Children and Young People with Special Educational Needs & Disabilities (SEND) Needs Assessment (2024)

Suffolk Public Health and Communities Knowledge, Intelligence and Evidence Team
KnowledgeandIntelligence@Suffolk.gov.uk

Lead Author: Andrew Crowe
Evidence Reviewer: Elinor Bally
Editors: Anna Crispe and Natacha Bines

December 2024

Contents

Joint introduction to the Special Educational Needs and Disabilities (SEND) Needs Assessment

Dear All,

We are delighted to present this report on the needs assessment of children and young people with special educational needs and disabilities (SEND) in Suffolk.

Of significant importance, this report helps us understand the current situation of SEND needs and provision in Suffolk and plan for the future. It allows us to see the bigger picture by pulling together all the details around the children and young people who use our services, what support they need and where there may be gaps. It means we can identify priorities and plan our resources better to fulfil those needs.

This report will become the golden thread – a thread that runs through all conversations we have about how we deliver SEND services. It provides us with a wealth of evidence and data to inform our conversations and make sure we are fully informed when we make big decisions. It covers changing patterns of identification and diagnosis, needs and risk factors for the development of conditions, recent demand and the outcomes for our SEND children and young people.

It is deliberately thorough and honest highlighting the highs and lows of SEND provision. Some parts make for difficult reading – parts where it is easy to see how some current services are not working as well as they need to. In addition, there are sections where our services are exceeding expectation and having great results. We must understand the entire landscape and provide consistent and equal improvement.

Some of the key aspects of the report which will inform our discussions, include:

- Clear evidence of rapidly rising increases in demand for services which support children and young people with SEND in Suffolk
- Inequalities in the way in which some children and young people are having their needs met, including long waiting times for some key services
- Considerations whether demand for SEND services is likely to change in the future
- Ten recommendations for improving the outcomes of children and young people with SEND in Suffolk.

The report and the recommendations made, will become part of the Local Area Priority Action Plan for widescale SEND reform and improvement. This plan was agreed following an Ofsted and CQC inspection in November 2023.

This report has been a huge undertaking, and our thanks go to the team who have dedicated their time to delivering this.

We remain committed to improving outcomes for our children and young people that use our SEND services in Suffolk. This document plays an integral part in that commitment.

Thank you,

Sarah-Jane Smedmor
Executive Director of Children & Young People's Services, Suffolk County Council

Dr Ed Garratt
Chief Executive of NHS Suffolk & East Essex ICB

Tracey Bleakley
Chief Executive, NHS Norfolk and Waveney ICB

Language used in this Needs Assessment (NA)

In this Special Educational Needs and Disabilities (SEND) Needs Assessment, we are committed to using inclusive language that reflects the diversity, dignity, and individuality of all children, young people, and families. We recognise that language shapes how we view and engage with others, and we aim to use terminology that is respectful, empowering, and free from bias. We want to ensure that all voices are valued, particularly those of individuals with lived experience of SEND, as we strive to create an environment where everyone feels seen and heard.

Whilst we may occasionally need to use medical terminology when referencing specific research or directly quoting national published guidance, we have endeavoured to use the most inclusive language possible in this Needs Assessment. As an example, many individuals prefer the term 'autism' instead of 'Autism Spectrum Disorder (ASD)' because it emphasises identity rather than a medical diagnosis. The term 'disorder' can carry negative connotations, suggesting something that needs to be "fixed," whereas autism aligns with our current understanding around neurodiversity.

We have quoted or included definitions from the SEND Code of Practice. While this remains the most up to date statutory guidance, we recognise that language has evolved since this was published in 2014. The code of practice does refer to 'challenging / disruptive behaviour', and it also refers repeatedly to 'disorders'. This is not Public Health and Communities preferred terminology. Where possible, and where we are not directly referencing statutory guidance such as the SEND Code of Practice, instead of using the term 'challenging behaviour', we refer to 'behaviour that communicates distress' or 'behaviour that challenges services'. This phrasing recognises that such behaviour often reflects unmet needs or emotional distress. In addition, where possible we avoid using the word 'disorders', although this term is frequently used in the academic literature, and it is not possible to change the usage of the word in that context.

Where it is necessary for medical or academic terminology to be used to ensure clarity, accuracy or consistency, we sincerely apologise for any difficulty or distress caused to readers as a result. This is not our intention.

We also acknowledge that language, and more fundamentally, understanding, of special educational needs and disabilities are dynamic and continue to evolve. We are committed to listening, learning, and refining our approach in documents such as this whenever we can, recognising that documents such as this are created at a point in time – and we commit to continuing to update this Needs Assessment in future. if you have further feedback about language used in this report, or any of Suffolk's Joint Strategic Needs Assessment (JSNA) products, please contact: knowledgeandintelligence@suffolk.gov.uk.

The authors would like to extend their grateful thanks to all colleagues who have generously given their time and expertise to support this work.

Executive summary

The Special Educational Needs and Disabilities (SEND) Needs Assessment for Suffolk offers a review of some of the current academic literature with regard to changing patterns of identification, diagnosis, needs and risk factors for the development of conditions which may result in a child having SEND; a review of recent demand in Suffolk; a review of the policy landscape regarding SEND; and a review of current provision, outcomes data where available, and how inequalities intersect with SEND. This needs assessment serves to underpin the Suffolk SEND Strategy 2024-29, which is the roadmap for addressing the evolving needs of Suffolk's SEND population.

Key findings and trends from this needs assessment include:

1. **Growing demand for SEND services**. Suffolk has seen a significant increase in the demand for SEND services in recent years. The number of children with identified SEND rose from 12.4% of the school-age population in 2015 to 18.1% (20,268) in 2024. This increase also applies to those with complex needs requiring Education, Health, and Care (EHC) plans, which increased from 2.5% to 4.6% of the Suffolk school-age population over the same period, following the trend nationally and in similar Authorities to Suffolk.
2. **These increases in demand are supported by the academic literature.** Many studies are reporting increasing prevalence of conditions which could lead to SEND, from increasing rates of diagnosis and complexity of vision problems and hearing loss; rising rates of cerebral palsy and Down Syndrome; to an extraordinary 787% increase in diagnoses of autism in people of all ages in England during the period 1998 to 2018. These findings suggest that demand may continue to increase.
3. In addition, the literature shows that many children with special educational needs and disabilities face **complex and multiple health challenges**, which may require seamless, holistic support from right across the system including both physical and mental health aspects. As just one example, up to 86% of children with communication and interaction needs may also have attention deficit hyperactivity disorder (ADHD); up to 82% may also have anxiety; up to 74% may also have depression; up to 76% may also have epilepsy; up to 92% may also have an intellectual disability; up to 73% may also have problems with sleep; and up to 68% may also have gastrointestinal syndromes.
4. Despite these increases in demand for SEND services, Suffolk still ranks 2nd lowest out of 11 similar counties for the combined prevalence of EHC plans and SEN support in 2024, suggesting that there **may be further future need in the population and/or existing unrecognised need currently**. Our comparatively low numbers of children and young people receiving SEN Support are what moves our overall comparative position down; for EHCPs, Suffolk is similar to the average of similar counties. In the SEND Needs Assessment, a range of potential 'scenarios' are presented to explore how the Suffolk SEND population may change by 2028. There are uncertainties around these projections due to underlying data quality, and thus the exact numbers must be interpreted with caution. However, what can be observed is the general likely upward trend in the number of children requiring support with SEND (approx. values between 568-2,908 additional children in Suffolk by 2027/28). This will require an adaptable

approach, incorporating scalable, proactive and responsive strategies to meet possible future need.

5. Many of the conditions which can lead to children and young people having special educational needs and disabilities are **not** preventable. The academic literature does however suggest some that there may be some **population level risk factors** which may increase the likelihood of conditions which can lead to a child or young person having SEND. These are many and varied, and they are often ***correlated*** with a higher prevalence of SEND, rather than necessarily ***causing*** that higher prevalence of SEND. Further research work is needed in many of these areas. It is also important to be clear that, while risk factors at population level are observable, these do not predict individual specific conditions or outcomes. Nevertheless, many of the possible population level risk factors point to the vital importance of ensuring good maternal health both prior and during pregnancy, and to wider societal factors including pollution and socio-economic deprivation; improving care and support in these areas, and promoting healthy living conditions in wider society, may contribute towards improving outcomes in the future.

6. Primary SEND needs and demographic variations in Suffolk in 2023/24:

- Primary needs: A primary need refers to the main area of difficulty or disability identified for a child or young person requiring support through SEN services or an EHC plan. The most common primary need for Suffolk pupils with EHC plans is autism, accounting for 29.4% of pupils with EHC plans (1,352 pupils), followed by Speech, Language, and Communication Needs (SLCN) (19.1%), and Social, Emotional, and Mental Health (SEMH) needs (13.7%). For children receiving SEN support, Speech, Language, and Communication Needs (22.1%) and SEMH needs (20.3%) are most common, reflecting both the need for communication-focused support and mental health services.

- Demographic factors: Male students constitute 63.6% of Suffolk's SEND population, consistent with national trends, although this may reflect significant underdiagnosis of SEND in females, consistent with their more effective use of behaviours such as masking, which is now starting to be more fully understood. 35.8% of students with SEND are eligible for Free School Meals (FSM), compared to the 18.9% FSM eligibility among their peers without SEND. Ethnic disparities also exist, with the highest SEND prevalence observed among children from Traveller or Irish Heritage backgrounds (50.0%, although this data should be treated with caution due to data quality issues and very small population sizes) and the lowest among children from Asian Indian backgrounds (6.7%).

  Ensuring inclusive and equitable service provision across gender, ethnicity and socioeconomic backgrounds is a primary objective of Suffolk's SEND strategy.

7. **Challenges in access and service delivery:** In Suffolk and across England, waiting times for an EHC needs assessment, and for diagnosis and treatment by health services, often exceed statutory timescales. While some service waiting times, including for paediatric occupational therapy and physiotherapy are relatively good, and some waiting times, such as for EHCPs and for child emotional wellbeing and mental health treatment services, are improving (although not yet at acceptable levels), other

services such as speech and language therapy are under pressure with waits and number of children waiting rising. Waits for ADHD assessment and treatment, youth autism services, and child emotional wellbeing and mental health service assessments are too long and, in some cases, are getting worse. Further detail on waiting times for assessment, diagnosis and treatment are available in the 'Service Mapping' section of this document.

8. **There are some factors where Suffolk appears to be an outlier**, notably in the numbers of EHCPs being formally 'ceased' where a plan is no longer required to support a person; the very high use of personal budgets; and a comparatively high rate of mediation cases being held in 2023, although the numbers of mediations taking place in 2024 have declined. These factors may be positive or negative for outcomes and require further exploration to ensure our practice in these areas is reasonable and appropriate.
9. **Strategic priorities and action plans**: To address these challenges, the Suffolk Local Area Partnership has developed the 2024-2029 SEND Strategy, emphasising four main commitments:
    - Communication and information: streamlining communication between families, carers, and service providers to ensure consistent, clear, and accessible information
    - Preparing for change: ensuring smooth transitions for children at all stages, particularly when moving from education to employment or adult services
    - Timeliness and quality: expanding resources and staffing to reduce EHC plan processing times and improve the quality of assessment
    - Right time, right place: prioritising early intervention services to ensure children receive appropriate support at the right time to meet needs and improve outcomes and reducing need and demand at later stages
10. **Financial pressures and sustainability**: The financial demands of meeting the needs of Suffolk's growing SEND population are substantial. The high-needs budget, which is part of the Dedicated Schools Grant (DSG), funds support for children and young people with SEND from early years to age 25, when required. It enables local authorities and institutions to meet their statutory duties under the Children and Families Act 2014 by providing resources for special education places, top-up funding, and alternative provision. While the high-needs budget across England has increased by 50% since 2019, it has not kept pace with demand, placing significant pressure on local authorities. The 2024-25 budget allocations for SEND seek to alleviate some financial strain, however, long-term sustainability requires a different approach to national funding, effective cost management, particularly by reducing wait times, and expanding mainstream support to reduce reliance on specialised provisions.

In summary, the Suffolk SEND needs assessment provides a detailed examination of the current landscape of SEND needs and for SEND services in Suffolk, identifying both strengths and areas for further consideration. Continued effective collaboration between local authorities, educational institutions, health organisations, and families, is vital to supporting and achieving positive outcomes for all children and young people with SEND in Suffolk.

Recommendations

1.	Conduct **detailed engagement with service users on the novel findings of this Needs Assessment to inform the future planning.** While significant engagement work has been done in Suffolk regarding SEND, this Needs Assessment offers new insights that require further exploration. **Action 1**: Following the publication of this needs assessment, embark on significant engagement activity, to gather the views and responses of children, young people, families, professionals and wider stakeholders to the findings of this Needs Assessment; and to co-create approaches to the challenges identified in the Needs Assessment which will improve outcomes in the future. **Action 2:** System partners to work collaboratively to consistently collate, analyse and use the qualitative data, experiential information and unstructured resource collected by partners working across the system to identify issues, drive and assess progress, and evaluate system actions. As part of this it is also recommended that the qualitative data currently gathered (surveys etc) is reviewed with system partners to ensure it is valid and meaningful. Examples within this work include: • Improve data collection, quality and sharing protocols to understand the SEND experience • Work with the SEND partnership to use the findings of the Experience data audit to inform the system. **Action 3**: Build on existing efforts to include the voices of children and young people to deepen understanding of their lived experiences, outcomes, and the impact of services. Ensure this remains a central, ongoing focus, with continuous refinement and enhancement. • Include children and young people in the sufficiency planning and development work following this Needs Assessment • Work with existing networks and groups of children and young people to review the data in this Needs Assessment to explore their views and proposed next steps. • Utilise the voice of children and young people to improve understanding the experience of being a young person with SEND in Suffolk **Impact**: This approach can build trust between families and services, ensuring services are responsive to and reflective of user needs and views, while supporting co-production principles. **Alignment with strategy**: *Communication and accessibility*: Ensures co-production and inclusive service development. **Link to Priority Action Plan:** *Builds on Action Plan recommendation to 'maintain and develop opportunities to hear the voice of children, young people, their parents and carers and practitioners to inform and co-produce improvements across the SEND partnership'.*

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, diagnosis and treatment for a wide range of SEND needs. **Action 1:** Ensure that plans and resources are in place to address the current backlogs and long and increasing waiting times which are occurring in some parts of SEND service provision, including for specialist school places. **Action 2:** Lobby government for more resources for health services, education placements and local authority services for children and young people with SEND. **Action 3:** Where possible, shift focus onto creating more education settings which are fully inclusive. **Impact:** Minimise the negative impacts on child development, learning, communication, inclusion, and inequalities, currently being caused by long waits. **Alignment with strategy:** *Timeliness and quality; Right Support, Right time*. **Link to Priority Action Plan**: *Builds on all the elements of the Right Support, Right Time commitment and is a fundamental enabler of many elements of the Priority Action Plan*.
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 today, including in relation to gender, age, ethnicity, and in relation to school attendance. Ensure that different needs associated with protected characteristics amongst the population of children and young people with SEND are effectively recognised and planned for, and that the wider unfair and avoidable inequalities in differences in outcomes for children and young people with SEND in Suffolk are tackled head on. **Action:** Identify all areas within this Needs Assessment, and more widely within services including school attendance, where inequalities are present, describe them clearly, and work to address them, monitoring impact. Review the current offer and identify gaps in data and further areas for development via current networks (building on JSNA data). Conduct further engagement and data collection to understand the experience of under-represented groups and those facing specific inequalities in relation to SEND demand and support. **Impact:** Minimise the unfair and avoidable differences in outcomes experienced by some children and young people with SEND within the SEND cohort, and between children and young people with SEND and those without. **Alignment with strategy:** *Timeliness and quality; Right Support, Right time*. **Link to Priority Action Plan**: *Builds on all the elements of the Right Support, Right Time commitment and is a fundamental enabler of many elements of the Priority Action Plan*.
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. **Action 1:** A better understanding of the lived experience of children and young people, parents and carers is critical to understanding impact, experience and outcomes. The whole system should commit to capturing a wider set of outcome measures in the SEND Data Dashboard, to create a more holistic picture of impact. These should include qualitative data sources, unstructured information and experiential data. **Action 2**: Review current SEND reporting and create a combined system-wide dashboard to ensure data is aligned across the system, consistent, comprehensive and

	brings in key strategic data (such as the findings of the annual School Census) alongside operational data. **Impact:** Will provide a holistic understanding of whether SEND provision and experiences are improving in Suffolk than just using quantitative data. Dashboards will enable ongoing monitoring, identify emerging trends and provide the ability to forecast ahead on a routine basis, supporting data-led decision-making, investment and priority setting. **Alignment with strategy:** *Timeliness and quality; Right Support, Right time; Enhanced communication*. **Link to Priority Action Plan:** Is a key enabler of many elements in the Priority Action Plan including to *'systematically plan effective services and use resources to meet children and young people's needs'*.
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, despite decreasing numbers of births. **Action 1:** Use the data, estimates, scenarios and projections within this Needs Assessment, and the findings from the review of academic evidence, particularly in relation to dramatic changes in trends in identification and diagnosis rates and in relation to the impact of the pandemic, to plan and understand how future needs In Suffolk are likely to change over time, including for specialist school places. **Action 2**: Use the SNEE PHM linked dataset to explore how autism diagnoses are coded, and whether that coding facilitates a greater understanding of how the spectrum of autism is presenting locally, and what that might imply for future service planning. **Action 3**: Explore whether the recent requirement for statutory partners to record those individuals who require reasonable adjustments can assist in understanding SEND need. **Action 4**: Once approval is received from NHS England, utilise Population Health Management (PHM) tools to integrate SEND data (education, social care, early years, early help, youth justice, NEET) with existing linked health datasets (primary care, community care, acute care, mental health care). Develop a linked data platform to enable a comprehensive view of SEND-related health, education and social care needs at child level and facilitate future sufficiency planning being done holistically and in far greater detail than previously. **Impact:** Supports the whole system to understand the scale of the likely future need, to allocate system resources accordingly, and to anticipate likely future need. Linking SEND and health data will facilitate a holistic understanding of SEND needs in Suffolk, enabling targeted resource allocation, much better sufficiency and capacity planning, and earlier interventions. Also supports improved sufficiency and capacity planning in wider work including for children's social care, early years, early help, school transport and education, further enabled through co-production. **Alignment with Strategy:** *Timely and quality data and Right Support, Right Time*: Supports the priority of ensuring high-quality and timely information for future planning and service improvement. **Link to Priority Action Plan:** *Builds on Action Plan recommendation to 'systematically plan effective services and use resources to meet children and young people's needs'*.
6.	Many of the conditions which can lead to children and young people having special educational needs and disabilities are not preventable. The academic literature does

	however suggest that there are some possible modifiable **risk factors at population level** for conditions which may lead to SEND, although more research is needed in this area. Prioritising and supporting women's health, both pre-pregnancy and during maternity, may be important here, as may wider societal factors which support healthy living, such as air pollution and socio-economic deprivation. **Action:** Ensure the findings of the Needs Assessment are shared with key groups responsible for maternal health and healthy environments and used to inform action planning so that any preventable population risk factors can be reduced in the future. **Impact:** While many of the conditions which can lead to SEND needs are not preventable, taking action to prevent or reduce risks where that may be possible could help to improve outcomes in the future. **Alignment with Strategy:** *Right Support, Right Time*. This strategic commitment should expand to clearly encompass prevention work which, where supported by a strong evidence base, could contribute towards decreasing the prevalence of conditions or risk factors which could lead to SEND in the future. **Link to Priority Action Plan:** *Builds and expands on Action Plan recommendation to 'provide support at the earliest opportunity'*.
7.	There are some factors where Suffolk appears to be an **outlier** in the Needs Assessment, notably in numbers of EHCPs being formally 'ceased' where a plan is no longer required to support a person; the very high use of personal budgets; and a comparatively high rate of mediation cases being held. **Action:** Explore further why Suffolk's data in relation to these factors appears different to other similar Authorities. **Impact:** Ensure our practice in these areas is reasonable and appropriate, build on areas of good practice, and make other changes if required. **Alignment with Strategy**: Depending on the findings of the investigative work, likely to link to *Timeliness and Quality and Right Support, Right Time*. **Link to Priority Action Plan:** Depends on the findings of the investigative work.
8.	Lobby for **better national data** to support local SEND planning, which is consistent, frequent, accurate, comparable and timely. **Action:** Advocate for better national information on the likely future needs and scale of those needs to support children and young people with SEND. **Impact:** The National Audit Office report published in October 2024 states that '*the Department for Education does not know with confidence how much capacity should be planned, and where, to meet future needs'*. Our local work as part of this Needs Assessment has been hampered by ONS population data which is out of date, and estimates from Explore Education Statistics which are inaccurate for Suffolk. If national data sources are inaccurate and do not add up, that limits effective local planning, as well as hindering the understanding of the scale and nature of the challenge in SEND provision at a national scale. **Alignment with Strategy:** *Timely and quality data*: Supports the priority of ensuring high-quality and timely information for planning and service improvement. **Link to Priority Action Plan:** *Builds and expands on Action Plan recommendation to 'systematically plan effective services and use resources to meet children and young people's needs'*

9.	Note the potential **longer-term implications** of the population-level risk factors, many of which have the potential to span generations within families. **Action:** The evidence base shows that many population-level risk factors for SEND are not preventable and may occur intergenerationally within families. Taking effective action now to support and address the full range of SEND needs in our children and young people, and to provide effective support for wider families, alongside reducing population-level risks wherever possible, are therefore crucial to improving outcomes and need in the future. **Impact:** People are not able to be 'included, supported, fulfilled' and needs arising from SEND may continue to **increase over time.** **Alignment with strategy:** *Right Support, at the Right Time*. **Link to Priority Action Plan:** *Builds and expands on Action Plan recommendation to 'systematically plan effective services and use resources to meet children and young people's needs'*
10.	Consider which specific cohorts of children and young people with SEND were most **impacted by the Covid-19 pandemic**, and by the measures put in place to contain the pandemic, and **consider whether additional support and resources, of what type and where, are required to address the disproportionate learning losses sustained by many children and young people with SEND in the period 2020-2022.** **Action:** All Suffolk SEND partners, to identify the cohorts most affected and determine gaps in support. Develop and implement targeted interventions, with input from families and professionals, to mitigate learning losses and prevent further widening of educational outcome disparities. **Impact:** Ensure that the divergence in educational outcomes already experienced by children and young people in Suffolk with SEND when compared pupils without SEND, and pupils with SEND in the rest of the country, do not widen still further. **Alignment with Strategy**: *Timeliness and Quality and Right Support, Right Time*. **Link to Priority Action Plan: not included in Action Plan, a new recommendation.**

What's the issue?

The statutory SEND Code of Practice 2015 defines special educational needs in England as:

A young person has special educational needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for them. Special educational provision is support which is additional or different to support usually available to young people of the same age in mainstream colleges. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions[1]

Special educational provision for children aged two and above refers to education or training that is additional to, or different from, what is typically provided to peers of the same age in mainstream settings. For children under two, any form of educational provision is considered special educational provision. A child under compulsory school age has special educational needs if they are expected to meet the SEN definition by school age or would do so without such provision. Post-16 institutions may refer to this as learning difficulties and disabilities (LDD), which is encompassed by the term SEN for ages 0-25.

Children and young people with SEN may also have a disability under the Equality Act 2010, defined as a physical or mental impairment with a long-term (a year or more) and substantial (more than minor) impact on daily activities. This includes sensory impairments and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. While not all disabled children have SEN, there is significant overlap, and those requiring special educational provision fall under the SEN definition[1].

Broadly, there are two levels of support:

- SEN Support: provided to a child or young person in their pre-school, school, or college
- Education, Health, and Care (EHC) Plans: provide a formal basis for support for children and young people who need more support than is available through SEN Support[2]

Children and young people with SEN receive varying levels and types of support, as the types of SEN are very different. The following section outlines SEN support and EHC plans:

Special Educational Needs (SEN) Support

SEN support is the system by which mainstream schools and/or colleges should assess the needs of children and then provide appropriate support. The system should follow four stages, often referred to as a 'cycle': Asses, Plan, Do, Review. For further information about this cycle, often referred to as the 'graduated approach', see Chapter 6 of the SEND Code of Practice 2015.

This cycle should not be considered a single process. There may be more than one cycle at a time, each addressing different areas e.g. literacy, social skills, attention and/or behaviour. After the Review, a second or third cycle might start, each aiming to improve the support for the child.

Support given to a child or young person in their pre-school, school or college.

The gov.uk website states SEN support for children under the age of 5 includes:

- a written progress check when the child is 2 years old
- a child health visitor carrying out a health check for the child if they are between ages 2 and 3
- a written assessment in the summer term of the child's first year of primary school
- making reasonable adjustments for disabled children such as tactile signs

For children of a compulsory school age, the types of support a child may receive includes:

- a special learning programme
- extra help from a teacher or assistant
- working in a smaller group
- observation in class or at break
- help taking part in class activities
- extra encouragement such as asking questions or trying something they find difficult
- assistance with communicating with other children
- support with physical or personal care difficulties such as eating, getting around school, or using the toilet

Young persons aged between 16 to 25 in further education need to contact their school or college prior to beginning their course to ensure their needs can be met[2].

Education, Health and Care (EHC) Plans

EHC Plans are for children and young people aged up to 25 requiring more support than is available through SEN support. EHC plans aim to provide more substantial help with a unified approach across education, health care and social needs. According to the SEND code of practice, a local authority must conduct an assessment of education, health and care needs when it considers that it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan (EHCP). Requests can be made by anyone at the child's school, doctors, a health visitor or a nursery worker. Local authorities have six weeks to decide whether to carry out an EHC needs assessment (ECHNA).

An EHC needs assessment requires local authorities to:

- gather and document the views of both the parents and the child or young person
- offer a comprehensive overview of the child or young person's special educational, health, and social care needs
- identify outcomes spanning education, health, and social care, rooted in the child or young person's needs and aspirations
- detail the necessary provisions and outline how education, health, and care services will collaborate to meet the child or young person's needs and help achieve the agreed-upon outcomes

The process of EHC needs assessment and EHC plan development from the point of request, until a decision is taken as to whether a plan should be issued is not more than 16 weeks, and then if a plan is issued, no longer than 20 weeks[1].

The SEND Code of Practice 2015 outlines four broad areas of need:

1. **Communication and interaction**
   - Includes speech, language, and communication needs (SLCN)
   - Covers autism
   - Difficulties may involve expressing themselves, understanding others, or using social rules of communication

2. **Cognition and learning**
   - Ranges from moderate learning difficulties (MLD) to severe (SLD) and profound and multiple learning difficulties (PMLD)
   - Includes specific learning difficulties (SpLD) like dyslexia, dyscalculia, and dyspraxia
   - Students may learn at a slower pace than peers, even with appropriate differentiation

3. **Social, emotional and mental health difficulties**
   - Can manifest as becoming withdrawn or isolated, as well as displaying behaviour that communicates distress
   - May reflect underlying mental health issues such as anxiety, depression, self-harm, substance misuse, eating disorders
   - Includes disorders like attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), and attachment disorder

4. **Sensory and/or physical needs**
   - Includes visual impairment (VI), hearing impairment (HI), and multi-sensory impairment (MSI)
   - Covers physical disabilities (PD) that may require additional support or specialised equipment
   - Needs may fluctuate over time and can be age-related

It's important to note that many children may have needs that span multiple categories, and that their needs may change over time. The focus should be on identifying the full range of an individual's needs and providing appropriate support based on their strengths and difficulties[1].

User voice

At the time of writing this needs assessment (October 2024), approaches to conducting primary research in relation to user voice in Suffolk are being explored.

User voice is crucial needs assessments as it provides direct insight into the lived experiences and needs of the population. This ensures assessments and resulting services are based on real needs, rather than assumptions about what works best. As such it is recommended that that further engagement work is undertaken after the publication of this needs assessment.

In the interim, user voice has been collated from existing recent publications, this includes the Suffolk SEND Strategy 2024-2029.

Children and Young People's Voices

Children and young people in Suffolk value a range of essential aspects in their lives. Learning to drive and using public transport empower independence and mobility. Social clubs and safe spaces provide opportunities for socialising and engaging in activities - fostering connections with peers. Relationships—both with family and friends, are crucial for emotional wellbeing and a sense of belonging.

Many factors in the environment where children and young people live has a significant impact on their quality of life, and they advocate for more equality and less stigma. Bringing visibility to invisible disabilities ensures inclusivity and understanding. For many young people, transitioning into adulthood involves pathways like employment and financial independence. However, it is essential to recognise and support the diverse realities of families whose children may not follow these paths. Providing tailored guidance and meaningful opportunities for all young people, regardless of their specific circumstances, fosters hope and practical support for their futures. They also recognise the importance of responsibility and actively participating in discussions to share their perspectives.

What's important to children and young people in Suffolk:	Quotes from children and young people in Suffolk
• 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	"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." "Mental health is still an issue when you have a disability or a SEND need." "Making my own decisions." "...listening to me and giving me the right support is important."

Source: Suffolk SEND Strategy 2024-2029

To achieve their ideal future young people have told SEND colleagues they need support with:	Quotes from children and young people in Suffolk
• Money and budgeting • Help to get to new places on their own, and help with travel • More information around what they would like to do: leaving school/college, volunteering, work experience and jobs • Mental health, anxiety and self-confidence	"Living in Suffolk as a young person with undiagnosed additional needs is extremely hard... My lack of diagnosis, the lack of awareness and support in my community, and my awareness of my needs make me feel like less of an autistic person, because so many people stereotype autistic people, and I don't fit their stereotype."

Physical health • Finding information • Gaining timely diagnoses (noting that delays can cause distress to young people and their families) • College and learning spaces • Flexible choices and student support • Accessibility	"I'm scared of going to high school, I'm scared about being bullied". "We need time to process information".

Source: Suffolk SEND Strategy 2024-2029

Parents and Carers Voices

The Suffolk SEND Strategy provides a detailed account of what it is like to be a parent or carer of a child with SEND. A summary of this account is included below:

- **Journey without guidance:** Being a SEND family in Suffolk is challenging, akin to an unplanned journey without a map or compass.
- **Isolation of parents and carers:** Many parents and carers feel lonely, losing relationships and jobs due to their caring responsibilities. They often feel judged, labelled, trapped, isolated, gaslit and unsupported. Sadly some are bereaved.
- **Support from other SEND families:** Other parents and carers provide vital emotional support, sharing in joys and challenges unique to their experiences. This is very difficult to find in a professional.
- **Educational barriers:** Many children and young people face barriers to education, including lack of support, missing provision, discrimination, no school place and inappropriate school placements, leading to serious concerns about their mental health and wellbeing and parents and carers facing fines.
- **Challenges with Education, Health, and Care Plans:** Navigating the process for EHCPs can be overwhelming, often requiring legal assistance and leading to feelings of frustration and trauma. The chances of success depends on the parents and carers knowledgeable and persistence.
- **Need for qualified professionals:** There's a critical shortage of special school placements and trained staff to meet children and young people's needs.
- **Mental and physical exhaustion:** Parents and carers are physically and mentally tired from the constant waiting for assessments, support, and communication, leading to anxiety.
- **Voices of parents and carers:** The need for parents and carers and children and young peoples voices to be heard in the decision-making process is crucial.
- **Value of support groups:** Local and national support groups play a significant role in helping parents and carers feel less alone and provide much-needed resources.
- **Call for change:** There is an urgent need for systemic change to ensure timely support, inclusion, and the non-negotiable implementation of statutory rights for SEND families, emphasising the urgency for improved quality of life for children and young people and their families.

Practitioners Voices

Practitioner feedback was also gathered as part of the Suffolk SEND Strategy. This revealed both strengths and areas for development. Current positive aspects centre on effective teamwork and a strong commitment to safeguarding, with practitioners particularly valuing their ability to support families holistically and maintain a supportive professional network.

However, significant operational challenges have been identified, primarily concerning time management, communication efficacy, and resource allocation. Staff capacity and specialist provision accessibility emerge as key limiting factors.

The feedback indicates several priority areas for service enhancement. Primary recommendations focus on strengthening partnership communications, addressing staff capacity constraints, and improving service accessibility across all areas of Suffolk.

Additional areas for development include enhanced staff retention strategies, improved accountability mechanisms, and measures to reduce exclusion rates. These findings suggest that while the service maintains strong foundational values and dedicated personnel, structural changes are required to optimise service delivery and outcomes for children and young people with SEND in Suffolk.

What do practitioners **like** about working with children and young people with SEND in Suffolk?	What do practitioners find **challenging** about working with children and young people with SEND in Suffolk?	What would practitioners like to **change** about SEND Services in Suffolk?
• Teamwork • Keeping children safe • Supporting children and their families as a whole family unit • Shared values and supportive network • Giving young people the best opportunities • Diversity of needs • Rewarding work • Ability to use skills to improve outcomes for children and young people • Sharing solutions with others and working collaboratively • Nurturing children's strengths • Making a real difference for children and young people • Working with passionate and dedicated professionals • Access to voluntary sector support	• Time pressure • Communication • Staff capacity / Training / Knowledge • Lack of funding and resources • Lack of specialist places / Lack of • suitable provisions	• Improve partnership communication • Increase staff capacity • Improve staff retention and wellbeing • Improve access to support services regardless of postcode • Improved accountability and transparency • Improved partnership working • Improved staff knowledge/training • Improved communication • Reduction in exclusions

EHCNA Process - Parent / Carer Feedback

An EHCNA (Education, Health and Care Needs Assessment) is the initial document submitted in a process that involves review, and may lead to the issuing of an EHC plan. The stages that must be followed during an EHCNA are the same for all Local Authorities in England and Wales, and are laid out in the SEND Code of Practice.

The Suffolk CYP Intelligence Hub have collected feedback regarding the EHCNA process. A short summary of this is included below:

In quarter 3 of 2024:

- During the ECHNA process 63% of parents/carers found the letters provided by the SCC very good or quite good (in terms of how helpful they were). However, 18% felt they were 'not at all' helpful.
- 88% of parents/ carers felt that the final EHC plan took account of their views either 'fully or largely'.
- Whilst 60% of parents/ carers found the contact with Family Services Coordinators 'very' or 'quite' helpful, 19% felt this contact was 'not at all' helpful.

Family Services Review Outcomes

SEND Family Services are part of the Inclusion Service at Suffolk County Council.

They are responsible for managing Education, Health, and Care needs assessments (EHCNAs), ensuring these are accurate and delivered within statutory timescales. The Family Services Review Outcomes dashboard provides summarised feedback on performance. Data from the year 21 September 2023 to 20 September 2024 highlights key trends and outcomes related to EHCNAs:

- 253 Completed Review Reports with Outcomes
- From a child/ young person's view: 85.9% of respondents indicated support provided by EHCP is helping a child's progress either 'a lot' (44.1%) or 'a little' (41.8%).
- From a family view: 87.8% of respondents indicated support provided by EHCP is helping a child's progress either 'a lot' (50.4%) or 'a little' (37.4%).
- The report also scales 'effectiveness of provision' for different areas of need. The average scores for different areas of provision are summarised below:

Effectiveness of provision	Average score 1= Not effective at all to 5 = Very effective	Number of responses
Communication and interaction provision	3.17	218
Cognition and learning provision	3.13	226
Social, Emotional and Mental Health	3.15	229
Sensory and Physical Provision	3.24	229
Health Provision	3.41	44
Social Care in Section	3.18	11

Literature review

The purpose of this rapid review is to explore up to date evidence around the following evolving aspects of special educational need and disability (SEND):

1. Changes in prevalence, diagnosis, and demand
2. Risk factors
3. Mental health challenges
4. Impact of Covid-19
5. Electively Home Educated (EHE) and Children Missing from Education (CME) cohorts

It is recognised that there is a vast amount of literature that exists outside of these core areas. Exclusions have been made to maintain a focused and manageable scope. Evidence around interventions is not included, to narrow the focus of this review on understanding the underlying trends, risk factors, and external influences. While interventions are crucial, they represent a separate area of inquiry focused on outcomes and effectiveness.

Risk factors identified in literature provide valuable insights, but it's important to recognise their limitations. The current evidence base primarily examines associations between various factors and outcomes. These relationships are **correlational** in nature, **not necessarily causal**, meaning that the risk factors discussed should not be interpreted as definitive causes of the outcome in question. Additionally, the risk factors discussed are **population risk factors**, this means that they are true at the level of whole populations but cannot explain individual outcomes. Despite these limitations, the results are still useful as they can guide preventive strategies and help identify populations for targeted interventions and inform further research.

This rapid review summarises findings from the following literature reviews:

- Reid S. [PH Bulletin] Modelling levels of demand for SEND provision Evidence search report SN53242. NELFT Library & Knowledge Service. London; 2024[3].
- Reid S. Evidence search: [PH Bulletin] Factors impacting demand for support services for neurodivergent children SN45735. NELFT Library and Knowledge Service. 2023[4].
- Cox M. Knowledge & Library Services: Search results: What are the risk factors for children and young people special education needs and disabilities? 2023[5].
- Reid S. [PH Bulletin] Mental health difficulties faced by children with SEND Evidence search report SN53443. NELFT Library and Knowledge Service. London; 2024[6].
- Reid S. [PH Bulletin] Impact of Covid-19 on children with SEND Evidence search report SN53442. NELFT Library and Knowledge Service. London; 2024[7].
- Reid S. PH Bulletin SEND, and children educated at home or missing from education SN53444, NELFT Library & Knowledge Service[8].

Communication and Interaction needs

Within the code of practice, communication and interaction needs are defined as follows:

'Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them, or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.'

This includes children and young people with autism, including Asperger's Syndrome. Communication and interaction needs could also present as:

- Difficulties with producing or responding to expressive or receptive language
- Difficulties uttering speech sounds
- Difficulties understanding spoken and other communication from others
- Difficulties with understanding age-related social conventions of interaction, such as turn-taking during conversation or appropriate level of physical contact during play

Current picture

Current evidence indicates varying prevalences for communication and interaction needs across regions. Literature showed that global estimates for autism ranged from 0.4% to 3%[9–11] . Other communication and interaction needs also showed similar prevalences, with communication disorders generally affecting 1-3.42% of children globally[12], and social-pragmatic communication deficits affecting 0.1-3% of children globally[10]. For the United Kingdom specifically, reported autism prevalences ranged from 1.7-1.9%[13,14]. Demographic variation was clear, with higher rates of autism among males compared to females, with one study highlighting a male to female ratio of 4.32:1, and higher rates among black pupils[13].

Literature also highlighted additional challenges faced by children with communication and interaction needs emphasising possible complexity within this population. Comorbidities such as ADHD (0-86%), anxiety (0-82.2%), depression (0-74.8%), epilepsy (2.8-77.5%), intellectual disability (0-91.7%), sleep disorders (2.08-72.5%), hearing impairment (0-4.9%), and gastrointestinal syndromes (0-67.8%) were more common in children with autism compared to the general population[11]. Additionally, when a child had autism around 12 in every 100 were also diagnosed with obsessive compulsive disorder (OCD)[9].

Trends over time

The landscape of communication and interaction need identification, and diagnosis has undergone significant changes across the United Kingdom over recent decades. Between 1999 and 2004, one English county saw autism diagnoses double while developmental delay diagnosis halved during the same period[15]. This pattern reflected a wider national change, with UK data showing a 787% rise in recorded autism cases between 1998 and 2018 (all ages)[16]. During this twenty-year period, the average age of diagnosis increased from 9.6 to 14.5 years, with early diagnoses (ages 0-5) dropping from 57.1% to 27.8% of

cases[16]. National data from England (2014-2017) showed an annual incidence of 426.9 cases per 100,000 person-years, with boys diagnosed 3.9 times more often than girls[13]The most recent figures from Scotland mirrored the continuing increases, with autism affecting 2.6% of primary school children in 2022- a 32.0% increase from 2018[17].

Risk factors

Risk factors identified for communication and interaction needs included:

- Maternal thyroid dysfunction[18,19]
- Hypertensive disorders of pregnancy[20–26]
- Maternal overweight[21,27,28]
- Maternal asthma[28]
- Maternal diabetes/ gestational diabetes[27,29]
- Maternal infections[30]
- Maternal mental health and use of antidepressants[21,31–33]
- Paternal age[21,34]
- Grandparent age[34]
- Birth weight[21]
- Preterm birth[21,359]
- Threatened abortion[360]
- Parental migration[37,382]
- Not breastfeeding[393]
- Epilepsy[312]
- Intensive early screen exposure[40]
- Autistic and communication traits in parents[41]
- Lithium in drinking water[42]
- Family history of mental and neurological disorders[43,44]
- Socioeconomic status[23,45–47]
- Exposure to pollutants[48–53]
- Uterine bleeding[26]
- Exposure to antibiotics during pregnancy[26]
- Lack of maternal folic acid supplementation[54]

Mental health and wellbeing

Evidence indicates that children with communication and interaction needs may also face significant and persistent mental health and wellbeing challenges throughout their development. One study indicated that 58% of children with a communication and interaction need experience at least one clinically significant mental health problem, with 27% facing multiple difficulties[55]. Early challenges were shown to typically manifest as behavioural difficulties in early/middle childhood, while emotional challenges generally became more prominent during late childhood and adolescence[56]. Similarly, a study found these children often face problems with engagement, compliance, and staying on task, which can lead to disruptive behaviour or social withdrawal, paired with difficulties understanding and expressing emotions, particularly in labelling emotions, these behaviours are often misunderstood and labelled as "naughty”[57].

These persistent challenges are further reflected by the increased rates of mental health conditions within the children with communication and interaction needs cohorts compared to the general population[58], including stress and anxiety[59,60], depression[59,61], attention-deficit hyperactivity disorder[59], sleep-wake disorders[59], obsessive-compulsive disorders[59], bipolar disorder[59] and schizophrenia spectrum disorders[59]. Gender differences are notable, with one study highlighting that autistic females have 3.17-20.78 times higher risk of psychiatric conditions compared to non-autistic females, while autistic males have 2.98-18.52 times higher risk compared to non-autistic males[62].

The trajectory of these challenges often begins early, with one study indicating that poor social and communication skills at ages 7-10 were associated with 1.22 times higher odds of developing depression by age 12[63], and language difficulties at age 7 linked to increased internalising (such as anxiety and depression) and externalising symptoms (such as aggression and attention problems) by age 11[64]. The persistent nature of these challenges are displayed further by findings that 88% of children with communication and interaction needs showing wellbeing difficulties at age 4 typically continue to experience problems in later years[55] . Similarly, a study investigating adolescents with autism found that age was significantly associated with state (initial feeling) anxiety but not with trait (general feeling) anxiety, suggesting that state anxiety is more susceptible to changes as children grow older[65].

Evidence emphasised children with communication and interaction needs may primarily struggle with managing the balance between development and rest/recuperation, which can lead to burnout and fatigue[66], and have difficulties with self-concept and identity development which could contribute to wellbeing challenges[67,68].

Other possible contributing factors identified throughout literature included social relationship difficulties, loneliness, poor emotional resilience, challenges with emotional regulation, and low self-esteem[57,67,69]. One study showed that lower IQ was associated with higher overall rates of mental ill-health[58]. However, higher verbal IQ was also shown to be associated with increased anxiety[70]. Potential risk factors for depression specifically included bullying, traumatic events, alexithymia (difficulty identifying emotions), and more severe autistic symptoms leading to poorer quality social interactions and increased loneliness[71].

Cognition and learning needs

Within the code of practice, cognition and learning needs are defined as follows:

'Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.'

'Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.'

Students may learn at a slower pace than peers. Cognition and learning needs may include difficulties in:

- Reading, writing and spelling
- Numerosity
- Comprehension
- Processing such as sequencing, inference, coherence and elaboration
- Working memory
- Short term verbal memory
- Other types of executive function

Current picture

Recent evidence indicates a varying prevalence of cognitive and learning needs among children globally. One study found that specific learning disorders affect around 3-10% of children globally[10]. This range was supported in further research emphasising prevalences of mathematics difficulties at 6%[72] and dyslexia at 7.1%[73]. However, the prevalence of intellectual disability (ID) was shown to be slightly below this range affecting, on average, 2.4% children worldwide. Regional disparities in ID prevalence were notable, with over 98% living in low and middle-income countries[74].

In a broader context of childhood disabilities influencing cognition and learning needs, including disabilities such as epilepsy, ID, vision, and hearing loss, approximately 11.2% of children and adolescents are affected globally, with prevalence increasing from 6.1% in infancy to 13.9% in adolescence. These conditions were shown to impact quality of life, accounting for an estimated 19.9% of all years lived with disability among children and adolescents[75].

Trend over time

The literature reviews identified no studies with focus on trends overtime with regards to the prevalence of cognition and learning needs. However, one study analysing the prevalence of childhood disabilities affecting cognition and learning needs in a broader context (grouping, epilepsy, ID, vision, and hearing loss) did state that the number of children and adolescents with these disabilities in 2017 is far higher than the 2004 estimate[75]. This aligns with the primary notion that the prevalence of SEND in children is increasing overtime.

Risk factors

Within the literature review there were limited articles related to risk factors for cognition and learning needs. Risk factors identified for cognition and learning needs included:

- Low maternal choline intake[76]

Most articles focused on this area of need highlighted the genetic nature of these conditions. The NHS provide further information of potential risk factors for developmental co-ordination disorder (dyspraxia) in children .

Mental health and wellbeing

Evidence showed that children with cognition and learning needs may also face significant mental health and wellbeing challenges throughout their development. One

study indicated that children with developmental coordination disorder (DCD) were nearly twice as likely to experience mental health difficulties compared to the general population (14.9% vs 7.5%). Gender differences were also notable, with females showing particularly elevated risks with 3.31 times higher odds of experiencing mental health difficulties compared to the general population[77]. Another study demonstrated that children with dyslexia face elevated risks of both internalising (such as anxiety and depression) and externalising symptoms (such as aggression and attention problems)[78]. Furthermore, a systematic review found moderate associations between poor reading abilities and internalising problems, particularly anxiety, with a smaller but significant relationship with depression[79].

Mental health challenges were shown to typically manifest through social and emotional difficulties. This included poor social communication skills, difficulties with executive functioning and behavioural regulation, low self-esteem, lack of supportive friendships and bullying[77,80]. Though importantly, mental health and wellbeing challenges were shown to generally to stem from poor "whole-school connectedness" rather than the learning difficulties themselves[78].

Social, emotional, and mental health difficulties

Within the code of practice, social, emotional, and mental health difficulties are defined as follows:

'Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.'

'Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour, so it does not adversely affect other pupils.'

Social, emotional and mental health difficulty also encompasses children with Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and attachment disorder. Social, emotion and mental health difficulties can reside in many ways including (this list is illustrative, not exhaustive):

- Anxiety
- Sensory overload
- Anger, including anger about pervasive life situations or undisclosed difficulties
- Response to trauma or attachment difficulties
- Frustration due to speech and communication difficulties
- Response to the wrong level or challenge in lessons
- Grief
- Overwhelm
- Physical pain or discomfort, such as hunger
- Underlying mental health problems

- Undisclosed physical, mental or sexual abuse

Current picture

The prevalence of social, emotional, and mental health difficulties among children and young people presents a complex landscape, characterised by varying rates across different measurement approaches. The 2019 Global Burden of Disease (GBD) study reported ADHD prevalence at 1.13%[81], yet systematic reviews indicate substantially higher rates of 3.7%, with these differences attributed to varying methodologies and diagnostic criteria[73]. This disparity is notably reflected in UK-based research, where treated prevalence in Scotland and Wales (2009-2016) was recorded at 0.93% among school-age children[82], while community-based studies suggest actual rates between 5-11%[10], highlighting potential systemic gaps in identification and access to treatment services.

Notably, there is a consistent gender disparity, with males being 2-3 times more likely to be diagnosed with ADHD than females in community settings[83], suggesting potential under-diagnosis in the female population. Age-related patterns are also evident, with younger children in the academic year showing 1.32 times higher odds of ADHD diagnosis compared to their older peers[82].

Beyond ADHD, the breadth of social, emotional and mental health difficulties is substantial, with data from Northern Ireland (2020) showing 11.5% of young people meeting criteria for a mental health disorder, panic disorder being most prevalent at 6.76%[84]. The complexity of these difficulties is further emphasised by their concurrent nature with other needs. In England (2019), within a population where 11.3% had Special Educational Needs (SEN), two in five young people scored above thresholds for emotional problems, conduct problems, or hyperactivity[85], demonstrating the intricate relationship between social, emotional and mental health difficulties and other areas of need.

Trend over time

Literature indicates upward trends in prevalence overtime in children's social, emotional and mental health difficulties. In Glasgow, data from 2010-2017 showed consistent increases in high-risk emotional and behavioural difficulty cases with annual increase rates ranging from 1.5% to 5%, accompanied by parallel increases of 0.3-1.2% in Strengths and Difficulties Questionnaire scores[86].

Increasing complexity of need overtime has also been shown across evidence. A UK-wide study (2016-2019) revealed a gradual but steady increase in overall challenging behaviours from 58.2% to 64.0% among children with special educational needs, with notable variations across specific behavioural presentations. While self-injurious behaviour showed a modest decline from 41.3% to 37.3%, there were marked increases in both aggressive/destructive behaviours (33.3% to 40.4%) and stereotyped behaviours (28.4% to 42.2%)[87].

Risk factors

Risk factors identified for social, emotional and mental health difficulties included:

- Parent relationships[84,88–98]
- Socioeconomic status[84,96,99,100]

- Caregiving[99]
- Maternal polycystic ovary syndrome[101]
- Sleep[102]
- Birth weight[103]
- Parental age[104]
- Smoking[96,105–107]
- Childhood asthma[106]
- Childhood eczema[106]
- Maternal infection[108]
- Maternal paracetamol exposure during pregnancy[106]
- Air pollutants[109,110]
- Dietary patterns[106,111,112]
- Hypertensive disorders of pregnancy[106,113,114]
- BMI[115]
- Maternal diabetes[115]
- Congenital heart disease[116]
- Child exposure to anaesthesia and surgery[117]
- Threatened preterm & preterm labour[35,118,119]
- Fluoride exposure[120]
- Thyroid dysfunction[18,121]

Mental health and wellbeing

Children with social, emotional and mental health (SEMH) difficulties may face complex challenges that impact their overall wellbeing. While comprehensive literature examining these challenges is limited, due to the broad nature of SEMH encompassing both mental health and wellbeing components, research provides important insights through the lens of co-occurring conditions. Depression in children alongside ADHD, emerges as a noteworthy comorbidity, with varying prevalence rates of 0-44.5%. Trajectory patterns shown an increase in prevalence with age, with a cumulative incidence at 23% by age 19, rising to 44% experiencing at least one depressive episode by age 30[71].

Additionally, children with ADHD typically experience more severe forms of depression than their peers, marked by earlier onset and poorer outcomes. This heightened vulnerability stems from multiple risk factors, including family history of depression, emotional dysregulation, irritability, and increased sensitivity to environmental stressors. Social challenges such as peer difficulties, poor friendship quality, experiences of victimisation, and complex parent-child dynamics serve as crucial mediating factors in how depression develops among these young people[71].

Sensory and/or physical need

Within the code of practice, sensory and/or physical needs are defined as follows:

'Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist

support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Information on how to provide services for deafblind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health.'

'Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.'

Physical and sensory needs cover a wide range of medical conditions in addition to those mentioned above. Some children with physical disabilities may be very cognitively able so the levels of support must be tailored to a person-centred needs analysis of each child's needs and preferences, taking into account the views of children and their families.

Current picture

Current evidence provides a varying picture of sensory and physical needs among children. Between 2017-2019 in England, approximately 3% of primary school children experienced at least one cerebral visual impairment (CVI)-related problem, with 79% of children with a CVI-related problem requiring additional educational support[122]. A study based in Bradford (2012-2015) found 15% of children failed vision screening, with 4.4% presenting visual impairment[123]. For hearing impairments, data from 2017 showed approximately 1 in 1,000 newborns require referral for permanent childhood hearing loss (PCHL), with significantly higher rates among those in neonatal intensive care units[124]. Cerebral palsy (CP) prevalence in high-income regions such as Scandinavia and Scotland ranged from 2.13 to 2.32 per 1,000 residents in 2019[125], while global estimates from the same year indicated that 1.2% of children under 5 had CP, with over 98% residing in low and middle-income countries[74].

The broader picture of childhood disabilities from 2017 showed that globally, 11.2% (291.2 million) of children and adolescents experienced at least one of four specified disabilities (epilepsy, intellectual disability, vision or hearing loss), with prevalence increasing from 6.1% in children under 1 year to 13.9% in adolescents aged 15-19 years[75]. When considering motor disorders more broadly, recent systematic reviews indicate prevalence rates vary significantly, ranging from 0.76% to 17%[10].

Trends over time

The prevalence of sensory and physical needs among children has shown notable variations across different conditions. Globally, between 1990 and 2019, overall vision problems decreased from 1,091 to 1,037 cases per 100,000 people, though near vision difficulties notably increased by 0.3% annually[126]. In England and Wales, sight impairment certifications among children demonstrated a steady upward trend, rising from 8.2 per 100,000 in 1999/2000 to 10.1 in 2007/2008, and further increasing to 13.3 per 100,000 by 2014/2015[127]. The period between 2000-2015 saw varying age-specific trends in severe visual impairment and blindness, suggesting a shift in time of identification, with a 13% decrease in children under 1 year, a 9% increase in ages 1-4 years, and a substantial 63% increase in ages 5-15 years[128]. The complexity of visual impairment cases has increased significantly, with multiple ophthalmic conditions rising from 23.6% to 57.3%, and cerebral visual impairment increasing from 50% to 61% of cases, while hereditary/genetic conditions also saw a notable rise from 35.3% to 56.7%[128].

Regarding physical needs, projections for cerebral palsy (CP) in England and Wales indicate a 7.5% increase in affected children aged 3-15 years, from 20,535 in 2014 to an estimated 22,077 by 2020, with 45% expected to have at least one severe impairment (9,869 children) and 66% presenting with moderate to severe CP (14,493 children), while 15% (3,375 children) are projected to have severe CP[129] .

Risk factors

Risk factors identified for sensory and/or physical needs included:

- Prematurity[35,130–132]
- Asphyxia (a condition arising when the body is deprived of oxygen)[130]
- Jaundice[130]
- Neonatal illness[132–134]
- Age of mother[123,133]
- Birth weight[123]
- Antibiotics[130]

Mental health and wellbeing

Literature showed that children with childhood-onset physical disabilities and/or sensory impairments may experience significantly higher rates of mental health challenges compared to their peers. For children with cerebral palsy (CP), studies show that 28-35% may score in the abnormal range on mental health screening tools, compared to 10-14% of children without disabilities[135]. Specific conditions show varying patterns of mental health challenges - young people with spina bifida showed high rates of mental health problems (49.2-69%), while those with juvenile arthritis show rates of around 41.6%[136]. For children with CP, common diagnoses include oppositional defiant disorder (11%), obsessive-compulsive disorder (9%), and generalised anxiety disorder (7%), and depression rates ranging from 7.8% to 42%[135–137]. Children with visual impairments show elevated rates of emotional problems, with girls particularly vulnerable to experiencing serious symptoms of anxiety and depression[136,137].

Mental health and wellbeing challenges appeared heightened for children with multiple needs - those with vision impairment combined with other disabilities or special educational needs show rates of psychiatric disorder risk as high as 30% according to parents and 22% according to teachers[138].

Studies also identified common barriers to support which included limited access to mental health services, stigma affecting help-seeking behaviours, and delays in receiving care. Additionally, earlier onset and increased severity of needs showed increased risk of longer-lasting mental health challenges[136,137].

Additionally, protective factors including social support, friendship, and independence in mobility were identified[136,137].

Down syndrome

Down syndrome has been recognised as a primary category within the Special Educational Needs and Disabilities (SEND) framework in the UK due to the passage of the Down Syndrome Act in 2022. Starting in January 2025, schools will be required to report the number of students with Down syndrome they educate as part of the school census.

This inclusion is also aligned with existing legislation, such as the Equality Act 2010 and the Children and Families Act 2014.

Down syndrome is caused by an extra copy of chromosome 21 in all or some cells of the body. A person with Down syndrome will have some level of learning disability. This means they will find it harder than most people to understand and to learn new things. They may have communication challenges and difficulty managing some everyday tasks.

Limited evidence focused on children with down syndrome was identified within the literature reviews completed. You can read more about Down syndrome on the NHS website.

Trends over time

Literature showed a consistent increase in Down syndrome prevalence in England over recent decades. Hospital Episode Statistics (HES) data from 1998-2013 demonstrated an annual growth rate of 1.6%, reaching 13.1 cases per 10,000 live births by 2013[139]. When considering different analytical approaches, birth cohort analysis of HES records aligned closely with National Down Syndrome Cytogenetic Register (NDSCR) data (including unknown birth outcomes), showing annual growth rates of 1.1% and 0.9% respectively[139]. A more conservative estimate, excluding NDSCR records with unknown birth outcomes, indicated a smaller but still upward trend of 0.4% annually, reaching 10.4 cases per 10,000 live births in 2013[139]. Projections for England and Wales suggested continued growth, with an estimated 11,592 children aged 0-15 years with Down syndrome expected by 2020, representing a 12.7% increase from 2014 levels[140].

Impact of the Covid-19 pandemic on children with SEND

The Covid-19 pandemic and subsequent lockdowns may have created challenges for children with Special Educational Needs and Disabilities (SEND) and their families. A review of evidence reveals complex and varied impacts across education, developmental progress, service delivery, and mental health. While the pandemic exposed and exacerbated existing inequalities in SEND provision, it also highlighted opportunities for system improvement and revealed unexpected benefits for some children.

Education

The Covid-19 pandemic may have had significant and varied impacts on the education of children with SEND. Evidence showed widespread learning losses compared to pre-pandemic years, with students with SEND experiencing greater academic setbacks than their peers without SEND[141]. Common challenges included difficulties with homework completion, attention, task management, and progress on individual education program goals[142]. While many children struggled with the disruption to traditional schooling[143–145], some unexpected benefits emerged, particularly for children with autism who found home learning provided relief from classroom-related distractions and allowed for more personalised, flexible approaches[146,147]. Some educational professionals faced challenges delivering appropriate and effective education to children with SEND due to the changes to traditional schooling[148,149]. The educational system response also revealed significant gaps, including delayed special school guidance, inadequate risk assessments, and EHC plan delays[150], this was shown to exacerbate existing funding deficits, technology access and marginalisation [151–153]. The success of home learning varied considerably[154,155], with some families discovering it better suited their children's

needs, while others struggled to balance home-schooling with work commitments[151]. Parent relationships with schools and support services proved to be a crucial factor in determining positive outcomes[151].

Development

The pandemic may have affected multiple areas of children's developmental progress. Physical development was shown to decline, with reduced physical activity levels and deteriorating sleep quality reported across various SEND groups[156–159]. Communication and language skills may have been particularly impacted, with parents reporting deterioration in speech, language, and communication abilities, especially in children with Down syndrome[160]. Academic and cognitive development showed mixed effects: while many children were shown to experience learning losses and academic gaps[141,161] some, particularly those with autism, may have benefited from personalised learning environments[146]. Social and emotional development was generally negatively affected, with reports of decreased self-regulation and cooperation skills[162], increased ADHD symptoms[163], and changes in conduct/behaviour[164]. However, some children with autism showed improvements in emotional symptoms and conduct problems during this period[164], highlighting the varied impact across different SEND groups.

Service delivery

Service delivery underwent significant transformation during the pandemic, presenting both challenges and opportunities for adaptation. While many children with SEND experienced reduced or suspended traditional services[156,165], healthcare providers successfully adapted by implementing new approaches. Some paediatricians developed risk stratification strategies to prioritise limited face-to-face appointments and adopted telemedicine solutions, maintaining high levels of service provision for existing patients[166]. Digital services emerged as a vital innovation, becoming a major lifeline for many parents and allowing continuity of care despite physical restrictions[167]. However, the effectiveness of these digital alternatives varied considerably among families, with some reporting that online support wasn't always suitable for their children's specific needs[168,169]. The rapid shift to remote services particularly highlighted existing inequalities in technology access[151]. Notably, the evidence revealed a significant research gap regarding the impact on children with neurodevelopmental disorders other than autism and ADHD[167].

Mental health and wellbeing

The pandemic's impact on mental health and wellbeing was complex and multifaceted. While many families reported increased anxiety and stress[150,156,170], some experienced positive effects from extended family time together[165] and benefits from learning from home[155]. Social interactions were significantly affected, with many children losing external support networks[165] and exiting friendships[171], this was a particular concern for some children with Down Syndrome[172]. However, some autistic young people reported benefits from reduced societal pressures and freedom from having to mask autism-related characteristics contributing to improved wellbeing[173]. The impact of routine disruption varied by SEND type - while some children experienced reduced anxiety from more flexible routines[165], others saw deterioration in mental health due to lack of structure[169,174,175]. Children with ADHD and autism generally experienced more severe worsening of both emotional and behavioural symptoms compared to other groups[175–177],

withs some autistic young people showing consistently higher levels of depression and anxiety throughout the pandemic[178,179]. However, some primary school-aged children, were able to identify "silver linings" in the situation, giving indication of a more positive mindset[180]. Parental mental health emerged as a crucial factor, with deteriorating parental mental health consistently linked to poorer outcomes across all diagnoses[175,181].

Electively Home Educated and Children Missing from Education cohorts

The educational landscape for children with Special Educational Needs and Disabilities (SEND) presents significant challenges within the current system. Evidence from multiple sources indicates patterns of potential educational disruption, including higher rates of children missing education, increased home education due to system failures, and persistent attendance issues. These challenges often stem from inadequate support, insufficient understanding of needs, and systematic barriers in accessing appropriate educational provision.

Children missing from education

Children with SEND are significantly overrepresented among those missing education, with 22% of children missing from education (CME) cases having some form of SEND compared to 16% of children having some form of SEND in the general school population. 17% of CME with SEND needs had SEN Support and 4.9% had EHCPs, compared to 12% and 3.9% respectively in the general population[182]. Children with social, emotional, and mental health (SEMH) needs are particularly vulnerable, representing 29% of all SEND children who became CME compared to 19% in the general SEND population[182]. This overrepresentation extends to exclusions, with SEND pupils approximately six times more likely to face permanent exclusion than their peers[183]. Since 2017, there has been a 34% increase in children with EHCPs being removed for home education, outpacing the 24% increase in total EHCPs[184]. Research from Scotland highlights particular challenges for autistic children, with 71% missing school for reasons beyond common illness, primarily due to anxiety (63%) and school refusal (47%)[185].

The primary driver of SEND children becoming CME was shown to be the breakdown in SEND arrangements, particularly when schools cannot meet EHCP requirements or children's needs[182]. Key barriers include delayed diagnoses, insufficient school support, lack of suitable adjustments, and inadequate understanding of conditions, especially autism[186]. The EHCP application process is described as extremely challenging for parents, "like trying to get a PhD," leading many to abandon pursuit of this crucial support[183]. This is particularly concerning given evidence from one Alternative Provision school where 85% of children were assessed as needing an EHCP, but only 15% had one[183]. Furthermore, local authorities are reporting increasing complexity in cases, with a significant surge in new referrals requiring social care, SEND and multi-agency involvement[184]. Many parents report removing their children from school due to crisis situations rather than choice, often following prolonged periods of problems including inability to cope with behavioural regimes or bullying[183,184]. These complex cases are further complicated by lengthy waiting lists for specialist placements, particularly for children with autism or social emotional and mental health needs[184].

School absenteeism

School attendance problems among SEND students often involve significant emotional distress, with 94.3% of cases underpinned by emotional difficulties[187]. Students with communication and interaction needs, particularly those with autism, show significantly higher rates of persistent non-attendance (43% absent for 10%+ of sessions)[188]. One study also found that some SEND children missed school due to the schools limited understanding from schools g on how to best support their children with SEND, and the failure of schools to form an effective partnership with parents[189]. Other key factors contributing to non-attendance included child anxiety and depressive symptoms, parental unemployment, family illness, parental mental health and cyberbullying/bullying[190–195]. Mental health plays a crucial role, with anxiety and depression significantly increasing absence rates - depression shows the strongest correlation with unauthorised absence, particularly in secondary school students[196]. Children with physical disabilities and those with behavioural, emotional and social difficulties demonstrate the highest rates of absenteeism, with rates increasing as students age[197].

Electively Home Educated Children

Parents of SEND children often turn to home education due to systemic failures rather than preference. Primary drivers include inadequate school support, insufficient understanding of SEND among staff, and schools' inability to implement inclusive practices[198–200]. A systematic review found that 74.6% of parents cited dissatisfaction with educational placement, 62.7% reported having to fight for services, and 59.3% had safety concerns[201]. While home education can offer benefits including reduced anxiety, personalised learning, and improved mental health[198,201], it often comes with significant challenges including parental strain, financial burden, and limited access to specialist services[199,201,202]. Many parents report feeling overwhelmed and view home education as a "last resort" rather than a preferred choice[202].

Policy context

In September 2019, five years after the introduction of the current support system for children and young people with special educational needs and disabilities (SEND), the government initiated a comprehensive review to assess its effectiveness. Due to delays caused by the Covid-19 pandemic, the review process was extended, and in March 2022, the government released a green paper consultation titled SEND Review: Right Support, Right Place, Right Time, outlining potential reforms to the system.

Following this, in March 2023, the government published the SEND and Alternative Provision Improvement Plan, setting out its future plans based on the consultation feedback. This plan aims to create a unified system for SEND and alternative provision, based on new national standards and supported by local SEND and alternative provision partnerships tasked with commissioning services.

A roadmap, detailing the timelines for implementing key aspects of these proposals, was released alongside the improvement plan.

Special Educational Needs and Disability Code of Practice: 0 to 25 years

The Special Educational Needs and Disability Code of Practice: 0 to 25 Years (January 2015), published by the Department for Education and the Department of Health, sets out the statutory duties of local authorities, health bodies and educational establishments under Part 3 of the Children and Families Act 2014. This code applies to children and young people with special educational needs (SEN) and disabilities in England, covering ages 0 to 25.

Key principles:

1. Participation: Children, young people, and their parents must be actively involved in decision-making processes about their support and services.
2. Early identification: Emphasis on early identification of needs and timely intervention across education, health, and care services.
3. Collaboration: A coordinated approach across education, health, and social care sectors to provide high-quality support and improve outcomes.
4. Personalisation: A stronger focus on providing greater choice and control to families, including access to Personal Budgets.
5. Inclusive practice: The guidance promotes inclusive practices and removing barriers to learning, ensuring all children and young people can access appropriate education and care.
6. Preparation for adulthood: Supports successful transitions to adulthood, with a focus on employment, independent living, and participation in society.

Major reforms:

- Education, Health, and Care Plans (EHC Plans): The code in 2015 introduced EHC plans, which replaced statements of SEN and Learning Difficulty Assessments (LDAs) for those with more complex needs. These plans are multi-agency assessments ensuring integrated support across education, health, and care services.

