

Special Educational Needs and Disabilities (SEND) Needs Assessment for Suffolk

Needs Assessment Overview

January 2025

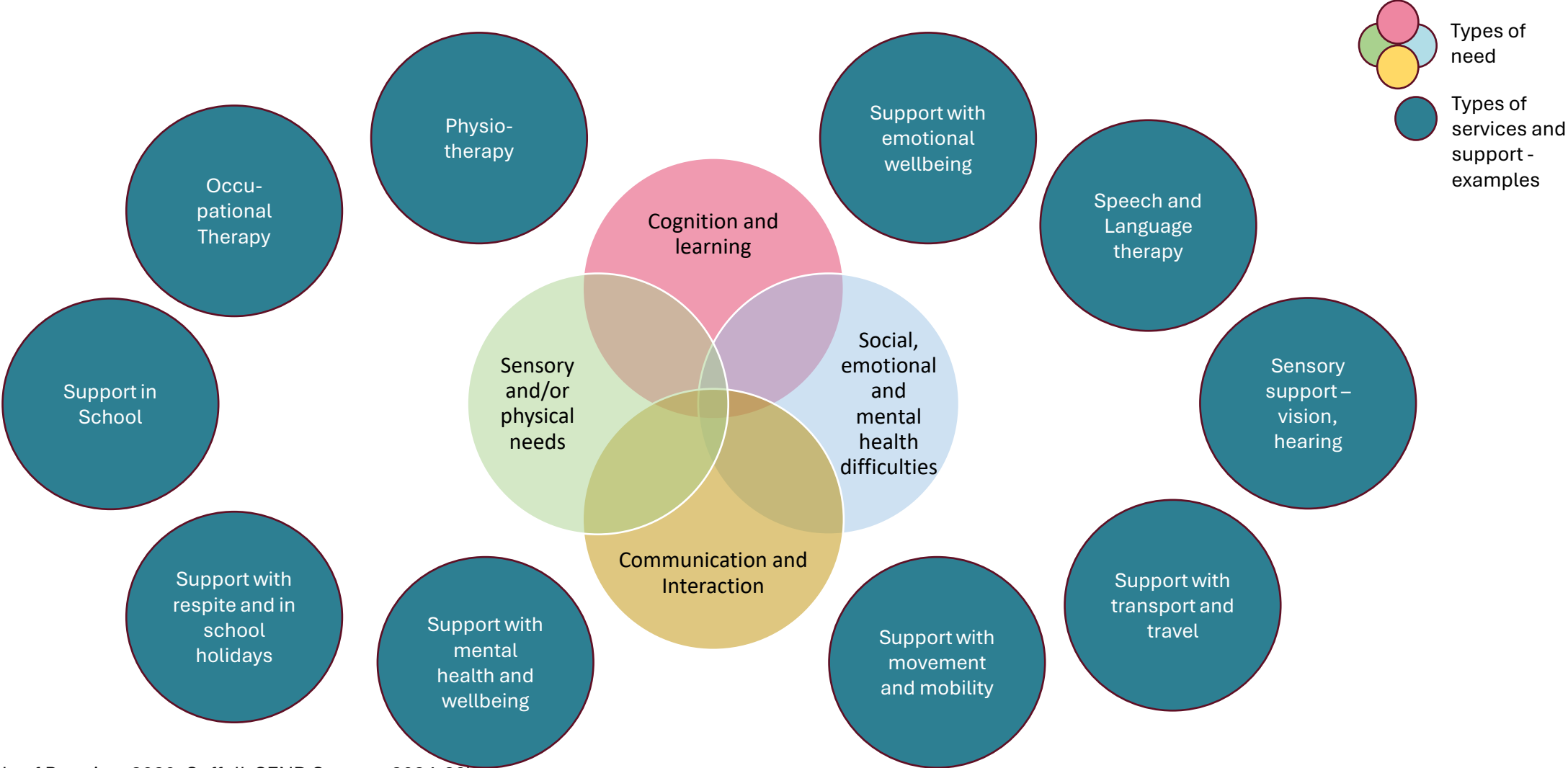


What is the SEND Needs Assessment and why did we do it?

- This Needs Assessment helps us understand what support and services children and young people with Special Educational Needs and Disabilities (SEND) in Suffolk could require, both now and in the future
- It is part of our legal duty to assess health and wellbeing needs in Suffolk. Documents are shared in the public domain on the [Healthy Suffolk - Healthy Suffolk](#) website.
- It helps us make decisions about current and future services and support
- The Assessment looked at data, research, and people's experiences
- This Needs Assessment was led by a multi-agency and multi-disciplinary Steering Group, including the representatives of all the organisations listed below.
- **The authors would like to thank everyone who generously gave their time, expertise, and data in the writing of this Needs Assessment.**



What do we mean by Special Educational Needs and Disabilities (SEND)? SEND means a child or young person needs extra support with their learning or daily life. The SEND Code of Practice outlines four main types of needs: Communication and interaction (like speech and language); Learning; Social, emotional and mental health; and Physical or sensory (like vision or hearing). Many children have more than one type of need and children need different types of support at different times.



Types of need
Types of services and support - examples

Source: SEND Code of Practice, 2020; Suffolk SEND Strategy 2024-29)

The views of children, families and professionals tell us that more engagement and co-production is key to implementing the findings of this Needs Assessment

What's important to children and young people in Suffolk:	Quotes from children and young people in Suffolk
<ul style="list-style-type: none"> • Learning to drive and using public transport • Social clubs/safe places to socialise and do activities • Relationships • Spending time with family and friends and making friends • Where they live • More equality and less stigma • Bringing visibility to invisible disabilities • Being outside everyday • Getting a job and help with money • Responsibility • Taking part in discussions and sharing their views 	<p>"I feel nervous when I go to assemblies, because I am different to everyone else, I don't want to stand out in a crowd or in front of my friends or peers."</p> <p>"Mental health is still an issue when you have a disability or a SEND need."</p> <p>"Making my own decisions."</p> <p>"...listening to me and giving me the right support is important."</p> <p>"I'm scared of going to high school, I'm scared about being bullied"</p> <p>"We need time to process information"</p> <p>"Living in Suffolk as a young person with undiagnosed needs is extremely hard"</p>

Children and young people want:

- Better mental health support
- Help to be independent (e.g. driving, work, and travel)
- To be treated equally
- Less stigma for invisible disabilities

Families told us they:

- Find the system complicated
- Wait too long for help
- Get tired trying to get support

Professionals said they:

- Work well together
- Need more staff and training
- Need more time and resources

Source: [Suffolk SEND Strategy 2024-2029](#)

