-level data from the National Pupil Database in England to conduct a longitudinal analysis of the identification of moderate learning difficulties (MLD) and social, emotional, and mental health difficulties (SEMH) among 550,000 pupils ages 5 to 11 years. Survival analysis was used to determine the hazard ratios (HRs) for time to first identification, controlling for prior attainment and social-emotional development at age 5 as well as socioeconomic variables. For MLD, the overrepresentation of Black Caribbean and Pakistani pupils compared with White British pupils was eliminated following age 5 controls, and the predominant picture was of ethnic-minority underrepresentation. For SEMH, Black Caribbean and mixed White and Black Caribbean (MWBC) pupils continued to be overrepresented even after age 5 controls (HR = 1.36 and 1.44, respectively), although this was not true for the larger group of Black African pupils, who were underrepresented in the adjusted analyses (HR = 0.62), as were most other ethnic-minority groups. The results indicate most ethnic-minority groups are underrepresented for special educational needs after adjusting for pupil characteristics on entry to school, though this varies by ethnic group and type of need. [The second URL links directly to the PDF of the report, the third URL links to the summary, and the fourth to presentation slides of the report.]

[Available online at this link](#)

[Available online at this link](#)

[Available online at this link](#)

[Available online at this link](#)

8. **Diabetes in adults with intellectual disability: prevalence and associated demographic, lifestyle, independence and health factors.**

Tyrer F Ling S Bhaumik S Gangadharan S K. Khunti K Gray L J. Dunkley A J. *Journal of intellectual disability research: JIDR* 2020;64(4): 287 -295 .

[Available online at this link](#)

**BACKGROUND:** As people with intellectual disabilities (ID) are now living longer, they are more at risk of developing non-communicable diseases, including type 2 diabetes mellitus. However, understanding of factors associated with diabetes for targeted management and prevention strategies is limited. This study aimed to investigate prevalence of diabetes in adults (aged  $\geq 18$  years) with ID and its relationship with demographic, lifestyle, independence and health factors., **METHOD:** This was a cross-sectional analysis of interview data from 1091 adults with ID from the Leicestershire Learning Disability Register from 1 January 2010 to 31 December 2016. Logistic regression models were used to identify factors associated with diabetes in the study population., **RESULTS:** The study population did not have healthy lifestyles: just under half reported having lower physical activity levels than people without ID of a similar age; one-quarter consumed fizzy drinks daily; and 20% consumed five or more fruit and/or vegetables per day. Prevalence of carer/self-reported diabetes was 7.3% (95% confidence interval 5.9-9.0). After adjustment, diabetes was positively associated with South Asian ethnicity ( $P = 0.03$ ) and older age groups ( $P < 0.001$ ). Diabetes was less common in people living with family members ( $P = 0.02$ ). We did not find

a relationship between any of the lifestyle, independence and health factors investigated.,  
CONCLUSIONS: A significant proportion of people with ID are living with diabetes. Diabetes management and prevention strategies should be tailored to individuals' complex needs and include consideration of lifestyle choices. Such strategies may want to focus on adults of South Asian ethnicity and people living in residential homes where prevalence appears to be higher.  
Copyright © 2020 MENCAP and International Association of the Scientific Study of Intellectual and Developmental Disabilities and John Wiley & Sons Ltd.

9. **Overshadowed: The mental health needs of young people with learning disabilities are overlooked despite an increased risk.**

Paula Lavis, Christine Burke, Richard Hastings. Children and Young People's Mental Health Coalition (CYPMHC), 2019

*Overshadowed* finds that children and young people with learning disabilities are more than four times more likely to develop a mental health problem than average. This means that 14% or one in seven of all children and young people with mental health difficulties in the UK will also have a learning disability.

It also reveals that it is the wider risk factors that these young people face, such as growing up in poverty or being bullied or lonely, rather than their learning disability, that cause them to have poorer mental health.

*Overshadowed* finds that young people and their families face significant challenges accessing the right mental health provision at the right time.

Just over a quarter (27.9%) of young people with both a learning disability and a mental health problem have had any contact with mental health services. This was often the result of delayed or poor identification of their needs by professionals.

Once referred for support, nearly one in four (23%) families who were consulted for the report said they had to wait more than 6 months for an appointment with mental health services.

The young people and families we spoke to described being 'ping-ponged' around the system leaving them to fall through the gaps. It is during the transition from child to adult services that young people face particular difficulties as they may be transitioning from multiple services.

[Available online at this link](#)

[Available online at this link](#)

10. **The experiences of minority ethnic heritage parents having a child with SEND: a systematic literature review.**

Akbar, S. and Woods, K. British Journal of Special Education, 2019

Given the need to provide culturally competent children's services which support each child's right to full educational participation, the current systematic literature review aims to provide an up-to-date, international review of empirical studies that investigate the experience of minority ethnic heritage parents who have a child with special educational needs and disability (SEND). Studies were assessed using a qualitative assessment framework. Of the 17 studies that met the inclusion criteria, only 11 were classed as higher quality and included in the final synthesis. The findings highlight that for ethnic heritage families, parenting a child with a disability can be a highly stressful experience, involving a sense of loss and concerns for the child's future, compounded by familial and cultural factors as well as professional service factors, with religious beliefs and practices, on the whole, serving as a protective factor. Implications for educational psychology practice and future research are clearly identified.

[Available online at this link](#)

11. **Family and community in the lives of UK Bangladeshi parents with intellectual disabilities.**

Durling Emily Chinn Deborah Scior Katrina. Journal of applied research in intellectual disabilities : JARID 2018;31(6): 1133 -1143 .

[Available online at this link](#)

BACKGROUND: Little is known about the lives of parents with intellectual disabilities from minority ethnic communities. Previous research suggests that what it means to live with intellectual disabilities varies across cultural contexts. The current research aimed to explore how cultural values and practices impact upon the experiences of parents with intellectual disabilities within the Bangladeshi community in London, England., METHOD: Six members of the Bangladeshi community, four Bangladeshi parents with intellectual disabilities and four of their family members were interviewed. Thematic analysis was used to identify key themes., RESULTS: Both parenting and intellectual disability are thought about in this community in ways that make parenting more accessible for people with learning disabilities, but also create tensions to be negotiated., CONCLUSIONS: Bangladeshi family carers face dilemmas balancing the benefits and risks of promoting parenting for sons and daughters with intellectual disabilities, particularly in the context of service principles of autonomy and informed consent. Copyright © 2018 John Wiley & Sons Ltd.

12. **School readiness in children with special educational needs and disabilities: Psychometric findings from a new screening tool, the Brief Early Skills, and Support Index.**

Hughes Claire Foley Sarah White Naomi Devine Rory T. The British journal of educational psychology 2018;88(4): 606 -627 .

[Available online at this link](#)

BACKGROUND: There is an urgent need to accelerate the detection of special educational needs and disabilities (SEND). A recent brief questionnaire designed for teachers and nursery staff, the Brief Early Skills and Support Index (BESSI), shows promising psychometric properties (Hughes, Daly, Foley, White, & Devine, . British Journal of Educational Psychology, 85(3), 332-356.), but has yet to be evaluated as a tool for detecting children who may have SEND., AIMS: Addressing this gap, this study aimed to assess whether BESSI scores (i) show measurement invariance across SEND status; (ii) show unique associations with SEND status; and (iii) are sensitive and specific to SEND status., SAMPLE: Eighty-four teachers and nursery staff completed BESSI ratings for 2106 British children aged 2.5-5.5 years (48.9% male, 20% ethnic minority, 9.3% with a statement of SEND)., METHOD: We applied multilevel confirmatory factor analyses, regression analyses, and ROC analyses to examine each of the study questions, using the BESSI subscales (Behavioural Adjustment, Language and Cognition, Daily Living Skills, and Family Support) as dependent variables., RESULTS: The four BESSI subscales were reliable and showed measurement invariance across SEND status. Over and above effects of age, gender, family income, ethnicity, and family size, SEND status predicted substantial unique variance in BESSI scores. ROC analyses showed that in detecting children identified as having SEND, a cut-off score of 8.50 on the BESSI total score produced good levels of sensitivity and specificity; gender-specific analyses indicated a lower cut-off score of 6.50 for girls., CONCLUSION: The BESSI appears to be a useful tool in screening children for more detailed assessment of SEND. Copyright © 2017 The British Psychological Society.

13. **Exploring British Pakistani mothers' perception of their child with disability: insights from a UK context.**

Rizvi, S. Journal of Research in Special Educational Needs, 2017

This research lends insight into disabling discourses on South Asian families of children with disabilities. It explores immigrant Pakistani maternal understanding of their children's disability, uniquely through an educational perspective, highlighting maternal roles which schools must acknowledge to improve outcomes for children. The findings of this research, supported by a literature review, highlight various ideological threads shaping maternal understanding of disability and their children's schooling experiences. Data were collected through multiple case studies of immigrant Pakistani mothers of disabled children at Westchester School, incorporating semi-structured interviews and reviewing pupils' school files. After a process of open coding, the main

themes emerging from interviews suggested maternal perceptions of disability evolved from a medicalised lens, onto identifying with structural barriers to children's progress, and a gendered lens. Both maternal perceptions and their professional interactions determined maternal accounts of their children's schooling experiences. This research highlights positive familial factors shaping maternal understanding of disability, supporting further studies into maternal advocacy and empowerment within UK special education.

[Available online at this link](#)

14. **Pedagogy for Ethnic Minority Pupils with Special Educational Needs in England: Common yet Different?**

Tan, Andrea Geok Poh; Ware, Jean; Norwich, Brahm. Oxford Review of Education, 2017

[Available online at this link](#)

[Available online at this link](#)

The increasing ethnic diversity in the UK has highlighted the importance of supporting primary school pupils with English as an Additional Language (EAL), some of whom also have special educational needs (SEN). However, there is relatively little research carried out in the UK on children with both EAL needs and SEN. This paper presents the results of a study which aimed to explore the strategies used to teach and support pupils with the dual needs in four schools in North-West England. It reports research carried out with 8 EAL pupils with Speech, Language and Communication Needs (SLCN) and 4 pupils with Learning Difficulties (LD) and explores the different strategies staff used to support these pupils. The results showed that the two groups varied in the extent to which staff differentiated pedagogical strategies. The paper concludes by pointing to the need for further training and greater collaboration between the fields of EAL and SEN in research and educational practice.