- The Local Offer: Requires local authorities to publish a clear, accessible "Local Offer" detailing all available SEN and disability services, giving families transparency on support.
- Joint commissioning: Local authorities and health bodies must jointly plan and commission services, ensuring a coordinated and efficient approach to meet the needs of children and young people with SEN and disabilities[1].

Legislative foundations:

The code is grounded in several legal frameworks, including the Children and Families Act 2014, Equality Act 2010, and Care Act 2014, ensuring comprehensive protection for SEN and disabled individuals across educational, social, and health services.

This code is designed to enhance outcomes for children and young people by fostering greater collaboration, ensuring early intervention, and promoting a child-centred approach.

Children and Families Act 2014

The Children and Families Act 2014 provides a comprehensive framework for supporting children, young people, and their families, especially those with special educational needs and/or disabilities (SEND). The act provides the statutory basis for identifying children and young people (age 0-25) in England with special educational needs (SEN), assessing their needs and making provision for them. It is divided into several parts, focusing on different areas including adoption, family justice, and SEND. The Act establishes key principles such as:

1. Support for children and young people with SEND (Part 3): Local authorities are mandated to identify and meet the needs of children with SEND. This includes ensuring education, health, and care (EHC) plans for those requiring additional support. The Act emphasises involving children, young people, and their families in decision-making processes and promoting the best possible outcomes in education and development.
2. Rights and support for families: Provisions for parental leave, childcare support, and flexible working rights aim to balance work-life commitments for parents and caregivers.
3. Family justice reforms (part 2): Introduces measures to streamline family court proceedings, focusing on the welfare of the child and reducing delays in cases involving care and supervision orders.
4. Adoption and fostering: Includes reforms to improve the adoption process, such as speeding up placements and removing barriers like considering ethnicity as a factor in placements.
5. Flexible working rights: Employees with parental responsibilities now have a statutory right to request flexible working arrangements, improving the work-life balance for families[203].

The Act represents a significant step towards integrating services for children, promoting inclusion, and ensuring timely and effective support for those with additional needs. It also highlights the importance of placing the views and participation of children and families at the heart of the decision-making processes.

The Children and Families Act 2014 is up to date with all changes known to be in force on or before the time of writing (13th September 2024). There are changes which may be brought into force at a future date.

SEND and Alternative Provision Improvement Plan

The Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan published in 2023 aims to overhaul the support system for children and young people with SEND in England by establishing a unified, sustainable, and efficient national framework. The key objectives of the plan are as follows:

1. New national standards for SEND and AP

The plan introduces a set of national SEND and AP standards aimed at ensuring consistent and high-quality support across educational, health, and social care sectors. These standards will clarify what support should be universally available, set expectations for evidence-based practices, and specify roles and funding responsibilities. They are designed to eliminate regional disparities, often referred to as a "postcode lottery," ensuring equitable support regardless of location.

2. Inclusive and timely support

By emphasising early identification and intervention, the plan seeks to reduce the need for Education, Health, and Care Plans by enabling more children to have their needs met in local mainstream settings. This is expected to simplify processes for families, reduce adversarial experiences, and foster confidence in the SEND system.

3. Integrated alternative provision

AP will be closely aligned with the SEND system to serve as an intervention resource rather than a permanent placement. The AP model will follow a three-tier structure, allowing targeted support within mainstream schools, intensive time-limited placements, and longer-term solutions for reintegration or transition into post-16 education or employment.

4. Enhanced accountability and workforce development

Strengthening accountability, the plan proposes local SEND and AP partnerships to oversee regional implementation, set inclusion plans, and drive improvements based on the national standards. Workforce development is also prioritised, with investments in training for teachers, SEN Coordinators, and other specialists to ensure a skilled workforce capable of delivering effective support across all settings.

5. Financial sustainability

The plan addresses financial pressures by optimising the use of the high-needs budget, which has increased by 50% since 2019. Local authorities are supported through the Delivering Better Value and Safety Valve programs to manage SEND expenses more effectively, with the goal of long-term financial sustainability by 2026.

The SEND and AP Improvement Plan represents a transformative approach aiming to create a more inclusive, effective, and financially stable system. It is guided by the mission to ensure children and young people receive the "right support, right place, right time," preparing them for fulfilling adult lives.

NICE guideline 213, 2022

The NICE guideline Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (NG213) offers a framework for service providers involved in supporting disabled children and young people with severe complex needs. The guidelines concentrate on the following areas:

1. Integrated care and collaboration

- Collaborative approach: Emphasise the importance of integrating services across health, social care, and education sectors, ensuring they work together to provide comprehensive support.
- Interagency teams: Encourage interagency collaboration through multidisciplinary teams that work closely with families, reducing fragmentation in service delivery.

2. Person-centred care

- Child and family involvement: Always put the views, goals, and preferences of the child or young person at the centre of all planning and decisions. Families should also be actively involved in the process.
- Individualised approach: Avoid making assumptions based solely on diagnoses. Instead, tailor support to the unique needs and circumstances of each child.

3. Needs assessment and EHC plans

- Early identification: Early identification of health, educational, and social care needs is crucial. Services should not wait for formal diagnoses before providing support.
- Education, Health, and Care (EHC) needs assessment: Ensure that children and young people who may have SEND are assessed holistically across sectors. Local authorities must ensure plans are personalised, SMART (specific, measurable, achievable, relevant, time-bound), and reflect the child's life goals.
- Continuous review: EHC plans should be reviewed regularly to adapt to any changes in the child's condition or needs.

4. Support for parents and carers

- Information and advice: Provide families with clear, accessible information about available services and support, including guidance on personal budgets and how they can be utilised.
- Training and support: Offer ongoing support and training to parents and carers, ensuring they are empowered to be active participants in decision-making processes.

5. Transition to adult services

- Smooth transitions: Plan for the transition from children to adult services early, ensuring continuity of care and support during this period.
- Holistic planning: Address education, health, social participation, and employment opportunities as part of transition planning.

6. Specialised support

- Communication aids and environmental adaptations: For children with specific needs (e.g., non-verbal communication), services should ensure access to communication aids and adaptations in their environment.

- Palliative and end-of-life care: Include provisions for appropriate support when necessary.

This NICE guideline highlights the importance of person-centred, coordinated care that adapts to the evolving needs of disabled children and young people. It encourages collaboration between all services and stakeholders involved to ensure that the child or young person is supported in achieving their personal goals[204].

Suffolk SEND Strategy 2024-2029

The Suffolk SEND Strategy for 2024-2029 outlines a comprehensive plan for improving services for children and young people with special educational needs and disabilities (SEND) in Suffolk. This strategy was developed through co-production with children, young people, parents, carers, and professionals across health, education, social care, and the voluntary sector. The core vision is to ensure that all children and young people with SEND feel included, supported, and fulfilled, enabling them to live their best lives. Key objectives and commitments include:

Key themes (summarised bullet points of the stakeholder engagement mentioned previously in the document):

- Child/young person's perspective: Children and young people expressed the need for support in areas like social activities, relationships, independence, mental health, and employment. They highlighted the importance of timely diagnoses, accessibility, and feeling equal to their peers.
- Parent/carer perspective: Parents and carers face significant challenges, including navigating complex processes, securing appropriate educational placements, and accessing mental health services. They often feel unsupported and exhausted by the system, leading to frustration and the need for better communication and quicker responses from services.
- Practitioner perspective: Practitioners emphasised the rewards of supporting children with SEND but noted challenges such as limited resources, lack of communication between services, and insufficient staff training. They called for better collaboration and more training to meet the diverse needs of children with SEND.

Key objectives and impact:

The strategy is built around four major commitments:

1. Communication and information:
    - Improve communication across services to ensure children, parents, and carers are informed and can access support.
    - Strengthen co-production by regularly consulting with children, parents, and practitioners to inform decision making.
2. Preparing for change:
    - Develop a charter to support children and young people during key transitions, such as starting education or moving between services.
    - Increase post-16 education and employment opportunities, reducing the number of young people not in education, employment, or training (NEET).
3. Timeliness and quality:
    - Ensure Education, Health, and Care plans (EHCPs) are completed within statutory timelines and are of high quality.

- Improve staffing and audit processes to ensure timely and effective service delivery.

4. Right support, right time:
   - Ensure early identification of needs and provide targeted interventions, increasing specialist places and reducing waiting times.
   - Enhance mental health support and resources, ensuring children with SEND and their families receive holistic care.

The strategy acknowledges that while progress has been made, there is still work to be done, particularly in ensuring timely interventions, improving access to mental health services, and reducing the administrative burden on parents. The strategy emphasises collaboration, timely interventions and the importance of co-production to ensure services are inclusive, accessible, and responsive to the needs of the community[205].

Suffolk SEND Local Area Partnership Action Plan

The Suffolk SEND Local Area Partnership Priority Action Plan (February 2024) outlines how the Suffolk SEND Local Area Partnership (LAP) intends to address the significant concerns raised during the November 2023 Ofsted and CQC inspection. The inspection identified widespread systemic failings in Suffolk's support for children and young people with Special Educational Needs and Disabilities (SEND). The Local Area Partnership has produced a Priority Action Plan to address the 2 Priority Actions and 3 Areas for Improvement identified. This Plan has been approved by Ofsted and CQC.

Key highlights of the plan include:

1. Collaboration and governance: The plan aims to enhance collaboration between health, social care, and education services. A central priority is improving governance, ensuring accountability, and embedding co-production with families and young people.
2. SEND strategy integration: The Priority Action Plan aligns with the broader Suffolk SEND Strategy 2024-2028, developed to replace the 2021-2023 strategy. The new strategy identifies four key priorities:
   - Better communication with families
   - Expanding specialist education provision
   - Reducing waiting times for Education, Health, and Care (EHC) plans
   - Improving transitions and planning for adulthood
3. Areas of improvement: The inspection found poor communication, delays in EHC assessments, insufficient specialist provision, and inconsistent multi-agency collaboration. These gaps will be addressed through strengthened governance, rigorous quality assurance, and multi-agency working.
4. Actions and milestones: The LAP has set specific actions to improve EHC processes, reduce waiting times, and ensure more timely and effective annual reviews. It also aims to expand resources, including hiring additional practitioners, improving quality and timeliness, and ensuring better transitions at key education stages.
5. Preparing for adulthood: A significant focus is on supporting transitions for young people into further education, employment, and independent living. This includes better

planning from early childhood and improving services to reduce the number of children becoming NEET (Not in Education, Employment, or Training).

6. Mental health and neurodiversity: The plan prioritises mental health services, particularly for children with neurodiverse conditions like autism and ADHD. This includes improving access to timely diagnostic assessments and expanding support services.
7. Outcomes and monitoring: The plan outlines clear outcomes to be tracked, including reducing EHC plan processing times, improving communication with families, and addressing feedback from families through better service engagement. Governance structures will monitor progress, ensuring accountability at all levels.

The action plan is a targeted response to systemic failings identified in the Ofsted and CQC report. It emphasises strengthening governance, improving communication, expanding specialist support, and enhancing the quality and timeliness of services, with the goal of improving experiences and outcomes for children and families in Suffolk's SEND system[206].

National Audit Office – Support for children and young people with special educational needs

The National Audit Office's October 2024 report, Support for Children and Young People with Special Educational Needs, evaluates the effectiveness of the current SEN system in England. Key findings from the report include:

1. Scale and rising demand

- Approximately 1.9 million children and young people in England (11% of the 0-25 age group) had special educational needs as of January 2024. This includes both those receiving SEN support and those with an Education, Health, and Care (EHC) plan.
- The number of children with EHC plans in England grew by 140% between 2015 and 2024, reaching 576,000. Concurrently, SEN support in state schools rose by 14% to 1.14 million pupils.
- The Department for Education (DfE) does not know how many spaces will be needed in the future, in mainstream schools or other settings for children with SEND.

2. Funding and financial sustainability

- The DfE allocated £10.7 billion for high-needs SEN funding in 2024-25. Despite this increase, real-term funding per EHC plan between 2014-15 and 2024-25 has dropped by 35% due to rising demand.
- The SEN system faces severe financial pressures. Many local authorities have been overspending on high-needs budgets, leading to a projected cumulative deficit between £4.3 billion and £4.9 billion by 2026. Additionally, by 2027-28, there is an estimated funding gap of up to £3.9 billion, even if current funding levels are maintained in real terms. The report also warns that two-fifths of councils could be at risk of declaring bankruptcy by March 2026 because they are overspending on their high-needs budgets.

3. Outcomes and systemic challenges

- Only 69% of SEN students at key stage 4 transitioned to sustained education, employment, or training after leaving school, compared to 85% of non-SEN students.

Stakeholders noted that the SEN system has not shown consistent improvement in educational outcomes despite increased funding.

- Families lack confidence in the system, facing long wait times for EHC plans and insufficient resources in mainstream settings. Inspections reveal “widespread or systemic failings” in 31% of local areas.

4. DfE’s response and limitations

- The DfE’s 2023 improvement plan proposed 42 commitments to address systemic issues, focusing on national standards, a skilled workforce, and financial sustainability. However, stakeholders doubt these measures alone will sufficiently address underlying issues, such as workforce shortages and a lack of early intervention.
- The report calls for “whole-system reform” and a more integrated approach across educational, social, and health services to achieve a financially sustainable and effective SEN system.

The Appendix contains a table from the NAO report with a summary of organisations’ roles and responsibilities for special educational needs, as well as a table on the experience across the SEN system based on stakeholder views and performance data against statutory requirements.

Disabled Children’s Social Care

The Law Commission is currently reviewing the legal framework for social care for disabled children in England. This review, running until January 2025, aims to simplify and modernise the existing legislation, some of which is over 50 years old. The initiative seeks to address inconsistencies in support quality and accessibility across local authorities.

Key areas under consultation include assessment processes, eligibility criteria, service provision, and the transition to adult social care. The review invites input from stakeholders including children, parents, carers, and local authorities.

Final recommendations, expected in mid-2025, could significantly impact how social care for disabled children is structured and delivered across England. Local SEND services should be aware of this ongoing review as it may influence future policy and practice in disabled children's social care provision.

What do the statistics show?

Populations used within this needs assessment

This needs assessment primarily draws on two data sources:

- **School census data (SEN1**): Provides detailed information on pupils attending Suffolk state-funded and independent schools, covering SEN support and demographic characteristics such as age, sex, ethnicity, and eligibility for free school meals. Please note while 2024 school census data is used, this covers the period up to January 2024.
- **Local authority data (SEN2)**: Includes data on 0–25-year-olds with Education, Health and Care (EHC) plans maintained by Suffolk County Council, encompassing those in early years, further education, home education, or classified as not in education, employment or training (NEET). This dataset captures children both within, and outside Suffolk schools.

Where possible, data for Suffolk has been compared to the England average, as well as the average for Suffolk's nearest statistical neighbours. These neighbours are calculated using the Children's Services Statistical Neighbour Benchmarking Tool (CSSNBT), using a series of variables such as income, free school meal status, ethnicity, and other census indicators.

Prevalence and characteristics of special educational needs and disabilities

A local authority may issue an EHC plan for a pupil who needs more support than is available through SEN support. This will follow a statutory assessment process whereby the local authority considers the pupil's special educational needs and any relevant health and social care needs; sets out long term outcomes; and specifies provision which will deliver additional support to meet those needs.

In 2023/24 there were 20,268 school pupils in Suffolk with identified SEN, including SEN support and those with EHC plans (18.1% of all pupils), an increase from 12.4% in 2015/16. This figure includes pupils in independent schools. The below figures are not inclusive of those at application or processing stage.

Of these Suffolk pupils in 2023/24 with identified SEN, 15,140 (13.5%) receive SEN Support, and 5,128 (4.6%) have Education, Health, and Care (EHC) plans. This number represents only school pupils who have EHC plans, including children currently attending hospital schools, all phases (state-funded AP schools, nurseries, primaries, secondaries and special schools), and all school types[207].

Table 1. Number and percentage of EHC plans and SEN support for school-age children in England and Suffolk, 2023/24

	England	Suffolk
EHC plans	434,354	5,128
EHC plans (percentage)	4.8%	4.6%
SEN support/SEN without an EHC plan	1,238,851	15,140
SEN support/SEN without an EHC plan (percent)	13.6%	13.5%
SEN support and EHC plans combined	1,673,205	20,268
SEN support and EHC plans combined (percent)	18.4%	18.1%
Headcount	**9,092,073**	**112,356**

Source: Department for Education (2024)

EHC plan caseload

SEN2 data provides information on the EHC plan process including the number of active EHC plans in January of the calendar year, the number of new EHC plans in the previous year, and the administration of requests for assessments for an EHC plan. This larger figure represents all EHC plans managed by Suffolk County Council including plans for school pupils (5,128), pre-school children under 5 (268), young people who have left school but still have active plans up to the age of 25, individuals in further education, home educated children, and those who are not in education, employment or training (NEET). The below table provides the number of EHC plans in Suffolk by age group as of January 2024.

Table 2. Number and percentage of EHC plans by age group in Suffolk, January 2024

	Number/caseload	% caseload
Under 5	268	3.4%
Age 5 to 10	2,007	25.5%
Age 11 to 15	2,736	34.8%
Age 16 to 19	1,736	22.1%
Age 20 to 25	1,113	14.2%
Total	**7,860**	

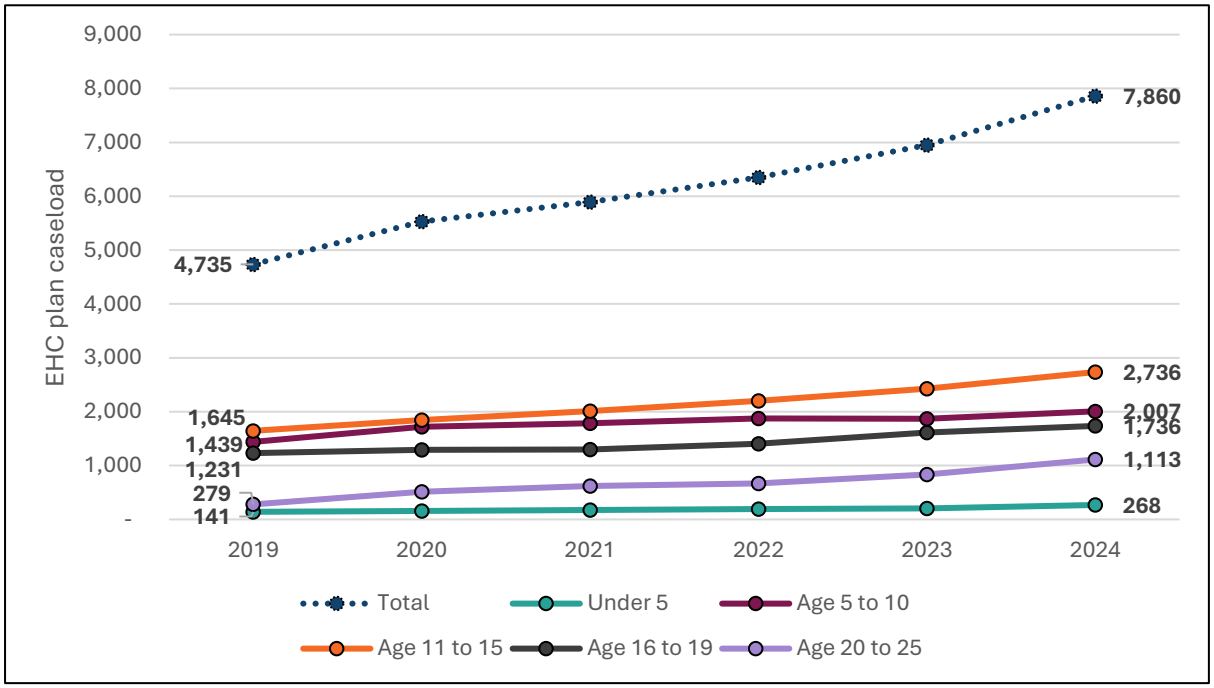
Source: Department for Education (2024)

Note on dataset discrepancy:
The figures in the school-age children table represent the number of school-age pupils with identified special educational needs in Suffolk schools as reported in the school census. This includes pupils attending Suffolk schools who may live in other local authorities.

In contrast, the table with the number and percentage of EHC plans by age group reflects the total EHC plan caseload managed by Suffolk County Council as of January 2024. This includes individuals across a broader age range (0-25 years), including those not in formal education, those attending schools outside Suffolk, home-educated pupils, and young people in further education or Not in Employment, Education or Training (NEET). Therefore, the totals differ, as the two datasets capture overlapping but distinct populations.

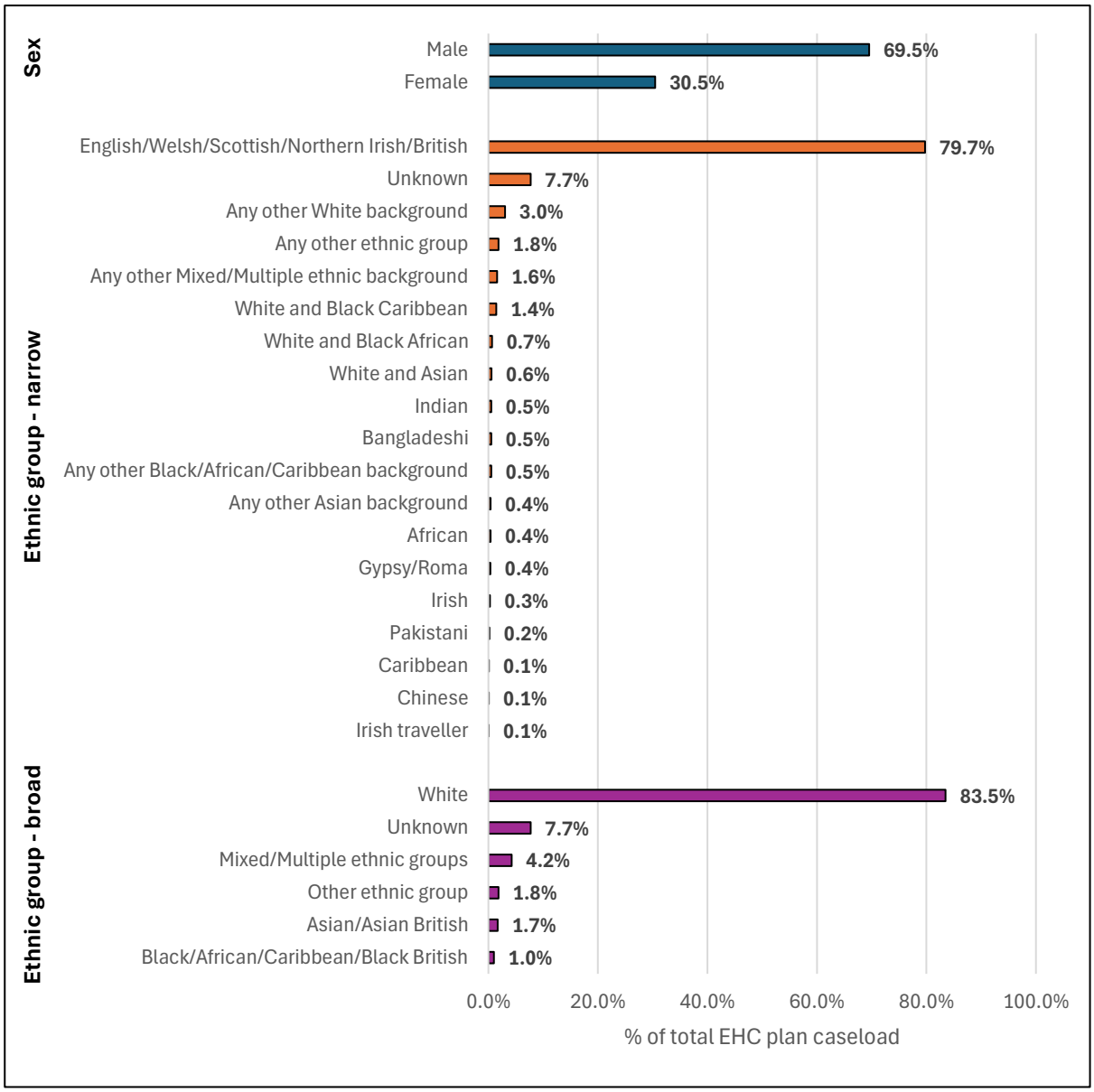
The total EHC plan caseload grew from 4,735 in 2019 to 7,860 in 2024, representing a 66% increase over five years. All age groups experienced growth, with the largest increases seen in the 20 to 25 age group (almost trebling/299% increase) and the 11 to 15 age group (66% increase). This data suggests a rising demand for EHC plans across all age ranges in Suffolk, with a notable increase in plans for young adults. There is also a need to review and cease plans for those who no longer require support, rather than waiting for all EHC plans to come to an end at the age of 25.

Figure 1. EHC plan caseload by age group, Suffolk, 2019-2024



Source: Department for Education (2024)

Figure 2. Percentage of total EHC plan caseload by demographic groups, Suffolk, January 2024

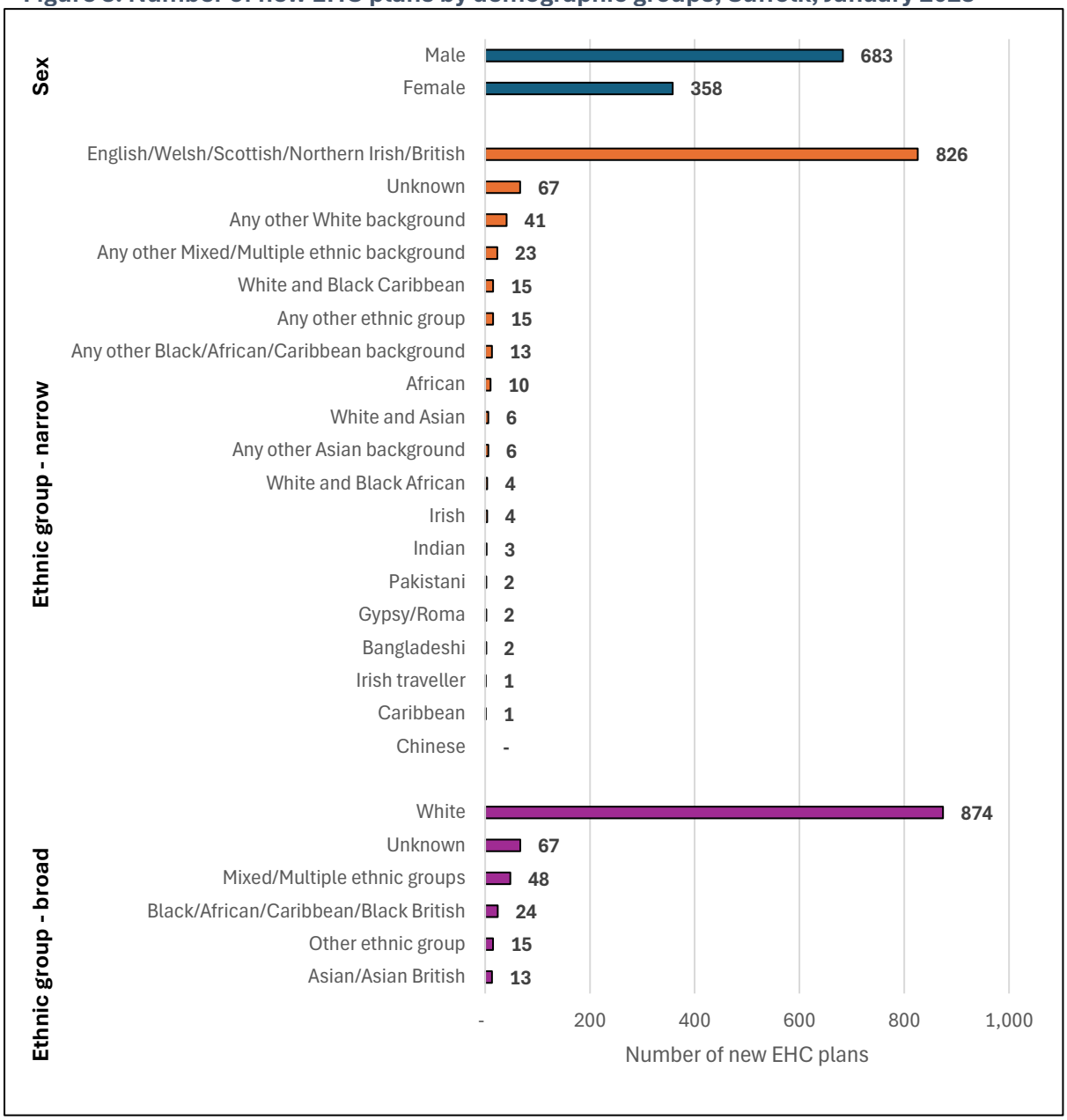


Source: Department for Education (2024)

The EHC plan caseload in Suffolk in 2024 shows disparities in gender and ethnic distribution. Males comprise the majority at 69.5% (5,466 cases), while females account for 30.5% (2,394 cases). In terms of ethnicity, the caseload is predominantly White at 83.5% (6,562 cases), with English/Welsh/Scottish/Northern Irish/British being the largest group at 79.7% (6,268 cases). Other ethnic groups are represented in smaller proportions, with Mixed/Multiple ethnic groups at 4.2% (334 cases), Asian/Asian British at 1.7% (133 cases), and Black/African/Caribbean/Black British at 1.0% (79 cases). There is also a notable portion of unknown ethnicities at 7.7% (607 cases).

In 2023, Suffolk saw 1,041 new EHC plans issued, revealing distinct patterns in gender and ethnicity. The gender split shows a male majority, with 65.6% (683) of new plans for males compared to 34.4% (358) for females (compared to a distribution of 51.9% of 0 to 25 year olds are males, and 48.1% of 0 to 25 year olds are females in Suffolk in 2023). Regarding ethnicity, the new plans predominantly went to individuals from White backgrounds, accounting for 84.0% (874) of the total, with English/Welsh/Scottish/Northern Irish/British being the largest subgroup at 79.3% (826). Other ethnic groups received smaller proportions of new plans: Mixed/Multiple ethnic groups at 4.6% (48), Black/African/Caribbean/Black British at 2.3% (24), Asian/Asian British at 1.2% (13), and Other ethnic groups at 1.4% (15). Notably, 6.4% (67) of new plans were for individuals with unknown ethnicity.

Figure 3. Number of new EHC plans by demographic groups, Suffolk, January 2023



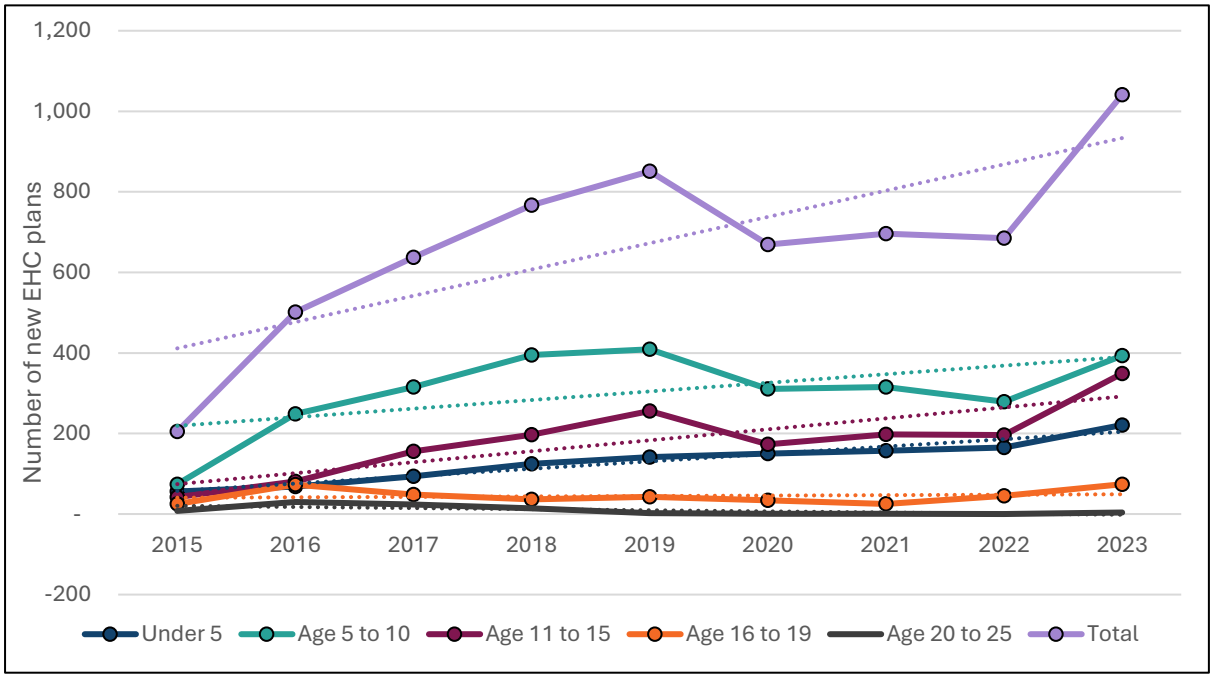
Source: Department for Education (2024)

The total number of new EHC plans in Suffolk has increased from 205 in 2015 to 1,041 in 2023, representing a 408% increase over this period. For children aged between 5 to 10 years of age, this group has consistently had the highest number of new plans. It saw a sharp increase from 74 in 2015 to a peak of 409 in 2019, before declining slightly to 393 in 2023. This age group has been the primary driver of the overall increase in EHC plans.

For the 11 to 15 year old group, this group has shown steady growth, increasing from 42 plans in 2015 to 349 in 2023, a 731% increase. It has become the second-largest group in recent years.

For children aged under 5, there has been a consistent increase in this age group, from 56 plans in 2015 to 221 in 2023, suggesting an increase in earlier identification and support for SEND needs.

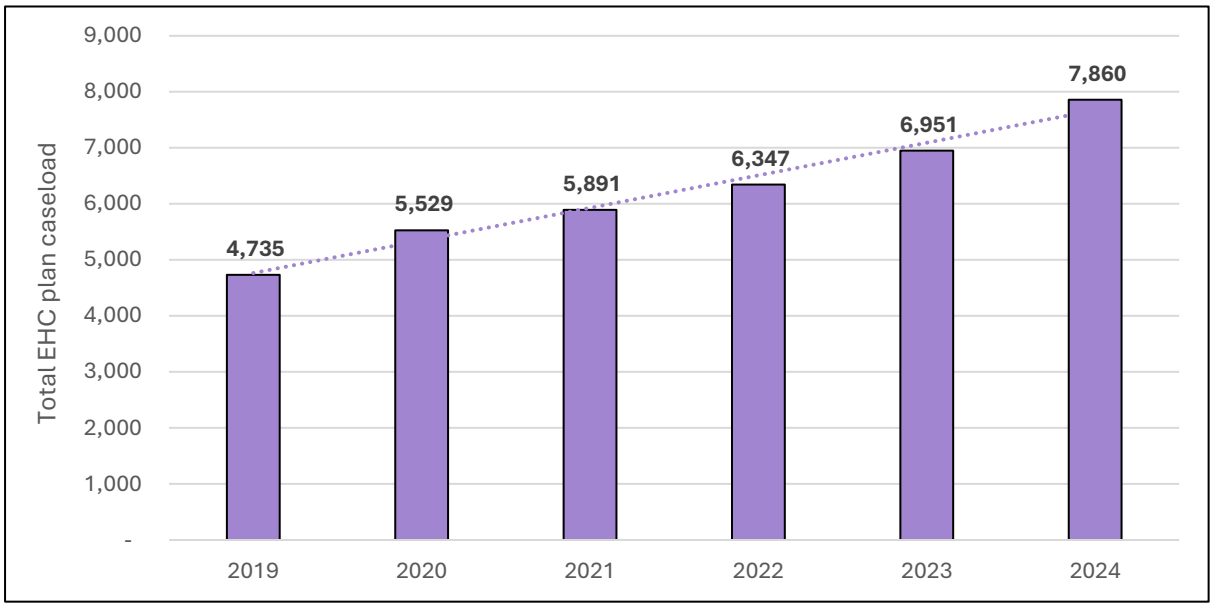
Figure 4. Number of new Suffolk EHC plans by age group, 2015 to 2023



Source: Department for Education (2024)

Year to year, there were large increases in the number of new EHC plans between 2015 to 2019, with a decrease in 2020 (possibly due to the Covid-19 pandemic), followed by large increase in 2023. Overall, the number of new EHC plans by age group shows a trend of earlier identification and support in Suffolk, with the largest growth in the primary and early secondary school years. The recent increase in 2023 may indicate increased demand, or improved assessment processes following the pandemic period.

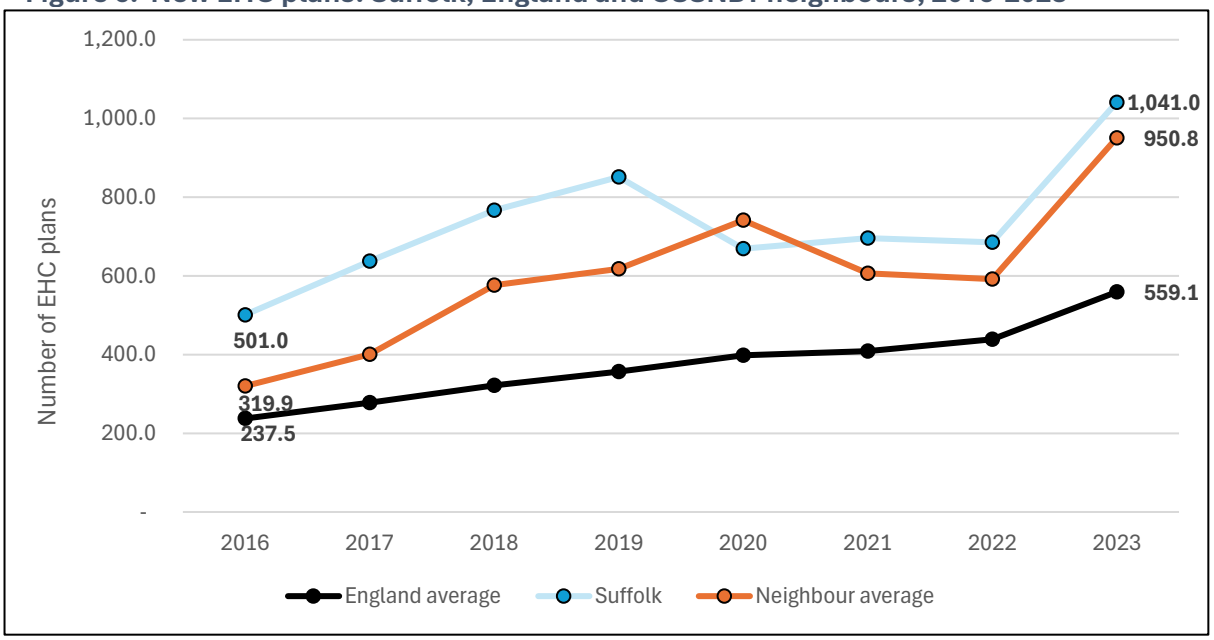
Figure 5. Total EHC plan caseload, Suffolk, 2019 to 2024



Source: Department for Education (2024)

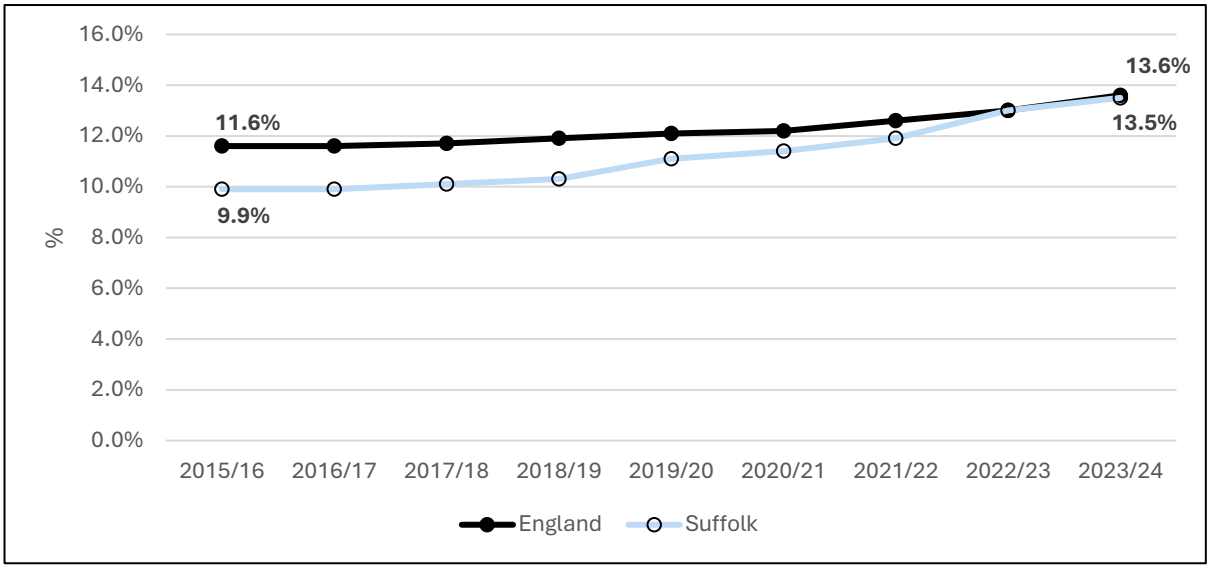
This data shows the number of EHC plans for England, Suffolk, and the average of Suffolk's CSSNBT neighbours from 2016 to 2023. The England average has steadily increased over the years, rising from 237.5 in 2016 to 559.1 in 2023. Suffolk has consistently had a higher number of EHC plans compared to the England average, with the number increasing from 501.0 in 2016 to 1,041.0 in 2023, though there was a slight dip in 2020. The average number of EHC plans among Suffolk's CSSNBT neighbours also shows an upward trend, rising from 319.9 in 2016 to 950.8 in 2023, though the trend is less consistent than Suffolk's, with some fluctuations in the later years.

Figure 6. New EHC plans: Suffolk, England and CSSNBT neighbours, 2016-2023



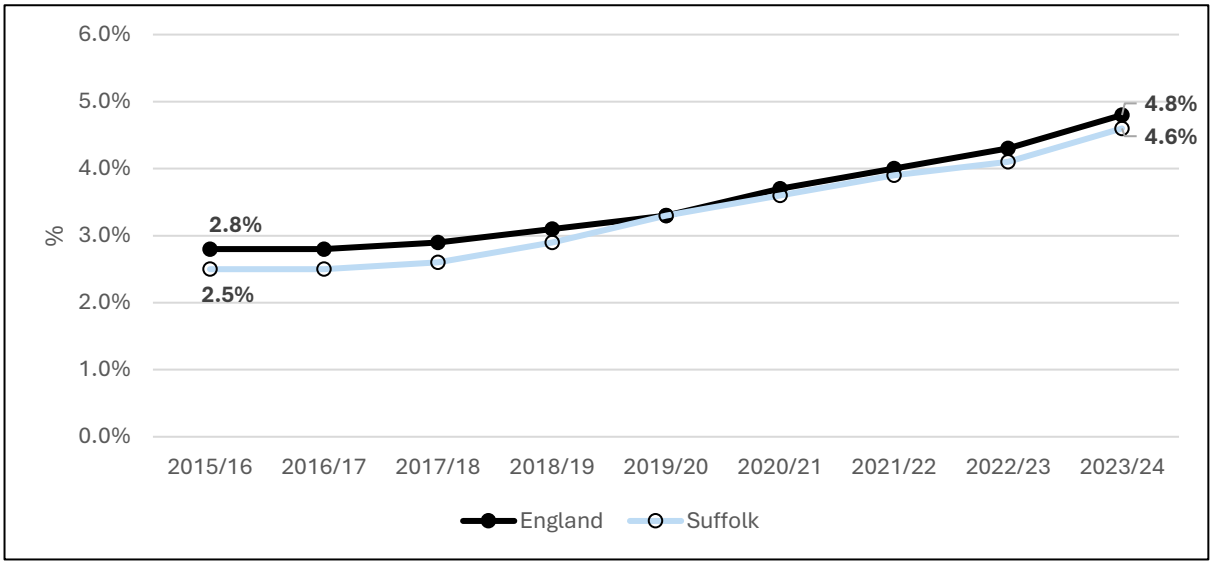
Source: Department for Education (2024)

Figure 7. Percentage of school-age children receiving SEN support/SEN without an EHC plan, Suffolk and England, 2015/16 to 2023/24



Source: Department for Education (2024)

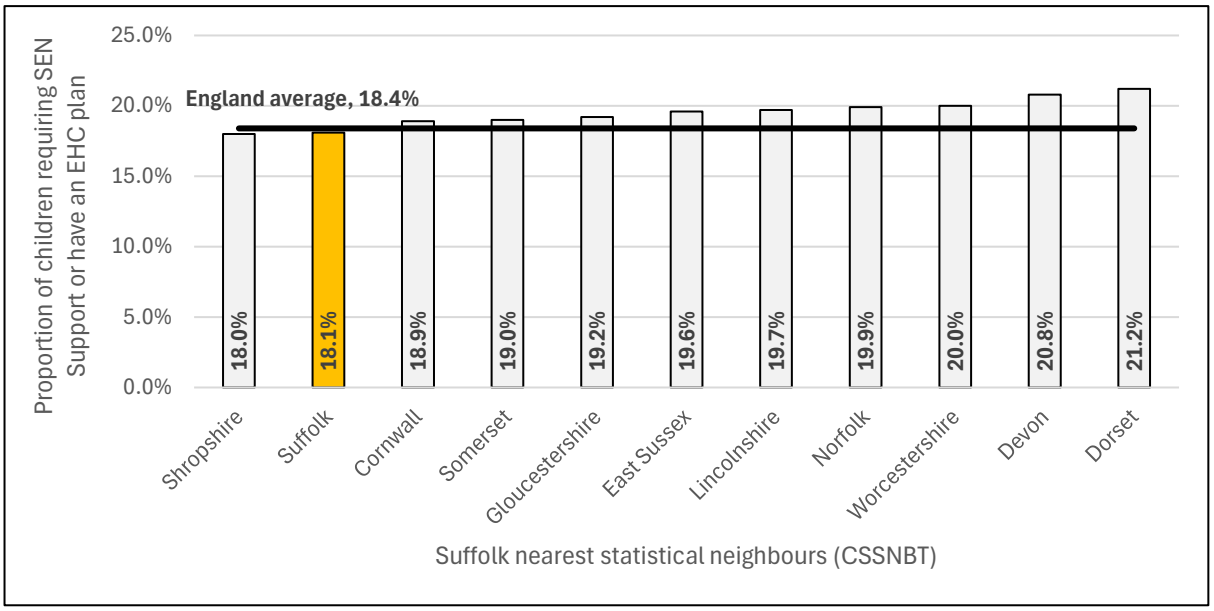
Figure 8. Percentage of school-age children with EHC Plans, Suffolk and England, 2015/16 to 2023/24



Source: Department for Education (2024)

Out of Suffolk's nearest statistical neighbours (using the Children's Services Statistical Neighbour Benchmarking Tool), Suffolk's combined prevalence of EHC plans and SEN Support (18.1%), places the county 2nd lowest out of 11 statistical neighbours.

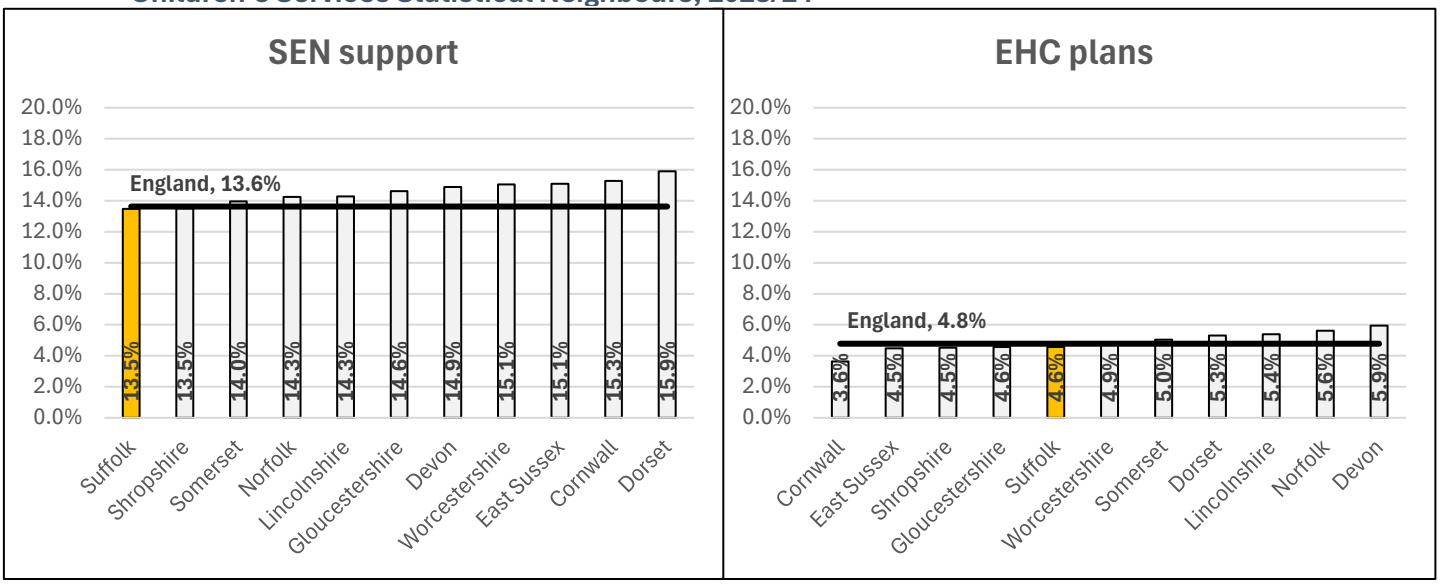
Figure 9. Percentage of school-age children with SEND (EHC plans and SEN support combined) for Suffolk and Children's Services Statistical Neighbours, 2023/24



Source: Department for Education (2024)

In 2023/24, Suffolk's prevalence of EHC plans at 4.6% was slightly below the England average of 4.8%, placing the county 5th out of 11 statistical neighbours (using the Children's Services Statistical Neighbour Benchmarking Tool). For SEN support, Suffolk's rate of 13.5% was just below the national average of 13.6%, positioning it as the lowest out of 11 statistical neighbours. Among the neighbouring authorities, there was considerable variation, with EHC plan rates ranging from 3.6% in Cornwall to 5.9% in Devon, and SEN support rates spanning from 13.5% in Shropshire to 15.9% in Dorset.

Figure 10. Percentage of children with SEN support, and EHC plans, for Suffolk and Children's Services Statistical Neighbours, 2023/24



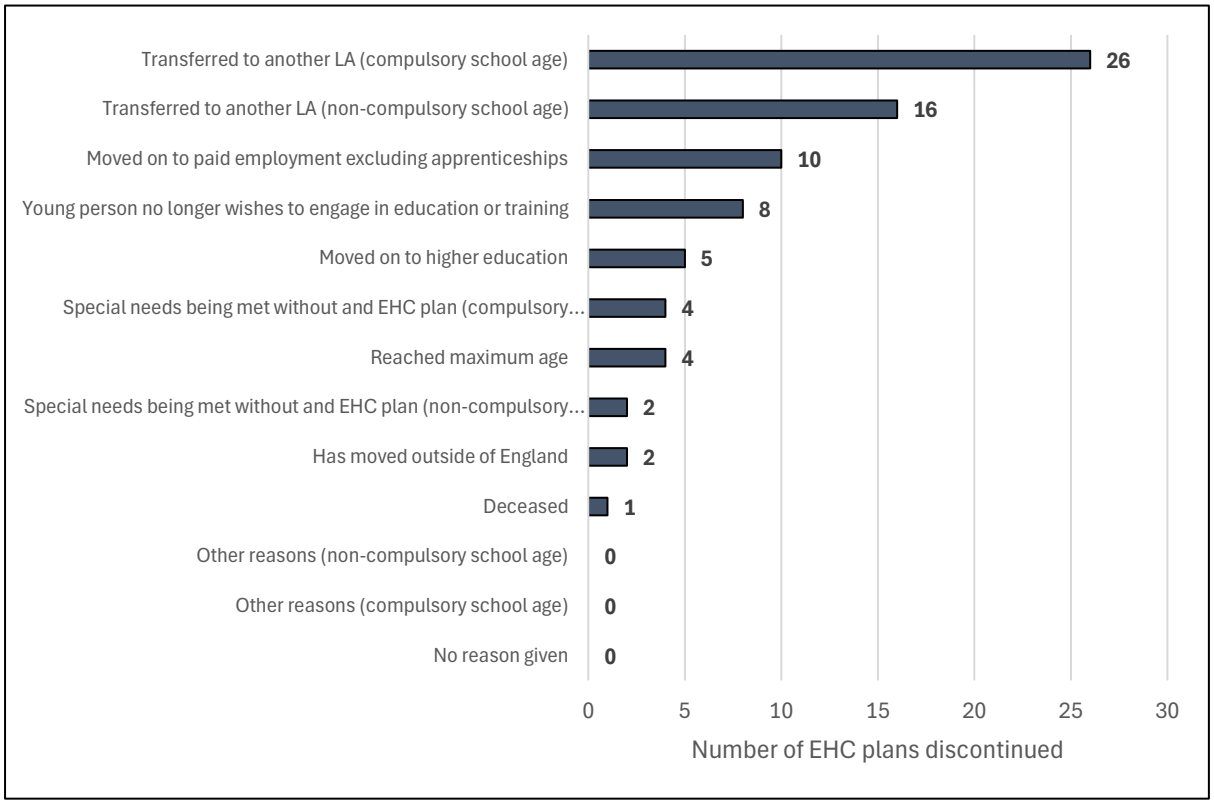
Source: Department for Education (2024)

EHC plan discontinuation

In 2023, Suffolk discontinued a total of 78 Education, Health and Care plans. The most common reason for discontinuation was transfers to other Local Authorities, accounting for 42 cases (26 for compulsory school age and 16 for non-compulsory school age).

Other reasons included transitions to paid employment (10 cases) and young people choosing to disengage from education or training (8 cases). 6 plans were discontinued as special needs were being met without an EHC plan, split between compulsory and non-compulsory school ages. The data also shows few discontinuations due to other reasons, with one case due to death and two cases where individuals moved outside of England.

Figure 11. Number of EHC plans discontinued and reasons for discontinuation in Suffolk, 2023



Source: Department for Education (2024)

Projections

In the SEND Needs Assessment, a range of potential scenarios are presented to explore how the Suffolk SEND population may change by 2027/28.

- These scenarios aggregate row-level school census data in order to align with local authority pupil forecasts (published March 2024).
- To align with the local authority pupil forecasts dataset, these projections focus on pupils in mainstream schools (primary and secondary). They therefore exclude early years year groups, sixth forms, independent and special schools, and further education settings.
- Figure 16 at the end of this section compares the differences between the four scenarios and includes the current number of pupils not included in these projections by 2028 (pupils in early years, sixth forms, independents and special schools).

Key limitations of these projections:

- Exclusion of children in non-mainstream educational settings
- Potential underrepresentation of young people with EHC plans up to the age of 25 who are not in education

However, what can be observed is the general upward trend in the number of children in mainstream education with SEND (approx. values between 381-2,708 additional children with SEND in Suffolk by 2027/28).

This SEND projection analysis for Suffolk uses data on SEND prevalence for school-age mainstream pupils between 2015/16 to 2023/24 and presents future projections to 2027/28. The analysis includes forecasted changes in the Suffolk school-age population based on local authority forecasts, and the proportion of children receiving SEN provision (either EHC plans or SEN support).

The bullet points below detail four different scenarios produced as part of this SEND needs assessment to estimate the possible future demand for SEN provision for school-age pupils in state-funded schools in Suffolk.

- **Scenario 1**: Maintaining the Suffolk SEND prevalence in 2023/24 (16.7%) and applying this prevalence rate to the Suffolk mainstream school population from 2023/24 to 2027/28
- **Scenario 2**: Using the average rate of increase in SEND demand in Suffolk between 2015/16 to 2023/24, and applying this rate of average annual increase in SEND demand to the Suffolk mainstream school population until 2027/28
- **Scenario 3**: Using the average rate of increase in SEND demand for England between 2015/16 to 2023/24, and applying this rate of average annual increase in SEND demand to the Suffolk mainstream school population until 2027/28
- **Scenario 4**: Using the average increase in SEND demand in Suffolk's CSSNBT neighbours between 2015/16 to 2023/24, and applying this rate of average annual increase in SEND demand to the Suffolk mainstream school population until 2027/28

The data sources used to produce these estimates include internal school census data at pupil level, and are aggregated for only mainstream schools, excluding nursery year groups, and excluding sixth forms. This does not match with the DfE SEND prevalence data for Suffolk schools between 2015/16 to 2023/24 as this includes pupils with SEN support and EHC plans in state-funded nursery, primary, secondary and special schools; in non-maintained special schools; in state-funded alternative provision schools and independent schools, including state-funded primary schools with early years provision; and in state-funded secondary schools with sixth forms.

Future projections could apply the prevalence of SEN support and EHC plans for 0-25 year olds in Suffolk to the Office for National Statistics Population projections – local authorities: SNPP Z1, however the current edition was released in March 2020 and was based on 2018 data, leading to an inaccurate denominator. These population projections are due to be updated between February and March 2025.

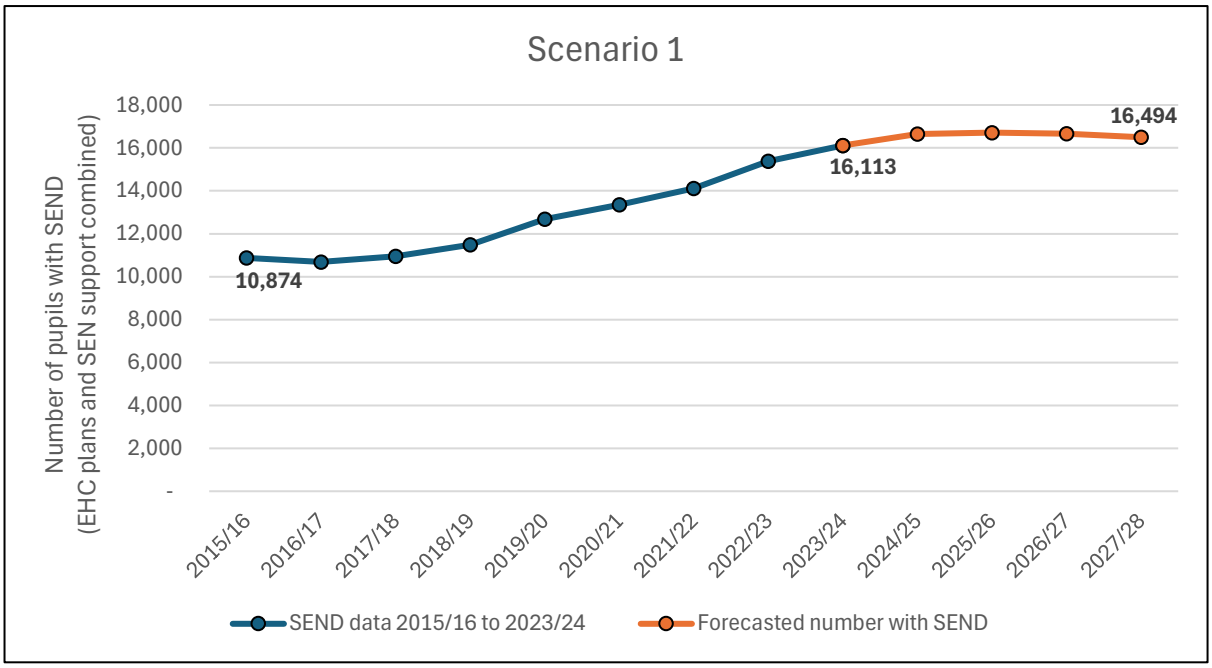
These projections are therefore estimates and should be treated with caution.

Scenario 1: Continuing the Suffolk SEND prevalence from 2023/24 – linear projection
Scenario 1 presents a conservative baseline projection that continues the SEND prevalence observed for mainstream pupils (state-funded primary and secondary schools, excluding early years provision and sixth forms) in Suffolk in 2023/24 (16.7%) across the entire projection period from 2024/25 to 2027/28. This approach assumes a stable proportion of mainstream pupils requiring special educational needs support, despite potential future changes in demographics or diagnosis.

This projection reveals a slight increase in the number of mainstream pupils with SEND, driven by the marginal increase in the overall mainstream school-age population in Suffolk, from 16,113 in 2023/24 to 16,494 in 2027/28, an overall estimated increase of 381 mainstream school children.

This static prevalence approach provides a benchmark for more dynamic projections to be compared against – however, it does not consider potential increases in SEND cases driven by improved identification, changing diagnostic criteria, or changes in the incidence or prevalence rates of key conditions which may lead to SEND.

Figure 12. Scenario 1: The 2023/24 SEND prevalence for mainstream school-age children (state-funded primary and secondary schools, excluding early years provision and sixth forms) in Suffolk remains static (16.7%), and continues to 2027/28



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

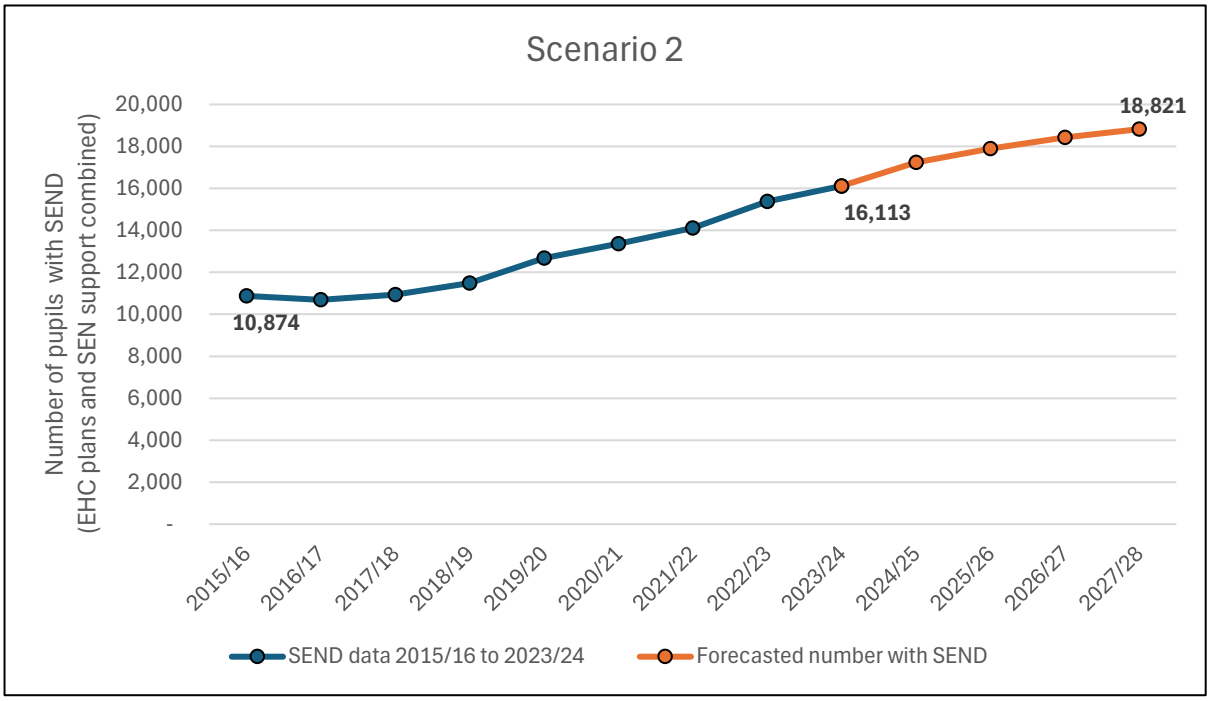
Scenario 2: Average increase in Suffolk SEND diagnoses between 2015/16 to 2023/24 projected forward to 2028

Scenario 2 uses the rate of increase in SEN support and EHCPs for Suffolk mainstream school-age children (state-funded primary and secondary schools, excluding early years provision and sixth forms) between 2015/16 and 2023/24 and projects this trend forward to 2027/28. This approach provides a more nuanced projection that reflects Suffolk's specific pattern of increasing SEND identification and support.

This scenario suggests a continued progressive increase in SEND cases from 16.7% in 2023/24 to 19.1% by 2027/28 (an average year-on-year increase of 0.6%). Unlike the static linear projection, this scenario considers both the demographic changes, as well as a continued increase in SEND cases.

Despite an anticipated slight increase to the mainstream school-age population in Suffolk, due to increased cases of SEND, the total number of mainstream school-age children with SEND under scenario 2 is projected to increase from 16,113 in 2025, to 18,821 in 2027/28 – an increase of 2,708 additional mainstream school-age children with SEND by 2027/28.

Figure 13. Scenario 2: Continuing the average increase in SEND cases for Suffolk mainstream school-age pupils (state-funded primary and secondary schools, excluding early years provision and sixth forms) between 2015/16 to 2023/24 to 2028 (increase of ~0.6% year on year)



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

Scenario 3: Average increase in England SEND cases between 2015/16 to 2023/24 projected forward to 2028 for Suffolk

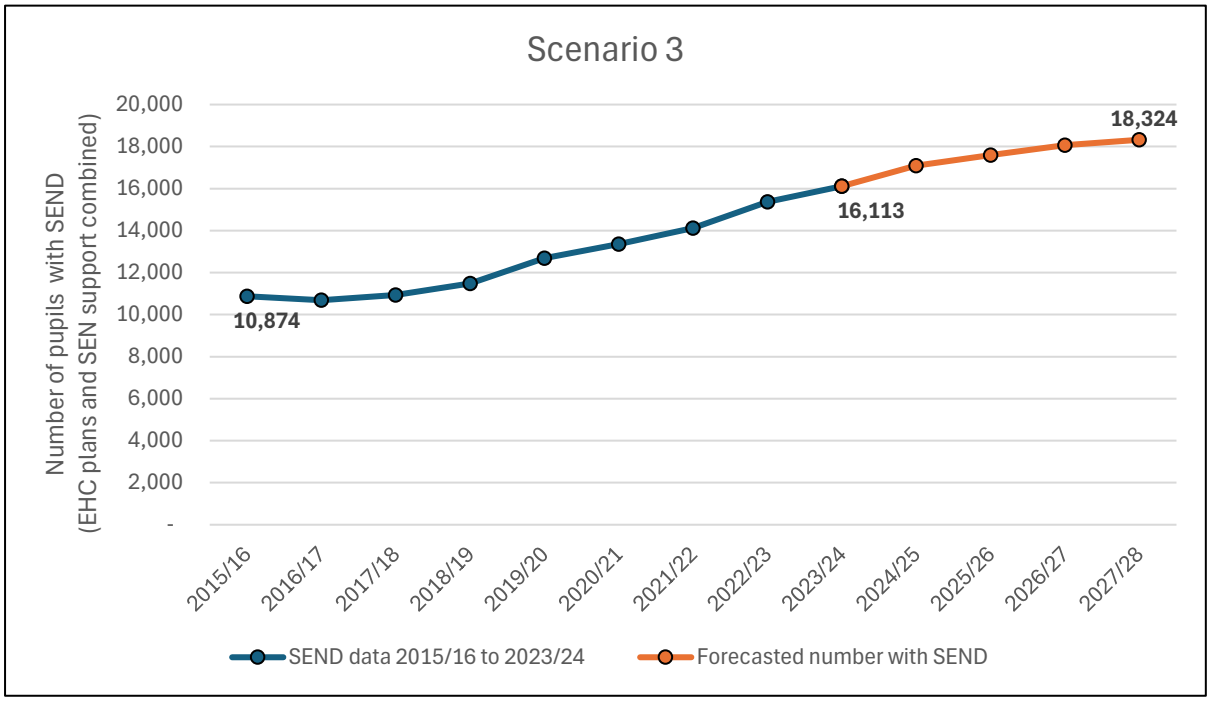
Scenario 3 applies the average increase in SEND cases observed across England between 2015/16 and 2023/24 to Suffolk's mainstream school-age population (state-funded primary and secondary schools, excluding early years provision and sixth forms). This approach provides a

broader, national perspective on potential SEND prevalence, offering a comparative benchmark to the local Suffolk trend.