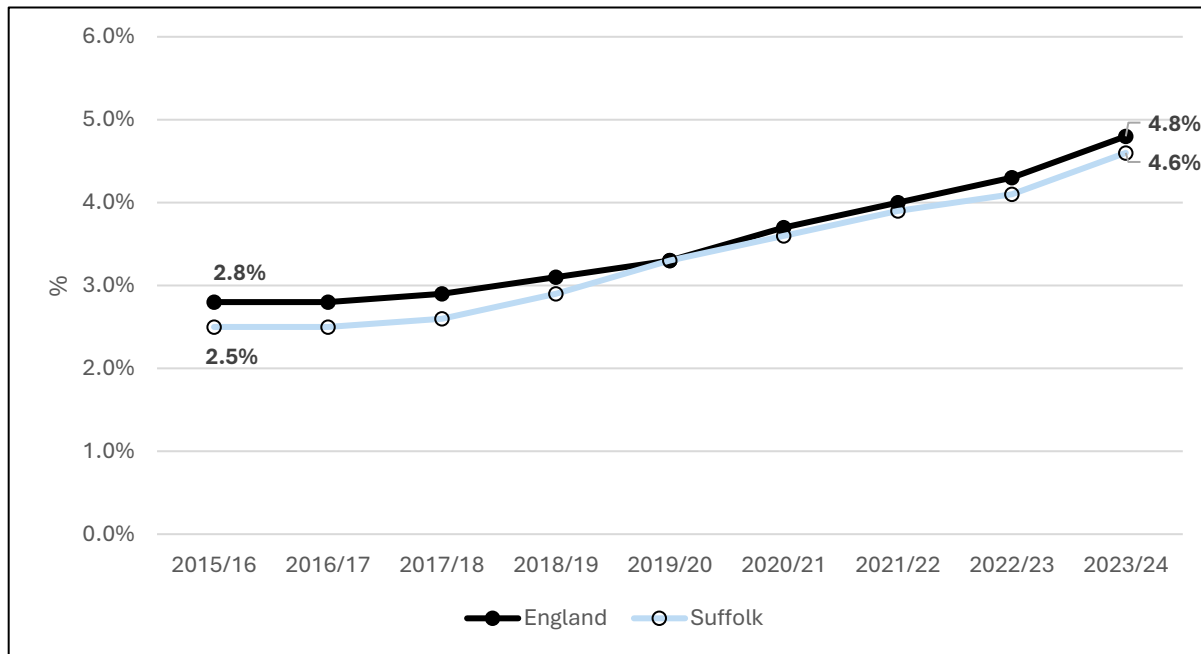
Key findings of the SEND Needs Assessment

What has happened to demand for services? Demand for services to support children and young people with SEND in Suffolk, and nationally, has **increased significantly in recent years**. In Suffolk, 4.6% of children now have Education, Health and Care Plans (EHCPs), and 13.5% receive SEN support in school.

Special Educational Needs (SEN) support is extra help given to children who have difficulties with learning or other needs in school. This support helps them learn and participate alongside their classmates. It can include extra help, special learning programmes or equipment, or adjustments to the classroom or teaching methods.

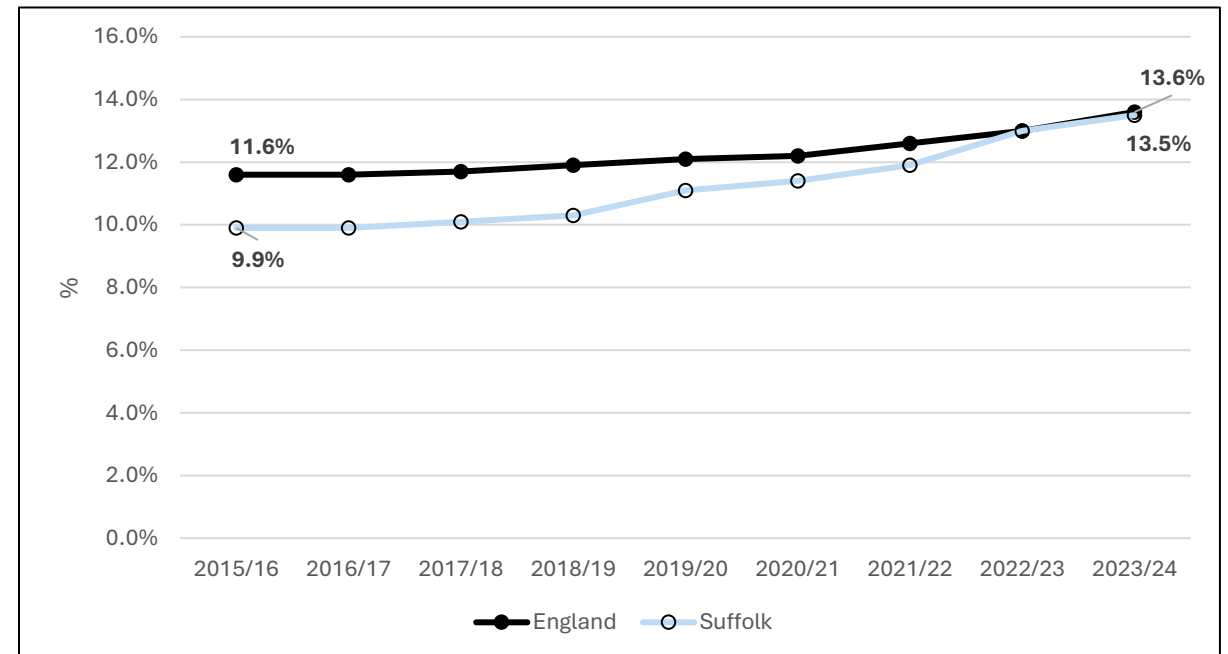
An Education, Health and Care Plan (EHCP) is for children and young people aged up to 25 who need more support than is available through special educational needs support.

Percentage of school-age children with EHC Plans, Suffolk and England, 2015/16 to 2023/24 (Department for Education, 2024)