## ii. LD and sexual orientation and gender identity

1. **Characteristics and primary care experiences of people who self-report as autistic: a probability sample survey of adults registered with primary care services in England.**

Tromans Samuel Joseph Teece Lucy Saunders Catherine McManus Sally Brugha Traolach. BMJ open 2024;14(9): e081388 .

[Available online at this link](#)

**OBJECTIVES:** Little is known about adults who self-report as autistic. This study aimed to profile the demographic characteristics, long-term health conditions and primary care experiences of adults who self-report as autistic (including those with and without a formal diagnosis)., **DESIGN/SETTING:** A nationally representative cross-sectional survey of adults registered with National Health Service (NHS) General Practitioner (GP) surgeries in England., **PARTICIPANTS:** 623 157 survey respondents aged 16 and over, including 4481 who self-report as autistic., **OUTCOMES:** Weighted descriptive statistics, with 95% CIs. Logistic regression modelling adjusted for age, gender, ethnicity and area-level deprivation compared those who self-report as autistic with the rest of the population., **RESULTS:** A total of 4481 of the 623 157 survey participants included in the analysis self-reported autism, yielding a weighted proportion estimate of 1.41% (95% CI 1.35% to 1.46%). Adults self-reporting as autistic were more likely to be younger, male or non-binary, to identify as a gender different from their sex at birth, have a non-heterosexual sexual identity, be of white or mixed or multiple ethnic groups, non-religious, without caring responsibilities, unemployed, live in more deprived areas and not smoke. All chronic conditions covered were more prevalent among adults self-reporting as autistic, including learning disability, mental health conditions, neurological conditions, dementia, blindness or partial sight and deafness or hearing loss. Adults self-reporting as autistic were also less likely to report a positive experience of making an appointment (adjusted OR (aOR) 0.90, 95% CI 0.82 to 0.98) and navigating GP practice websites (aOR 0.78, 95% CI 0.70 to 0.87) and more likely to report seeking advice from a friend or family member prior to making an appointment (aOR 1.25, 95% CI 1.14 to 1.38) and having a preferred GP (aOR 2.25, 95% CI 2.06 to

2.46). They were less likely to report that their needs were met (aOR 0.73, 95% CI 0.65 to 0.83)., CONCLUSIONS: Adults self-reporting as autistic have a distinctive sociodemographic profile and heightened rates of long-term conditions. They report challenges in both accessing primary care and having their needs met when they do. These findings should inform future care initiatives designed to meet the needs of this group. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

## 2. **Lost in the literature: People with intellectual disabilities who identify as trans: a narrative review**

Keates, N., Dewar, E. and Waldock, K.E. Tizard Learning Disability Review, 2022

### Purpose

This narrative review aims to examine how trans people with intellectual disabilities are perceived and discussed in the academic literature.

### Design/methodology/approach

A narrative review was carried out to better understand the positioning of people with intellectual disabilities who identify as trans.

### Findings

There was a lack of clear terminology, an over medicalization of both people with intellectual disabilities and trans people and evidence that identifying with a non-conforming gender identity was seen as a problem by services. Services need to be better informed about issues around gender identity so that they are able to better support trans people with intellectual disabilities.

### Originality/value

To the best of the authors' knowledge, no previous literature review has focused only on trans people with intellectual disabilities.

[The second URL links to a commentary on this review: Zirnsak, T.-M. (2022), "Commentary on: "Lost in the literature". People with intellectual disabilities who identify as trans: a narrative review", Tizard Learning Disability Review, Vol. 27 No. 1, pp. 53-56. <https://doi.org/10.1108/TLDR-11-2021-0034>]

[Available online at this link](#)

[Available online at this link](#)

[Available online at this link](#)

## 3. **Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities.**

Robinson, Zoe Marie, Marsden, Daniel, Abdulla, Sam and Dowling, Florence. Learning Disability Practice, 2020

[Available online at this link](#)

People with learning disabilities experience many barriers that prevent them from expressing their sexuality and developing loving and sexual relationships, particularly if they identify as lesbian, gay, bisexual and trans (LGBT). This article explores the challenges faced by people with learning disabilities who identify as LGBT in expressing their sexual identities and having sexual relationships, as well as the challenges faced by support workers and health and social care staff in supporting clients in those aspects of their lives. The method used consisted of combining the lived experiences of participants in a Twitter chat with an exploration of the recent literature.

The themes that emerged from these combined sources included the importance of love and sexual relationships, the policy context, legal framework, barriers in practice and the concept of

intersectionality. This article discusses these themes and outlines implications for practice and research, including the training needs of staff.

4. **You're not sure that you are gay yet: The perpetuation of the 'phase' in the lives of young disabled LGBT + people.**

Toft, A., Franklin, A., & Langley, E. Sexualities, 2020

Contemporary discourse on sexuality presents a picture of fluidity and malleability, with research continuing to frame sexuality as negotiable, within certain parameters and social structures. Such investigation is fraught with difficulties, due in part to the fact that as one explores how identity shifts, language terms such as 'phase' emerge conjuring images of a definitive path towards an end-goal, as young people battle through a period of confusion and emerge at their true or authentic identity. Seeing sexuality and gender identity as a phase can delegitimise and prevent access to support, which is not offered due to the misconception that it is not relevant and that one can grow out of being LGBT+. This article explores the lives of disabled LGBT + young people from their perspective, using their experiences and stories to explore their identities and examine how this links to the misconception of their sexuality and gender as a phase. Taking inspiration from the work of scholars exploring sexual and gender identity, and sexual storytelling; the article is framed by intersectionality which allows for a detailed analysis of how identities interact and inform, when used as an analytic tool. The article calls for a more nuanced understanding of sexuality and gender in the lives of disabled LGBT + young people, which will help to reduce inequality and exclusion.

[Available online at this link](#)

[Available online at this link](#)

5. **A narrative review of the literature about people with intellectual disability who identify as lesbian, gay, bisexual, transgender, intersex or questioning.**

Wilson, N. J., Macdonald, J., Hayman, B., Bright, A. M., Frawley, P., & Gallego, G. Journal of intellectual disabilities, 2018

This narrative review of the research literature presents a summary about the key issues facing people with intellectual disability (ID) who identify as lesbian, gay, bisexual, transgender, intersex or questioning (LGBTIQ). The aim of this review was to consolidate research of the topic; to identify whether any pilot studies reporting social/sexual/educational interventions had been published; and to offer some perspective on the type of future research required to better inform policy, practice and theory that may lead to better outcomes for people with ID who identify as LGBTIQ. Almost all of the research literature on the topic is either exploratory or descriptive which serves to outline the range of issues faced by people with ID who identify as LGBTIQ. Urgently needed as the next step, however, is a concerted effort to conduct a range of innovative educational and social interventions with collection of targeted and appropriate outcomes data.

**Keywords:** bisexual; gay; intellectual disability; intersex; lesbian; questioning; research; sexuality; transgender.

[Available online at this link](#)

6. **Gender and children and young people's emotional and mental health: Evidence review.**

National Children's Bureau (NCB), 2016

This document explores research evidence on the role of gender in emotional and mental health and well-being.

It focuses on children and young people's coping strategies and help-seeking behaviours, and how parents/carers, schools and public services respond to individuals' mental health needs. It includes evidence relating to specific groups of children particularly affected by mental health inequalities.

This is part of a range of resources exploring children and young people's mental health from a gender perspective, which also includes a examples of gender-sensitive practice and findings from engagement with young people. The resources aim to inform understanding of, and responses to, children and young people's different experiences, coping strategies and help-seeking behaviours.

[Available online at this link](#)

[Available online at this link](#)

7. **The experiences and support needs of people with intellectual disabilities who identify as LGBT: A review of the literature.**

McCann, E., Lee, R., & Brown, M. Research in developmental disabilities, 2016

**Background:** People who identify as lesbian, gay, bisexual and transgender (LGBT) can face many challenges in society including accessing education, care and support appropriate to individual needs. However, there is a growing and evolving evidence base about the specific needs of people with intellectual disabilities (ID) in this regard.

**Aims:** The aim of this review was to explore the experiences of people with ID who identified as LGBT through an examination of studies that addressed their views and highlighted specific issues, concerns and service responses.

**Methods and procedures:** A comprehensive search of relevant databases from February 1995 to February 2015 was conducted. Studies were identified that met specific criteria that included: empirical peer reviewed studies, the use of recognised research methods and focused on people with ID who identified as LGBT. The search yielded 161 papers in total. The search was narrowed and 37 papers were screened using rigorous inclusion and exclusion criteria. Finally, 14 papers were considered suitable for the review.

**Outcomes and results:** The data were analysed and key themes identified that included accessing health services, gender and sexual identity, attitudes of people with ID regarding their LGBT status, and education, supports and therapeutic interventions.

**Conclusions and implications:** There is a need for service providers and carers to be more responsive to the concerns of people with ID who identify as LGBT to improve their health and well-being by reducing stigma and discrimination and by increasing awareness of their care and support needs. The implications are discussed in terms of policy, education, research and practice developments.

**Keywords:** Bisexual; Gay; Intellectual disability; Lesbian; Review; Service developments; Transgender.

[Available online at this link](#)

8. **Homophobic, Biphobic and Transphobic (HBT) Bullying among Disabled Children and those with Special Educational Needs (SEN): A Review of Literature.**

Neil Tippet. Anti-Bullying Alliance, 2015

Any form of difference, including being of a different gender, sexual orientation, or being a disabled person and/or having SEN, can increase the risk of children being bullied (Tippet, Houlston, & Smith, 2010). This kind of bullying is often directed at the real or perceived differences, and can lead to victims feeling isolated, abandoned, and struggling with selfconfidence. Awareness of prejudiced forms of bullying, and the impact it has on victims, is generally increasing, however, some minority groups continue to be under-represented, both in research and social policy. One such group are disabled children and those with SEN, who tend to be defined on the basis of their disability or SEN, while their gender and sexual orientation get overlooked; despite this, disabled children and those with SEN experience the same sexual needs as their non-disabled peers, and are equally as likely to identify as gay or bisexual (Cheng & Udry, 2002). This review examines what is currently known about experiences of bullying among disabled children and those with SEN who

are lesbian, gay, bisexual, or transgender (LGBT), and identifies areas which require further research, and potential avenues for intervention.

[Available online at this link](#)

### iii. LD and deprivation

#### 1. **Complications of excess weight seen in two tier 3 paediatric weight management services: an observational study.**

Hawton Katherine Apperley Louise Parkinson Jennifer Owens Meghan Semple Claire Canvin Lauren Holt Alanna Easter Shelley Clark Kate Lund Kim Clarke Ellie O'Brien James Giri Dinesh Senniappan Senthil Shield Julian P. H. Archives of disease in childhood 2025;110(3): 216 -220 .