The national average projection shows a more moderate increase in SEND prevalence, increasing from 16.7% in 2023/24 to 18.6% by 2027/28. This scenario projects an increase in the number of mainstream school-age children with SEND in Suffolk from 16,113 in 2024/25 to 18,324 in 2027/28 – an increase of 2,211 additional mainstream school-age children with SEND by 2028.

This scenario contextualises Suffolk's SEND trend with the broader pattern across England and provides a middle-ground projection between scenario 1 (linear/static) and local trend scenarios.

Figure 14. Scenario 3: Using the average increase in SEND cases between 2015/16 to 2023/24 for England, continuing this increase in SEND cases to the Suffolk mainstream school-age population (state-funded primary and secondary schools, excluding early years provision and sixth forms) until 2027/28 (increase of ~0.4% year on year)



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

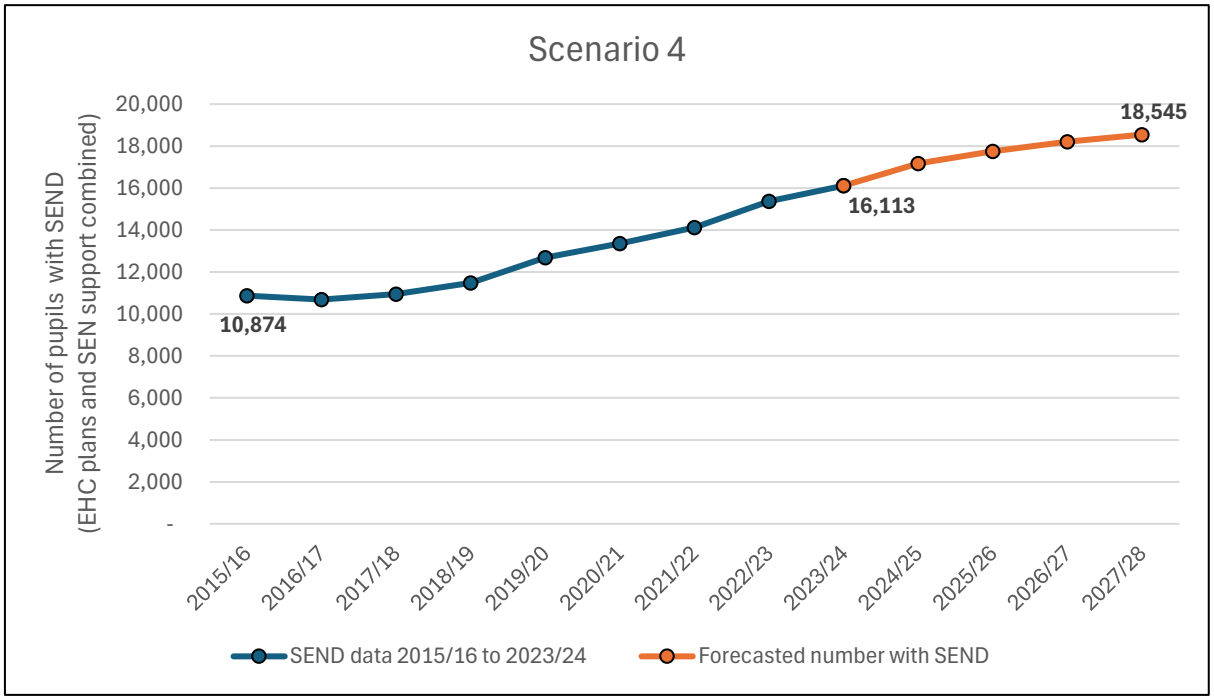
Scenario 4: Using the average increase in SEND cases for Suffolk's CSSNBT neighbours between 2015/16 to 2023/24, continuing this average annual increase in SEND cases from 2023/24 until 2027/28

Scenario 4 applies the average increase in SEND cases observed across Suffolk's CSSNBT statistical neighbours between 2015/16 and 2023/24 (approximately 0.5% per year) to Suffolk's projected mainstream school-age population (state-funded primary and secondary schools, excluding early years provision and sixth forms). This approach provides a useful comparison, as it draws on trends from local authorities with similar demographic and socioeconomic characteristics to Suffolk.

The CSSNBT statistical neighbours' projection shows a steady increase in SEND prevalence, rising from 16.7 % in 2023/24 to 18.8% by 2027/28. This scenario projects the number of mainstream school-age children with SEND in Suffolk to increase from 16,113 in 2024/25 to 18,545 in 2027/28 – an increase of 2,432 mainstream children with SEND by 2027/28.

This scenario benchmarks Suffolk's SEND prevalence against comparable local authorities, providing a projection that reflects similar local contexts and challenges. The resulting projection falls between the national average (Scenario 3) and Suffolk-specific trend (Scenario 2), suggesting a moderate but sustained increase in SEND prevalence.

Figure 15. Scenario 4: The average increase in SEND cases for Suffolk's CSSNBT neighbours between 2015/16 to 2023/24, applied to Suffolk mainstream school-age population (state-funded primary and secondary schools, excluding early years provision and sixth forms) from 2023/24 until 2027/28 (~0.5% increase year on year)



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

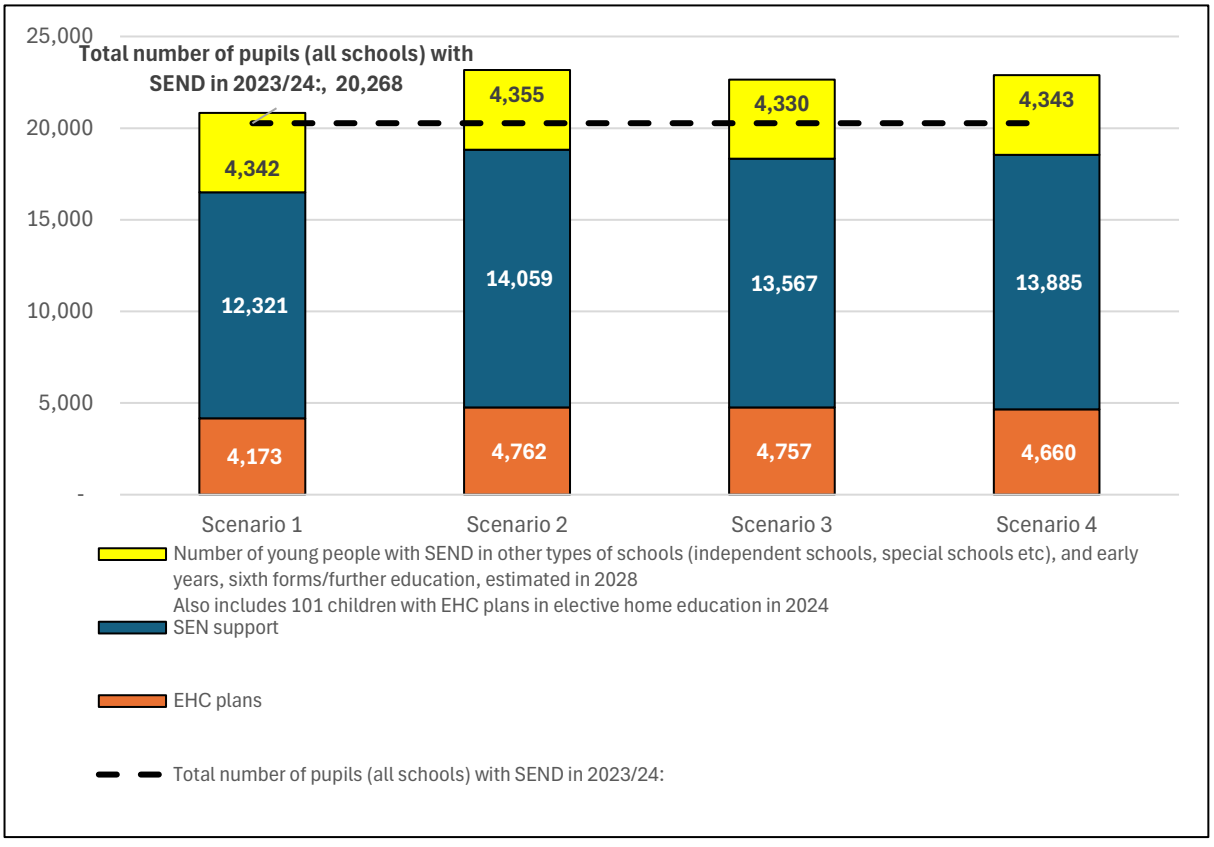
Comparison of scenarios

The comparative analysis of SEND projections reveals large variations across the four scenarios. The latest internal School Census data provides a baseline of 16,113 school-age mainstream children with SEND in 2024. Figure 16 below compares the four scenarios and includes (in yellow) the static number of pupils not included in these projections by 2028 (pupils in early years, sixth forms, independents and special schools, as well as the number of children with EHC plans in elective home education in 2024 (101: Department for Education)).

Scenario 1 (static prevalence) projects the most conservative growth to 16,494 mainstream children, while Scenario 2 (recent Suffolk trend of increased SEND cases continuing) demonstrates the most substantial increase to 18,821 mainstream children. Scenario 3 (Suffolk's prevalence increasing in line with national average increases) and Scenario 4 (increases in prevalence in line with CSSNBT neighbours average) offer intermediate projections of 18,324 and 18,545 mainstream school-age children respectively.

These scenarios differ not only in total SEND numbers but also in their underlying assumptions about EHC plans and SEN support, with total increases ranging from 568 to 2,908 additional mainstream school-age children with SEND in Suffolk by 2027/28.

Figure 16. 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



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

Type of need

The SEND code of practice identifies four broad areas of need that local areas should plan for. These areas provide a framework to help schools assess how well they are equipped to support students with a range of special educational needs and disabilities. It is important to note that children often have needs across multiple areas, and their support must be holistic to address their full range of strengths and challenges. Please note, primary and secondary type of need are recorded in the school census and are available for state-funded nursey, primary, secondary and special schools, non-maintained special schools and state-funded AP schools. Data on type of need is not available for independent schools or general hospital schools. The four broad areas of need are as follows:

1. **Communication and interaction**: Children with speech, language, and communication needs (SLCN) face challenges in communicating with others, which may include difficulties in understanding or producing speech, as well as problems with social communication rules. The profile of SLCN varies significantly among individuals and can evolve over time. Additionally, autistic children often experience difficulties with social interaction, language, and communication, which can affect their ability to engage with others.
2. **Cognition and learning**: Children with learning difficulties may require support if they learn at a slower pace compared to their peers, even when provided with appropriate differentiation. This category encompasses a wide range of needs, from moderate learning difficulties (MLD) to severe and profound learning difficulties (SLD and PMLD), where children may require support in multiple areas, including communication and mobility. Specific learning difficulties (SpLD), such as dyslexia, dyscalculia, and dyspraxia, fall under this category and impact particular aspects of learning.
3. **Social, emotional and mental health (SEMH) needs:** Children with SEMH needs may display a range of emotional and behavioural difficulties, such as withdrawal, isolation, or disruptive behaviour. These behaviours may be symptomatic of underlying mental health conditions, including anxiety, depression, self-harm, or attention deficit disorders. Schools must have clear processes to support children with these needs while ensuring that disruptive behaviours do not negatively affect other students. Managing and supporting pupils with SEMH effectively is vital to their overall wellbeing and development.
4. **Sensory and/or physical needs**: Children with sensory impairments, such as vision impairment, hearing impairment, or multi-sensory impairment, often require specialist support or equipment to access their education. Their needs can fluctuate with age or due to changing conditions. Those with physical disabilities may also need ongoing support to ensure they can participate fully in educational activities alongside their peers. This category highlights the need for adaptive resources and specialised interventions to support access to learning environments through reasonable adjustments.

Children will likely have needs that cross more than one of the broad categories, and their needs may change over time. The aspiration of assessing need is to identify the appropriate interventions and support to ensure all aspects of a child's educational and developmental

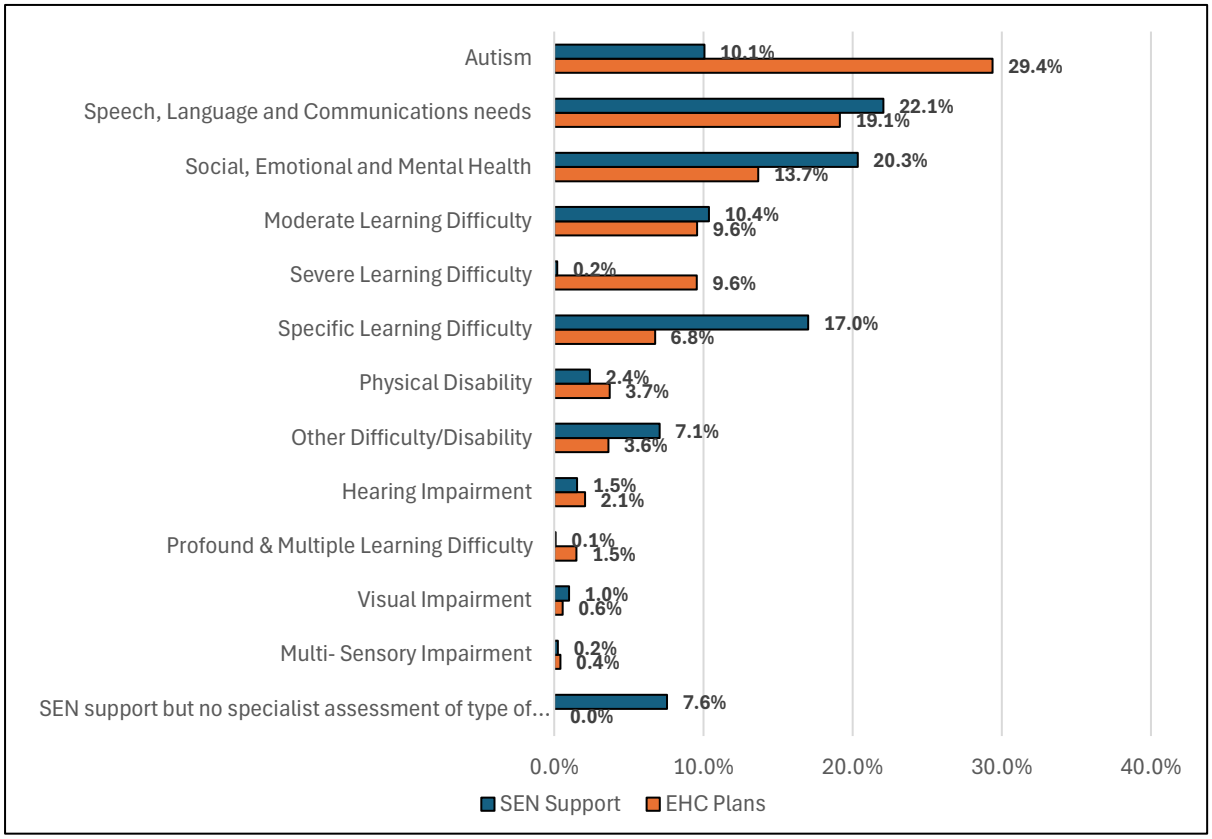
needs are met. A holistic approach enables schools to provide well-rounded support tailored to each individual[1].

A primary need refers to the main area of difficulty or disability identified for a child or young person requiring support through SEN services or an EHC plan. In January 2024, for pupils with EHC plans in Suffolk, the most common type of need was autism (1,352 pupils/29.4%). The second most common primary need was Speech, Language and Communications needs, affecting 881 pupils (19.1%). Social, Emotional and Mental Health needs were the third most prevalent for those with an EHC plan, identified in 629 pupils (13.7%).

For pupils receiving SEN support in Suffolk, the most common type of need in January 2024 was Speech, Language and Communication needs. 3,064 pupils (22.1%) receiving SEN support had Speech, Language and Communication needs recorded as their primary type of need. This was followed by Social, Emotional and Mental Health needs, affecting 2,824 pupils (20.3%). Specific Learning Difficulty was the third most common need, identified in 2,365 pupils (17.0%).

There was a higher prevalence of autism for children with EHC plans (29.4%) compared to SEN support (10.1%). Social, Emotional and Mental Health needs were more commonly identified in pupils on SEN support (20.3%) compared to those with EHC plans (13.7%). Also, 7.6% of pupils receiving SEN support had no specialist assessment of type of need, indicating a potential need for further evaluation and support.

Figure 17. Percentage distribution of pupils with SEND by primary need type and SEN provision in Suffolk, 2023/24

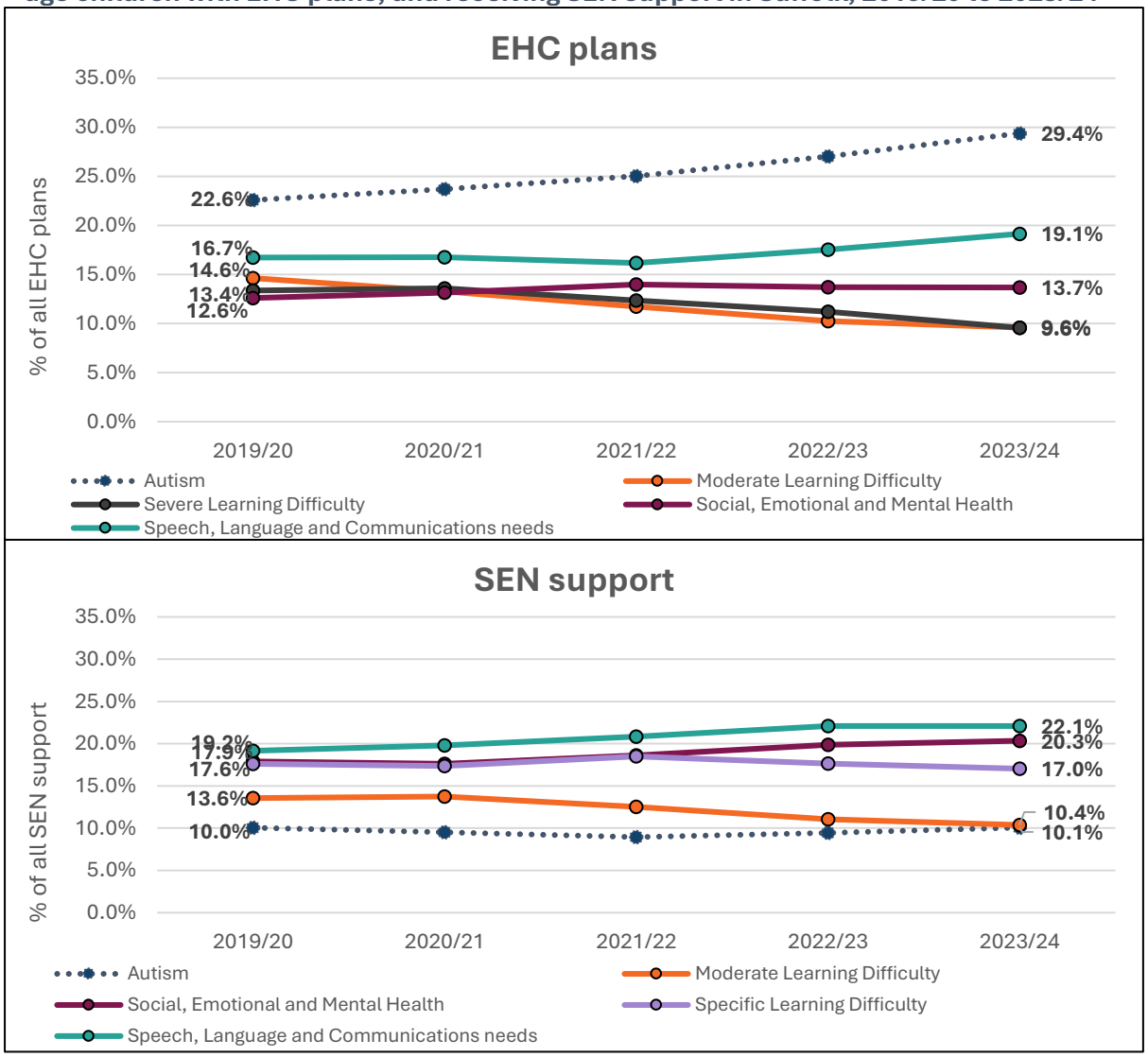


Source: Department for Education (2024)

Over the past five years, there have been changes in the primary type of need for children and young people with either EHC plans or receiving SEN support, who are attending Suffolk schools. For those attending Suffolk schools with EHC plans, autism has shown the most notable increase, increasing from the primary need identified in 22.6% of all EHC plans in 2019/20, to the primary need identified in 29.4% of all EHC plans in 2023/24.

For children receiving SEN support, Speech, Language and Communications needs have remained the most common primary need identified of all school age children receiving SEN support, increasing as the primary need identified from 19.2% to 22.1%. Social, Emotional and Mental Health needs have also increased as the primary need identified of school age children receiving SEN support, increasing from 17.9% to 20.3%, while Moderate Learning Difficulty has decreased from 13.6% to 10.4%.

Figure 18. Percentage distribution of 5 most common primary types of need for school age children with EHC plans, and receiving SEN support in Suffolk, 2019/20 to 2023/24



Source: Department for Education (2024)

The following table provides the number of pupils with SEND by primary need type and SEND provision for the last couple of years. The total number of EHC plans has increased by 10.3% over the previous year, with the number receiving SEN Support increasing by 3.3% over the same period. Autism had the largest increase for both EHC plans and SEN support.

Table 3. Number of pupils with SEN by primary need type and SEN provision in Suffolk, 2022/23 and 2023/24

	EHC plans		SEN support	
	2022/23	**2023/24**	**2022/23**	**2023/24**
Autism	1,128	1,352	1,270	1,397
Hearing Impairment	92	95	189	214
Moderate Learning Difficulty	428	441	1,487	1,440
Multi- Sensory Impairment	22	19	46	33
Other Difficulty/Disability	173	167	1,001	982
Physical Disability	175	171	322	333
Profound & Multiple Learning Difficulty	66	69	16	14
SEN support but no specialist assessment of type of need	no data	no data	919	1,051
Severe Learning Difficulty	467	440	31	28
Social, Emotional and Mental Health	572	629	2,670	2,824
Specific Learning Difficulty	287	311	2,373	2,365
Speech, Language and Communications needs	731	881	2,969	3,064
Visual Impairment	30	26	150	138
Total	**4,171**	**4,601**	**13,443**	**13,883**

Source: Department for Education (2024)

Primary need by school phase

Primary need is collected for pupils on SEN support and those with an EHC plan. The below data includes primary type of need for pupils as a percentage of all SEN primary needs, at state-funded primary school in Suffolk and England in 2023/24.

In primary school, the most common need among those with SEN in Suffolk is speech, language and communication needs, accounting for almost 1 in 3 children (31.1%/2,963 children), slightly below the England average where 34.8% of primary school pupils with SEN had a primary need of speech, language and communication needs.

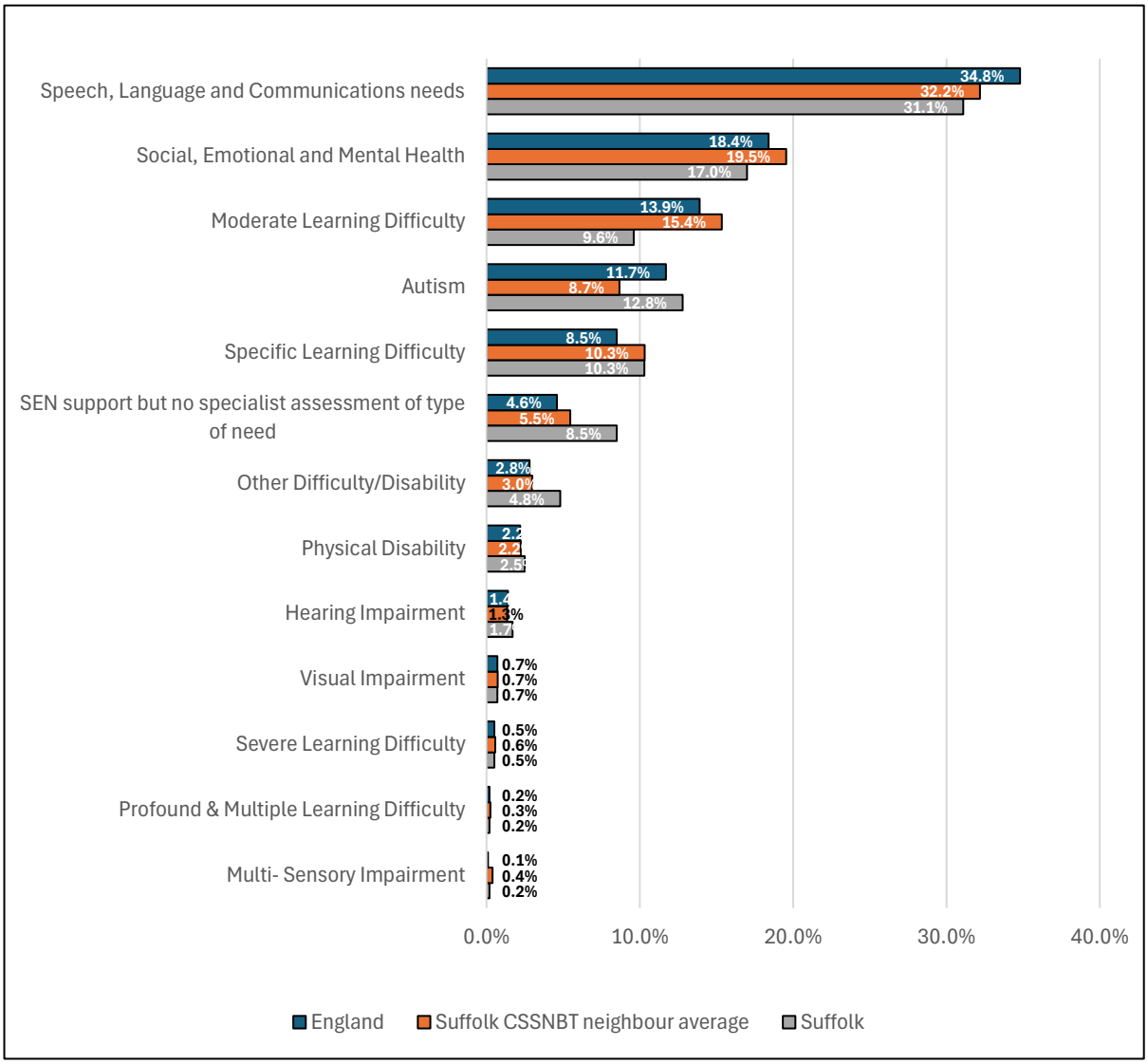
Autism is the most prevalent primary type of need for pupils with an EHC plan, with 36.5% of Suffolk's EHC plans being for young autistic people. This is slightly higher than the national figure, where 32.4% of primary school aged pupils with SEN in England have a primary need of autism.

Table 4. Number and percentage of SEND pupils in Suffolk state-funded primary school for EHC plans and SEN support by primary need type, 2023/24

	EHC plans		SEN support	
	No.	% of all EHC plans	No.	% of all SEN support
Autism	553	36.5%	666	8.3%
Hearing Impairment	42	2.8%	119	1.5%
Moderate Learning Difficulty	114	7.5%	797	9.9%
Multi- Sensory Impairment	4	0.3%	18	0.2%
Other Difficulty/Disability	61	4.0%	401	5.0%
Physical Disability	51	3.4%	192	2.4%
Profound & Multiple Learning Difficulty	14	0.9%	7	0.1%
SEN support but no specialist assessment of type of need	*	*	812	10.1%
Severe Learning Difficulty	31	2.0%	20	0.2%
Social, Emotional and Mental Health	159	10.5%	1,463	18.2%
Specific Learning Difficulty	76	5.0%	910	11.3%
Speech, Language and Communications needs	396	26.1%	2,567	32.0%
Visual Impairment	14	0.9%	51	0.6%
Total	**1,515**		**8,023**	

Source: Department for Education (2024)

Figure 19. Primary need type for SEND pupils (SEN support and EHC plans combined) in Suffolk, similar authorities to Suffolk (CSSNBT), and England in state-funded primary

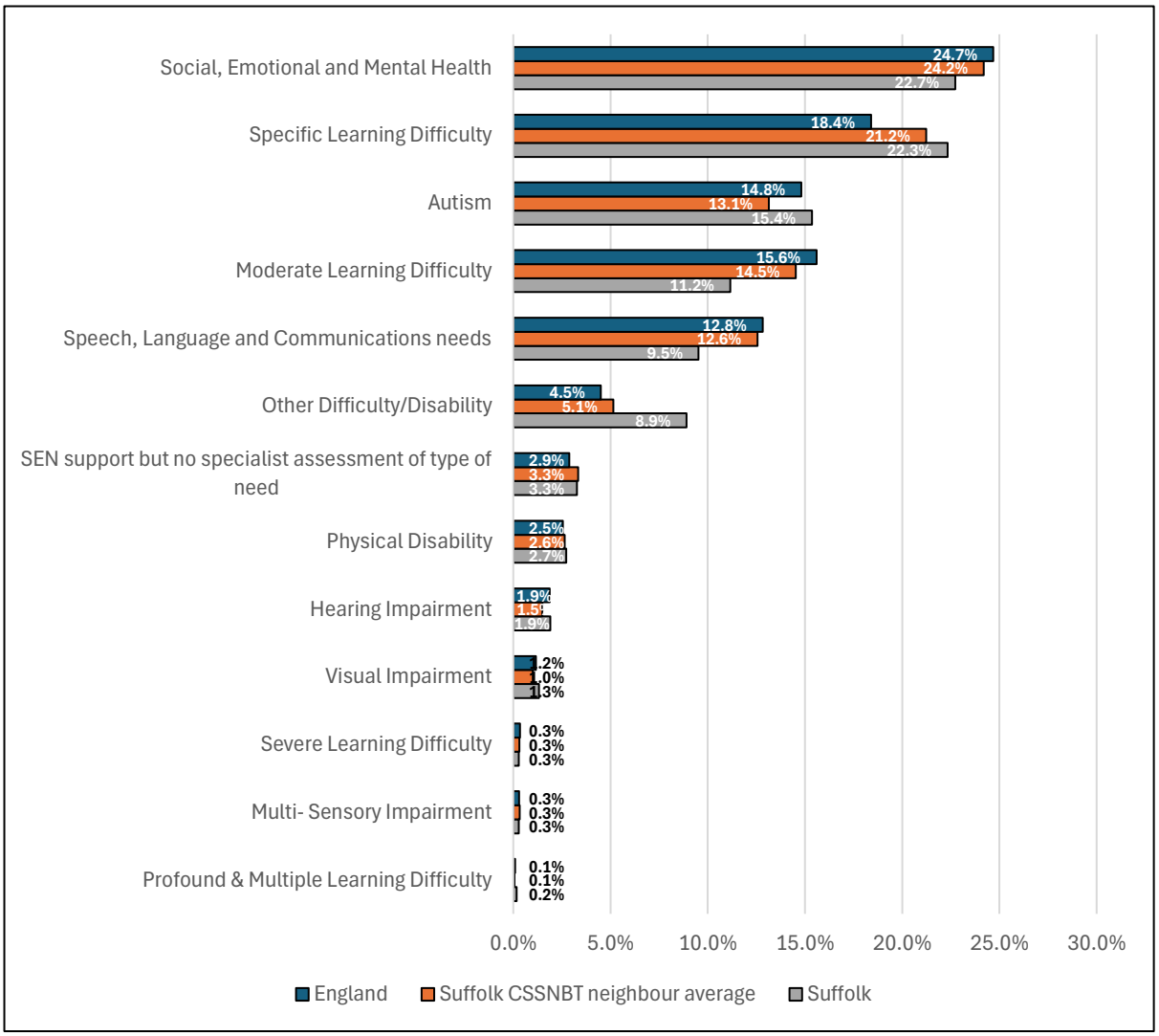


Source: Department for Education (2024)

The primary needs of children with SEND change significantly as they move from primary to secondary school. By secondary school, social, emotional and mental health need (22.7%/1,658 cases) and specific learning disability (22.3%/1,629 cases) were the most common primary need across SEN support and EHC plans combined in Suffolk in 2023/24. This mirrors the national trend, where almost 1 in 4 (24.7%) of all SEND cases for secondary school pupils had a primary need of social, emotional and mental health.

In 2023/24, Suffolk had a higher proportion of children with a primary need type of other difficulty/disability (8.9%/650 cases) for children with SEN support and EHC plans combined, compared to the England average of 4.5%. This was also the case in 2022/23, where 10.1% of secondary school pupils with special educational needs (both EHC plans and SEN support combined) had a primary need type of other difficulty/disability, double the national average of 5.0%, identifying a requirement for better reporting of primary type of need.

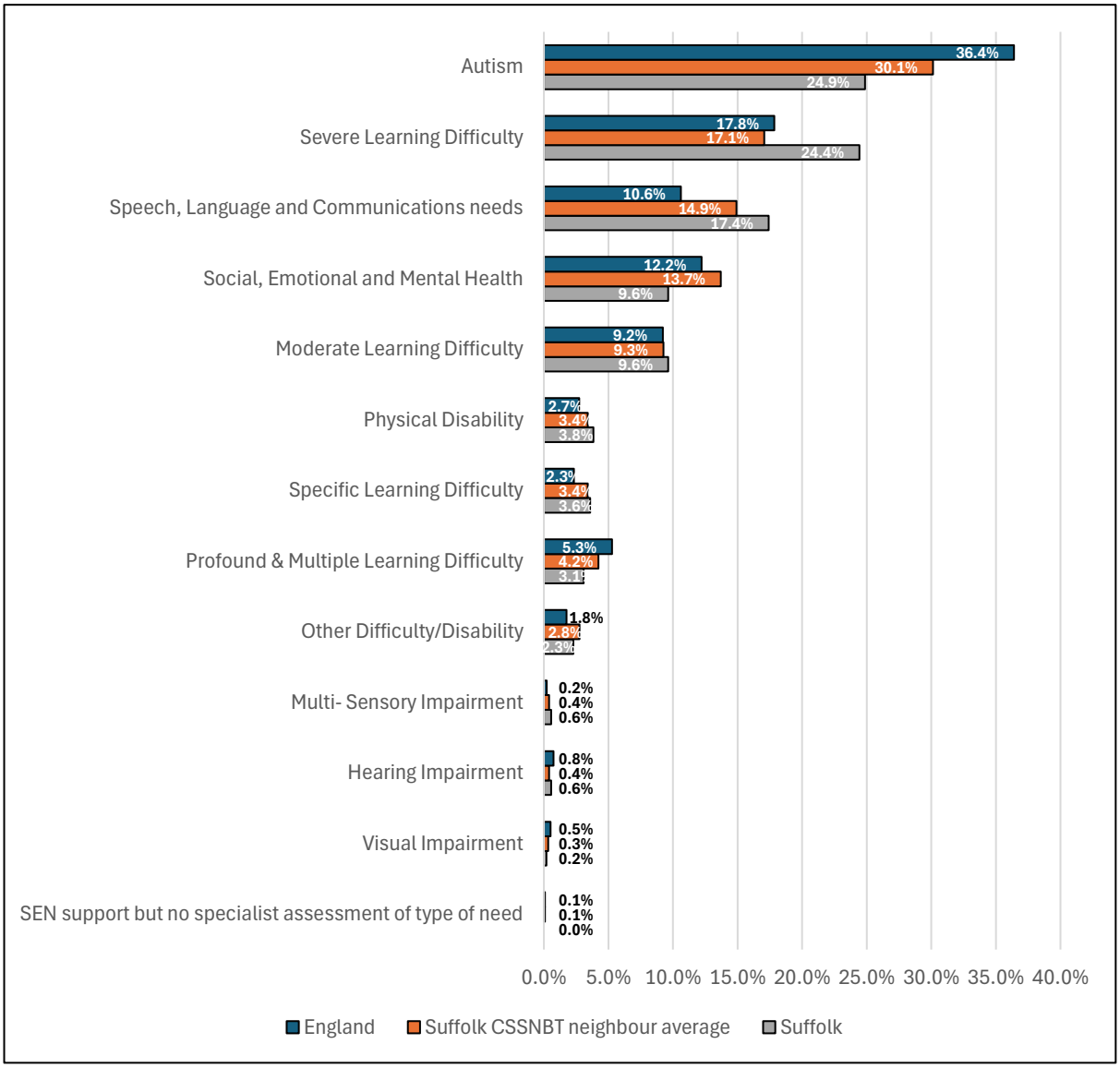
Figure 20. Primary need type for SEND pupils (SEN support and EHC plans combined) in Suffolk and England in state-funded secondary schools, 2023/24



Source: Department for Education (2024)

In 2023/24, there were 1,621 children and young people in state-funded special schools in Suffolk. Of these children and young people, 1,599 (98.6%) had an EHC plan, and 22 (1.4%) received SEN support. The most common primary need of children and young people in Suffolk's state-funded special schools in 2023/24 is autism, accounting for 24.9% of the total. This is followed closely by Severe Learning Difficulty at 24.4%. While autism is the most common need in Suffolk, it is significantly lower than the England average of 36.4%. Suffolk also has a higher proportion of students in state-funded special schools with Speech, Language and Communications needs (17.4%) compared to the England average (10.6%).

Figure 21. Primary need type for SEND pupils (SEN support and EHC plans combined) in Suffolk and England in state-funded special schools, 2023/24



Source: Department for Education (2024)

Primary need by school year

The following show how the age profile of the top 5 primary needs of children with SEND varies across year groups in Suffolk in 2023/24. Overall, speech, language and communication needs are the largest primary need for schoolchildren with SEND in Suffolk, accounting for over 1 in 5 (21.3%/3,945) of primary needs in 2023/24. This cohort peaks in Year 1 and then declines throughout each school year. The number of children with social, emotional and mental health needs increases as children go through primary school, peaking in year 8. Specific learning difficulties account for 14.5% (2,676 cases) of all special education needs in 2023/24, with a gradual rise across years. In the following figure, EY stands for early years, and R represents reception.

Figure 22. Number of children with SEND (SEN support and EHC plans combined) in Suffolk with the five most common primary needs by school year, 2023/24

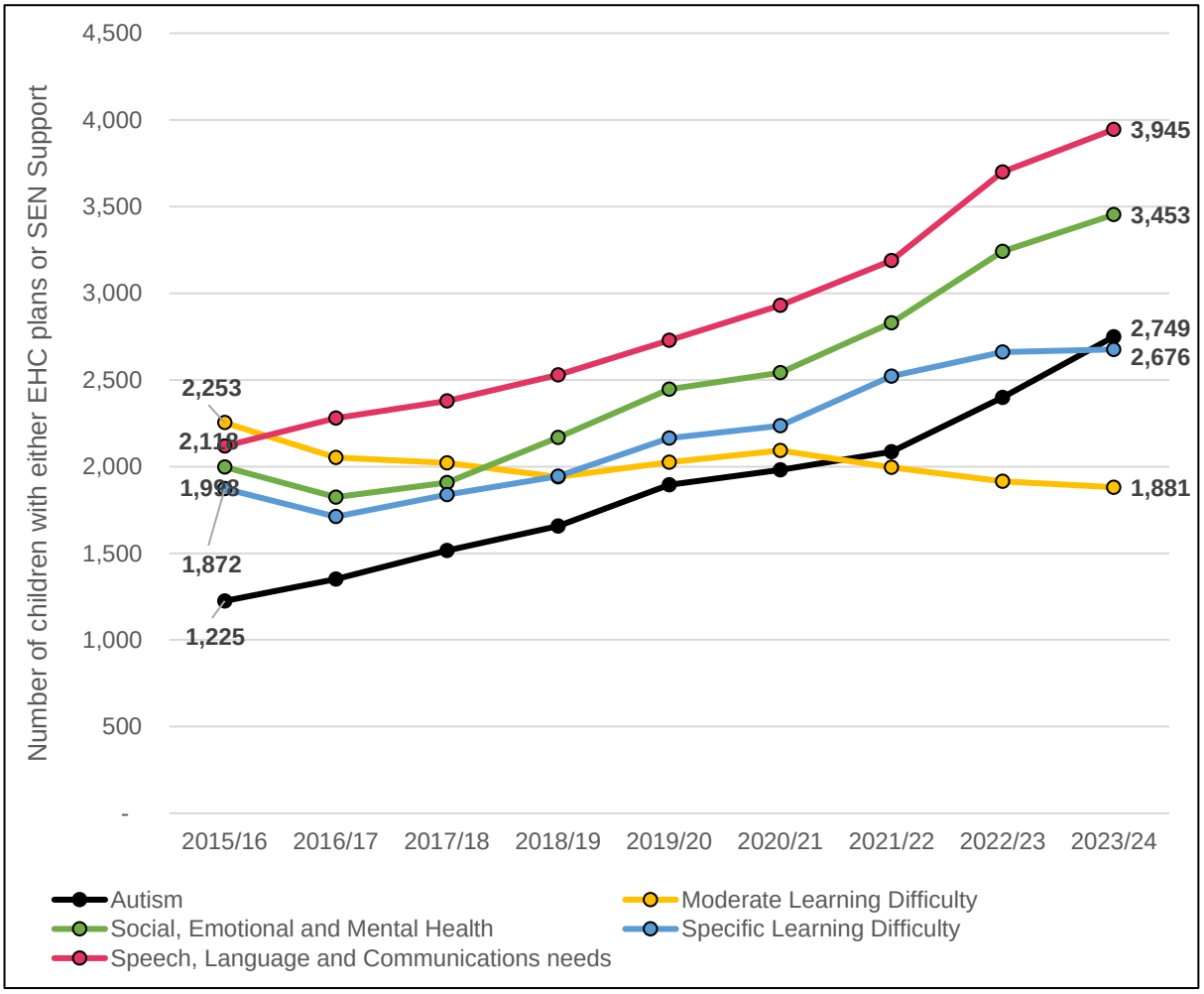
Source: Department for Education (2024)

Primary need trend

The following data shows increases in the five most common primary needs for children with SEND in Suffolk schools from 2015/16 to 2023/24. Speech, Language and Communication needs saw the largest increase, rising from 2,118 to 3,945 pupils. Social, Emotional and Mental Health primary needs also increased from 1,998 to 3,453 pupils.

Autism cases more than doubled between 2015/16 to 2023/24, increasing from 1,225 to 2,749. Specific Learning Difficulty showed a moderate increase from 1,872 to 2,676. In contrast, Moderate Learning Difficulty was the only category among these five to decrease, decreasing from 2,253 to 1,881 pupils. These trends indicate a shifting landscape of special educational needs in Suffolk, with communication, social-emotional, and autism-related needs becoming increasingly prevalent.

Figure 23. 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)

Primary need by gender

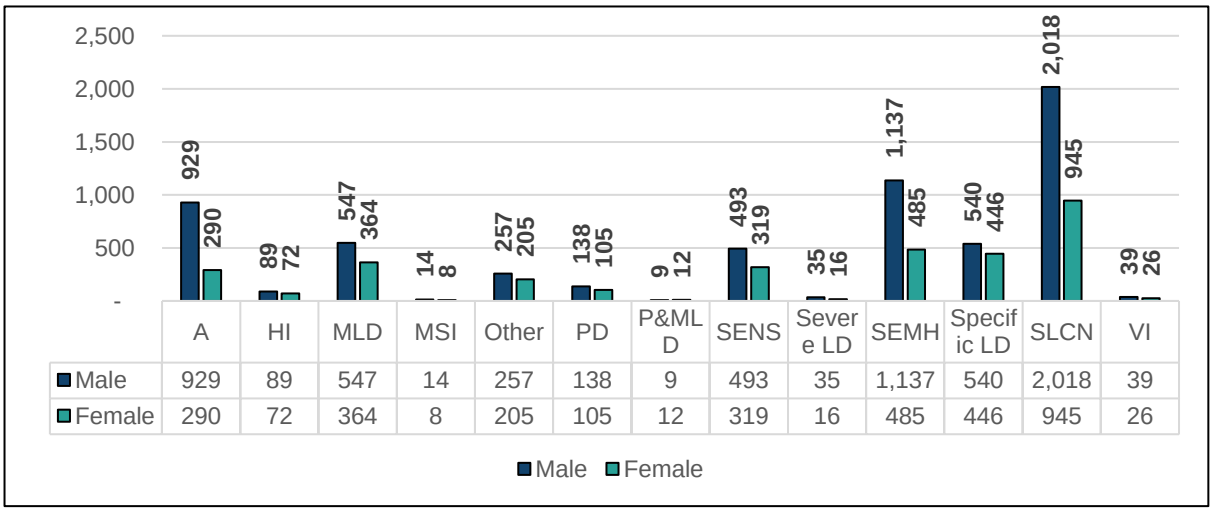
In Suffolk, there are notable differences between boys and girls across various primary needs for SEND pupils in both primary and secondary schools. Autism shows the most pronounced difference, with boys representing 76.2% of cases in primary schools and 71.7% in secondary schools, a ratio of approximately 3 boys to 1 girl. However, this gender imbalance may not fully reflect the true prevalence of autism among girls. Speech, Language and Communications needs (SLCN) also has a gender gap, with boys accounting for 68.1% in primary and 65.9% in secondary schools.

Growing research suggests that females with autism often employ masking behaviours, which can lead to underdiagnosis and misidentification. Masking involves complex social camouflaging strategies where girls learn to hide or suppress their autistic traits to fit in socially. A recent qualitative study exploring the experiences of girls with autism highlights this phenomenon, revealing how girls are motivated to form friendships but often face significant social challenges[208].

Social, Emotional and Mental Health (SEMH) needs are more prevalent in boys, particularly in primary schools (70.1% boys), with the gap narrowing slightly in secondary schools (59.4% boys).

In secondary schools, girls slightly outnumber boys in Visual Impairment (51% girls) and more significantly in Profound & Multiple Learning Difficulty (66.7% girls) although these are very small numbers and should be treated with caution. Boys are slightly more represented with Specific Learning Difficulties (54.8% in primary, 55% in secondary). These patterns suggest that certain SEND types, particularly autism, Speech, Language and Communications needs, and Social, Emotional and Mental Health, are either more prevalent, or are more frequently identified, in boys. This could potentially in part be due to behaviours such as masking. The National Autistic Society notes that autistic women and girls and non-binary people may be more likely to mask than autistic men and boys.

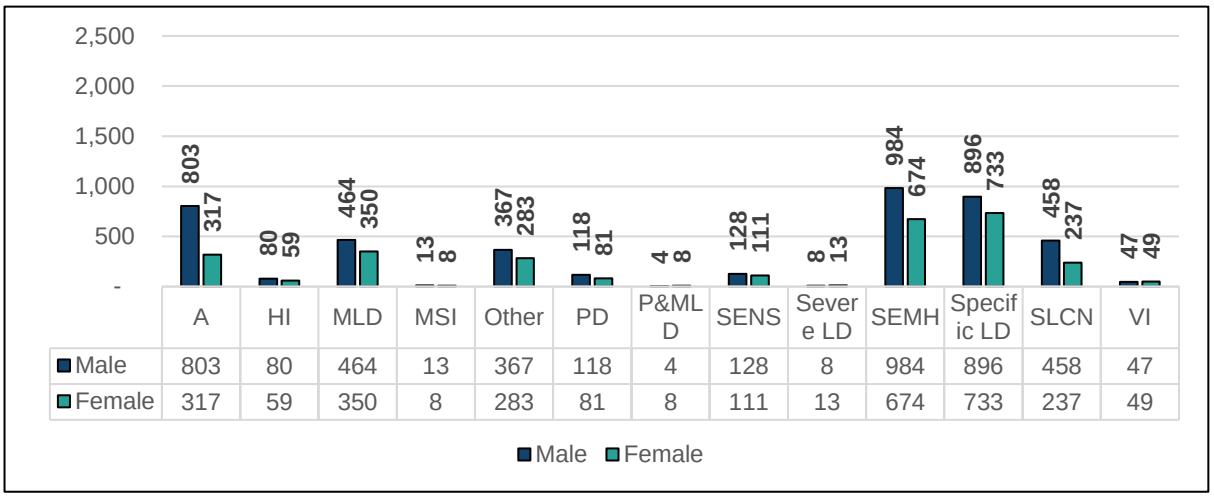
Figure 24. Primary need for all SEND pupils (EHC plans and SEN Support combined) in state-funded primary schools, Suffolk, 2023/24



	A	HI	MLD	MSI	Other	PD	P&MLD	SENS	Severe LD	SEMH	Specific LD	SLCN	VI
Male	929	89	547	14	257	138	9	493	35	1,137	540	2,018	39
Female	290	72	364	8	205	105	12	319	16	485	446	945	26

Source: Department for Education (2024)

Figure 25. Primary need for all SEND pupils (EHC plans and SEN Support combined) in state-funded secondary schools, Suffolk, 2023/24



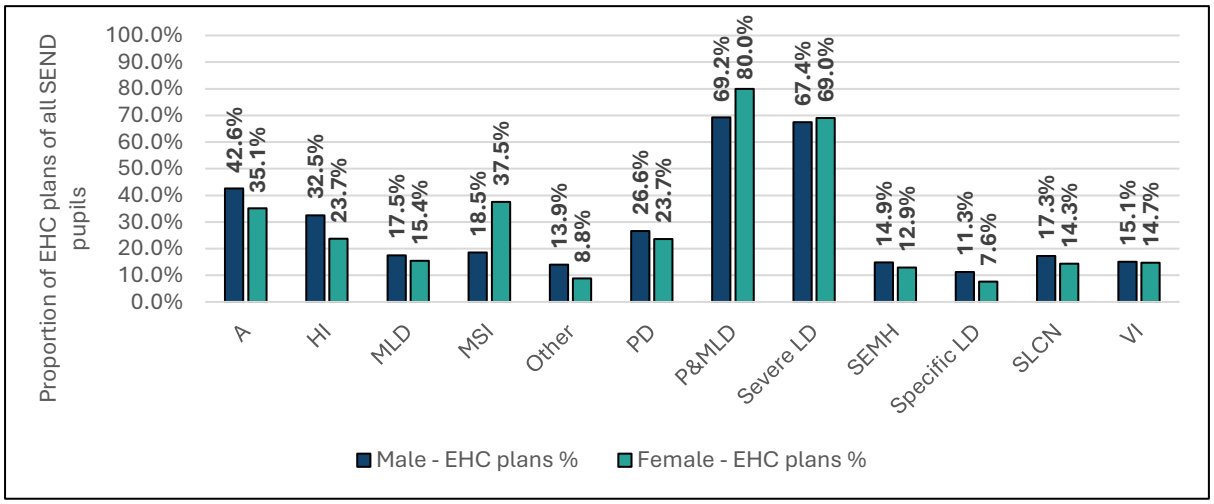
	A	HI	MLD	MSI	Other	PD	P&MLD	SENS	Severe LD	SEMH	Specific LD	SLCN	VI
Male	803	80	464	13	367	118	4	128	8	984	896	458	47
Female	317	59	350	8	283	81	8	111	13	674	733	237	49

Source: Department for Education (2024)

The following data details the distribution of EHC plans across primary needs for boys and girls in Suffolk's state-funded primary and secondary schools. There are a number of notable gender differences in several categories, for instance in Suffolk in 2023/24; for autism, a higher proportion of boys (42.6%) have EHC plans compared to girls (35.1%). For Multi-Sensory Impairment (MSI), the percentage of girls (37.5%) with EHC plans is twice as high compared to boys (18.5%).

Profound & Multiple Learning Difficulty (P&MLD) shows the highest proportion of EHC plans for both genders, with 80.0% of girls and 69.2% of boys having plans. Social, Emotional and Mental Health (SEMH) needs have relatively low EHC plan rates for both genders (12.9% for girls, 14.9% for boys), indicating most pupils with this need receive SEN support instead. Across most categories, boys have slightly higher rates of EHC plans than girls, with the overall percentage being 19.6% for boys and 14.5% for girls.

Figure 26. Percentage of EHC plans by primary need type and gender in state-funded primary and secondary schools, Suffolk, 2023/24



Source: Department for Education (2024)

Secondary need

Not all children's needs fit under a single heading and secondary needs are identified to help understand demand for more complex provision.

In Suffolk during the 2023/24 academic year, almost 1 in 4 pupils with identified primary special educational needs also had identified secondary needs. Overall, 24.9% of the 18,484 Suffolk pupils with a primary need had one or more secondary needs identified.

Pupils with Severe Learning Difficulty had the highest rate of secondary needs, at 59.6%. This was closely followed by those with Profound & Multiple Learning Difficulty at 59.0% and Multi-Sensory Impairment at 53.8%.

Other primary needs with high rates of secondary needs included:

- Physical Disability (35.3%)
- Autism (31.6%)
- Speech, Language and Communications needs (26.1%)
- Moderate Learning Difficulty (25.7%)
- Hearing Impairment (25.2%)

In contrast, pupils with Specific Learning Difficulty had a relatively lower rate of secondary needs at 15.4%.

These figures highlight the complex and multifaceted nature of many pupils' special educational needs in Suffolk, with over a quarter requiring support across multiple areas.

Table 5. Number of secondary needs identified per primary need category for Suffolk pupils, 2023/24

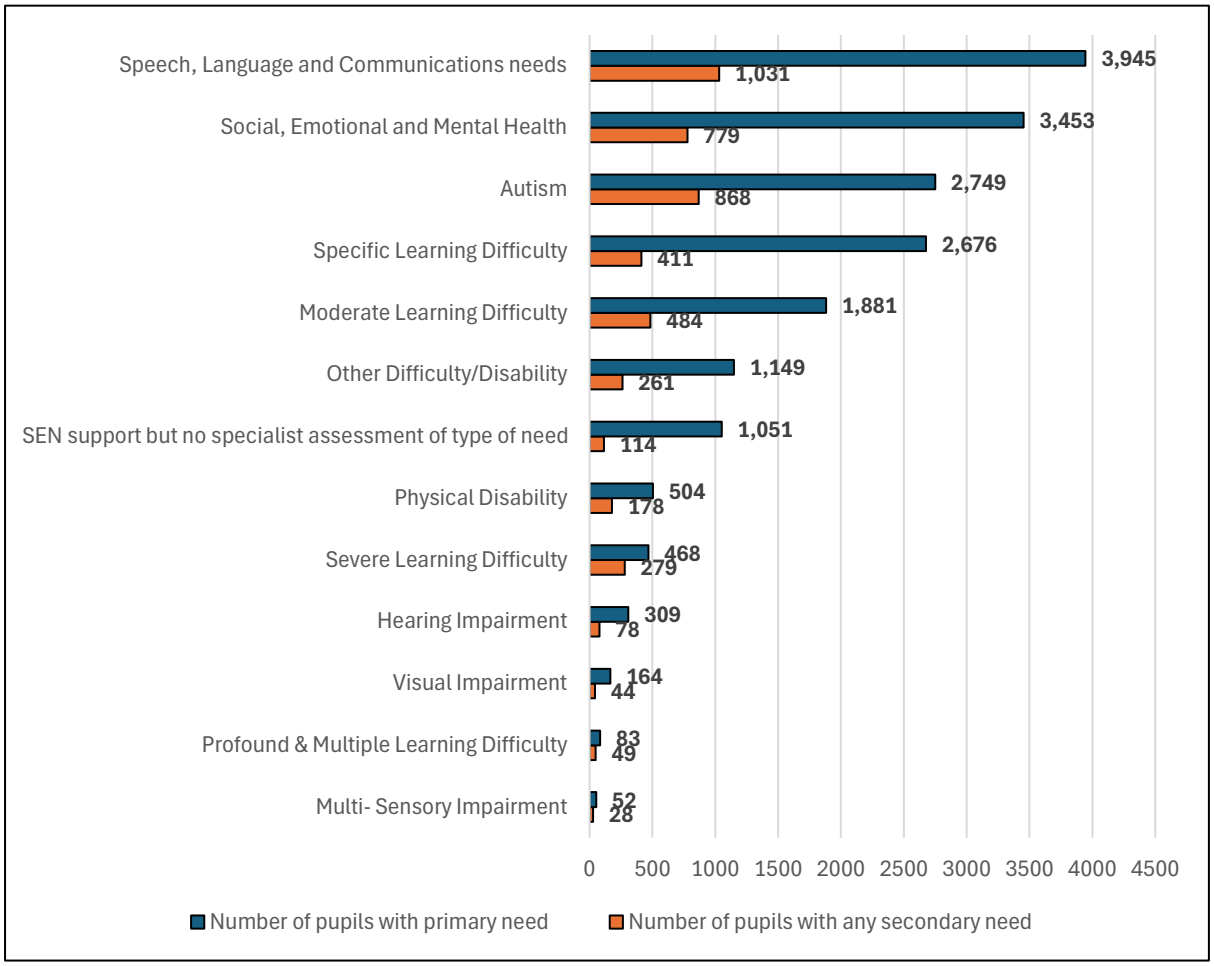
Primary need	Number of pupils with primary need	Number of pupils with any secondary need	% with secondary needs
Autism	2,749	868	31.6%
Hearing Impairment	309	78	25.2%
Moderate Learning Difficulty	1,881	484	25.7%
Multi- Sensory Impairment	52	28	53.8%
Other Difficulty/Disability	1,149	261	22.7%
Physical Disability	504	178	35.3%
Profound & Multiple Learning Difficulty	83	49	59.0%
SEN support but no specialist assessment of type of need	1,051	114	-
Severe Learning Difficulty	468	279	59.6%
Social, Emotional and Mental Health	3,453	779	22.6%
Specific Learning Difficulty	2,676	411	15.4%
Speech, Language and Communications needs	3,945	1,031	26.1%
Visual Impairment	164	44	26.8%
Total	**18,484**	**4,604**	**24.9%**

Source: Department for Education (2024)

The most common secondary need for Suffolk school pupils in 2023/24 was Speech, Language and Communications needs, accounting for over 1 in 5 (22.4%/1,031 pupils) of all secondary needs. This was followed by autism (18.9% of all secondary needs/868 pupils), Social, Emotional and Mental Health needs (16.9% of all secondary needs/779 pupils), Moderate Learning Difficulty (10.5% of all secondary needs/484 pupils), and Specific Learning Difficulty (8.9% of all secondary needs/411 pupils).

Looking at the prevalence of secondary needs based on primary need type for Suffolk pupils in 2023/24 reveals the connections between different primary special educational needs.

Figure 27. Number of secondary needs based on primary need type for Suffolk school pupils, 2023/24



Source: Department for Education (2024)

- Speech, Language and Communications needs are a prevalent secondary need, affecting over 300 pupils with a primary diagnosis of autism, and 200 pupils with a primary Social, Emotional and Mental Health need.
- Moderate Learning Difficulty is a common secondary need, seen in 263 pupils with a primary Speech, Language and Communications need, as well as 98 with a primary Social, Emotional and Mental Health need.
- Social, Emotional and Mental Health difficulties are a secondary need for 250 pupils with a primary autism diagnosis, and 125 with a primary Specific Learning Difficulty.

- Physical Disability appears as a secondary need across multiple primary need categories, including Speech, Language and Communications (40 pupils), autism (12 pupils), and Social, Emotional and Mental Health (21 pupils).

Table 6. Secondary need types for the five most common primary needs for Suffolk pupils, 2023/24

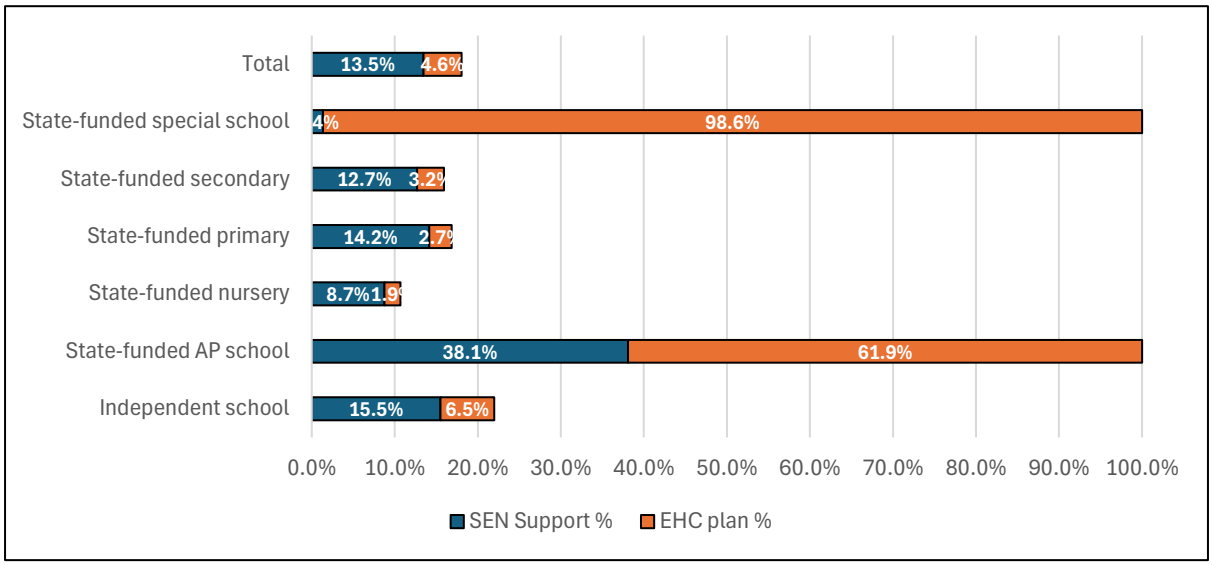
		Primary need				
		Autism	Moderate Learning Difficulty	Social, Emotional and Mental Health	Specific Learning Difficulty	Speech, Language and Communications needs
Secondary need	Autism	/	46	129	31	151
	Hearing Impairment	7	10	4	4	21
	Moderate Learning Difficulty	47	/	98	28	263
	Multi-Sensory Impairment	11	2	7	4	14
	Other Difficulty/Disability	71	35	133	64	123
	Physical Disability	12	14	21	17	40
	Profound & Multiple Learning Difficulty	4	1	0	1	3
	SEN support but no specialist assessment of type of need	12	20	36	26	30
	Severe Learning Difficulty	55	6	5	1	16
	Social, Emotional and Mental Health	250	117	/	125	248
	Specific Learning Difficulty	73	52	139	/	117
	Speech, Language and Communications needs	321	178	200	97	/
	Visual Impairment	5	3	7	13	5

Source: Department for Education (2024)

Type of school

In Suffolk, the proportion of children and young people with special educational needs varies across different educational settings. State-funded primary and secondary schools have similar rates, with 16.8% and 15.9% of students having SEN respectively. Independent schools show a higher rate at 22.0%. State-funded nurseries have a lower proportion at 10.7%. As expected, state-funded special schools have the highest rate with 100%, with 98.6% of students having Education, Health and Care (EHC) plans. State-funded alternative provision (AP) schools also have a rate of 100%, with a more even split between SEN Support (38.1%) and EHC plans (61.9%).

Figure 28. Percentage of children with EHC plans and receiving SEN support by school phase type, Suffolk, 2023/24



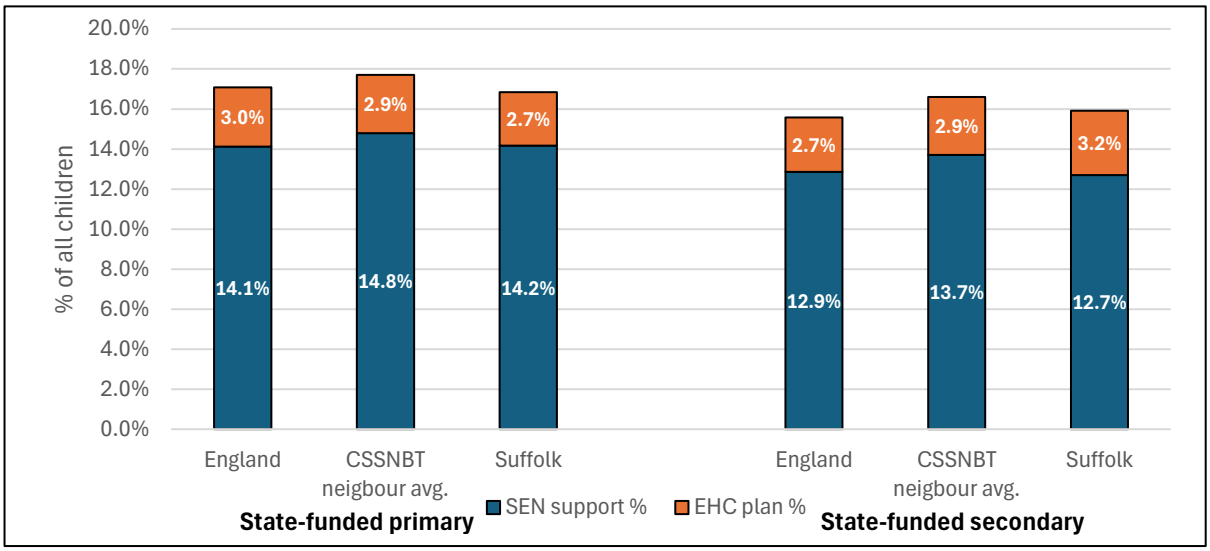
Source: Department for Education (2024)

While 22.0% of pupils in Suffolk's independent schools have SEND (15.5% with SEN Support and 6.5% with EHC plans), there are important considerations to note. Across England, there is an absence of primary type of need for pupils who attend independent schools. The relatively high proportion of SEN Support suggests that these schools may be effectively meeting some pupils' needs, potentially delaying or preventing the requirement for an EHC plan. However, these pupils may require more extensive support if they transition to state-funded schools in Suffolk. Recent policy changes, including the potential introduction of VAT on independent school fees, may further impact SEND provision and pupil movement between educational settings and should be considered in future education demand modelling[209,210].

In state-funded primary schools, Suffolk's proportion of students receiving SEN support (14.2%) is similar to the national average (14.1%), while the proportion of students with EHC plans (2.7%) is slightly lower than England's average (3.0%). For state-funded secondary schools, the trend differs: Suffolk has a slightly lower percentage of students receiving SEN support (12.7% vs 12.9% nationally) but a higher proportion of students with EHC plans (3.2% vs 2.7% nationally). These figures suggest that while Suffolk's overall SEND prevalence is close to national averages, there may be some differences in how support is allocated between SEN support and EHC plans, particularly within secondary schools, or in which school type needs are being met, compared to other areas.