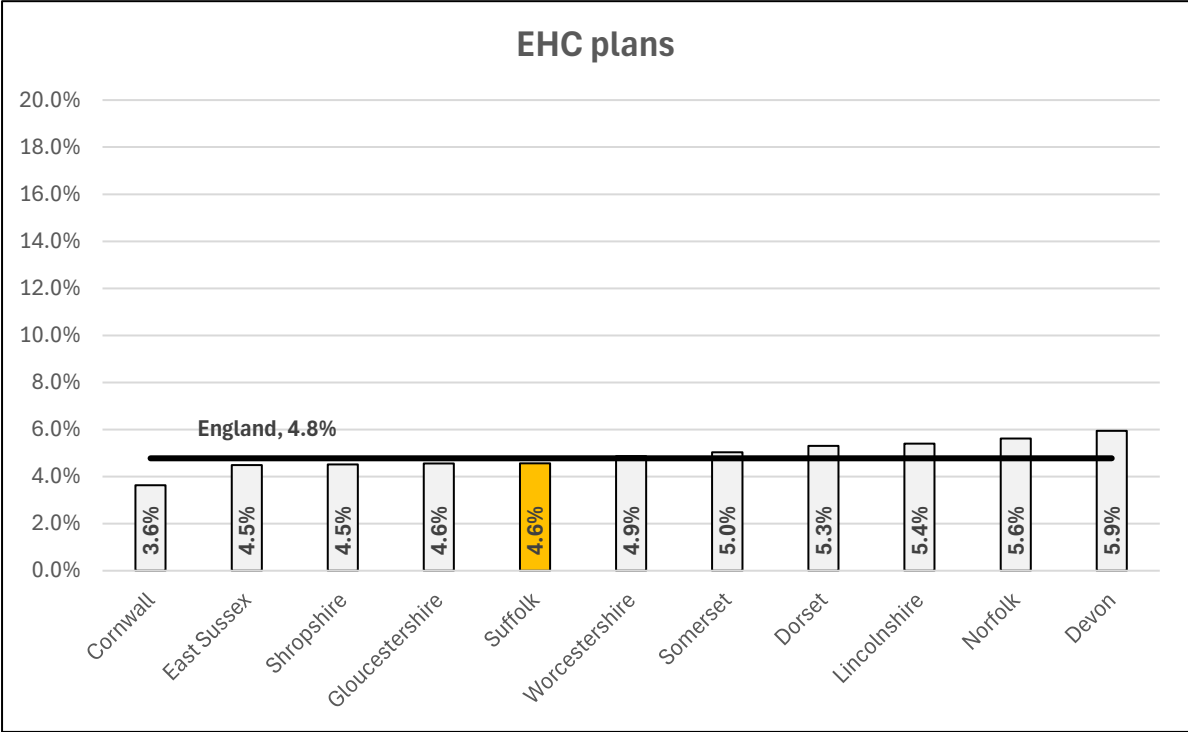
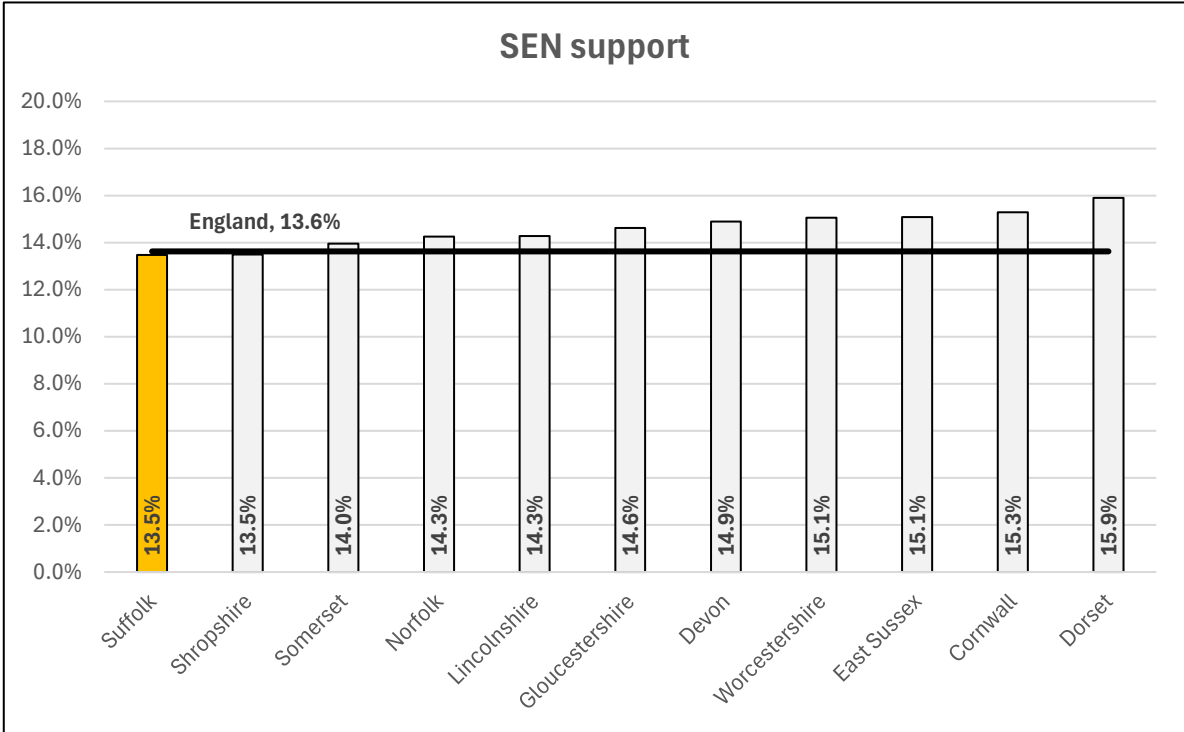
Source: [Department for Education](#) (2024)

Percentage of school-age children receiving SEN support/SEN without an EHC plan, Suffolk and England, 2015/16 to 2023/24 (Department for Education, 2024)



Despite these increases, Suffolk still provides fewer children with SEN support than other similar authorities. This suggests that **local demand may continue to increase, in line with other areas with similar populations.**

Percentage of children with SEN support, and EHC plans, for Suffolk and Children’s Services Statistical Neighbours, 2023/24 (Department for Education, 2024)