[Available online at this link](#)

BACKGROUND: Children and young people living with severe obesity experience a range of complications of excess weight (CEW); however the prevalence of complications is not well defined. We have evaluated baseline characteristics and CEW of patients from two UK tier 3 paediatric weight management services., METHODS: All new patients aged 2-17 years seen from March 2022 to February 2023 were included. Baseline demographic data was collected, and patients screened for CEW. PedsQL-4.0 questionnaires were used to assess health-related quality of life (HRQL)., RESULTS: 185 patients were included, median age 14.3 years (range 3.3-18.0), 50.8% were girls. Of the patients, 73.8% were white British, with a significant excess of patients living in the most deprived decile (41.4%). Median body mass index SD score was +3.55 (IQR 3.11-3.90) and median body fat was 49.3% (IQR 42.3%-55.1%). Autistic spectrum disorder, attention deficit hyperactivity disorder and learning difficulties were vastly over-represented. Dyslipidaemia was the most common (51.6%) complication, followed by hypertension (28.9%), metabolic dysfunction-associated steatotic liver disease (17.8%), obstructive sleep apnoea (9.0%) and idiopathic intracranial hypertension (4.3%). Mean glycated haemoglobin was 35.0 mmol/mol (IQR 33-38). 8.1% had type 2 diabetes mellitus. Many of these complications were detected through screening in CEW clinics. Both child-reported (mean 51.9/100) and parent-reported (47.8/100) HRQL scores were low. Mental health problems were common: 26.2% with anxiety and 7.7% with depression., CONCLUSIONS: This study demonstrates the significant and profound mental and organ-specific pathology resulting from severe obesity in childhood, highlighting the clinical necessity for CEW clinics. A rigorous approach to identify complications at an early stage is essential to improve long-term health outcomes. Copyright © Author(s) (or their employer(s)) 2025. No commercial re-use. See rights and permissions. Published by BMJ Group.

#### 2. **Characteristics and primary care experiences of people who self-report as autistic: a probability sample survey of adults registered with primary care services in England.**

Tromans Samuel Joseph Teece Lucy Saunders Catherine McManus Sally Brugha Traolach. BMJ open 2024;14(9): e081388 .

[Available online at this link](#)

OBJECTIVES: Little is known about adults who self-report as autistic. This study aimed to profile the demographic characteristics, long-term health conditions and primary care experiences of adults who self-report as autistic (including those with and without a formal diagnosis)., DESIGN/SETTING: A nationally representative cross-sectional survey of adults registered with National Health Service (NHS) General Practitioner (GP) surgeries in England., PARTICIPANTS: 623 157 survey respondents aged 16 and over, including 4481 who self-report as autistic., OUTCOMES: Weighted descriptive statistics, with 95% CIs. Logistic regression modelling adjusted for age, gender, ethnicity and area-level deprivation compared those who self-report as autistic with the rest of the population., RESULTS: A total of 4481 of the 623 157 survey participants included in the analysis self-reported autism, yielding a weighted proportion estimate of 1.41% (95% CI 1.35% to 1.46%). Adults self-reporting as autistic were more likely to be younger, male or non-binary, to identify as a gender different from their sex at birth, have a non-heterosexual sexual identity, be of white or mixed or multiple ethnic groups, non-religious, without caring responsibilities, unemployed, live in more

deprived areas and not smoke. All chronic conditions covered were more prevalent among adults self-reporting as autistic, including learning disability, mental health conditions, neurological conditions, dementia, blindness or partial sight and deafness or hearing loss. Adults self-reporting as autistic were also less likely to report a positive experience of making an appointment (adjusted OR (aOR) 0.90, 95% CI 0.82 to 0.98) and navigating GP practice websites (aOR 0.78, 95% CI 0.70 to 0.87) and more likely to report seeking advice from a friend or family member prior to making an appointment (aOR 1.25, 95% CI 1.14 to 1.38) and having a preferred GP (aOR 2.25, 95% CI 2.06 to 2.46). They were less likely to report that their needs were met (aOR 0.73, 95% CI 0.65 to 0.83)., CONCLUSIONS: Adults self-reporting as autistic have a distinctive sociodemographic profile and heightened rates of long-term conditions. They report challenges in both accessing primary care and having their needs met when they do. These findings should inform future care initiatives designed to meet the needs of this group. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

3. **Childhood Reading Ability and Pain in Childhood Through to Midlife.**

Bridges Elinor C. Torsney Carole Bates Timothy C. Luciano Michelle. The journal of pain 2024;25(8): 104518 .

[Available online at this link](#)

Dyslexia and pain have recently been shown to correlate on a genetic level, but there has been little exploration of this association on the phenotypic level despite reports of increased pain in Attention Deficit Hyperactivity Disorder, which commonly co-occurs with dyslexia. In this study we test for an association between reading ability, which is the primary feature of dyslexia, and pain both in childhood and adulthood. Logistic regression modeling was used to test associations between reading ability in childhood and pain from childhood to midlife in a large UK birth cohort; the 1958 National Child Development Study. Associations were found between poor childhood reading ability and increased headache and abdominal pain in childhood, and between poor childhood reading ability and headache, eye pain, back pain, and rheumatism in adulthood. Mediation analyses indicated that socioeconomic status (defined by employment) fully mediated the association between poor reading ability in childhood and back pain at age 42. By contrast, the association between reading ability and eye pain acted independently of socioeconomic status. Different mechanisms were thus indicated for the association of reading with different pain types, including manual labor and a potential shared biological pathway. PERSPECTIVE: This study found a relationship between poor reading ability in childhood and pain in childhood and adulthood. Those with reading difficulties should be monitored for pain symptoms. Future research may uncover shared biological mechanisms, increasing our understanding of pain and potential treatments. Copyright © 2024 United States Association for the Study of Pain, Inc. Published by Elsevier Inc. All rights reserved.

4. **Clinical and cost-effectiveness of an adapted intervention for preschoolers with moderate to severe intellectual disabilities displaying behaviours that challenge: the EPICC-ID RCT.**

Ondruskova Tamara, Royston Rachel, Absoud Michael, et al. Health technology assessment (Winchester, England) 2024;28(6): 1 -94 .

[Available online at this link](#)

Background: Stepping Stones Triple P is an adapted intervention for parents of young children with developmental disabilities who display behaviours that challenge, aiming at teaching positive parenting techniques and promoting a positive parent-child relationship., Objective: To evaluate the clinical and cost-effectiveness of level 4 Stepping Stones Triple P in reducing behaviours that challenge in children with moderate to severe intellectual disabilities., Design, setting, participants: A parallel two-arm pragmatic multisite single-blind randomised controlled trial recruited a total of 261 dyads (parent and child). The children were aged 30-59 months and had moderate to severe intellectual disabilities. Participants were randomised, using a 3 : 2 allocation ratio, into the intervention arm (Stepping Stones Triple P; n = 155) or treatment as usual arm (n = 106).

Participants were recruited from four study sites in Blackpool, North and South London and Newcastle., Intervention: Level 4 Stepping Stones Triple P consists of six group sessions and three individual phone or face-to-face contacts over 9 weeks. These were changed to remote sessions after 16 March 2020 due to the coronavirus disease 2019 pandemic., Main outcome measure: The primary outcome measure was the parent-reported Child Behaviour Checklist, which assesses the severity of behaviours that challenge., Results: We found a small non-significant difference in the mean Child Behaviour Checklist scores (-4.23, 95% CI -9.98 to 1.52,  $p = 0.146$ ) in the intervention arm compared to treatment as usual at 12 months. Per protocol and complier average causal effect sensitivity analyses, which took into consideration the number of sessions attended, showed the Child Behaviour Checklist mean score difference at 12 months was lower in the intervention arm by -10.77 (95% CI -19.12 to -2.42,  $p = 0.014$ ) and -11.53 (95% CI -26.97 to 3.91,  $p = 0.143$ ), respectively. The Child Behaviour Checklist mean score difference between participants who were recruited before and after the coronavirus disease 2019 pandemic was estimated as -7.12 (95% CI -13.44 to -0.81) and 7.61 (95% CI -5.43 to 20.64), respectively ( $p = 0.046$ ), suggesting that any effect pre-pandemic may have reversed during the pandemic. There were no differences in all secondary measures. Stepping Stones Triple P is probably value for money to deliver (-1057.88; 95% CI -3218.6 to -46.67), but decisions to roll this out as an alternative to existing parenting interventions or treatment as usual may be dependent on policymaker willingness to invest in early interventions to reduce behaviours that challenge. Parents reported the intervention boosted their confidence and skills, and the group format enabled them to learn from others and benefit from peer support. There were 20 serious adverse events reported during the study, but none were associated with the intervention., Limitations: There were low attendance rates in the Stepping Stones Triple P arm, as well as the coronavirus disease 2019-related challenges with recruitment and delivery of the intervention., Conclusions: Level 4 Stepping Stones Triple P did not reduce early onset behaviours that challenge in very young children with moderate to severe intellectual disabilities. However, there was an effect on child behaviours for those who received a sufficient dose of the intervention. There is a high probability of Stepping Stones Triple P being at least cost neutral and therefore worth considering as an early therapeutic option given the long-term consequences of behaviours that challenge on people and their social networks., Future work: Further research should investigate the implementation of parenting groups for behaviours that challenge in this population, as well as the optimal mode of delivery to maximise engagement and subsequent outcomes.

5. **Educational outcomes of children with major congenital anomalies: Study protocol for a population-based cohort study using linked hospital and education data from England.**

Tan Joachim Cant Ayana Lewis Kate Nguyen Vincent Zylbersztejn Ania Gimeno Laura Hardelid Pia D e Stavola Bianca Harron Katie Gilbert Ruth. NIHR open research 2024;4 68 .