Internal data indicates that as of 31 Dec 2024, 1,736 children were Electively Home Educated in Suffolk. Of these children, 128 had an EHC plan and another 62 children were at the Education, Health and Care Needs Assessment (ECHNA) stage.

Figure 29. Percentage of children with EHC plans and SEN support by state-funded primary and secondary school, similar Authorities to Suffolk, and England, 2023/24



Source: Department for Education (2024)

Placement of children with an EHC plan

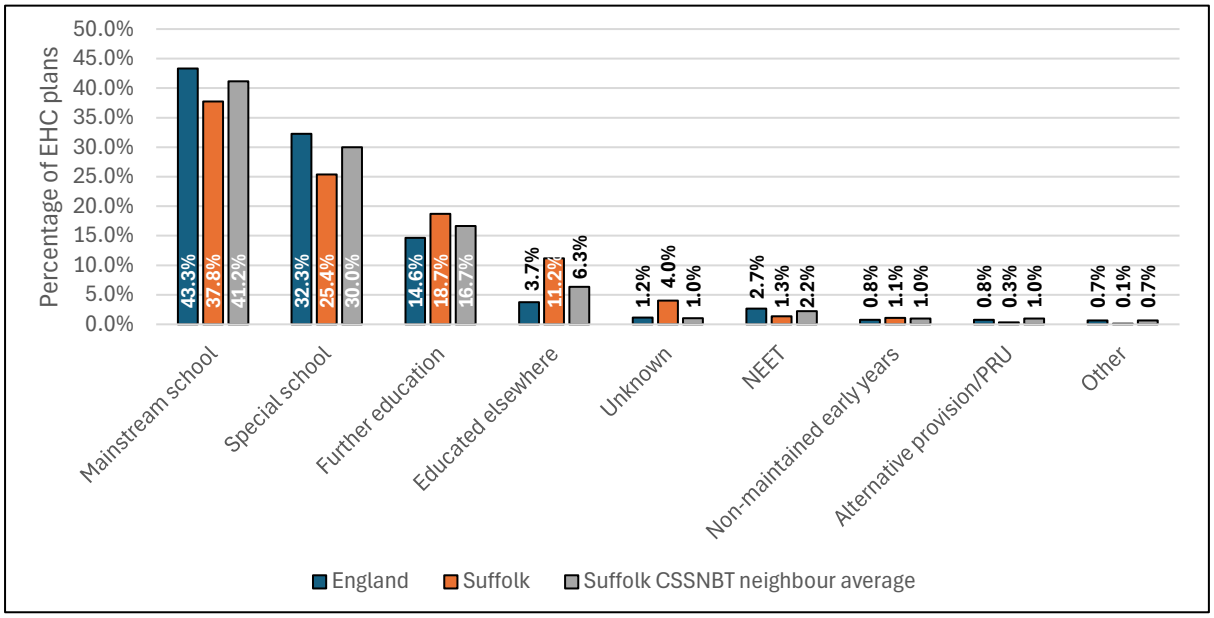
The analysis of 2024 data on the placement of children and young people with EHC plans in Suffolk reveals notable differences compared to both the England average and Suffolk's statistical neighbours. Out of a total caseload of 7,860 in Suffolk, 37.8% are placed in mainstream schools, which is lower than both the national average of 43.3% and Suffolk's CSSNBT neighbour average of 41.2%. Similarly, the proportion of children in special schools in Suffolk (25.4%) is below both the England figure (32.3%) and statistical neighbour average (30.0%).

Suffolk has a higher proportion of young people with EHCPs in further education (18.7%) compared to both the England average (14.6%) and statistical neighbour average (16.7%). However, this should be interpreted with caution as it could function as a result of EHCPs not being ceased until the age of 25. The county also has a higher percentage of children educated elsewhere (11.2%) compared to England (3.7%) and statistical neighbours (6.3%). Educated elsewhere includes elective home education, not in education or training, and other arrangements by local authority or parents.

Suffolk also has a lower proportion of young people with EHCPs who are Not in Education, Employment or Training (NEET) at 1.3%, compared to the national average (2.7%) and statistical neighbour average (2.2%). However, this positive indicator should be considered alongside the fact that Suffolk has a higher proportion of children with EHC plans with unknown placements (4.0%), compared to the England average (1.2%) and statistical neighbours (1.0%). The lower NEET percentage is likely influenced by these unknown placements, which may mask the true picture of post-16 outcomes for young people with EHC plans.

The below figure displays the placement of children and young people in Suffolk and England for whom the LA maintain an EHC plan in 2024, for the overall establishment type.

Figure 30. Placement of children with an EHC plan as a percentage of all EHC plans, for Suffolk, England and similar authorities to Suffolk (CSSNBT), by broad establishment type, 2024



Source: Department for Education (2024)

Early years

The 15-hour entitlement allows all 3 to 4-year-olds in England to receive 570 free hours of childcare per year, typically taken as 15 hours a week for 38 weeks of the year. Some 3 to 4-year-olds are eligible for 30-hours of free childcare a week[211]. Across Suffolk in 2024, 15,200 children were registered for the 15-hour entitlements, down from 17,020 in 2020.

The 15-hour entitlement provides eligible 2-year-olds in England with 570 free hours of childcare annually, typically offered as 15 hours per week over 38 weeks. Eligibility is based on specific benefits or circumstances, such as low household income, Disability Living Allowance, or being looked after by the local authority.

Table 7. Percentage of children registered for entitlements with special educational needs (SEND), Suffolk, 2020 to 2024

		2020	2021	2022	2023	2024
15-hour entitlement	**2-year-olds**	2.1%	2.1%	1.4%	1.8%	2.5%
	3 and 4-year-olds	5.3%	4.9%	5.1%	6.7%	7.6%
30-hour entitlement	**2-year-olds**	z	z	z	z	z
	3 and 4-year-olds	2.3%	2.1%	3.6%	3.6%	4.0%

Source: Department for Education (2024)

The percentage of children registered for the 15-hour and 30-hour entitlements who have SEND has increased across all age groups, with the proportion of 3 and 4-year-olds receiving the 15-hour entitlement increasing from 5.3% (819) who also received SEN Support in 2020, to 7.6% (1,060) in Suffolk in 2024. The proportion of 2-year-olds receiving the 15-hour entitlement also

increased in Suffolk from 2.1% in 2020 (33 2-year-olds) to 2.5% in 2024 (30 2-year olds). While this is a smaller number, the take-up rate has increased, although these are very small numbers so this trend should be treated with caution. All 3 to 4-year-olds are eligible, therefore the increase in the take-up rate was due to falling birth rates causing the 3 and 4 year old population to decrease more than the number of children registered[212].

Table 8. Number of children registered for entitlements with special educational needs (SEND), Suffolk, 2020 to 2024

		2020	2021	2022	2023	2024
15-hour entitlement	**2-year-olds**	33	29	21	23	30
	3 and 4-year-olds	819	702	750	973	1,060
30-hour entitlement	**2-year-olds**	z	z	z	z	z
	3 and 4-year-olds	91	79	122	158	181

Source: Department for Education (2024)

Section 23 Notifications

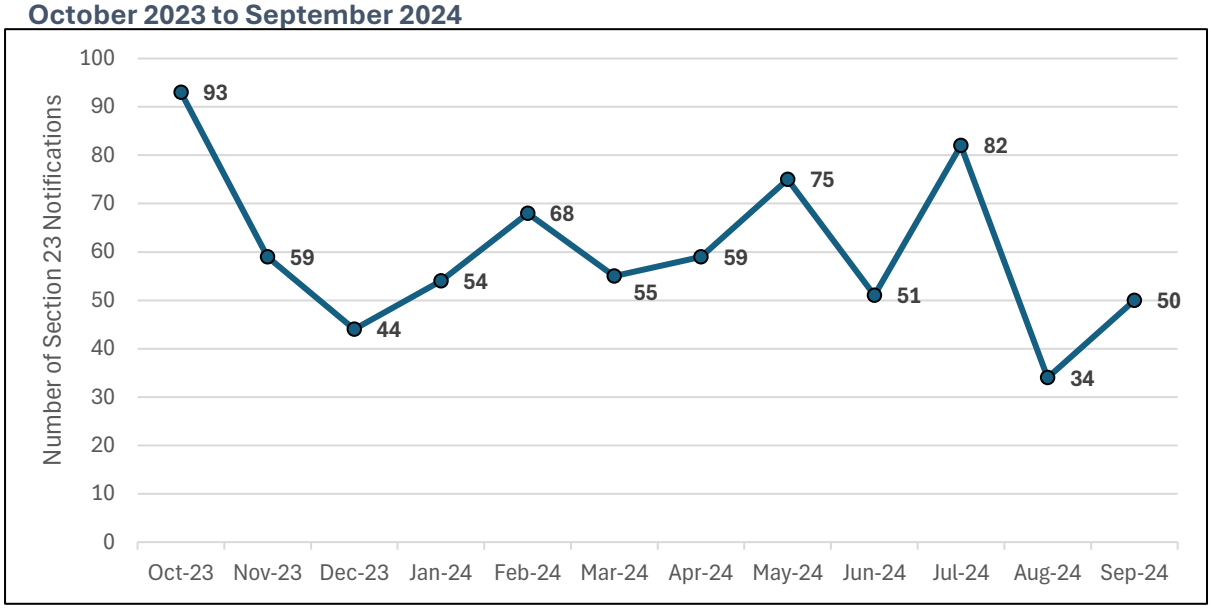
Section 23 notifications are received from health professionals when they identify a pre-school aged child who has or may have special educational needs and disabilities. This reporting requirement helps ensure the local authority is aware of children who may need additional support as they transition into the education system.

Rates of Section 23 notifications have increased in Suffolk recently. The data shows that the number of Section 23 notifications received by Suffolk County Council has fluctuated month-to-month. In the 12 months from September 2023 to August 2024, the number of notifications ranged from a low of 34 in July 2024 to a high of 93 in October 2023.

It is important to note that the data represents the number of notifications received in each month, with a one-month delay. For example, the September 2024 data point reflects the notifications received in August 2024.

This data on Section 23 notifications provides insight into the level of pre-school SEND needs in Suffolk. The SEND partnership should continue to monitor this data to inform commissioning decisions and service planning to ensure appropriate support is available for young children with SEND as they transition into the education system.

Figure 31. Number of Section 23 Notifications to Suffolk County Council between October 2023 to September 2024

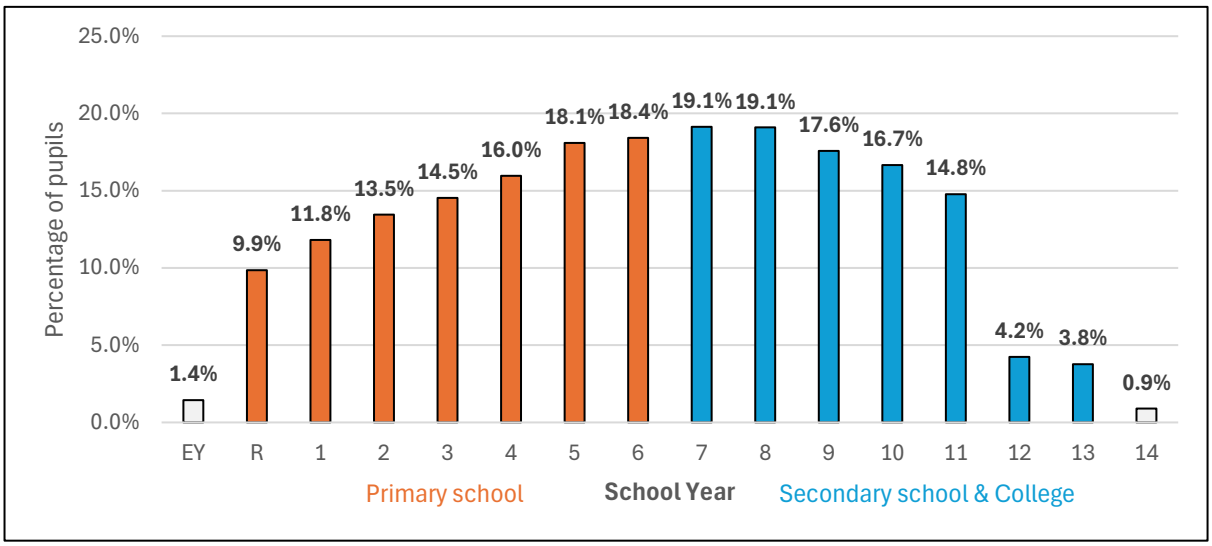


Source: CYP LT Performance Report September 2024

Year group

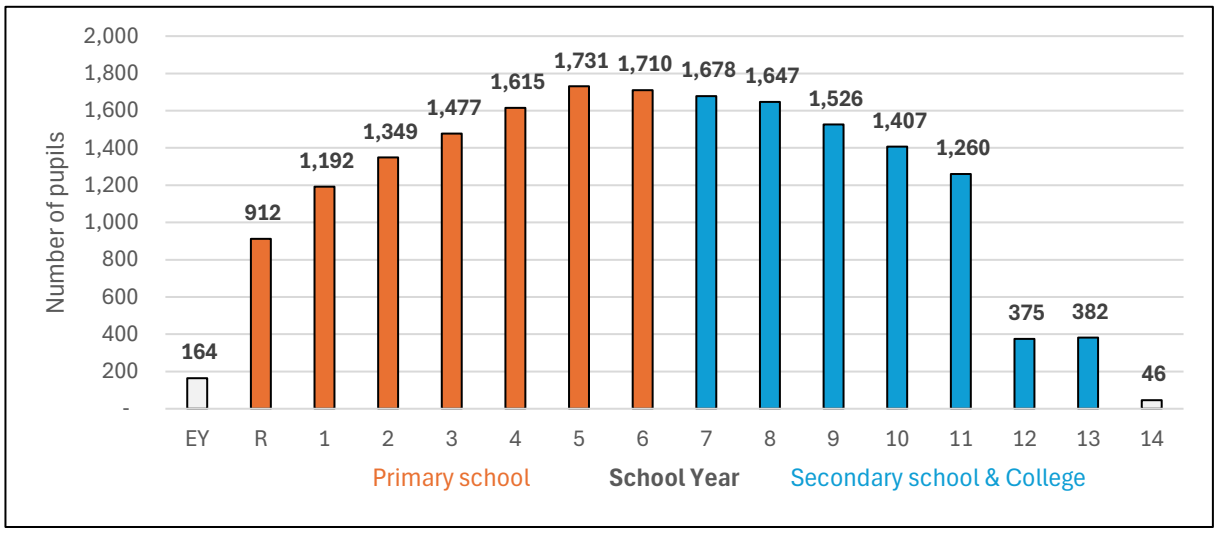
The prevalence of SEND in Suffolk schools in 2023/24 varies across year groups. The data shows that the percentage of pupils receiving SEN support and EHC plans combined, increases steadily from early years (1.4%) through primary school, peaking in Years 7 and 8 (both at 19.1%). Specifically, the prevalence rises from 9.9% in Reception to 11.8% in Year 1, then gradually increases to 18.4% by Year 6. In secondary school, the prevalence remains high in Years 9 and 10 (17.6% and 16.7% respectively) before decreasing to 14.8% in Year 11. There is a drop in Years 12 and 13 (4.2% and 3.8% respectively), with low percentages in Year 14 (a small cohort including pupils retaking the final year of Key Stage 5) (0.9%) and post-16 education not following the national curriculum (0.3%). This pattern suggests that the identification of need for SEND support in Suffolk is most prevalent during school years 5-8, with lower identification rates in early years and a decrease in support as students approach and enter post-16 education. The data in the following figures includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools but does not include independent schools.

Figure 32. Percentage of children with SEND (EHC plans and SEN Support combined) by school year, Suffolk, 2023/24



Source: Department for Education (2024)

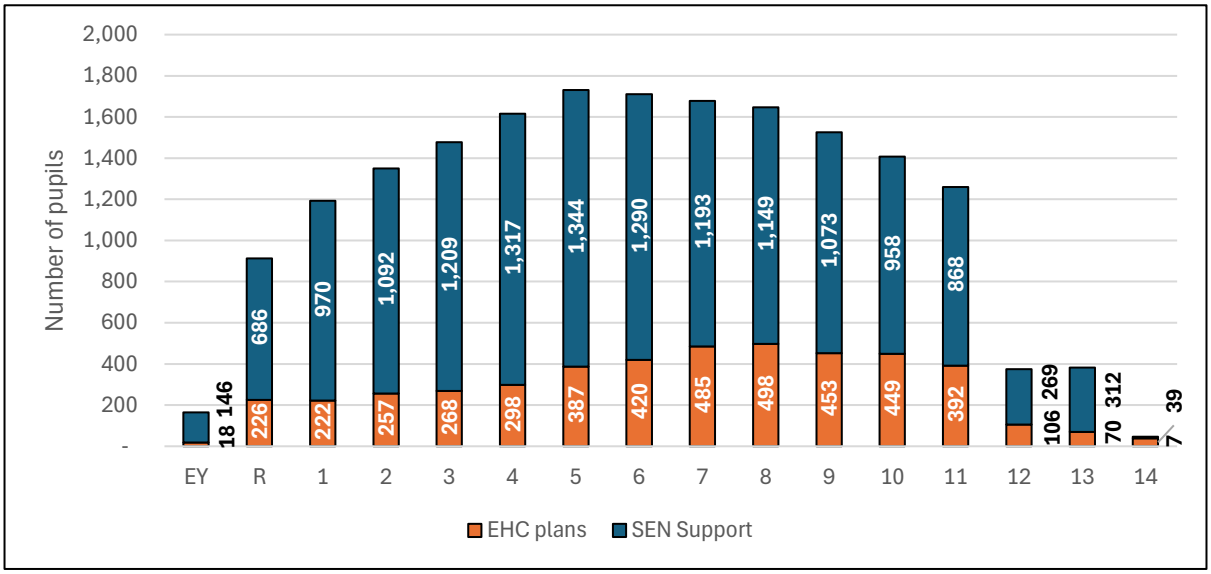
Figure 33. Number of children with SEND (EHC plans and SEN Support combined) by school year, Suffolk, 2023/24



Source: Department for Education (2024)

The distribution of SEND pupils in Suffolk schools for 2023/24 reveals distinct patterns across year groups for both EHC plans and SEN Support. EHC plans show a gradual increase from Early Years (18) through primary school, peaking in Year 8 (498), before declining in secondary school and dropping significantly in post-16 education. SEN Support follows a similar trend but with higher numbers, rising sharply from Early Years (146) to a peak in Year 5 (1,344), then gradually decreasing through secondary school. The ratio of SEN Support to EHC plans is highest in early years and primary school, narrowing in secondary years. Notably, there is a decline in both categories after Year 11, with Year 14 having the lowest numbers (39 EHC plans, 7 SEN Support). This pattern suggests that while SEN Support is more prevalent in primary years, the proportion of Suffolk pupils with EHC plans increases in secondary school.

Figure 34. Number of children with EHC plans or receiving SEN Support in Suffolk schools by school year, 2023/24



Source: Department for Education (2024)

Ethnicity

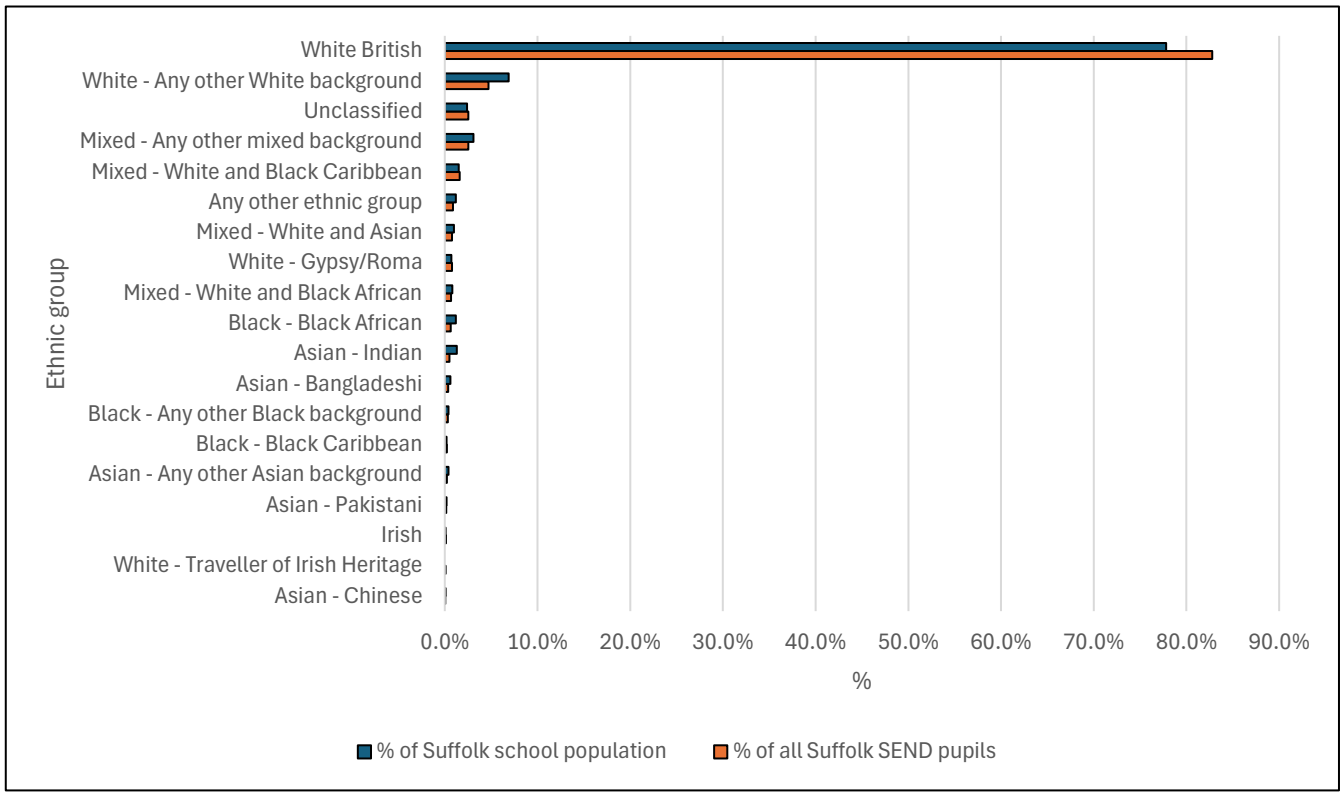
School census data enables ethnicity within the school age population to be explored and understood and is more up to date than the official Census. 2023/24 school census data[1] shows that the England school age population is more diverse than the Suffolk school-age population. 77.8% of Suffolk school pupils are White British compared to 61.3% for England. This data can also be explored in conjunction with the occurrence of SEND.

The prevalence of special educational needs varies significantly among children and young people from different ethnic backgrounds in Suffolk. As mentioned above, White British children make up 77.8% of the total Suffolk school population. Data indicates they are overrepresented in the SEND population, accounting for 82.8% of all children with special educational needs in Suffolk in 2023/24.

Figure 35 (overleaf) shows the percentage of the entire Suffolk school population by ethnic group, and the proportion of all children with special educational needs in Suffolk by ethnic group. Note a supplementary table has been added below the chart to ensure that the percentages are legible.

[1] state-funded nursery, primary, secondary, alternative provision (AP) schools and special schools, and non-maintained special schools

Figure 35. Percentage of all Suffolk SEND pupils by ethnic group, and % of school population by ethnic group, 2023/24



Ethnicity	% of Suffolk school population	% of all Suffolk SEND pupils
White British	77.8%	82.8%
White - Any other White background	6.9%	4.7%
Mixed - Any other mixed background	3.1%	2.5%
Unclassified	2.4%	2.6%
Mixed - White and Black Caribbean	1.5%	1.6%
Asian - Indian	1.3%	0.5%
Any other ethnic group	1.2%	0.9%
Black - Black African	1.2%	0.6%
Mixed - White and Asian	1.0%	0.8%
Mixed - White and Black African	0.8%	0.7%
White - Gypsy/Roma	0.7%	0.8%
Asian - Bangladeshi	0.6%	0.4%
Asian - Any other Asian background	0.4%	0.2%
Black - Any other Black background	0.4%	0.3%
Asian - Pakistani	0.2%	0.2%
Black - Black Caribbean	0.2%	0.2%
Irish	0.1%	0.1%
Asian - Chinese	0.1%	0.1%
White- Traveller of Irish Heritage	0.0%	0.1%

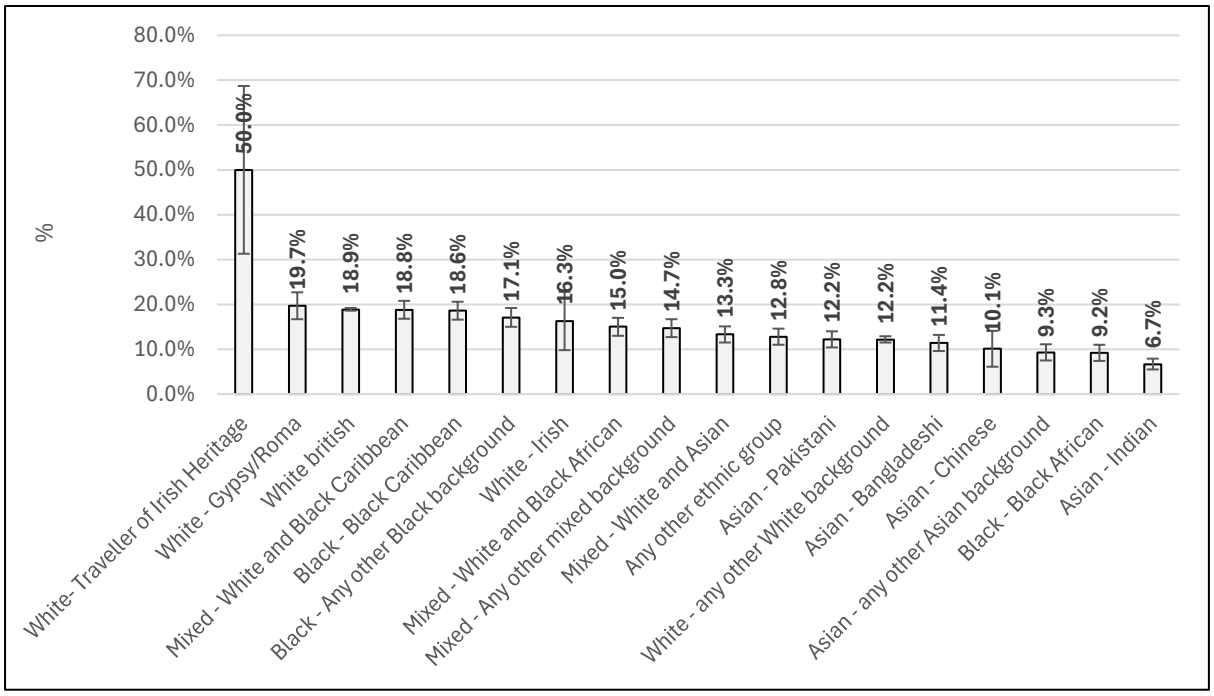
Source: Department for Education (2024)

When looking at SEND prevalence by ethnic group across Suffolk, the data shows large variation, ranging from 6.7% for the Asian Indian ethnic group to 50.0% for the White – Traveller of Irish Heritage ethnic group.

It is important to note that some of these groups have very small populations in Suffolk and data quality issues may also be present. A small underlying population may equate to a large percentage prevalence. For example, only 28 pupils were registered as being from Traveller communities. Traveller communities (Traveller of Irish Heritage and Gypsy/Roma) had the highest recorded prevalence of SEND in the county in 2023/24, with 14 of 28 (50%) of children from this ethnic group either requiring SEND Support or an EHC plan. Asian – Indian had the lowest recorded prevalence of SEN in Suffolk in 2023/24, with 90 of 1,351 (6.7%) of children and young people requiring SEN Support or an EHC plan.

Confidence intervals have been added to this chart to help identify whether SEND prevalence is statistically higher or lower by ethnicity (double ended vertical bars that look like a T). When the confidence intervals **do not** overlap with others in the chart, it indicates that the difference is likely to be statistically significant, as the values are sufficiently distinct to infer a meaningful difference. For example, in this data, children from the White – Traveller of Irish Heritage ethnicity appear to have statistically significantly higher prevalence of SEND. See Appendix D for more information about confidence intervals.

Figure 36. SEND prevalence (SEN support and EHC plans combined) for Suffolk pupils by ethnic group, 2023/24



Source: Department for Education (2024)

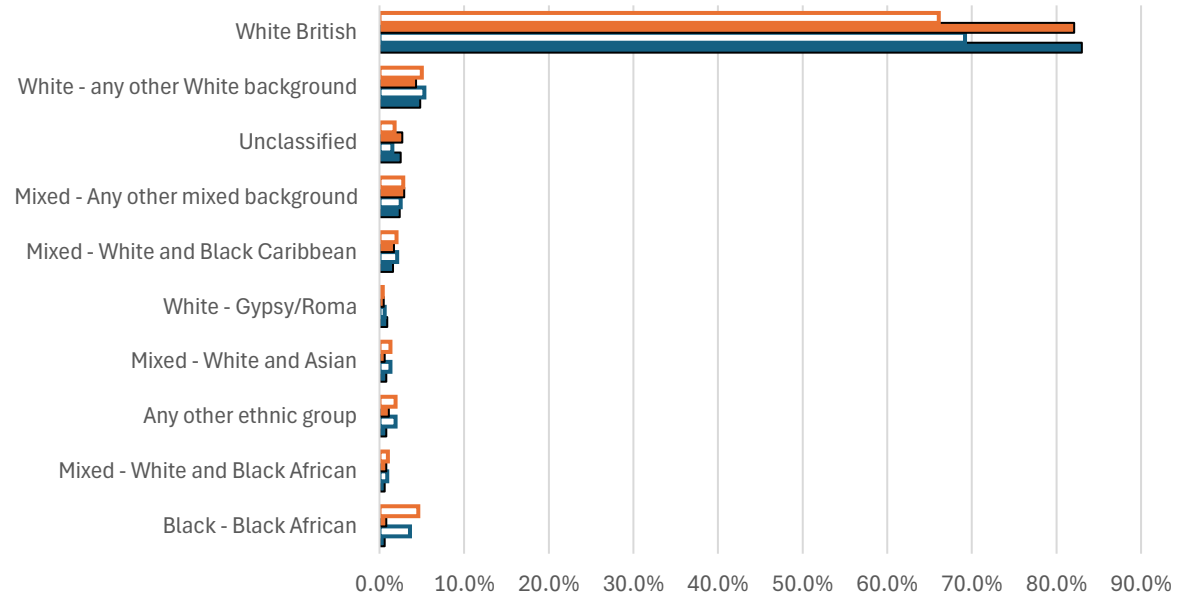
As mentioned at the beginning of this section, Suffolk is less ethnically diverse than England as a whole. The ethnic profile of children with SEN support and EHC plans in Suffolk also presents a distinct picture when compared to national figures for England (see Figure 37). Suffolk has a higher proportion of White British children in both categories. This group accounts for 83.0% of those receiving SEN support and 82.1% of those with EHC plans in Suffolk, higher than the national figures of 69.2% and 66.1% respectively.

Exploration of the underlying data (not charted) can begin to look at under/over representation by different ethnic groups. An example of this is for Pakistani children. Pakistani children in Suffolk represent 0.2% of the overall population (237 pupils), compared to 4.6% for England. However, if total population is used to look at SEN support and EHC plans:

- 8.4% of Suffolk Pakistani children have SEN support, *lower* than England (11.2%)
- 3.8% of Suffolk Pakistani children have an EHC plan, *lower* than England (4.2%)

The underlying data (not included in the chart), also reveals a higher proportion of unclassified cases in Suffolk (2.5% for SEN support and 2.7% for EHC plans) compared to national figures (1.5% and 1.8% respectively).

Figure 37. Proportion of all children with SEN Support and EHC plans by 10 most common ethnic groups in Suffolk, 2023/24

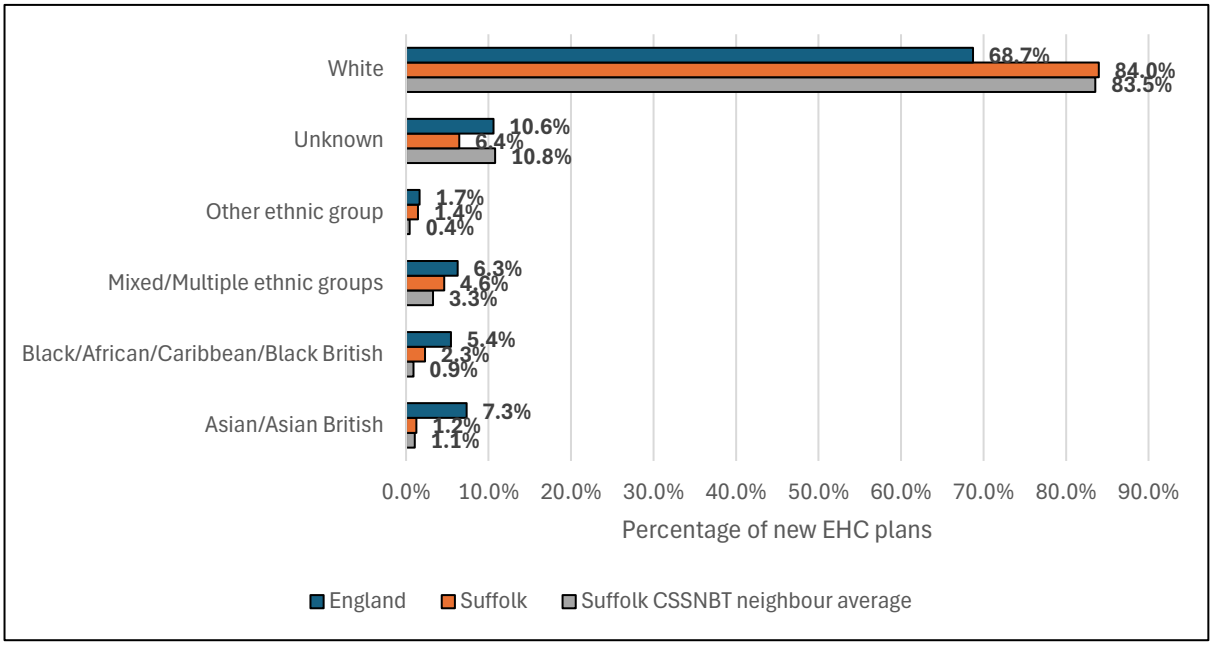


	Black - Black African	Mixed - White and Black African	Any other ethnic group	Mixed - White and Asian	White - Gypsy/Roma	Mixed - White and Black Caribbean	Mixed - Any other mixed background	Unclassified	White - any other White background	White British
England EHC plans	4.6%	1.0%	1.9%	1.3%	0.4%	2.0%	2.8%	1.8%	5.0%	66.1%
Suffolk EHC plans	0.8%	0.8%	1.1%	0.6%	0.5%	1.7%	2.9%	2.7%	4.3%	82.1%
England SEN Support	3.6%	0.9%	1.9%	1.3%	0.6%	2.1%	2.5%	1.5%	5.3%	69.2%
Suffolk SEN Support	0.6%	0.6%	0.8%	0.8%	0.9%	1.6%	2.4%	2.5%	4.8%	83.0%

Source: Department for Education (2024)

In 2023, the distribution of new Education, Health and Care (EHC) plans in Suffolk showed notable differences compared to England (Figure 38). Suffolk had a higher proportion of White pupils receiving new EHC plans (84.0%, representing 874 plans) compared to the England average (68.7%), while being broadly in line with its statistical neighbours (83.5%). Suffolk had lower representation among Asian/Asian British pupils (1.2%, or 13 plans) compared to the national figure (7.3%), lower proportions for Mixed/Multiple ethnic groups (4.6%, or 48 plans) compared to the England average (6.3%), and lower proportions for Black/African/Caribbean/Black British ethnic groups (2.3% compared to 5.4% nationally). These figures reflect the fact that Suffolk is less ethnically diverse than England as a whole, but were still higher than the new EHC plan %s for non-white groups in statistically similar Authorities. The proportion of Unknown ethnicity cases in Suffolk (6.4%, representing 67 plans) was lower than the England average (10.6%) and statistical neighbours (10.8%).

Figure 38. Percentage of new EHC plans by major ethnic group in England, Suffolk and similar authorities to Suffolk (CSSNBT), 2023



Source: Department for Education (2024)

Gender

Special educational needs are more prevalent in males than females across England and Suffolk. In 2024, almost 2 in 3 (63.6%) of all children in Suffolk with either an EHC plan, or requiring SEN Support, were males. This mirrors the trend across England, where 64.6% of all children requiring either an EHC plan or SEN Support were males.

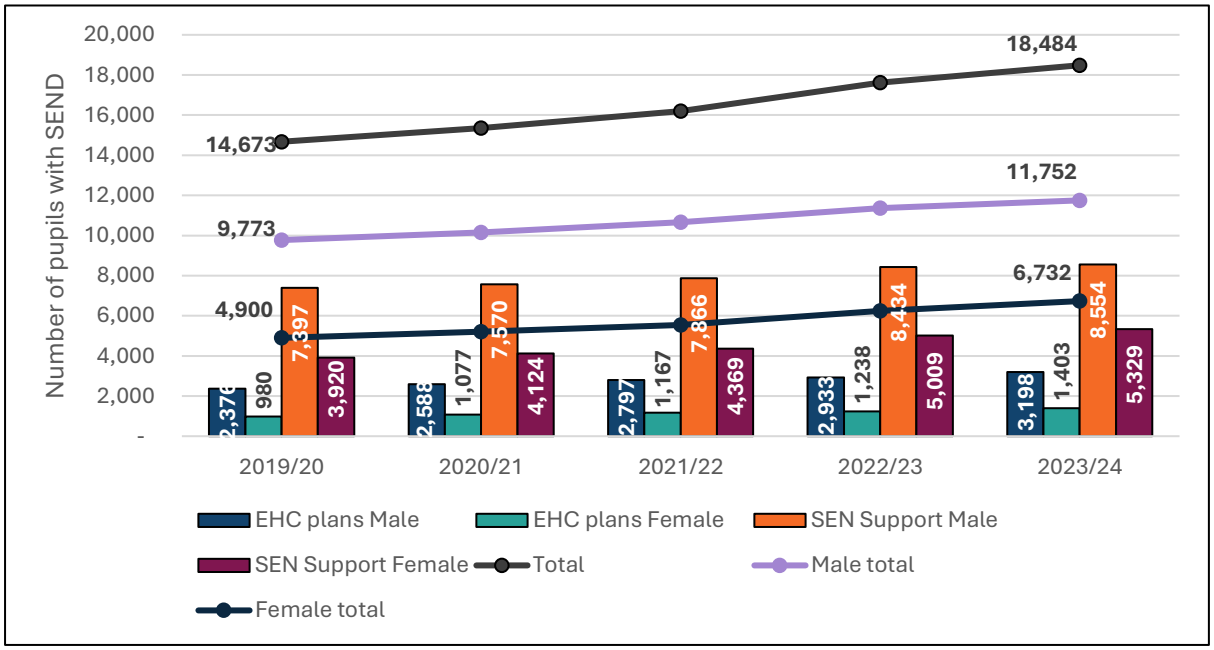
Table 9. SEND prevalence (SEN Support and EHC plans combined) for Suffolk, similar authorities to Suffolk (CSSNBT), and England by gender, 2023/24

	England		Suffolk CSSNBT neighbour average		Suffolk	
	Male	Female	Male	Female	Male	Female
SEND: EHC plans and SEN Support combined	994,389	545,770	109,935	62,286	11,752	6,732
Percentage of all SEN children	64.6%	35.4%	63.8%	36.2%	63.6%	36.4%

Source: Department for Education (2024)

From 2019/20 to 2023/24, the total number of pupils with SEND increased from 14,673 to 18,484, representing a 26% increase. This growth is evident across both Education, Health and Care (EHC) plans and SEN Support categories, as well as for both male and female pupils. EHC plans for males increased by 34.6% (from 2,376 to 3,198), while for females the increase was even more pronounced at 43.2% (from 980 to 1,403). SEN Support cases also increased, with a 15.6% increase for males (7,397 to 8,554) and a 36% increase for females (3,920 to 5,329). Notably, the rate of increase for females was higher than for males in both categories.

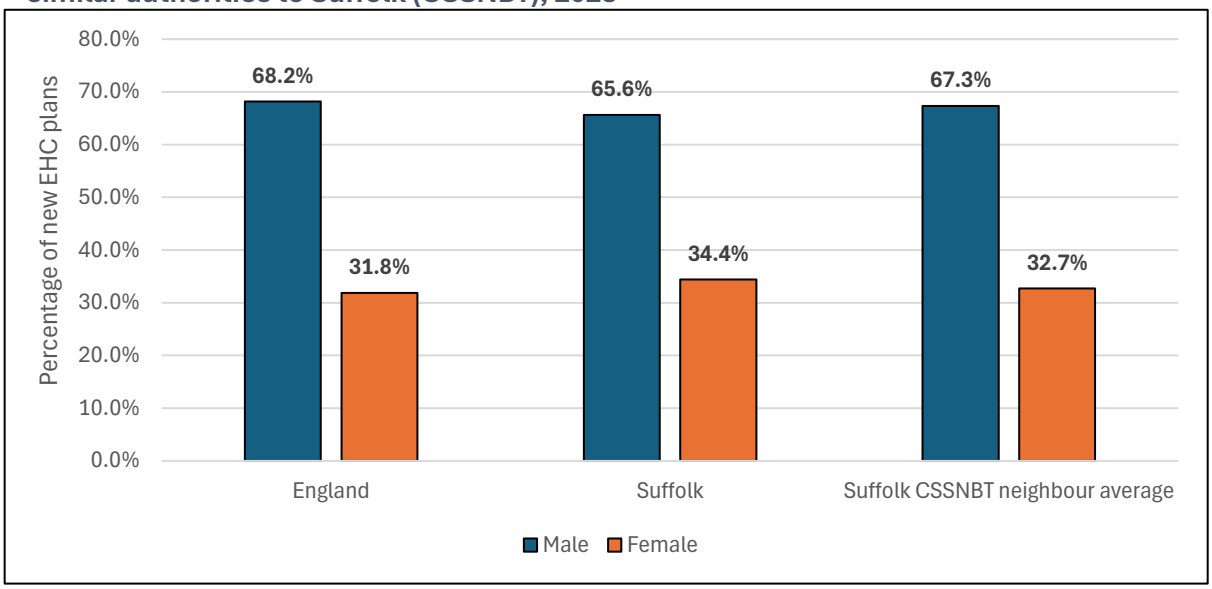
Figure 39. Trend in the number of pupils with SEND for males and females in Suffolk schools, 2019/20 to 2023/24



Source: Department for Education (2024)

For new EHC plans in 2023 in Suffolk, almost two thirds of new EHC plans were for males (683 new plans/65.6%), compared to 358 new EHC plans for females (34.4%). This follows the national trend for new EHC plans, where 68.2% of new EHC plans were for males, and 31.2% were for females in 2023.

Figure 40. Percentage of new EHC plans for males and females in England, Suffolk and similar authorities to Suffolk (CSSNBT), 2023



Source: Department for Education (2024)

Free school meal eligibility

Pupils with special educational needs are more likely to be eligible for free school meals. In 2023/24, 35.8% (6,624 of 18,484) of children receiving either SEN Support or an EHC plan in Suffolk were eligible for free school meals, almost double that of 18.9% of pupils without SEND who are eligible for free school meals. Using a chi-squared test, there is a statistically significant relationship between free school meal status and special educational needs in Suffolk in 2023/24.

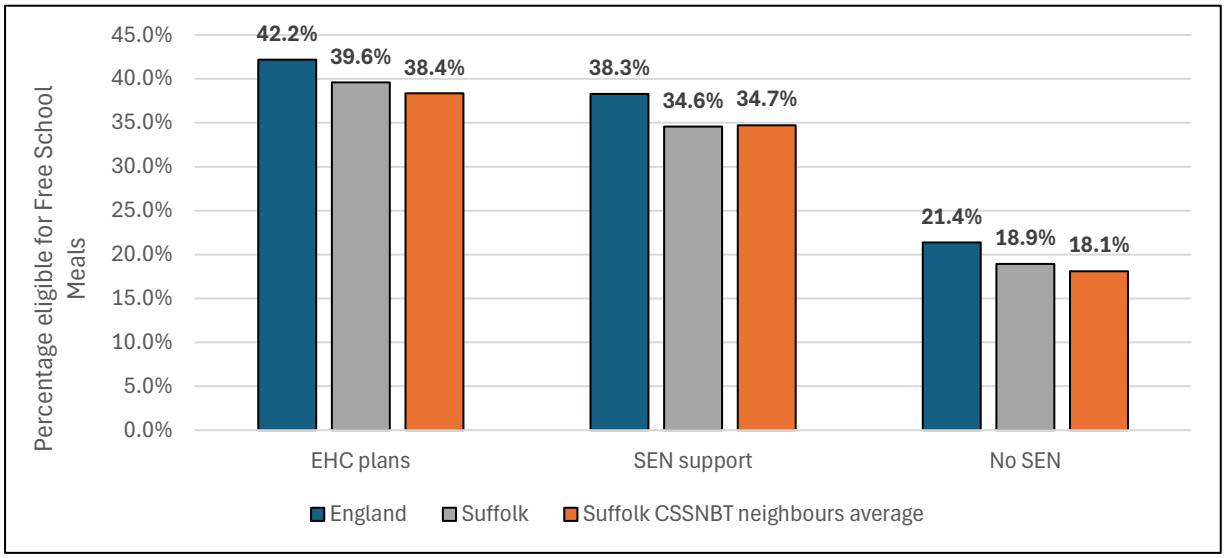
Table 10. SEND prevalence (SEN Support and EHC plans combined) for Suffolk and England by free school meal status, 2023/24

	England		Suffolk CSSNBT neighbour average		Suffolk	
	Number	**%**	**Number**	**%**	**Number**	**%**
SEN: FSM not eligible	934,847	60.7%	109,926	63.5%	11,860	64.2%
SEN: FSM eligible	605,312	39.3%	62,925	36.5%	6,624	35.8%
Total	**1,540,159**		**172,221**		**18,484**	
No SEN: FSM not eligible	5,469,051	78.6%	1,256,117	78.6%	69,509	81.1%
No SEN: FSM eligible	1,488,725	21.4%	342,656	21.4%	16,250	18.9%
Total	**6,957,776**		**1,598,773**		**85,759**	

Source: Department for Education (2024)

In Suffolk, there is a clear correlation between special educational needs status and free school meal eligibility, despite rates being slightly lower than the England average for children receiving SEN support and those with an EHC plan. Among pupils with EHC plans in Suffolk, 39.6% are eligible for free school meals (compared to 42.2% across England), while 34.6% of pupils receiving SEN support are eligible (compared to 38.3% nationally). This pattern generally aligns with Suffolk's CSSNBT neighbours, where on average 38.4% of pupils with EHC plans and 34.7% of those on SEN support are eligible for free school meals. For pupils without SEND, the free school meal eligibility rate in Suffolk is 18.9%, which is slightly higher than the CSSNBT neighbour average of 18.1% but lower than the England figure of 21.4%. These figures demonstrate that pupils with SEND in Suffolk are approximately twice as likely to be eligible for free school meals compared to their peers without SEND, reflecting patterns of correlation between special educational needs and socioeconomic disadvantage.

Figure 41. Percentage of pupils eligible for free school meals by pupils with EHC plans, receiving SEN support, and No SEND, England, Suffolk and similar authorities to Suffolk (CSSNBT), 2023/24



Source: Department for Education (2024)

English as a first language

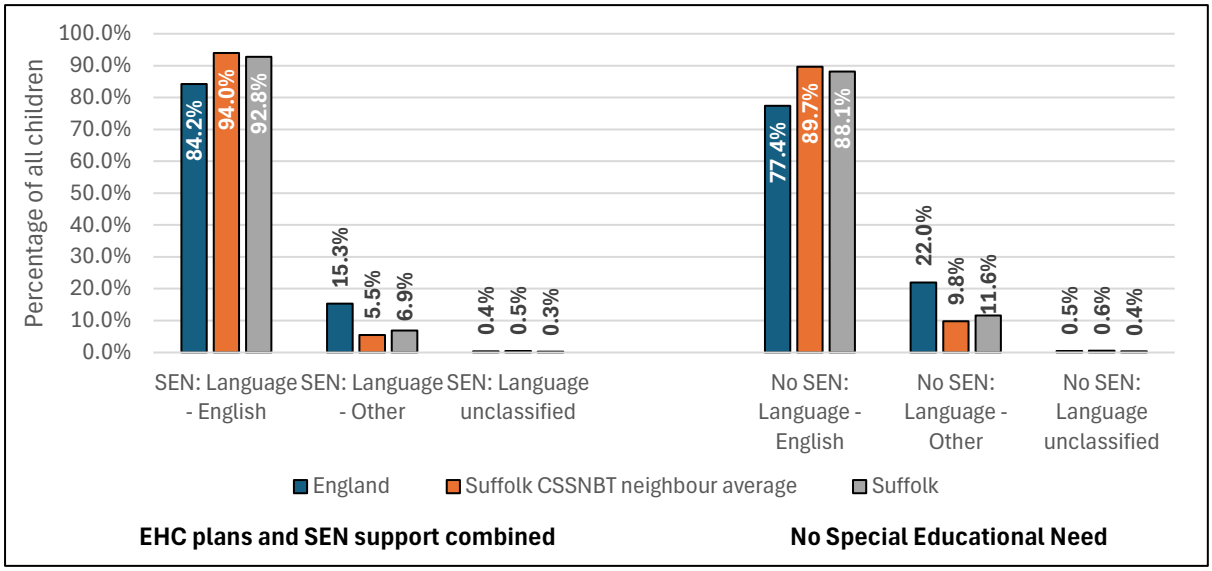
In Suffolk in 2023/24, 92.8% of pupils receiving either SEN Support or an EHC plan have a first language known or believed to be English, with 6.9% have a first language known to be, or believed to be, other than English. This is higher than the figure overall for Suffolk, where 88.9% of Suffolk's children in Suffolk schools in 2023/24 have a first language known or believed to be English. Across England in 2023/24, 84.2% of children receiving either SEN Support or an EHC plan have a first language known or believed to be English, suggesting potential under identification of SEND needs in non-English speaking communities.

Table 11. SEND prevalence (SEN support and EHC plans combined) for Suffolk and England by first language status, 2023/24

	England		Suffolk CSSNBT neighbour average		Suffolk	
	Number	%	Number	%	Number	%
SEN: Language - English	1,297,485	84.2%	161,899	94.0%	17,158	92.8%
SEN: Language - Other	235,995	15.3%	9,525	5.5%	1,269	6.9%
SEN: Language unclassified	6,679	0.4%	797	0.5%	57	0.3%
Total	**1,540,159**		**172,221**		**18,484**	
No SEN: Language - English	5,387,879	77.4%	662,300	89.7%	75,528	88.1%
No SEN: Language - Other	1,534,165	22.0%	72,173	9.8%	9,923	11.6%
No SEN: Language unclassified	35,732	0.5%	4,214	0.6%	308	0.4%
Total	**6,957,776**		**738,687**		**85,759**	

Source: Department for Education (2024)

Figure 42. SEND prevalence (SEN support and EHC plans combined) for Suffolk and England by percentage of first language status, 2023/24



Source: Department for Education (2024)

Social care groups

Children who receive support from social care in Suffolk demonstrate higher rates of special educational needs (SEN) compared to the general student population, with distinct patterns across different care categories as of March 2023.

- **Children in Care (CiC)** show the highest proportion of SEND needs at 55.7% (267 of 479 pupils), slightly lower than regional (58.5%) and national (58.1%) averages. Of these, 31.3% have EHC plans and 24.4% require SEN support.
- **Children in Need (CiN)** represent the second-highest proportion with 52.7% having SEND (512 pupils), comparable to the national average (50.0%) but lower than the regional average (57.3%). The distribution shows:
    - 209 pupils receiving SEN support
    - 303 pupils with EHC plans
- **Children on Child Protection Plans (CPPO)** show the lowest proportion of SEND at 40.2%, aligned with national (40.8%) and regional (44.0%) figures. However, this group has seen growth from 90 children in Suffolk in 2016/17 to 121 in 2022/23.

Based on primary type of need, Social, Emotional and Mental Health (SEMH) needs emerge as the predominant need across all social care groups, as the primary need as of 31st of March 2023 in Suffolk for 49.8% of Children Looked After, 26.0% of Children in Need and 38.8% of children with Child Protection Plans.

Table 12. Percentage of pupils with SEN and receiving SEN support or with EHC plans by Child Protection Plans (CPPO) or Children in Care (CIC) for England, East of England and Suffolk, as of 31st of March 2023

		England	East of England	Suffolk
CPPO at 31 March 2023	% of pupils with SEN	40.8%	44.0%	40.2%
	% of pupils with SEN support	29.4%	29.9%	29.6%
	% of pupils with EHC plan	11.4%	14.1%	10.6%
CIC looked after for 12 months or more at 31 March 2023	% of pupils with SEN	58.1%	58.5%	55.7%
	% of pupils with SEN support	27.3%	24.0%	24.4%
	% of pupils with EHC plan	30.8%	34.6%	31.3%

Source: Department for Education (2024)

Children in Care (CIC)

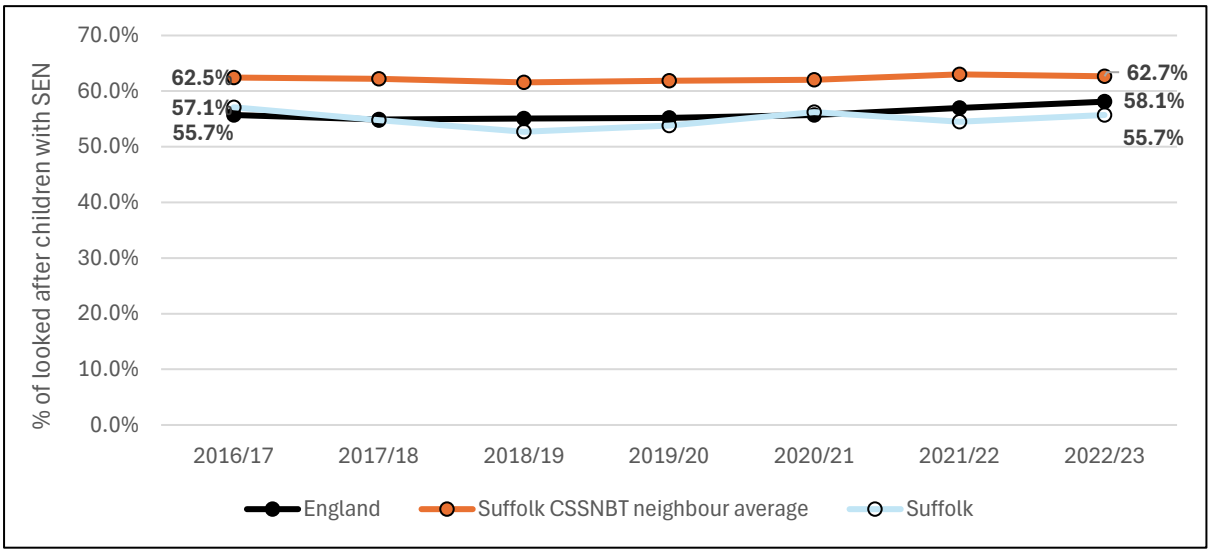
Under the Children Act 1989, a Child in Care (CiC) is looked-after by a local authority if he or she falls into one of the following:

- is provided with accommodation, for a continuous period of more than 24 hours [Children Act 1989, Section 20 and 21]
- is subject to a care order [Children Act 1989, Part IV]
- is subject to a placement order

In 2022/23, there were 267 Children in Care for at least 12 months as of the 31st of March 2023, with special educational needs. Of the 267/55.7% of all children in care who had SEN, 117 received SEN support, and 150 had an EHC plan.

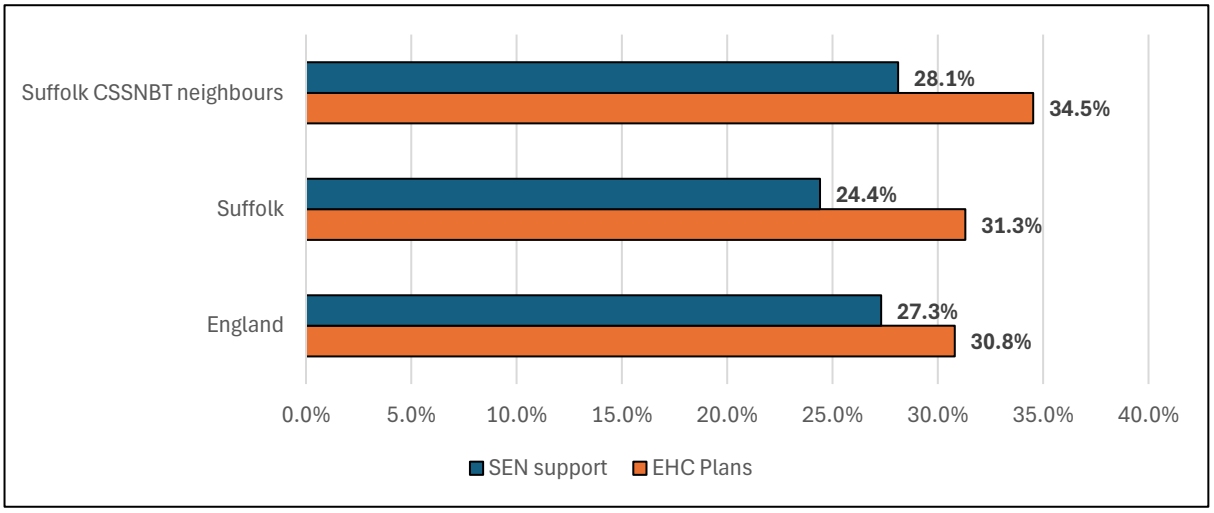
Over half (55.7%/267 of 479) of Children in Care who are pupils and have been in care for 12 months or more (not all Children In Care), for the 12 months prior to 2022/23, had a special educational need or disability (SEND). The percentage of Children in Care who were pupils and had been in care for 12 months or more in Suffolk with SEND decreased from 2016/17 (57.1%) to 2018/19 (52.7%), before increasing to the latest figure for 2022/23 (55.7%).

Figure 43. Percentage of Children in Care (who were school pupils and had been in care for 12 months or more) with SEND in Suffolk and England, 2016/17 to 2022/23



Source: Department for Education (2024)

Figure 44. Percentage of Children in Care (who were school pupils and had been in care for 12 months or more) receiving SEN support or with EHC plans in Suffolk and England, 2022/23



Source: Department for Education (2024)

According to the latest available data for 2022/23, in England, 30.8% of Children in Care who were school pupils and had been in care for 12 months or more had EHC plans, while 27.3% received SEN support. In Suffolk, 31.3% had EHC plans and 24.4% received SEN support. For

Suffolk's statistical neighbours, the figures were 34.5% with EHC plans and 28.1% receiving SEN support. This data highlights the significant special educational needs and disabilities among children in the care system, with over 60% requiring some form of additional support in Suffolk and across England.

Table 13. Number of Children in Care pupils receiving SEN support or with EHC plans in England, Suffolk and average of similar authorities to Suffolk (CSSNBT), as of 31st of March 2023

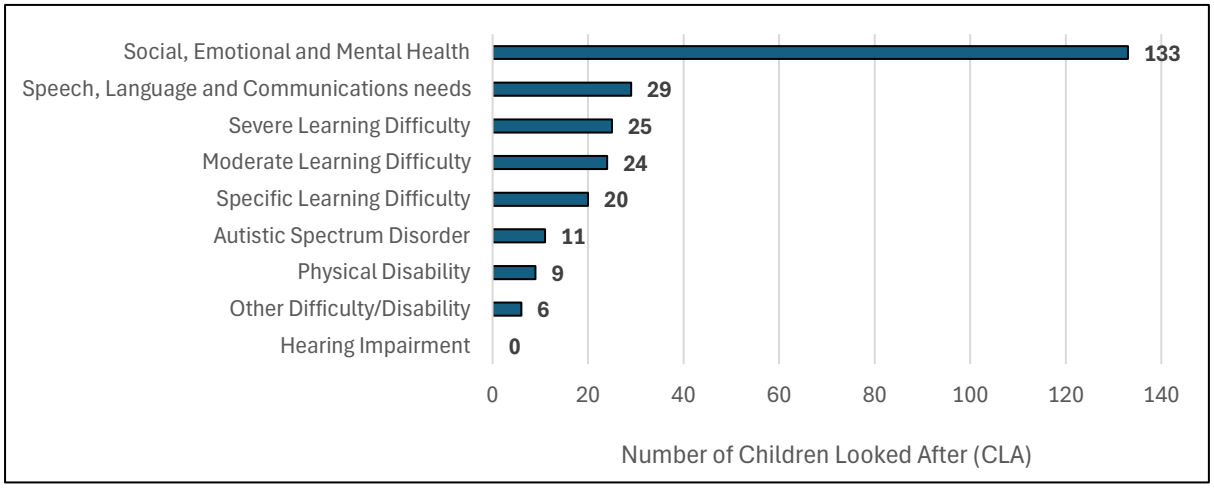
	England		Suffolk		Suffolk CSSNBT neighbours	
	EHC plans	SEN support	EHC plans	SEN support	EHC plans	SEN support
2016/17	9,690	10,780	126	120	107	101
2017/18	9,960	11,030	114	118	105	106
2018/19	10,620	11,290	118	114	110	107
2019/20	11,260	11,500	127	118	117	104
2020/21	12,160	11,590	139	143	128	101
2021/22	12,670	11,500	152	119	139	106
2022/23	12,830	11,350	150	117	134	109

Source: Department for Education (2024)

Of all the key social care groups, children in care for at least 12 months had the highest proportion of children with SEND (55.7% in Suffolk in 2022/23) compared to children on a child protection plan (CPPO) (40.2% in Suffolk in 2022/23), which had the lowest proportion.

For the 267 children in care, almost half (49.8%/133) had a primary type of need of Social, Emotional and Mental Health. This was followed by Speech, Language and Communication needs (29) and Severe Learning Difficulty (25).

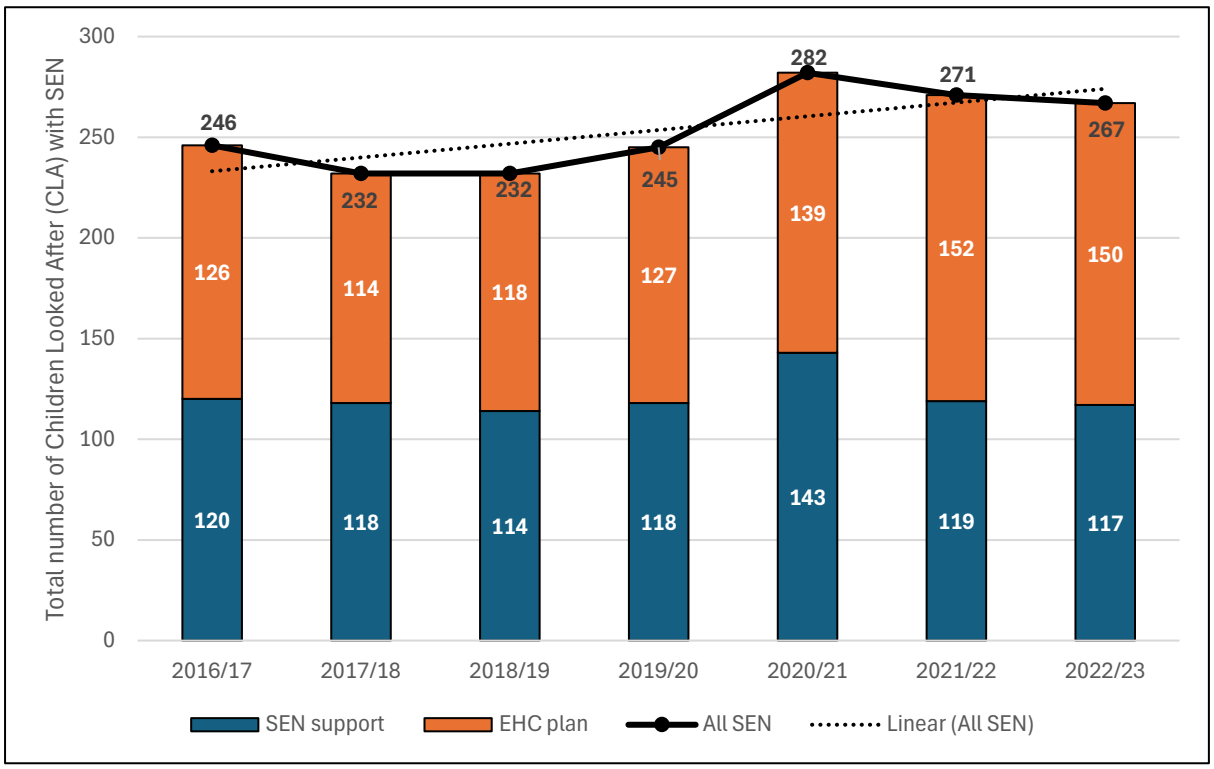
Figure 45. Number of Children in Care (CIC) for at least 12 months as of 31st of March 2023 with SEND, by primary type of need



Source: Department for Education (2024)

The total number of Children in Care at least 12 months with SEND in Suffolk has increased from 246 in 2016/17 to 267 in 2022/23, with the proportion of CIC receiving SEN support or EHC plans remaining similar over the previous 7 years.

Figure 46. Number of Children in Care (CIC for at least 12 months as of 31st of March with SEN, split by SEN support and EHC plans, 2016/17 to 2022/23



Source: Department for Education (2024)

Demand – Children in Care (CIC)

According to the latest internal data, In September 2024 there were 899 Children in Care (CIC) in Suffolk (including Unaccompanied Asylum Seeking Children). Of the 635 CIC aged 4-16, in National Curriculum Years 0-11 32% had an EHC Plan.

