

Special Educational Needs and Disability (SEND)

Joint Strategic Needs Assessment (JSNA)

April 2025



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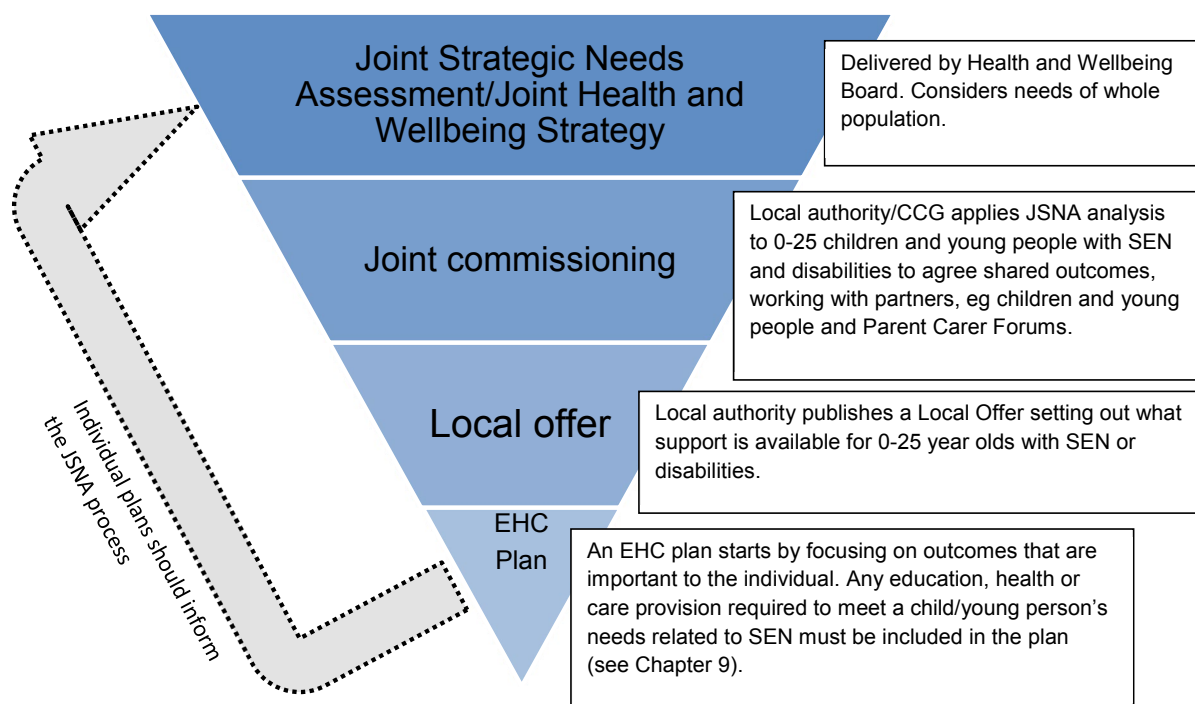
1. Introduction

The Health and Wellbeing Board (HWBB) for Staffordshire provides strategic leadership across health, public health, and social care systems to improve the health and wellbeing of the local population and reduce health inequalities.

One of the Board's duties is to publish a Joint Strategic Needs Assessment (JSNA) which is the means by which the Board understands and agrees the needs of all local people. The purpose of a JSNA is to clearly set out strategic health and care needs for its population to inform strategy, commissioning, and decision-making. It is the basis for the joint health and wellbeing strategy which sets the priorities for joint action.

The Special Educational Needs and Disability (SEND) Code of Practice 2015 articulates that there should be a clear relationship between population needs and what is commissioned for children and young people with SEND.

Figure 1: Joint understanding: Joint Strategic Needs Assessments



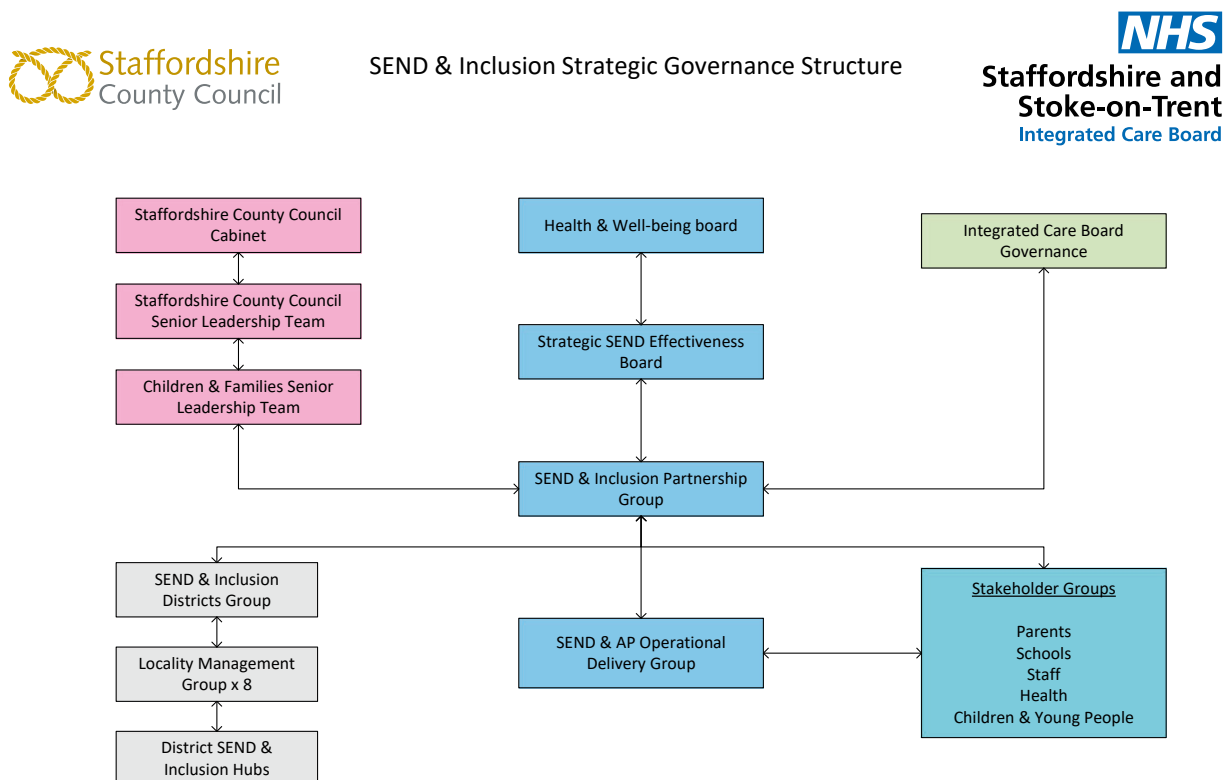
Note: In July 2022 Clinical Commissioning Groups (CCGs) were abolished and replaced by Integrated Care Boards (ICB) who took over their responsibilities and functions.

Source: Special educational needs and disability code of practice: 0 to 25 years; Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities, January 2015

The JSNA for children and young people with SEND was initiated by the SEND and Inclusion Partnership Group in July 2024 after being agreed as an improvement project on the SEND and Alternative Provision Improvement Plan, linked to Staffordshire's SEND Self Evaluation Framework (SEF). The SEND JSNA was later endorsed by the SEND Strategic Effectiveness Board in August 2024.

Both the Partnership Group and the Effectiveness Board includes members across Education, Health, and Social Care. Including senior representatives from Staffordshire County Council (the Council), NHS Staffordshire and Stoke-on-Trent Integrated Care Board (the ICB), Midlands Partnership University NHS Foundation Trust (MPFT), North Staffordshire Combined Healthcare NHS Trust (NSCHT), schools and education settings and Staffordshire’s Parent Carer Forum, together known as the local area partnership. The governance structure is illustrated in Figure 2.

Figure 2: SEND and Inclusion Strategic Governance Structure



This JSNA provides an assessment of the SEND population aged 0-25 through a shared evidence base using multiple data sources from partners that allow us to understand the unique needs, challenges and opportunities for children and young people with SEND and their families.

This document should be read alongside the **accompanying data dashboard** and complements the wider suite of **JSNA publications** in Staffordshire.

What is SEND?

A child or 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 him or her.

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

SEND Code of Practice 2015

What is SEN Support?

The SEND Code of Practice 2015 defines SEN Support as the additional help provided to children and young people with special educational needs (SEN) who do not have an Education, Health, and Care Plan (EHCP).

The code emphasises a graduated approach to SEN support. In Staffordshire there is a **Graduated Response Toolkit** which is guidance for schools in explaining the action they should take in identifying and meeting the needs of children with SEN in their school.

What is an Education, Health, and Care Plan?

An EHCP is a detailed document that outlines the education, health and social care support that is to be provided to a child or young person with SEND. Plans are designed to ensure that the child or young person receives the necessary support to achieve their potential and make a successful transition to adulthood.

An EHCP includes:

- The views, interests, and aspirations of the child or young person and their parents.
- The child or young person's special educational needs and any health and social care needs related to their SEN.
- The outcomes sought for the child or young person.
- The special educational provision required, and any health or social care provision needed.
- The name and type of the education setting (e.g. school or college) where the support will be provided.

2. Local strategic context

Vision

Our vision for children and young people in Staffordshire, as set out in our **SEND Strategy**, is that:

“All children and young people with SEND are given the opportunity to achieve everything that they can. They engage with the right support at the right time from their parents/carers, the community and the professionals that work with them to make this happen”

In order to achieve this vision, four strategic priorities have been set:

- We will communicate well with each other
- We work in partnership to meet the needs of children and young people
- We ensure that the right support is available at the right time
- We encourage communities to be inclusive

Our current strategy is set to conclude in 2026, and we have initiated the strategy refresh process. For the first time, the new strategy will integrate SEND and Alternative Provision, acknowledging that some children with SEND will require alternative provision. This approach ensures that children receive the right support at the right time, whether they are in mainstream education, special schools, or alternative provision.

Co- Production

Our definition for co-production is that: “People with responsibility for providing support, sharing their power by working with those receiving that support at every step, so that the help provided is as good as it can be and makes life better”

Figure 3: Co-production in Staffordshire



We are committed to the Staffordshire **Co-Production Promise and associated toolkit**, actively listening to and responding to the voices of children, young people and their families.

While the JSNA does not yet include direct consultation with children and young people with SEND and their families, this engagement is planned for summer 2025 as part of the wider SEND and Alternative Provision (AP) Strategy community conversations. These sessions, to be held across four locations in Staffordshire, will ensure that the voices and lived experiences of children, young people and their families meaningfully shape both the Strategy and the JSNA, aligning the evidence base with strategic priorities and ensuring a cohesive, co-produced approach.

Staffordshire's Local Offer

The Children and Families Act 2014 requires each Local Authority to produce and publish a Local Offer which sets out in one place information about provision available across education, health and social care for children and young people in the area who have special educational needs or are disabled.

Staffordshire's Local Offer has been developed with parents, carers, children, and young people with SEND and professionals. It provides information and advice about local services in one place, so its quick and easy to find.

Feedback from the Staffordshire Parent Carer Forum survey reported that accessing the Local Offer was complicated but once accessed the information was helpful. It has also been identified through lived experience phone calls that parents and families are not always directed to the local offer within the Education, Health, and Care Needs Assessment Pathway.

SENDIASS – Staffordshire Family Partnership

Staffordshire SENDIASS is jointly commissioned by Staffordshire County Council and the Staffordshire and Stoke-on-Trent ICB. It operates independently as a confidential, impartial, and free service for parents and carers of children and young people aged 0-25 with SEND, as well as for the children and young people themselves. SENDIASS provides information, advice and support covering education, health, and social care issues.



SENDIASS meets Staffordshire SEND leaders to share themes and trends of contacts to influence service improvements.

Staffordshire's Parent Carer Forum (Staffs PCF)

Staffs PCF is an independent volunteer-run organisation of parents and carers of children with SEND. Their main goal is to enhance the provision and outcomes for SEND children in Staffordshire by ensuring that parents' voices are heard by service providers and commissioners. They offer a platform for parents to connect, share experiences, and access resources, and they collaborate with local authorities, schools, and the NHS to improve SEND services.

Staffs PCF also hold events like the 'Together we Thrive' marketplace which allows SEND specialists to provide information and support. These events are key in bringing together parents and different parts of the system.

The Voice Project

The Voice Project in Staffordshire ensures that the voices of children, young people, and their families are heard and integrated into the planning and delivery of services. Within this broader program, there is **SEND for Our Voices**, a forum for children and young people with SEND experience, as well as other engagement activities reaching children and young people with SEND in mainstream, alternative provision and community groups.



The views and feedback gathered from these groups is used to influence change and support future service provision. Recent topics have included:

- SEND questions to be used to create a survey for young people
- Sharing lived experiences with Staffordshire and Stoke-on-Trent ICB
- Supporting the service with the recruitment of professionals via young people's interview panels.

Staffordshire will continue to use the group's feedback in our work and look to create further opportunities for children and young people with SEND to engage, particularly through the work of the SEND and alternative provision strategy and efforts to improve the lived experience of children and young people and their families through Staffordshire's Quality Assurance Framework.

Local Area SEND Inspection

In November 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Staffordshire to judge the effectiveness of the area in implementing the SEND reforms as set out in the Children and Families Act 2014.

The **findings from the inspection** identified areas of strength and areas for further improvement. The main concern being the different parts of the system (education, health, and care) did not work together or with families well enough. In response to the inspection, Staffordshire were required to produce and submit a Written Statement of Action (WSOA) to Ofsted to drive the improvements needed. The **WSOA** created with our partners in education, health and social care, as well as with local parents was submitted in April 2019.

In January 2022, Ofsted and CQC carried out a **joint re-visit** of the local area to assess how effectively the areas of the WSOA had been addressed. Improvements were found in six out of eight areas under review. However, they identified that more work was needed to improve both co-production with families and the quality of EHCPs. In response, an Accelerated Progress Plan (APP) was agreed with the Department for Education in April 2022.