[Available online at this link](#)

Background: Major congenital anomalies (CAs) affect around 2% of live births and are a primary cause of infant mortality, childhood morbidity and long-term disability, often requiring hospitalisation and/or surgery. Children with CAs are at greater risk of lower educational attainment compared with their peers, which could be due to learning disabilities, higher rates of ill-health and school absences, or lack of adequate educational support. Our study will compare the educational attainment of children with CAs to those of their peers up to age 11 in England, using linked administrative health and education data., Methods: We will analyse data from the ECHILD (Education and Child Health Insights from Linked Data) database. Children born in NHS-funded hospitals from 1st September 2003 to 31st August 2008 whose hospital records were linked to their educational records at three Key Stages (ages 4/5, 6/7 and 10/11 years) will be included. Children with different CAs, indicated by recorded hospital diagnosis codes, will be compared to children without CAs. We will compare the proportions of enrolled children who take the assessment, the proportions who reached national expected levels of attainment, and the mean standardised attainment scores for Maths and English at each Key Stage. We will describe variations in outcome by sex, ethnic minority background, region, and neighbourhood deprivation, and perform regression modelling to compare the attainment trajectories of children with and without CAs, controlling for sociodemographic factors., Ethics and dissemination: Ethics approval has been

obtained for the analyses of the ECHILD database. Our findings will provide information for parents regarding their children's expected academic potential, and also enable the development of interventions to support those at risk of not doing well. We will disseminate our findings to academics, policy makers, service users and providers through seminars, peer-reviewed publications, conference abstracts and other media (lay summaries and infographics). Copyright: © 2024 Tan J et al.

6. **Failing children with Special Educational Needs and Disabilities in England: New evidence of poor outcomes and a postcode lottery at the Local Authority level at Key Stage 1.**

Azpitarte, F. & Holt, L. British Educational Research Journal, 2024

This paper sets out original findings from analyses of the English National Pupil Database of Key Stage 1 (KS1) attainment, to examine educational outcomes of children with Special Educational Needs and Disabilities (SEND). The schooling of these children has been entirely within the context of the current SEND system, defined by the 2014-2015 policy of the Children and Families Act and Code of Practice. With a strong focus on children's needs and outcomes, the policy intends to achieve high educational outcomes for children with SEND. Our new results show, however, that children with SEND are one of the most disadvantaged groups in education, and they are far less likely to meet expected learning standards than their peers at KS1. For instance, about 44%, 31% and 23% of children with SEND met the standards in phonics, reading and writing, respectively, compared to 88%, 83% and 78% of children with no SEND. Further, our spatial analysis shows for the first time that this disadvantage displays large spatial variability across Local Authorities: there is a postcode lottery in the education of children with SEND. The new findings provide strong evidence that the new SEND policy is failing many children with SEND, and that this performance varies markedly across space. This adds further weight and evidence to a growing recognition, even from government, that the SEND system needs to change, and that the ambitious aims of the transformation of education and care for children with SEND in 2014 and 2015 are not being realised.

[Available online at this link](#)

7. **Lead exposure sources and public health investigations for children with elevated blood lead in England, 2014 to 2022.**

Dave Mona Busby Araceli Shammari Lena

Al Iqbal Neelam Coole Louise Bagnall Helen Crabbe Helen. PloS one 2024;19(7): e0304866 .

[Available online at this link](#)

BACKGROUND: Lead exposure at any concentration can adversely impact health, with children being more vulnerable to its effects. In England, children with an elevated blood lead concentration (BLC) are reported to Health Protection Teams (HPTs) for public health investigation. A detailed review of these cases has not yet been conducted., OBJECTIVES: The objectives of this study were to describe the demographics, likely setting and sources of lead exposure, risk behaviours, public health investigations and outcomes for children aged

8. **Support for children and young people with special educational needs.**

Department for Education. National Audit Office (NAO), 2024

Key findings Performance of the system 7 Since 2019, there has been no consistent improvement in outcomes for children and young people with SEN. DfE's underlying objective for the system is to improve outcomes for young people. Improvements in educational attainment have been inconsistent, albeit with some positives, although DfE is not achieving its ultimate ambition relating to what young people do after school. In 2021/22, 69% of those with SEN at key stage 4 were in sustained education, apprenticeship or employment after leaving 16 to 18 study, compared to 85% for those without. This reflects similar proportions to 2018/19.

[Available online at this link](#)

[Available online at this link](#)

[Available online at this link](#)

9. **The experience of parenting a child with dyslexia - A UK perspective with single parents.**

Stephenson Nicole Hvidberg Michael Falk Rogish Miles. Research in developmental disabilities 2024;147 104713 .

[Available online at this link](#)

Dyslexia is a specific learning difficulty that affects the development of literacy and language-related skills, unrelated to intellectual ability. While the impact of parenting an individual with dyslexia (IWD) for married parents has been widely studied, little is known about the impact on single parents. This study explored the lived experiences of single parents of an IWD. Six female participants completed semi-structured interviews discussing their experience of the diagnostic process, support received and general parenting perspectives. Interview transcripts were analysed using Interpretative Phenomenological Analysis. Three main themes were identified: Navigating the diagnosis; Various levels of support; Battling Misconceptions and Lack of Knowledge. Findings suggested that single parents had a mixed experience, both after receiving the diagnosis and in terms of the support they received from family and schools. Differences in the quality of statutory support were highlighted, implicating the need for improved dyslexia support in schools. Unique challenges of parenting an IWD as a single parent were also identified, highlighting important implications. Future research should explore differences in single fathers' experiences and the impact of dyslexia comorbidities on single parents. Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.

10. **Factors associated with low school readiness, a linked health and education data study in Wales, UK.**

Bandyopadhyay Amrita Marchant Emily Jones Hope Parker Michael Evans Julie Brophy Sinead. PLoS one 2023;18(12): e0273596 .

[Available online at this link](#)

BACKGROUND: School readiness is a measure of a child's cognitive, social, and emotional readiness to begin formal schooling. Children with low school readiness need additional support from schools for learning, developing required social and academic skills, and catching-up with their school-ready peers. This study aims to identify the most significant risk factors associated with low school readiness using linked routine data for children in Wales., METHOD: This was a longitudinal cohort study using linked data. The cohort comprises of children who completed the Foundation Phase assessment between 2012 and 2018. Individuals were identified by linking Welsh Demographic Service and Pre16 Education Attainment datasets. School readiness was assessed via the binary outcome of the Foundation Phase assessment (achieved/not achieved). This study used multivariable logistic regression model and a decision tree to identify and weight the most important risk factors associated with low school readiness., RESULTS: In order of importance, logistic regression identified maternal learning difficulties (adjusted odds ratio 5.35(95% confidence interval 3.97-7.22)), childhood epilepsy (2.95(2.39-3.66)), very low birth weight (2.24(1.86-2.70)), being a boy (2.11(2.04-2.19)), being on free school meals (1.85(1.78-1.93)), living in the most deprived areas (1.67(1.57-1.77)), maternal death (1.47(1.09-1.98)), and maternal diabetes (1.46(1.23-1.78)) as factors associated with low school readiness. Using a decision tree, eligibility for free school meals, being a boy, absence/low attendance at school, being born late in the academic year, being a low birthweight child, and not being breastfed were factors which were associated with low school readiness., CONCLUSION: This work suggests that public health interventions focusing on children who are: boys, living in deprived areas, have poor early years attendance, have parents with learning difficulties, have parents with an illness or have illnesses themselves, would make the most difference to school readiness in the population. Copyright: © 2023 Bandyopadhyay et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**11. Infant feeding method and special educational need in 191,745 Scottish schoolchildren: A national, population cohort study.**

Adams Lisa J. Pell Jill P. Mackay Daniel F. Clark David King Albert Fleming Michael. PLoS medicine 2023;20(4): e1004191 .

[Available online at this link](#)

**BACKGROUND:** While special educational needs (SEN) are increasingly recorded among schoolchildren, infant breastfeeding has been associated with reduced incidence of childhood physical and mental health problems. This study investigated relationships between infant feeding method and risk of all-cause and cause-specific SEN., **METHODS AND FINDINGS:** A population cohort of schoolchildren in Scotland was constructed by linking together health (maternity, birth, and health visitor records) and education (annual school pupil census) databases. Inclusion was restricted to singleton children, born in Scotland from 2004 onwards with available breastfeeding data and who attended local authority mainstream or special schools between 2009 and 2013. Generalised estimating equation models with a binomial distribution and logit link function investigated associations between infant feeding method at 6 to 8 weeks and all-cause and cause-specific SEN, adjusting for sociodemographic and maternity factors. Of 191,745 children meeting inclusion criteria, 126,907 (66.2%) were formula-fed, 48,473 (25.3%) exclusively breastfed, and 16,365 (8.5%) mixed-fed. Overall, 23,141 (12.1%) children required SEN. Compared with formula feeding, mixed feeding and exclusive breastfeeding, respectively, were associated with decreased all-cause SEN (OR 0.90, 95% CI [0.84,0.95],  $p < 0.001$  and 0.78, [0.75,0.82],  $p < 0.001$ ), and SEN attributed to learning disabilities (0.75, [0.65,0.87],  $p < 0.001$  and 0.66, [0.59,0.74],  $p < 0.001$ ), and learning difficulties (0.85, [0.77,0.94],  $p = 0.001$  and 0.75, [0.70,0.81],  $p < 0.001$ ). Compared with formula feeding, exclusively breastfed children had less communication problems (0.81, [0.74,0.88],  $p = 0.001$ ), social-emotional-behavioural difficulties (0.77, [0.70,0.84],  $p = 0.001$ ), sensory impairments (0.79, [0.65,0.95],  $p = 0.01$ ), physical motor disabilities (0.78, [0.66,0.91],  $p = 0.002$ ), and physical health conditions (0.74, [0.63,0.87],  $p = 0.01$ ). There were no significant associations for mixed-fed children (communication problems (0.94, [0.83,1.06],  $p = 0.312$ ), social-emotional-behavioural difficulties (0.96, [0.85,1.09],  $p = 0.541$ ), sensory impairments (1.07, [0.84,1.37],  $p = 0.579$ ), physical motor disabilities (0.97, [0.78,1.19],  $p = 0.754$ ), and physical health conditions (0.93, [0.74,1.16],  $p = 0.504$ )). Feeding method was not significantly associated with mental health conditions (exclusive 0.58 [0.33,1.03],  $p = 0.061$  and mixed 0.74 [0.36,1.53],  $p = 0.421$ ) or autism (exclusive 0.88 [0.77,1.01],  $p = 0.074$  and mixed 1.01 [0.84,1.22],  $p = 0.903$ ). Our study was limited since only 6- to 8-week feeding method was available precluding differentiation between never-breastfed infants and those who stopped breastfeeding before 6 weeks. Additionally, we had no data on maternal and paternal factors such as education level, IQ, employment status, race/ethnicity, or mental and physical health., **CONCLUSIONS:** In this study, we observed that both breastfeeding and mixed feeding at 6 to 8 weeks were associated with lower risk of all-cause SEN, and SEN attributed to learning disabilities and learning difficulty. Many women struggle to exclusively breastfeed for the full 6 months recommended by WHO; however, this study provides evidence that a shorter duration of nonexclusive breastfeeding could nonetheless be beneficial with regard to the development of SEN. Our findings augment the existing evidence base concerning the advantages of breastfeeding and reinforce the importance of breastfeeding education and support. Copyright: © 2023 Adams et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**12. Trends in hospital admissions during transition from paediatric to adult services for young people with learning disabilities or autism: Population-based cohort study.**

Zylbersztejn Ania Stilwell Philippa

Anna Zhu Hannah Ainsworth Viki Allister Janice Horridge Karen Stephenson Terence Wijlaars Linda Gilbert Ruth Heys Michelle Hardelid Pia. The Lancet regional health. Europe 2023;24 100531 .