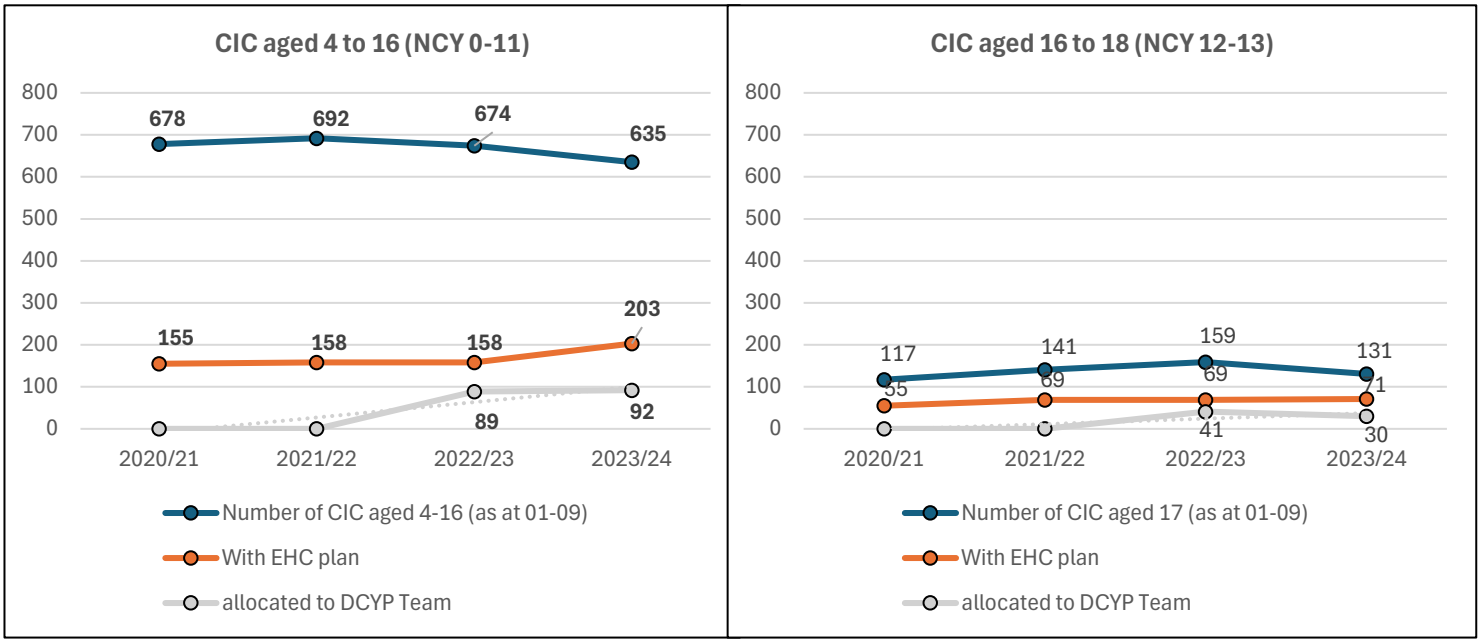
- Children In Care with a disability who receive support from the Disabled Children and Young People's service (DCYP) social care team represent 14% of the Children in Care in National Curriculum Years 0-11
- The percentage of CIC allocated to DCYP has increased in the past two years
- The average percentage for Children in Care aged 4-18 (Years 0-13) with an EHC plan is 27%, with a range between 24%-36%
- In 2023/24, 54% of CIC in Suffolk in Years 12-13 had an EHC plan (compared to 4.6% of all children in Years 12 and 13 across England with EHC plans in 2023/24)
- The number of CIC aged between 14-16 have decreased, however numbers of CIC with SEND in that age group have increased

Table 14. Number of CIC with EHC plans and allocated to DCYP in National Curriculum Years (NCY) 0-13 in Suffolk, 2020/21 to 2023/24

		CIC aged 4-6 (Years 0-11)				CIC aged 16-18 (Years 12-13)		
School Year	Extract Date	Number of CIC aged 4-16 (as at 01-09)	With EHCP	allocated to DCYP Team		Number of CIC aged 17 (as at 01-09)	With EHCP	allocated to DCYP Team
2020/21	13/11/2024	678	155	-		117	55	-
2021/22	13/11/2024	692	158	-		141	69	-
2022/23	13/11/2024	674	158	89		159	69	41
2023/24	13/11/2024	635	203	92		131	71	30

Source: Suffolk County Council (2024)

Figure 47. Number of CIC aged 4 to 16 and 16 to 18 as of 1st September with EHC plans and allocated to Disabled Children and Young Peoples (DCYP), 2020/21 to 2023/24



Source: Suffolk County Council (2024)

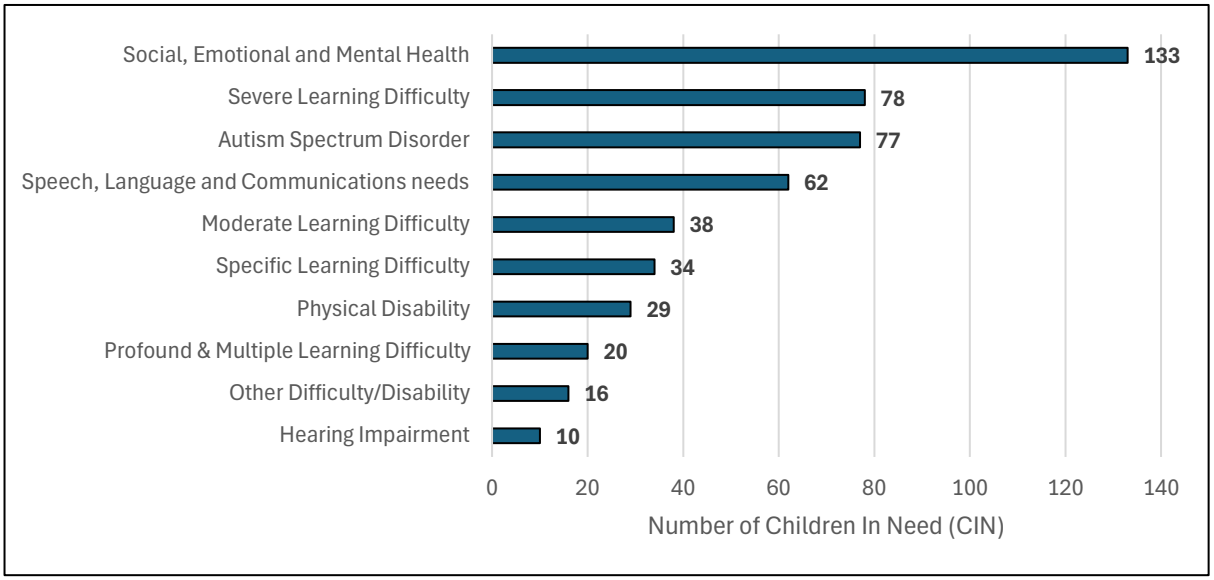
Children in Need (CiN)

A Child in Need (CiN) is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of children's social care services, or the child is disabled.

In Suffolk as of 31st of March 2023, there were 512 Children in Need pupils with SEND, with over half (52.7%) of Children In Need having special educational needs. 209 of these Suffolk pupils who were categorised as Children in Need received SEN support, and 303 had an EHC plan.

For the 512 Suffolk Children in Need as of 31st of March 2023, over 1 in 4 (26.0%/133) had a primary type of need of Social, Emotional and Mental Health. This was followed by Severe Learning Difficulty (15.2%/78), and autism (15.0%/77).

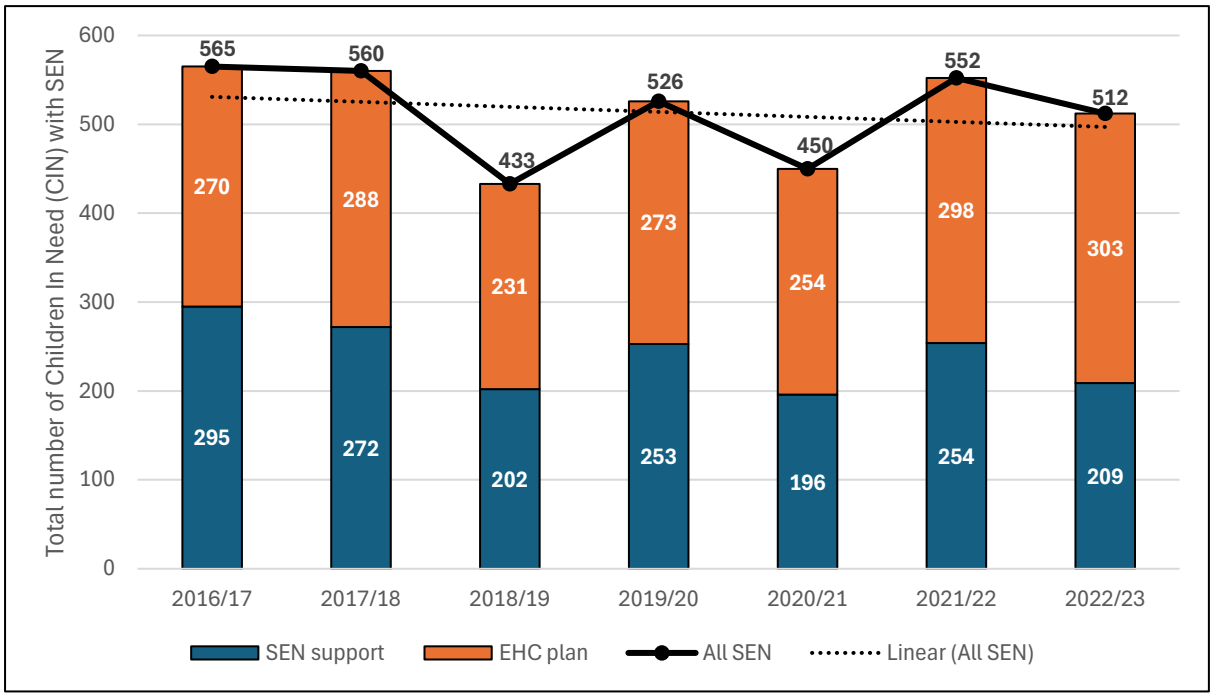
Figure 48. Number of Children in Need (CIN) for at least 12 months as of 31st of March 2023 with SEN, by primary type of need



Source: Department for Education (2024)

The total number of Children in Need for at least 12 months with SEND in Suffolk has decreased from 565 in 2016/17 to 512 in 2022/23, with the proportion of CIN receiving SEN support or EHC plans remaining similar over the period.

Figure 49. Number of Children in Need (CIN) for at least 12 months as of 31st of March with SEN, split by SEN support and EHC plans, 2016/17 to 2022/23



Source: Department for Education (2024)

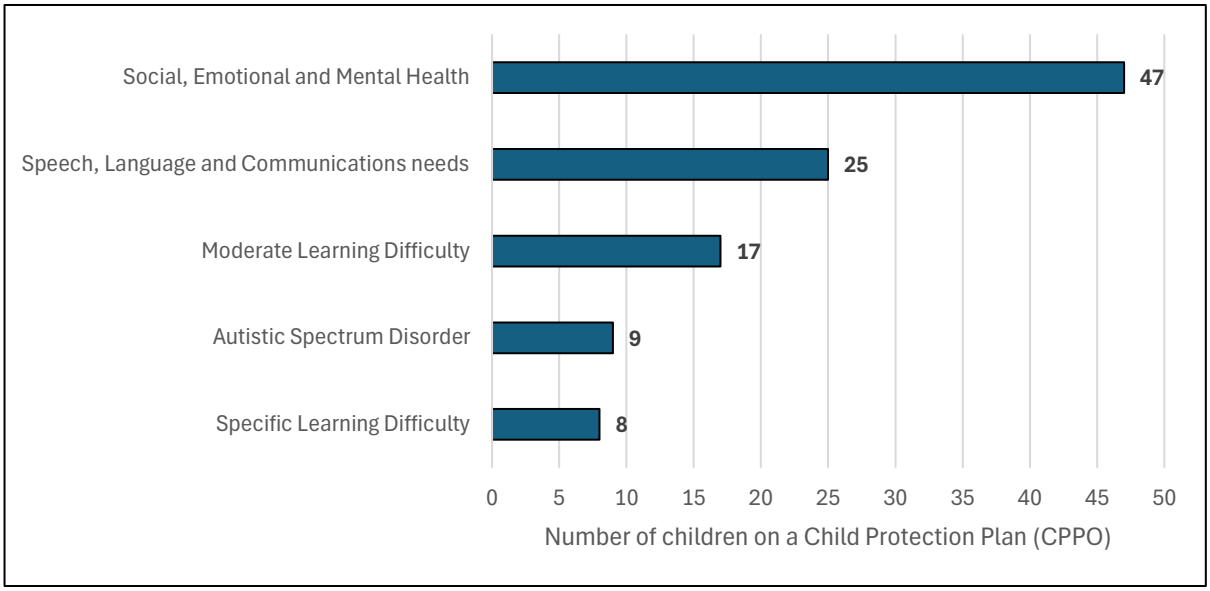
Children on a Child Protection Plan (CPPO)

A child subject to a Child Protection Plan (CPP) or on the Child Protection Register (CPR) has been identified as being at risk of harm or experiencing harm. Children in the child protection system are more likely to experience poorer physical and mental health.

As of the 31st of March 2023, there were 121 pupils with a Child Protection Plan with SEND in Suffolk, with almost 3 in 4 (73.6%/89) receiving SEN support, and 1 in 4 (26.4%/32) with EHC plans.

The primary type of need for Suffolk children with Child Protection Plans as of 31st of March 2023 was Social, Emotional and Mental Health for 47 children (over 1 in 3/38.8%), followed by Speech, Language and Communications needs (25/20.7%) and Moderate Learning Difficulty (17/14.0%).

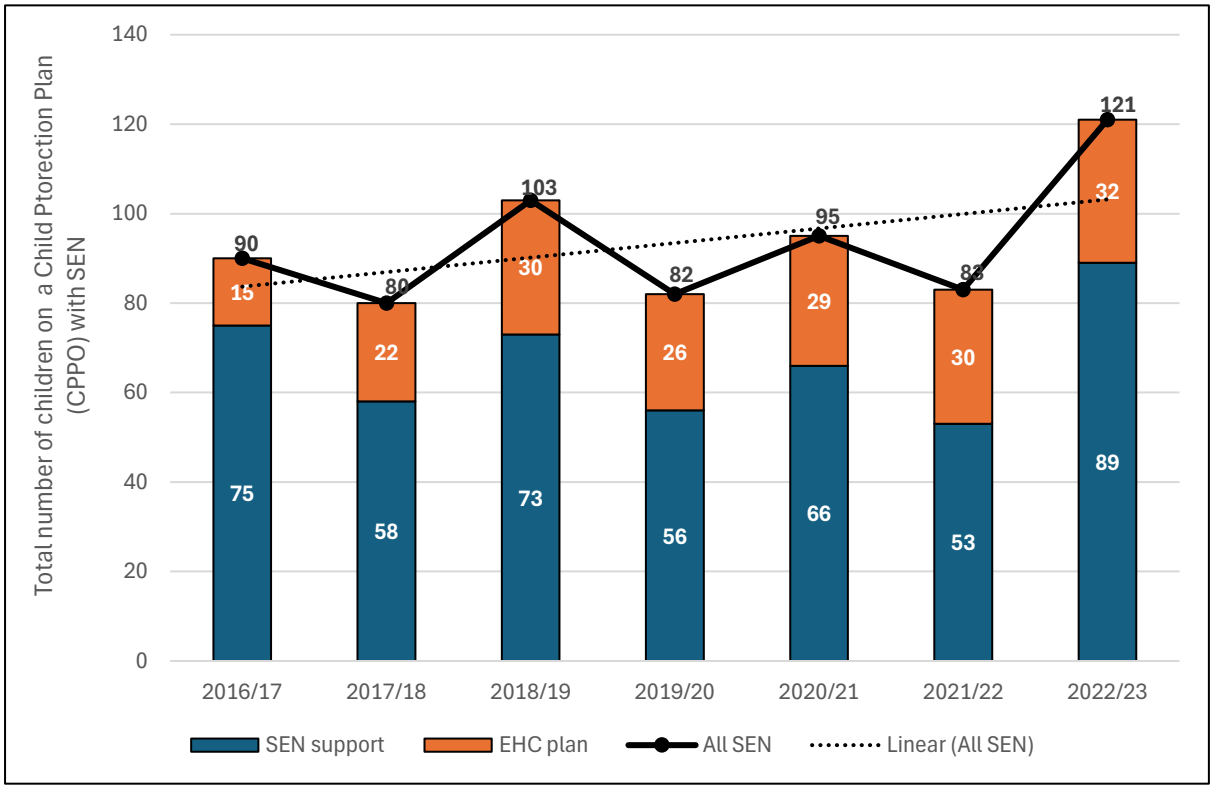
Figure 50. Number of children on a Child Protection Plan (CPPO) for at least 12 months as of 31st of March 2023 with SEN, by primary type of need



Source: Department for Education (2024)

The number of children with SEND and a Child Protection Plan has increased from 90 in 2016/17 to 121 in 2022/23.

Figure 51. Number of Children on a Child Protection Plan (CPPO) for at least 12 months as of 31st of March with SEN, split by SEN support and EHC plans, 2016/17 to 2022/23



Source: Department for Education (2024)

Open EHC Needs Assessments with Social Care Involvement

As of November 2024, there were 2,061 children currently undergoing an EHC needs assessment in Suffolk. Of these, 285 children (13.8%) were simultaneously receiving support from social care services. Of these, most were receiving Family Support through Early Help Assessment (138 children), followed by those on Child in Need plans or Assessment (85), while children on Child Protection Plans (32) and Children in Care (30) made up smaller proportions. Most children receiving EHC needs assessments (86.2%) had no involvement with Children's Social Care or Early Help services.

Table 15. Number of children undergoing EHC Needs Assessments by Children's Social Care/Family Support* Involvement in Suffolk, as of November 2024
*(*This does not include individuals with EHC plans with Adult Social Care Involvement)*

Status	Count	%
Child In Care	30	1.5%
Child In Need/Assessment	85	4.1%
Child Protection Plan	32	1.6%
Family Support (EH Assessment)	138	6.7%
No Children's Social Care/Early Help Involvement	1,776	86.2%

Source: Family Services Operational Dashboard, Suffolk County Council (2024)

EHC Plans with Children's Social Care/Family Support Involvement

As of November 2024, approximately 10% of children and young people with EHC plans in Suffolk had some involvement with Children's Social Care or Early Help services. The largest group within this cohort were children receiving Child in Need support or Assessment (436 children, 4.7%), followed by Children in Care (220, 2.4%) and those receiving Early Help through Family Support (154, 1.6%). There were also 111 Care Leavers (1.2%) with EHC plans, while a small number were subject to Child Protection Plans (36, 0.4%). Most children and young people with EHC plans (89.8%) had no involvement with Children's Social Care or Early Help services.

Table 16. Total EHC Plans with Children's Social Care/Family Support Involvement* in Suffolk as of November 2024
*(*This does not include individuals with EHC plans with Adult Social Care Involvement)*

Status	Count	%
Care Leaver	111	1.2%
Child In Care	220	2.4%
Child In Need/Assessment	436	4.7%
Child Protection Plan	36	0.4%
Family Support (EH Assessment)	154	1.6%
No Children's Social Care/Early Help Involvement	8384	89.8%

Source: Family Services Operational Dashboard, Suffolk County Council (2024)

Young carers and siblings of children and young people with SEND

A young carer is someone aged under 18 who cares for a friend or family member who, due to illness, disability, a mental ill-health or an addiction, cannot cope without their support. Older young carers are also known as young adult carers, and they may have different support needs to younger carers. Young carers are already likely to have significantly lower educational attainment than their peers. Caring can also be an isolating experience but having the right support in place can give young carers an increased chance of succeeding in all parts of their lives[213].

Many young carers describe feeling tired and under pressure. Caring can place considerable physical and emotional demands on a child or young person which, when combined with a lack of sleep, can result in exhaustion. Many also experience other traumatic life changes such as bereavement, family break up, losing income or housing, and seeing the effects of an illness or addiction on the person they care for[213].

According to the 2021 census, 1,252 children aged 15 years and under were identified as providing any amount of unpaid care in Suffolk, equivalent to 1.0% of the entire 0-15 Suffolk population on census data in 2021. An additional 2,801 16 to 24 year olds provided any amount of unpaid care each week in Suffolk on census day 2021, equivalent to 4.1% of the entire 16 to 24 year old population in Suffolk. 291 children aged 0-15 and 1,189 young people (aged 16-24) in Suffolk regularly provided 20 hours or more of care a week at the last census[214].

The Carers Trust note that *"census data on unpaid carers provides a complex picture but what comes through loud and clear is that the proportion of unpaid carers providing 20 hours' care a week or more has increased noticeably. This resonates with what we are consistently hearing about* many unpaid carers having to dedicate ever more time to caring for their sick and disabled relatives, not least due to increased pressures on the NHS and the collapse of social care services."

Although data suggests that most young carers are providing care for a parent, a large proportion are caring for their sibling – estimates vary, but potentially between a quarter[215] and up to half of young carers are caring for a sibling[216]. It remains unclear however, to what extent these young carers are directly supporting a brother or sister with SEND, or whether they are helping with other siblings who may not have SEND. It has been estimated that approximately 7-17 per cent of all children are siblings of children with a chronic condition/disability[217]. Therefore, there are an estimated two to five siblings of children with SEND in the average UK classroom, and schools should be considering sibling experiences when supporting young carers as well.

The research evidence for sibling outcomes is rather mixed, with some studies indicating quite large negative differences in psychological wellbeing for siblings of children with SEND[218], whilst other research indicates these well-being differences may be small and more likely due to indirect effects related to factors such as family socio-economic disadvantage[219–221]. Other research also indicates benefits and positive experiences of siblings of children with SEND[222].

More research needs to be done to understand sibling educational outcomes and school experiences of children with a sibling with SEND[223,224]. There are some data to suggest siblings may be negatively affected educationally, with poorer functioning at school[218]. Whereas another study found that although siblings of children with autism had more behavioural

problems and poorer attitude to school work, they had comparable academic achievements to children with a brother or sister without autism[225].

Hospital admissions

Hospital Episode Statistics (HES) data for Suffolk provides a picture of care for Suffolk's GP-registered population across key diagnostic categories, here focusing on maternal, perinatal, and congenital health conditions. The diagnostic categories examined include labour and delivery complications (ICD-10 codes O60-O75), puerperium complications (O85-O92), perinatal conditions (P codes), and congenital abnormalities (Q codes). These diagnostic categories are particularly significant as they capture early life conditions that can profoundly impact a child's developmental trajectory and potential educational support requirements.

Congenital abnormalities and perinatal conditions can result in developmental challenges that may necessitate specialised educational interventions, including support for physical disabilities, intellectual impairments, sensory processing difficulties and specific learning needs. Labour and delivery complications provide additional insights into potential neurological impacts and developmental risks that could influence a child's educational journey.

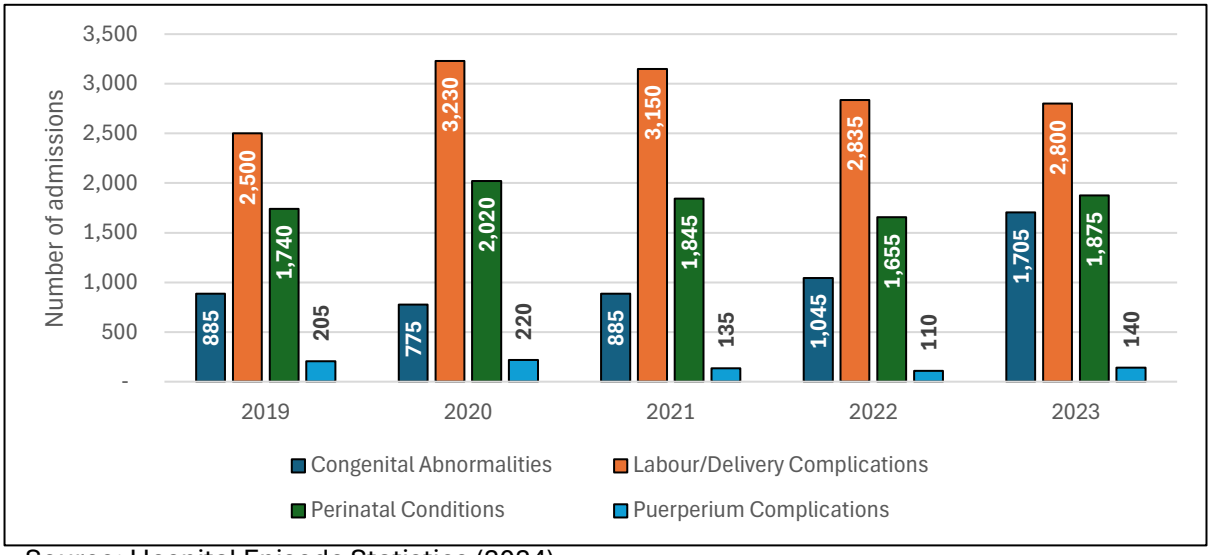
From 2019 to 2023, Suffolk's GP registered population experienced a notable increase in total hospital admissions for these categories, rising from 5,330 in 2019 to 6,520 in 2023. Correspondingly, the number of unique patients also increased, from 4,930 in 2019 to 6,040 in 2023.

Figure 52. Hospital admissions and number of unique patients for Suffolk residents for: labour and delivery complications, puerperium complications, perinatal conditions, and congenital abnormalities, 2019-2023

Source: Hospital Episode Statistics (2024)

Labour and Delivery Complications was accounted for the highest number of hospital admissions of the four categories selected. The number of cases peaked in 2020 at 3,230 and remained stable between 2,800 and 3,150 cases in following years. Of note is the rise in Congenital Abnormalities, increasing from 885 admissions in 2019, to 1,705 admissions in 2023.

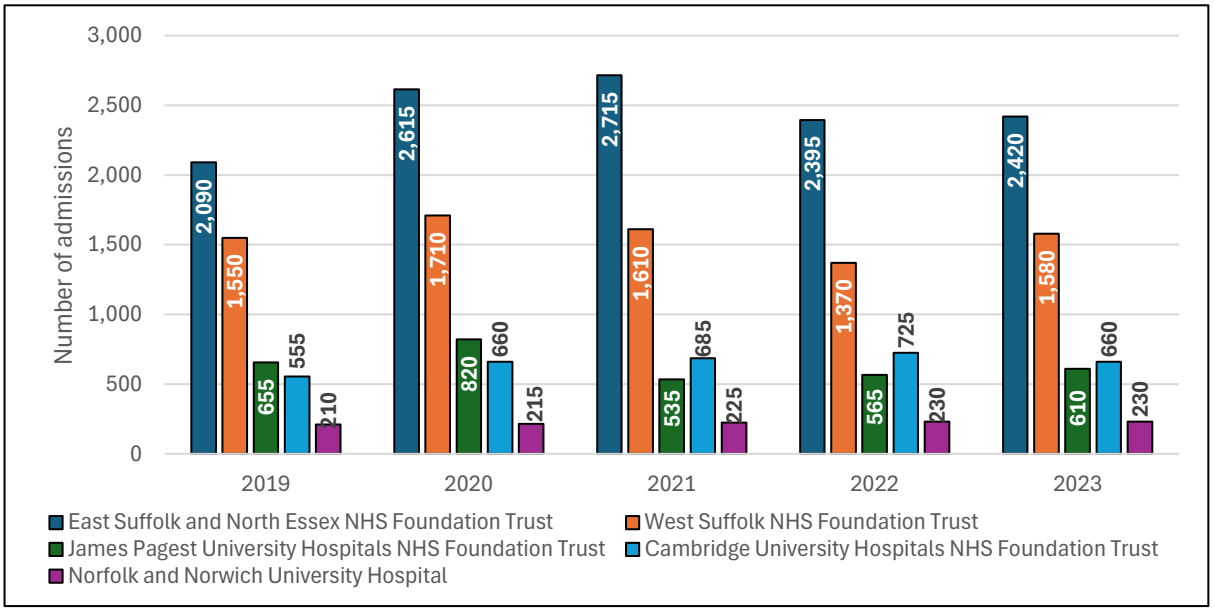
Figure 53. Hospital admissions by primary condition type for Suffolk residents, 2019-2023



Source: Hospital Episode Statistics (2024)

The geographical distribution of admissions was primarily concentrated across several key healthcare providers, with East Suffolk and North East Essex NHS Foundation Trust and West Suffolk NHS Foundation Trust consistently reporting the highest number of admissions.

Figure 54. Number of hospital admissions for the 5 most common providers for Suffolk residents, 2019-2023



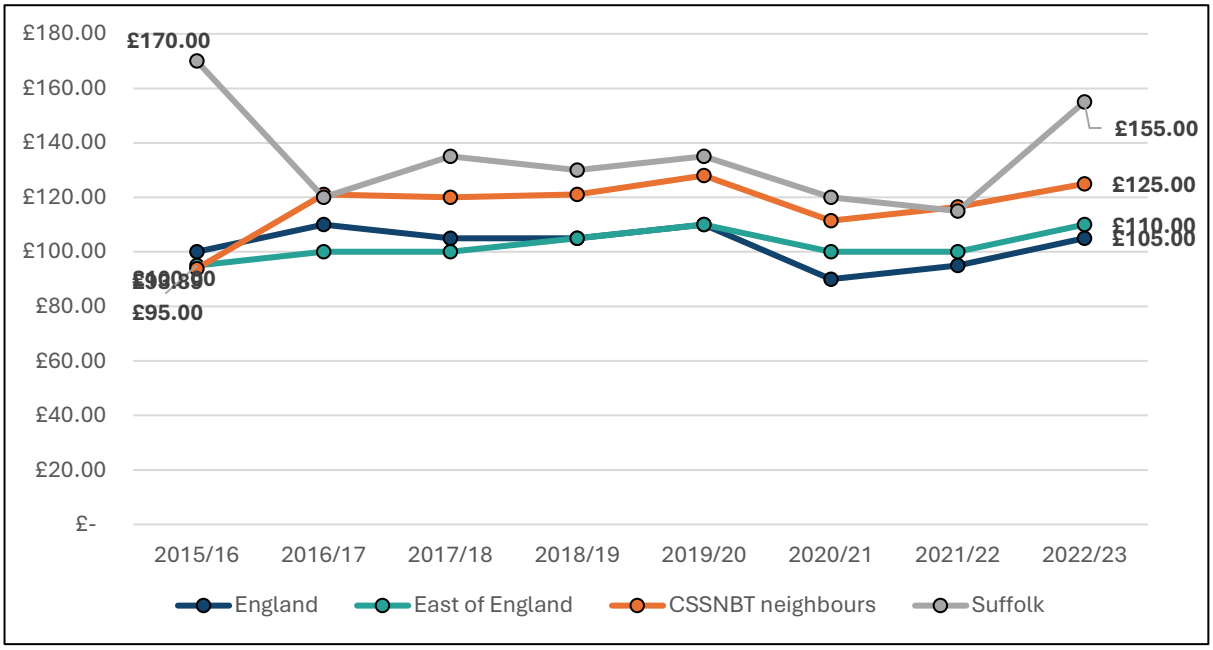
Source: Hospital Episode Statistics (2024)

Reported expenditure

The data below shows the reported expenditure on SEND support in Suffolk, based on total reported weekly expenditure by the local authority, divided by the number of pupils with EHC plans.

Figures for Suffolk have been consistently higher than the regional and national averages. In 2015/16, Suffolk spent £170 per child, higher than the £95 average for the East of England and £100 for England. While Suffolk's expenditure decreased to £115 in 2021/22, it rose again to £155 in 2022/23, reflecting increasing demand and/or cost pressures. The East of England and England have seen more stable patterns, with Suffolk remaining above these benchmarks, indicating a higher relative financial commitment to, or need for, SEND services locally.

Figure 55. Weekly expenditure per child with EHC plan for Suffolk and CSSNBT neighbours, East of England, England, 2015/16 to 2022/23

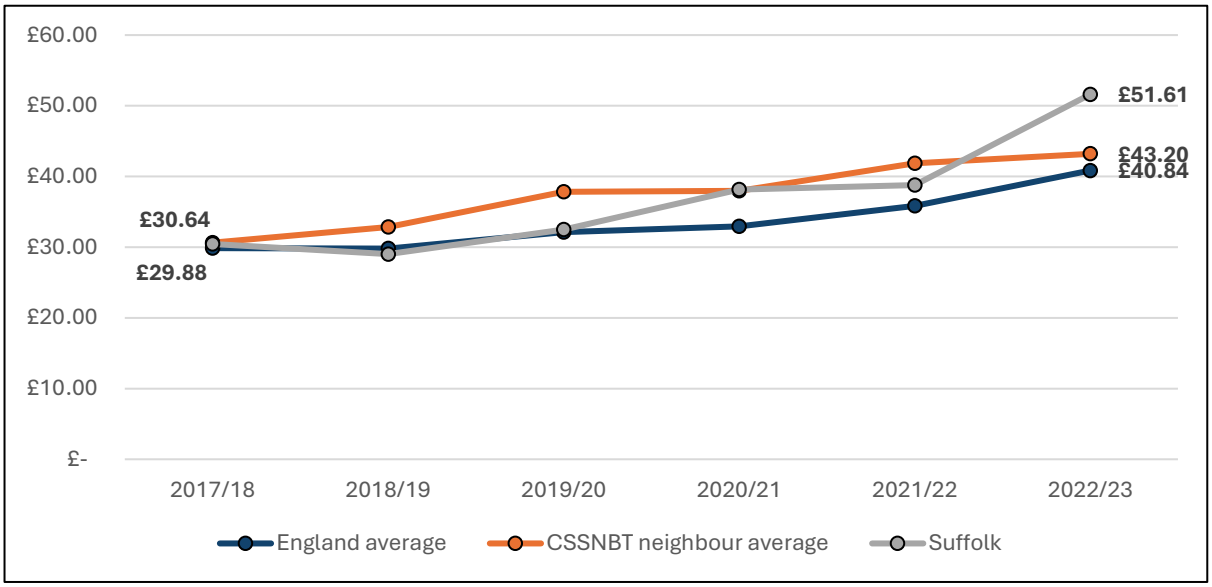


Source: Department for Education; Local authority interactive tool (LAIT) (2024); Department for Education; Statistics: local authority and school finance (2024)

Analysis by LG Inform on Department for Education Local Authority and school expenditure data shows a consistent increase in Suffolk's spending on direct payments, respite care, and other support for disabled children aged 0-17 over the six-year period between 2017/18 to 2022/23. Starting at £30.44 per child in 2017/18, Suffolk's expenditure rose steadily, reaching £51.61 per child by 2022/23. This upward trend aligns with the overall increase in the mean spending across all English county local authorities, which grew from £29.88 to £40.84 per child during the same period. Suffolk's spending consistently remained above the national average, indicating a higher-than-typical investment in these services. While Suffolk's figures were well above the minimum spending levels among English local authorities (which ranged from £9.87 to £16.17 per child), they remained below the maximum spending levels, which fluctuated between £57.72 and £83.64 per child.

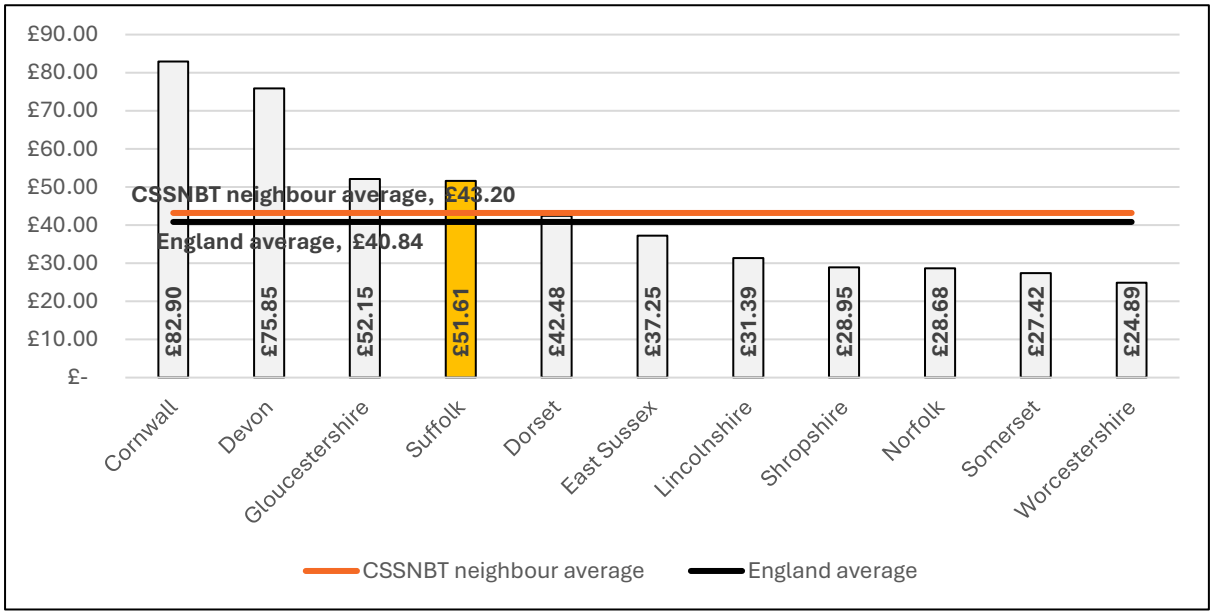
Compared to similar authorities to Suffolk (CSSNBT), Suffolk has the 4th highest spend on direct payments, respite for children and other support for disabled children per person aged 0 to 17 years – higher than the statistical neighbour average, and England average in 2022/23.

Figure 56. Total spend on direct payments, respite for children and other support for disabled children per person aged 0 to 17 years, Suffolk and similar authorities to Suffolk (CSSNBT), and England, 2017/18 to 2022/23



Source: LG Inform (2024); Department for Education; Statistics: local authority and school finance (2024)

Figure 57. Total spend on direct payments, respite for children and other support for disabled children per person aged 0 to 17 years, Suffolk and similar authorities to Suffolk (CSSNBT), and England, 2022/23



Source: LG Inform (2024); Department for Education; Statistics: local authority and school finance (2024)

Implementation of the reforms

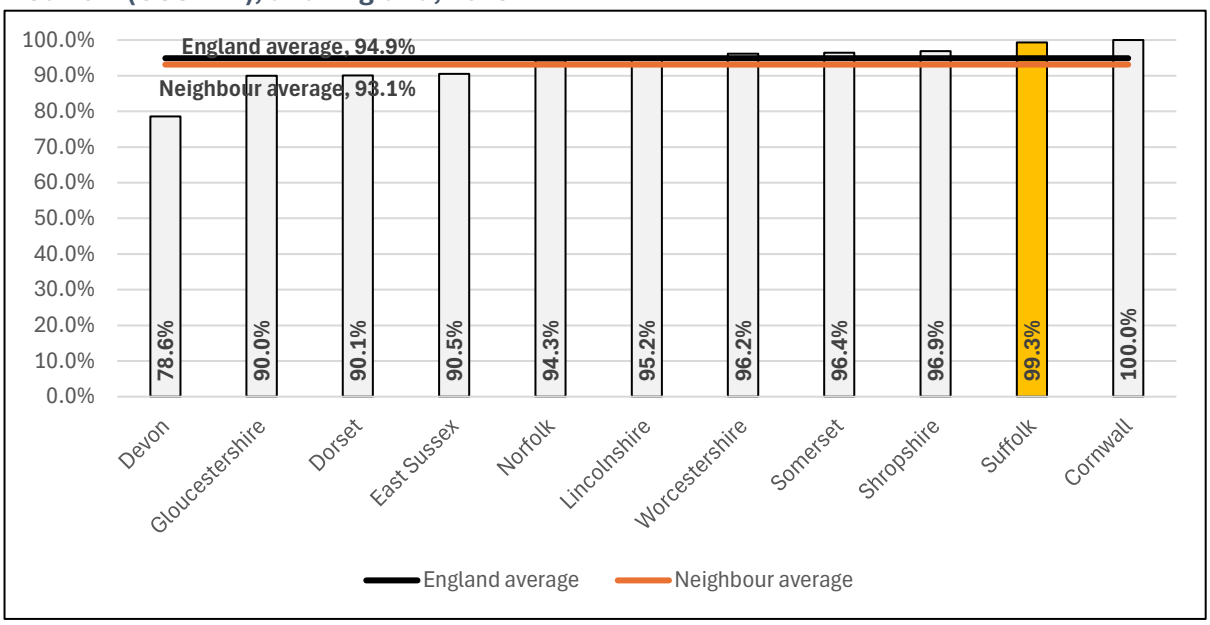
The 2014 legislation brought about significant changes to the SEND system, aiming to create a more collaborative approach, enhance parental involvement, and place greater emphasis on outcomes and preparation for adulthood.

Meeting statutory timelines

A key element of these changes was the transition from SEN statements to more comprehensive Education, Health and Care (EHC) plans. These new plans are designed to evaluate a young person's requirements across various services in a unified manner. EHC plans can be implemented from birth up to age 25, with a strong focus on desired outcomes and the support needed to achieve them.

In 2023, 99.3% of children and young people in Suffolk who were assessed were issued with an EHC plan for the first time, compared with an average of 94.9% across England, and 93.1% for Suffolk's CSSNBT neighbours.

Figure 58. Percentage of children and young people (0-25) for whom EHC plans were made for the first time during the calendar year, Suffolk and similar authorities to Suffolk (CSSNBT), and England, 2023

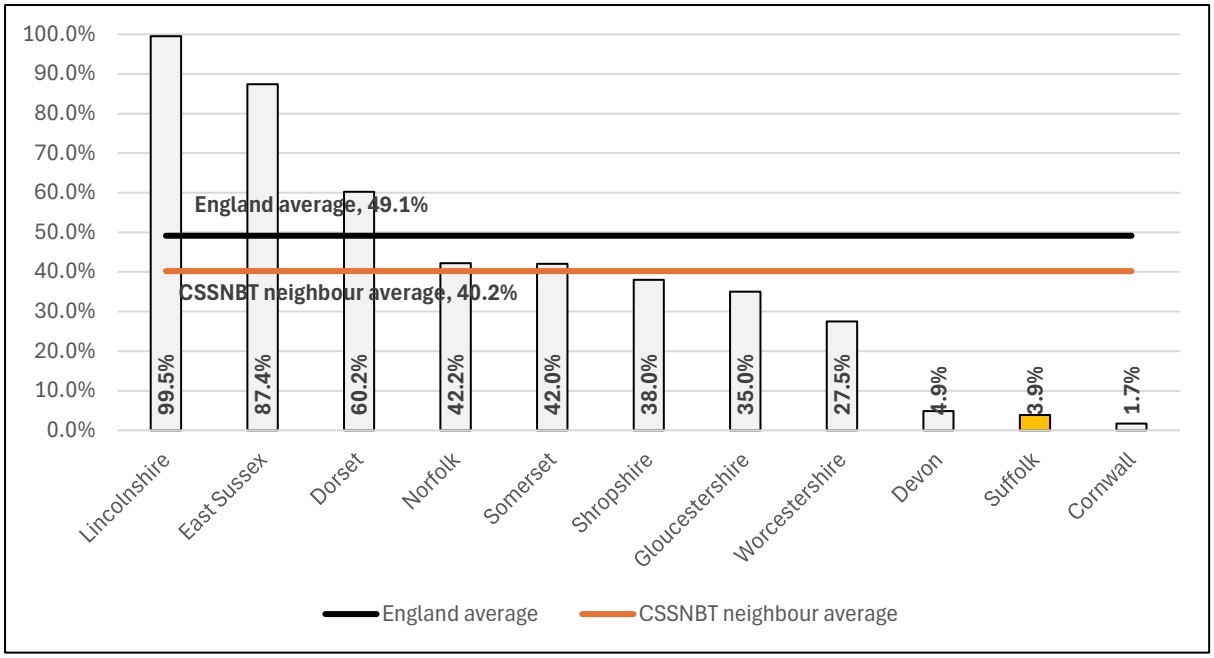


Source: Department for Education (2024)

It is in the best interest of all involved that EHC needs assessments are completed promptly. According to regulations, the total time from when the local authority receives an assessment request to when the final EHC plan is issued (if needed) should not exceed 20 weeks. In Suffolk, in 2023, 3.9% of plans were issued within this 20-week timeframe, excluding exceptional cases where local authorities are permitted to extend the deadline, compared to an average of 37.4% for all English county local authorities (40.2% for Suffolk's CSSNBT neighbours). When exceptions are included, 3.9% of plans were issued within 20 weeks, compared to the national average of 36.6%. Internal data shows that for Suffolk in Q2 of 2024, the average time taken for an EHC Plan to be issued (excluding exceptions) in Suffolk was 41 weeks and 3 days, with

32.0% completed within 20-weeks. This compares to a regional county average (excluding Cambridgeshire) of 36.3% for Q2 in 2024/25.

Figure 59. Rate of EHC plans (including exceptions) issued within 20 weeks for Suffolk, England and similar authorities to Suffolk (CSSNBT), 2023



Source: Department for Education (2024)

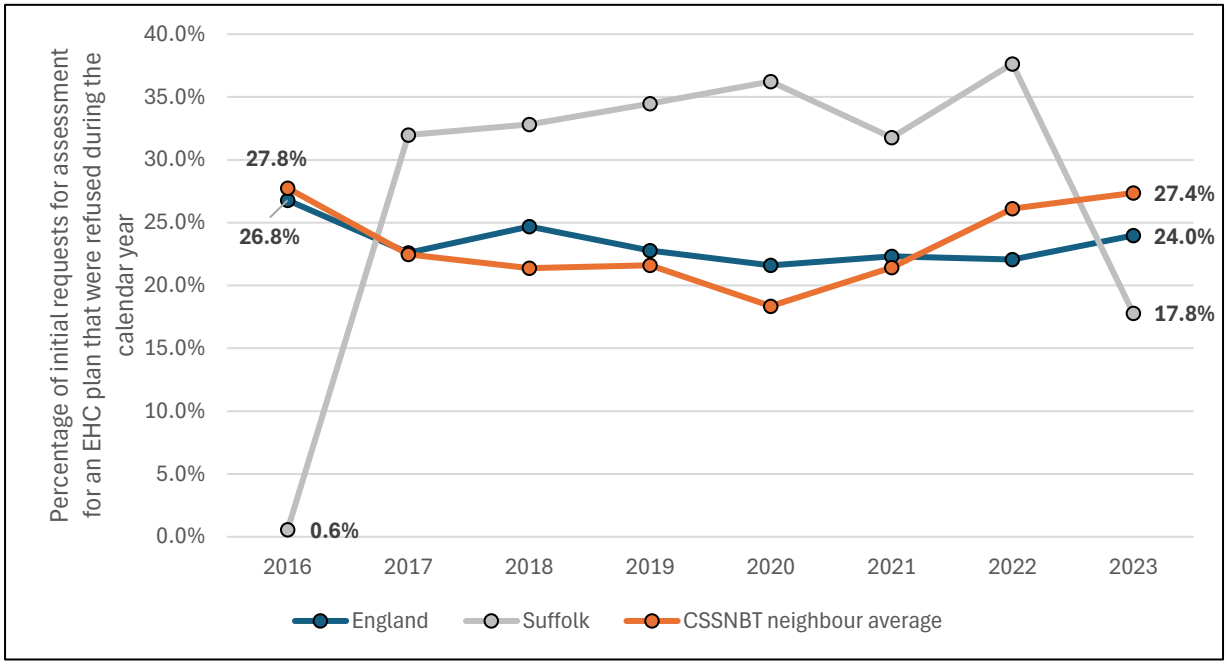
Number and percentage of initial requests for assessment for an EHC plan that were refused

The percentage of initial requests for assessment for an EHC plan that were refused has varied over the years. In 2016, the refusal rate was 26.8% nationally in England, 0.6% in Suffolk, and 27.8% on average across Suffolk's statistical neighbours (CSSNBT).

Over the following years, the refusal rate in Suffolk steadily increased, reaching 32.0% in 2017 (356 out of 1,113 requests refused), 32.8% in 2018 (400 out of 1,219), 34.5% in 2019 (457 out of 1,326), and 36.2% in 2020 (350 out of 966). In 2021, the refusal rate in Suffolk was 31.8% (420 out of 1,322 requested refused), and increased further to a high of 37.6% in 2022 (614 out of 1,631 requests).

However, in 2023 the refusal rate in Suffolk dropped sharply to 17.8% (384 out of 2,159 requests), below the national average of 24.0% and the 27.4% average across Suffolk's statistical neighbours.

Figure 60. Percentage of initial requests for an EHC plan that were refused during the calendar year for England, Suffolk and Suffolk's statistical neighbours (CSSNBT), 2016 to 2023

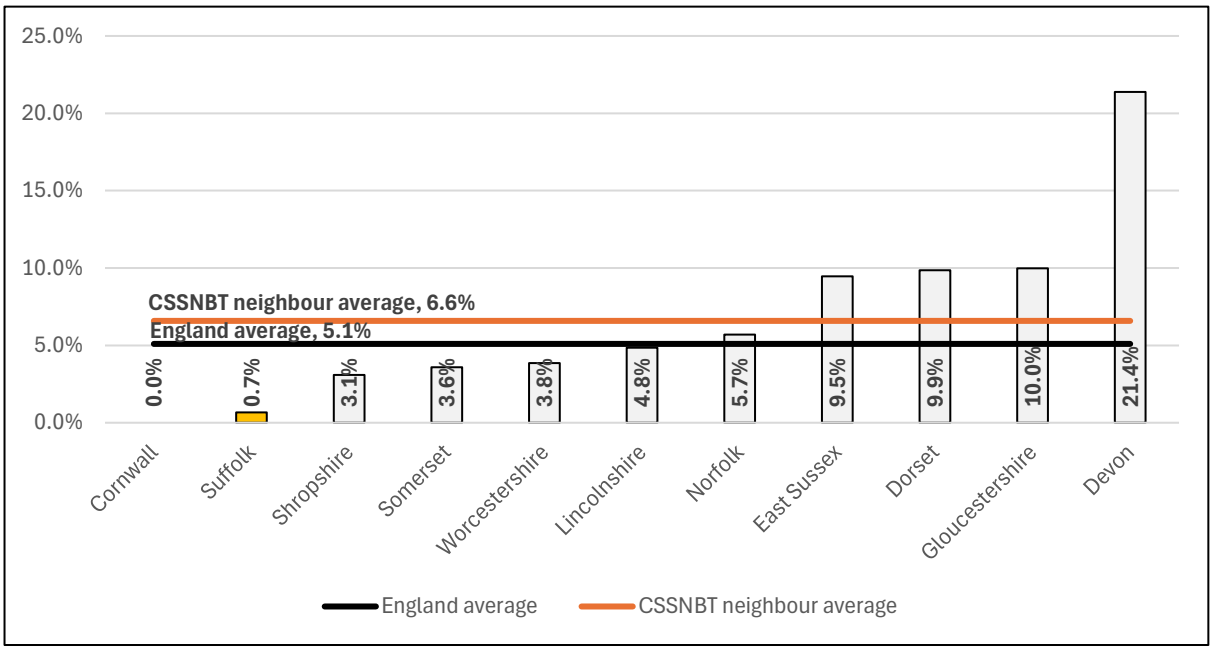


Source: Department for Education (2024)

Assessments that did not result in an EHC plan

The following figure shows the proportion of children and young people in Suffolk who underwent an EHC needs assessment but were viewed by the local authority as not requiring an EHC plan. In Suffolk in 2023, 0.7% of young people assessed were not issued an EHC plan, lower than the average across England at 5.1%.

Figure 61. Percentage of children and young people (0-25) with statements assessed, and no EHC plan issued, Suffolk and similar authorities to Suffolk (CSSNBT), compared to England, 2023



Source: Department for Education (2024)

Personal budgets

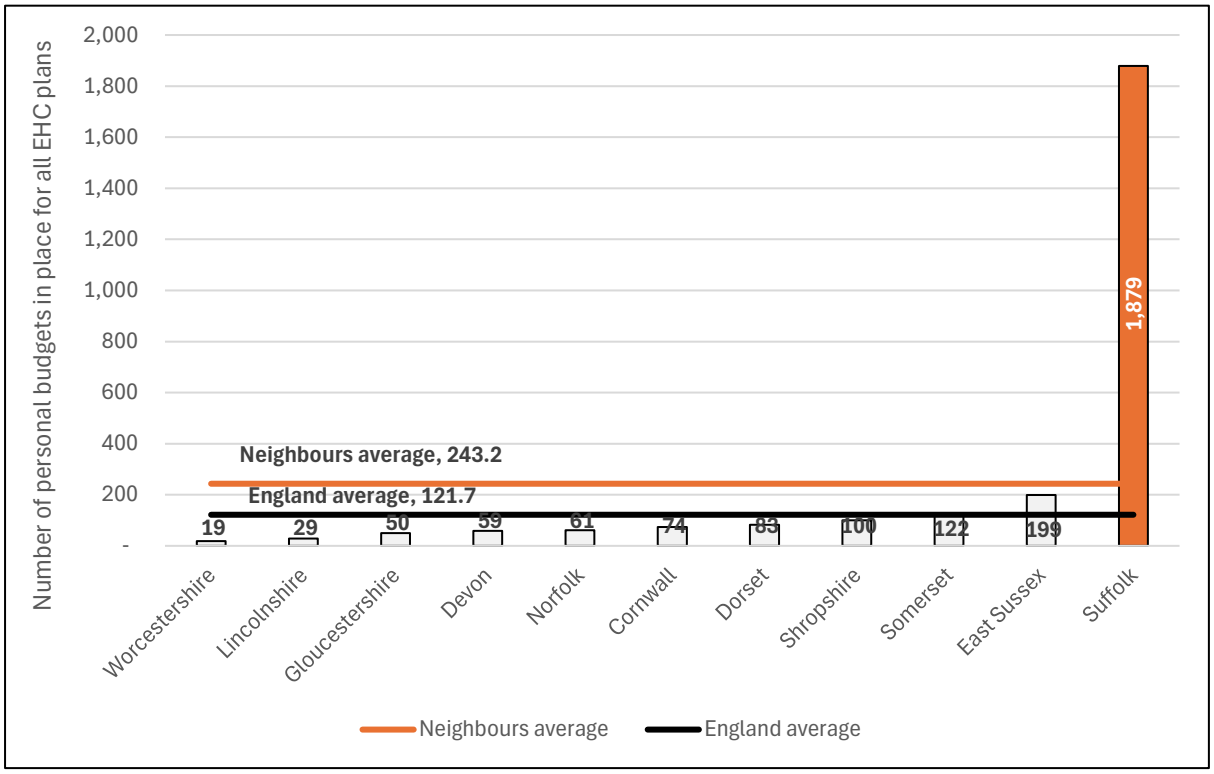
Recent reforms have allowed greater personalisation of support through the use of a personal budget to provide children and young people with real choice and control over the design of their care and education package. The dedicated fund is a financial allocation provide by local authorities upon request from a parent or young person. This additional funding is essential when it becomes evident that a child's learning requirements cannot be adequately addressed without it. More information on personal budgets is available through the SEND code of practice: 0 to 25. Data on personal budgets was provided by 141 of 153 local authorities in 2024.

For Suffolk in 2023, while the data shows 1,879 individuals have utilised personal budgets, it is important to note that this figure represents a comprehensive count across multiple budget types. Specifically, this figure includes 84 current live Education Personal Budgets, Short break Personal Budgets for young people with EHC plans, Social Care budgets and Health budgets.

Activities Unlimited is the Suffolk Short Breaks Service. It has a primary focus on personalisation for families with children and young people with SEND from the ages of 0 to 25. As part of the offer, Parent Carers can apply for a Short Break personal budget as a contribution towards meeting their Short Break needs. As of 2024/2025 these payments range from £200 to £1200 but are subject to change year on year. This forms part of the Local Offer, the child or young person does not need to have an EHCP or a confirmed diagnosis.

This integrated approach to counting personal budgets in Suffolk differs from some other local authorities' reporting methods, which may focus solely on Educational Personal Budgets. This may explain the significant variation from the English local authority average of 121.7 personal budgets. For context, in 2022-23, Suffolk's Adult and Community Services managed 2,326 personal budgets overall, with a proportion of these supporting individuals with EHC plans.

Figure 62. Number of personal budgets in place for all EHC plans for 'Initial requests, assessments, discontinued plans, 20-week timeliness, mainstream to special transfers, mediation and tribunals', Suffolk and similar authorities to Suffolk (CSSNBT), 2023



Source: Department for Education (2024)

The number of children and young people accessing health-funded personal health budgets (PHB) in Suffolk has shown consistent growth over a two-year period, rising from 112 in June 2022 to 429 in June 2024. This represents nearly a fourfold increase in uptake. The most significant period of growth occurred between June 2023 and September 2023, when numbers increased from 283 to 390.

As of June 2024, of the 429 young people with personal health budgets, the largest proportion (328) held notional budgets (no money changes hands – the personal health budget holder knows how much money is available for their assessed needs and decides together with the NHS team how to spend that money). While 64 had third-party budgets (an organisation independent of both the person and the NHS commissioner is responsible for and holds the money on the person's behalf), and 37 received direct payments (the personal health budget holder or their representative has the money in a bank account and takes responsibility for purchasing the agreed care and support). The data shows several distinct categories of PHB recipients:

- 37 children receiving continuing care services, all through direct payments
- 37 children and young people with Education, Health and Care Plans (EHCPs), predominantly through direct payments (36), with one notional budget
- 48 children with learning disabilities and/or autism, primarily accessing direct payments (37), with 11 having notional budgets
- 17 children with primary mental healthcare needs, mainly accessing notional budgets (15), with two receiving direct payments

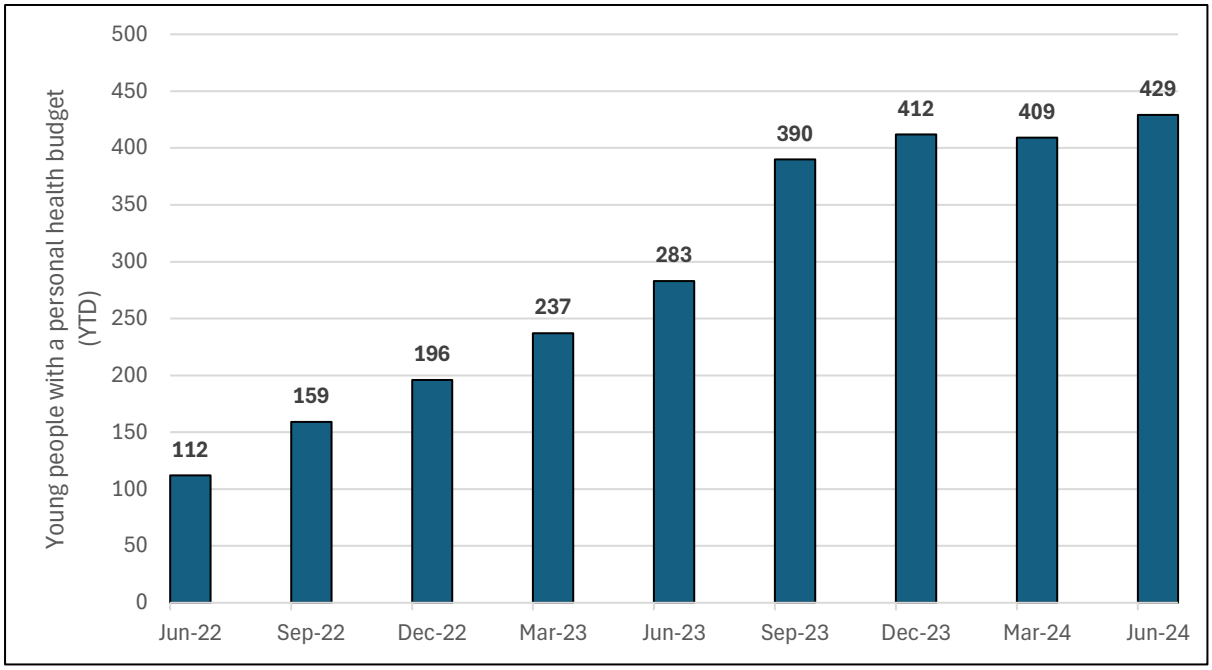
- A large proportion (319) had personal wheelchair budgets, predominantly through notional budgets (313), with six third-party arrangements
- An additional 58 children accessed personal health budgets through third-party arrangements

Table 17. Number of young people (U18s) accessing a health funded personal health budget as of June 2024

	Total number	Direct payment	Third party budget	Notional budget
Total number of children and young people with a personal health budget YTD	429	37	64	328
How many children receiving continuing care had a personal health budget YTD	37	37	0	0
How many children and young people with EHC plans had a personal health budget YTD	37	36	0	1
How many children with a learning disability and/or autism had a personal health budget in the YTD	48	37	0	11
....of those, how many children were eligible for section 117 aftercare under the Mental Health Act?	1	0	0	1
How many children who have a primary mental healthcare need had a personal health budget YTD	17	2	0	15
...of those how many children were eligible for section 117	0	0	0	0
How many children have a personal wheelchair budget YTD	319	0	6	313
How many other children had a personal health budget YTD	58	0	58	0

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

Figure 63. Number of children/young people in Suffolk with a personal health budget (YTD) Jun-22 to Jun-24



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

Experience of the system

Following the decision to proceed with an assessment or following the assessment of needs of a child or young person, if the local authority decides not to issue an EHC plan, or if parents/carers disagree with the educational provision set out in the EHC plan, they would be able to appeal to the First-tier Tribunal (Special Educational Needs and Disability). The tribunal hears appeals against decisions made by the local authorities.

Mediation is when an impartial person, who is trained to deal with two opposing sides, acts as a referee in a dispute. Effective mediation can provide a cost-effective alternative in resolving disputes between parents, young people, health services and/or local authorities concerning the provision made for children with SEND.

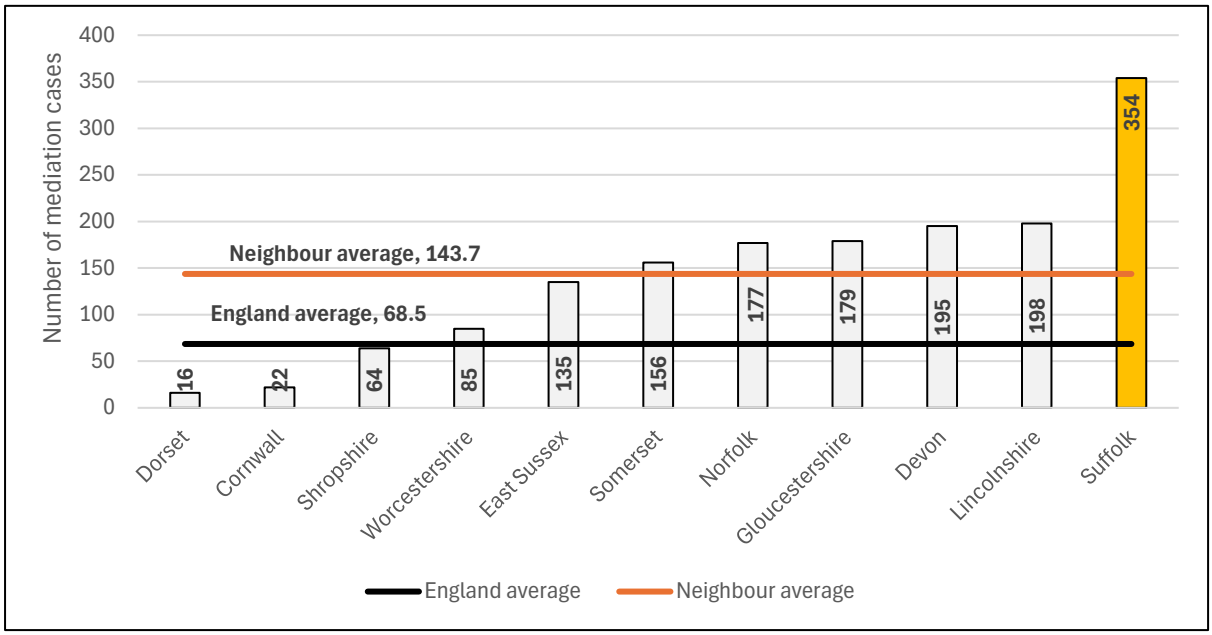
In 2023, Suffolk experienced a higher number of mediation cases, with 354 mediation meetings held. This figure was notably higher than the England average of 68.5 across all local authorities and the highest among Suffolk's CSSNBT neighbours (who had an average of 143.7). Recognising the high volume of cases, the local authority took proactive steps to address the situation. More personnel were recruited to offer a level of triage and support, specifically to address a backlog of cases requesting access to Education, Health and Care Needs Assessments (ECHNA).

This approach has led to positive results, which as of the time of writing (December 2024), the number of mediation cases has reduced from the 2023 figures and appears to be on track to align more closely with the statistical average from the previous year. This improvement is attributed to not only a process change but also an expansion of the team to provide earlier-stage support, aiming to reduce the number of cases requiring mediation.

Mediation cases are defined as the number of mediation meetings that have occurred, regardless of whether the case then went to Tribunal. A mediation meeting is one in which the mediator, parents/carers or young person and the local authority met to discuss the case. Tribunal cases include where the parents or young person decided not to take part in mediation before tribunal.

Figures on mediation and tribunals are not comparable to previous years. During the 2023 data collection, several mitigations were allowed, to assist local authorities with completing the data return. This included making information on mediation and tribunals voluntary. This mitigation was removed for the 2024 collection hence a much higher number of mediations have been recorded.

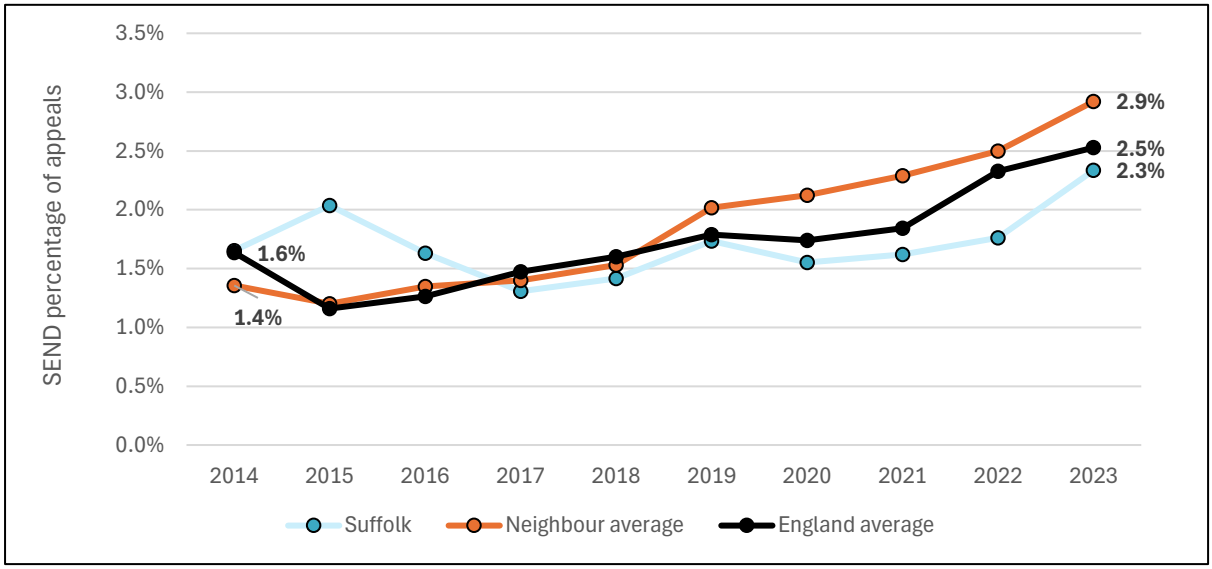
Figure 64. Number of SEND mediation cases that have been held, Suffolk and similar authorities to Suffolk (CSSNBT), 2023



Source: Department for Education (2024)

The SEND appeals rate refers to the total number of appeals registered divided by the total appealable decisions. In Suffolk in 2023, there were 8,267 total appealable decisions, with 193 appeals registered. This produced a SEND appeals rate of 2.3% for Suffolk in 2023, close to the average across England of 2.5%.