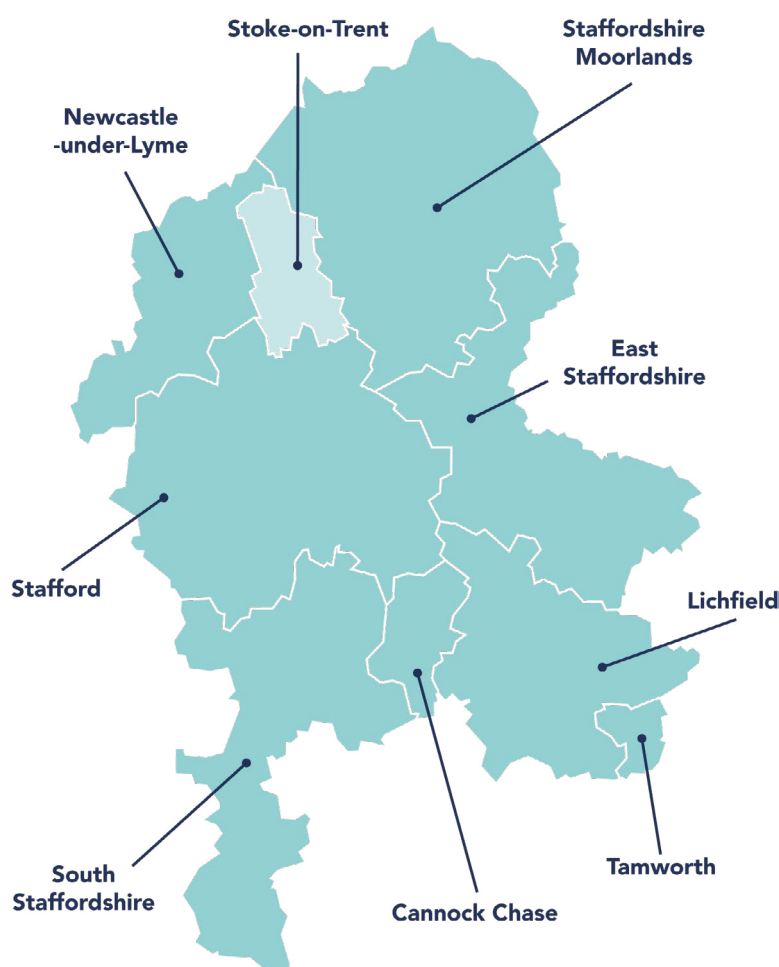
Since then, there have been local area monitoring visits to track progress made. Staffordshire has moved away from an APP and developed a SEND and alternative provision improvement plan. The content of this improvement plan has been driven by the SEND Self Evaluation Framework (SEF), the original APP, and the SEND Strategy. It also links to other activities in parts of the system where we need to stay connected.

The next monitoring visit is planned for the 10 June 2025.

3. About Staffordshire

Staffordshire is a large rural County in the West Midlands region of England. The resident population as at June 2023 was 898,500 of which 172,900 (19%) are children and young people aged under 18 and 246,400 (27%) aged 0-25.¹ Staffordshire operates under a two-tier local government arrangement: Staffordshire County Council and eight districts and boroughs: Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth.

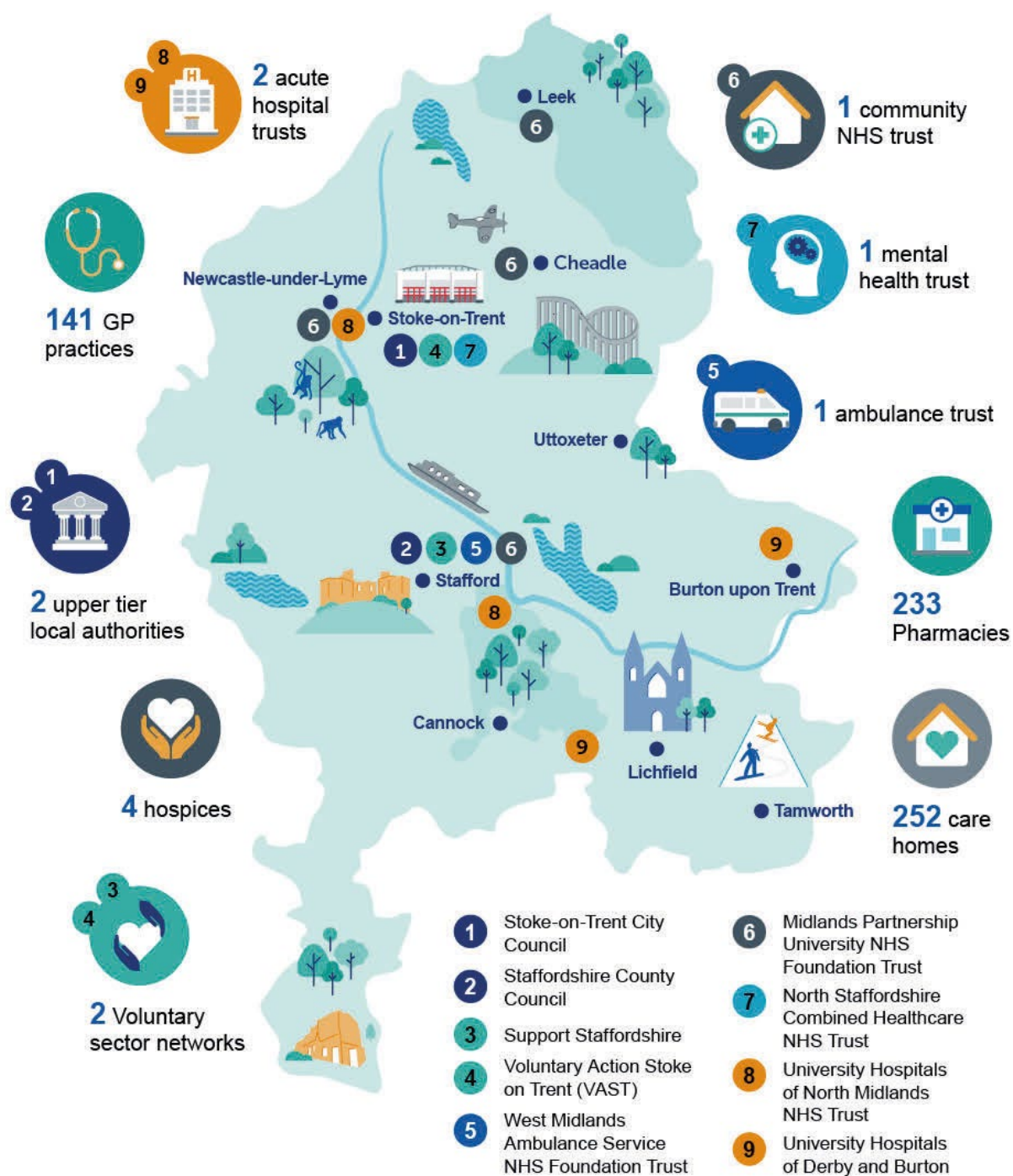
Figure 4: Map of Staffordshire districts



The County is covered by **NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)**. In some instances, the ICB and NHS data can be broken down by a lower level (sub-ICB areas), however these do not map directly onto the district model of the County. The five sub-ICB areas are Cannock Chase; East Staffordshire, North Staffordshire; Stafford and Surrounds; and South East Staffordshire and Seisdon Peninsula. As at 1 January 2025, the GP registered population aged under 18 covering the Staffordshire area was 171,700 whilst the 0-25 GP registered population was also 246,400.

¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

Figure 5: Map of Staffordshire's health and care

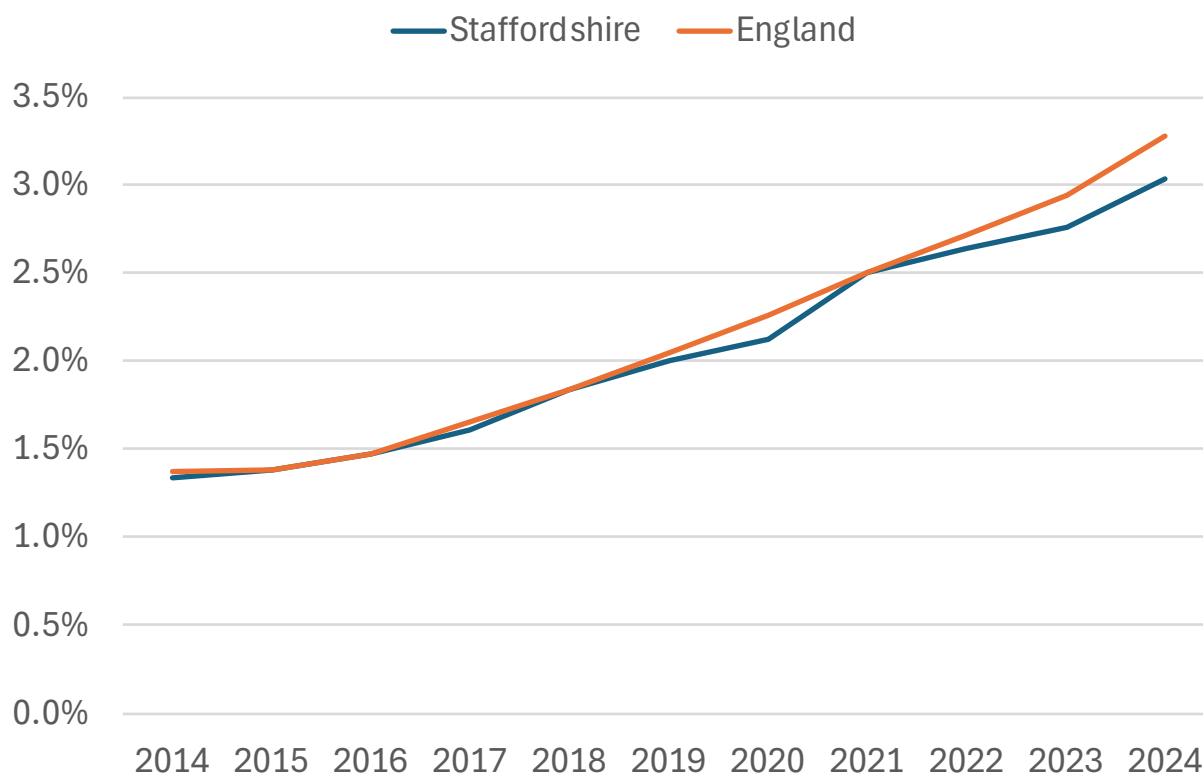


4. Overview of SEND population

How has the SEND population changed over time?

More children and young people are being identified as having SEND. As at January 2024, there were 7,490 children and young people with an EHCP making up 3% of the 0-25 population which is the similar to England (also 3%). This is more than double the number of children with EHCPs from a decade ago (3,300 reported in 2014).

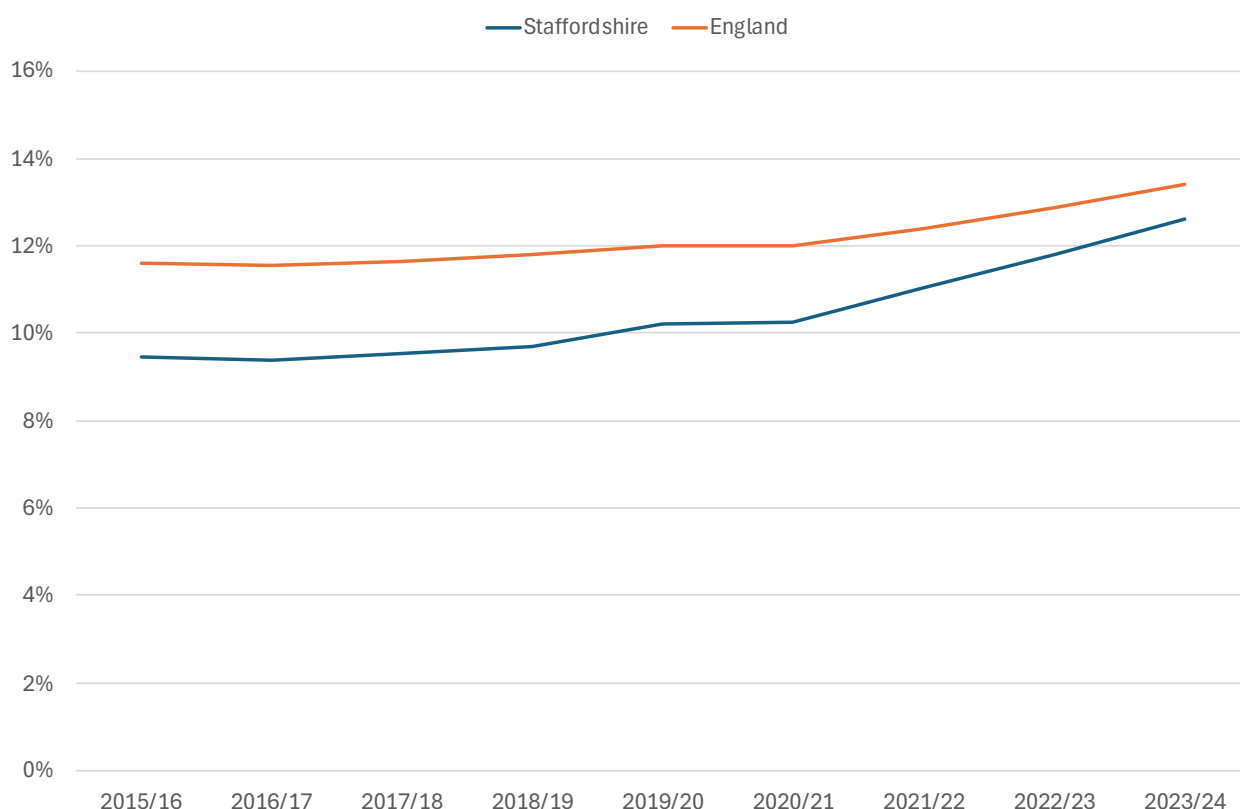
Figure 6: Trends in children and young people under 25 with an EHCP



Source: Education, health and care plans, 2024, Department for Education <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>

The January 2024 school pupil census found there were over 15,800 with SEN support needs making up 13% of the school pupil population which is similar to England (also 13%). This compares to 9% of the school pupil population during 2015/16.