[Available online at this link](#)

Background: Transition from paediatric to adult health care may disrupt continuity of care, and result in unmet health needs. We describe changes in planned and unplanned hospital admission rates before, during and after transition for young people with learning disability (LD), or autism spectrum disorders (ASD) indicated in hospital records, who are likely to have more complex health needs., Methods: We developed two mutually exclusive cohorts of young people with LD, and with ASD without LD, born between 1990 and 2001 in England using national hospital admission data. We determined the annual rate of change in planned and unplanned hospital admission rates before (age 10-15 years), during (16-18 years) and after (19-24 years) transition to adult care using multilevel negative binomial regression models, accounting for area-level deprivation, sex, birth year and presence of comorbidities., Findings: The cohorts included 51,291 young people with LD, and 46,270 autistic young people. Admission rates at ages 10-24 years old were higher for young people with LD (54 planned and 25 unplanned admissions per 100 person-years) than for autistic young people (17/100 and 16/100, respectively). For young people with LD, planned admission rates were highest and constant before transition (rate ratio [RR]: 0.99, 95% confidence interval [CI] 0.98-0.99), declined by 14% per year of age during (RR: 0.86, 95% CI: 0.85-0.88), and remained constant after transition (RR: 0.99, 95% CI: 0.99-1.00), mainly due to fewer admissions for non-surgical care, including respite care. Unplanned admission rates increased by 3% per year of age before (RR: 1.03, 95% CI: 1.02-1.03), remained constant during (RR: 1.01, 95% CI: 1.00-1.03) and increased by 3% per year after transition (RR: 1.03, 95% CI: 1.02-1.04). For autistic young people, planned admission rates increased before (RR: 1.06, 95% CI: 1.05-1.06), decreased during (RR: 0.95, 95% CI: 0.93-0.97), and increased after transition (RR: 1.05, 95% CI: 1.04-1.07). Unplanned admission rates increased most rapidly before (RR: 1.16, 95% CI: 1.15-1.17), remained constant during (RR: 1.01, 95% CI: 0.99-1.03), and increased moderately after transition (RR: 1.03, 95% CI: 1.02-1.04)., Interpretation: Decreases in planned admission rates during transition were paralleled by small but consistent increases in unplanned admission rates with age for young people with LD and autistic young people. Decreases in non-surgical planned care during transition could reflect disruptions to continuity of planned/respite care or a shift towards provision of healthcare in primary care and community settings and non-hospital arrangements for respite care., Funding: National Institute for Health Research Policy Research Programme. Copyright © 2022 The Author(s).

**13. Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK.**

John Ann Friedmann Yasmin DelPozo-Banos Marcos Frizzati Aura Ford Tamsin Thapar Anita. The lancet. Psychiatry 2022;9(1): 23 -34 .

[Available online at this link](#)

BACKGROUND: Poor attendance at school, whether due to absenteeism or exclusion, leads to multiple social, educational, and lifelong socioeconomic disadvantages. We aimed to measure the association between a broad range of diagnosed neurodevelopmental and mental disorders and recorded self-harm by the age of 24 years and school attendance and exclusion., METHODS: In this nationwide, retrospective, electronic cohort study, we drew a cohort from the Welsh Demographic Service Dataset, which included individuals aged 7-16 years (16 years being the school leaving age in the UK) enrolled in state-funded schools in Wales in the academic years 2012/13-2015/16 (between Sept 1, 2012, and Aug 31, 2016). Using the Adolescent Mental Health Data Platform, we linked attendance and exclusion data to national demographic and primary and secondary health-care datasets. We identified all pupils with a recorded diagnosis of neurodevelopmental disorders (ADHD and autism spectrum disorder [ASD]), learning difficulties, conduct disorder, depression, anxiety, eating disorders, alcohol or drugs misuse, bipolar disorder, schizophrenia, other psychotic disorders, or recorded self-harm (our explanatory variables) before the age of 24 years. Outcomes were school absence and exclusion. Generalised estimating equations with exchangeable correlation structures using binomial distribution with the logit link function were used to calculate odds ratios (OR) for absenteeism and exclusion, adjusting for sex, age, and deprivation., FINDINGS: School attendance, school exclusion, and health-care data were available for 414 637 pupils (201 789 [48.7%] girls and 212 848 [51.3%] boys; mean age 10.5 years [SD 3.8] on Sept 1, 2012; ethnicity data were not available). Individuals with a record of a neurodevelopmental disorder, mental

disorder, or self-harm were more likely to be absent or excluded in any school year than were those without a record. Unadjusted ORs for absences ranged from 2.1 (95% CI 2.0-2.2) for those with neurodevelopmental disorders to 6.6 (4.9-8.3) for those with bipolar disorder. Adjusted ORs (aORs) for absences ranged from 2.0 (1.9-2.1) for those with neurodevelopmental disorders to 5.5 (4.2-7.2) for those with bipolar disorder. Unadjusted ORs for exclusion ranged from 1.7 (1.3-2.2) for those with eating disorders to 22.7 (20.8-24.7) for those with a record of drugs misuse. aORs for exclusion ranged from 1.8 (1.5-2.0) for those with learning difficulties to 11.0 (10.0-12.1) for those with a record of drugs misuse., INTERPRETATION: Children and young people up to the age of 24 years with a record of a neurodevelopmental or mental disorder or self-harm before the age of 24 years were more likely to miss school than those without a record. Exclusion or persistent absence are potential indicators of current or future poor mental health that are routinely collected and could be used to target assessment and early intervention. Integrated school-based and health-care strategies to support young peoples' engagement with school life are required., FUNDING: The Medical Research Council, MQ Mental Health Research, and the Economic and Social Research Council., TRANSLATION: For the Welsh translation of the abstract see Supplementary Materials section. Copyright © 2022 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license. Published by Elsevier Ltd.. All rights reserved.

**14. Disproportionality in the attainment of pupils with special educational needs at the end of primary school in England.**

Demie, F. *British Journal of Special Education*, 2022

This research article aims to examine disproportionality in the attainment of pupils with special educational needs at the end of primary education. The sample consisted of 3,025 pupils who completed Key Stage 2 in one LA in London. Two methodological approaches were used in the data collection. The background data related to special educational needs were collected as part of the January school census and this was then matched at the pupil level to their Key Stage 2 results collected by the Department for Education for all state-educated pupils in England at end of the summer term. The data were then analyzed further using descriptive statistics. The findings of the analysis of Key Stage 2 results show that pupils with special educational needs in England are much less likely to meet the expected standard, raising key concerns for policymakers and teachers. A number of factors were identified, including pupils' type of need, gender, socio-economic status, ethnic background and exclusions rate. The data show that some ethnic minorities are more likely to be identified with some types of special educational need compared to White British pupils. Policy implications for tackling disproportionality in special educational needs and further research are discussed in the concluding section.

[Available online at this link](#)

**15. Effects of Intersectionality Along the Pathway to Diagnosis for Autistic Children With and Without Co-occurring Attention Deficit Hyperactivity Disorder in a Nationally-Representative Sample.**

Miller, H.L., Thomi, M., Patterson, R.M. et al. *Journal of Autism and Developmental Disorders*, 2022

Children with complex behavioral profiles (e.g., ASD + ADHD) may experience delays in obtaining a final diagnosis. Low-resource or underrepresented groups may be at even greater risk for delayed diagnosis. We assessed the effect of sociodemographic factors, symptom complexity and co-occurring conditions, and identifier of first symptoms on diagnostic trajectories among children aged 3-17 years diagnosed with ASD (n = 52) or ASD + ADHD (n = 352) from a nationally-representative sample. Race/ethnicity and gender disparities were evident in both groups. Race, symptom complexity, and co-occurring conditions predicted age of final diagnosis and wait time between first concern and final diagnosis, both of which were staggeringly high. Results suggest a complex influence of sociodemographic factors on the diagnostic pathway, and risk of health disparities as a function of intersectionality.

[Available online at this link](#)

**16. Identifying service users' experience of the education, health and care plan process: A systematic literature review.**

Ahad, A., Thompson, A. M., & Hall, K. E. *Review of Education*, 2022

Education, Health and Care Plans (EHCPs) were introduced in 2014 to improve provision for children and young people with special educational needs and disabilities (SEND). Some service users have found this change positive, but there is also dissatisfaction among service users with the EHCP process. This was captured in the recent Education Select Committee report, which took evidence from a range of stakeholders, representatives and service users examining the context, support and barriers associated with SEND (House of Commons, 2019). This review identifies and appraises research concerning service users' experience of the EHCP process, to establish key barriers to improving SEND provision. Papers evaluating the experience of children, young people, parents and professionals with EHCPs were included to assess levels of user satisfaction. A total of 25 studies were reviewed in-depth. Five key themes were revealed: lack of integration with health and social care; insufficient knowledge and understanding; involvement of children, young people and parents; increased expectations and demands for professionals; and need for greater parity and clarity. Most service users were dissatisfied with the process and expressed a need for greater funding and time spent disseminating knowledge of the EHCP process. This paper summarises key limitations of, and potential improvements to, the current EHCP process. Structural reform is required to ensure accountability of service failures. Further research is required focusing on the experience of additional professional groups, such as educational psychologists and social workers, whose experiences are under-represented.

[Available online at this link](#)

**17. Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England.**

Roman-Urrestarazu Andres van Kessel Robin Allison Carrie Matthews Fiona E. Brayne Carol Baron-Cohen Simon. *JAMA pediatrics* 2021;175(6): e210054 .