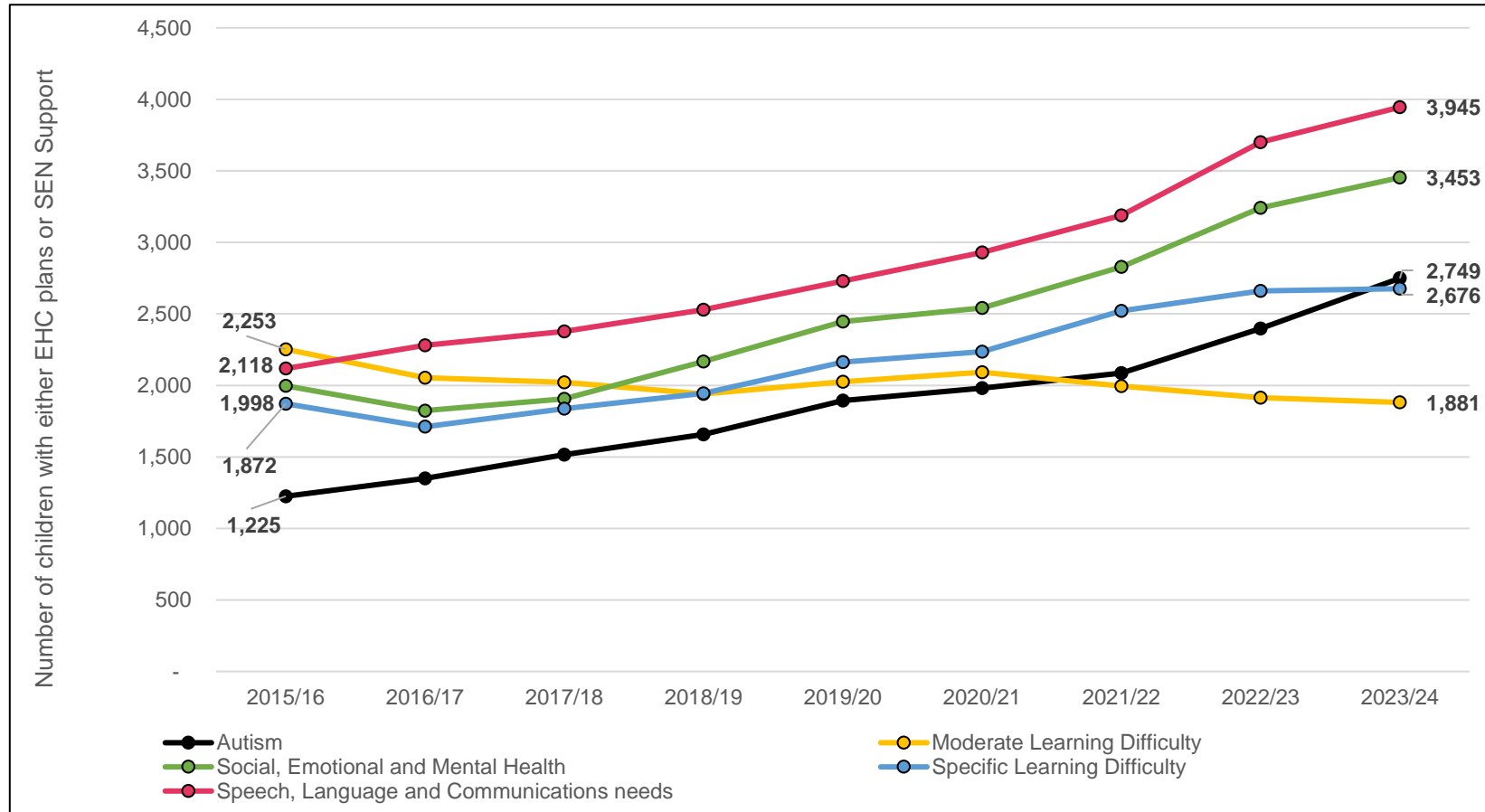


Source: [Department for Education](#) (2024)

Are SEND needs changing? Speech, language and communication needs are the most common ‘primary need’ in Suffolk, followed by social, emotional and mental health needs. Demand for support for nearly all types of need is increasing.

A primary type of need refers to the main category of difficulty of impairment a child or young person experiences that impacts their learning and development.

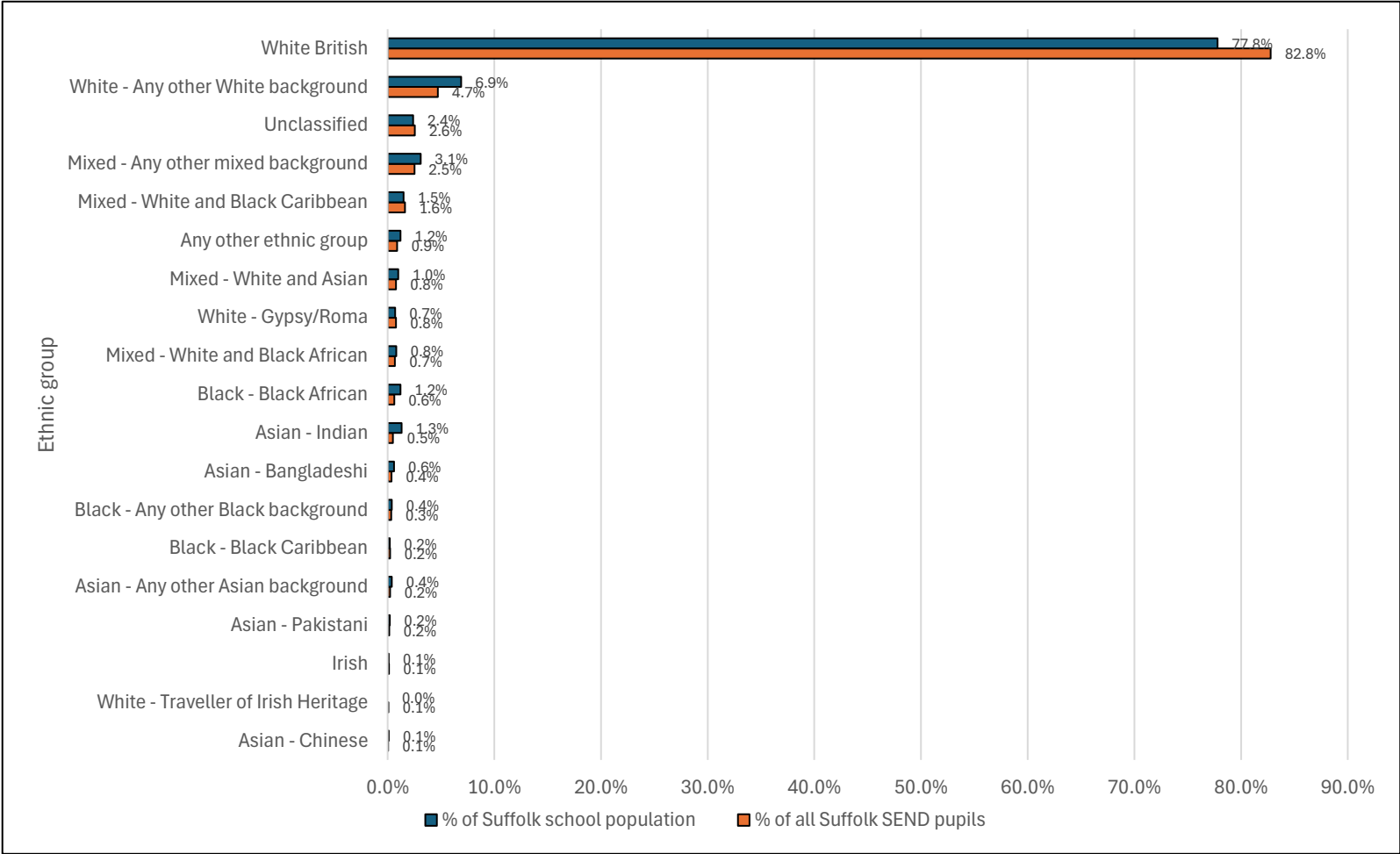
Number of pupils in Suffolk schools by 5 most common primary type of need (SEN Support and EHC plans combined), 2015/16 to 2023/24



Source: [Department for Education](#) (2024)

Are we supporting everyone fairly? There are **inequalities** present within the data on SEND provision in Suffolk. They include the possible under-provision of SEND services for children and young people from ethnic backgrounds other than White British....

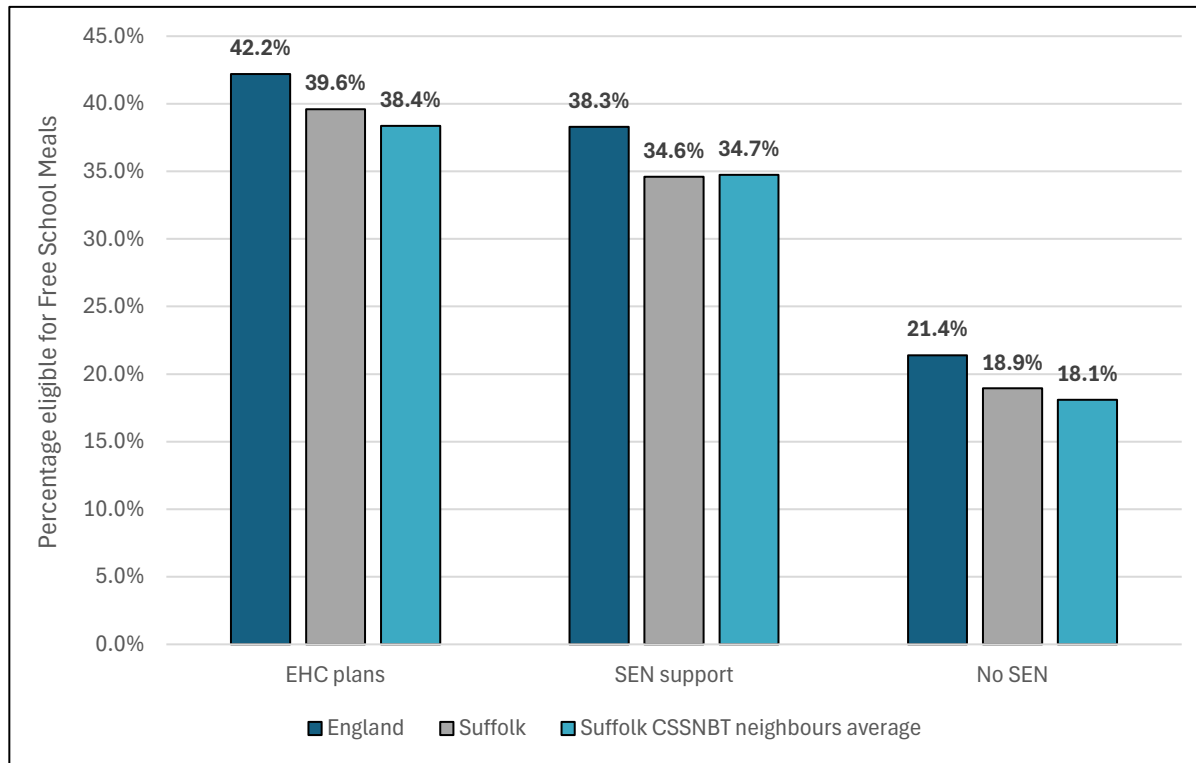
Percentage of all Suffolk SEND pupils by ethnic group, and % of school population by ethnic group, 2023/24