Figure 65. SEND appeals rate (total appealable decisions divided by number of appeals registered) for Suffolk, England and similar authorities to Suffolk (CSSNBT), 2014-2023



Source: Ministry of Justice (2024)

Prevalence of disabilities

The Equality Act 2010 states a person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities[226].

The below data presents the disability prevalence (a person is considered to have a disability if they regard themselves as having a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities – consistent with the core definition under the Equality Act 2010) by age and gender across the UK, derived from an average of Family Resources Survey responses from 2020-21, 2021-22, and 2022-23. These national prevalence rates have been applied to Suffolk's 2023 population estimates, broken down into 5-year age bands. In Suffolk, these modelled estimates state 24,213 individuals aged 0-24 years may have a disability. The prevalence generally increases with age, ranging from 5% in the 0-4 age group to 17% in the 20-24 age group. Notably, there are gender differences, with males showing higher prevalence in younger age groups (0-14 years), while females have higher rates in the older age groups (15-24 years). The highest estimated local prevalence is in the 10-14 age group, with 6,244 individuals, followed closely by the 20-24 age group with 6,120 individuals[227].

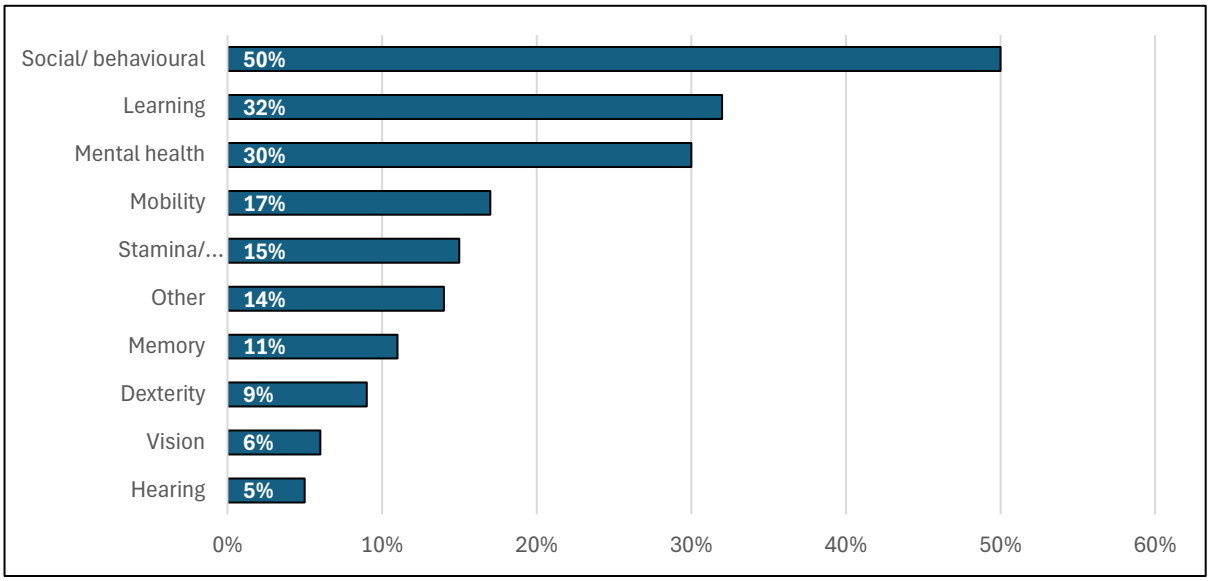
Table 18. Disability prevalence by age and gender in the UK (average of 2020-21, 2021-22, and 2022-23), applied to Suffolk's population

	National prevalence of disability			Estimated Suffolk prevalence		
Age group	**Males**	**Females**	**Total**	**Males**	**Females**	**Total**
0 to 4 years	7%	2%	5%	1,344	364	1,875
5 to 9 years	12%	7%	10%	2,580	1,449	4,220
10 to 14 years	15%	12%	14%	3,435	2,604	6,244
15 to 19 years	13%	16%	14%	2,769	3,168	5,754
20 to 24 years	15%	19%	17%	2,940	3,116	6,120
Total aged 0 to 24 years				**13,068**	**10,701**	**24,213**

Source: Family Resources Survey: Disability data tables (2024); Office for National Statistics (2023)

The Family Resources Survey (FRS) also provides information on the prevalence of impairment types among children under the age of 16. For disabled children, the most common impairment type was social or behavioural impairments, with half reporting this. This was followed by a learning impairment, at 32% then a mental health impairment, at 30%[227]. It is important to note that some children may be affected by more than a single impairment.

Figure 66. National prevalence of impairment types for children (<16 years) reported by disabled children, 2022/23



Source: Family Resources Survey: Disability data tables (2024); Office for National Statistics (2023)

Educational outcomes

Research from Durham University reveals a persistent academic achievement gap between students with SEND and their peers in England. Data from approximately 2.5 million Year 6 students between 2015 and 2019 show significant disparities in reading, writing, and mathematics. On average, students with SEND are about 1.5 to 2 years behind their peers, with the largest gaps observed in writing. The study also highlights variations by SEND type, with students with intellectual disabilities and specific learning difficulties showing the widest gaps, while those with hearing or visual impairments performed relatively better. Despite legislative efforts, such as the Children and Families Act (2014) and the SEND Code of Practice, the gap has widened over time, suggesting the need for enhanced educational policies and practices[228].

Outcomes by key stage

The standardised exams across various key stages of the national curriculum in Suffolk highlight the disparity in attainment between SEND pupils and their non-SEND counterparts, while also revealing some areas of strength and improvement for SEND students in the county.

In the Early Years Foundation Stage (EYFS), in 2022/23, 5.1% of Suffolk children with EHC plans achieved a good level of development, higher than the England average of 3.8% (this is a very small cohort, so caution must be advised). For SEN support pupils, the achievement rate of 24.8% closely aligns with the national average of 24.3%.

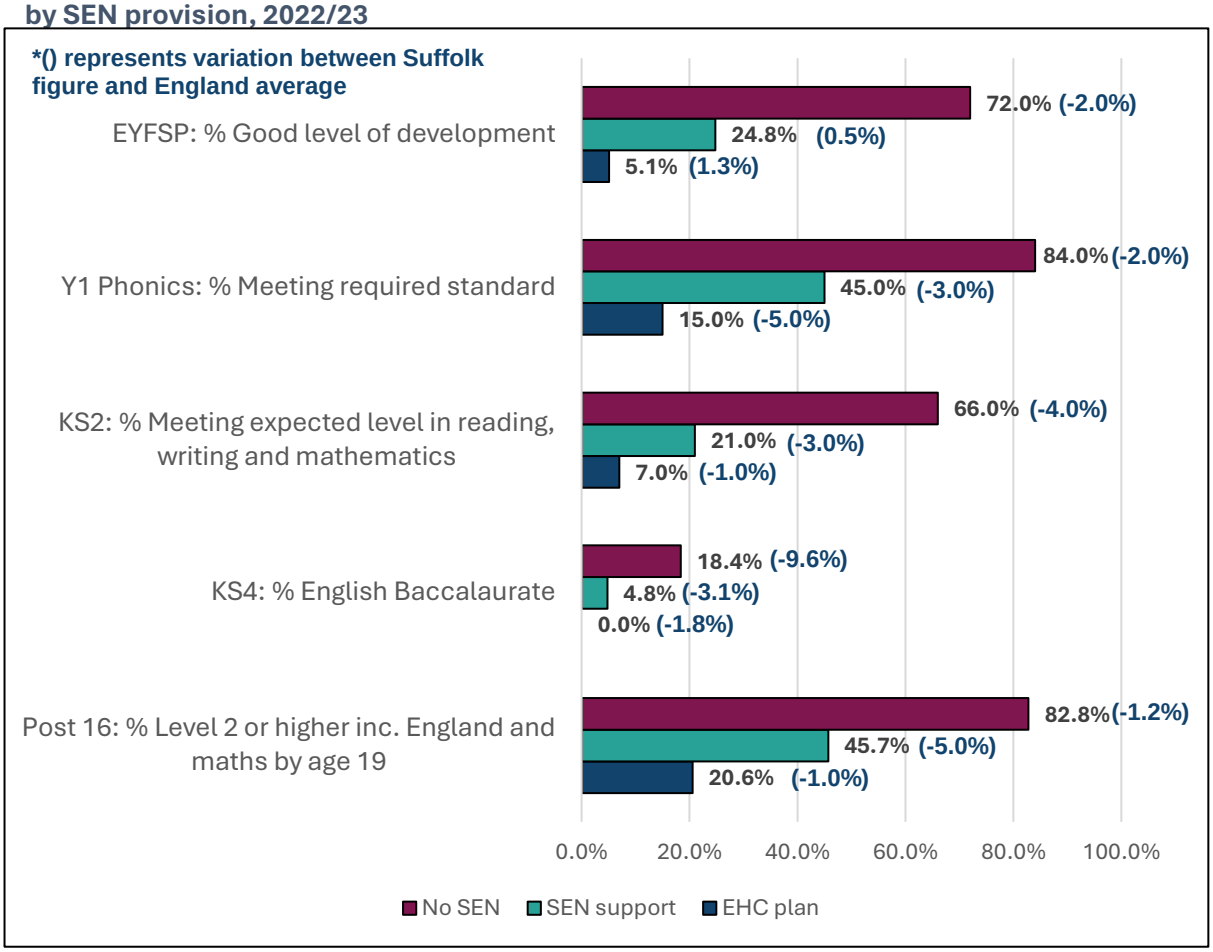
The Year 1 phonics test results show that 15.0% of pupils with EHC plans and 45.0% of SEN support pupils met the required standard. While these figures are lower than those for non-SEND pupils (84.0%), they are only slightly below the national averages for SEND pupils (20.0% for those with an EHC plan, 48.0% for those with SEN support, and 86.0% for those with no SEN).

At Key Stage 2, 7.0% of pupils with EHC plans and 21.0% of SEN support pupils met the expected level in reading, writing, and mathematics. These figures are marginally below the national averages, indicating relative consistency with national trends, but significant room for improvement.

At Key Stage 4, Suffolk's Attainment 8 score (43.5) is below the national average (46.4) across all SEND categories, with notable gaps for pupils with EHC plans (9.8 vs. 14.0 nationally) and those receiving SEN support (30.7 vs. 33.3). Pupils without SEND in Suffolk (46.8) also perform below the national average (50.2). For the English Baccalaureate (a set of subjects at GCSE that keeps young people's options open for further study and future careers), there is a significant attainment gap across all SEND categories. In Suffolk, 0% of pupils with EHC plans achieved this qualification, which is below the national average of 1.8% for pupils with EHC plans. For SEN support pupils, 4.8% achieved the English Baccalaureate, compared to 18.4% of non-SEND pupils.

Post-16 outcomes show that by age 19, 20.6% of students with EHC plans and 45.7% of SEN support students achieved Level 2 or higher qualifications including English and maths. While these figures demonstrate the ongoing challenges faced by SEND students, they are close to the national averages, with SEN support students in Suffolk achieving 5.0% below the England figure.

Figure 67. Percentage of Suffolk pupils achieving expected level at different key stages, by SEN provision, 2022/23



Source: Department for Education (2024); EYFSP; Y1 Phonics; KS2; KS4 EBacc; L2 or higher

Outcomes: Early Years Foundation Stage (EYFS)

The early years foundation stage (EYFS) sets standards for the learning and development of children from birth to aged five. Development is assessed at 5 years old. Children are deemed to have reached a good level of development if they achieve at least the expected level across all early learning goals (communication and language, physical development, personal, social and emotional development, literacy, mathematics, understanding the world, and expressive arts and design).

In 2022/23, children with SEN support in Suffolk were less likely to achieve a good level of development (24.8%) than non-SEND children in Suffolk (72.0%). However, Suffolk's SEN support children performed slightly better than the national average for SEN support children in England (24.3%).

Children with an EHC plan in Suffolk showed improvement, with 5.1% achieving a good level of development in 2022/23, compared to only 0.8% in 2021/22. This surpassed the national average for children with EHC plans in England (3.8%). Similarly, there was an improvement for SEN support children, with 24.8% achieving a good level of development in 2022/23, up from 22.5% in 2021/22.

Overall, Suffolk has shown improvements across all SEND categories in the EYFS profile. The county's performance for children with SEND support closely mirrors the national average, while children with EHC plans in Suffolk are outperforming their counterparts nationally. Non-SEND children in Suffolk have also shown improvement, though they remain slightly below the national average. While there has been improvement between 2021/22 and 2022/23 in the number of Suffolk children achieving a good level of development, there is still significant room for improvement – especially in narrowing the gap between SEND and non-SEND children' achievement levels.

Table 19. Percentage of children achieving a good level of development in EYFS, Suffolk and similar authorities to Suffolk (CSSNBT), and England, 2021/22 and 2022/23

		2021/22		2022/23	
		No. of children with a good level of development	% of children with a good level of development	No. of children with a good level of development	% of children with a good level of development
All SEN	England	11,876	18.8%	13,976	19.8%
	Neighbours	1,341	20.1%	1,628	21.9%
	Suffolk	104	17.7%	162	20.8%
EHC plan	England	497	3.6%	595	3.8%
	Neighbours	46	3.0%	56	3.8%
	Suffolk	1	0.8%	8	5.1%
SEN support	England	11,379	22.9%	13,381	24.3%
	Neighbours	1,295	24.7%	1,572	26.5%
	Suffolk	103	22.5%	154	24.8%
No identified SEND	England	391,972	70.9%	399,493	74.0%
	Neighbours	42,006	70.7%	42,807	73.9%
	Suffolk	4,618	66.5%	4,799	72.0%
All pupils	England	405,723	65.2%	416,040	67.2%
	Neighbours	43,509	65.4%	44,605	67.6%
	Suffolk	4,735	62.3%	4,975	66.2%

Source: Department for Education (2024)

Outcomes: Phonics

The phonics screening check is a statutory assessment for year 1 pupils (typically aged 6) that confirms whether they have met the expected standard in phonic decoding. All state-funded schools with a year 1 cohort must administer the check. Pupils who do not meet the standard in year 1 or were not checked, must take part in the check at the end of year 2 (typically aged 7).

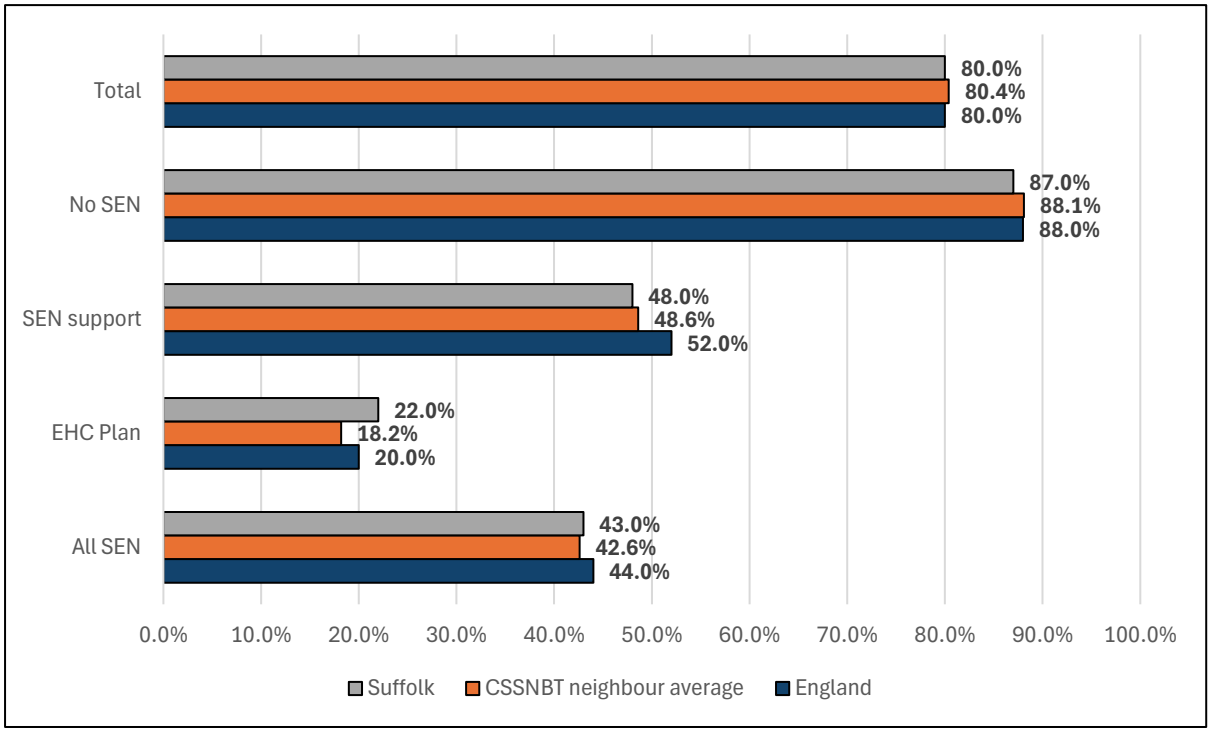
Teachers administer the check one-on-one with each pupil and record whether their response to each of the 40 words is correct. Each pupil is awarded a mark between 0 and 40.

In 2023, as in previous years, the threshold to determine whether a pupil had met the expected standard is 32. Since 2014, this threshold mark has not been communicated to schools until after the screening check has been completed, however its year-on-year stability means it is predictable.

There were no assessments in 2020 and 2021 due to the pandemic. End of KS1 assessments will become non-statutory from the 2023/24 academic year onwards. Optional assessments will still be offered, but these statistics will not be published in 2023/24.

In Suffolk in the 2023/24 academic year, 48.0% of pupils (448) with SEN support were meeting the expected standard of phonic decoding in year 1, compared to the average figure across England of 52.0%. 22.0% of pupils (45) with EHC plans in Suffolk met the standard, compared to 20.0% across all English local authorities.

Figure 68. Percentage of pupils with EHC plans or SEN support meeting the expected standard of phonic decoding in Suffolk and England, 2023/24 academic year, similar authorities to Suffolk (CSSNBT), and England, 2023/24 academic year



Source: Department for Education (2024)

Outcomes: key stage 2

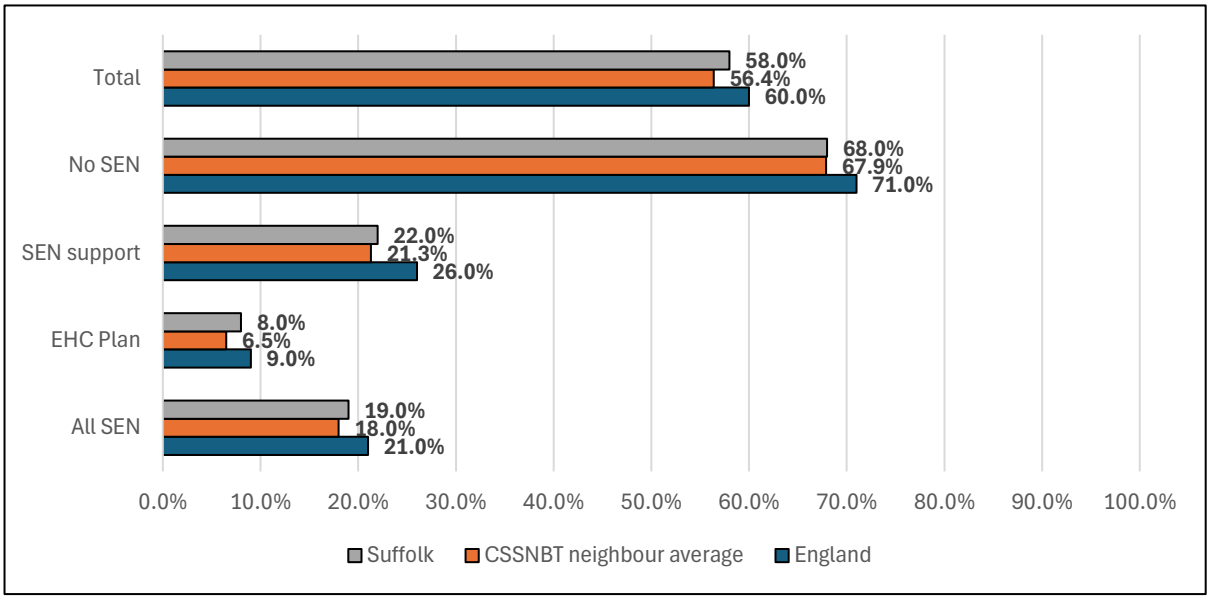
All children in state funded primary schools are required to take part in key stage 2 national curriculum assessments before they move to secondary school. The tests are designed to show what pupils have achieved in selected parts of a subject at the end of each key stage.

In Suffolk, 8% of pupils with EHC plans and 22% of pupils receiving SEN support achieved at least the expected standard in reading, writing, and mathematics at key stage 2. When compared to the England average, Suffolk's performance for pupils EHC plans is close to the

England average at 9.0%. However, for pupils on SEN support, the national average is 26.0%, higher than Suffolk's 22.0%.

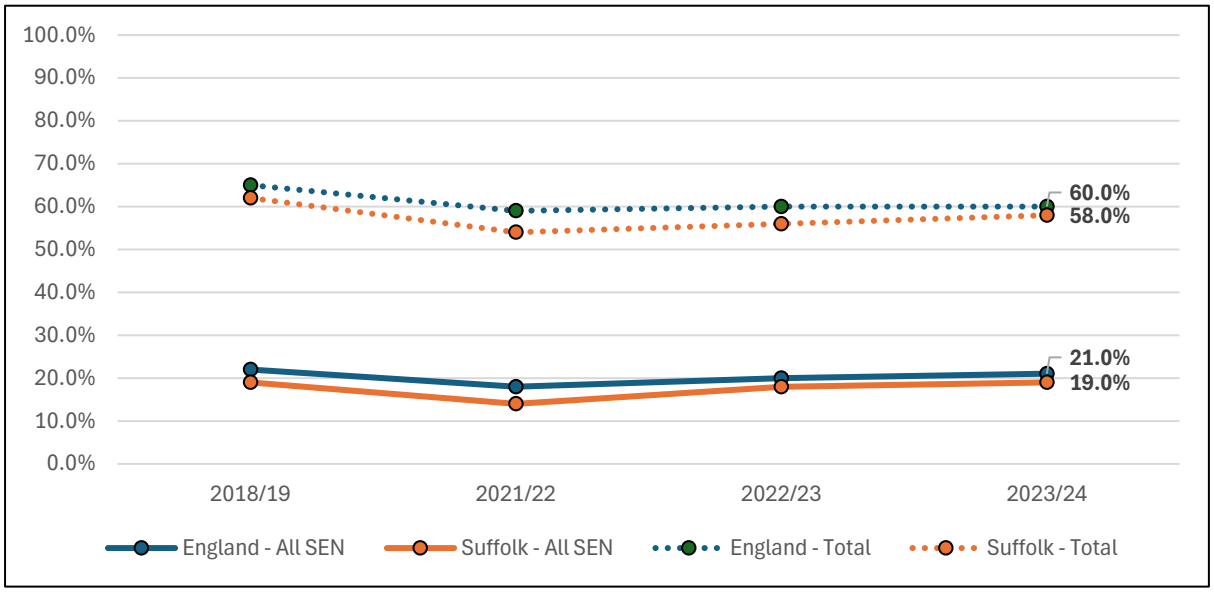
In contrast, the attainment rate for pupils with no SEND is considerably higher, with 68% of Suffolk pupils meeting the expected standard compared to 71% across all English county local authorities.

Figure 69. Percentage reaching at least the expected level in reading, writing and mathematics at key stage 2, Suffolk, and similar authorities to Suffolk (CSSNBT), and England, 2023/24



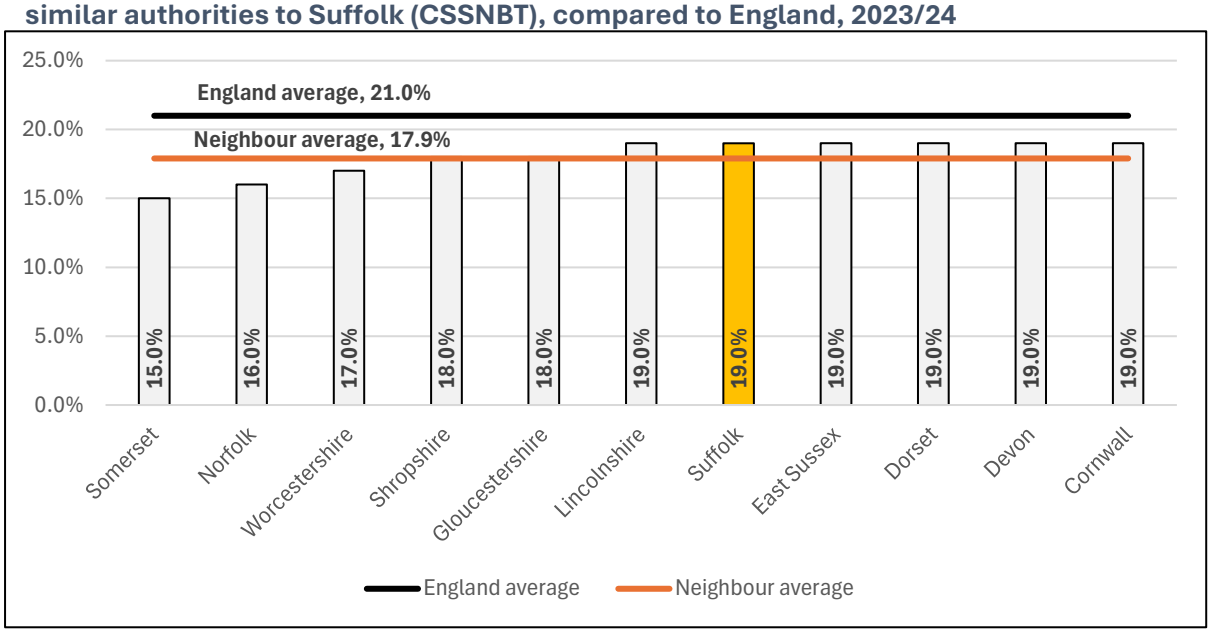
Source: Department for Education (2024)

Figure 70. Percentage reaching at least the expected level in reading, writing and mathematics at key stage 2, Suffolk and England, 2018/19 to 2023/24



Source: Department for Education (2024)

Figure 71. Percentage of all SEND (SEN support and EHC plans combined) reaching at least the expected level in reading, writing and mathematics at key stage 2, Suffolk and similar authorities to Suffolk (CSSNBT), compared to England, 2023/24



Source: Department for Education (2024)

Outcomes: key stage 4

Attainment 8 measures the results of pupils at state-funded mainstream school in England in 8 GCSE-level qualifications, known as 'Attainment 8', measuring how well pupils do in key stage 4, which is usually completed at 16 years of age.

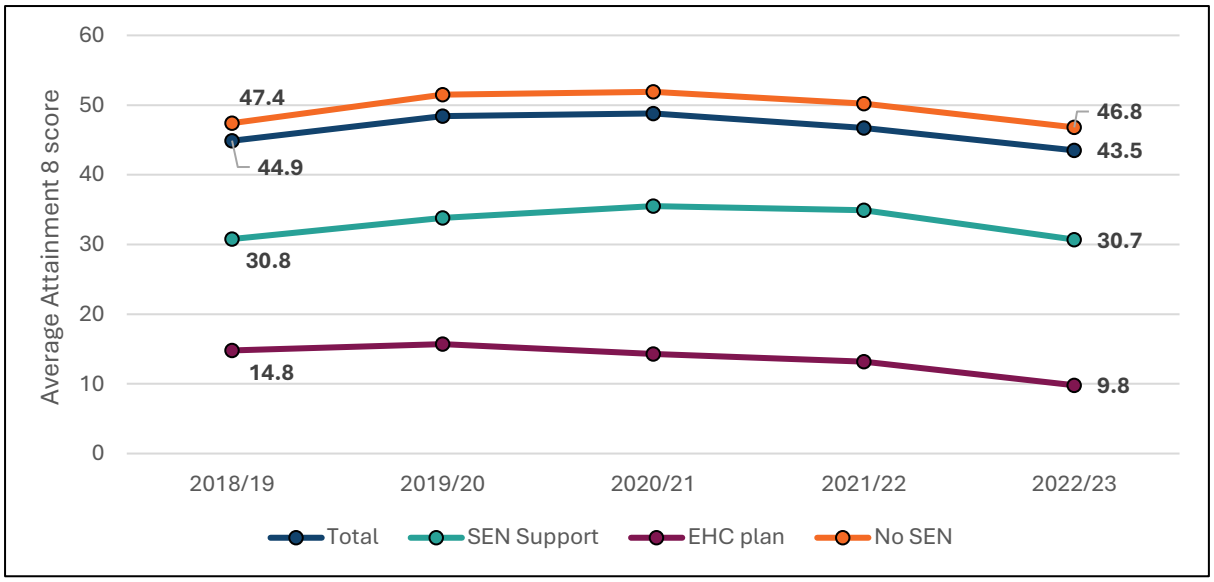
The 8 subjects making up Attainment 8 are English, maths, 3 subjects from qualifications that count towards the English Baccalaureate (EBacc) such as sciences, language and history, and 3 more GCSE qualifications (including EBacc subjects) or technical awards from a list approved by the Department for Education.

Each grade a pupil gets is assigned a point score ranging from 1 (lowest) to 9 (highest), with the Attainment 8 score calculated by adding the points for the 8 subjects, with English and maths counted twice. The maximum Attainment 8 score is 90.0.

The below data indicates a consistent underperformance in Attainment 8 in Suffolk compared to the national average in 2022/23 across all categories. The largest gap is observed in pupils with EHC plans, and while the gap is smaller for pupils receiving SEN support, there is still opportunity to bring the average closer to national performance.

Suffolk's overall Attainment 8 score (43.5) is lower than the national average (46.4), this trend is also consistent across each SEND category. Pupils with any SEND in Suffolk score lower (25.0) compared to the national average (28.1). This gap is more pronounced for pupils with EHC plans (Suffolk 9.8, England 14.0). Pupils receiving SEN support in Suffolk (30.7) perform closer to, but still below, the national average (33.3). Pupils without identified SEN in Suffolk (46.8) also score lower than the national average (50.2).

Figure 72. Average Attainment 8 score per pupil in Suffolk by SEN category, 2018/19 to 2022/23



Source: Department for Education (2024)

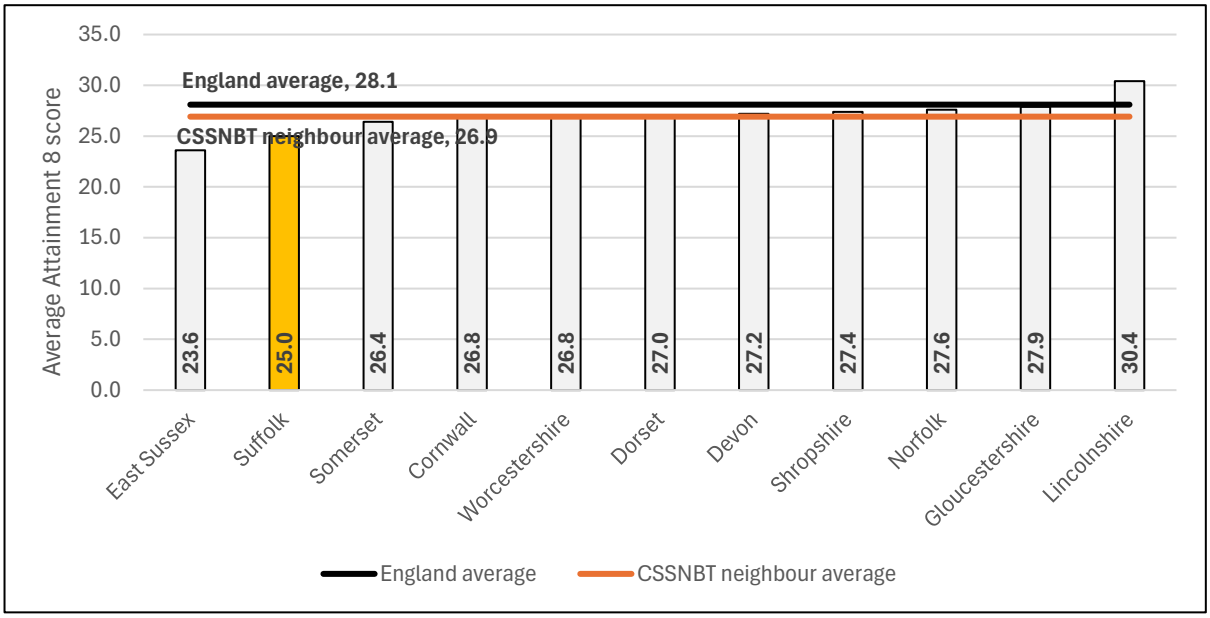
Table 20. Average Attainment 8 score per pupil in Suffolk and England, by SEND category, 2022/23

	Suffolk	England	Difference
All pupils	**43.5**	**46.4**	**-2.9**
Any SEND (EHC & SEN support combined)	25.0	28.1	-3.1
Pupils with an EHC plan	9.8	14.0	-4.2
Pupils receiving SEN support	30.7	33.3	-2.6
Pupils with no identified SEN	46.8	50.2	-3.4

Source: Department for Education (2024)

Out of Suffolk's 11 nearest statistical neighbours (using the Children's Services Statistical Neighbour Benchmarking Tool), Suffolk's average Attainment 8 score (25.0) in 2022/23 for pupils with any SEND (SEN support and EHC plans combined), places the county 2nd lowest out of 11 statistical neighbours.

Figure 73. Average Attainment 8 score of children with any SEND (EHC plans and SEN support combined) for Suffolk and similar authorities to Suffolk (CSSNBT), 2022/23



Source: Department for Education (2024)

Outcomes: destinations after key stage 4

Destination measures provide information on the success of schools and colleges in helping young people continue in education, apprenticeships or employment. The following data shows the percentage of pupils continuing to a sustained education, apprenticeship or employment destination in the year following completion of key stage 4 study/year 11 from state-funded mainstream schools in Suffolk. This latest data from October 2024 covers students who left key stage 4 study in 2021/22 and their destination in 2022/23.

The 2022/23 data on post-Key Stage 4 destinations for Suffolk pupils reveals some disparities between students with and without identified SEND. Out of 8,196 pupils, 93.9% achieved sustained education, employment, or apprenticeships, with 85.9% continuing in education. However, outcomes varied markedly by SEND status. Pupils without identified SEND demonstrated the highest rate of sustained destinations at 95.0%, compared to 89.6% for those with SEN support and 83.9% for those with EHC plans. This gap was particularly pronounced in sustained education destinations (86.8% for those with no identified SEND, compared to 78.5% for EHC plan pupils) and apprenticeships (3.8% for no identified SEN compared to 1.5% for EHC plan pupils). 15.6% of pupils with EHC plans were not recorded as having a sustained destination, compared to 4.4% of pupils without identified SEND.

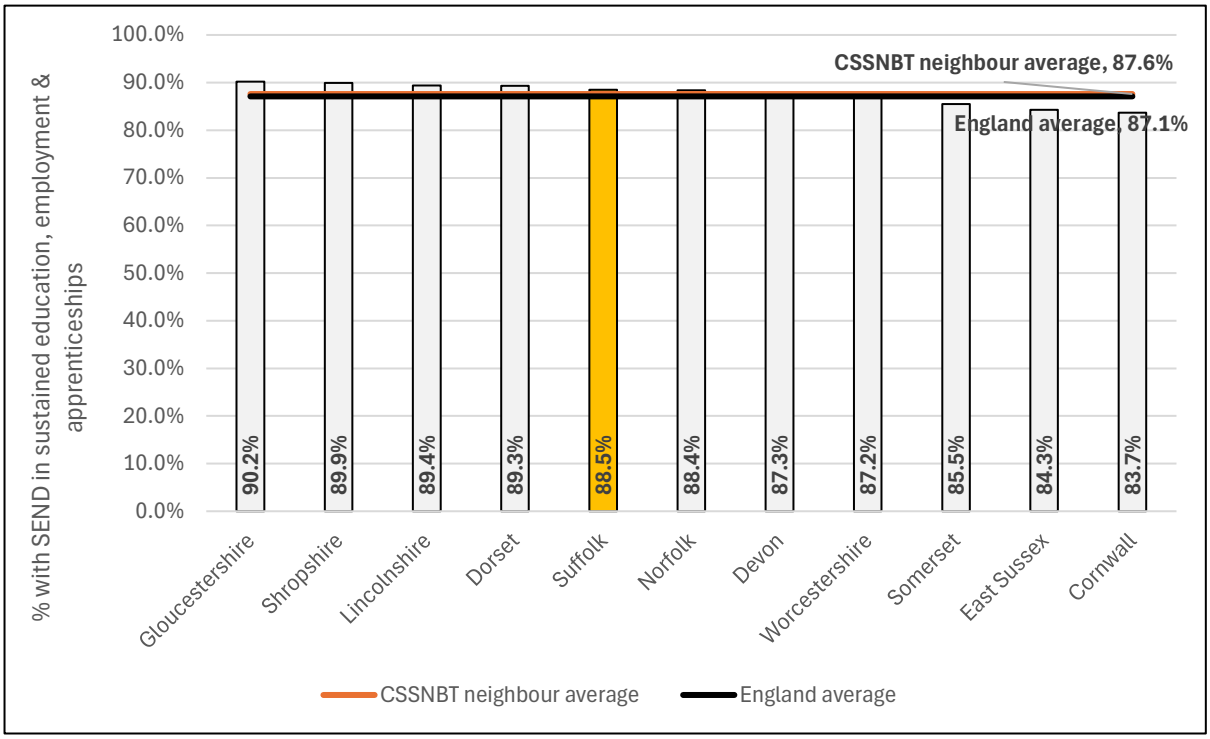
Table 21. Pupils with sustained education, employment or training destination after key stage 4 (2022/23 destination for 2021/22 cohort), state-funded mainstream schools, Suffolk

	Sustained education, employment & apprenticeships		Sustained education destination		Sustained apprenticeships		Sustained employment destination		Not recorded as a sustained destination	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
No identified SEND	5,936	95.0%	5,426	86.8%	236	3.8%	274	4.4%	276	4.4
Identified SEND (EHC and SEN support combined)	882	88.5%	808	81.0%	35	3.5%	39	3.9%	110	11.0%
SEN support	710	89.6%	647	81.7%	32	4.0%	31	3.9%	78	9.8%
EHC plan	172	83.9%	161	78.5%	3	1.5%	8	3.9%	32	15.6%
Total	**7,700**	**93.9%**	**7,042**	**85.9%**	**306**	**3.7%**	**352**	**4.3%**	**496**	**6.1%**

Source: Department for Education (2024)

When comparing Key Stage 4 destination data for pupils with identified SEND from state-funded mainstream schools with similar authorities to Suffolk (CSSNBT), 88.5% of Suffolk's pupils with identified SEND were in sustained education, employment and apprenticeships in 2022/23. This percentage places Suffolk as 5th out of 11 statistical neighbours.

Figure 74. Pupils with identified SEND in sustained education, employment or training destinations after key stage 4 (2022/23 destination for 2021/22 cohort), for Suffolk compared to similar authorities to Suffolk (CSSNBT), 2022/23



Source: Department for Education (2024)

Absence from Education

A session is defined as half a day – morning or afternoon. Overall absence is the total number of overall absence sessions as a percentage of the total number of possible sessions available to that enrolment.

In Suffolk, pupils with SEND are experiencing higher rates of absence compared to national averages. For the 2022/23 academic year, in Suffolk 13.8% of sessions were missed due to overall absence from schools for pupils with an EHC plan, compared to 12.3% across England. This overall absence percentage was 10.6% in Suffolk for children receiving SEN support (10.2% across England), and 7.7% for all pupils in Suffolk (7.7% across England).

Persistent absentees are defined as pupils who have missed 10% or more of school sessions through authorised or unauthorised absence.

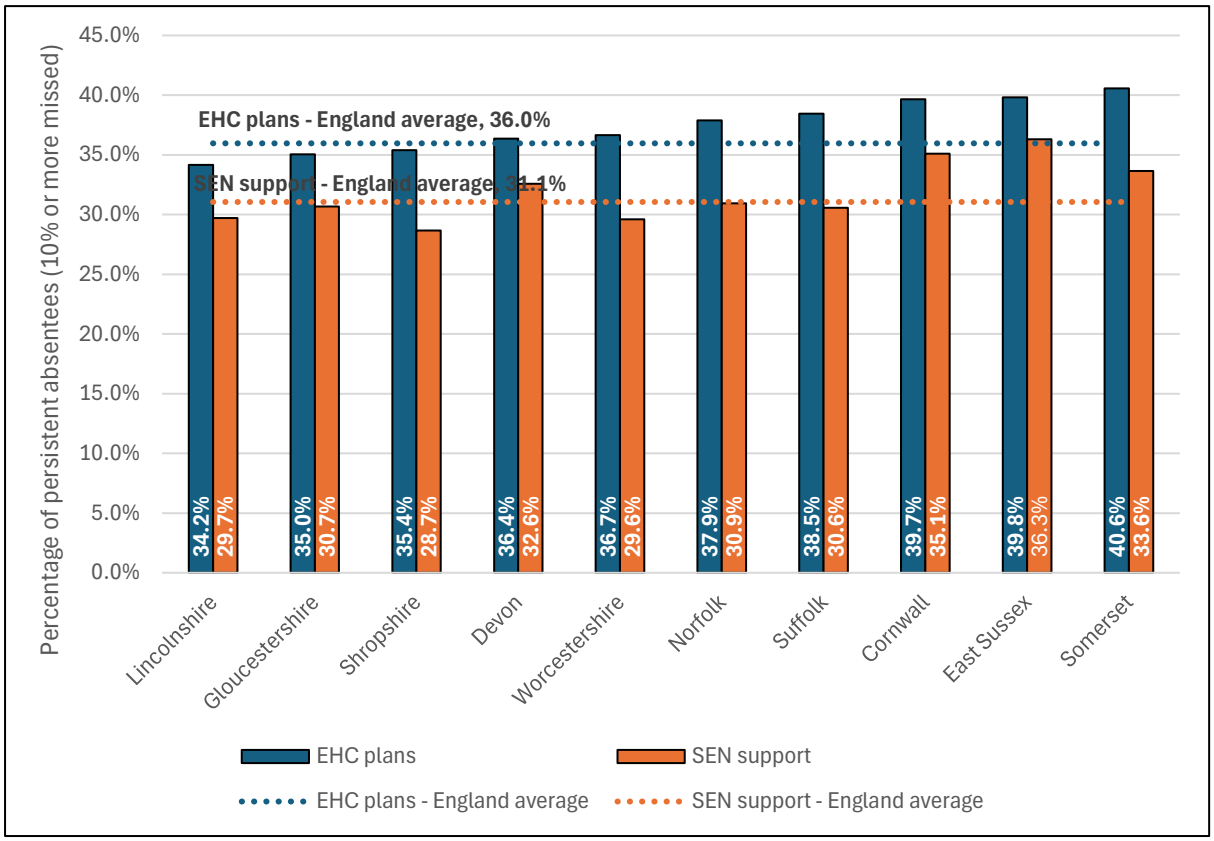
In Suffolk in 2022/23, over 1 in 3 (38.5%) of pupils with an EHC plan were persistently absent, similar to but slightly higher than the average across England (36.0%).

Table 22. Overall absence rate and number and percentage of persistent absentees in England and Suffolk, 2022/23 academic year

		Overall absence rate	Number of persistent absentees (10% or more missed)	Percentage of persistent absentees (10% or more missed)
England	SEN - EHC plans	12.3%	112,830	36.0%
	SEN - SEN Support	10.2%	305,638	31.1%
	Total	**7.4%**	**1,569,303**	**21.2%**
Neighbour average	SEN - EHC plans	13.3%	12,665	37.2%
	SEN - SEN Support	10.7%	13,554	31.7%
	Total	**7.6%**	**175,066**	**21.5%**
Suffolk	SEN - EHC plans	13.8%	1,425	38.5%
	SEN - SEN Support	10.6%	3,695	30.6%
	Total	**7.7%**	**19,739**	**21.6%**

Source: Department for Education (2024)

Figure 75. Persistent absenteeism for Suffolk and similar authorities to Suffolk (CSSNBT), compared to England average, for EHC plans and SEN support, 2022/23

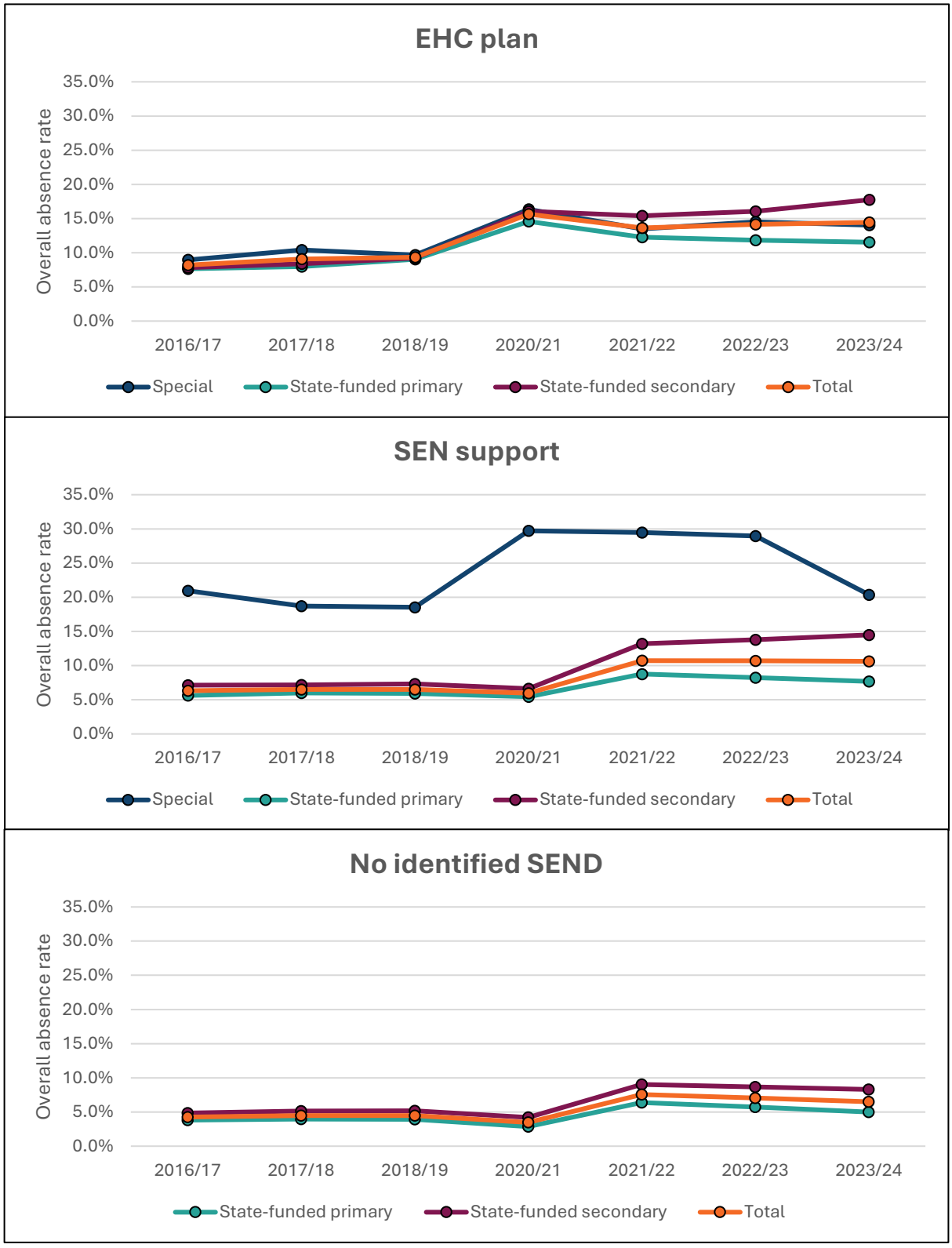


Source: Department for Education (2024)

The overall absence rate is the percentage of sessions missed due to overall absence. In Suffolk, absence rates show consistent patterns across different SEND statuses and school phases. Pupils with EHC plans consistently had the highest absence rates, reaching 14.4% overall in 2023/24, with particularly high rates in state-funded secondary schools (17.7%) compared to primary schools (11.6%).

Pupils with no identified SEND show lower overall absence rates (6.5% in 2023/24), though they follow similar patterns with higher rates in secondary (8.3%) compared to primary schools (5.0%). Across all groups, there was a significant spike in absences during 2020/21, likely due to the pandemic, and while rates have marginally decreased since then, they remain notably higher than pre-pandemic levels, particularly for pupils with SEND in secondary settings.

Figure 76. Overall absence rate for state-funded primary and secondary schools, special schools and total, by pupils with EHC plans, pupils receiving SEN support and pupils with no SEND in Suffolk, 2016/17 to 2023/24



Source: Department for Education (2024)

Suspensions and permanent exclusions

Suspensions are also known as ‘fixed period exclusions’. This refers to a pupil who is excluded from a school for a set period. A fixed period exclusion can involve a part of the school day, and it does not have to be for a continuous period. A pupil may be excluded for one or more fixed periods up to a maximum of 45 school days in a single academic year.

The suspension rate is calculated as the total number of suspensions, divided by the total number of pupils (x100).

Suffolk’s overall exclusion rate of 10.7 in 2022/23 is higher than the national average (9.3) but lower the average of Suffolk’s CSSNBT neighbours (11.7), however the picture changes significantly when focusing on pupils with SEND.

For pupils with EHC plans, Suffolk's exclusion rate has risen from 19.6 in 2021/22 to 25.5 in 2022/23. This is higher than the national average of 21.6, indicating a growing challenge in supporting these pupils effectively within education settings.

The situation is even more evident for pupils receiving SEN support. Suffolk's exclusion rate for this group reached 30.4 in 2022/23, higher than the national average of 24.4. This suggests that pupils with less complex needs, who don't meet the threshold for an EHC plan, are particularly vulnerable to exclusion in Suffolk.

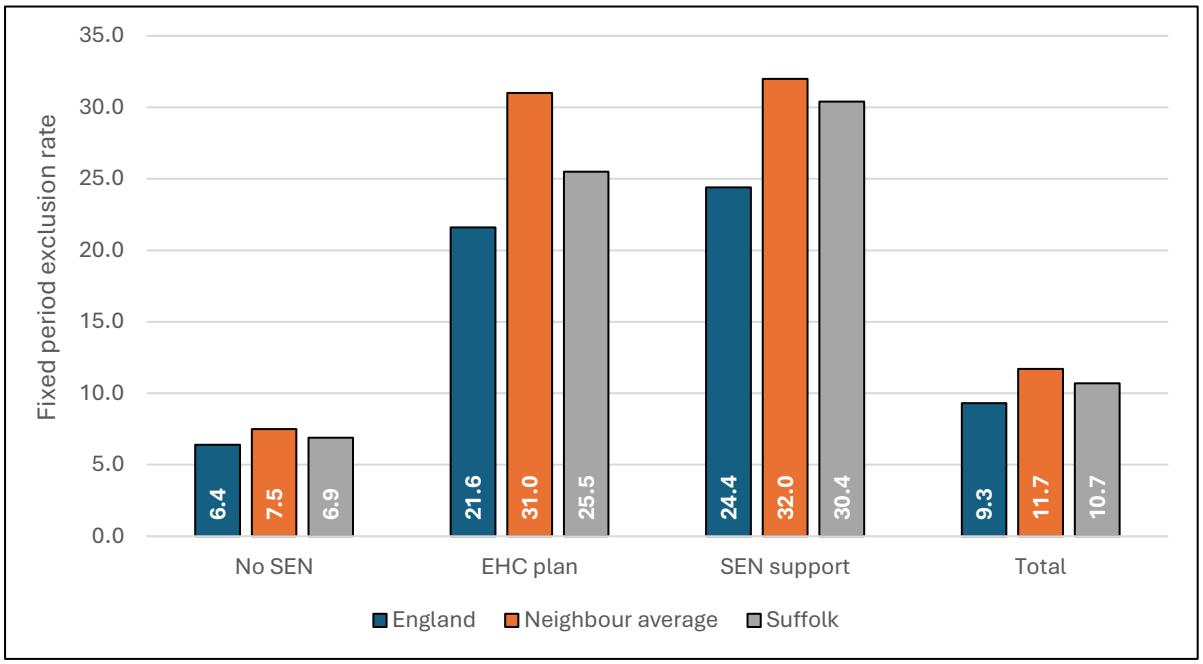
The data also reveals an upward trend in exclusion rates for SEND pupils over the past few years, both in Suffolk and England overall. This trend has increased since the 2021/22 academic year, potentially reflecting the ongoing impacts of the Covid-19 pandemic.

Table 23. Suspension rate for Suffolk and similar authorities to Suffolk (CSSNBT), compared to England, 2022/23

	No SEN		EHC plan		SEN support		Total	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England	446,406	6.4	76,978	21.6	263,577	24.4	786,961	9.3
Neighbour avg.	5,311.4	7.5	1,090	31.0	3,754.2	32.0	10,155.6	11.7
Suffolk	5,978	6.9	1,057	25.5	4,078	30.4	11,113	10.7

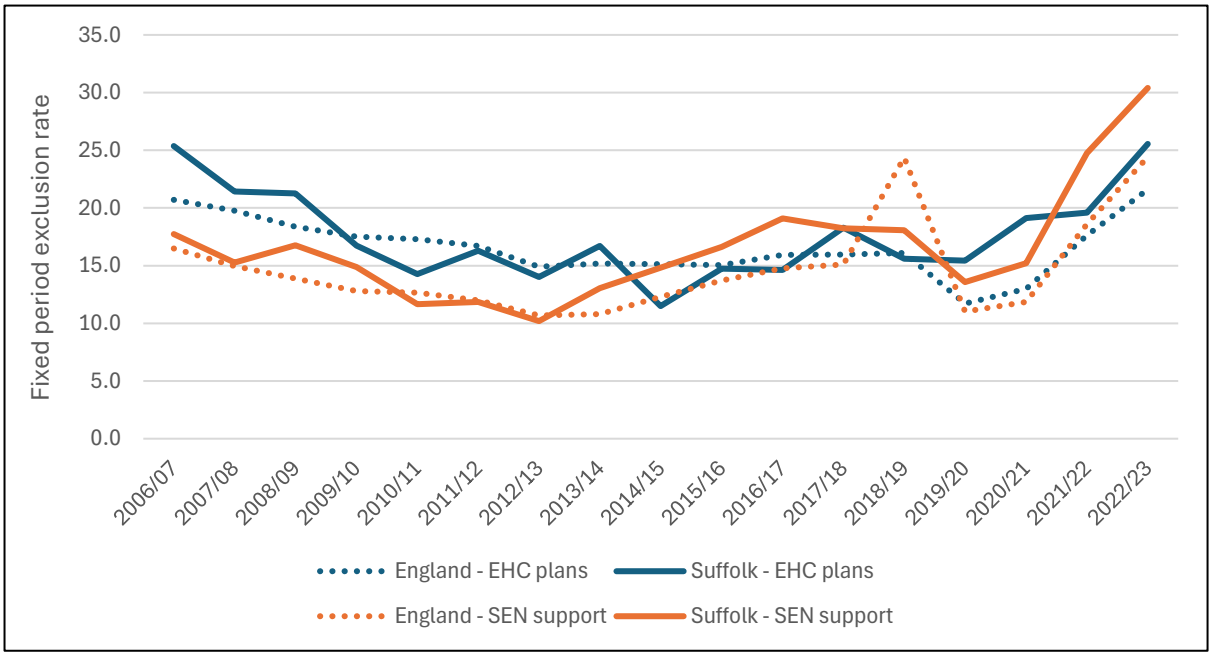
Source: Department for Education (2024)

Figure 77. Suspension rate for Suffolk and similar authorities to Suffolk (CSSNBT), and England, for SEN support, EHC plans, no SEND and total, 2022/23



Source: Department for Education (2024)

Figure 78. Suspension rate for Suffolk and England, for SEN support and EHC plans, 2006/07 to 2022/23



Source: Department for Education (2024)

A permanent exclusion occurs when a pupil is removed from a school and is not expected to return, except in cases where the exclusion is overturned. The data reflects only those permanent exclusions that have been confirmed by the school's governing body or an Independent Review Panel (IRP), excluding any ongoing cases.

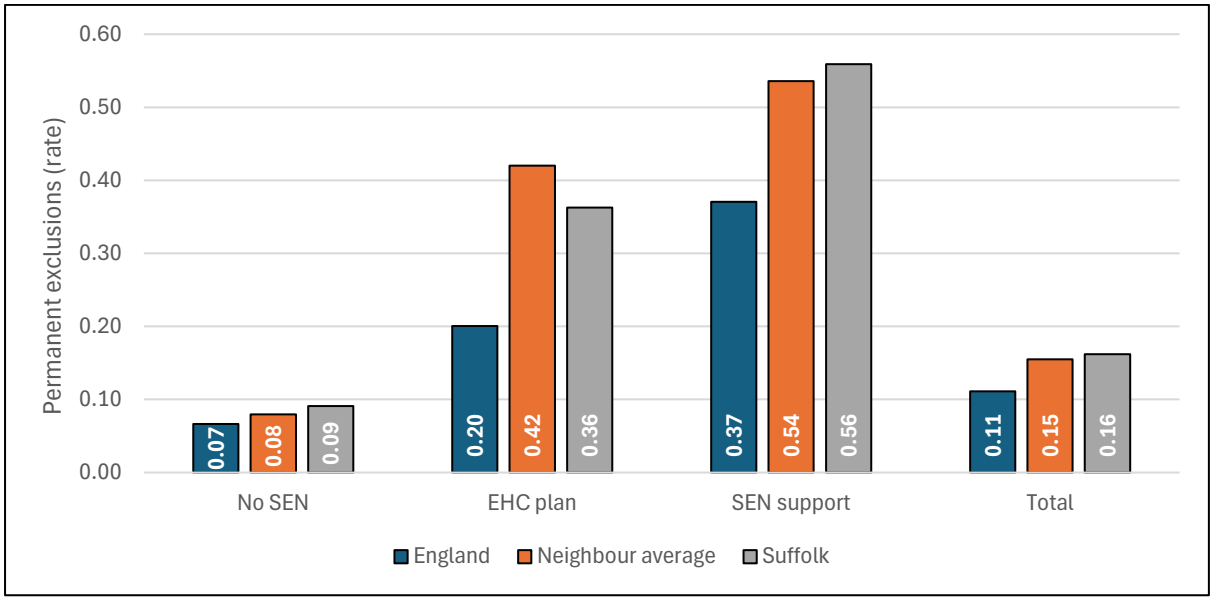
The permanent exclusion rate is calculated by dividing the number of permanent exclusions by the total number of pupils, then multiplying by 100. For instance, a rate of 0.01 indicates 1 permanent exclusion per 10,000 pupils.

In Suffolk in 2022/23, there were 169 permanent exclusions, over half of which (53.3%/90 pupils) were for pupils either with an EHC plan (15) or requiring SEN support (75). The exclusion rates for pupils with SEND in Suffolk are higher than those for pupils without SEND.

For pupils with an EHC plan, Suffolk's exclusion rate (0.36) is higher than the national average (0.20) but lower than similar authorities to Suffolk (CSSNBT) (0.42). This rate has increased from 0.31 in 2020/21 to 0.36 in 2022/23. For pupils receiving SEN support, Suffolk's exclusion rate (0.56) is higher than both the national average (0.37) and similar authorities to Suffolk (CSSNBT) (0.54), with an increase in Suffolk from 0.23 in 2020/21 to 0.56 in 2022/23.

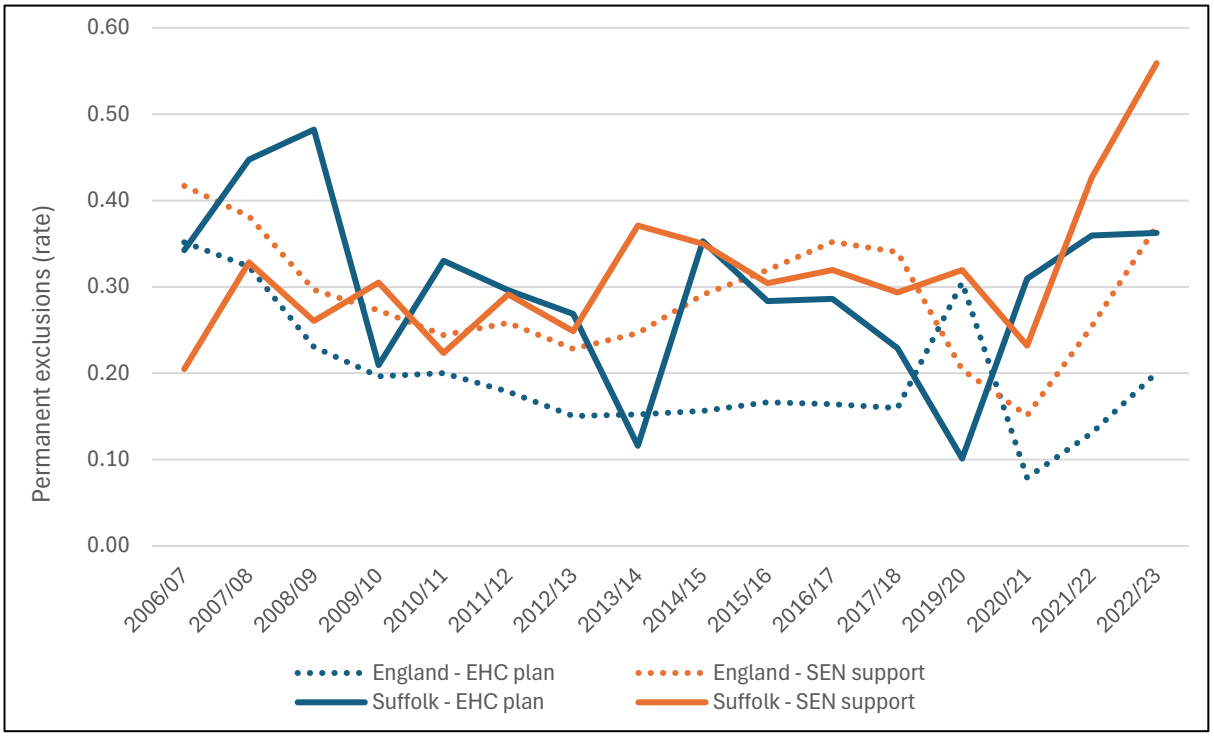
Since 2020/21, Suffolk's exclusion rates for pupils with SEND (EHC plans and SEN support), have been higher than the national average.

Figure 79. Permanent exclusions rate for Suffolk and similar authorities to Suffolk (CSSNBT), and England, for SEN support, EHC plans, no SEN and total, 2022/23



Source: Department for Education (2024)

Figure 80. Permanent exclusion rate for Suffolk and England, for SEN support and EHC plans, 2006/07 to 2022/23



Source: Department for Education (2024)

Transitions and preparing for adulthood

The SEND Code of Practice emphasises the importance of supporting children and young adults with SEND to ensure their long-term success, particularly during their transition to adulthood. Transition planning, a key component of this support, should begin early, often by Year 9 (age 13-14), and plays a pivotal role in helping young people prepare for life after formal education.

Importance of transition planning

- **Continuity of care**: Children with SEND face unique challenges when moving between services, especially from child to adult services. Without careful planning, they may experience gaps in essential support.
- **Statutory duty**: Local authorities are legally obliged to ensure young people do not suddenly find themselves without support during transitions.
- **Improved quality of life**: A well-planned transition can significantly improve the health-related quality of life for young people with complex health needs and disabilities.
- **Preventing disengagement**: In contrast, poorly planned transitions without continuity of care can lead to disengagement from services and negatively impact outcomes for young people.

Key components of transition planning

1. **Personalisation**: The Code of Practice emphasises ensuring personalised transition plans are in place at all transition points, including between early years and school, between school and college, and between children's services and adult services.

2. **Collaborative approach**: Transition plans should be developed in partnership between services, involving the young person and their families.
3. **Focus areas**: Plans prepare young people for higher education, employment, independent living and community participation.
4. **Tailored support:** Plans are customised to each person's aspirations, ensuring support aligns with their future goals.
5. **Comprehensive guidance**: This includes information on accessing housing, healthcare, social care and employment options.
6. **Developing life skills**: Support in developing essential skills such as independent travel, money management and self-advocacy[1].

The Suffolk SENDIASS (Special Educational Needs and Disability Information, Advice & Support Service) provides support for children and young people changing school or key stage, with information on how parents and carers can support the transition, as well as linked to other relevant information.

As Suffolk's SEND population grows, the challenges around supporting young people with EHC plans transitioning to adulthood are increasing. Insights from the CCN/Newton Europe Working Age project indicate several trends and projections that are crucial for understanding the future landscape of adult social care needs and service planning in Suffolk:

1. **Projected adult social care expenditure**: Adult social care spending on 18-64-year-olds in Suffolk is forecasted to increase by at least 40% by 2030, assuming a 2% annual inflation rate. This growth is driven primarily by higher volumes of young people transitioning from child to adult services.
2. **Increased transition volume:** The volume of young people transitioning to adult social care is expected to be 25% higher by 2030. This increase is due to both:
    - Population growth: Birth rates across England peaked in 2012 (22% higher than in 2001), contributing temporarily to a higher young population.
    - Rising SEND trends: EHC plan volumes have grown by 80% since 2015. However, despite this increase, the rate of EHC plan holders transitioning into adult social care has been declining, indicating that many young people receiving EHC plans may not meet adult social care eligibility criteria.
3. **Transition age patterns**: Across England as of 2024, approximately 21% of young adults with EHC plans transition into an adult social care package before their 20th birthday. For those who do transition, about two-thirds start their package by age 20, with the remaining third beginning between ages 20-25. For those starting later, it is often unclear whether they had an EHC plan due to the plan's availability until age 25.
4. **Implications of increased SEND growth**: the increase in SEND numbers is likely to lead to higher demand for Care Act assessments which may present challenges for Suffolk's resources. There may also be an increase in service dependency and system support for many young adults who have received structured support through EHC plans, who may experience a gap in services upon reaching adulthood.

Transition forecasts

The forecast data from CCN and Newton for Suffolk highlight an urgent need for planning around the transition of young people with EHCPs to adult social care. By 2030, it is projected that the number of individuals in Suffolk transitioning into adult social care will rise by 29% annually if current trends remain unaddressed. Additionally, the number of 18-19-year-olds

with EHC plans who do not meet eligibility criteria for adult social care is expected to increase by 88% by 2030. For example, in 2024/25, around 56 young people with EHC plans are expected to transition into adult social care, while 167 will not meet eligibility; by 2030/31, these figures rise to 72 eligible and 314 ineligible individuals, with an upper bound estimate reaching 601 ineligible by 2036/37.