Figure 7: Trends in school-aged children with SEN support needs



Source: Special educational needs in England 2023/24, Department for Education, <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2023-24>

There are several factors contributing to the increase in children with SEND. The implementation of the 2014 SEND reforms, which included older age ranges, has likely contributed to some of the rise. Additionally, there has been a significant increase in awareness and understanding of conditions, leading to more children being diagnosed and identified as needing support. Greater awareness and to some degree stronger incentive to seek statutory provision among parents, teachers and healthcare professionals has also played a role. During this period, spending on prevention and early intervention, such as health visiting services and early help programmes, has notably reduced. These services identify developmental needs early, like speech and language delays, potentially preventing more complex SEND needs later. The coronavirus (COVID-19) pandemic has intensified demand, exacerbating existing challenges and creating new ones for children with SEND. This has affected their development and access to support, causing some children to fall further behind and experience periods of non-attendance at school.

More money is being invested in the SEND system, but it is not keeping pace with need and what we are actually spending. The SEND system in England has faced unprecedented pressure over the past decade, and without substantial reform it is likely to become unmanageable for local government over the coming years particularly as more exclusive provision has resulted in higher costs. Local authorities fund SEND support primarily through the High Needs Block (HNB) of the Dedicated Schools Grant (DSG). This funding is intended to cover costs of providing education, which includes alternative provision for vulnerable children and young people with SEND.

The HNB has been insufficient to meet the growing demand and complexity of needs and as a result, Staffordshire faces substantial financial challenges in meeting the needs of its growing SEND population. The DSG deficit in Staffordshire was £30.8 million at the end of the 2023/24 financial year and is forecast to be circa £56 million at the end of the 2024/25 financial year with a HNB in-year deficit of £28 million.

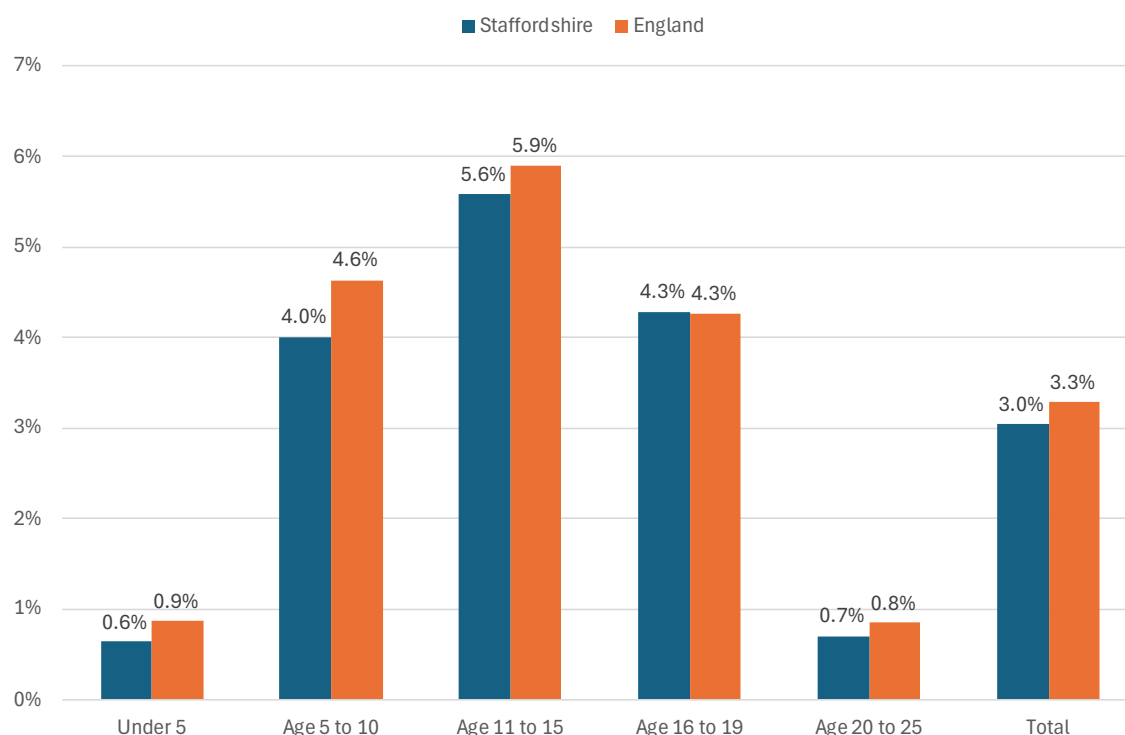
Staffordshire have looked to mitigate the shortfall by implementing a DSG deficit management plan (DMP), this plan aligns with the wider objectives of the Staffordshire's SEND Strategy and SEND & alternative provision improvement plan. Whilst these do not address the accumulated deficit, they do limit the extent to which it grows.

What are the characteristics of the SEND population?

The majority of children and young people with SEND are male, of compulsory school age (aged five to 15) and White British. However, the number of children and young people with SEND has increased across all age groups.

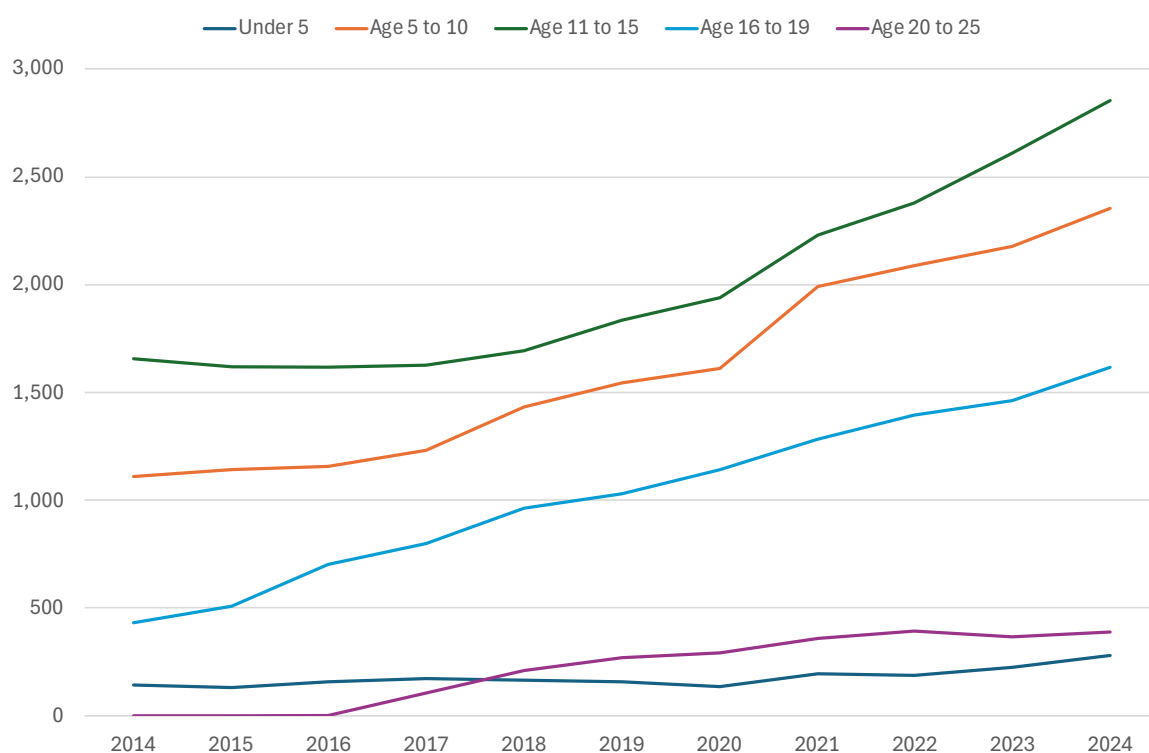
- Similar to the national picture, the proportion of children and young people with an EHCP is much higher in the male population (72%). Similarly, the proportion of children with SEN support needs is higher in the male population (62%).
- The pattern of children with an EHCP in Staffordshire is similar to that seen nationally, with school-aged children having higher proportions of EHCPs (Figure 8). Around 92% of children with SEN support needs are also aged 5-15. The age and gender profiles for EHCPs in Staffordshire are broadly similar across the eight districts.
- Whilst the overall number and proportion of children aged under five who have an EHCP is low compared with older age groups, there have been significant increases in this cohort. For example, numbers have doubled since 2014, with around 140 more children (Figure 9). The lower overall numbers and proportions are likely due to younger children being less frequently identified and labelled with special educational needs at such an early age. However, the increases we have seen in the under-five population are linked to the positive impact of the new childcare entitlements and improved access to early years education, which have contributed to better identification and support for young children. The main primary need identified for children under five is speech, language, and communication needs. Similarly, the number of children under five identified with SEN support needs has also increased.
- The relatively small proportion of young people aged 20 and over with SEND reflects the natural progression of this cohort leaving education, as there is no expectation that they should remain in education until 25 unless necessary. For children and young people aged 16 and over, the most common reason for closing their EHCP was that they no longer wished to engage in education or training (53%). Other common reasons for EHCP closures included moving to another local authority area, transitioning to higher education, and moving into paid employment.

Figure 8: Prevalence of EHCPs by age group, 2024



Source: Education, health and care plans, 2024, Department for Education <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>

Figure 9: Trends in Staffordshire children and young people with EHCPs by age group



Source: Education, health and care plans, 2024, Department for Education <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>

- The majority of children and young people with an EHCP are from a White background (85%), which reflects the demographic make-up of Staffordshire's population in this age group (89%). A relatively high proportion (6%) of children and young people with an EHCP have an ethnicity recorded as "information not yet obtained". The majority of children and young people with SEN support needs are also from a White background (90%).
- Around 13% of children with an open EHCP and 4% of children with SEN support needs are supported by a social care worker with the majority having a 'children in need' plan.

What are the primary needs of the population with SEND?

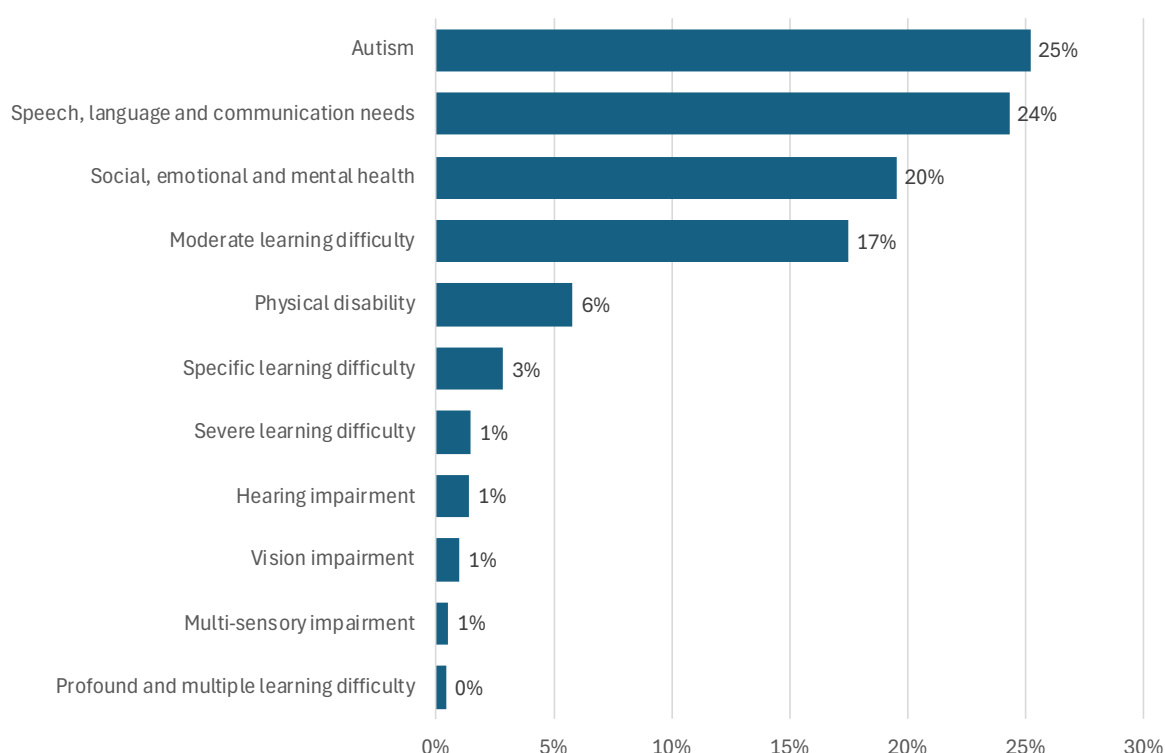
The most frequently identified need among children and young people with an EHCP is autism. The most frequently identified type of primary need for school-aged children with SEN support is moderate learning difficulties. However, many children with SEND have multiple or intersecting needs. Staffordshire is therefore committed to supporting children and young people with SEND based on their individual needs rather than diagnostic labels.

Research indicates that the classification of SEN support needs, and consequently the support provided, can vary depending on differences in interpretation and practice between schools and local authorities. While we have data to assess the primary type of need for children with SEND, this data should be used with caution as some types of need may be incomplete or under-reported. Additionally, while this data is useful for understanding and supporting a child's individual needs to some extent, many children with SEND have multiple or intersecting needs. Therefore, professionals should be flexible in understanding the holistic needs of the child. It is important to remember that while the primary category of need identifies the child's main need, it is not the only need or the only areas of support a child or young person may require.

- The most frequently identified primary type of need for children and young people with an EHCP is autism, followed by speech, language, and communication needs; social, emotional, and mental health needs; and moderate learning difficulties (Figure 10).



Figure 10: EHCPs by identified primary need, 2024



Source: 2024 SEN2 return on education, health and care plans, Staffordshire County Council

- Differences in identified primary need
 - The most frequently identified primary need for males was autism, whereas for females, it is speech, language, and communication needs (Table 1).
 - The most frequently identified primary need for children aged under 11 is speech, language, and communication needs, whereas for children and young people aged 11 and over it is autism.
 - The most frequently identified primary need across districts is generally similar. However, some differences do exist, for example Stafford and South Staffordshire have a higher proportion of children with autism whilst speech, language, and communication needs are higher in East Staffordshire. Some of these differences may partially be due to historical differences in commissioning and subsequently diagnosis of conditions between what is now known as sub-ICB levels.
 - The most commonly identified for children and young people from an Asian/British Asian ethnic background is speech, language, and communication needs whilst for children from a Black/Black British ethnic group it was autism.