Source: [Department for Education](#) (2024)

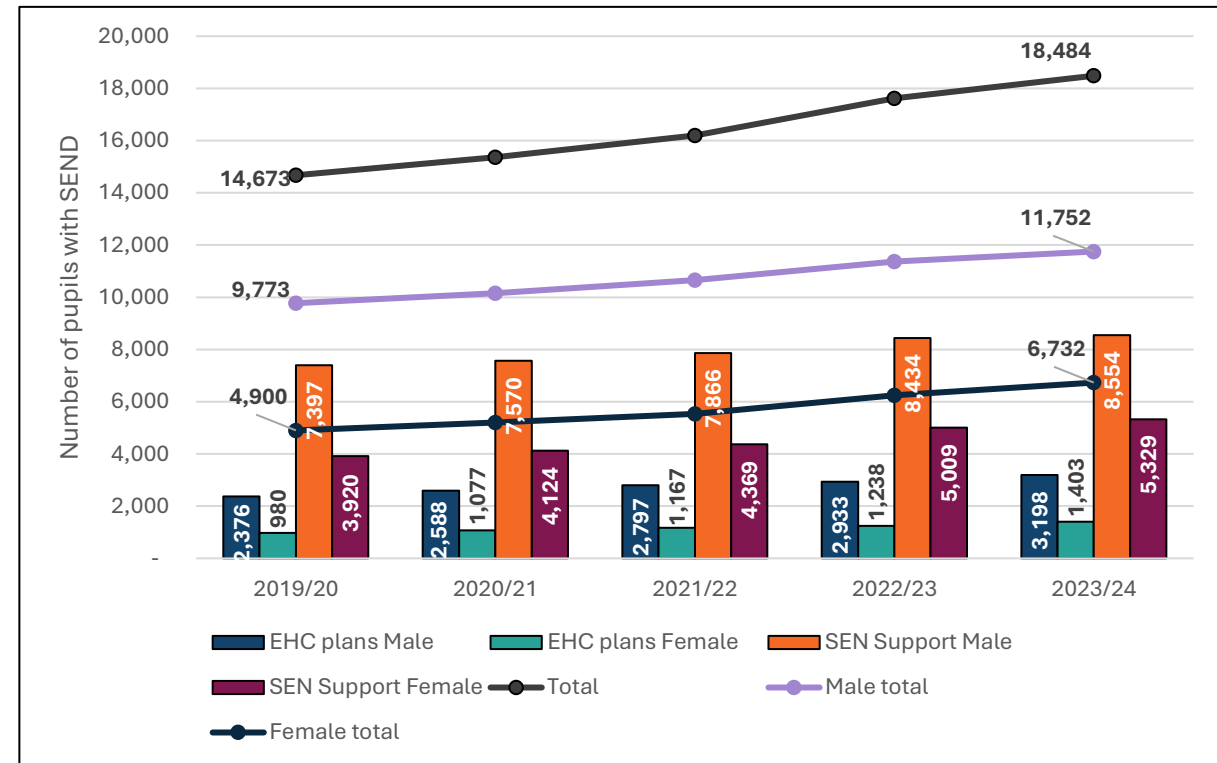
... and there are **significantly more pupils with an EHCP who are from low-income families**, suggesting deep and multiple disadvantage in those families. Also, **almost twice as many males as females are receiving support**, which may not reflect underlying need.

Percentage of pupils eligible for free school meals by pupils with EHC plans, receiving SEN support and No SEN, England, Suffolk and similar authorities to Suffolk (CSSNBT), 2023/24



Source: [Department for Education](#) (2024)

Trend in the number of pupils with SEND for males and females in Suffolk schools, 2019/20 to 2023/24

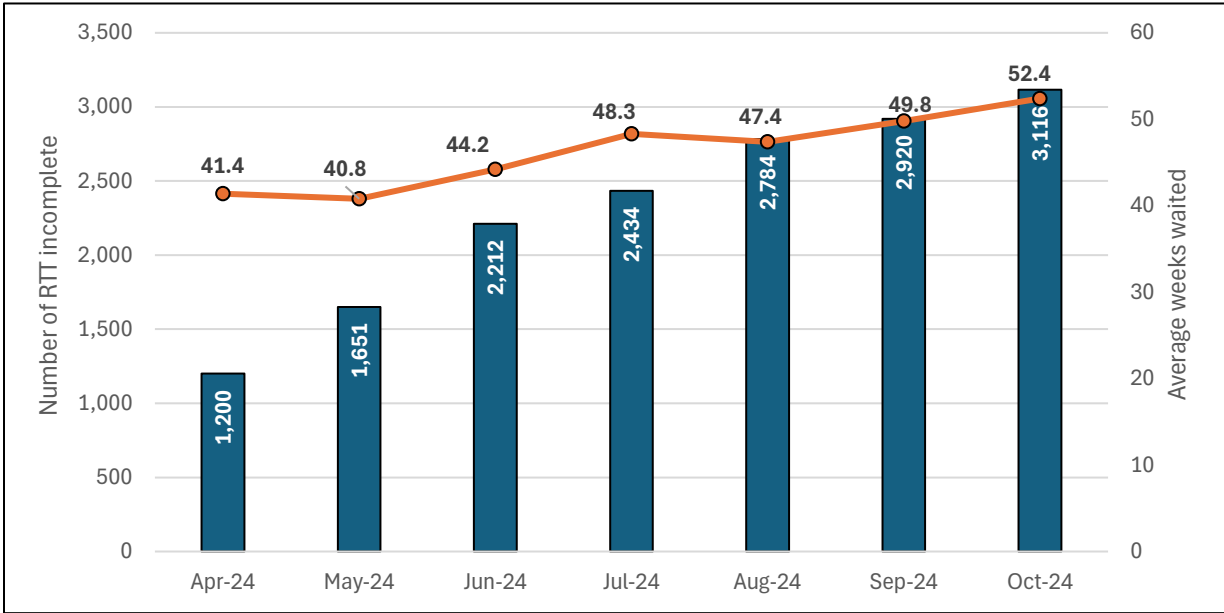


Source: [Department for Education](#) (2024)

How long are people waiting? While some waiting times are within national timescales and others are improving, **many children and young people are still waiting too long for assessment, plans, diagnosis and treatment in Suffolk.** Waiting times for some services are also getting longer.