This projection assumes that EHCPs are capped at 6% of the 5 to 18-year-old population, indicating that even with this limitation, significant demand increases are anticipated. This data underscores the need for Suffolk to apply thresholds carefully and increase resources to handle the likely increase in assessment volume.

Table 24. Forecast of Y13s with an EHC plan transitioning into Adult Social Care and not transitioning in Suffolk, 2024/25 to 2036/37

	Forecast of Y13s with an EHCP transitioning into Adult Social Care		Forecast of Y13s with an EHCP not transitioning	
Year	Upper Bound	Lower Bound (capped EHCP at 6%)	Upper Bound	Lower Bound (capped EHCP at 6%)
2024/25	56	56	167	167
2025/26	58	58	202	202
2026/27	61	61	222	222
2027/28	64	64	246	246
2028/29	67	67	270	270
2029/30	71	69	291	280
2030/31	72	69	314	276
2031/32	75	68	329	272
2032/33	79	68	360	273
2033/34	84	68	402	274
2034/35	87	67	447	269
2035/36	90	66	501	263
2036/37	98	64	601	257

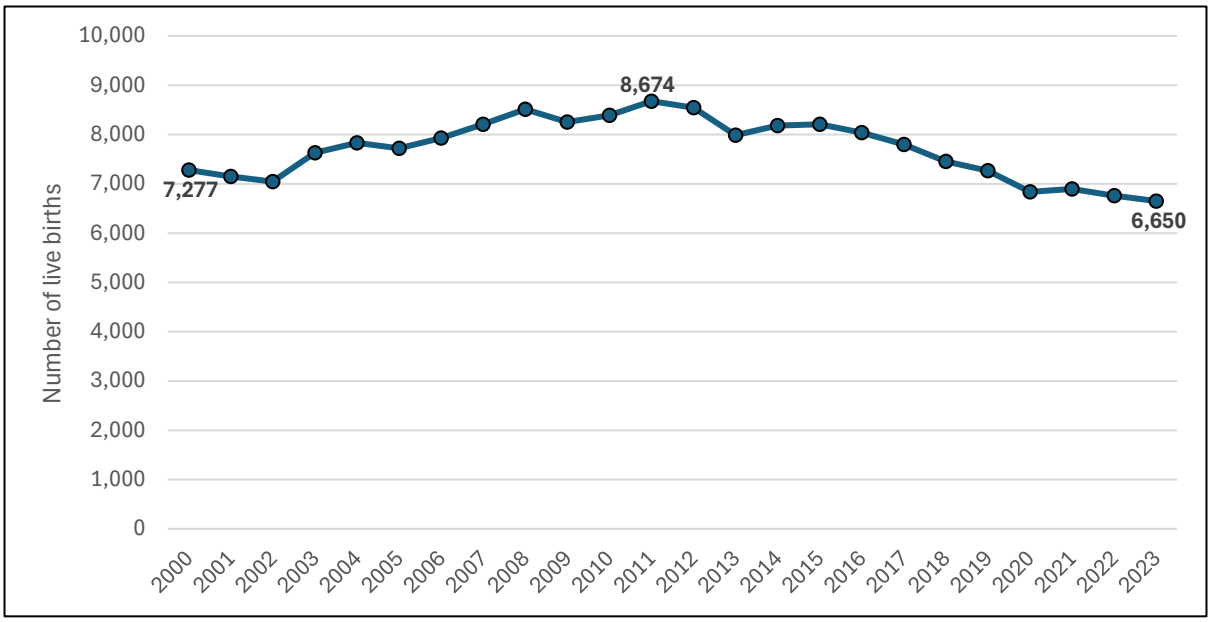
Source: CCN and Newton (2024)

One of the drivers for the forecasted increase in transitions from child to adult services is the fluctuation in birth rates over the past two decades. Data shows that birth rates across England peaked in 2012, reaching 22% higher than in 2001. This temporary spike in births is now contributing to a larger young population that is reaching adulthood and transitioning to adult social care services in the 2020s.

The birth data for Suffolk mirrors the national trend, with the number of live births increasing from 7,146 in 2001 to peak at 8,544 in 2012, a 20% rise. Birth rates in Suffolk have since steadily declined, falling back to 6,760 in 2022. This demographic shift is a key factor driving the forecasted 25% increase in the volume of young people transitioning to adult social care in Suffolk by 2030.

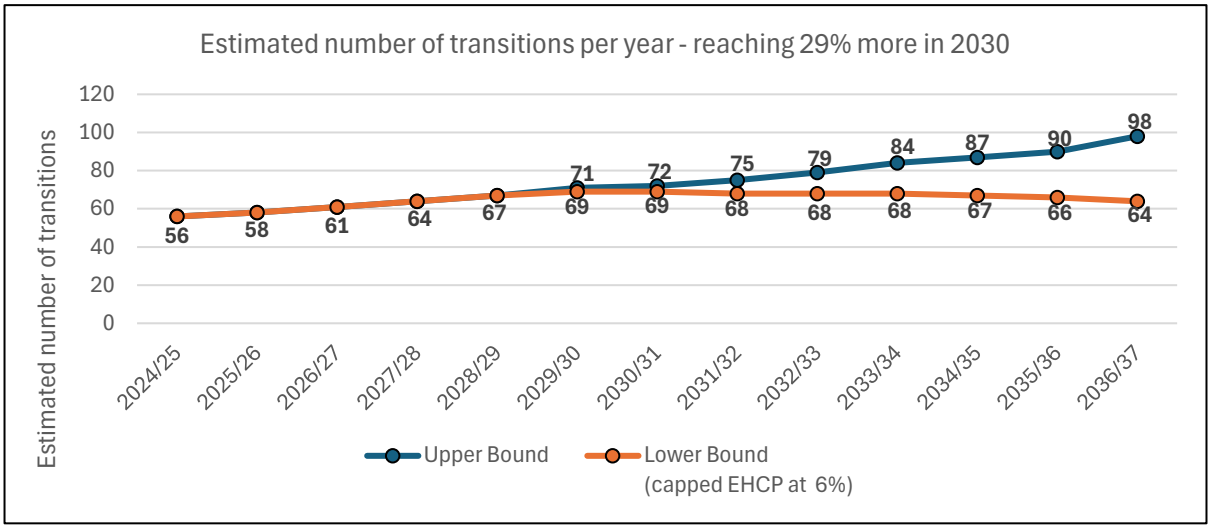
Incorporating this birth rate context is crucial for understanding the underlying population dynamics impacting transitions and the associated budgetary pressures

Figure 81. Number of live births in Suffolk, 2000 to 2023



Source: Suffolk County Council (2024)

Figure 82. Forecast of estimated number of transitions per year for Y13s with an EHC into Adult Social Care in Suffolk, 2024/25 to 2036/37

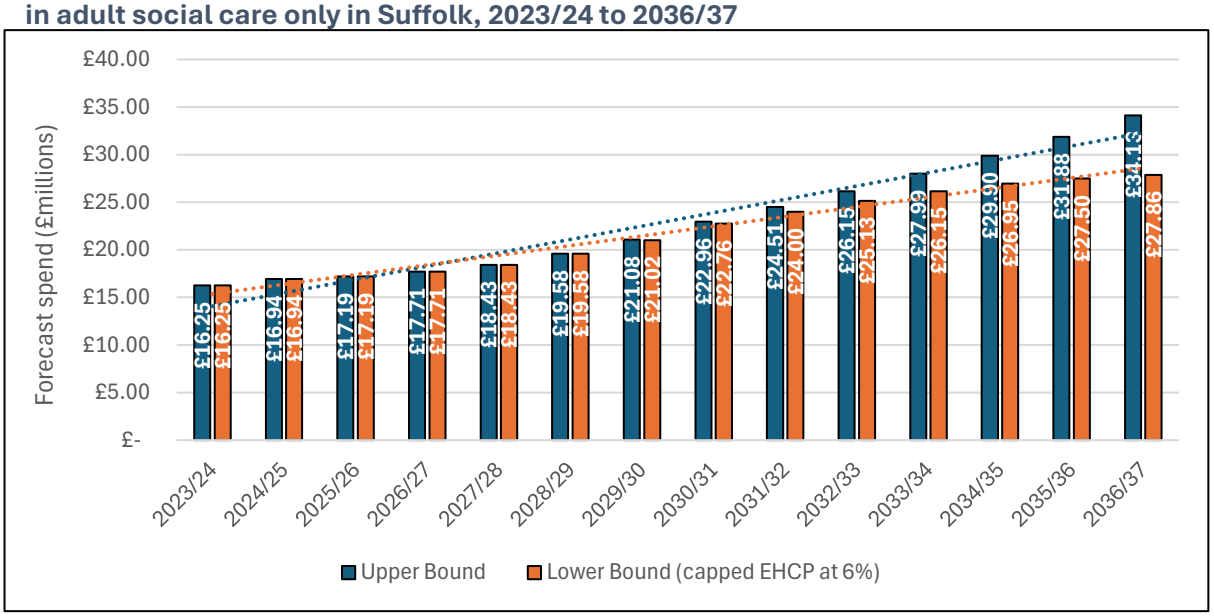


Source: CCN and Newton (2024)

The forecasted increase in spending on 18-24 year olds in adult social care presents a significant challenge for local authorities. Underlying factors driving this rise include the growing population of young adults with complex needs, the transition of young people from children's services to adult social care, and the rising costs of care provision.

Forecasts from CCN and Newton show that annual support spend on 18-24 year olds in adult social care is expected to reach 40% more than current levels by 2030 if unmitigated. The projections indicate a steady increase in spending, from £16.25 million in 2023/24 rising to between £27.86 million and £34.13 million by 2036/37 under the different scenarios. This highlights the significant financial pressures local authorities are expected to face in supporting the growing population of young adults with complex care needs over the coming years.

Figure 83. Forecast spend per year (£millions) for 18-24 year olds on long-term support in adult social care only in Suffolk, 2023/24 to 2036/37



Source: CCN and Newton (2024)

Service mapping

Suffolk Local Offer

The Suffolk Local Offer provides comprehensive support and information for families of children and young people with SEND. It covers various areas, including education, health, social care, and preparing for adulthood. Sections from the Suffolk Local Offer include:

Education:

- Support for children with SEND in mainstream schools, early years settings, and post-16/18 education.
- Information on Education Health and Care (EHC) Needs Assessments and Plans.
- Alternative and specialist education options, including home education.
- SENCO Central and resources for school staff involved in supporting SEND students.
- Home-to-school transport services for SEND students.

Health and wellbeing:

- Guidance on accessing support for mental health, autism, ADHD, and neurodevelopmental issues.
- Speech and language therapy resources and transitioning to adult health services.
- NHS Learning Disability Annual Health Checks for those aged 14+.

Children's social care:

- Levels of social care support, including Parent Carer Needs Assessments (PCNA) and safeguarding resources.
- Information about the Family Support Service aimed at building resilience and improving outcomes for families.
- Social care short breaks and residential care services.

Preparing for adulthood:

- Resources to help young people transition into adulthood, covering areas like independent living, money management, health, and employment.
- A transitions guide for parent carers, with advice on education, health, and social care into adulthood.

Advice and support:

- Local and national sources of impartial advice for families, including SENDIASS, advocacy services, and dispute resolution.
- A directory of local services through Suffolk Infolink.

Short breaks and leisure:

- Activities and short breaks tailored to children and young people with SEND, including family-oriented breaks, residential stays, and clubs.
- Personal stories from parents highlighting the importance of short breaks for family bonding and relaxation.

The website also highlights links to external resources, such as Suffolk on Board (for transport), Suffolk Infolink (for school directories), and The Source (for young people seeking advice and support).

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

The annual report for the Suffolk SENDIASS service covering September 1st 2023 to August 31st 2024 reported 2,805 requests for the year, a 9.5% decrease, indicating a possible shift in service access or support needs. There were 6,195 individual interactions with no change from the previous year. 2,190 people accessed the service – a 3% decrease. There were also 1,516 new service users (a 14% increase), indicating an expanding reach to first-time users.

There were 1,332 training registrants which was an increase of 10% on the previous year – illustrating a growing demand for SEND-related information and skills. Through the community outreach work, 1,446 people were engaged – doubling the previous year's figure.

Regarding digital and online engagement, website views increased by 8% (to 129,442), digital downloads were newly tracked, with 7,853 downloads indicating a strong uptake of digital resources.

The report also captures positive feedback emphasising the service's impact, such as appreciation for the support provided, clarity in navigating SEND processes, and emotional support during challenging times. Users expressed relief, improved understanding, and felt empowered to engage with educational settings.

The data within the annual report indicates a strong, stable service usage, effective community outreach, and high online engagement, positioning SENDIASS as a valuable resource for SEND information and support in Suffolk.

Integrated Community Paediatric Services – Suffolk and North East Essex ICB

Speech and Language Therapy (SALT)

Recent data from the Integrated Community Paediatric Services (October 2024) shows that Speech and Language Therapy (SALT) services are being actively monitored through several key metrics, including:

- Overall referrals and caseload volumes
- Open Referral to Treatment (RTT) cases
- RTT trends over time
- Closed RTT cases

This monitoring forms part of the broader service performance framework across Suffolk's integrated paediatric services. This data aligns with the service's approach of tracking unique patients, a single child may be counted across multiple services if they access different types of support within the integrated system.

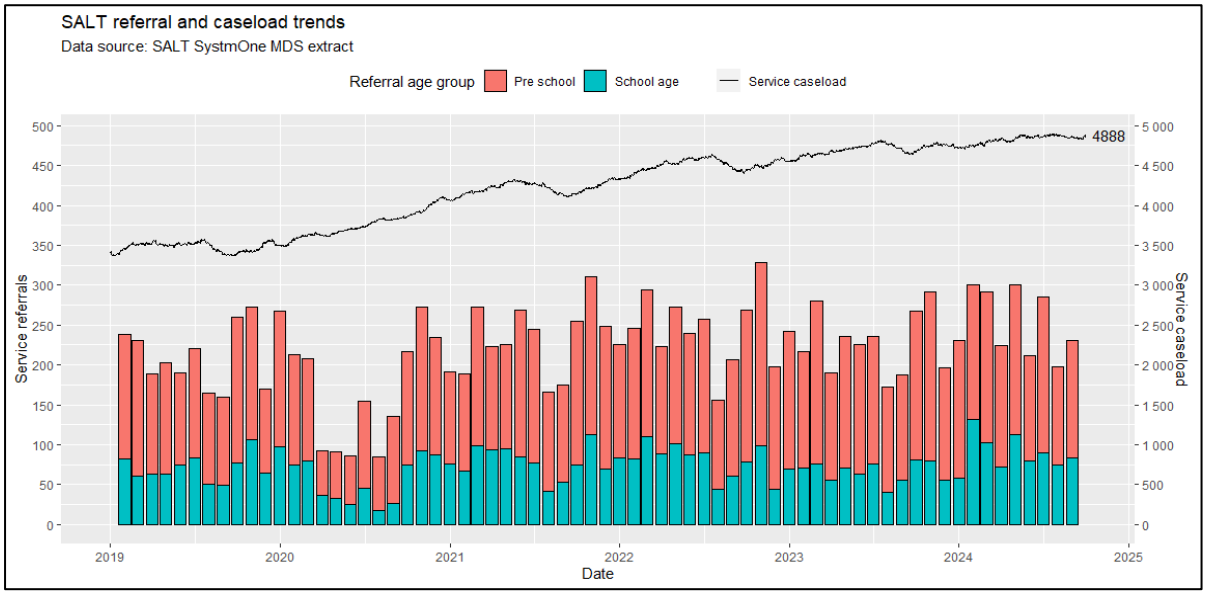
With regards to Speech and Language Therapy (SALT), the service caseload has shown a steady increase from around 3,500 cases in 2019 to 4,888 cases by September 2024, representing roughly a 40% increase in caseload over five years.

Monthly referrals typically range between 200-300 cases, with a clear split between pre-school and school-age referrals, with pre-school consistently making up most new referrals.

As of October 2024, there were currently 390 Referrals to Treatment (RTT) open cases. Most patients are seen within the first 12 weeks.

Overall, there has been a substantial increase in caseload suggesting increasing pressure on the service and growing SEND needs in Suffolk. The higher proportion of pre-school referrals also indicates good early identification practices. The prevalence of waiting time (RTT) breaches beyond 18 weeks also suggests some capacity challenges in meeting demand.

Figure 84. Speech and Language Therapy (SALT) referrals and caseload by age group, September 2019-2024



Source: Integrated Community Paediatric Services Activity (October 2024)

Occupational Therapy (OT)

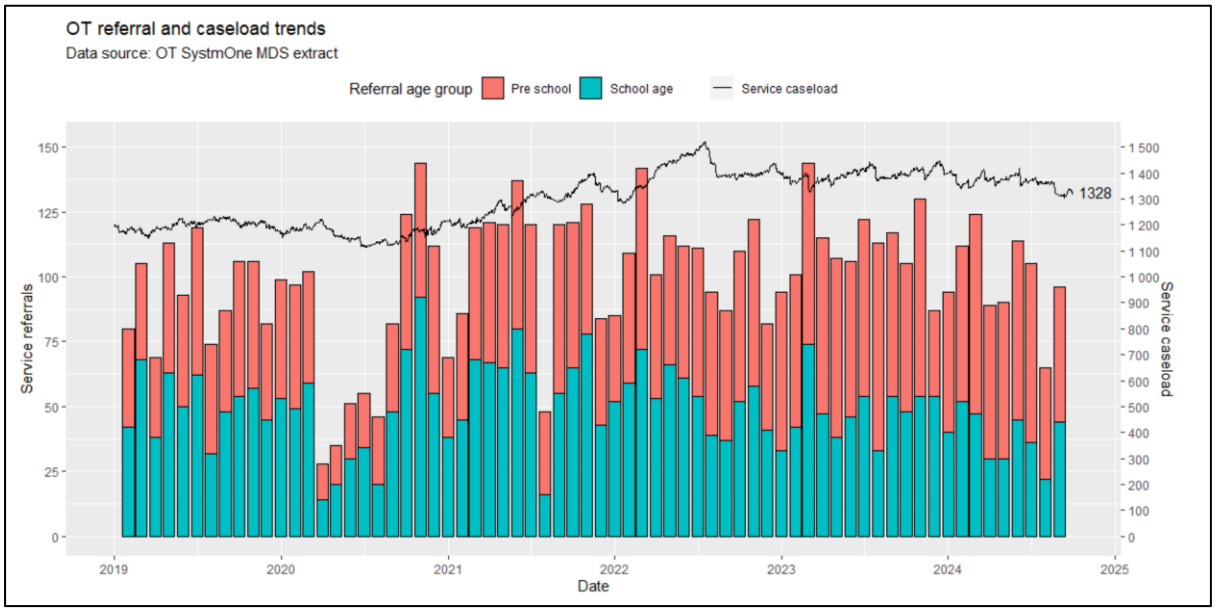
Data from the Integrated Community Paediatric Services (October 2024) includes Occupational Therapy (OT) services monitoring across several key performance indicators, including referral patterns, caseload volumes, and treatment timelines.

The current OT service caseload stands at 1,328 cases, demonstrating relative stability over recent years. Monthly referrals typically fluctuate between 75-125 cases, with a consistent pattern showing school-age referrals comprising the larger portion of new cases compared to pre-school referrals. This pattern differs notably from other services like SALT, suggesting different identification and referral pathways for occupational therapy needs.

Current open Referral to Treatment (RTT) data has 66 active cases in September 2024, with most patients being seen within 12 weeks of referral. The service demonstrates strong RTT compliance, with peak waiting times occurring between weeks 2-4 of the referral process.

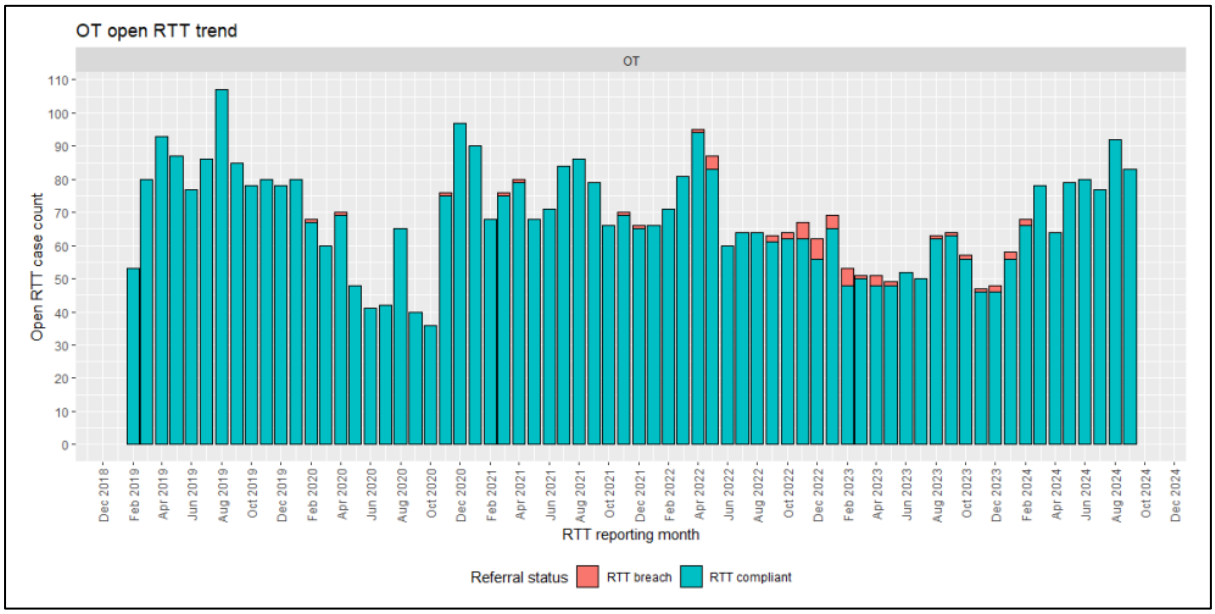
Looking at longer-term trends, the service has maintained a relatively consistent pattern of 60-90 open RTT cases per month since 2019. While there were some RTT breaches noted during 2022-2023, recent data shows improvements in compliance rates.

Figure 85. Occupational Therapy (OT) referrals and caseloads by age group, September 2019-2024



Source: Integrated Community Paediatric Services Activity (October 2024)

Figure 86. Occupational Therapy (OT) Referral To Treatment (RTT) trend, September 2019-2024

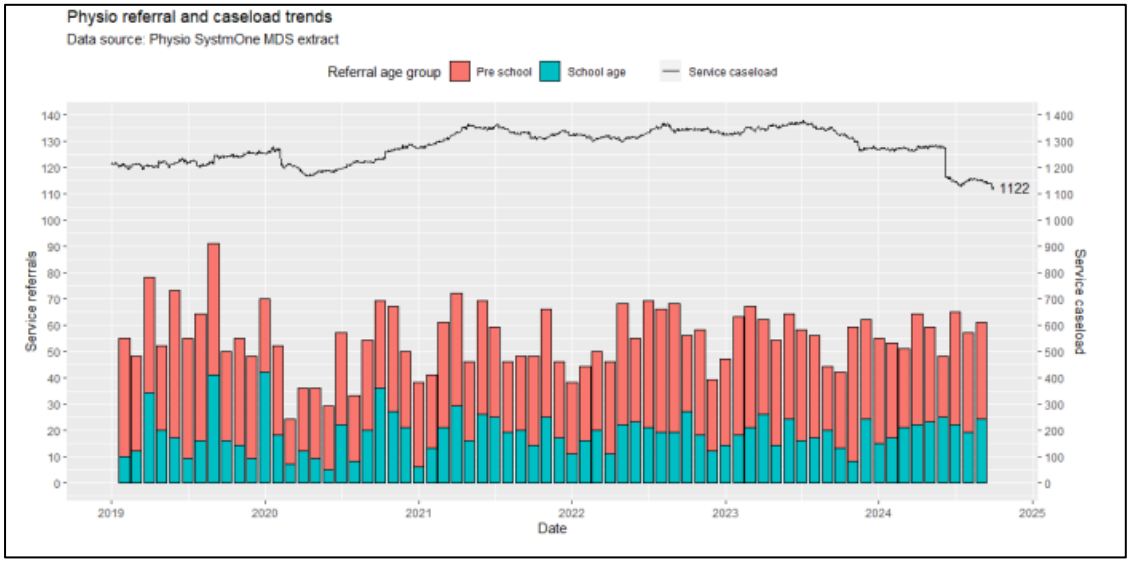


Source: Integrated Community Paediatric Services Activity (October 2024)

Community Paediatric Physiotherapy

The Community Paediatric Physiotherapy service data reveals patterns in service delivery and demand. The referral and caseload data from 2019 shows consistent service demand, with referrals split between pre-school and school-age children. The overall service caseload has remained relatively stable between 2019-2023, averaging around 1,300 cases, though there has been a decline in late 2024 to 1,122 cases.

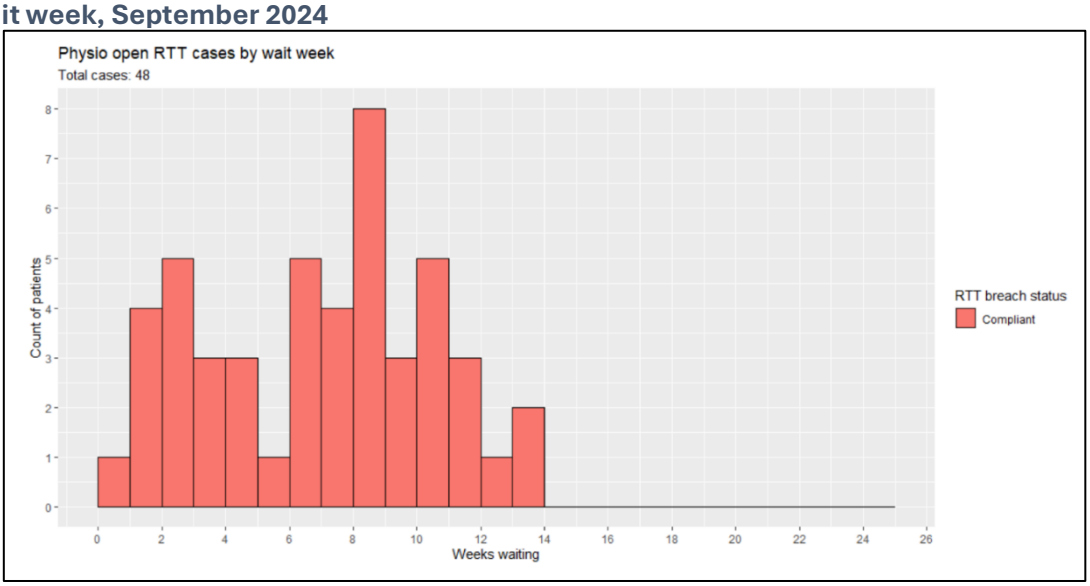
Figure 87. Community Paediatric Physiotherapy referrals and caseloads by age group, September 2019-2024



Source: Integrated Community Paediatric Services Activity (October 2024)

Analysis of the open Referral to Treatment (RTT) waiting times in September 2024 reveals that out of 48 current cases, most patients are being seen within 14 weeks of referral, with the peak occurring at 8 weeks (8 patients). The distribution of waiting times shows most patients are seen between 2-12 weeks, with very few waiting beyond 14 weeks. All cases are currently noted as compliant with RTT targets.

Figure 88. Community Paediatric Physiotherapy open Referral To Treatment cases by wait week, September 2024



Source: Integrated Community Paediatric Services Activity (October 2024)

Community Paediatric Therapy Services – Waveney

Data on waiting times for speech and language therapy, physiotherapy and occupational therapy in the Waveney area of Suffolk comes from a different source, and therefore cannot be presented in the same way as the data above. The data made available for Waveney is also significantly out of date and is therefore of limited value in understanding current waiting times. In summary, from the data available as at July 2023, fewer than 50% of children and young people were receiving their first physiotherapy intervention within the 18 week waiting time target; and just under 50% of children and young people were receiving their first occupational therapy intervention within the 18 week waiting time target. While 78% of children and young people had received a speech and language therapy intervention within 12 weeks of assessment, fewer than 50% of children and young people were receiving speech and language therapy assessment within the 18 week waiting time target.

LD Health Checks

This data covers the population registered with Suffolk GPs. Data from NHS Digital on annual health checks for 14-25 year olds with learning disabilities in Suffolk reveals that the cumulative number of health checks performed has steadily increased from 8 in April 2024 to 69 by August 2024 for the 14-17 year old age group. The number of young people aged 14-17 with learning disabilities registered for these health checks has also grown, from 333 in April 2024 to 354 by August 2024.

The cumulative uptake rate for these 14-17 year old health checks has risen from 2.4% in April 2024 to 19.5% by August 2024, indicating an improvement in the proportion of registered individuals receiving the checks. The percentage of 14-17 year olds with an action plan in place as a result of the health checks has remained high, starting at 87.5% in April 2024 and reaching 94.2% by August 2024.

For the 18+ age group, the cumulative number of health checks performed has increased from 204 in April 2024 to 1,167 by August 2024. The number of 18+ individuals with learning disabilities registered for these health checks has grown from 4,282 in April 2024 to 4,430 by August 2024.

The cumulative uptake rate for the 18+ health checks has risen from 4.8% in April 2024 to 26.3% by August 2024. The percentage of 18+ individuals with an action plan in place has also remained high, starting at 80.9% in April 2024 and reaching 94.9% by August 2024.

Table 25. Number of young people registered to Suffolk GPs, aged 14-25 with learning disability receiving an annual health check, April 2024 to August 2024

	14 to 17 year olds				
	Apr-24	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**
Checks (cumulative)	8	22	33	54	69
Register	333	348	345	350	354
Uptake	2.4%	6.3%	9.6%	15.4%	19.5%
Declined (cumulative)	0	1	2	2	2
Action Plan achievement	87.5%	86.4%	87.9%	92.6%	94.2%

	18+ year olds				
	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Checks (cumulative)	204	446	680	982	1,167
Register	4,282	4,477	4,460	4,423	4,430
Uptake	4.8%	10.0%	15.2%	22.2%	26.3%
Declined (cumulative)	2	7	9	15	21
Action Plan achievement	80.9%	87.9%	91.6%	93.3%	94.9%

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

Norfolk and Suffolk Foundation Trust (NSFT) Waiting Times

NSFT data provides information on Suffolk's children and young people's access to emotional wellbeing and mental health services within expected time frames. The target for each of these indicators is 95.0%. The population included in this data covers the whole of Suffolk, plus the addition of Great Yarmouth, which cannot currently be split out separately from the Suffolk data.

For under 18 emergency referrals, the percentage assessed within 4 hours ranged from a low of 60.0% in July and September 2024 to a high of 85.7% in April 2024, consistently falling below the 95% target.

The performance for under 18 routine referrals assessed within 28 days was variable, ranging from just 32.4% in June 2024 up to 100.0% in April 2024, but on average remained below the 95% target throughout the reported period.

The percentage of under 18 referrals treated within the standard 18-week timeframe improved from 47.7% in April 2024 to 66.7% by September 2024, though this was still short of the 95% target.

For referrals for service users aged 18 and over treated within the standard timeframe under the CFYP Service Line, performance started at 43.2% in April 2024 and increased to 84.1% by September 2024, but did not meet the 95% target.

Table 26. NSFT waiting times for children and young people in Suffolk accessing emotional wellbeing and mental health services, April to September 2024

Indicator name	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Under 18 Emergency referrals assessed within 4 hours	85.7%	63.2%	75.0%	60.0%	66.7%	60.0%
Under 18 Routine referrals assessed within 28 days	100.0%	50.0%	32.4%	53.3%	35.3%	34.3%
Under 18 Referrals treated within standard (18 weeks)	47.7%	59.1%	63.2%	46.0%	62.9%	66.7%
Referrals for service users aged 18 and over treated within standard: CFYP Service Line	43.2%	81.5%	73.3%	68.6%	71.0%	84.1%

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

ADHD

Waiting times

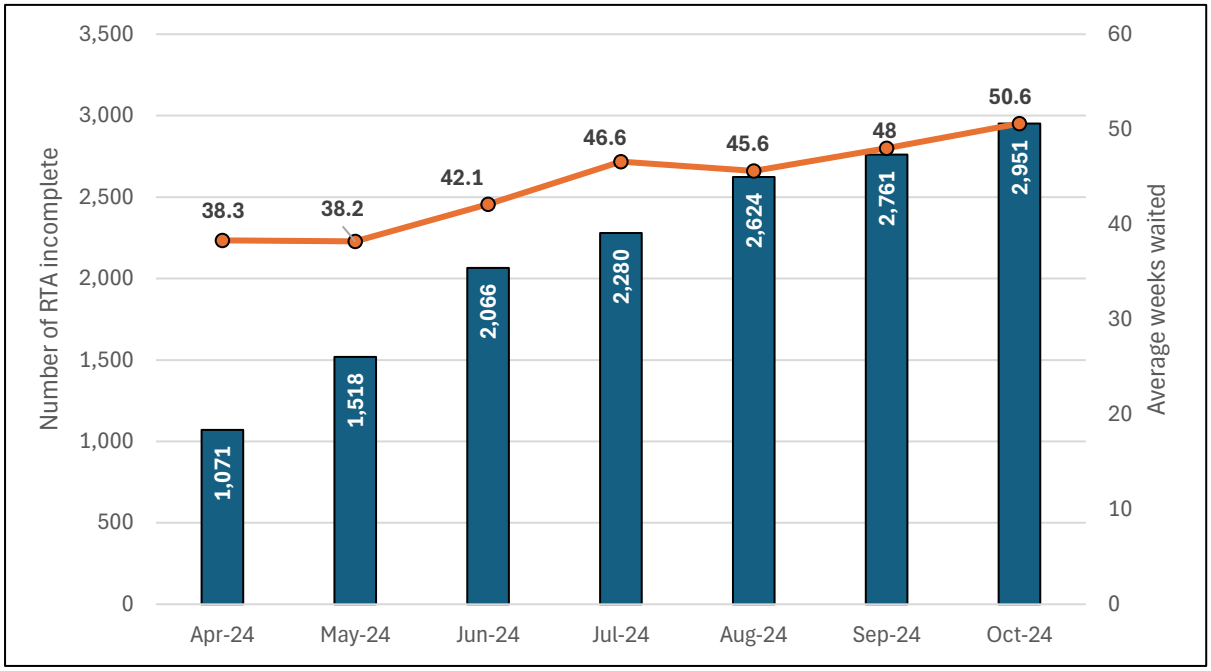
NSFT data provided ADHD waiting time for children and young people in Suffolk. For the 0-4 age group, the average weeks waited for an incomplete referral to assessment (RTA – essentially the number of people who have breached the 18 week waiting time target) increased from 1.0 weeks in April 2024 to 65.6 weeks by October 2024.

The 5-9 and 10-15 age groups also saw increases in average wait times, rising from 23.9 weeks and 24.6 weeks in April 2024 to 53.8 weeks and 39.6 weeks respectively by October 2024.

While the 16-17 age group fared somewhat better, their average wait time still grew from 24.0 weeks to 37.0 weeks over the same period.

The 18-24 age group experienced the longest waits, with the wait time rising from 45.7 weeks in April 2024 to 56.7 weeks by October 2024.

Figure 89. ADHD Average weeks waited and number of incomplete referrals for assessment for under 25s in Suffolk, April-October 2024



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

Table 27. ADHD Average weeks waited for ADHD assessment and number of incomplete referrals for under 25s in Suffolk by age group, April-October 2024

Age Band		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
0-4	Incomplete referrals	2	6	12	21	32	36	43
	Average Weeks Waited	1.0	22.4	38.8	59.9	50.1	53.8	65.6
5-9	Incomplete referrals	137	427	716	846	1,002	1,070	1,188
	Average Weeks Waited	23.9	35.3	42.7	49.8	47.5	50.4	53.8
10-15	Incomplete referrals	184	296	514	561	710	753	772
	Average Weeks Waited	24.6	23.1	33.2	37.0	34.8	37.1	39.6
16-17	Incomplete referrals	44	50	59	59	72	73	78
	Average Weeks Waited	24.0	25.8	29.2	33.8	33.8	36.2	37.0
18-24	Incomplete referrals	704	739	765	793	808	829	870
	Average Weeks Waited	45.7	47.0	48.7	50.5	53.5	55.7	56.7
Total	**Incomplete referrals**	**1,071**	**1,518**	**2,066**	**2,280**	**2,624**	**2,761**	**2,951**
	Average Weeks Waited	**38.3**	**38.2**	**42.1**	**46.6**	**45.6**	**48.0**	**50.6**

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

Treatment times

The data on ADHD treatment waiting times in Suffolk reveals trends across all age groups. For children aged 0-4, the number of incomplete referrals to treatment (RTT) increased from 2 in April 2024 to 43 by October 2024, with average waiting times rising from 1 week to 65.6 weeks over this period.

The 5-9 age group saw an increase in incomplete referrals from 195 to 1,252 cases, with average waiting times increasing from 37.7 weeks to 55.7 weeks. Similarly, the 10-15 age group's incomplete referrals grew from 224 to 834, with average waiting times increasing from 31 weeks to 42.5 weeks.

For young people aged 16-17, the number of incomplete referrals almost doubled from 46 to 84, while average waiting times increased from 25.3 weeks to 38 weeks. The 18-24 age group experienced both high volumes and long waits, with incomplete referrals increasing from 733 to 903, and average waiting times increasing from 46.7 weeks to 57.7 weeks.

Overall, the total number of incomplete referrals across all age groups increased from 1,200 in April 2024 to 3,116 by October 2024, with the average waiting time rising from 41.4 weeks to 52.4 weeks. This data indicates substantial challenges in providing timely access to ADHD

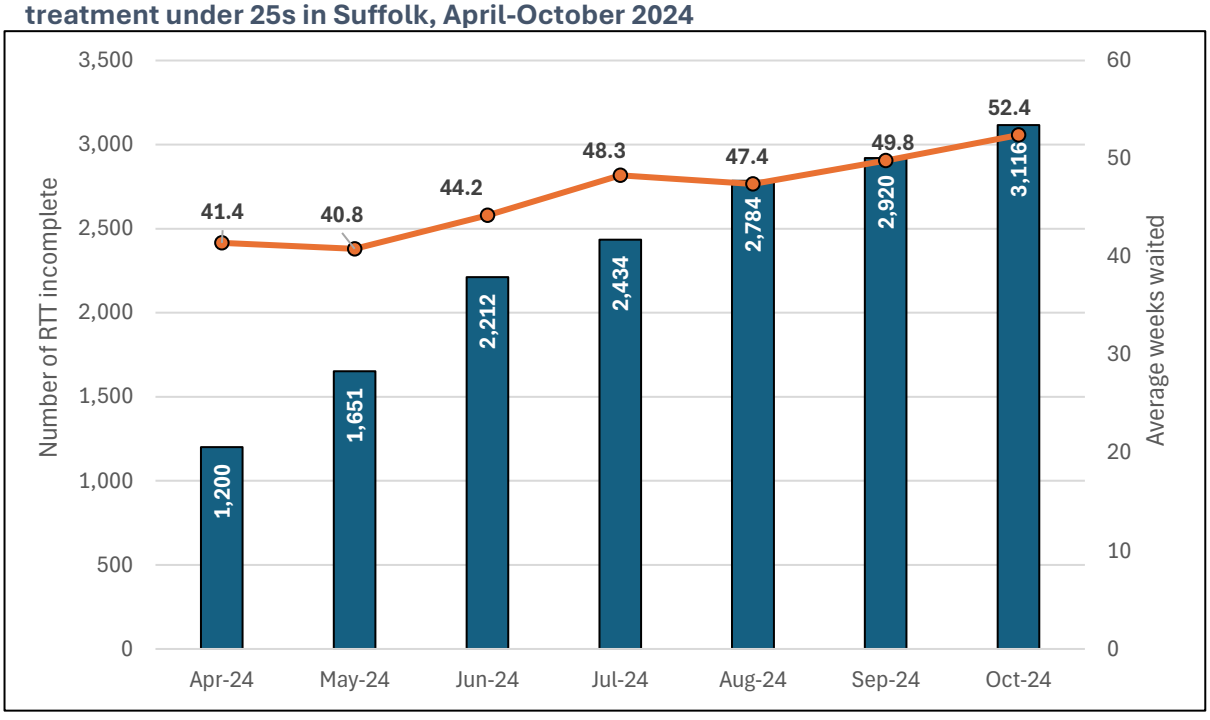
treatment for children and young people in Suffolk, with increases in both the number of people waiting and the length of time they wait for treatment.

Table 28. ADHD incomplete referrals and average weeks waited for ADHD treatment within expected timeframes for under 25s in Suffolk by age group, April-October 2024

Age Band		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
0-4	Incomplete referrals	2	6	12	21	32	36	43
	Average Weeks Waited	1	22.4	38.8	59.9	50.1	53.8	65.6
5-9	Incomplete referrals	195	483	772	904	1,063	1,132	1,252
	Average Weeks Waited	37.7	39.5	45	51.6	49.5	52.4	55.7
10-15	Incomplete referrals	224	344	571	623	773	814	834
	Average Weeks Waited	31	28.9	37	40.4	38.1	39.9	42.5
16-17	Incomplete referrals	46	52	62	63	76	77	84
	Average Weeks Waited	25.3	27.1	30.4	34.6	34.7	37.8	38
18-24	Incomplete referrals	733	766	795	823	840	861	903
	Average Weeks Waited	**46.7**	47.9	49.6	51.4	54.3	56.6	57.7
Total	Incomplete referrals	**1,200**	**1,651**	**2,212**	**2,434**	**2,784**	**2,920**	**3,116**
	Average Weeks Waited	**41.4**	**40.8**	**44.2**	**48.3**	**47.4**	**49.8**	**52.4**

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

Figure 90. ADHD number of incomplete referrals and average weeks waited for treatment under 25s in Suffolk, April-October 2024



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

Autism

Data from the Integrated Community Paediatric Services (ICPS) dashboard shows that the percentage of young people in Suffolk aged under 11 identified as having socio-communication difficulties who are waiting over 18 weeks has steadily increased over time. In April 2024, 32.2% were waiting over 18 weeks, rising to 59.1% by September 2024.

The total number of young people in Suffolk waiting has increased from 348 in April 2024 to 384 in September 2024. The average waiting time has also increased from 15.7 weeks in April 2024 to 21.7 weeks by September 2024, with the maximum waiting time decreasing from 95.1 weeks to 89.4 weeks. This highlights a trend of longer wait times and a growing proportion of Suffolk young people waiting far beyond the expected timeframes for assessment and support for socio-communication difficulties in children under 11 years of age.

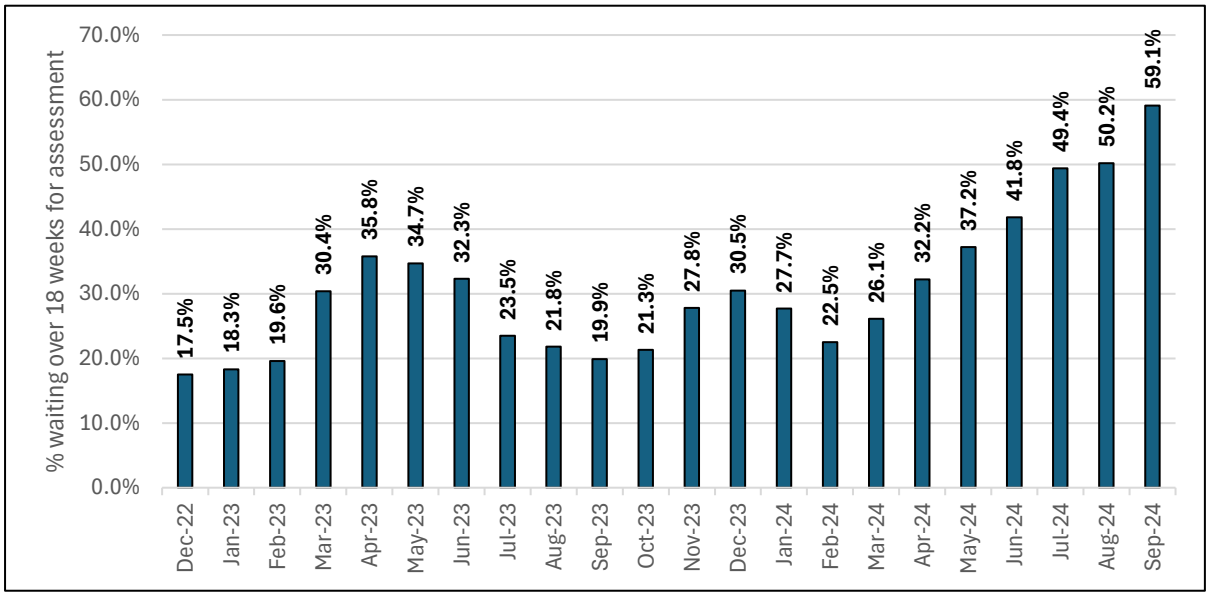
Table 29. Suffolk young people identified as having socio-communication difficulties (under 11s), total waiting, maximum wait time, average waiting time, and % waiting over 18 weeks for assessment, April-September 2024

Month	Total waiting	Max waiting time (weeks)	Average waiting time (weeks)	% wait over 18 weeks
Apr-24	348	95.1	15.7	32.2%
May-24	344	85.6	17.0	37.2%
Jun-24	335	76.3	17.8	41.8%
Jul-24	336	80.7	18.2	49.4%
Aug-24	402	85.1	19.6	50.2%
Sep-24	384	89.4	21.7	59.1%

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

Regarding autistic children for young people aged between 11-17, the data shows that as of September 2023, there were 223 children and young people aged 11-17 on the waitlist for an autism assessment, with an average wait of 55 weeks and a maximum wait of 85 weeks from referral to assessment.

Figure 91. 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)

By October 2023, the waitlist had grown to 233 individuals, with the average wait increasing to 55 weeks and the maximum wait increasing to 90 weeks. The waiting time data reveals important complexities:

- For incomplete referrals (those still waiting), the average wait was 45 weeks, with a maximum wait of 106 weeks.
- For completed assessments, the average wait time was 55 weeks, with a maximum wait of 90 weeks.

The difference in these figures reflects the impact of new referrals on average waiting times, with incomplete referrals potentially distorting the overall picture. It is important to note that this data was provided on an ad hoc basis for September and October 2023 and is no longer current. The percentage of individuals waiting over 18 weeks has fluctuated significantly, ranging from a low of 17.5% in December 2022 to a high of 59.1% by September 2024.

Table 30. Suffolk youth autism (11-17 year olds) weeks waiting for assessments, September and October 2023

Month	Current autism waitlist	Average wait of those on the waitlist not yet assessed (weeks)	Maximum wait in weeks not yet assessed	Average wait time from referral to assessment (weeks)	Maximum wait in weeks from referral to assessment
Sep-23	223	42	98	55	85
Oct-23	233	45	106	55	90

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

Holiday Activity Fund (HAF)

The data shows the number of children and young people with SEND who attended free holiday activities funded through the Holiday Activity Fund (HAF) over the past year and a half. The figures are broken down by primary and secondary school attendance.

In Easter 2023, a total of 6,639 children attended the activities, with 765 of those having SEND - 575 in specialist provision and 190 in universal provision. This increased in the Summer 2023 term, with a total of 7,300 children attending, of whom 1,650 had SEND - 1,500 in specialist provision and 150 in universal.

The numbers then decreased in Winter 2023 to 3,134 total attendees, with 705 SEND children - 472 in specialist and 233 in universal. In Easter 2024, the total dropped further to 2,830, but the SEND proportion increased, with 1,046 attendees - 663 in specialist and 383 in universal.

Finally, in Summer 2024, the numbers rebounded to 4,995 in total, with 1,664 SEND children - 1,039 in specialist and 625 in universal provision.

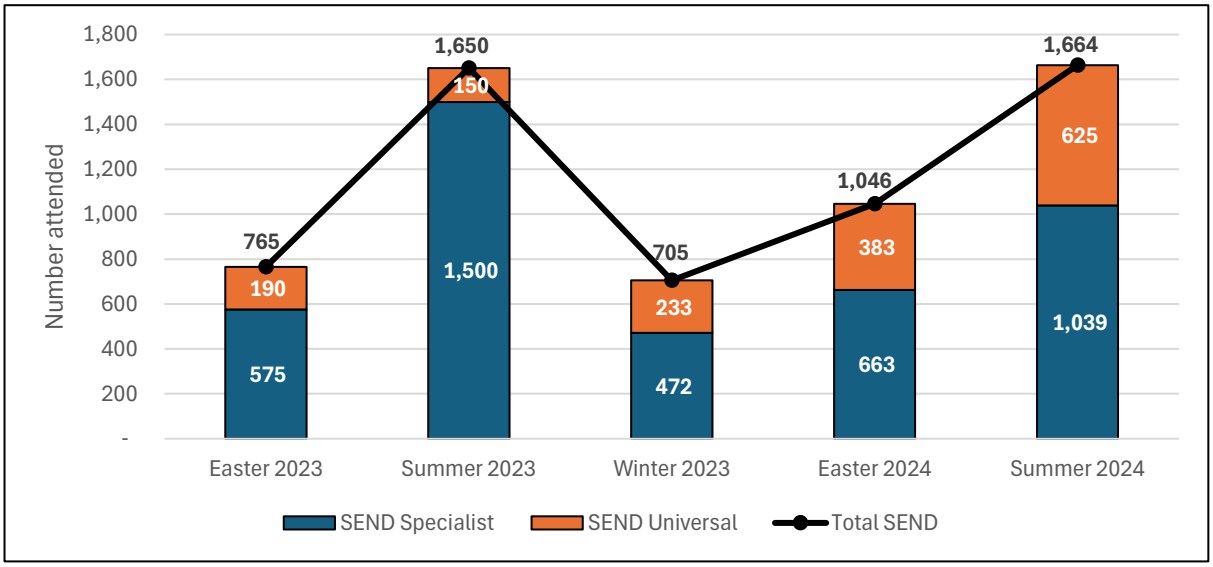
Over the last year and a half, the data shows fluctuating attendance, with a general trend of declining total numbers but increasing proportions of SEND participants, particularly in universal holiday activities. The consistently high SEND attendance, especially in specialist provisions, demonstrates the importance of these holiday programs for supporting children with additional needs.

Table 31. Suffolk Holiday Activity Fund (HAF) attendance, Easter 2024 to Summer 2024

Term	Total Attended	SEND Specialist	SEND Universal	Total SEND
Easter 2023	6,639	575	190	765
Summer 2023	7,300	1,500	150	1,650
Winter 2023	3,134	472	233	705
Easter 2024	2,830	663	383	1,046
Summer 2024	4,995	1,039	625	1,664

Source: Suffolk County Council (2024)

Figure 92. Suffolk Holiday Activity Fund (HAF) attendance, Easter 2024 to Summer 2024



Source: Suffolk County Council (2024)

Transport

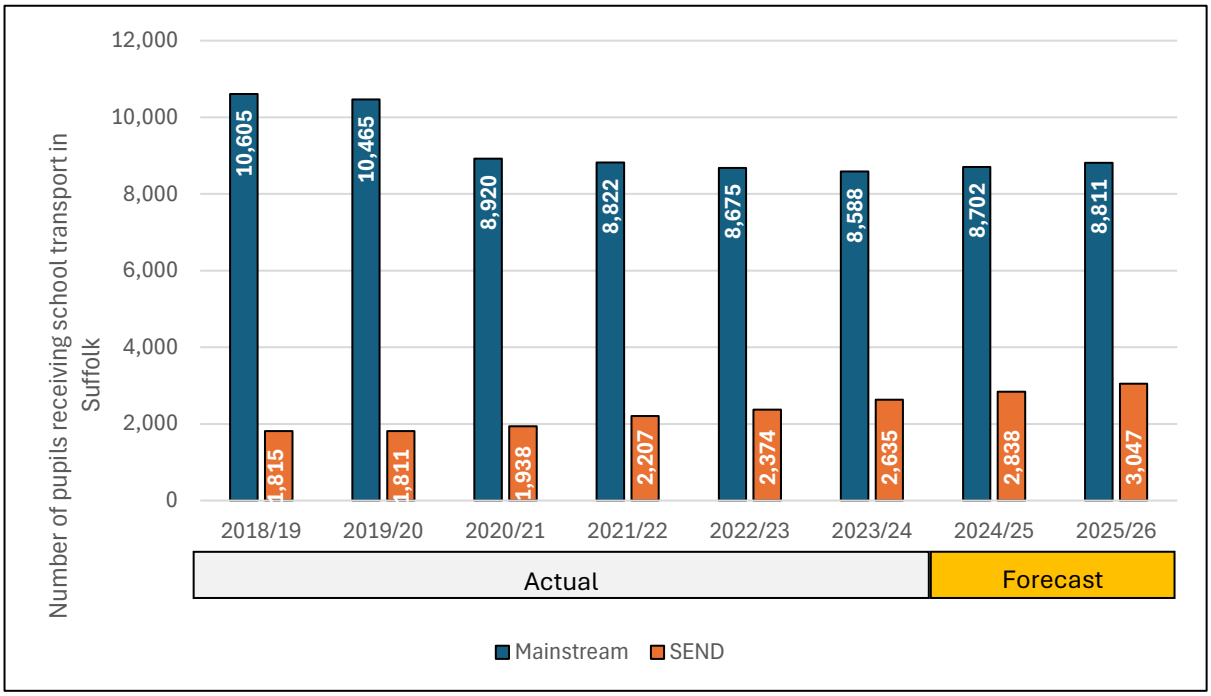
Data shows that home to school travel costs, particularly for SEND pupils, have been rising significantly across the UK over the past 5 years. This trend is also evident in Suffolk, where the spend on home to school travel has increased by 130% during this period.

This increase is directly linked to the statutory duty to provide education, leading to a higher proportion of pupils needing to be served across the county.

The County Councils Network has also called for reform of SEND school transport services, as it found that the average council in England is now transporting 1,300 SEND pupils in 2023/24, up 43% from 911 in 2018/19. Additionally, the average cost per SEND pupil using transport has increased by 32%, from £6,280 to £8,299. These increases are described as being more pronounced in county areas, as is the case in Suffolk, where the current average cost per SEND pupil using transport is over £12,000 per year.

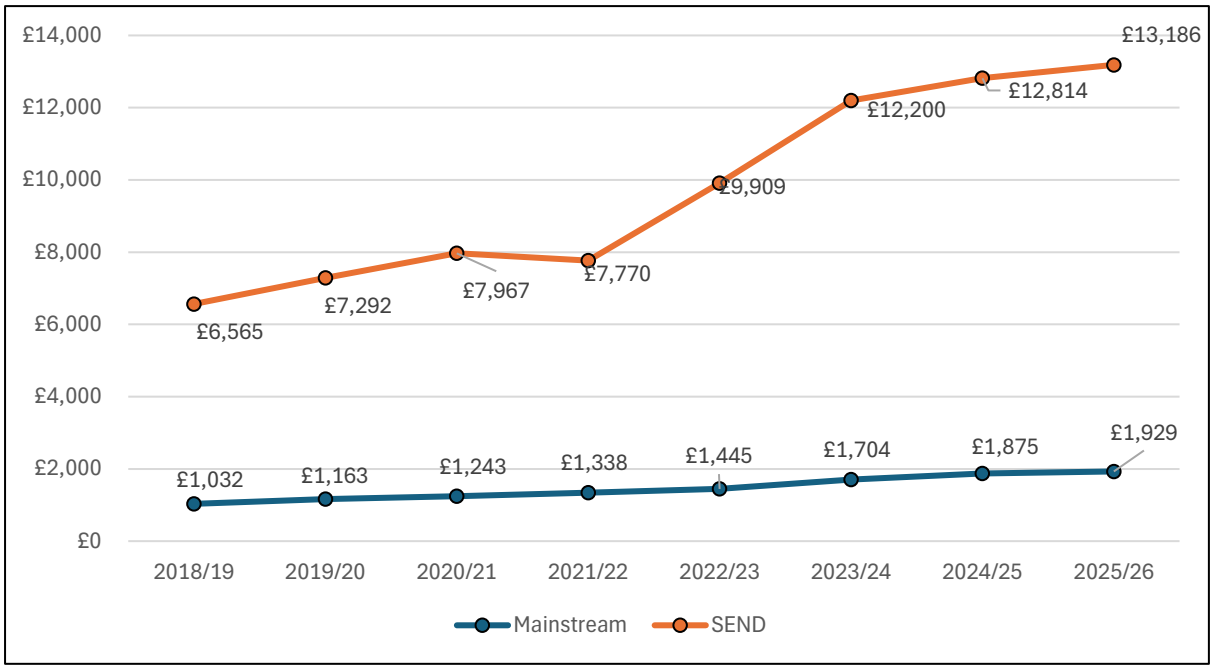
Data for Suffolk also reveals a decrease in mainstream pupil numbers receiving school transport provision since the policy change in 2019, while SEND pupil numbers have increased.