Table 1: Frequently identified primary need for EHCPs by characteristics, 2024

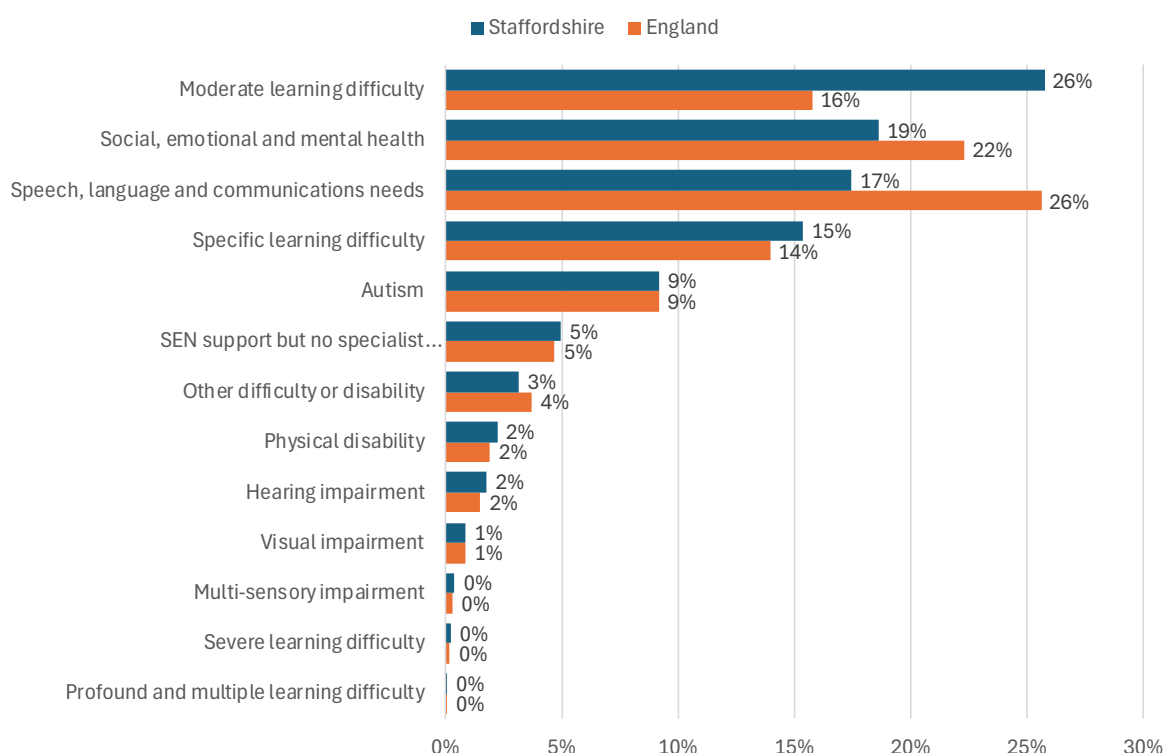
	Frequently identified primary need		
Total	Autism (25%)	SLCN (24%)	SEMH (20%)
Male	Autism (28%)	SLCN (25%)	SEMH (21%)
Female	SLCN (23%)	MLD (23%)	Autism (19%)
Under 11	SLCN (55%)	Autism (18%)	MLD (8%)
11-15	Autism (24%)	SLCN (22%)	SEMH (21%)
16-19	Autism (29%)	SEMH (27%)	MLD (20%)
20 and over	Autism (32%)	MLD (23%)	SEMH (18%)
Cannock Chase	Autism (26%)	SLCN (22%)	SEMH (22%)
East Staffordshire	SLCN (30%)	Autism (22%)	SEMH (16%)
Lichfield	Autism (25%)	SLCN (22%)	MLD (19%)
Newcastle-under-Lyme	SLCN (26%)	Autism (23%)	SEMH (22%)
South Staffordshire	Autism (27%)	SLCN (26%)	SEMH (18%)
Stafford	Autism (32%)	SEMH (19%)	SLCN (19%)
Staffordshire Moorlands	SLCN (25%)	SEMH (24%)	Autism (22%)
Tamworth	Autism (25%)	SLCN (25%)	MLD (22%)
White	Autism (26%)	SLCN (24%)	SEMH (19%)
Asian/Asian British	SLCN (40%)	Autism (19%)	MLD (16%)
Black/Black British	Autism (30%)	SLCN (27%)	MLD (20%)
Mixed ethnic groups	SLCN (28%)	SEMH (26%)	Autism (23%)
Other ethnic group	SLCN (38%)	Autism (35%)	MLD (11%)
Ethnicity not known	SEMH (33%)	Autism (24%)	SLCN (16%)

Abbreviations: SLCN - speech, language, and communication needs; SEMH - social, emotional and mental health needs; MLD - moderate learning difficulties

Source: 2024 SEN2 return on education, health and care plans, Staffordshire County Council

- The most frequently identified primary type of need for school-aged children with SEN support is moderate learning difficulties followed by social, emotional, and mental health needs; speech, language, and communication needs; specific learning difficulties and autism (Figure 11). The higher proportion of children identified with moderate learning difficulties compared to England may be due to the absence of diagnosis services for learning disabilities.

Figure 11: SEN support by identified primary need, 2023/24



Source: Special educational needs in England 2023/24, Department for Education, <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2023-24>

- Based on data from the School Census on EHCPs and SEN support, the number of children with social, emotional, and mental health have increased between 2015/16 and 2023/24, with almost 2,000 more children. This is followed by children with speech, language, and communications needs, with 1,800 more children than in 2015/16, and autism with, 1,200 more children compared to 2015/16.

Staffordshire is committed to supporting children and young people with SEND based on their individual needs rather than diagnostic labels. This ethos is reflected in the County's approach to commissioning and delivering services, which focuses on early intervention, inclusive education, and personalised support. Staffordshire's commitment to needs-based approach is evident in its use of the Graduated Response Framework, the Enhanced Assess Plan Do Review (EAPDR) pathway, and the support offered via Staffordshire's SEND and Inclusion Model.

To further demonstrate the County's dedication to these principles, there has been a significant investment of £10 million to make provision for pre-statutory support in mainstream schools from 2023-2028. Mainstream schools can access enhanced support (EAPDR) through a co-produced pathway overseen by the SEND and Inclusion District Hubs, which are run by school leaders. Staffordshire Enhanced District Inclusion Support (SEDIS) teams, comprising groups of schools, have been specifically commissioned to support SEND and inclusion improvement in mainstream settings.

As part of the SEND and Inclusion Model, Locality Management Groups (LMGs) are responsible for strategic planning and commissioning to meet the needs of children and young people in their local area. Each area has developed a local district plan to identify themes and trends and develop the support available. Once support is identified, services are commissioned through the Staffordshire Children and Young People's Flexible Framework, which hosts quality assured services to be called upon as needed to support children and young people in their education settings and communities.

The Children's Commissioner for England, 'Waiting times for assessment and support for autism, attention deficit hyperactivity disorder (ADHD) and other neurodevelopmental conditions' highlighted several key points regarding support for children with autism and other neurodevelopmental conditions, emphasising that children should not need a formal diagnosis or label to access the support they need.²

The main recommendations were:

- **Early and timely support:** children should receive support as soon as their needs are identified, without waiting for a formal diagnosis. This includes interventions in their homes, schools, and communities.
- **Inclusive education:** schools should be equipped to support children with neurodevelopmental conditions, ensuring they can access their education without needing a diagnosis.
- **Holistic approach:** support should address the child's overall wellbeing, including mental health, social skills, and emotional regulation.
- **Reducing waiting times:** the Commissioner has called for significant reductions in waiting times for assessments and support services which can currently take years.



² https://assets.childrenscommissioner.gov.uk/wpuploads/2024/10/CCo-report-on-ND-waiting-times_final.pdf

Staffordshire's Autism Inclusion Team

The Autism Inclusion Team (AIT) is part of Staffordshire's Specialist Teaching Support Service (STSS). They work with children and young people up to the age of 25 who have a diagnosis or working diagnosis of autism. AIT offers specific support and advice to staff, children, and parents in nurseries, mainstream settings, and further education. Services include autism awareness and acceptance training, practical strategy sessions, and tailored support to suit individual needs. The team consists of specialist teachers and communication support workers who provide one-to-one or small group work, advice on curriculum access, and intensive support for students struggling in mainstream environments.

Whilst the Children's Commissioner advocates for support based on need rather than requiring a formal diagnosis, the AIT requires a formal or working diagnosis of autism to access specialist support. Although AIT provides comprehensive services that align with the Commissioner's emphasis on timely and holistic support, the necessity of a diagnosis contrasts with the Commissioner's recommendation for a more inclusive model where support is accessible based on need alone.

Where do children with SEND live?

There is a strong association between deprivation and higher rates of SEND prevalence; children with SEND are more likely to be eligible for free school meals. The proportion of children and young people known to Cannock Chase SEND and Inclusion Hubs appears to be lower than expected.

- In terms of districts, the highest proportion of children and young people with an active EHCP are found in East Staffordshire, Stafford, and Cannock Chase. Relative to population size, Cannock Chase has the largest prevalence of children and young people with an EHCP.
- Nationally, there is a strong association between deprivation and higher rates of SEND prevalence. This is also mirrored locally, with data from the School Census indicating that the prevalence of children with SEND (EHCP and SEN support needs combined) is double in those who are eligible for free school meals (29%) compared to those who are not eligible for free school meals (14%).
- Experian Mosaic segmentation can help us understand and address different population needs by categorising individuals and households based on their demographics, lifestyles, and behaviours, allowing us to tailor our services and communications. The JSNA SEND dashboard includes a breakdown of communication and engagement preferences for the different Mosaic segments. In terms of the SEND population, the highest number being from the 'family basics' and 'aspiring homemakers' groups.
- In terms of children known to their respective SEND and Inclusion Hubs, Lichfield (0.5% of the population aged 0-25) and Cannock Chase (0.8%) have both the lowest numbers and proportion of their children known to Hubs compared with Tamworth (1.7%). This contrasts data showing that Cannock Chase has the highest prevalence of children and young people with an EHCP. There is a need to better understand the reasons behind these findings.

Where are pupils with SEND educated?

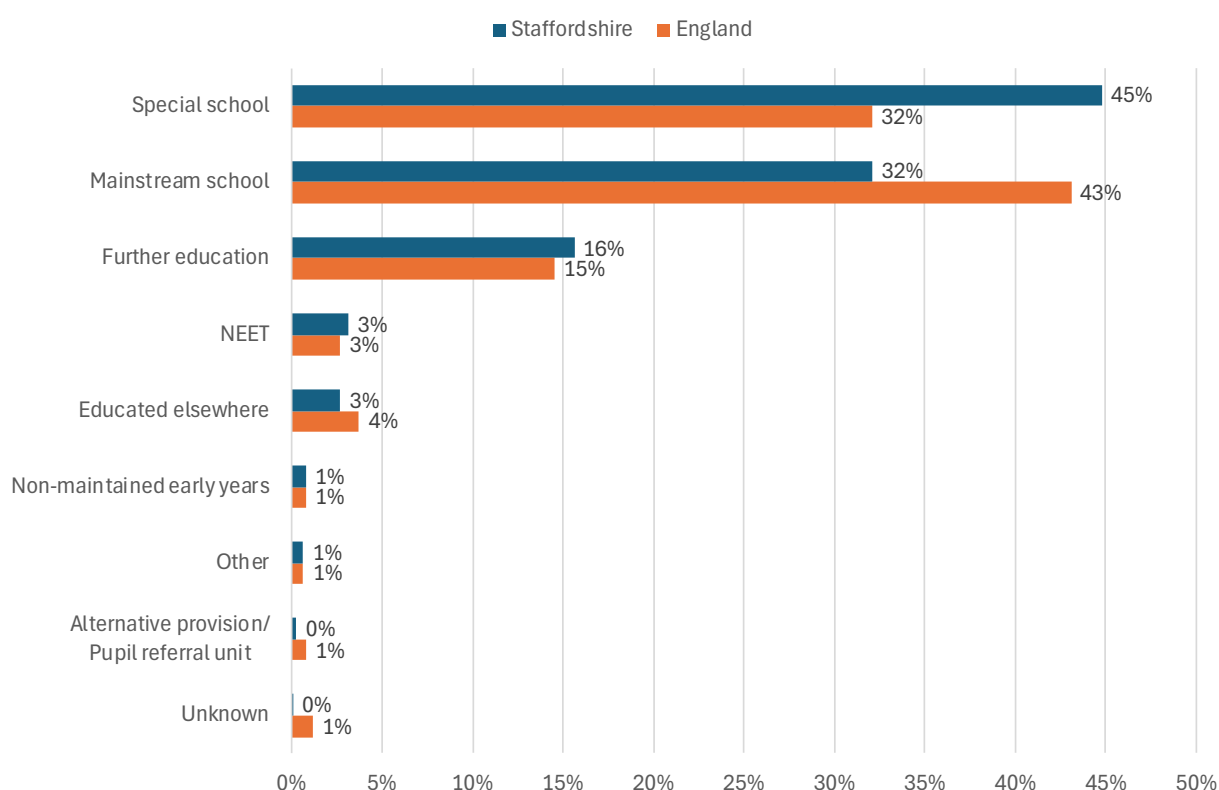
Fewer children and young people with an EHCP attend mainstream schools in Staffordshire than the national average.

Not all children and young people who have SEND require an EHCP or need to attend a special school. The level and type of support a child or young person needs to reach their full potential can vary hugely, and many can be well supported in their local mainstream schools. Children and young people with SEND in Staffordshire are educated in a variety of settings:

- Children and young people with an EHCP in Staffordshire are more likely to attend a special school than the national average (45% compared to 32%), which likely reflects the number of special schools within Staffordshire (Figure 12).
- Children with SEN support needs in Staffordshire are mainly supported within mainstream schools, with just over 1% within alternative provision.
- Anecdotal evidence suggests that due to the increasing number of children and young people with SEND aged 16 and over (as previously illustrated in Figure 9), there have been some challenges in the suitable availability of learning provision for post-16 learners, particularly those with social, emotional and mental health needs, such as college placements.



Figure 12: Children and young people with EHCP by type of education provision, 2024



Source: Education, health and care plans, 2024, Department for Education <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2024>

What is Alternative Provision?

Alternative provision involves educational arrangements for pupils who are unable to attend mainstream or specialist schools due to various reasons, such as exclusion, illness, or other circumstances. Typically, alternative provision is a short-term solution aimed at helping children and young people reintegrate into their regular school environment. However, in some exceptional cases, it can be a longer-term arrangement.