Children are waiting too long for: ADHD assessment and treatment, autism assessment, mental health support, and Education, Health and Care plans.

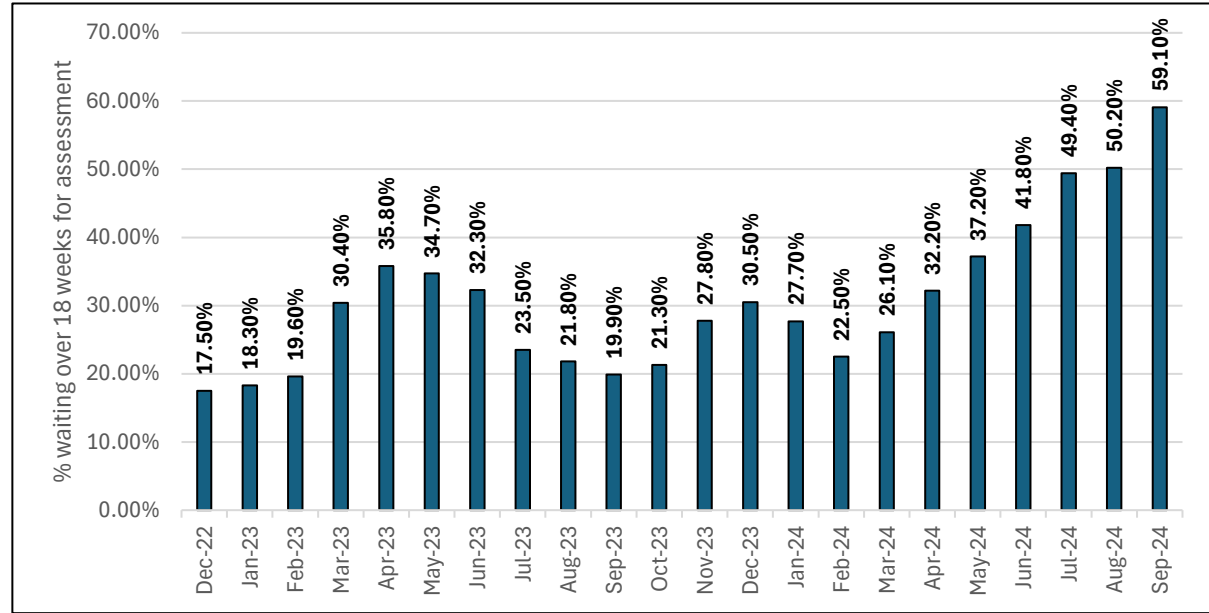
ADHD number of incomplete referrals and average weeks waited for treatment for under 25s in Suffolk, April-October 2024



Source: NSFT (2024); SEND – Suffolk Dashboard, SNEE Business Intelligence (2024)

- Between April to October 2024, the number of children and young people **waiting more than 18 weeks for ADHD assessment increased nearly three-fold.**
- During the same period, for the children and young people waiting more than 18 weeks from assessment to treatment, **average waits increased from 41.1 weeks to 52.4 weeks**

Young people identified as having Socio-Communication difficulties (Under 11s) – percentage waiting over 18 weeks for assessment, December 2022 to September 2024

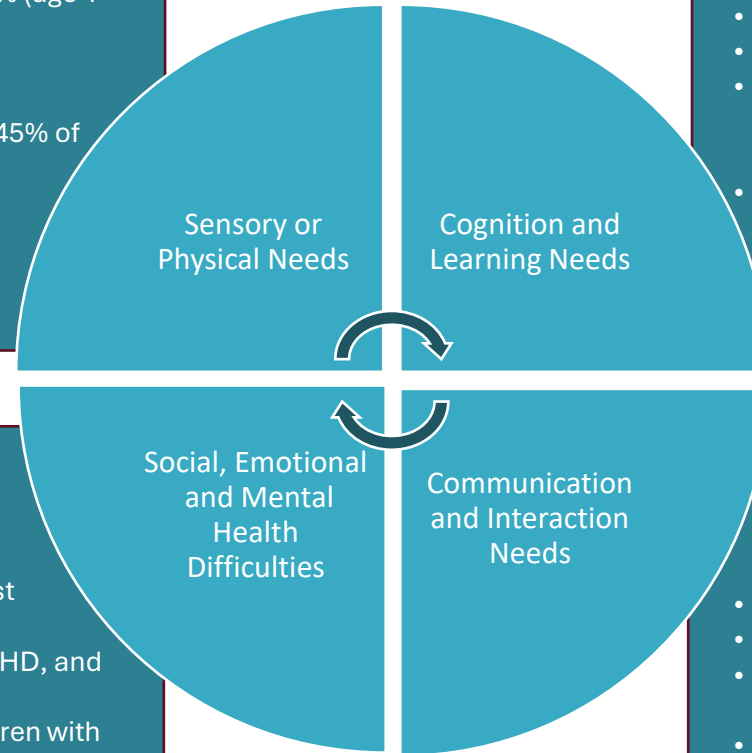


Source: NSFT (2024); SEND – Suffolk Dashboard, SNEE Business Intelligence (2024)

- The **waiting list for autism services for under 11s** increased to 384 children between December 2022 and September 2024. **By September 2024, 59.1% of these children were waiting longer than the standard of 18 weeks.**
- For **children and young people aged 11-17**, the **waiting list for autism services** has increased to 233 people, with an **average wait of 97 weeks for assessment**

The conditions which can lead to children and young people having SEND occur at different rates, but there is clear evidence that **many of these conditions are occurring more frequently, and occurring together**, adding to complexity.