[Available online at this link](#)

Importance: The global prevalence of autism spectrum disorder (ASD) has been reported to be between 1% and 2% of the population, with little research in Black, Asian, and other racial/ethnic minority groups. Accurate estimates of ASD prevalence are vital to planning diagnostic, educational, health, and social care services and may detect possible access barriers to diagnostic pathways and services and inequalities based on social determinants of health. Objective: To evaluate whether socioeconomic disadvantage is associated with ASD prevalence and the likelihood of accessing ASD services in racial/ethnic minority and disadvantaged groups in England. Design, Setting, and Participants: This case-control prevalence cohort study used the Spring School Census 2017 from the Pupil Level Annual Schools Census of the National Pupil Database, which is a total population sample that includes all English children, adolescents, and young adults aged 2 to 21 years in state-funded education. Data were collected on January 17, 2017, and analyzed from August 2, 2018, to January 28, 2020. Exposures: Age and sex were treated as a priori confounders while assessing correlates of ASD status according to (1) race/ethnicity, (2) social disadvantage, (3) first language spoken, (4) Education, Health and Care Plan or ASD Special Educational Needs and Disability support status, and (5) mediation analysis to assess how social disadvantage and language might affect ASD status. Main Outcomes and Measures: Sex- and age-standardized ASD prevalence by race/ethnicity and 326 English local authority districts in pupils aged 5 to 19 years. Results: The final population sample consisted of 7047238 pupils (50.99% male; mean [SD] age, 10.18 [3.47] years) and included 119821 pupils with ASD, of whom 21660 also had learning difficulties (18.08%). The standardized prevalence of ASD was 1.76% (95% CI, 1.75%-1.77%), with male pupils showing a prevalence of 2.81% (95% CI, 2.79%-2.83%) and female pupils a prevalence of 0.65% (95% CI, 0.64%-0.66%), for a male-to-female ratio (MFR) of 4.32:1. Standardized prevalence was highest in Black pupils (2.11% [95% CI, 2.06%-2.16%]; MFR, 4.68:1) and lowest in Roma/Irish Travelers (0.85% [95% CI, 0.67%-1.03%]; MFR, 2.84:1). Pupils with ASD were more likely to face social disadvantage (adjusted prevalence ratio, 1.61; 95% CI, 1.59-1.63) and to speak English

as an additional language (adjusted prevalence ratio, 0.64; 95% CI, 0.63-0.65). The effect of race/ethnicity on ASD status was mediated mostly through social disadvantage, with Black pupils having the largest effect (standardized mediation coefficient, 0.018;  $P < .001$ ) and 12.41% of indirect effects through this way., Conclusions and Relevance: These findings suggest that significant differences in ASD prevalence exist across racial/ethnic groups and geographic areas and local authority districts, indicating possible differential phenotypic prevalence or differences in detection or referral for racial/ethnic minority groups.

**18. Expectations and experiences of parents taking part in parent-child interaction programmes to promote child language: a qualitative interview study.**

Levickis Penny McKean Cristina Wiles Alex Law James. International journal of language & communication disorders 2020;55(4): 603 -617 .

[Available online at this link](#)

**BACKGROUND:** Parent-child interaction therapies are commonly used by speech and language therapists (SLTs) when providing services to young children with language learning difficulties. However, the way parents react to the demands of such interventions is clearly important, especially for those from socially disadvantaged backgrounds. Parents play a central role in the therapy process so to ensure parent engagement, and to maximize intervention effectiveness, parents' views must be considered., **AIMS:** To explore the expectations and experiences of parents from socially disadvantaged backgrounds who had taken part in a parent-child interaction programme aimed at promoting language development in 2-3 year olds with language difficulties., **METHODS & PROCEDURES:** The sample included parents who had a child aged 2-3 years and had attended a parent-child interaction programme to promote their child's language development. Parents were eligible to take part if they were living in the 30% most deprived areas in a city in the North of England that constituted the study site. Ten parents participated in a qualitative semi-structured face-to-face interview in the home. Framework analysis was used to analyse the interview transcripts., **OUTCOMES & RESULTS:** Parents' expectations before taking part in parent-child interaction interventions contribute to how they may engage throughout the intervention process. Barriers include parents' uncertainty about the nature of the intervention and differing attitudes regarding intervention approaches and strategies. Facilitators during the intervention process include gaining support from other parents, reassurance from the SLT regarding their child's language development, and their own ability to support their child's language learning, as well as increased confidence in how they support their child's development., **CONCLUSIONS & IMPLICATIONS:** Parents respond very differently to parent-child interaction intervention for children with language difficulties, depending on their expectations and attitudes towards intervention. Thus, it is critical that these different perspectives are understood by practitioners before intervention commences to ensure successful engagement. What this paper adds What is already known on this subject Parent-child interaction interventions are widely used to promote child language development. Parents play a central role in the therapy process of such interventions, so to maximize effectiveness, parents must be appropriately 'engaged' in that intervention. This involves attending, fully participating and having appropriate attitudinal and/or emotional involvement. The reciprocal nature of engagement means that parents are more likely to become engaged in intervention over time when they are supported by their SLT. What this paper adds to existing knowledge Parental expectations about the intervention process vary considerably and often need to be negotiated before the start of intervention. Reassurance and supporting positive attitudes to co-working with their SLT may be particularly important for families living with social disadvantage. Supporting parent engagement in parent-child interaction programmes can contribute to the parents' capability to continue implementing language-promoting strategies outside the intervention context and beyond the end of therapy. What are the potential or actual clinical implications of this work? Parents have different expectations regarding programme involvement. Therefore, having a two-way, open dialogue between parents and SLTs from the beginning is clearly important, not only as a way of sharing information but also to build on parents' understanding of what the intervention will involve and trust that the SLT will be able to deliver the intervention in collaboration with the parent. SLTs can enhance parent engagement by supporting parents to feel confident and providing reassurance in terms of their child's development and how

they can support their child's language learning. Copyright © 2020 Royal College of Speech and Language Therapists.

19. **Teenage social behaviour and emotional well-being: the role of gender and socio-economic factors.**

Hartas, D. and Kuscuoglu, A. British Journal of Special Education, 2020

This article draws on the Millennium Cohort Study (MCS) to examine parent ratings of social, emotional and behavioural difficulties and prosocial behaviour in pre- and mid-adolescents. A series of mixed-design ANOVAs yielded interesting results. Parent ratings of emotional difficulties in girls increased as they moved from pre- to mid-adolescence whereas for boys the reverse was found. Peer problems were found to be on the rise, whereas prosocial skills decreased for 14-year-olds. Most importantly, significant associations were found between socio-economic measures (that is, family income and parent education) and ratings across the domains of the Strengths and Difficulties Questionnaire, highlighting the socio-economic specificity of behaviour and well-being in adolescents. These findings have significant implications for understanding trends in young people's social behaviour and emotional well-being from pre- to mid-adolescence within their socio-economic context.

[Available online at this link](#)

20. **Attention-deficit/hyperactivity disorder: variation by socioeconomic deprivation.**

Prasad, V., West, J., Kendrick, D., & Sayal, K. Archives of disease in childhood, 2019

**Background:** In England, there is a discrepancy between the prevalence of attention-deficit/hyperactivity disorder (ADHD) ascertained from medical records and community surveys. There is also a lack of data on variation in recorded prevalence by deprivation and geographical region; information that is important for service development and commissioning.

**Methods:** Cohort study using data from the Clinical Practice Research Datalink comprising 5196 children and young people aged 3-17 years with ADHD and 490 016 without, in 2012.

**Results:** In 2012, the recorded prevalence of ADHD was 1.06% (95% CI 1.03 to 1.09). Prevalence in the most deprived areas was double that of the least deprived areas (prevalence rate ratio 2.58 (95% CI 2.36 to 2.83)), with a linear trend from least to most deprived areas across all regions in England.

**Conclusions:** The low prevalence of ADHD in medical records may indicate considerable underdiagnosis. Higher rates in more disadvantaged areas indicate greater need for services in those areas.

[Available online at this link](#)

21. **Beyond the global motion deficit hypothesis of developmental dyslexia: A cross-sectional study of visual, cognitive, and socio-economic factors influencing reading ability in children.**

Piotrowska Barbara Willis Alexandra. Vision research 2019;159 48 -60 .

[Available online at this link](#)

Although primarily conceptualized as a disorder of phonological awareness, developmental dyslexia is often associated with broader problems perceiving and attending to transient or rapidly-moving visual stimuli. However, the extent to which such visual deficits represent the cause or the consequence of dyslexia remains contentious, and very little research has examined the relative contributions of phonological, visual, and other variables to reading performance more broadly. We measured visual sensitivity to global motion (GM) and global form (GF), performance on various language and other cognitive tasks believed to be compromised in dyslexia (phonological awareness, processing speed, and working memory), together with a range of social and demographic variables often omitted in previous research, such as age, gender, non-verbal intelligence, and socio-economic status in an unselected sample (n=132) of children aged 6-11.5yrs

from two different primary schools in Edinburgh, UK. We found that: (i) Mean GM sensitivity (but not GF) was significantly lower in poor readers (medium effect size); (ii) GM sensitivity accounted for only 3% of the variance in reading scores; (iii) GM sensitivity deficits were observed in only 16% of poor readers; (iv) the best predictors of reading performance were phonological awareness, non-verbal intelligence, and socio-economic status, suggesting the importance of controlling for these in future studies of vision and reading. These findings suggest that developmental dyslexia is unlikely to represent a single category of neurodevelopmental disorder underpinned by lower-level deficits in visual motion processing. Copyright © 2019 Elsevier Ltd. All rights reserved.

**22. Status Quo and Inequalities of the Statutory Provision for Young Children in England, 40 Years on From Warnock.**

Susana Castro-Kemp, Olympia Palikara, Catarina Grande. *Frontiers in Education*, 2019

In England, the Children and Families Act 2014 has been regarded as the most radical change in the Special Educational Needs and Disability provision for decades. Building on the recommendations of the Warnock report and subsequent 1981 Education Act, the 2014 Act introduced the Education Health and Care plans to replace the Statements of Special Educational Needs, with the view to promote holistic and participation-focused provision. This study aimed to examine and compare the quality of the Education Health and Care plans developed in some of the most deprived and some of the most affluent regions in England, with a particular focus on young children, given the well-documented instrumental role of early childhood intervention. The Education Health and Care plans of 71 children aged 4-8 years old were gathered and a systematic analysis of the needs and outcomes reported in those plans was conducted. Results show that the pattern of needs is similar across diagnostic categories, with the exception of mobility needs. However, more affluent local authorities provide more detailed descriptions of certain types of needs (related to mental functions and sensory functions) and higher quality outcomes. Special settings also present more detailed descriptions of some needs than mainstream settings, as well as higher quality outcomes. The higher the number of reported mental functions needs (related to emotional regulation), the higher the quality of the outcomes written for those children. However, the quality of the outcomes is markedly low across plans, local authorities and settings. These results show that the *status quo* of the Special Educational Needs and Disability policy and provision is still characterized by marked social inequality and specialized work-force disparities, 40 years on from the first Warnock report and the commitment to full inclusion.