Local authorities are responsible for organising alternative provision when a child or young person is permanently excluded from school or when specialist services have discharged their duty to provide suitable and complementary alternative education for vulnerable groups, including:

- Students with an EHCP.
- Those known to the Youth Offending Service
- Children in Care, including Unaccompanied Asylum-Seeking Children (UASC)
- Students who join the Local Authority partway through Year 11

The **Local Offer** outlines the details on Staffordshire's arrangements for alternative provision.

Whole School SEND Project

Whole School SEND promotes a whole-school approach to supporting children and young people with SEND by integrating SEND strategies into every aspect of school life, ensuring that all staff are equipped to support pupils effectively.

Based on the work of **Whole School SEND (WSS)**, Staffordshire aims to enable high-quality, consistent, and sustainable SEND provision across all schools. The project supports schools in developing their capacity to provide for children and young people with SEND and embedding practices shared through WSS training programmes.

The project offers direct support to schools and their SENCOs, including training sessions on SEND leadership, data use, and self-evaluation. The Council funds half a day a week for an experienced SENCO in each district, known as a SEND Review Coordinator (SRC). SRCs offer structured networking opportunities for SENCOs to share best practices and support each other.

SRCs lead the SEND self-evaluation and peer review process, where schools complete a self-evaluation audit based on best practice frameworks. This is verified through peer reviews, where schools collaborate to provide a peer review report, helping schools develop priorities for improving SEND provision. Additionally, Staffordshire, in conjunction with SRCs, provides informal support for individual SENCOs, including coaching, consultation, OFSTED preparation, and specific SEND-based requests.

To date, over 200 schools have engaged with the Whole School SEND Project across the following key measures:

1. Completion of Whole School SEND Training.
2. Engagement in networking, in addition to the above.
3. Completion of a self-evaluation, in addition to the above.
4. Completion of a peer review, in addition to the above.

In Staffordshire, fewer children and young people with an EHCP attend mainstream schools than the national average. This often results in children and young people being educated outside their local communities, traveling significant distances for education, facing challenges in planning placement decisions and increasing spending on independent provision, which negatively impacts the HNB.

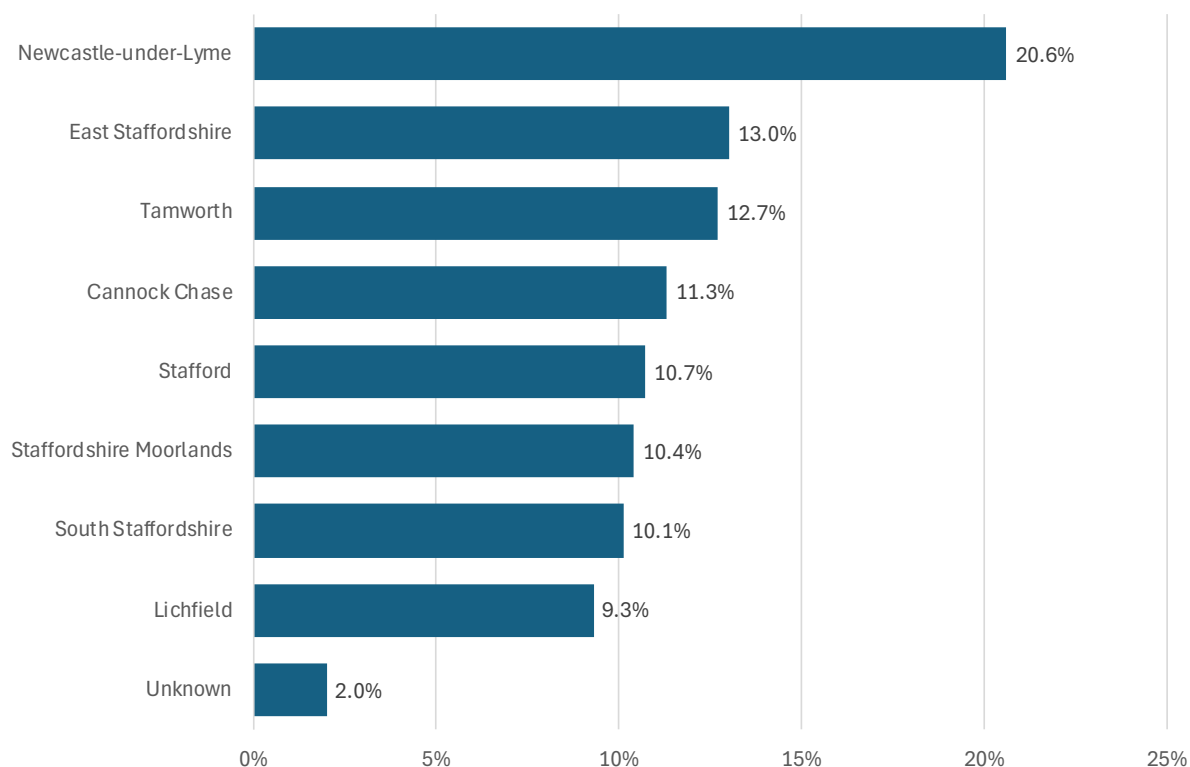
To address this challenge, Staffordshire introduced the Enhanced Assess Plan Do Review (EAPDR) pathway in January 2024. The EAPDR pathway enhances the capacity of the educational settings to meet the SEND needs of children and young people by providing the right support, in the right place, at the right time. It ensures schools and settings receive additional advice, support, and resources to meet the needs of children and young people within their own settings.

The primary purposes of the EAPDR pathway are to:

- Support settings to meet the needs of children and young people in their local mainstream schools.
- Ensure children and young people have their needs met earlier.
- Improve co-production in how we work with children, young people, and families.
- Improve multi-disciplinary workings and partnerships.
- Improve the 'tell it once' approach by reducing duplication of information.
- Improve the quality and timeliness of education, health, and care needs assessments.
- Improve the quality of EHCPs (if they are required).
- To record pre statutory interventions in a centralised document, capturing assessment and learning about the child over time, accessible by all professionals involved, along with parents / carers.
- Place holistic outcomes at the very start of the graduated approach to meeting children and young people's needs.
- Ensure equity of practice across the county and place the child, young person and family at the centre of discussions, planning and decision making within the context of their learning environment.

There were 797 requests from SEND and Inclusion Hubs to access the EAPDR pathway between January 2024 and March 2025. At a district level over a fifth of all requests come from Newcastle, whilst the smallest proportion of requests were from Lichfield, who also had the smallest proportion of children and young people known to their Hub (Figure 13).

Figure 13: Children and young people with EHCP by type of education provision, 2024



Source: Staffordshire County Council

The **Staffordshire Enhanced District Inclusion Support (SEDIS) model** is designed to empower mainstream schools to address the needs of children and young people facing learning barriers and to support inclusion. Staffordshire County Council have been allocated circa £39 million in High Needs Provision Capital Allocations (HNPCA) funding to support the creation of new school places and enhance existing provisions for children with SEND. This funding aims to reduce reliance on independent special schools by increasing local capacity through the establishment of resource bases in mainstream schools, improving facilities at special schools, and implementing in-reach bases as part of the SEDIS Model.

As of May 2025, the Council has completed six projects, resulting in the creation of 91 additional school places for children with SEND. Furthermore, nine additional projects have been approved and are at various stages of pre-commencement. This initiative not only addresses immediate needs but also promotes long-term, inclusive, and cost-effective local educational options for children with SEND.

Staffordshire County Council, Stoke-on-Trent City Council, healthcare providers, and commissioners in the Staffordshire and Stoke-on-Trent Integrated Care System have worked together to create the **Sensory Processing Needs Toolkit**. This toolkit was developed in response to the growing number of requests from schools for help with sensory processing issues and the evident lack of local support for these. The goal is to work together as partners to address this issue.

The Sensory Processing Needs Toolkit is a resource for schools, providing a step-by-step guide on how to support children with sensory processing challenges in the classroom. It offers strategies for teachers to try, advice on assessing the school environment, and ideas for calming activities to help children participate in school activities.

The toolkit is meant for all pupils, including those with autism or social/emotional challenges. It focuses on sensory processing needs in general, rather than specific conditions. It is not intended for diagnosing or assessing individual needs.

The **Partnership for Inclusion of Neurodiversity in Schools (PINS)** was a national project funded jointly by the National Health Service (NHS) and Department for Education (DfE). It aims to support the education and health needs of neurodiverse children in schools through a partnership approach.

The project was created due to the success of the national **Autism in Schools** project. The approach of PINS was developed around the key principles of the Autism in Schools:

- Whole school approach
- Good quality training for staff
- Parents supporting parents groups
- Understanding students' experience of schools

PINS brings together health and education specialists and expert parent carers into mainstream primary settings to:

- Help shape whole school SEND provision
- Provide early interventions at a whole school level
- Upskill school staff
- Support strengthening of partnerships between schools and parent/carers

The focus is on a needs-driven rather than a diagnosis-focussed programme. Strengthening knowledge, skills and improving environments to better meet the needs of neurodiverse children will reframe the focus to how a supportive learning environment and well-equipped school can improve the outcomes for this group of children.

In 2024/25 the Staffordshire and Stoke-on-Trent ICB brought together local area partners across health, local authorities, primary schools, the Parent Carer Forum, and families to deliver the PINS Programme. 19 primary schools from Staffordshire took part in PINS. The schools undertook a self-evaluation to identify priority areas for support to ensure they upskill and can meet needs of their neurodiverse pupils. Schools received up to five days (or equivalent hours/sessions) of support.

What are the absence, suspension, and exclusion rates for pupils with SEND?

Good attendance at school is essential for children to benefit from teaching and achieve well, creating more opportunities for their future. There are also known links between absence and school attainment, for example national research shows that children who attended nearly every day were almost twice as likely to achieve the standard than persistently absent children who only attend 85-90% of the time.³ Attendance rates have dropped both locally and nationally, with attendance in Staffordshire schools down by 2.4% compared to previous years. Improving attendance is everyone's business. The barriers to accessing education are wide and complex, both within and beyond the school gates, and are often specific to individual pupils and families.

- Children and young people with SEND have significantly higher rates of absence than their peers; some of this may be to their needs. For example, data from the school census for 2023/24 found that Staffordshire children with an EHCP missed at least 11% of their sessions, children with SEN support needs missed at least 10% of their sessions compared to 6% for children without SEND. These figures are similar to the national average for this period but have increased by approximately 2-3% over the last five years. The main reasons for absence are illness followed by medical appointments.

³ https://assets.publishing.service.gov.uk/media/67c96d7dd0fba2f1334cf2ed/The_link_between_attendance_and_attainment_in_an_assessment_year_-_March_2025.pdf

- During 2023/24, the proportion of children missing at least 10% of their sessions (persistent absence) was 30% for those children with an EHCP and 28% for those with SEN support needs, compared with 16% for children without SEND. The proportion of children missing at least 50% of their sessions (severe absence) was 5% for those children with an EHCP and 4% for those with SEN support needs compared, with 1% for children without SEND.
- Attendance by key stages is approximately 82%-91% for children with an EHCP and marginally higher at around 84%-93% for children with SEN support needs.
- On average, children with SEND were temporarily suspended (fixed-term exclusion) from schools around three times. Around 0.09% children with SEND were excluded from school during 2023/24. Local and national intelligence indicates that children who have SEN needs (diagnosed and undiagnosed) and/or are missing from school are more vulnerable to child exploitation.

Staffordshire's **Little Heroes Campaign** aims to improve school attendance among primary school students. The campaign seeks to create a unified effort across Staffordshire to boost attendance and support students' wellbeing. The campaign looked to boost attendance by 1% targeting 'mild illness' and 'anxiety'. However, there has been a 2.1% increase in attendance, with over 280 (80%) of Staffordshire's primary schools joined, and student surveys showed high excitement and pride in being recognised as heroes. The Little Heroes is up for Campaign of the Year after being shortlisted in the **Local Government Chronicle (LGC) Awards 2025**.



Staffordshire's Educational Psychology Service (EPS) have also evidenced improvements in children's attendance following completion of interventions through their 2023/24 annual summary and outcomes report.



5. Identifying children with SEND

Early identification of SEND followed by effective evidence-based provision improves long-term outcomes for children and young people.

Identification of SEND in early years

Early child development is currently assessed through:

- the two-year progress check carried out by practitioners for any child who attends an early years setting. The check reviews the child's development and progress in the three prime areas of learning and development in the **early years foundation stage (EYFS) statutory framework**.
- the universal health visitor review, offered to all families when their child reaches 2-2½ years by the Families Health and Wellbeing 0-19 service, which is the integrated health visiting and school nursing service for Staffordshire. This is delivered through a Section 75 partnership arrangement between Staffordshire County Council and MPFT.

The purpose of the two-year progress check is to assess a child's development and progress in the areas of personal, social and emotional development, physical development and communication and language. It identifies strengths and areas where progress is less than expected, and any concerns or emerging needs for support. This check is a statutory requirement in the EYFS framework.⁴

The universal health review is a holistic review of child health, development and growth and helps identify children who are not developing as expected and/or in need of additional assessment and/or support through the Ages and Stages Questionnaire-3 (ASQ-3). The ASQ-3 covers five domains of child development: communication, gross motor skills, fine motor skills, problem-solving and personal-social skills. Children who are at or above the expected level in five areas of development are considered to have a good level of development. The 2-2½ years review is therefore important as it is often the first opportunity to identify emerging infants with SEND who may require additional support, with early notification made by health professionals to Staffordshire County Council.

To effectively review the progress of two-year olds, integrated reviews between health and early years settings ensure an holistic assessment of the child's development can be undertaken.



⁴ https://assets.publishing.service.gov.uk/media/6284c0a2e90e071f61322177/Progress_check_at_age_two_non-statutory_guidance_for_the_early_years_foundation_stage_.pdf

Within Staffordshire, a tiered approach to delivering integrated reviews for children aged 2-2½ years has been developed:

- **Gold:** an integrated review will be held in person at the child's early years setting with the parent/carer, early years setting practitioner and health visitor or nursery nurse present when the review is carried out
- **Silver:** if an integrated review cannot be held in person, contact will occur between the early years setting and the service. When the early years setting progress check is completed, the early years setting will contact the 0-19 service hub to inform them
- **Bronze:** Parents and carers will be asked to bring the early years progress check to the 2-2½ year development check with the health visiting team. This will apply to all families accessing the universal element of the service.