- Sight impairment certifications have increased
- Severe visual impairment or blindness increased by 9% (age 1-4), and 64% (age 5-15) 2000-2015
- Complexity of visual impairment is increasing
- Cases of cerebral palsy are thought to have increased nationally by 7% between 2014-2020 (20,077 cases). 45% of these children will have at least one severe impairment
- Children and young people with sensory or physical needs may experience significantly higher rates of mental ill health

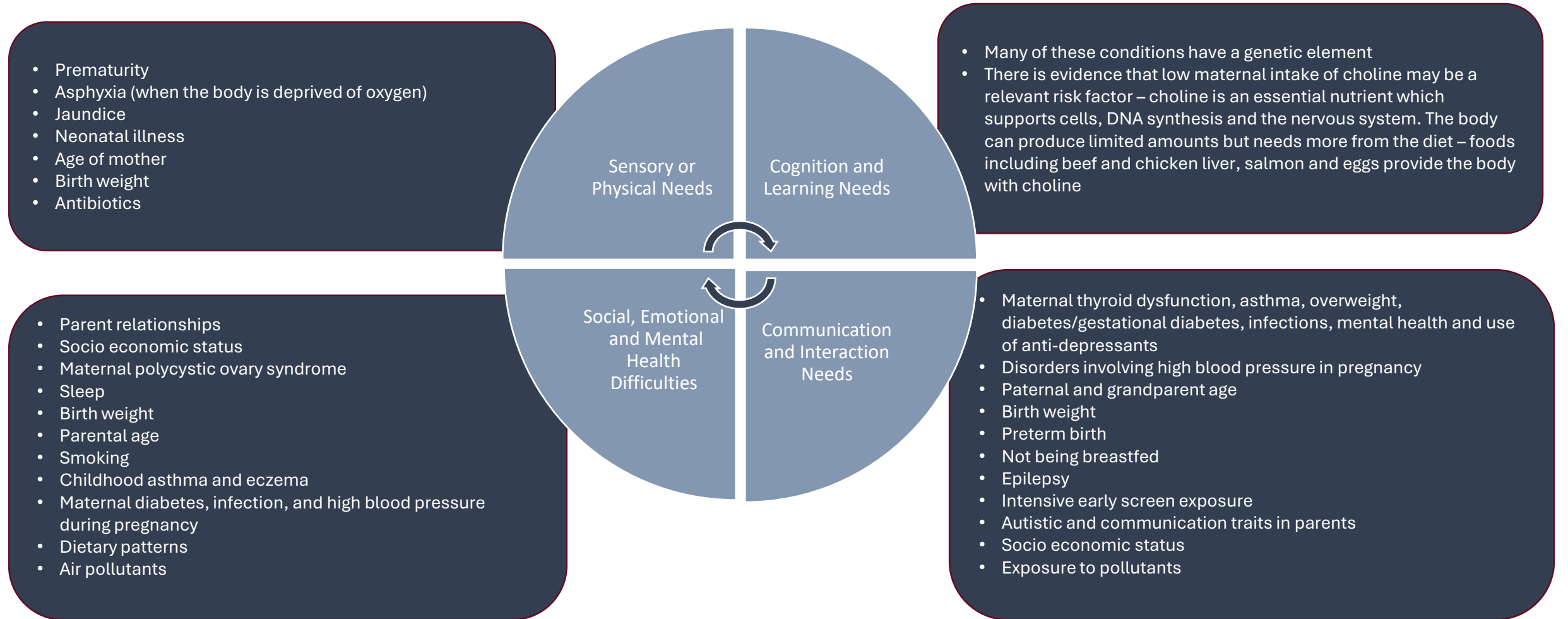


- Global estimates suggest that cognition and learning disorders affect between 3-10% of children
- 7.1% of children are estimated to have dyslexia
- 6% of children are estimated to have dyscalculia
- It is estimated that 11.2% of children and adolescents have a wider range of disabilities which can influence cognition and learning, including epilepsy, vision and hearing loss, and intellectual disability
- The number of children and young people with this wider range of disabilities in 2017 was far higher than the estimate made in 2004 – aligning with wider findings that the prevalence of SEND is increasing over time

- Estimating the prevalence of these difficulties is complex and rates vary
- Systematic reviews suggest that nearly 4 in 100 children will have ADHD, while community-based studies suggest rates are between 5 and 11 children in every 100
- Males are 2-3 times more likely to be diagnosed with ADHD, and there is a bias towards younger children
- Data from Northern Ireland suggests that 11.5% of children with these needs meet the criteria for a mental health disorder
- Data suggest that these difficulties are becoming more common over time. Glasgow data on children with high-risk emotional and behavioural difficulties suggests an annual increase of between 1.5% to 5%

- Global estimates suggest that 3 in every 100 children will have autism spectrum disorder, with the estimate for England being 2 in every 100 children
- Between 1998 and 2018 ASD diagnoses increased by 787% in England
 - In this same period, age at diagnosis increased from 9.6 to 14.5 years
 - General communication disorders and social pragmatic disorders are also thought to affect between 1 and 3 in every 100 children
 - Children with these needs are highly likely to have other needs, with ADHD being present in up to 86% of cases, anxiety in up to 82%, depression in up to 75%, epilepsy in up to 77.5%, intellectual disability in up to 92%, sleep disorders in up to 73% and gastrointestinal syndromes in up to 68% of cases

While many of the conditions which can lead to SEND are not preventable, there are a wide range of possible **population-level risk factors**. Many of these are **correlational rather than causal, and they cannot explain individual outcomes**. Supporting the **health of women** appears to be important, but much more research is needed.



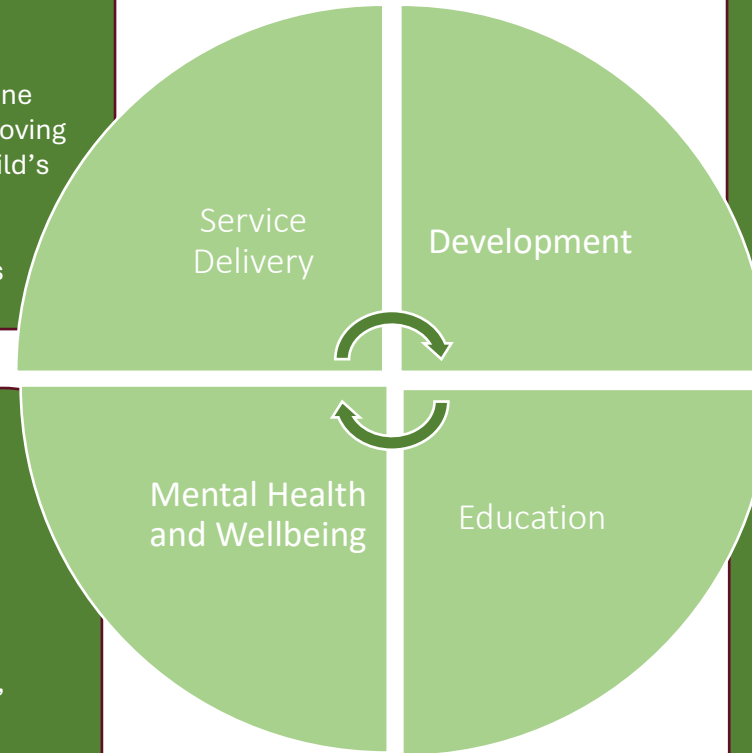
While there is some evidence that the Covid-19 pandemic and the resulting changes to society benefitted some children and young people with SEND, there were also **widespread learning losses, damage to the development, and the exacerbation of existing inequalities** for many others.