Figure 93. Number and forecasted number of pupils receiving school transport provision in Suffolk, split by mainstream and SEND pupils, 2018/19 to 2025/26



Source: Suffolk County Council (2024)

Figure 94. Suffolk unit cost per pupil for mainstream and SEND from 2018/19 to 2025/26



Source: Suffolk County Council (2024)

NHS free eyesight, hearing and dental checks for children at residential special schools

The NHS in England will offer free eyesight, hearing and dental checks to children and young people with special educational needs and disabilities in residential special schools and colleges starting from 2025. The initiative aims to reach approximately 18,000 individuals, addressing the higher likelihood of sensory issues among autistic children and those with learning disabilities, and ensuring prompt identification and treatment of problems to reduce health inequalities[229]

Recommendations

1.	Conduct **detailed engagement with service users on the novel findings of this Needs Assessment to inform the future planning.** While significant engagement work has been done in Suffolk regarding SEND, this Needs Assessment offers new insights that require further exploration. **Action 1**: Following the publication of this needs assessment, embark on significant engagement activity, to gather the views and responses of children, young people, families, professionals and wider stakeholders to the findings of this Needs Assessment; and to co-create approaches to the challenges identified in the Needs Assessment which will improve outcomes in the future. **Action 2:** System partners to work collaboratively to consistently collate, analyse and use the qualitative data, experiential information and unstructured resource collected by partners working across the system to identify issues, drive and assess progress, and evaluate system actions. As part of this it is also recommended that the qualitative data currently gathered (surveys etc) is reviewed with system partners to ensure it is valid and meaningful. Examples within this work include: • Improve data collection, quality and sharing protocols to understand the SEND experience • Work with the SEND partnership to use the findings of the Experience data audit to inform the system. **Action 3**: Build on existing efforts to include the voices of children and young people to deepen understanding of their lived experiences, outcomes, and the impact of services. Ensure this remains a central, ongoing focus, with continuous refinement and enhancement. • Include children and young people in the sufficiency planning and development work following this Needs Assessment • Work with existing networks and groups of children and young people to review the data in this Needs Assessment to explore their views and proposed next steps. • Utilise the voice of children and young people to improve understanding the experience of being a young person with SEND in Suffolk **Impact**: This approach can build trust between families and services, ensuring services are responsive to and reflective of user needs and views, while supporting co-production principles. **Alignment with strategy**: *Communication and accessibility*: Ensures co-production and inclusive service development. **Link to Priority Action Plan:** *Builds on Action Plan recommendation to 'maintain and develop opportunities to hear the voice of children, young people, their parents and carers and practitioners to inform and co-produce improvements across the SEND partnership'.*

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, diagnosis and treatment for a wide range of SEND needs. **Action 1:** Ensure that plans and resources are in place to address the current backlogs and long and increasing waiting times which are occurring in some parts of SEND service provision, including for specialist school places. **Action 2:** Lobby government for more resources for health services, education placements and local authority services for children and young people with SEND. **Action 3:** Where possible, shift focus onto creating more education settings which are fully inclusive. **Impact:** Minimise the negative impacts on child development, learning, communication, inclusion, and inequalities, currently being caused by long waits. **Alignment with strategy:** *Timeliness and quality; Right Support, Right time*. **Link to Priority Action Plan**: *Builds on all the elements of the Right Support, Right Time commitment and is a fundamental enabler of many elements of the Priority Action Plan*.
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 today, including in relation to gender, age, ethnicity, and in relation to school attendance. Ensure that different needs associated with protected characteristics amongst the population of children and young people with SEND are effectively recognised and planned for, and that the wider unfair and avoidable inequalities in differences in outcomes for children and young people with SEND in Suffolk are tackled head on. **Action:** Identify all areas within this Needs Assessment, and more widely within services including school attendance, where inequalities are present, describe them clearly, and work to address them, monitoring impact. Review the current offer and identify gaps in data and further areas for development via current networks (building on JSNA data). Conduct further engagement and data collection to understand the experience of under-represented groups and those facing specific inequalities in relation to SEND demand and support. **Impact:** Minimise the unfair and avoidable differences in outcomes experienced by some children and young people with SEND within the SEND cohort, and between children and young people with SEND and those without. **Alignment with strategy:** *Timeliness and quality; Right Support, Right time*. **Link to Priority Action Plan**: *Builds on all the elements of the Right Support, Right Time commitment and is a fundamental enabler of many elements of the Priority Action Plan*.
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. **Action 1:** A better understanding of the lived experience of children and young people, parents and carers is critical to understanding impact, experience and outcomes. The whole system should commit to capturing a wider set of outcome measures in the SEND Data Dashboard, to create a more holistic picture of impact. These should include qualitative data sources, unstructured information and experiential data. **Action 2**: Review current SEND reporting and create a combined system-wide dashboard to ensure data is aligned across the system, consistent, comprehensive and

	brings in key strategic data (such as the findings of the annual School Census) alongside operational data. **Impact:** Will provide a holistic understanding of whether SEND provision and experiences are improving in Suffolk than just using quantitative data. Dashboards will enable ongoing monitoring, identify emerging trends and provide the ability to forecast ahead on a routine basis, supporting data-led decision-making, investment and priority setting. **Alignment with strategy:** *Timeliness and quality; Right Support, Right time; Enhanced communication*. **Link to Priority Action Plan:** Is a key enabler of many elements in the Priority Action Plan including to *'systematically plan effective services and use resources to meet children and young people's needs'*.
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, despite decreasing numbers of births. **Action 1:** Use the data, estimates, scenarios and projections within this Needs Assessment, and the findings from the review of academic evidence, particularly in relation to dramatic changes in trends in identification and diagnosis rates and in relation to the impact of the pandemic, to plan and understand how future needs In Suffolk are likely to change over time, including for specialist school places. **Action 2**: Use the SNEE PHM linked dataset to explore how autism diagnoses are coded, and whether that coding facilitates a greater understanding of how the spectrum of autism is presenting locally, and what that might imply for future service planning. **Action 3**: Explore whether the recent requirement for statutory partners to record those individuals who require reasonable adjustments can assist in understanding SEND need. **Action 4**: Once approval is received from NHS England, utilise Population Health Management (PHM) tools to integrate SEND data (education, social care, early years, early help, youth justice, NEET) with existing linked health datasets (primary care, community care, acute care, mental health care). Develop a linked data platform to enable a comprehensive view of SEND-related health, education and social care needs at child level and facilitate future sufficiency planning being done holistically and in far greater detail than previously. **Impact:** Supports the whole system to understand the scale of the likely future need, to allocate system resources accordingly, and to anticipate likely future need. Linking SEND and health data will facilitate a holistic understanding of SEND needs in Suffolk, enabling targeted resource allocation, much better sufficiency and capacity planning, and earlier interventions. Also supports improved sufficiency and capacity planning in wider work including for children's social care, early years, early help, school transport and education, further enabled through co-production. **Alignment with Strategy:** *Timely and quality data and Right Support, Right Time*: Supports the priority of ensuring high-quality and timely information for future planning and service improvement. **Link to Priority Action Plan:** *Builds on Action Plan recommendation to 'systematically plan effective services and use resources to meet children and young people's needs'*.
6.	Many of the conditions which can lead to children and young people having special educational needs and disabilities are not preventable. The academic literature does

	however suggest that there are some possible modifiable **risk factors at population level** for conditions which may lead to SEND, although more research is needed in this area. Prioritising and supporting women's health, both pre-pregnancy and during maternity, may be important here, as may wider societal factors which support healthy living, such as air pollution and socio-economic deprivation. **Action:** Ensure the findings of the Needs Assessment are shared with key groups responsible for maternal health and healthy environments and used to inform action planning so that any preventable population risk factors can be reduced in the future. **Impact:** While many of the conditions which can lead to SEND needs are not preventable, taking action to prevent or reduce risks where that may be possible could help to improve outcomes in the future. **Alignment with Strategy:** *Right Support, Right Time*. This strategic commitment should expand to clearly encompass prevention work which, where supported by a strong evidence base, could contribute towards decreasing the prevalence of conditions or risk factors which could lead to SEND in the future. **Link to Priority Action Plan:** *Builds and expands on Action Plan recommendation to 'provide support at the earliest opportunity'*.
7.	There are some factors where Suffolk appears to be an **outlier** in the Needs Assessment, notably in numbers of EHCPs being formally 'ceased' where a plan is no longer required to support a person; the very high use of personal budgets; and a comparatively high rate of mediation cases being held. **Action:** Explore further why Suffolk's data in relation to these factors appears different to other similar Authorities. **Impact:** Ensure our practice in these areas is reasonable and appropriate, build on areas of good practice, and make other changes if required. **Alignment with Strategy**: Depending on the findings of the investigative work, likely to link to *Timeliness and Quality and Right Support, Right Time*. **Link to Priority Action Plan:** Depends on the findings of the investigative work.
8.	Lobby for **better national data** to support local SEND planning, which is consistent, frequent, accurate, comparable and timely. **Action:** Advocate for better national information on the likely future needs and scale of those needs to support children and young people with SEND. **Impact:** The National Audit Office report published in October 2024 states that '*the Department for Education does not know with confidence how much capacity should be planned, and where, to meet future needs'*. Our local work as part of this Needs Assessment has been hampered by ONS population data which is out of date, and estimates from Explore Education Statistics which are inaccurate for Suffolk. If national data sources are inaccurate and do not add up, that limits effective local planning, as well as hindering the understanding of the scale and nature of the challenge in SEND provision at a national scale. **Alignment with Strategy:** *Timely and quality data*: Supports the priority of ensuring high-quality and timely information for planning and service improvement. **Link to Priority Action Plan:** *Builds and expands on Action Plan recommendation to 'systematically plan effective services and use resources to meet children and young people's needs'*

9.	Note the potential **longer-term implications** of the population-level risk factors, many of which have the potential to span generations within families. **Action:** The evidence base shows that many population-level risk factors for SEND are not preventable and may occur intergenerationally within families. Taking effective action now to support and address the full range of SEND needs in our children and young people, and to provide effective support for wider families, alongside reducing population-level risks wherever possible, are therefore crucial to improving outcomes and need in the future. **Impact:** People are not able to be 'included, supported, fulfilled' and needs arising from SEND may continue to **increase over time.** **Alignment with strategy:** *Right Support, at the Right Time*. **Link to Priority Action Plan:** *Builds and expands on Action Plan recommendation to 'systematically plan effective services and use resources to meet children and young people's needs'*
10.	Consider which specific cohorts of children and young people with SEND were most **impacted by the Covid-19 pandemic**, and by the measures put in place to contain the pandemic, and **consider whether additional support and resources, of what type and where, are required to address the disproportionate learning losses sustained by many children and young people with SEND in the period 2020-2022.** **Action:** All Suffolk SEND partners, to identify the cohorts most affected and determine gaps in support. Develop and implement targeted interventions, with input from families and professionals, to mitigate learning losses and prevent further widening of educational outcome disparities. **Impact:** Ensure that the divergence in educational outcomes already experienced by children and young people in Suffolk with SEND when compared pupils without SEND, and pupils with SEND in the rest of the country, do not widen still further. **Alignment with Strategy**: *Timeliness and Quality and Right Support, Right Time*. **Link to Priority Action Plan: not included in Action Plan, a new recommendation.**

Appendix A: References

1. Department for Education, Department of Health. *Special Educational Needs and Disability Code of Practice: 0 to 25 Years*.; 2015.
2. House of Commons Library. Special Educational Needs: Support in England. Published online July 19, 2024. Accessed September 16, 2024. https://researchbriefings.files.parliament.uk/documents/SN07020/SN07020.pdf
3. Reid S. *[PH Bulletin] Modelling Levels of Demand for SEND Provision Evidence Search Report SN53242. NELFT Library & Knowledge Service*.; 2024.
4. Reid S. Evidence search: [PH Bulletin] Factors impacting demand for support services for neurodivergent chlidren SN45735. NELFT Library and Knowledge Service.
5. Cox M. *Knowledge & Library Services: Search Results: What Are the Risk Factors for Children and Young People Special Education Needs and Disabilities?*; 2023.
6. Reid S. *[PH Bulletin] Mental Health Difficulties Faced by Children with SEND Evidence Search Report SN53443. NELFT Library and Knowledge Service.*; 2024.
7. Reid S. *[PH Bulletin] Impact of COVID-19 on Children with SEND Evidence Search Report SN53442. NELFT Library and Knowledge Service.*; 2024.
8. Reid S. PH Bulletin SEND and children educated at home or missing from education SN53444, NELFT Library & Knowledge Service.
9. Aymerich C, Pacho M, Catalan A, et al. Prevalence and Correlates of the Concurrence of Autism Spectrum Disorder and Obsessive Compulsive Disorder in Children and Adolescents: A Systematic Review and Meta-Analysis. *Brain Sci*. 2024;14(4). doi:10.3390/BRAINSCI14040379
10. Francés L, Quintero J, Fernández A, et al. Current state of knowledge on the prevalence of neurodevelopmental disorders in childhood according to the DSM-5: a systematic review in accordance with the PRISMA criteria. *Child Adolesc Psychiatry Ment Health*. 2022;16(1):1-15. doi:10.1186/S13034-022-00462-1/TABLES/1
11. Bougeard C, Picarel-Blanchot F, Schmid R, Campbell R, Buitelaar J. Prevalence of Autism Spectrum Disorder and Co-morbidities in Children and Adolescents: A Systematic Literature Review. *Front Psychiatry*. 2021;12. doi:10.3389/FPSYT.2021.744709
12. Saul J, Griffiths S, Norbury CF. Prevalence and functional impact of social (pragmatic) communication disorders. *J Child Psychol Psychiatry*. 2023;64(3):376-387. doi:10.1111/JCPP.13705
13. Roman-Urrestarazu A, Van Kessel R, Allison C, Matthews FE, Brayne C, Baron-Cohen S. Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England. *JAMA Pediatr*. 2021;175(6). doi:10.1001/JAMAPEDIATRICS.2021.0054
14. Rydzewska E, Hughes-McCormack LA, Gillberg C, et al. Age at identification, prevalence and general health of children with autism: observational study of a whole country population. *BMJ Open*. 2019;9(7). doi:10.1136/BMJOPEN-2018-025904
15. Williams AN, Mold B, Kilbey L, Naganna P. Forty years of referrals and outcomes to a UK Child Development Centre (CDC): Has demand plateaued? *Child Care Health Dev*. 2018;44(3):364-369. doi:10.1111/CCH.12552

16. Russell G, Stapley S, Newlove-Delgado T, et al. Time trends in autism diagnosis over 20 years: a UK population-based cohort study. *J Child Psychol Psychiatry*. 2022;63(6):674-682. doi:10.1111/JCPP.13505

17. Maciver D, Rutherford M, Johnston L, Roy AS. Prevalence of neurodevelopmental differences and autism in Scottish primary schools 2018-2022. *Autism Res*. 2023;16(12):2403-2414. doi:10.1002/AUR.3063

18. Chen Y, Luo ZC, Zhang T, et al. Maternal Thyroid Dysfunction and Neuropsychological Development in Children. *Journal of Clinical Endocrinology and Metabolism*. 2023;108(2):339-350. doi:10.1210/clinem/dgac577

19. Levie D, Korevaar TIM, Bath SC, et al. Thyroid function in early pregnancy, child IQ, and autistic traits: A meta-analysis of individual participant data. *Journal of Clinical Endocrinology and Metabolism*. 2018;103(8):2967-2979. doi:10.1210/jc.2018-00224

20. Palatnik A, Mele L, Casey BM, et al. Association between Hypertensive Disorders of Pregnancy and Long-Term Neurodevelopmental Outcomes in the Offspring. *Am J Perinatol*. 2021;39(9):921-929. doi:10.1055/a-1692-0659

21. Kim JY, Son MJ, Son CY, et al. Environmental risk factors and biomarkers for autism spectrum disorder: an umbrella review of the evidence. *Lancet Psychiatry*. 2019;6(7):590-600. doi:10.1016/S2215-0366(19)30181-6

22. Katz J, Reichenberg A, Kolevzon A. Prenatal and perinatal metabolic risk factors for autism: a review and integration of findings from population-based studies. *Curr Opin Psychiatry*. 2021;34(2):94-104. doi:10.1097/YCO.0000000000000673

23. Walker CK, Krakowiak P, Baker A, Hansen RL, Ozonoff S, Hertz-Picciotto I. Preeclampsia, placental insufficiency, and autism spectrum disorder or developmental delay. *JAMA Pediatr*. 2015;169(2):154-162. doi:10.1001/jamapediatrics.2014.2645

24. Curran EA, O'Keeffe GW, Looney AM, et al. Exposure to Hypertensive Disorders of Pregnancy Increases the Risk of Autism Spectrum Disorder in Affected Offspring. *Mol Neurobiol*. 2018;55(7):5557-5564. doi:10.1007/s12035-017-0794-x

25. Iwabuchi T, Takahashi N, Nishimura T, et al. Associations Among Maternal Metabolic Conditions, Cord Serum Leptin Levels, and Autistic Symptoms in Children. *Front Psychiatry*. 2022;12:816196. doi:10.3389/fpsyt.2021.816196

26. Gómez-Vallejo S, Leoni M, Ronald A, Colvert E, Happé F, Bolton P. Autism spectrum disorder and obstetric optimality: a twin study and meta-analysis of sibling studies. *J Child Psychol Psychiatry*. 2021;62(11):1353-1362. doi:10.1111/jcpp.13526

27. Lyall K, Ning X, Aschner JL, et al. Cardiometabolic Pregnancy Complications in Association With Autism-Related Traits as Measured by the Social Responsiveness Scale in ECHO. *Am J Epidemiol*. 2022;191(8):1407-1419. doi:10.1093/aje/kwac061

28. Croen LA, Ames JL, Qian Y, et al. Inflammatory Conditions During Pregnancy and Risk of Autism and Other Neurodevelopmental Disorders. *Biological Psychiatry Global Open Science*. 2024;4(1):39-50. doi:10.1016/j.bpsgos.2023.09.008

29. Rowland J, Wilson CA. The association between gestational diabetes and ASD and ADHD: a systematic review and meta-analysis. *Sci Rep*. 2021;11(1). doi:10.1038/s41598-021-84573-3

30. Jiang H yin, Xu L lian, Shao L, et al. Maternal infection during pregnancy and risk of autism spectrum disorders: A systematic review and meta-analysis. *Brain Behav Immun*. 2016;58:165-172. doi:10.1016/j.bbi.2016.06.005

31. Hisle-Gorman E, Susi A, Stokes T, Gorman G, Erdie-Lalena C, Nylund CM. Prenatal, perinatal, and neonatal risk factors of autism spectrum disorder. *Pediatr Res*. 2018;84(2):190-198. doi:10.1038/pr.2018.23

32. Hagberg KW, Robijn AL, Jick S. Maternal depression and antidepressant use during pregnancy and the risk of autism spectrum disorder in offspring. *Clin Epidemiol*. 2018;10:1599-1612. doi:10.2147/CLEP.S180618

33. Morales DR, Slattery J, Evans S, Kurz X. Antidepressant use during pregnancy and risk of autism spectrum disorder and attention deficit hyperactivity disorder: Systematic review of observational studies and methodological considerations. *BMC Med*. 2018;16(1). doi:10.1186/s12916-017-0993-3

34. Gao Y, Yu Y, Xiao J, et al. Association of Grandparental and Parental Age at Childbirth With Autism Spectrum Disorder in Children. *JAMA Netw Open*. 2020;3(4):e202868. doi:10.1001/jamanetworkopen.2020.2868

35. NICE. Developmental follow-up of children and young people born preterm. Published online 2017.

36. Ahmadvand M, Eghbalian F, Nasrolahi S, Jenabi E. The Association between Threatened Abortion and the Risk of Autism Spectrum Disorders among Children: A Meta-Analysis. *Biomed Res Int*. 2023;2023. doi:10.1155/2023/5249585

37. Gao X, Zhao Y, Wang N, Yang L. Migration modulates the prevalence of ASD and ADHD: a systematic review and meta-analysis. *BMC Psychiatry*. 2022;22(1):395. doi:10.1186/S12888-022-04037-4

38. Ene D, Der G, Fletcher-Watson S, et al. Associations of Socioeconomic Deprivation and Preterm Birth with Speech, Language, and Communication Concerns among Children Aged 27 to 30 Months. *JAMA Netw Open*. 2019;2(9). doi:10.1001/jamanetworkopen.2019.11027

39. Tseng PT, Chen YW, Stubbs B, et al. Maternal breastfeeding and autism spectrum disorder in children: A systematic review and meta-analysis. *Nutr Neurosci*. 2019;22(5):354-362. doi:10.1080/1028415X.2017.1388598

40. Harlé B. Intensive early screen exposure as a causal factor for symptoms of autistic spectrum disorder: The case for «Virtual autism». *Trends Neurosci Educ*. 2019;17:100119. doi:10.1016/j.tine.2019.100119

41. Loncarevic A, Maybery MT, Whitehouse AJO. The associations between autistic and communication traits in parents and developmental outcomes in children at familial risk of autism at 6 and 24 months of age. *Infant Behav Dev*. 2021;63:101570. doi:10.1016/j.infbeh.2021.101570

42. Liew Z, Meng Q, Yan Q, et al. Association between Estimated Geocoded Residential Maternal Exposure to Lithium in Drinking Water and Risk for Autism Spectrum Disorder in Offspring in Denmark. *JAMA Pediatr*. 2023;177(6):617-624. doi:10.1001/jamapediatrics.2023.0346

43. Xie S, Karlsson H, Dalman C, et al. Family History of Mental and Neurological Disorders and Risk of Autism. *JAMA Netw Open*. 2019;2(3):e190154. doi:10.1001/jamanetworkopen.2019.0154

44. Lyall K, Constantino JN, Weisskopf MG, Roberts AL, Ascherio A, Santangelo SL. Parental social responsiveness and risk of autism spectrum disorder in offspring. *JAMA Psychiatry*. 2014;71(8):936-942. doi:10.1001/jamapsychiatry.2014.476

45. Pham C, Symeonides C, O'Hely M, et al. Early life environmental factors associated with autism spectrum disorder symptoms in children at age 2 years: A birth cohort study. *Autism*. 2022;26(7):1864-1881. doi:10.1177/13623613211068223

46. Lung FW, Chiang TL, Lin SJ, Lee MC, Shu BC. Advanced Maternal Age and Maternal Education Disparity in Children with Autism Spectrum Disorder. *Matern Child Health J*. 2018;22(7):941-949. doi:10.1007/s10995-018-2470-9

47. Roman-Urrestarazu A, Yang JC, van Kessel R, et al. Autism incidence and spatial analysis in more than 7 million pupils in English schools: a retrospective, longitudinal, school registry study. *Lancet Child Adolesc Health*. 2022;6(12):857-868. doi:10.1016/S2352-4642(22)00247-4

48. Kalkbrenner AE, Schmidt RJ, Penlesky AC. Environmental chemical exposures and autism spectrum disorders: a review of the epidemiological evidence. *Curr Probl Pediatr Adolesc Health Care*. 2014;44(10):277-318. doi:10.1016/j.cppeds.2014.06.001

49. Pu Y, Ma L, Shan J, Wan X, Hammock BD, Hashimoto K. Autism-like behaviors in male juvenile offspring after maternal glyphosate exposure. *Clinical Psychopharmacology and Neuroscience*. 2021;19(3):554-558. doi:10.9758/cpn.2021.19.3.554

50. Kim JI, Lee J, Lee KS, et al. Association of phthalate exposure with autistic traits in children. *Environ Int*. 2021;157:106775. doi:10.1016/j.envint.2021.106775

51. Lin LZ, Zhan XL, Jin CY, Liang JH, Jing J, Dong GH. The epidemiological evidence linking exposure to ambient particulate matter with neurodevelopmental disorders: A systematic review and meta-analysis. *Environ Res*. 2022;209. doi:10.1016/j.envres.2022.112876

52. Dutheil F, Comptour A, Morlon R, et al. Autism spectrum disorder and air pollution: A systematic review and meta-analysis. *Environmental Pollution*. 2021;278:116856. doi:10.1016/j.envpol.2021.116856

53. Von Ehrenstein OS, Ling C, Cui X, et al. Prenatal and infant exposure to ambient pesticides and autism spectrum disorder in children: Population based case-control study. *The BMJ*. 2019;364. doi:10.1136/bmj.l962

54. Liu X, Zou M, Sun C, Wu L, Chen WX. Prenatal Folic Acid Supplements and Offspring's Autism Spectrum Disorder: A Meta-analysis and Meta-regression. *J Autism Dev Disord*. 2022;52(2):522-539. doi:10.1007/s10803-021-04951-8

55. Colvert E, Simonoff E, Capp SJ, Ronald A, Bolton P, Happé F. Autism Spectrum Disorder and Mental Health Problems: Patterns of Difficulties and Longitudinal Trajectories in a Population-Based Twin Sample. *J Autism Dev Disord*. 2022;52(3):1077-1091. doi:10.1007/s10803-021-05006-8

56. Mukherjee S, Beresford B. Factors influencing the mental health of autistic children and teenagers: Parents' observations and experiences. *Autism*. 2023;27(8):2324-2336. doi:10.1177/13623613231158959

57. Hancock A, Northcott S, Hobson H, Clarke M. Speech, language and communication needs and mental health: the experiences of speech and language therapists and mental health professionals. *Int J Lang Commun Disord*. 2023;58(1):52-66. doi:10.1111/1460-6984.12767

58. Wright N, Courchesne V, Pickles A, et al. A longitudinal comparison of emotional, behavioral and attention problems in autistic and typically developing children. *Psychol Med*. 2023;53(16):7707-7719. doi:10.1017/S0033291723001599

59. Lai MC, Kassee C, Besney R, et al. Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *Lancet Psychiatry*. 2019;6(10):819-829. doi:10.1016/S2215-0366(19)30289-5

60. Alonso-Esteban Y, López-Ramón MF, Moreno-Campos V, Navarro-Pardo E, Alcantud-Marín F. A systematic review on the impact of the social confinement on people with autism spectrum disorder and their caregivers during the covid-19 pandemic. *Brain Sci*. 2021;11(11). doi:10.3390/brainsci11111389

61. Hudson CC, Hall L, Harkness KL. Prevalence of Depressive Disorders in Individuals with Autism Spectrum Disorder: a Meta-Analysis. *J Abnorm Child Psychol*. 2019;47(1):165-175. doi:10.1007/s10802-018-0402-1

62. Martini MI, Kuja-Halkola R, Butwicka A, et al. Sex Differences in Mental Health Problems and Psychiatric Hospitalization in Autistic Young Adults. *JAMA Psychiatry*. 2022;79(12):1188-1198. doi:10.1001/jamapsychiatry.2022.3475

63. Dall M, Fellinger J, Holzinger D. The link between social communication and mental health from childhood to young adulthood: A systematic review. *Front Psychiatry*. 2022;13. doi:10.3389/fpsyt.2022.944815

64. Tamayo N, Wareham H, Franken MC, McKean C, Tiemeier H, Jansen PW. Bidirectional associations between mental health problems and language ability across 8 years of childhood. *Eur Child Adolesc Psychiatry*. 2024;33(3):787-797. doi:10.1007/s00787-023-02192-x

65. Kim SY, Kim YA, Song DY, et al. State and trait anxiety of adolescents with autism spectrum disorders. *Psychiatry Investig*. 2021;18(3):257-265. doi:10.30773/pi.2020.0328

66. Cooper K, Kumarendran S, Barona M. A systematic review and meta-synthesis on perspectives of autistic young people and their parents on psychological well-being. *Clin Psychol Rev*. 2024;109:102411. doi:10.1016/j.cpr.2024.102411

67. Hebron J, Humphrey N. Mental health difficulties among young people on the autistic spectrum in mainstream secondary schools: A comparative study. *Journal of Research in Special Educational Needs*. 2014;14(1):22-32. doi:10.1111/j.1471-3802.2012.01246.x

68. Lei J, Leigh E, Charman T, Russell A, Hollocks MJ. Exploring the association between social camouflaging and self- versus caregiver-report discrepancies in anxiety and depressive symptoms in autistic and non-autistic socially anxious adolescents. *Autism*. 2024;28(10):2657-2674. doi:10.1177/13623613241238251

69. Cooper K, Russell AJ, Lei J, Smith LGE. The impact of a positive autism identity and autistic community solidarity on social anxiety and mental health in autistic young people. *Autism*. 2023;27(3):848-857. doi:10.1177/13623613221118351

70. Gotham K, Brunwasser SM, Lord C. Depressive and anxiety symptom trajectories from school age through young adulthood in samples with autism spectrum disorder and developmental delay. *J Am Acad Child Adolesc Psychiatry*. 2015;54(5):369-376.e3. doi:10.1016/j.jaac.2015.02.005

71. Thapar A, Livingston LA, Eyre O, Riglin L. Practitioner Review: Attention-deficit hyperactivity disorder and autism spectrum disorder – the importance of depression. *J Child Psychol Psychiatry*. 2023;64(1):4-15. doi:10.1111/jcpp.13678

72. Morsanyi K, van Bers BMCW, McCormack T, McGourty J. The prevalence of specific learning disorder in mathematics and comorbidity with other developmental disorders in primary school-age children. *British Journal of Psychology*. 2018;109(4):917-940. doi:10.1111/BJOP.12322

73. Olusanya BO, Smythe T, Ogbo FA, Nair MKC, Scher M, Davis AC. Global prevalence of developmental disabilities in children and adolescents: A systematic umbrella review. *Front Public Health*. 2023;11:1122009. doi:10.3389/FPUBH.2023.1122009/BIBTEX

74. Olusanya BO, Gladstone M, Wright SM, et al. Cerebral palsy and developmental intellectual disability in children younger than 5 years: Findings from the GBD-WHO Rehabilitation Database 2019. *Front Public Health*. 2022;10. doi:10.3389/FPUBH.2022.894546

75. Olusanya BO, Wright SM, Nair MKC, et al. Global Burden of Childhood Epilepsy, Intellectual Disability, and Sensory Impairments. *Pediatrics*. 2020;146(1):e20192623. doi:10.1542/PEDS.2019-2623

76. Derbyshire E, Maes M. The Role of Choline in Neurodevelopmental Disorders—A Narrative Review Focusing on ASC, ADHD and Dyslexia. *Nutrients*. 2023;15(13):2876. doi:10.3390/nu15132876

77. Harrowell I, Hollén L, Lingam R, Emond A. Mental health outcomes of developmental coordination disorder in late adolescence. *Dev Med Child Neurol*. 2017;59(9):973-979. doi:10.1111/dmcn.13469

78. Wilmot A, Hasking P, Leitão S, Hill E, Boyes M. Understanding mental health in developmental dyslexia through a neurodiversity lens: The mediating effect of school-connectedness on anxiety, depression and conduct problems. *Dyslexia*. 2024;30(3):e1775. doi:10.1002/dys.1775

79. Francis DA, Caruana N, Hudson JL, McArthur GM. The association between poor reading and internalising problems: A systematic review and meta-analysis. *Clin Psychol Rev*. 2019;67:45-60. doi:10.1016/j.cpr.2018.09.002

80. Omer S, Leonard HC. Internalising symptoms in Developmental Coordination Disorder: The indirect effect of everyday executive function. *Res Dev Disabil*. 2021;109:103831. doi:10.1016/j.ridd.2020.103831

81. Cortese S, Song M, Farhat LC, et al. Incidence, prevalence, and global burden of ADHD from 1990 to 2019 across 204 countries: data, with critical re-analysis, from the Global Burden of Disease study. *Mol Psychiatry*. 2023;28(11):4823-4830. doi:10.1038/S41380-023-02228-3

82. Fleming M, Bandyopadhyay A, McLay JS, et al. Age within schoolyear and attention-deficit hyperactivity disorder in Scotland and Wales. *BMC Public Health*. 2022;22(1):1-9. doi:10.1186/S12889-022-13453-W/TABLES/3

83. Sayal K, Prasad V, Daley D, Ford T, Coghill D. ADHD in children and young people: prevalence, care pathways, and service provision. *Lancet Psychiatry*. 2018;5(2):175-186. doi:10.1016/S2215-0366(17)30167-0

84. Bunting L, Nolan E, McCartan C, et al. Prevalence and risk factors of mood and anxiety disorders in children and young people: Findings from the Northern Ireland Youth Wellbeing Survey. *Clin Child Psychol Psychiatry*. 2022;27(3):686. doi:10.1177/13591045221089841

85. Deighton J, Lereya ST, Casey P, Patalay P, Humphrey N, Wolpert M. Prevalence of mental health problems in schools: poverty and other risk factors among 28 000 adolescents in England. *Br J Psychiatry*. 2019;215(3):565-567. doi:10.1192/BJP.2019.19

86. Ofili S, Thompson L, Wilson P, et al. Mapping Geographic Trends in Early Childhood Social, Emotional, and Behavioural Difficulties in Glasgow: 2010-2017. *Int J Environ Res Public Health*. 2022;19(18). doi:10.3390/IJERPH191811520

87. Nicholls G, Bailey T, Grindle CF, Hastings RP. Challenging behaviour and its risk factors in children and young people in a special school setting: A four wave longitudinal study. *J Appl Res Intellect Disabil*. 2023;36(2):366-373. doi:10.1111/JAR.13066

88. Setyanisa AR, Setiawati Y, Irwanto I, Fithriyah I, Prabowo SA. Relationship between Parenting Style and Risk of Attention Deficit Hyperactivity Disorder in Elementary School Children. *Malaysian Journal of Medical Sciences*. 2022;29(4):152-159. doi:10.21315/mjms2022.29.4.14

89. Jendreizik LT, von Wirth E, Döpfner M. Familial Factors Associated With Symptom Severity in Children and Adolescents With ADHD: A Meta-Analysis and Supplemental Review. *J Atten Disord*. 2023;27(2):124-144. doi:10.1177/10870547221132793

90. Jendreizik LT, Hautmann C, von Wirth E, et al. The importance of familial risk factors in children with ADHD: direct and indirect effects of family adversity, parental psychopathology and parenting practices on externalizing symptoms. *Child Adolesc Psychiatry Ment Health*. 2022;16(1):1-14. doi:10.1186/s13034-022-00529-z

91. Agnew-Blais JC, Wertz J, Arseneault L, et al. Mother's and children's ADHD genetic risk, household chaos and children's ADHD symptoms: A gene–environment correlation study. *J Child Psychol Psychiatry*. 2022;63(10):1153-1163. doi:10.1111/jcpp.13659

92. Golm D, Brandt V. The longitudinal association between infant negative emotionality, childhood maltreatment, and ADHD symptoms: A secondary analysis of data from the Fragile Families and Child Wellbeing Study. *Dev Psychopathol*. 2023;36(3):1-8. doi:10.1017/s0954579423000457

93. Menculini G, Balducci PM, Attademo L, Bernardini F, Moretti P, Tortorella A. Environmental risk factors for bipolar disorders and high-risk states in adolescence: a systematic review. *Medicina (Lithuania)*. 2020;56(12):1-15. doi:10.3390/medicina56120689

94. Lowthian E, Anthony R, Evans A, et al. Adverse childhood experiences and child mental health: an electronic birth cohort study. *BMC Med*. 2021;19(1):1-13. doi:10.1186/s12916-021-02045-x

95. DeJong M, Wilkinson S. Assessment of mental health problems in children following early maltreatment: What will the new diagnosis of complex PTSD add? *Dev Child Welf*. 2019;1(4):360-373. doi:10.1177/2516103219892636

96. NICE. Conduct disorders in children and young people: What risk factors are associated with conduct disorders? 2023. Accessed October 21, 2024. https://cks.nice.org.uk/topics/conduct-disorders-in-children-young-people/background-information/risk-factors/

97. Walker CS, Walker BH, Brown DC, Buttross S, Sarver DE. Defining the role of exposure to ACEs in ADHD: Examination in a national sample of US children. *Child Abuse Negl*. 2021;112. doi:10.1016/j.chiabu.2020.104884

98. Dachew BA, Scott JG, Heron JE, Ayano G, Alati R. Association of Maternal Depressive Symptoms during the Perinatal Period with Oppositional Defiant Disorder in Children and Adolescents. *JAMA Netw Open*. 2021;4(9). doi:10.1001/jamanetworkopen.2021.25854

99. Demkowicz O, Panayiotou M, Humphrey N. Cumulative risk exposure and emotional symptoms among early adolescent girls. *BMC Womens Health*. 2021;21(1):1-12. doi:10.1186/s12905-021-01527-7

100. Choi Y, Shin J, Cho KH, Park EC. Change in household income and risk for attention deficit hyperactivity disorder during childhood: A nationwide population-based cohort study. *J Epidemiol*. 2017;27(2):56-62. doi:10.1016/j.je.2016.09.004

101. Maleki A, Bashirian S, Soltanian AR, Jenabi E, Farhadinasab A. Association between polycystic ovary syndrome and risk of attention-deficit/hyperactivity disorder in offspring: A meta-analysis. *Clin Exp Pediatr*. 2022;65(2):85-89. doi:10.3345/cep.2021.00178

102. Morales-Muñoz I, Upthegrove R, Lawrence K, et al. The role of inflammation in the prospective associations between early childhood sleep problems and ADHD at 10 years: findings from a UK birth cohort study. *J Child Psychol Psychiatry*. 2023;64(6):930-940. doi:10.1111/jcpp.13755

103. Lim KX, Liu CY, Schoeler T, et al. The role of birth weight on the causal pathway to child and adolescent ADHD symptomatology: a population-based twin differences longitudinal design. *J Child Psychol Psychiatry*. 2018;59(10):1036-1043. doi:10.1111/jcpp.12949

104. Mikkelsen SH, Olsen J, Bech BH, Obel C. Parental age and attention-deficit/hyperactivity disorder (ADHD). *Int J Epidemiol*. 2017;46(2):409-420. doi:10.1093/ije/dyw073

105. Yim G, Roberts A, Ascherio A, Wypij D, Kioumourtzoglou MA, Weisskopf AMG. Smoking During Pregnancy and Risk of Attention-deficit/Hyperactivity Disorder in the Third Generation. *Epidemiology*. 2022;33(3):431-440. doi:10.1097/EDE.0000000000001467

106. Kim JH, Kim JY, Lee J, et al. Environmental risk factors, protective factors, and peripheral biomarkers for ADHD: an umbrella review. *Lancet Psychiatry*. 2020;7(11):955-970. doi:10.1016/S2215-0366(20)30312-6

107. Easey KE, Sharp GC. The impact of paternal alcohol, tobacco, caffeine use and physical activity on offspring mental health: a systematic review and meta-analysis. *Reprod Health*. 2021;18(1):1-11. doi:10.1186/s12978-021-01266-w

108. Ayubi E, Mansori K. Maternal Infection during Pregnancy and Attention-Deficit Hyperactivity Disorder in Children: A Systematic Review and Meta-Analysis. *Iran J Public Health*. 2022;51(12):2674-2687. doi:10.18502/ijph.v51i12.11458

109. Rosi E, Crippa A, Pozzi M, et al. Exposure to environmental pollutants and attention-deficit/hyperactivity disorder: an overview of systematic reviews and meta-analyses. *Environmental Science and Pollution Research*. 2023;30(52):111676-111692. doi:10.1007/s11356-023-30173-9

110. Kaur S, Morales-Hidalgo P, Arija V, Canals J. Prenatal Exposure to Air Pollutants and Attentional Deficit Hyperactivity Disorder Development in Children: A Systematic Review. *Int J Environ Res Public Health*. 2023;20(8). doi:10.3390/ijerph20085443

111. Ghasemi F, Abbasi K, Ghiasvand R, Clark CCT, Rouhani MH. The association between dietary acid load and risk of attention-deficit hyperactivity disorder: a case-control study. *Child Neuropsychology*. 2023;29(3):474-485. doi:10.1080/09297049.2022.2099536

112. Del-Ponte B, Quinte GC, Cruz S, Grellert M, Santos IS. Dietary patterns and attention deficit/hyperactivity disorder (ADHD): A systematic review and meta-analysis. *J Affect Disord*. 2019;252:160-173. doi:10.1016/j.jad.2019.04.061

113. Maher GM, Dalman C, O'Keeffe GW, et al. Association between preeclampsia and attention-deficit hyperactivity disorder: a population-based and sibling-matched cohort study. *Acta Psychiatr Scand*. 2020;142(4):275-283. doi:10.1111/acps.13162

114. Dachew BA, Scott JG, Mamun A, Alati R. Pre-eclampsia and the risk of attention-deficit/hyperactivity disorder in offspring: Findings from the ALSPAC birth cohort study. *Psychiatry Res*. 2019;272:392-397. doi:10.1016/j.psychres.2018.12.123

115. Cochran DM, Jensen ET, Frazier JA, et al. Association of prenatal modifiable risk factors with attention-deficit hyperactivity disorder outcomes at age 10 and 15 in an extremely low

gestational age cohort. *Front Hum Neurosci*. 2022;16:911098. doi:10.3389/fnhum.2022.911098

116. Tang J, Ou J, Chen Y, et al. The risk of attention-deficit hyperactivity disorder among children with congenital heart disease: A systematic review and meta-analysis. *Child Care Health Dev*. 2024;50(1):e13174. doi:10.1111/cch.13174

117. Shi Y, Dykhoff HJ, Guevara LRH, et al. Moderators of the association between attention-deficit/hyperactivity disorder and exposure to anaesthesia and surgery in children. *Br J Anaesth*. 2021;127(5):722-728. doi:10.1016/j.bja.2021.07.025

118. Alterman N, Johnson S, Carson C, et al. Gestational age at birth and child special educational needs: A UK representative birth cohort study. *Arch Dis Child*. 2021;106(9):842-848. doi:10.1136/archdischild-2020-320213

119. Navalón P, Ghosn F, Ferrín M, et al. Temperamental and psychomotor predictors of ADHD symptoms in children born after a threatened preterm labour: a 6-year follow-up study. *Eur Child Adolesc Psychiatry*. 2023;32(11):2291-2301. doi:10.1007/s00787-022-02073-9

120. Fiore G, Veneri F, Di Lorenzo R, Generali L, Vinceti M, Filippini T. Fluoride Exposure and ADHD: A Systematic Review of Epidemiological Studies. *Medicina (Lithuania)*. 2023;59(4):797. doi:10.3390/medicina59040797

121. Villanger GD, Ystrom E, Engel SM, et al. Neonatal thyroid-stimulating hormone and association with attention-deficit/hyperactivity disorder. *Paediatr Perinat Epidemiol*. 2020;34(5):590-596. doi:10.1111/ppe.12643

122. Williams C, Pease A, Warnes P, et al. Cerebral visual impairment-related vision problems in primary school children: a cross-sectional survey. *Dev Med Child Neurol*. 2021;63(6):683-689. doi:10.1111/DMCN.14819/ABSTRACT

123. Bruce A, Santorelli G, Wright J, et al. Prevalence of, and risk factors for, presenting visual impairment: findings from a vision screening programme based on UK NSC guidance in a multi-ethnic population. *Eye (Basingstoke)*. 2018;32(10):1599-1607. doi:10.1038/s41433-018-0146-8

124. Butcher E, Dezateux C, Cortina-Borja M, Knowles RL. Prevalence of permanent childhood hearing loss detected at the universal newborn hearing screen: Systematic review and meta-analysis. *PLoS One*. 2019;14(7):e0219600. doi:10.1371/JOURNAL.PONE.0219600

125. Hollung SJ, Hägglund G, Gaston MS, et al. Point prevalence and motor function of children and adolescents with cerebral palsy in Scandinavia and Scotland: a CP-North study. *Dev Med Child Neurol*. 2021;63(6):721. doi:10.1111/DMCN.14764

126. Liu L, Jiao J, Yang X, et al. Global, Regional, and National Burdens of Blindness and Vision Loss in Children and Adolescents from 1990 to 2019: A Trend Analysis. *Ophthalmology*. 2023;130(6):575-587. doi:10.1016/J.OPHTHA.2023.02.002

127. Bunce C, Zekite A, Wormald R, Bowman R. Is there evidence that the yearly numbers of children newly certified with sight impairment in England and Wales has increased between 1999/2000 and 2014/2015? A cross-sectional study. *BMJ Open*. 2017;7(9). doi:10.1136/BMJOPEN-2017-016888

128. Teoh LJ, Solebo AL, Rahi JS. Temporal trends in the epidemiology of childhood severe visual impairment and blindness in the UK. *Br J Ophthalmol*. 2023;107(5):717-724. doi:10.1136/BJOPHTHALMOL-2021-320119

129. Glinianaia S V., Best KE, Lingam R, Rankin J. Predicting the prevalence of cerebral palsy by severity level in children aged 3 to 15 years across England and Wales by 2020. *Dev Med Child Neurol*. 2017;59(8):864-870. doi:10.1111/DMCN.13475/ABSTRACT

130. Hrnčić N. Identification of risk factors for hearing impairment in newborns: A hospital based study. *Med Glas*. 2018;15(1):29-36. doi:10.17392/943-18

131. Almonte MT, Zakir R, Cordeiro MF, Schulenburg E. Risk factors associated with blindness at long-term follow-up after treatment for retinopathy of prematurity. *Investigative Ophthalmology and Visual Science Conference*. 2020;61(7):4594-4594. Accessed October 21, 2024. https://iovs.arvojournals.org/article.aspx?articleid=4594

132. Nair V, Janakiraman S, Whittaker S, Quail J, Foster T, Loganathan PK. Permanent childhood hearing impairment in infants admitted to the neonatal intensive care unit: nested case–control study. *Eur J Pediatr*. 2021;180(7):2083-2089. doi:10.1007/s00431-021-03983-7

133. Butcher E, Dezateux C, Knowles RL. Risk factors for permanent childhood hearing impairment. *Arch Dis Child*. 2020;105(2):187-189. doi:10.1136/archdischild-2018-315866

134. Belbasis L, Bellou V, Evangelou E, Tzoulaki I. Environmental factors and risk of multiple sclerosis: Findings from meta-analyses and Mendelian randomization studies. *Multiple Sclerosis Journal*. 2020;26(4):397-404. doi:10.1177/1352458519872664

135. Downs J, Blackmore AM, Epstein A, et al. The prevalence of mental health disorders and symptoms in children and adolescents with cerebral palsy: a systematic review and meta-analysis. *Dev Med Child Neurol*. 2018;60(1):30-38. doi:10.1111/dmcn.13555

136. Lal S, Tremblay S, Starcevic D, Mauger-Lavigne M, Anaby D. Mental health problems among adolescents and young adults with childhood-onset physical disabilities: A scoping review. *Frontiers in Rehabilitation Sciences*. 2022;3. doi:10.3389/fresc.2022.904586

137. Augestad LB. Mental health among children and young adults with visual impairments: A systematic review. *J Vis Impair Blind*. 2017;111(5):411-425. doi:10.1177/0145482x1711100503

138. Harris J, Lord C. Mental health of children with vision impairment at 11 years of age. *Dev Med Child Neurol*. 2016;58(7):774-779. doi:10.1111/dmcn.13032

139. Doidge JC, Morris JK, Harron KL, Stevens S, Gilbert R. Prevalence of Down's Syndrome in England, 1998-2013: Comparison of linked surveillance data and electronic health records. *Int J Popul Data Sci*. 2020;5(1). doi:10.23889/IJPDS.V5I1.1157

140. Best KE, Glinianaia S V., Lingam R, Morris JK, Rankin J. Projected number of children with isolated spina bifida or down syndrome in England and Wales by 2020. *Eur J Med Genet*. 2018;61(9):539-545. doi:10.1016/J.EJMG.2018.05.012

141. Panagouli E, Stavridou A, Savvidi C, et al. School performance among children and adolescents during covid-19 pandemic: A systematic review. *Children*. 2021;8(12). doi:10.3390/children8121134

142. Pittas E, Papanastasiou E. Effects of COVID-19 on the educational performance of children with special educational needs and disabilities: A systematic review according to children's/youth's and caregivers' perspectives. *Res Dev Disabil*. 2023;143. doi:10.1016/j.ridd.2023.104635

143. Kouroupa A, Allard A, Gray K, et al. The association between home learning during COVID-19 lockdowns and subsequent school attendance among children with neurodevelopmental conditions. *Child Care Health Dev*. 2023;49(5):846-851. doi:10.1111/cch.13113

144. McCorkell L, Lobo L. Learning in lockdown: A small-scale qualitative study exploring the experiences of autistic young people in scotland. *Educational and Child Psychology*. 2021;38(3):75-89. doi:10.53841/bpsecp.2021.38.3.75

145. Paterson J, McCarthy M, Triantafyllopoulou P. The impact of the coronavirus pandemic on the lives of children and young people who have special educational needs and/or disabilities in the UK: A scoping review. *Journal of Research in Special Educational Needs*. 2024;24(1):12-24. doi:10.1111/1471-3802.12608

146. Hill C, Keville S, Ludlow AK. Inclusivity for children with autism spectrum disorders: Parents' reflections of the school learning environment versus home learning during COVID-19. *Int J Dev Disabil*. 2023;69(4):546-554. doi:10.1080/20473869.2021.1975253

147. Code A, Fox L, Asbury K, Toseeb U. How did autistic children, and their parents, experience school transition during the Covid-19 pandemic? *British Journal of Special Education*. 2022;49(2):168-189. doi:10.1111/1467-8578.12414

148. Ashworth E, Bray L, Alghrani A, Kirkby J. 'Trying to stay afloat': Education professionals' perspectives on the impact of the COVID-19 pandemic on children with special educational needs and disabilities. *Journal of Research in Special Educational Needs*. 2024;24(3):492-504. doi:10.1111/1471-3802.12647

149. Totsika V, Kouroupa A, Timmerman A, et al. School Attendance Problems Among Children with Neurodevelopmental Conditions One year Following the Start of the COVID-19 Pandemic. *J Autism Dev Disord*. 2024;54(8):2998-3007. doi:10.1007/S10803-023-06025-3

150. ALL-PARTY PARLIAMENTARY GROUP FOR SPECIAL EDUCATIONAL NEEDS AND DISABILITIES. Forgotten. left behind. overlooked. The experiences of young people with SEND and their educational transitions during the Covid-19 pandemic in 2020 - Social Care Online. Published online 2020. Accessed October 23, 2024. https://www.scie-socialcareonline.org.uk/forgotten-left-behind-overlooked-the-experiences-of-young-people-with-send-and-their-educational-transitions-during-the-covid-19-pandemic-in-2020/r/a116f00000UuX4qAAF

151. Dobosz D, Gierczyk M, Hornby G. Parental perspectives of home-schooling of children with special educational needs and disabilities during the COVID-19 pandemic: a review. *Journal of Research in Special Educational Needs*. 2023;23(1):3-11. doi:10.1111/1471-3802.12575

152. Couper-Kenney F, Riddell S. The impact of COVID-19 on children with additional support needs and disabilities in Scotland. *Eur J Spec Needs Educ*. 2021;36(1):20-34. doi:10.1080/08856257.2021.1872844

153. Oliver C, Vincent C, Pavlopoulou G. *The Experiences of Autistic Young People & Their Parents of Lockdown & the Reopening of Schools*.; 2021. Accessed October 23, 2024. https://www.bera.ac.uk/publication/the-experiences-of-autistic-young-people-their-parents-of-lockdown-the-reopening-of-schools

154. McDonald B, Lester KJ, Michelson D. 'She didn't know how to go back': School attendance problems in the context of the COVID-19 pandemic—A multiple stakeholder qualitative study with parents and professionals. *British Journal of Educational Psychology*. 2023;93(1):386-401. doi:10.1111/bjep.12562

155. Ludgate S, Mears C, Blackburn C. Small steps and stronger relationships: parents' experiences of homeschooling children with special educational needs and disabilities (SEND). *Journal of Research in Special Educational Needs*. 2022;22(1):66-75. doi:10.1111/1471-3802.12542

156. Ashworth E, Bray L, Alghrani A, Kirkby J. 'Vulnerable and abandoned'—The impact of the COVID-19 pandemic on education, health and social care provision for children with SEND: Children and parents' perspectives. *Child Soc*. 2023;37(6):1915-1932. doi:10.1111/chso.12774

157. Lewis S, Papadopoulos N, Mantilla A, et al. The impact of COVID-19 on sleep for autistic children: A systematic review. *Res Autism Spectr Disord*. 2023;102. doi:10.1016/j.rasd.2023.102110

158. Dessain A, Parlatini V, Singh A, et al. Mental health during the COVID-19 pandemic in children and adolescents with ADHD: A systematic review of controlled longitudinal cohort studies. *Neurosci Biobehav Rev*. 2024;156. doi:10.1016/j.neubiorev.2023.105502

159. Laguna GG de C, Ribeiro DB, Tavares BRM, et al. Behavior changes in children/adolescents with attention deficit hyperactivity disorder during the COVID-19 pandemic: a systematic review. *Revista Brasileira de Saude Materno Infantil*. 2023;23:e20220353. doi:10.1590/1806-9304202300000353-en

160. Pagnamenta E, Hodgkinson P, Davidson R, Joffe VL. The impact of COVID-19 (Coronavirus) on children and young people with Down syndrome in the United Kingdom. *Front Psychol*. 2023;14:1175636. doi:10.3389/fpsyg.2023.1175636

161. BUREAU NC. Insights into the impact of COVID-19 on children and young people with Special Educational Needs and Disabilities in Northern Ireland: summary interim report. Published online 2021:9. Accessed October 23, 2024. https://www.ncb.org.uk/about-us/media-centre/news-opinion/insights-impact-covid-19-children-and-young-people-send-northern

162. Morris PO, Hope E, Foulsham T, Mills JP. Parent-reported social-communication changes in children diagnosed with autism spectrum disorder during the COVID-19 pandemic in the UK. *Int J Dev Disabil*. 2023;69(2):211-225. doi:10.1080/20473869.2021.1936870

163. Rogers MA, MacLean J. ADHD Symptoms Increased During the Covid-19 Pandemic: A Meta-Analysis. *J Atten Disord*. 2023;27(8):800-811. doi:10.1177/10870547231158750

164. Hall CL, Partlett C, Valentine AZ, Pearcey S, Sayal K. Understanding the Impact of Home Confinement on Children and Young People with ADHD and ASD During the COVID-19 Pandemic. *Child Psychiatry Hum Dev*. 2024;55(5):1279-1293. doi:10.1007/S10578-022-01490-W

165. Mullen L, Evans M, Baillie L. What are the effects of the COVID-19 pandemic on the development of children with special educational needs and disabilities from parents' experiences? An integrative review. *Eur J Spec Needs Educ*. Published online July 19, 2024. doi:10.1080/08856257.2024.2372966

166. Ogundele MO, Ayyash HF, Ani C. The impact of Covid-19 pandemic on services for children and adolescents with ADHD: results from a survey of paediatricians in the United Kingdom. *AIMS Public Health*. 2022;9(3):542-551. doi:10.3934/PUBLICHEALTH.2022037

167. Shorey S, Lau LST, Tan JX, Ng ED, Aishworiya R. Families with Children with Neurodevelopmental Disorders during COVID-19: A Scoping Review. *J Pediatr Psychol*. 2021;46(5):514-525. doi:10.1093/jpepsy/jsab029

168. Pellicano E, Brett S, den Houting J, et al. COVID-19, social isolation and the mental health of autistic people and their families: A qualitative study. *Autism*. 2022;26(4):914-927. doi:10.1177/13623613211035936

169. Winfield A, Sugar C, Fenesi B. The impact of the COVID-19 pandemic on the mental health of families dealing with attention-deficit hyperactivity disorder. *PLoS One*. 2023;18(3 March):e0283227. doi:10.1371/journal.pone.0283227

170. Milea-Milea AC, Fernández-Pérez D, Toledano-González A. The psychological impact of the COVID-19 pandemic on children/adolescents with ASD and their family environment: a systematic review. *Eur Child Adolesc Psychiatry*. 2024;33(1):203-228. doi:10.1007/s00787-023-02151-6

171. Fox L, Asbury K, Code A, Toseeb U. Parents' perceptions of the impact of COVID-19 and school transition on autistic children's friendships. *Autism*. 2023;27(4):983-996. doi:10.1177/13623613221123734

172. Sideropoulos V, Kye H, Dukes D, Samson AC, Palikara O, Van Herwegen J. Anxiety and Worries of Individuals with Down Syndrome During the COVID-19 Pandemic: A Comparative Study in the UK. *J Autism Dev Disord*. 2023;53(5):2021-2036. doi:10.1007/s10803-022-05450-0

173. Ozsivadjian A, Milner V, Pickard H, et al. Autistic and non-autistic young people's and caregivers' perspectives on COVID-19-related schooling changes and their impact on emotional well-being: An opportunity for change? *Autism*. 2023;27(5):1477-1491. doi:10.1177/13623613221140759

174. Tomczak KK, Worhach J, Thuy Trang Nguyen S, et al. Subjective impact of COVID-19 pandemic on youth with tic and OCD spectrum disorders. *Pers Med Psychiatry*. 2023;39-40:100103. doi:10.1016/j.pmip.2023.100103

175. Parlatini V, Frangou L, Zhang S, et al. Emotional and behavioral outcomes among youths with mental disorders during the first Covid lockdown and school closures in England: a large clinical population study using health care record integrated surveys. *Soc Psychiatry Psychiatr Epidemiol*. 2024;59(1):175-186. doi:10.1007/s00127-023-02517-w

176. Bailie V, Linden MA. Experiences of children and young people with attention deficit hyperactivity disorder (ADHD) during COVID-19 pandemic and lockdown restrictions. *Disabil Rehabil*. 2024;46(3):489-496. doi:10.1080/09638288.2022.2164366

177. Dal-Pai J, Soares CB, de Fraga VC, Porto A, Foerster GP, Nunes ML. Consequences of the Covid-19 pandemic in children and adolescents with attention deficit hyperactivity disorder - a systematic review. *J Pediatr (Rio J)*. 2024;100(1):25-31. doi:10.1016/j.jped.2023.06.003

178. Toseeb U, Asbury K. A longitudinal study of the mental health of autistic children and adolescents and their parents during COVID-19: Part 1, quantitative findings. *Autism*. 2023;27(1):105-116. doi:10.1177/13623613221082715

179. Asbury K, Toseeb U. A longitudinal study of the mental health of autistic children and adolescents and their parents during COVID-19: Part 2, qualitative findings. *Autism*. 2023;27(1):188-199. doi:10.1177/13623613221086997

180. Castro-Kemp S, Orcid AM. Silver linings of the Covid-19 pandemic… for some! Comparing Experiences and Social demographic characteristics of autistic and non-autistic children with SEND in England. *J Autism Dev Disord*. 2023;53(10):3968-3979. doi:10.1007/s10803-022-05628-6

181. Asbury K, Fox L, Deniz E, Code A, Toseeb U. How is COVID-19 Affecting the Mental Health of Children with Special Educational Needs and Disabilities and Their Families? *J Autism Dev Disord*. 2021;51(5):1772-1780. doi:10.1007/s10803-020-04577-2

182. Children's commissioner. Children Missing Education : The Unrolled Story. 2024;(September):1-85.

183. Commission on Young Lives. All Together Now Inclusion not exclusion: supporting all young people to succeed in school. 2022;(April). https://thecommissiononyounglives.co.uk

184. Parish N, Bryant B, Swords B. *Children Missing Education*.; 2020. https://static1.squarespace.com/static/5ce55a5ad4c5c500016855ee/t/5faba9bfac99946fb7bca037/1605085634665/Children+Missing+Education+-+final+report+for+publication+10.11.20.pdf

185. The National Autistic Society Scotland. *Not Included, Not Engaged, Not Involved: A Report on the Experiences of Autistic Children Missing School*.; 2018. Accessed October 31, 2024. http://www.parliament.scot/S5_Education/General Documents/20170726InResponseFromScottishGovernmentToASLReport1.pdf

186. Children's commissioner. *What We Learned from The Big Ask about Attendance*.; 2022. https://assets.childrenscommissioner.gov.uk/wpuploads/2022/06/cc-what-we-learned-from-the-big-ask-about-attendance.pdf?platform=hootsuite

187. Connolly SE, Constable HL, Mullally SL. School distress and the school attendance crisis: a story dominated by neurodivergence and unmet need. *Front Psychiatry*. 2023;14. doi:10.3389/FPSYT.2023.1237052

188. Totsika V, Hastings RP, Dutton Y, et al. Types and correlates of school non-attendance in students with autism spectrum disorders. *Autism*. 2020;24(7):1639-1649. doi:10.1177/1362361320916967

189. Kendall L, Taylor E. 'We can't make him fit into the system': parental reflections on the reasons why home education is the only option for their child who has special educational needs. *Educ 3 13*. 2016;44(3):297-310. doi:10.1080/03004279.2014.974647

190. Munkhaugen EK, Gjevik E, Pripp AH, Sponheim E, Diseth TH. School refusal behaviour: Are children and adolescents with autism spectrum disorder at a higher risk? *Res Autism Spectr Disord*. 2017;41-42:31-38. doi:10.1016/J.RASD.2017.07.001

191. Ochi M, Kawabe K, Ochi S, Miyama T, Horiuchi F, Ueno SI. School refusal and bullying in children with autism spectrum disorder. *Child Adolesc Psychiatry Ment Health*. 2020;14(1):1-7. doi:10.1186/S13034-020-00325-7/TABLES/3

192. Adams D. Child and Parental Mental Health as Correlates of School Non-Attendance and School Refusal in Children on the Autism Spectrum. *J Autism Dev Disord*. 2022;52(8):3353-3365. doi:10.1007/S10803-021-05211-5

193. Bitsika V, Sharpley C, Heyne D. Risk for school refusal among autistic boys bullied at school:Investigating associations with social phobia and separation anxiety. *Intl J Disabil Dev Educ*. 2022;69(1):190-203. doi:10.1080/1034912X.2021.1969544

194. Di Vincenzo C, Pontillo M, Bellantoni D, et al. School refusal behavior in children and adolescents: a five-year narrative review of clinical significance and psychopathological profiles. *Ital J Pediatr*. 2024;50(1). doi:10.1186/S13052-024-01667-0

195. Nordin V, Palmgren M, Lindbladh A, Bölte S, Jonsson U. School absenteeism in autistic children and adolescents: A scoping review. *Autism*. 2024;28(7):1622-1637. doi:10.1177/13623613231217409

196. Finning K, Ford T, Moore DA, Ukoumunne OC. Emotional disorder and absence from school: findings from the 2004 British Child and Adolescent Mental Health Survey. *Eur Child Adolesc Psychiatry*. 2020;29(2):187-198. doi:10.1007/S00787-019-01342-4

197. Tanya Lereya S, Cattan S, Yoon Y, Gilbert R, Deighton J. How does the association between special education need and absence vary overtime and across special education need types? *Eur J Spec Needs Educ*. 2023;38(2):245-259. doi:10.1080/08856257.2022.2059631

198. Paulauskaite L, Timmerman A, Kouroupa A, et al. Elective home education of children with neurodevelopmental conditions before and after the COVID-19 pandemic started. *Front Psychol*. 2022;13:995217. doi:10.3389/fpsyg.2022.995217

199. Simmons CA, Campbell JM. Homeschool Decision-Making and Evidence-Based Practice for Children with Autism Spectrum Disorder. *J Dev Phys Disabil*. 2019;31(3):329-346. doi:10.1007/s10882-018-9643-8

200. Maxwell N, Doughty J, Slater T, Forrester D, Rhodes K. Home education for children with additional learning needs–a better choice or the only option? *Educ Rev (Birm)*. 2020;72(4):427-442. doi:10.1080/00131911.2018.1532955

201. O'Hagan S, Bond C, Hebron J. What do we know about home education and autism? A thematic synthesis review. *Res Autism Spectr Disord*. 2021;80:101711. doi:10.1016/j.rasd.2020.101711

202. Smith K, Dickerson C, Smith J. Exploring the reasons why people home educate in Hertfordshire Full Report Executive Summary. 2020;(October):1-88. Accessed October 31, 2024. https://researchprofiles.herts.ac.uk/en/publications/exploring-the-reasons-why-people-home-educate-in-hertfordshire

203. Department for Education. *Children and Families Act* . Statute Law Database; 2014. Accessed September 16, 2024. https://www.legislation.gov.uk/ukpga/2014/6

204. NICE. Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education. Published online January 13, 2023. Accessed September 13, 2024. https://www.nice.org.uk/guidance/ng213

205. Suffolk County Council. Suffolk's SEND Strategy 2024-2029. Published online July 2024. Accessed September 17, 2024. https://www.suffolklocaloffer.org.uk/asset-library/suffolk-send-strategy-24-29-final.pdf

206. Suffolk County Council. Suffolk SEND Local Area Partnership Priority Action Plan. February 2024. Accessed September 16, 2024. https://www.suffolklocaloffer.org.uk/asset-library/suffolk-priority-action-and-improvement-plan-final.pdf

207. Department for Education. Special educational needs in England, Academic year 2023/24. June 20, 2024. Accessed September 17, 2024. https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

208. Cook A, Ogden J, Winstone N. Friendship motivations, challenges and the role of masking for girls with autism in contrasting school settings. *Eur J Spec Needs Educ*. 2018;33(3):302-315. doi:10.1080/08856257.2017.1312797

209. Debate on contribution of independent schools and the potential effects of removal of VAT exemption on their school fees, House of Lords, 5 September 2024 | Local Government Association. Accessed November 28, 2024. https://www.local.gov.uk/parliament/briefings-and-responses/debate-contribution-independent-schools-and-potential-effects

210. VAT on private schools: Everything you need to know – The Education Hub. Accessed November 28, 2024. https://educationhub.blog.gov.uk/2024/11/01/vat-private-schools-everything-you-need-to-know/

211. Gov.uk. Help paying for childcare: 15 hours free childcare for 3 and 4-year-olds - GOV.UK. Accessed September 23, 2024. https://www.gov.uk/help-with-childcare-costs/free-childcare-and-education-for-3-to-4-year-olds

212. Department for Education. Education provision: children under 5 years of age, Reporting year 2024 - Explore education statistics - GOV.UK. July 11, 2024. Accessed September 23, 2024. https://explore-education-statistics.service.gov.uk/find-statistics/education-provision-children-under-5

213. About Us - Caring as a Young Carer. Accessed December 13, 2024. https://carers.org/about-caring/about-young-carers

214. Provision of unpaid care by age - Office for National Statistics. Accessed December 13, 2024. https://www.ons.gov.uk/datasets/RM113/editions/2021/versions/1/filter-outputs/d4a2bd15-859a-4260-8585-1f30034daf62#get-data

215. Cheeseborough S, Harding C, Webster H, Taylor L, Aldridge J. *The Lives of Young Carers in England* .; 2017. Accessed December 13, 2024. https://assets.publishing.service.gov.uk/media/5a7492bae5274a410efd0adb/Lives_of_young_carers_in_England_Omnibus_research_report.pdf

216. The Children's Society. Hidden from view: The experiences of young carers in England. May 2013. Accessed December 13, 2024. https://www.childrenssociety.org.uk/sites/default/files/2020-10/hidden_from_view_final.pdf

217. McKenzie Smith M, Pinto Pereira S, Chan L, Rose C, Shafran R. Impact of Well-being Interventions for Siblings of Children and Young People with a Chronic Physical or Mental Health Condition: A Systematic Review and Meta-Analysis. *Clin Child Fam Psychol Rev*. 2018;21(2):246-265. doi:10.1007/S10567-018-0253-X

218. Goudie A, Havercamp S, Jamieson B, Sahr T. Assessing Functional Impairment in Siblings Living With Children With Disability. *Pediatrics*. 2013;132(2):e476-e483. doi:10.1542/PEDS.2013-0644

219. Hayden NK, Hastings RP, Totsika V, Langley E. A Population-Based Study of the Behavioral and Emotional Adjustment of Older Siblings of Children with and without Intellectual Disability. *J Abnorm Child Psychol*. 2019;47(8):1409-1419. doi:10.1007/S10802-018-00510-5

220. Emerson E, Giallo R. The wellbeing of siblings of children with disabilities. *Res Dev Disabil*. 2014;35(9):2085-2092. doi:10.1016/J.RIDD.2014.05.001

221. Neely-Barnes SL, Graff JC. Are There Adverse Consequences to Being a Sibling of a Person With a Disability? A Propensity Score Analysis. *Fam Relat*. 2011;60(3):331-341. doi:10.1111/J.1741-3729.2011.00652.X

222. Mulroy S, Robertson L, Aiberti K, Leonard H, Bower C. The impact of having a sibling with an intellectual disability: parental perspectives in two disorders. *J Intellect Disabil Res*. 2008;52(Pt 3):216-229. doi:10.1111/J.1365-2788.2007.01005.X

223. Hastings R. *Children and Adolescents Who Are the Siblings of Children with Intellectual Disabilities or Autism: Research Evidence* .; 2014. Accessed December 13, 2024. https://www.sibs.org.uk/wp-content/uploads/2015/09/Young-siblings-research-evidence-review-March-2014.pdf

224. Kovshoff H, Cebula K, Tsai HWJ, Hastings RP. Siblings of Children with Autism: the Siblings Embedded Systems Framework. *Curr Dev Disord Rep*. 2017;4(2):37-45. doi:10.1007/S40474-017-0110-5/FIGURES/1

225. Chien YL, Tu EN, Gau SSF. School Functions in Unaffected Siblings of Youths with Autism Spectrum Disorders. *J Autism Dev Disord*. 2017;47(10):3059-3071. doi:10.1007/S10803-017-3223-0

226. Equality Act 2010. Published online April 2010. Accessed September 19, 2024. https://www.legislation.gov.uk/ukpga/2010/15/contents

227. Department for Work & Pensions. Family Resources Survey: financial year 2022 to 2023. Published online March 26, 2024. Accessed September 20, 2024. https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2022-to-2023/family-resources-survey-financial-year-2022-to-2023

228. Daniel J. The academic achievement gap between students with and without special educational needs and disabilities. *Eur J Spec Needs Educ*. Published online September 13, 2024. doi:10.1080/08856257.2024.2400771

229. NHS England » NHS rolls out free eyesight, hearing and dental checks for children at residential special schools. Accessed October 8, 2024. https://www.england.nhs.uk/2024/10/nhs-rolls-out-free-eyesight-hearing-and-dental-checks-for-children-at-residential-special-schools/

Appendix B: About this Needs Assessment

This Needs Assessment was researched and written between September and December 2024. It reflects the data, academic evidence and information which was available to the Steering Group at that point in time. The Suffolk Public Health & Communities team will continue to update this document on an annual basis, or more frequently on request, taking account of when new data becomes available.

The Steering Group for this Needs Assessment met three times. In addition to these meetings, further conversations took place, and written comments received, from Steering Group Members and wider colleagues.

This SEND Needs Assessment was produced using an agile approach, facilitated by the collaboration of a multi-disciplinary steering group. This group temporarily replaced the existing SEND sufficiency planning group meetings and included colleagues from the NHS, Suffolk County Council Children and Young People's Services, the Suffolk Parent Carer Forum, and Public Health and Communities Suffolk.

The authors would like to extend their grateful thanks to all colleagues who have generously given their time and expertise to support this work.

Appendix C: Additional information

Table 32. Summary of organisations' roles and responsibilities for special educational needs (SEN)

	Roles and responsibilities			
Stage	**Local authorities (including social care services)**	**Education providers (early years, schools and colleges)**	**Local health service commissioners and providers**	**Parents and families**
Identifying children and young people with SEN	Carry out their role with a view to identifying all those who have or may have SEN.	Anyone can bring a child or young person to a local authority's attention		
			Specific duty to notify the local authority if they identify certain children under school age with SEN or a disability	
Assessing the need for support	Must decide whether to assess the need for an EHC plan, which must be considered by parents - who can request a specific school. Legal obligation to consult parents and children to consider their views.	Right to request a local authority assess whether an education, health and care (EHC) plan is needed		Right to request a local authority assess whether an EHC plan is needed.
Agreeing support to meet needs			Must provide a health assessment to be incorporated into EHC plan.	
	Must cooperate with health bodies to integrate education and training with health and social care services.		Must cooperate with local authorities to integrate education and training with health and social care services.	

Providing support agreed in EHC plan or SEN support	Provide children space in an appropriate setting	Provide educational support. No obligation to take children unless specifically mentioned in an EHC plan, which the school must have been consulted on.	Provide health services, as set out in an EHC plan. These can be within educational settings when such services would not normally be provided.
	Review the effectiveness of EHC plans at least every 12 months.	Regularly review SEN support.	
Managing transitions between settings and into adulthood	Prepare older children with EHC plans for adulthood. Help young people transition to adult social care and health services.	Support young people in transition.	Support young people in transition
Accessible and effective redress it things go wrong	Must explain their processes for resolving disagreements, complaints procedures and means of redress.		

Notes

1 The Children and Families Act 2014 and the Care Act 2014 provide the main legislative framework. The *Special educational needs and disability code of practice: 0 to 25 years* first published in 2014, provides detailed statutory guidance on the primary legislation and secondary regulations.
2 EHC plans set out legally enforceable entitlements to specific support.
3 Other parts of government that may also have a role include the benefits and youth justice system. Local authorities also have wider responsibilities regarding schools and social care.

Source: National Audit Office analysis of stakeholder feedback and other data (2024)

Table 33. Overview of experience across the special educational needs (SEN) system, based on stakeholder views and performance data, against statutory requirements

Key stages	What should legally happen	Problems identified across the system
Identifying SEN	Local authorities must carry out their functions with a view to identifying children and young people who have or may have SEN. Anyone can bring a child or young person to their attention. They may not need an EHC plan.	Research from 2021 showed that for those of primary school age, the school they attended was most influential in determining whether they had SEN. Some local authorities and stakeholders told us that there needed to be more timely identification of needs.
Assessing whether an EHC plan is needed	Parents, young people, schools and colleges can all request a needs assessment for an EHC plan. Local authorities must decide whether to undertake such an assessment within six weeks and consult parents and children, having regard for their views.	Parents do not have confidence in the system as recognised by DfE and stakeholders.
Involving other agencies	Local authorities and local health commissioners must have joint arrangements to plan and commission SEN education, health and social care services.	Stakeholders highlighted some effective collaboration, but we also heard of difficulties in accessing health or social care which increased pressures on schools.
Agreeing support to meet needs	Local authorities must issue an EHC plan within 20 weeks, including 15 days for parents or young people to consider a draft. If a local authority decided not to issue an EHC plan, it must tell families within 16 weeks and inform them of their right to appeal.	In 2023, 50% of EHC plans were issued within the statutory deadline. In 2022/23, there were 3,800 appeals against decisions not to assess for EHC plans and 1,250 appeals against decisions not to issue EHC plans - in both cases a 75% increase since 2018/19.
Securing an appropriate setting	Where a child or young person has SEN but no EHC plan there is a specific legal presumption that they will be educated in a mainstream school, only being placed in a special school in exceptional circumstances. For those with EHC plans, they must be educated in mainstream education unless against the wishes of the child's parents or the young person, or incompatible with the provision of efficient education for others.	We heard of many parents not being confident in mainstream schools meeting their children's needs, requesting EHC plans to access a particular setting.

Implementing the agreed support	EHC plans must set out detailed and specific provision for every identified need. Support should be regularly reviewed, with an EHC plan reviewed by the local authority at least every 12 months.	Data to show whether EHC plans are reviewed every 12 months are not available.
Managing transitions between phases and into adulthood	Support should include preparation for transitions between education phases. For older children with EHC plans, local authorities have a legal duty to include preparation for adulthood in the EHC plan review and, where appropriate, must help young people transition to adult social care and health services.	We heard that transitions, particularly from primary school to secondary and for school leavers, were not always well prepared for or managed.
Accessible and effective redress if things go wrong	Local authorities must explain their processes for resolving disagreements, complaints procedures and means of redress.	We heard of the SEN system often being adversarial and that local authorities' processes do not resolve complaints. The number and proportion of appeals to the tribunal continues to rise.

Notes

1 The Children and Families Act 2014 and the Care Act 2014 provide the main legislative framework. The *Special educational needs and disability code of practice: 0 to 25 years* first published in 2014, provides detailed statutory guidance on the primary legislation and secondary regulations.

2 EHC plans set out legally enforceable entitlements to specific support.

Source: National Audit Office analysis of stakeholder feedback and other data (2024)

Appendix D: A note on confidence intervals

Confidence intervals

Confidence intervals are a valuable visual tool for understanding both the reliability of data and whether differences between groups are meaningful. They are typically represented as vertical lines (or "error bars" that look like double ended ‘T’ capped lines) extending above and below the top of each bar.

In the SEND NA, the primary use of confidence intervals is Interpreting Statistical Significance**.** Confidence intervals can help determine whether differences between groups are statistically significant:

- Non-overlapping intervals: If the confidence intervals for two bars don’t overlap, it suggests a statistically significant difference between the groups (it’s unlikely to be due to chance).
- Overlapping intervals: If they overlap, the difference might not be statistically significant, depending on the degree of overlap and the statistical test used.

Find out more about confidence intervals on the Fingertips website.