Where a child is on a Child Protection Plan, the strengthening families element of the 0-19 service will aim to carry out a gold or silver level integrated review, reflecting the particular importance of providing joined-up assessment and support for these children and families.

- In Staffordshire, around 85% of children aged 2-2½ years reached the expected level of development across all five categories during 2023/24, which is higher than the national average (80%). In terms of individual domains, the proportion of children who reached expected levels of development in the various domains was 90% for communication; 94% for both the gross motor skills and personal-social skills areas; 95% for problem-solving skills and 98% for fine motor skills.

There are no additional universal health visitor contacts commissioned for children after 2½ years that would enable the identification of SEND needs.

Access to early years education

Early years settings are in a prime position to identify development needs at an early stage.

Early years funding is currently available for children aged nine months to four years with different entitlements based on age and eligibility criteria:

- **Three- and four-year-olds - 15 hours universal and 15 hour working parent** - all three- to four-year-olds are entitled to 15 hours of funded early education and childcare per week. In addition, to this universal 15 hours some working parents are entitled to an extra 15 hours
- **Two-year-olds receiving additional support** - some two-year-olds whose parents receive additional government support are eligible for 15 hours of early education funding. In Staffordshire this is called Think2
- **Nine months to two years - working parent entitlement** - some working parents could be eligible for 15 hours of early education funding for their age eligible child

From September 2025 the working parent entitlement will be extended from 15 to 30 hours for eligible families for children aged from nine months up to and including two-year-olds.

This means many more working parents with a child aged from nine months to four years could receive up to 30 funded hours per week.

The County Council collects data on early years entitlements and also allows us to analyse take-up for children with a SEND marker.⁵ The take-up of entitlements for children with SEND is influenced by factors including the availability and accessibility of suitable provision to meet the child's needs, depending on the severity, as well as parental/carer choice.

Children categorised as having a marker for SEND are more likely to be receiving Think 2 or the universal offer for three to four-year olds that is not related to working parent funding (Table 1). Three- and four-year-olds claiming universal hours made up the highest proportion of children with SEND. A higher proportion of three- and four-year-old children were categorised as having a marker for SEND.

Table 2: Early years take-up by SEND marker, Summer 2024

	All children	Number with a marker for SEND	Percentage with a marker for SEND
2-year-olds (all)	5,708	265	4.6%
Think 2	1,541	147	9.5%
Working parent entitlement	4,167	118	2.8%
3- and 4-year-olds (all)	13,967	1,038	7.4%
Universal hours only	5,517	622	11.3%
Working parent entitlement	8,450	416	4.9%
Working parents (all ages)	12,617	534	4.2%

Source: Staffordshire County Council

Analysis by the number of hours that children took up found that in almost all cases, children with a marker for SEND took up fewer hours over the term than children without a marker for SEND (Table 2).



⁵ A SEND marker is identified for children based on where settings are claiming Special Educational Needs Inclusion Funding (SENIF) or Disability Access Funding (DAF) or there is other recorded information about a child's SEND

Table 3: Access to early years entitlements: average number of hours per term for children with and without a SEND marker, Summer 2024

	Children with a marker for SEND	Children without a marker for SEND	What this means (difference)
2-year-olds: Think 2 (15 hours)	185 hours	193 hours	9 less hours
2-year-olds: Working parents (15 hours)	204 hours	201 hours	2 more hours
3- and 4-year-olds: Universal hours only (15 hours)	188 hours	197 hours	8 less hours
3- and 4-year-olds: Working parents (30 hours)	375 hours	388 hours	13 less hours

Note: numbers are rounded and therefore may not add up

Source: Staffordshire County Council

Results from over 200 respondents to the 2023 Staffordshire Childcare Parent Survey who said their child had special educational needs or a disability found that:

- Over a third of respondents (36%) said their child attended a mainstream early years provider with additional support whilst 14% attended a mainstream early years provider with no additional support. Around 15% of respondents said their child attended a specialist SEND early years provider. 18% of respondents were awaiting assessment.
- Almost four in five respondents were confident that the provider could meet their child's special educational needs with only 7% less confident.
- Around 64% of respondents said they found it easy to find a suitable place for their child whilst one in five said they found it difficult.
- Around 71% of respondents who had a child with special educational needs were able to access the times and days they wanted at their childcare provider whilst around one in four were unable to do this with respondents saying their child did less hours and/or days than they would have wanted or that they had to change their working patterns to fit around childcare.

As well as early years education, children can be in receipt of early help or statutory intervention, which allows for their needs to be identified early. For example, in addition to access to early years education, they may attend a Family Hub, be supported by the Supporting Families Programme (Building Resilient Families and Communities, BRFC in Staffordshire), receive early help, be subject to a child protection plan, and/or be a child in care. Based on this, as of the end of December 2024, around four-fifths (81%) of Staffordshire's under five population were thought to be in contact with early years services (an increase of 3% from the previous year). This proportion was higher in more deprived areas (86%). Access to early years services also varies by district, ranging from only 63% in South Staffordshire to 96% in Tamworth.

In April 2025 a new process was introduced for families to access early help. The Family Hub referral pathway brings together the referrals for the new commissioned family support service and the early years forum. This will ensure that children are assessed holistically in the context of whole family working and families are offered information advice and guidance early.

The Early Years Special Educational Needs Inclusion Service team

The Early Years Special Educational Needs Inclusion Service (EYSENIS) team consists of specialist teacher consultants and inclusion practitioners with a broad and varied range of skills and experiences in supporting children with special educational needs. The role of the team is to:

- Provide advice and guidance on the development of inclusive learning environments.
- Foster links between education, health, social care, and other agencies by appropriate signposting.
- Facilitate early provision for children with SEND and support the transition to statutory schooling.

During 2022/23, waiting times for the Early Years SENIS team were between three to six months. Data from 2024/25 Autumn term has seen this significantly reduce to between four and six weeks, with the longer wait times often attributed to requests being received just before a school holiday.

The Early Years SENIS team also deliver training on the graduated approach every term, which includes sharing of good practice between settings. In 2024, 104 practitioners took part in the Graduated Response cluster training, with evaluations evidencing all practitioners reporting improved knowledge and confidence in this area.



Staffordshire's Early Years Team are currently working on a significant inclusion workforce development Project with Dingley's Promise. The project aims to build practitioner knowledge, skills and confidence to support each child's unique needs and their transition to school. Staffordshire setting participation in the programme is significantly higher than any of the other 11 local authority in this wave of the project.

The Early Years Team have worked with School Improvement Liverpool to train three members of the team to deliver the Level 3 Early Years Accredited SENCo programme to settings across Staffordshire launching in November 2025.

Requests and assessments for EHCPs

An Education, Health, and Care Needs Assessment (EHCNA) is a process to determine the specific educational, health and care needs of a child or young person with SEND. This assessment is initiated by a request from parents, young people over 16, or professionals working with the child. The local authority then decides within six weeks whether to proceed with the assessment. If approved, the local authority gathers detailed information from various sources, including the child, parents, teachers, health and social care professionals to understand the child's needs. Based on this assessment, a decision is then made by the panel as to whether an EHCP should be issued for the child or young person. Where the decision is made to issue a plan, a draft EHCP is created, outlining the required support and desired outcomes. Parents and the young person can review and provide feedback on the draft plan. The entire process, from the initial request to the finalisation of the EHCP, must be completed within 20 weeks. The EHCP is reviewed annually, or earlier where required, to ensure it continues to meet the child's evolving needs.

- The number of initial requests for an EHCNA is increasing. There were almost 2,030 initial requests for assessment during 2023 in Staffordshire, with request rates slightly higher than the England average and double the number requested in 2016. The proportion of initial requests for EHC assessments that were refused in Staffordshire is higher than the national average (44% compared with 24% across England).
- The number of EHCNAs undertaken has also increased. During 2023, there were 1,025 EHCP assessments completed. Of these the majority resulted in a decision to issue a plan (98% which is higher than the national average (95%).
- The proportion of EHCPs issued within 20 weeks is significantly lower than England average (31% compared with 50%). Note: These figures exclude cases where exceptions apply.

If parents/carers disagree with either the outcome of the initial request or the EHCNA, they are able to appeal the decision through mediation (a meeting between parents/carers or young person and the Local Authority and chaired by an independent mediator) or to the **SEND tribunal**.

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- Of the 2,000 initial requests for an EHCNA received during 2023, 130 (6.2%) were the subject of mediation (compared with 5.4% across England) and 150 (7.3%) were the subject of a tribunal (compared with 2.5% across England). The most common reason for mediation or tribunal is the decision not to assess.
 - Of the 1,025 EHCNAs carried out during 2023, only eight (0.8%) were the subject of mediation or tribunal (compared with 2.9% across England).
 - In the last 12 months in Staffordshire, there were around 570 requests for mediation, with the most common reason being decision not to assess. Of these mediations, 170 have been arranged (30%). The latest data from the commissioned provider shows that none of the mediations were held within the statutory timescales and as a result parents will either automatically be issued with a mediation certificate by the provider to proceed to tribunal or have to wait for an available date for mediation to be held. This is likely to have resulted in Staffordshire having a higher appeal rate to the SEND tribunal.



6. Health and wellbeing needs of children and young people with SEND

National research tells us that children and young people with SEND are at increased risk of poor physical and mental health. Due to NHS commissioning being for the whole population, there is currently a limited understanding of the health and wellbeing needs of children with SEND and those that are open to NHS services, although there is work ongoing to address this both locally and nationally:

- Midlands Partnership University NHS Foundation Trust (MPFT) have completed a piece of work to understand those patients under their care who have SEND, so that this can be highlighted on their electronic patient record system.
- By the end of 2025, all health and social care organisations will have systems in place to record and use a person's (or their parent/carer) required reasonable adjustments through the Reasonable Adjustment Digital Flag (RADF). This will be a national record which indicates what reasonable adjustments are required for an individual and will include details of their significant impairments, key adjustments that should be considered and underlying conditions. This is being built into the NHS Spine to enable health and care professionals to record, share and view details of reasonable adjustments across the NHS and social care system, wherever the person is treated. The RADF will be underpinned by organisational policies and procedures to record, share and apply reasonable adjustments as well as processes of reviewing and updating required adjustments as required.
- All children in local authority funded Staffordshire based special schools have access to NHS commissioned special school nursing services and therefore information from this service would allow us to assess the population health needs.

Speech and language therapy

Staffordshire's Early Years Team have worked collaboratively with the Speech and Language Therapy teams in MPFT. They have built upon the original Stoke Speaks Out screening and training to develop an extensive programme / suite of training and funded screening tools for Staffordshire early years settings. The early communication screening tool is a key component of the programme and was developed by Stoke Speaks Out ⁶ as a measure to indicate the level of need for speech and language intervention. The screen is quick and easy for practitioners to use and helps to identify difficulties in understanding spoken language skills, with the results enabling practitioners to plan interventions and measure progress. Stoke Speaks Out have delivered training to practitioners in Staffordshire.

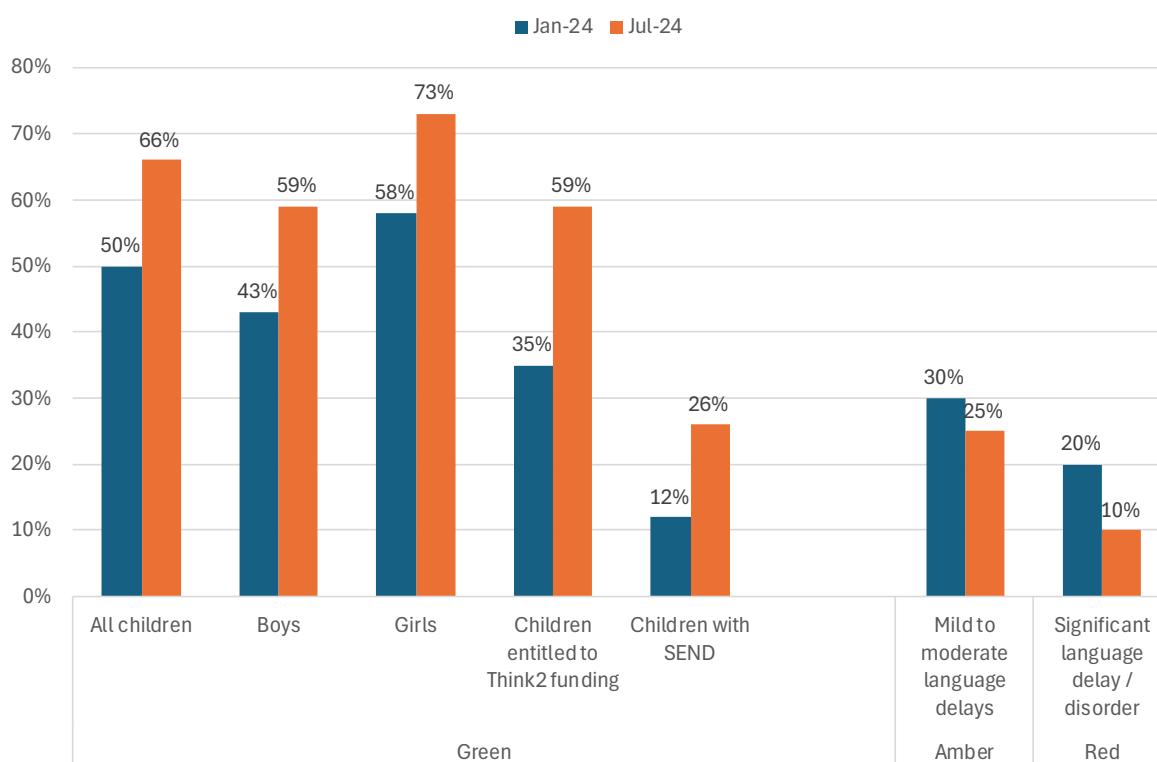
⁶ Stoke Speaks Out activities are currently delivered by the Children's Speech and Language Therapy team in Midlands Partnership University NHS Foundation Trust and covers Staffordshire and Stoke-on-Trent.