There were significant changes to the way services for children and young people with SEND were delivered through the pandemic

- Services were reduced or suspended
- Some healthcare services adopted a mix of telemedicine and face to face appointments, with digital services proving positive for some families although others felt their child's needs were not met
- The rapid shift to digital services highlighted and exacerbated existing inequalities in technology access

The pandemic had a complex impact on mental health and wellbeing

- Some families reported benefits from extended family time together
- Many families reported increased anxiety and stress
- Social interactions were affected with children losing external support networks and friendships
- Some children found the disruption to routine positive, while others suffered from the lack of structure
- Some children with autism reported benefits from reduced social pressures and freedom from masking but children with autism and ADHD generally had more severe emotional deterioration than other groups
- Deteriorating parental mental health



There were significant and varied impacts on the development of children with SEND

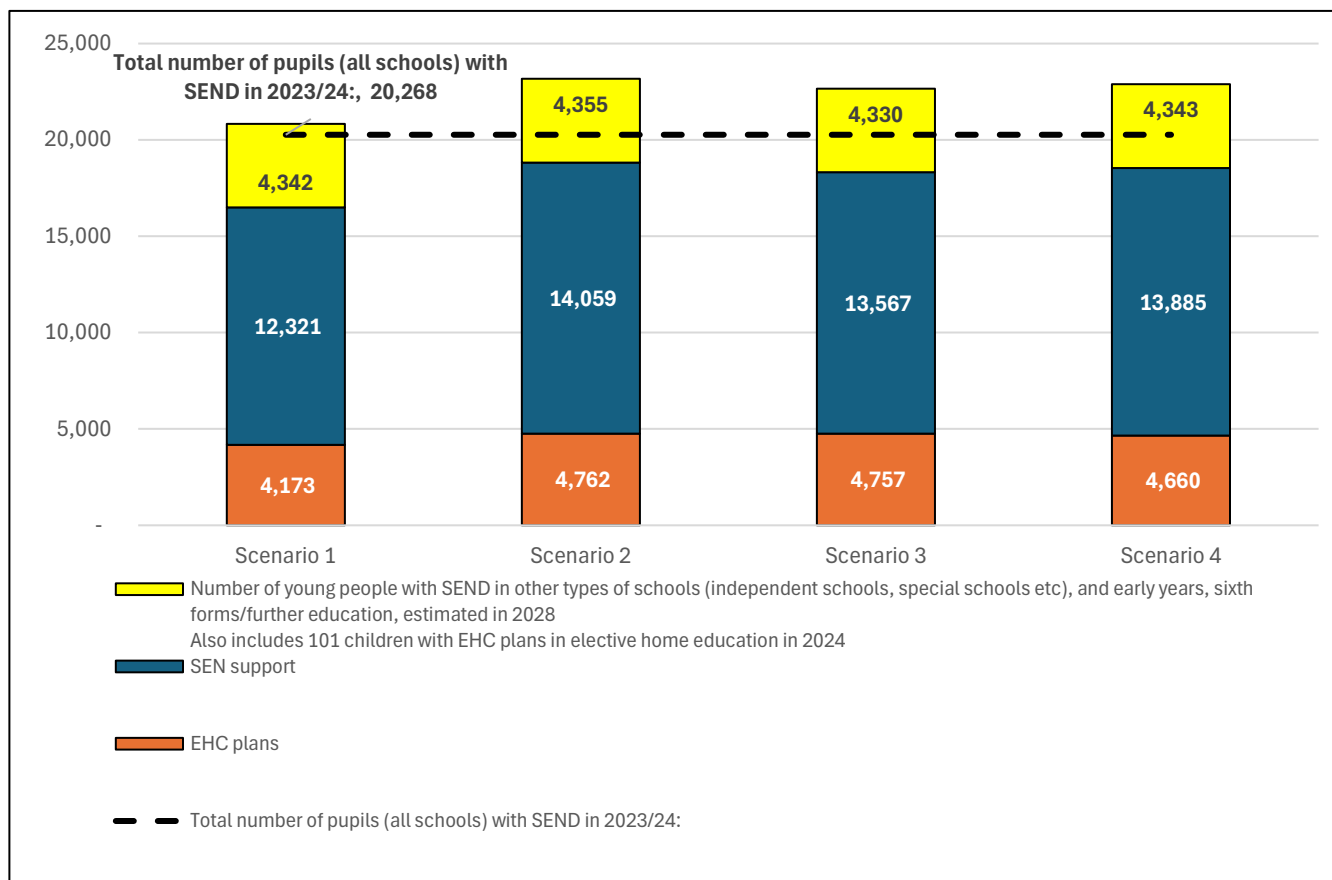
- Physical development declined
- Reduced levels of physical activity
- Deteriorating sleep quality
- Deterioration in speech, language and communication abilities, especially in children with Down syndrome
- Decreased self-regulation and co-operation skills
- Increased ADHD symptoms
- Behavioural changes
- Some children with autism showed improvements in emotional symptoms

There were significant and varied impacts on the education of children with SEND

- Widespread learning losses
- Greater academic setbacks than peers without SEND
- Difficulties with homework completion, attention, task management
- Some benefits particularly for some children with ASD – relief from classroom distractions and personalised, flexible approaches
- Widely varying success of home learning
- System response gaps – delayed special school guidance, inadequate risk assessments, EHC delays, technology and funding deficits

While these estimates are not precise, the factors described in the Needs Assessment (low comparative levels of some support, increasing prevalence of key conditions, potentially rising population level risk factors, the ongoing impact of the pandemic) **seem likely to point to an ongoing increase in SEND and associated demand for services and support in Suffolk.**

Comparison of projections for SEND provision in Suffolk under each of the four scenarios, with estimated number of mainstream school-age children requiring SEN support and EHC plans in 2027/28



Within the SEND Needs Assessment, modelled four potential scenarios were modelled to explore the impact of different rates of change of demand for state funded mainstream school age settings. These scenarios can be expanded and adjusted over time.

- Scenario 1 (**static prevalence**) projects the most conservative growth to 16,494 children in mainstream settings
- Scenario 2 (**recent Suffolk trend of increased SEND cases continuing**) demonstrates the most substantial increase to 18,821 children in mainstream settings
- Scenario 3 (**Suffolk’s prevalence increasing in line with national average increases**) projects 18,324 children in mainstream settings
- Scenario 4 (**increases in prevalence in line with statistical neighbours average**) suggests a projection of 18,545 mainstream school-age children respectively.

Source: Suffolk County Council – School Census Analysis (2024); [Department for Education](#) (2024)

What happens next? These recommendations are for all organisations and partners in Suffolk who support children, young people and families with SEND in Suffolk

Number	Summary of recommendation
1	Conduct detailed engagement with service users on the novel findings of this Needs Assessment to inform the future planning.
2	While the Needs Assessment has found some evidence of improved waiting times, many children and young people are still waiting too long for assessment, plans, diagnosis and treatment for a wide range of SEND needs, which must be addressed.
3	Ensure that future planning and service provision is informed by a clear understanding of the inequalities which may be present in Suffolk's SEND provision
4	Finalise and publish the Suffolk Children's Outcome Framework and continue to improve local SEND reporting to bring together operational data with key strategic data
5	Improve the future planning for the provision of SEND services in Suffolk, noting that the needs and numbers of children and young people with SEND in Suffolk are likely to increase further in the coming years
6	While many of the conditions which can lead to SEND are not preventable, population-level risk factors which may be contributing to poor outcomes should be understood and minimised wherever possible
7	Explore where Suffolk appears to be an outlier in data or service provision and take action to address if required
8	Lobby for better national data to inform planning, which is timely, consistent, accurate and comparable
	Note the potential longer-term implications of the population-level risk factors
10	Consider whether additional support and resources are required to address the disproportionate learning and other losses suffered by children and young people with SEND during the Covid-19 pandemic

[**Full SEND NA document**](#)