[Available online at this link](#)

**23. Twice upon a time: Examining the effect socio-economic status has on the experience of dyslexia in the United Kingdom.**

Macdonald Stephen J. Deacon Lesley. *Dyslexia* (Chichester, England) 2019;25(1): 3 -19 .

[Available online at this link](#)

From the mid-1990s, there have been a number of campaigns aimed at raising awareness of dyslexia and social inclusion. In conjunction with these campaigns, educational and employment policies have been implemented that advocate inclusive and workplace adjustments for people with dyslexia. This study aims to explore the intersectional relationship between dyslexia and socio-economic status. The findings analyse adult perceptions of education and employment, which have been shaped by 23 years of social policies promoting anti-discriminatory practice. The study applies a quantitative approach, which collected data from a national survey conducted from 2015 to 2017. The sample consists of 442 adult participants who reported having dyslexia. The social model of disability has been applied in this study to interpret the data findings from a disability studies perspective. The article suggests that socio-economic status significantly affects issues of diagnosis, educational, and employment experiences. The findings illustrate an intersectional relationship between socio-economic status and disability inequalities, which have an effect on the experiences of people with dyslexia in adulthood. Copyright © 2019 John Wiley & Sons, Ltd.

24. **The association between imported factors and prisoners' mental health: Implications for adaptation and intervention.**

Bowler Nicholas Phillips Ceri Rees Paul. International journal of law and psychiatry 2018;57 61 -66 .

[Available online at this link](#)

In the United Kingdom (UK) the prison population has increased by around one third since the turn of the millennium amid growing concern over the correctional mission of prisons, the number of prisoners exhibiting mental health difficulties and high levels of recidivism. This study aims to explore the relationship between 'imported' (pre-prison) factors and prisoner mental health status. Prisoners (N=756) from two UK prisons completed an established measure of mental health (General Health Questionnaire: GHQ-12) and a bespoke survey on pre-prison characteristics and experiences (for example, dispositions, childhood abuse, substance misuse, learning difficulties and employment). Prevalence of mental health difficulties was high, with 40.3% reaching the 'caseness' threshold. Binary logistic regression and odds ratio analyses were used to explore the ability of imported factors to predict mental health 'caseness' and the direction of influence. Collectively, the imported factors correctly predicted the caseness category of 76.5% of participants ( $p < .001$ ). Pre-prison dispositions proved to be strong predictors of caseness as did childhood sexual abuse and learning difficulties at school. We found the direction of influence of three imported factors differed from all others: unemployment, prior experience of prison and a history of substance misuse. These three factors are associated with a lower rate of mental health caseness. It is of concern that, on release, these same factors are likely to militate against re-integration into society. Imported factors can serve as powerful predictors of 'within-prison' mental health status, but practitioners need to be cognisant of the relative importance and direction of influence of factors, as evidenced by these findings. Crown Copyright © 2018. Published by Elsevier Ltd. All rights reserved.

25. **The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007.**

Ford T Parker C Salim J Goodman R Logan S Henley W. Psychological medicine 2018;48(4): 629 -641

[Available online at this link](#)

**BACKGROUND:** Children with poor mental health often struggle at school. The relationship between childhood psychiatric disorder and exclusion from school has not been frequently studied, but both are associated with poor adult outcomes. We undertook a secondary analysis of the British Child and Adolescent Mental Health Surveys from 2004 and its follow-up in 2007 to explore the relationship between exclusion from school and psychopathology. We predicted poorer mental health among those excluded., **METHOD:** Psychopathology was measured using the Strengths and Difficulties Questionnaire, while psychiatric disorder was assessed using the Development and Well-Being Assessment and applying Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV) criteria. Exclusion from school and socio-demographic characteristics were reported by parents. Multi-variable regression models were used to examine the impact of individual factors on exclusion from school or psychological distress., **RESULTS:** Exclusion from school was commoner among boys, secondary school pupils and those living in socio-economically deprived circumstances. Poor general health and learning disability among children and poor parental mental health were also associated with exclusion. There were consistently high levels of psychological distress among those who had experienced exclusion at baseline and follow-up., **CONCLUSIONS:** We detected a bi-directional association between psychological distress and exclusion. Efforts to identify and support children who struggle with school may therefore prevent both future exclusion and future psychiatric disorder.

26. **The impact of universal newborn hearing screening on long-term literacy outcomes: a prospective cohort study.**

Pimperton Hannah Blythe Hazel Kreppner Jana Mahon Merle Peacock Janet

L. Stevenson Jim Terlektsi Emmanouela Worsfold Sarah Yuen Ho Ming Kennedy Colin R. Archives of disease in childhood 2016;101(1): 9 -15

[Available online at this link](#)

**OBJECTIVE:** To determine whether the benefits of universal newborn hearing screening (UNHS) seen at age 8 years persist through the second decade., **DESIGN:** Prospective cohort study of a population sample of children with permanent childhood hearing impairment (PCHI) followed up for 17 years since birth in periods with (or without) UNHS., **SETTING:** Birth cohort of 100 000 in southern England., **PARTICIPANTS:** 114 teenagers aged 13-19 years, 76 with PCHI and 38 with normal hearing. All had previously their reading assessed aged 6-10 years., **INTERVENTIONS:** Birth in periods with and without UNHS; confirmation of PCHI before and after age 9 months., **MAIN OUTCOME MEASURE:** Reading comprehension ability. Regression modelling took account of severity of hearing loss, non-verbal ability, maternal education and main language., **RESULTS:** Confirmation of PCHI by age 9 months was associated with significantly higher mean z-scores for reading comprehension (adjusted mean difference 1.17, 95% CI 0.36 to 1.97) although birth during periods with UNHS was not (adjusted mean difference 0.15, 95% CI -0.75 to 1.06). The gap between the reading comprehension z-scores of teenagers with early compared with late confirmed PCHI had widened at an adjusted mean rate of 0.06 per year (95% CI -0.02 to 0.13) during the 9.2-year mean interval since the previous assessment., **CONCLUSIONS:** The benefit to reading comprehension of confirmation of PCHI by age 9 months increases during the teenage years. This strengthens the case for UNHS programmes that lead to early confirmation of permanent hearing loss.

**27. The Influence of Socio-Economic Status on the Prevalence of School-Age Childhood Behavioral Disorders in a Local District Clinic of North West England.**

Michael O. Ogundele. Journal of Family Medicine and Health Care, 2016

There are several types of childhood behavioral disorders. The most common disruptive behavior disorders include ODD, CD and ADHD. Socio-economic factors are known to influence the prevalence of chronic childhood disabling conditions including emotional and behavioral disorders. Assessment of school-age children for difficult or challenging behavior constitutes a major case load of neurodevelopmental pediatricians (mainly designated as community pediatricians) and child/adolescent psychiatrists in the UK. We aimed to evaluate the influence of the socio-economic status among school-age children on the distribution and types of behavioral disorders, including ADHD, in a local district Community Pediatric unit of a large healthcare NHS Foundation Trust in the North West of England. The record of all the patients who were seen in any outpatient clinic over a 22-month period between Jan 2014 and Oct 2015 were retrospectively analyzed. Information was collected on the range of clinical presentation and socioeconomic characteristics. The socio-economic status of each child was determined using the latest published Index of Multiple Deprivation (IMD) 2015. A total of 201 school-age children were referred (9 monthly), corresponding to an average of 31% of total monthly caseload. The proportion of patients living in the most deprived deciles and quintiles was 39% and 70% respectively. The prevalence in the most deprived decile (11.6/1000) was 193 times that of the most affluent area. History of family and social adversities was common among the patients including separated parents (24%), fostered / adopted (11%) and previous exposure to abuse, domestic violence or neglect (9%). Socioeconomic deprivation is significantly associated with the prevalence of behavior problems in children living in the North-West of England. Poverty-related chronic stressors are hypothesized to cumulatively compromise parental psychology and ultimately childhood behavioral and mental health outcomes. Tackling the problem requires integrated multidisciplinary and multi-agency approach.

[Available online at this link](#)

#### **iv. LD and care experienced**

- 1. Tackling inequalities in care for people with learning disabilities and autistic people.**  
Social Care Institute for Excellence (SCIE), 2025

In the UK, a learning disability is defined by the Department of Health and Social Care (DHSC) (2001) as: “a significantly reduced ability to understand new or complex information, to learn new

skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood.”

A learning disability is different for everyone. The degree of disability can vary greatly, being classified as mild, moderate, severe or profound. In all cases, a learning disability is a lifelong condition and cannot be cured.

A learning disability is different to a learning difficulty, which is a reduced ability for a specific form of learning and includes conditions such as dyslexia (reading), dyspraxia (affecting physical co-ordination) and attention deficit hyperactivity disorder (ADHD). A person with a learning disability may also have one or more learning difficulties ([Gov UK, 2023](#)).

Additionally, there are a number of conditions and neurological disorders that often involve or cause some type of learning disability, including Down's syndrome, autism, meningitis, epilepsy or cerebral palsy.

[Available online at this link](#)

[Available online at this link](#)

## 2. **Outcomes for children in need, including children looked after by local authorities in England.** Government of the United Kingdom (gov.uk), 2024

This statistical release provides a range of outcome measures at national and local authority level for children in need (CIN), including children looked after (CLA) by local authorities in England.

The outcome measures cover:

- special educational needs
- educational attainment (Key Stage 1, Key Stage 2 and Key Stage 4) and progress (Key Stage 2 and Key Stage 4)
- destinations from school
- absence from school
- suspensions and permanent exclusions from school
- free school meal eligibility
- type of school attended.

Key Stage 2 and Key Stage 4 data is also published at national level for children who were previously looked after who left care through an adoption, special guardianship, or child arrangements order (Official Statistics).

Changes to this year's statistical release include the addition of severe absence (50% or more school sessions missed), placement breakdowns for attainment at national level and a period of care length breakdown for Key Stage 4 at national level.