The screen results in a score between 0-10 which results in a RAG rating:

- A score of 0-3 is 'red' which indicates children with a significant language delay who have a high need for intervention
- A score of 4-7 is 'amber' which indicates children with mild to moderate language delay who require differentiated support and/or targeted intervention. Some of these children's needs can be met through adaptations to everyday planning
- A score of 8-10 is 'green' which indicates children with language within the normal range or above who should continue to progress in a high-quality setting with no additional intervention

Results from the third full screening year, i.e. the academic year 2023/24, found that between January 2024 and July 2024, there was considerable improvement for those children with SEND from 12% to 26% in their speech and language (a 16% percentage point increase in those considered on track, i.e. green) (Figure 14). Over the same period, there was a 10% reduction in the percentage of children who had significant language delays (from 20% in January 2024 to 10% in July 2024).

Figure 14: Results from Early Communication Screening, 2023/24



Source: Staffordshire County Council

A staged pathway for speech and language is also in place across the Partnership. The staged pathway details strategies and activities to be carried out to support a child's communication needs without referral to speech and language therapy services unless specialist assessment and intervention is required. There is an extensive training offer in place to support the workforce across the Partnership to identify and meet communication needs from the speech and language therapy service using the staged pathway, alongside the provision of clear information on the MPFT website linked to the local offer. This allows for support for communication needs to be widely offered across the Staffordshire allowing the service to focus their needs where required.

During 2023/24, there were over 3,400 children referred to speech and language therapy (SLT), which is around 2% of the population aged under 18. Most SLT referrals come from health visitors, early years settings and schools as well as other health teams such as Community Paediatrics. There are also a number of self-referrals. There are currently around 650 children waiting for initial speech and language therapy assessment at MPFT (data as at December 2024). Comparative data shows that only 12% of children were waiting over 18 weeks from referral to treatment which is significantly below the national average of 36% (November 2024).

As at January 2025, there were almost 4,700 children on the caseload of the SLT service (around 2.7% of the population aged under 18), with rates ranging from 2.3% in the North of the County to 3.2% in Cannock Chase.

In terms of managing the demand on services, the SLT service use the North Staffordshire Risk Matrix. The principles of the North Staffordshire Risk Matrix are that a decision to offer therapy is based on two key measures: (1) the impact of the speech impairment on the child over and above that which would be expected at their general level of learning and development, and (2) the likelihood of a positive outcome from SLT. The risk matrix is also used at the end of episodes of care to ensure that needs are being met appropriately and that there is active management of the caseload with clear discharge and referral criteria in place.

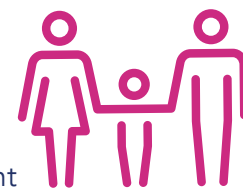
The speech and language therapy team at MPFT also deliver a 'train the trainer' programme to Staffordshire County Council's Early Years Team to deliver funded training programmes to the early years sector such as: early communication training, the early communication screening toolkit, **Boy Talk** and **Building Brilliant Baby Brains**. Evaluation from the early communication training package shows that 99% of practitioners identified an increase in their knowledge, skills and confidence.

Hungry Little Minds

The Hungry Little Minds initiative by Staffordshire County Council, in partnership with Stoke-on-Trent City Council and health visitors, is designed to support the early development of children aged 0-2 years. The programme encourages parents to engage in simple, everyday activities that foster their child's communication, language, and literacy skills, emphasising that no special skills, time, or toys are needed - parents are all their children need to thrive.

Key highlights from March 2025 reveal significant engagement and positive outcomes:

- **7,086 parents** have subscribed to the campaign since September 2020
- **896 new subscribers** joined in the last 12 months
- **861 parents** responded to the annual survey in November 2024
- **91% of parents** said emails helped them understand their baby's development
- **89% of parents** have tried an activity from an email in the last month
- **86% of parents** have shared a book with their baby often in the last month



Parent feedback from the November 2024 survey:s:

- "As a first time mum they really helped me to understand my baby."
- "I've shared the emails with my partner, and he's really bonded with our baby because of it"

Learning disabilities and autism

An in-depth JSNA for the population with learning disability and autism was carried out in 2022 and can be found at: <https://staffsstoke.icb.nhs.uk/your-nhs-integrated-care-board/our-publications/learning-disabilities-autism-and-downs-syndrome/>. This section therefore only provide a brief overview of this population to allow triangulation with SEND data intelligence.

- Around 1,600 children and young people recorded by their GP as having a learning disability (making up 0.6% of registered patients aged 0-25) and 7,850 (3.2%) recorded as having an autism diagnosis. 0.3% of registered patients aged 0-25 have both a learning disability and autism diagnosis (making up 45% of patients on the GP learning disability register). There are no services diagnosing children and young people with learning disabilities, so it is likely that these figures are lower than expected.
- Everyone with a learning disability aged 14 and over must be offered an annual health check and should be encouraged to take up this offer. The check is designed to pick up a wide range of unmet health needs and leads to the treatment of health conditions including the production of a health action plan. During 2023/24, 80% of Staffordshire's population aged 14 and over with a learning disability took up their offer of a health check which is higher than the national average of 78% and also an improvement from the previous year. During the same period, 73% of children and young people aged 14-25 with a learning disability had completed health checks. Annual health checks are promoted to professionals and people with a learning disability through a number of ways including social media campaigns to understand the benefits and process; training and support tools; and promotion at community events and health roadshows.

Across Staffordshire there are several children's learning disability and autism services that are commissioned by NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB). In the South these are provided by MPFT and in the North they are provided by North Staffordshire Combined Healthcare NHS Trust (NSCHT). The NHS commissioning landscapes has altered since July 2022 when six Clinical Commissioning Groups became one ICB and therefore there are still some differences in service provision and how data is captured and reported.

Waiting times for autism assessment are currently longer than we would like. To start to understand the autism waits and look to get consistency across the two providers, the Integrated Care System (ICS) Learning Disability Autism Programme (LDAP) Board directed a deep dive into the autism waits across the ICS footprint. This has now been completed and there is an agreed dataset.

The current recruitment gaps, coupled with increasing demand for services, are significantly impacting the capacity of our teams to effectively support children and young people with autism and ADHD. The shortage of staff and high service demand are putting considerable pressure on existing resources, leading to delays in assessments, interventions, and overall service delivery. There is a system-wide commitment to improving the service provision for children with autism and ADHD to ensure that they are meeting the evolving needs of those we support.

Additionally, the introduction of **keyworker services** aims to address these challenges by providing dedicated support to children and young people with a learning disability and/or autism and who have the most complex needs. Keyworkers ensure that families receive coordinated care and that local systems are responsive to their needs, helping to prevent unnecessary hospital admissions and ensuring timely access to community-based support.

Learning disabilities and autism

As already highlighted it is difficult to breakdown mental health data for children with SEND so the data in this section applies to all children, recognising there will be overlap between the different cohorts of children.

The Children and Young People's Mental Health System Improvement Board, which includes representatives from relevant partners, oversees the delivery and improvement of children's mental health across the system. There is a comprehensive approach to supporting children with mental health needs across the County through the Thrive model of which the centre is "thriving - those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies."

There are several services that are commissioned by the ICB which offer assessment, diagnosis, treatment, and support for young people experiencing problems with their emotions or mental health. These services are provided by MPFT (South) and NSCHT (North) and are often referred to as Child and Adolescent Mental Health Services (CAMHS). There is also a jointly commissioned service with Staffordshire County Council, which offers advice and support for emotional health and wellbeing.

A system wide access review to children and young people's mental health services is currently being completed. This review aims to identify trends, gaps, and barriers in the provision of mental health support, evaluate the effectiveness of current access pathways, and ensure that services are equitable, timely and responsive to needs. The review will inform policy development, resource allocation, and service improvements to enhance mental health outcomes across various communities and settings. The ultimate goal is to ensure that children and young people have the necessary support and interventions for mental wellbeing at the right time and in the right format.

Mental Health Support Teams (MHSTs) are NHS funded services that work in educational settings and are designed as an early intervention and prevention approach, aiming to identify and support children and young people before their mental health and wellbeing deteriorates and to support a 'whole school' approach to improving mental health. By providing timely and effective support at the earliest signs of mental health difficulties, they help prevent more serious issues from developing, offering targeted support to those who may not yet require more intensive services. This proactive approach not only improves mental health outcomes but also reduces the burden on more specialised services by addressing concerns early on. They also help to reduce the stigma surrounding mental health issues while fostering resilience within schools that have been part of the project since its inception. MHSTs have enabled the provision of strong mental health and emotional wellbeing support to children and young people, particularly in schools and communities with high levels of health inequalities. The whole school approach offers flexibility and creativity, tailoring support to the specific needs of each child, young person, and school. Although there are no clear indicators at this time that MHSTs reduce referral rates to core CAMHS, it is evident that the work being carried out through both one-on-one sessions and the 'Whole School Approach' is fostering a safe environment where mental health can be openly discussed. This approach is also contributing to a better-informed and more resilient group of children and young people.

Mental health support teams (MHSTs) in Staffordshire:

- MHSTs have expanded into all districts across Staffordshire with over 150 schools being supported (equating to 64% of school-aged children in settings). There are plans for further waves being established across both the North and South of the County during 2025/26.
- The engagement programme led by the Whole School Approach lead has had a positive impact by strengthening relationships between schools and mental health services, particularly through MHSTs. The initiative has successfully raised awareness and educated school staff about available mental health resources, helping schools integrate these services effectively. Schools have provided positive feedback, highlighting the value and impact of the support. Additionally, communication materials are being developed to help schools navigate mental health services for children and young people, ensuring timely and accessible support for their pupils. MHSTs are in a prime position to support this element of the Thrive model by embedding Whole School Approach and supporting schools in creating wellbeing policies and positive behaviours strategies.

- Designed and implemented an electronic Whole School Approach (WSA) audit to complement the WSA curriculum. This audit gathers feedback from the entire school community, including parents, carers, students, and staff, ensuring that the needs of both the school and its community are effectively addressed
- Broadened and enhanced the curriculum through the implementation of 1:1 sessions, small group activities, workshops, and the Whole School Approach, ensuring a more effective response to individual needs and the integration of a systemic approach
- Initiated a series of community events designed to engage 'harder-to-reach' children and young people and their families. They also provide a range of diversified resources to provide a more inclusive service tailored to the high-level needs of SEND schools
- Expanded outreach opportunities by utilising digital platforms to enhance engagement with harder-to-reach groups, such as through MPFT MHST podcasts on topics such as boys' mental health. The podcast series is poised for further expansion through the active involvement of young people
- Implemented Cathy Cresswell programme for parents helping your child fears and worries
- Children and young people's mental health services across the County actively collaborate to gather feedback from various service user groups, such as the MPFT Children and Young People's Mental Health Participation Team and using this input to inform future initiatives such as shaping upcoming summer project

Almost 10,000 children and young people across Staffordshire accessed NHS funded mental health support at least once during 2023/24, making up just under 6% of the population aged under 18.⁷

During 2023/24 around 9,500 children and young people under 18 across the ICB area (6,800 in the County) received at least two contacts (including indirect contacts) from the Getting Advice and Support Service (formerly Tier 2) which was a 7% reduction from the previous year and is likely to be due to a combination of data quality as well as natural fluctuations in demand and capacity. Early indication from the 2024/25 data indicates that the number of contacts is surpassing previous years.

During 2023/24 there were around 5,500 referrals to Child and Adolescent Mental Health Service (CAMHS) with almost 7,000 children receiving treatment during the year, of which 2,200 were new. Note: this only reports on core services so excludes specialist services such as autism and youth offending. A single point of access at MPFT for all referrals was introduced in 2021/22. Where more appropriate referrals are signposted to Tier 2 services, such as Sandbox, through a letter sent to the family, as well as by making direct referrals to Stay Well (the jointly commissioned emotional health and wellbeing support service in Staffordshire).

⁷ This figure includes all activities submitted to the MHSDS (Mental Health Services Data Set) including Changes Health and Wellbeing (formerly Action for Children), MHSTs and also autism activity.

Waiting times for children and young people's mental health services vary depending on the specific service and the nature of the referral. Waiting times are influenced by factors such as referral volume and resource availability. Efforts are ongoing to enhance service delivery, including the expansion of Mental Health Support Teams in schools to provide early intervention and support.

For those children who have had a first contact, the median waiting time between referral and first contact across the ICB was just under three weeks (19 days). However, in the South of the County the median wait is about 10 days longer than the ICB average which is due to a combination of differences in capacity and the way data is captured. As at the end of March 2024, the median waiting time for those who are waiting for a first contact is about four months (125 days), with the largest component of those still waiting are those waiting for an autism assessment. More recent Provider level data found that 88% and 94% at NSCHT and MPFT respectively started treatment within 18 weeks of referral (December 2024).

Looking at the outcomes is crucial for ensuring that services are both effective and responsive to the needs of those they serve. System partners collaborate closely to monitor these outcomes, ensuring that the services provided are fit for purpose and continuously improving. This includes actively gathering and listening to feedback from children, families, and partners so that areas where enhancements or adjustments are needed can be identified. Following feedback actions are taken in response to any recommendations or suggestions for service improvements, ensuring that the mental health support provided remains relevant, accessible, and of the highest quality for those in need.

One in four (25%) children under 18 across Staffordshire and Stoke-on-Trent who had a closed referral, following at least two contacts, had a perspective paired score which allows for the monitoring of self-reported improvements. Of those children, 52% evidenced self-rated improvement.

Access to children and young people's mental health services continues to be a high priority for the ICS and forms part of the **Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young Peoples Mental Health**. There is an Access Working Group which aims to continue to improve and simplify access to services so more young people can get easy access to advice and help for those who need it. This includes understanding where there is a need for additional capacity to meet demand. Some of the activities include:

- Implement new national waiting time measure to ensure we are working to the same set of standards
- Ensure equity of access to those most in need is central especially where vulnerable groups are concerned including those children and young people with SEND
- Review the MHST offer across schools and plan several engagement events with schools
- Continue to improve overall simple and timely access to services for all, learning from other areas where access is working well
- To work alongside other developments e.g., Family Hubs and local SEND and inclusion work for children and young people with primarily social, emotional, and mental health needs

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- Continue to develop the respective 'front doors' to children and young people's mental health services to ensure they facilitate seamless access to the range of offers available locally
 - Use technology to support access to services including a system-wide landing page for easy access to information and undertake a review of the digital offer to ensure it is meeting needs, is accessible and the offer is equitable
 - Strengthen our relationship with educational settings and expand the knowledge of teachers
 - Improve visibility of our data on capacity, demand, and performance of local mental health services across the system

Children and young people's Thrive "Getting Risk Support" services, which provide intensive mental health support for those in crisis, face significant challenges, including high demand and limited capacity both locally and nationally. The goal is to prevent the escalation of mental health crises for children before they reach the point of requiring such intensive services. To address this new approaches are being explored to intervene effectively earlier and reduce crisis through a multi-disciplinary team (MDT) approach. This approach focuses on providing tailored support and ensuring children and young people receive the right care at the right time through working in collaboration with system partners to create an environment that promotes their wellbeing. By wrapping support around the child and their wider family or carers, we can reduce the need for crisis interventions, ensuring that both the young person and their support network are empowered to manage challenges and maintain mental health stability.