[Available online at this link](#)

## 3. **Care leavers' transition into the labour market in England.**

Neil Harrison, Jo Dixon, David Sanders-Ellis, Jade Ward, Poppy Asker. University of Oxford, 2023

The aim of our study was therefore to provide novel evidence, founded on large scale national datasets and qualitative exploration, to enable policymakers, practitioners and the research community to better understand transitions into early adulthood for care leavers. Given the limited knowledge currently available, especially about entry to the labour market, our findings should support a better informed policy debate and lead to stronger policymaking and practice, both nationally and at the local level. Bearing in mind the limited data and research in this space to date, the research questions addressed by our study were:

RQ1: What are the key individual, care, and educational predictors of care leavers' participation in education, employment and training?

RQ2: What are the perceptions of key stakeholders with regards to the barriers and facilitators for care leavers' participation in education, employment and training, and to the role played by children's social care services in these processes?

[Available online at this link](#)

[Available online at this link](#)

4. **Educational poverty: how children in residential care have been let down and what to do about it.**

House of Commons Education Committee, 2022

[See chapter 6: Improving outcomes for looked-after children with SEND.]

[Available online at this link](#)

5. **Looked-after children and young people. NICE guideline [NG205].**

National Institute for Health and Care Excellence (NICE), 2021

[See chapter 1.6 Learning and education.]

[Available online at this link](#)

[Available online at this link](#)

6. **The education of children living in children's homes.**

OFSTED, 2021

This study covers:

- the full range of school-aged children living in children's homes, including those attending primary schools, secondary schools and further education and skills (FES) providers
- a wide range of educational provision types, including state-funded, independent, mainstream and special education provisions
- the period between 1 April 2018 and 31 March 2019

[Available online at this link](#)

7. **Getting it right for care experienced students in higher education.**

Hanan Hauari, Katie Hollingworth, Claire Cameron. University College London (UCL), 2019

The academic literature on retaining specifically care experienced students on higher education programmes is sparse. While for all widening participation groups there may be issues of integration into an unfamiliar cultural world, supporting care experienced young people at university requires attention to specific issues of relational, financial and practical support that go beyond what is required for other disadvantaged groups and may act as precipitating factors for early withdrawal from academic programmes. The online survey results show that definitions employed, data collected and policy and practices designed to know who the care experienced student population is and deliver specific services to them varied enormously. Effective support requires contributions from and coordination between many departments of universities; there appeared to be many projects and schemes to support student retention but these were not necessarily aimed at care experienced students and not necessarily led by academic staff who are most likely to have the relational link with the students. Universities clearly differ in their institutional 'habitus' for care experienced students. Analysis of the qualitative data found four main thematic areas of concern to care experienced students: i) enabling an informed choice, ii) continuity of support, iii) prescience and flexibility, and iv) belonging.

[Available online at this link](#)

8. **The Educational Progress of Looked After Children in England: Linking Care and Educational Data.**

Judy Sebba, David Berridge, Nikki Luke, John Fletcher, Karen Bell, Steve Strand, Sally Thomas, Ian Sinclair, Aoife O.'Higgins. University of Oxford, 2019

Children who are, or have been, in care are one of the lowest performing groups in terms of educational outcomes internationally (e.g. Flynn, Tessier & Coulombe, 2013; Trout, Hagaman, Casey, Reid, & Epstein, 2008). They also have poorer employment prospects (Hook & Courtney, 2011) and health outcomes (Dixon, 2008) than the general population and are over-represented in the homeless (Davison & Burris, 2014) and prison populations (Centre for Social Justice, 2015). Poor educational progress and low attainment are known to be associated with these longer-term outcomes (Feinstein, Hammond, Woods, Preston, & Bynner, 2006) and Okpych and Courtney (2015) have demonstrated the converse, that better educational outcomes predict higher earnings and greater likelihood of employment in youth transitioning from care. What is less clear are the factors which facilitate or limit educational progress for these young people. The Department for Education in England published two data packs (DfE, 2011; 2013) to support children's services in identifying these factors, but the relationship between care experiences and educational progress remains relatively unexplored. A better understanding of this relationship should enable schools and services for children and young people to better support their education and improve its outcomes.

[Available online at this link](#)

[Available online at this link](#)

9. **Promoting the education of looked-after and previously looked-after children.**

Department for Education (DfE), 2018

Statutory guidance for local authorities to support looked-after and previously looked-after children's aspirations to achieve in further and higher education.

This is for:

- local authorities
- virtual school heads (VSHs)
- directors of children's services
- social workers
- independent reviewing officers
- officers who are responsible for the education of looked-after children

It details the duty local authorities and VSHs have to promote the educational achievement of the children they look after.

Statutory guidance sets out what local authorities must do to comply with the law. You should follow the guidance unless you have a very good reason not to.

Virtual school heads (VSHs) are in charge of promoting the educational achievement of all the children looked after by their local authority they work for.

[Available online at this link](#)

10. **Educational Progress of Looked-After Children in England: A Study Using Group Trajectory Analysis.**

Sutcliffe, A. G., Gardiner, J., & Melhuish, E. Pediatrics, 2017

**Background:** Looked-after children in local authority care are among the most disadvantaged, and measures of their well-being, including educational outcomes, are poorer than other children's.

**Methods:** The study sample consisted of all children in England born in academic years 1993 to 1994 through 1997 to 1998 who were in local authority care at any point during the academic years

2005 to 2006 through 2012 to 2013 and for whom results of national tests in literacy and numeracy were available at ages 7, 11, and 16 ( $N = 47\,500$ ).

**Results:** Group trajectory analysis of children's educational progress identified 5 trajectory groups: low achievement, late improvement, late decline, predominant, and high achievement. Being looked after earlier was associated with a higher probability of following a high achievement trajectory and a lower probability of following a late decline trajectory. For children first looked after between ages 7 and 16, having a longer total time looked after by age 16 was associated with a higher probability of following a high achievement trajectory. For children with poor outcomes at ages 7 and 11, being looked after by age 16 was associated with an increased chance of educational improvement by age 16.

**Conclusions:** This study provides evidence that early entry into care can reduce the risk of poor educational outcomes. It also establishes group trajectory analysis as an effective method for analyzing the educational progress of looked-after children, with the particular strength that it allows factors associated with a late decline or improvement in educational progress to be identified.

[Available online at this link](#)

#### 11. **Moving on up: Pathways of care leavers and care-experienced students into and through higher education.**

Neil Harrison. University of the West of England, 2017

This report concerns the findings of the HERACLES (Higher Education: Researching Around Care Leavers' Entry and Success) project which ran from November 2016 to March 2017. The project comprised two parts providing novel data and forms of analysis: • PART 1: A statistical analysis of official data for England of the cohort of 650,220 young people finishing Key Stage 4 in 2007/08, including 6,470 care leavers; • PART 2: A quantitative and qualitative analysis of the 212 responses to an online questionnaire from care-experienced students currently in higher education.

[Available online at this link](#)

## D. Search strategy

MedLINE search strategy via OVID

# ▲	Searches	Results
1	"learning disabilit*".ti,ab. or exp Learning Disabilities/	28957
2	"learning difficult*".ti,ab.	3094
3	1 or 2	31063
4	infant.mp. or exp Infant/ or exp Infant, Newborn/	1370507
5	exp Child/ or child.mp. or exp Child, Preschool/	2489877
6	teen*.mp. or exp Adolescent/	2317412

7	"young people".mp.	41875
8	4 or 5 or 6	4341338
9	4 or 5 or 6 or 7	4354071
10	child foster.mp. or exp Foster Home Care/ or exp Child, Foster/	4154
11	"child* looked after".mp.	38
12	"looked after child*".mp.	202
13	"care leaver*".mp.	88
14	"foster experienced".mp.	0
15	"child* in care".mp.	265
16	"in care".mp.	26269
17	10 or 11 or 12 or 13 or 14 or 15	4541
18	10 or 11 or 12 or 13 or 14 or 15 or 16	30375
19	Social Deprivation.mp. or exp Social Deprivation/ or exp Socioeconomic Factors/	536150
20	exp Poverty Areas/ or exp Poverty/ or poverty.mp. or exp Child Poverty/	77350
21	deprivation.mp.	110063
22	deprived.mp.	34388
23	disadvantaged.mp.	20418
24	19 or 20 or 21 or 22 or 23	683259
25	exp Minority Groups/ or "Sexual and Gender Minorities".mp. or exp Transsexualism/ or exp Homosexuality, Male/ or exp Bisexuality/ or exp Homosexuality/ or exp Humans/ or exp "Sexual and Gender Minorities"/	22541997

26	Transgender Persons.mp. or exp Transsexualism/ or exp Transgender Persons/ or exp Sexual Behavior/ or exp Bisexuality/	136499
27	25 or 26	22548043
28	Ethnicity.mp. or exp Ethnicity/	192987
29	Racial Groups.mp. or exp Racial Groups/	114929
30	"Ethnic and Racial Minorities".mp. or exp "Ethnic and Racial Minorities"/	1577
31	roma.mp. or exp Roma/	3214
32	(gypsy or gypsies).ti,ab.	2680
33	exp Asian People/ or exp Asian/ or asian.mp.	197029
34	Black People.mp. or Black People/	42491
35	(ethnic adj3 minorit*).mp.	21750
36	28 or 29 or 30 or 31 or 32 or 33 or 34 or 35	472548
37	(england or "united kingdom" or "uk" or britain or british or wales or scotland).mp.	593836
38	exp England/	116529
39	exp United Kingdom/	402537
40	37 or 38 or 39	613994
41	3 and 9 and 18 and 40	9
42	3 and 9 and 24 and 40	114
43	3 and 9 and 27 and 40	693
44	3 and 9 and 36 and 40	41

## E. Disclaimer

We hope that you find the evidence search service useful. Whilst care has been taken in the selection of the materials included in this evidence search, the Library and Knowledge Service is not responsible for the content or the accuracy of the enclosed research information. Accordingly, whilst every endeavour has been undertaken to execute a comprehensive search of the literature, the Library and Knowledge Service is not and will not be held responsible or liable for any omissions to pertinent research information not included as part of the results of the enclosed evidence search. Users are welcome to discuss the evidence search findings with the librarian responsible for executing the search. We welcome suggestions on additional search strategies / use of other information resources for further exploration. You must not use the results of this search for commercial purposes. Any usage or reproduction of the search output should acknowledge the Library and Knowledge Service that produced it.

**Please acknowledge this work in any resulting paper or presentation as:**

Evidence search: Learning disability, learning difficulty and intersectionality in children and young people 0-25 years. Frankie Marcelline. 26th February, 2025. BRIGHTON, UK: Sussex Health Knowledge and Libraries.