In Staffordshire only a small number of children and young people require intensive mental health support, often through admission to a specialist hospital. Recent trends indicate a reduction in overall numbers with 13 children and young people at the end of March 2024 in a specialist hospital ward.



7. Outcomes for children with SEND

The SEND Code of Practice states that the vision for children and young people with SEND is the same as for all children and young people: that they achieve well in their early years, at school and in college, and lead happy and fulfilled lives. Whilst children who have special educational needs can find it more difficult to learn than their peers and meeting age-related expectations can often be a challenge early years providers, schools and colleges should have high ambitions for their learning and development.

Children with SEND tend to do less well on a range of outcomes that affect their long-term future; academic performance is lower, exclusion and absence rates are higher, and higher numbers go on to be not in education, employment, or training (NEET).

Children with SEND are also hugely over-represented at all points in the criminal justice system. Evidence suggests that 70–90% of children in the justice system have some form of SEND.⁸ Children with SEND are also more vulnerable to harm and over-represented at multi-agency child exploitation (MACE) panels, within youth offending services and the children's secure estate (HMYOI Werrington), for example data from MACE panels between November and December 2024 found 22% of children discussed at MACE panels had an open EHCP.

This section primarily focuses on education outcomes for children and young people with SEND. There is work for the Partnership to agree and monitor wider outcomes for children young people building on the Council for Disabled Children (CDC) outcomes development pilot.

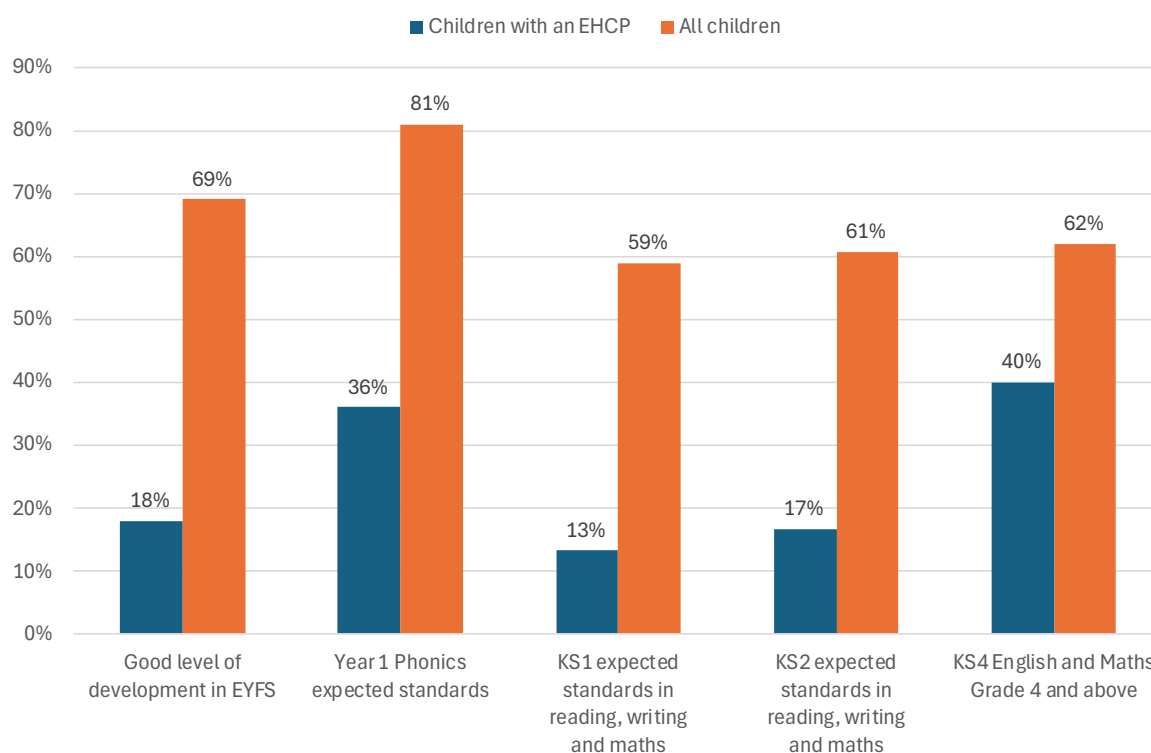
What are educational outcomes for children with SEND?

Educational outcomes across the board, from early years to young people aged 19, have not improved over time, meaning that in some cases the gap is increasing between children with SEND and their peers. However, there are accepted challenges of recording and collating education outcomes for young people with SEND due to the varied individual needs and the difficulty in presenting outcomes solely in terms of traditional academic achievements rather than the progress they have individually made. Impact collected by Staffordshire's Educational Psychology Service in improving literacy are shown in Figure 16.

- Similar to the national trend, the proportion of children and young people with an EHCP achieving the academic expected standards are significantly lower compared to their peers from early years to Key Stage 4 (Figure 15). Whilst the achievement gap for children with SEND is apparent across all levels, the gap in Staffordshire is similar to the national gap.

⁸ https://justiceinnovation.org/sites/default/files/media/document/2024/send_youth_diversion.pdf

Figure 15: Summary of educational academic outcomes in Staffordshire, 2022/23



Source: Staffordshire County Council and Department for Education

Figure 16: Impact of Staffordshire's Educational Psychology Service, 2023/24



Source: Educational Psychology Service: Literacy Approach, Staffordshire County Council

- As at December 2024, the proportion of Staffordshire children aged 16-17 with an EHCP who were not in education, employment, or training (NEET) was 10%, compared with 8% for those with SEN support needs and 4% across the general population. The proportion of children and young people aged 16-24 with an EHCP who were NEET was also 10%; however, there is a large proportion of this cohort whose current activity is not known (33%). These trends are similar to the national picture. There are challenges in finding appropriate provision for young people with SEND.
- There are challenges of improving outcomes for children and young people post-16, as children starting from a lower point makes it harder to achieve higher levels of attainment as they grow older. Data from 2023 found that only 25% of 19-year-olds in Staffordshire with an EHCP and 66% for those with SEN support needs were qualified to Level 2 (five GCSEs 9-4 or equivalent). This compares with 88% for children with no identified SEN needs. Both these proportions are also slightly lower than the national average. Data from the same period found that only 12% of 19-year-olds in Staffordshire with an EHCP and 36% with SEN support needs were qualified to Level 3 (two A-levels or equivalent). This compares with 61% for children with no identified SEN needs. Both these proportions are also lower than the national average. Levels of improvement in Staffordshire between 2021/22 and 2022/23 did appear to be better than the national average.

The Staffordshire and Stoke-on-Trent SEND Employment Forum meets on a half termly basis. Its purpose is to increase employment opportunities for young people with learning difficulties or disabilities through multi-agency collaboration. Membership is made up of local education and employment support providers, Jobcentre Plus (JCP), employers and local authority. Over recent years, the forum has focussed on developing resources focussed on Supported Internships to support the engagement of new employers, young people awareness and quality of delivery. The forum has identified future actions, including the review of curriculum offers to prepare young people for successful completion of a supported internship. Following the cessation of Supported Internship Grant funding, Staffordshire County Council have committed to continue to resource their staff time to focus on this next stage of the forum plan in partnership with forum members.

Whilst reviewing the appropriateness of current models of implementing the EAPDR pathway for further education provision, challenges with elements of transition planning for progression into post-16 provision have been identified and potential solutions discussed with further education providers and members of the District SEND and Inclusion Hub local management groups. All have recognised the challenges and made suggestions as to how mechanisms for improvement could be implemented within their local areas. The Careers and Participation Service are preparing a consistent proposal for implementation which is envisaged will include the joint preparation of a Transition Policy setting out commitments for all parties, aligned processes, including a common set of information to be shared by the current education provider with the post-16 setting to support smooth transition.

8. Summary and recommendations

The Special Educational Needs and Disability (SEND) Joint Strategic Needs Assessment (JSNA) for Staffordshire provides a detailed analysis of the needs, challenges, and opportunities for children and young people with SEND aged 0-25. This assessment is a collaborative effort initiated by the SEND and Inclusion Partnership Group and endorsed by the SEND Strategic Effectiveness Board, involving key stakeholders from education, health, and social care sectors.

Key findings

Population characteristics

The SEND population in Staffordshire has seen a significant increase over the past decade, with the number of children and young people with an Education, Health, and Care Plan (EHCP) doubling to 7,490. This represents 3% of the 0-25 population, mirroring the national average. The majority of children with SEND are male, of compulsory school age, and White British. The increase in SEND identification is attributed to the 2014 SEND reforms, heightened awareness, and improved diagnostic practices. Additionally, the COVID-19 pandemic has exacerbated existing challenges, impacting the development and support access for children with SEND. There is also a strong association between deprivation and higher rates of SEND prevalence; children with SEND are more likely to be eligible for free school meals.

Primary needs

The most frequently identified primary need among children with an EHCP is autism, followed by speech, language, and communication needs, social, emotional and mental health needs and moderate learning difficulties. For children with SEN support, moderate learning difficulties are the most frequently identified primary need. There are notable differences in identified primary needs based on gender and age, with autism being more common among males and speech, language, and communication needs more prevalent among females. Many children with SEND have multiple or intersecting needs which highlights the importance of a flexible, needs-based approach to support, rather than relying solely on diagnostic labels.

Educational settings

In Staffordshire, fewer children with an EHCP attend mainstream schools compared to the national average, with a higher proportion attending special schools. This trend reflects the availability of special schools within the County. There are also existing challenges in providing suitable post-16 learning provision, particularly for those with social, emotional, and mental health needs. The introduction of the Enhanced Assess Plan Do Review (EAPDR) pathway aims to address these challenges by enhancing the capacity of educational settings to meet SEND needs locally, ensuring children receive the right support at the right time.

Health and wellbeing

Children with SEND are at increased risk of poor physical and mental health. Efforts are ongoing to improve service provision, including speech and language therapy and mental health support. The Reasonable Adjustment Digital Flag (RADF) is being implemented to record and share necessary adjustments across health and social care systems. Additionally, initiatives like the Hungry Little Minds campaign and the Sensory Processing Needs Toolkit aim to support early development and address sensory processing challenges.

Identification of children with SEND in the early years

Early identification of SEND followed by effective evidence-based provision improves long-term outcomes for children and young people. The 2-2½ years review is important as it is often the first opportunity to identify emerging infants with SEND who may require additional support. However, there are no universal health visitor contacts after 2½ years. Early years settings are therefore key to identifying development needs for this cohort of children. Access to early years education in Staffordshire is good and feedback from parents who have a child with SEND is generally positive about access to early years provision. However, children with a marker for SEND take up less hours of their entitlements compared to children without a marker for SEND.

Requests and assessments for EHCPs

The number of initial requests for an EHCP assessment is increasing with rates in Staffordshire higher than the England average and double the number requested in 2016. The proportion of initial requests for EHC assessments that were refused in Staffordshire is higher than the national average and is the most common reason for mediation and/or appeal at the SEND tribunal. The proportion of EHCPs issued within 20 weeks is lower than the England average.

Financial challenges

More money is being invested in the SEND system, but it is not keeping pace with need and what we are actually spending. The funding, intended to cover the costs of education for children and young people with SEND, has been insufficient to meet the growing demand and complexity of needs. As a result, Staffordshire faces substantial financial challenges, with a forecasted deficit of £56 million by the end of the 2024/25 financial year. The Dedicated Schools Grant (DSG) deficit management plan aligns with the wider objectives of the SEND Strategy and Improvement Plan, aiming to limit the extent of the deficit's growth.

Outcomes

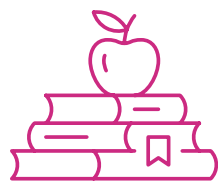
Educational outcomes for children with SEND are lower compared to their peers, with significant gaps in academic achievement from early years to Key Stage 4. Children and young people with SEND also have higher rates of absence and exclusion. The proportion of children with SEND who are not in education, employment, or training (NEET) is higher than the general population. Efforts to improve outcomes include targeted support and interventions, particularly for post-16 learners, and strengthening transition planning for progression into further education and employment. Children with SEND are also over-represented within the criminal justice system.

Recommendations

The recommendations provided are based on the insights gained from the data and intelligence presented in this assessment. Many key findings align with current understandings and observations within the system, such as those in our self-evaluation. Consequently, some highlighted areas are already included in the SEND and Alternative Provision Improvement Plan and are currently being implemented.

However, the assessment has identified additional areas for improvement that require particular focus and attention across the system. To ensure clarity and effective implementation, the recommendations have been organised into five themes: education and inclusion; health and wellbeing; data, performance and outcomes; service delivery and improvement; and community and equity.

Education and inclusion



1. Local Offer

Ensure practitioners are well-informed about the Local Offer and can effectively signpost families to relevant information and services, particularly around the Education, Health, and Care Needs Assessment (EHCNA) process. Refresh the content to reflect local services and strategies and establish a mechanism for the local area partnership to regularly review. Improve the accessibility of the Local offer and consider alternative ways of providing information.

2. Whole School SEND (WSS) project

Staffordshire to recognise the WSS project as a widely acknowledged standard for best practice SEND provision and look to expand the project. Increasing the number of Staffordshire schools completing WSS training and engaging with self-assessment and peer review.

3. Neurodevelopmental support

Conduct a review of the current autism and attention deficit hyperactivity disorder (ADHD) support offer. Develop strategies to support children and young people who are not on the autism pathway, in line with the Children's Commissioner report. This could include early intervention and additional resources for families.

4. Improving attendance and reducing exclusions through SEND and Inclusion

For some children and young people, the Enhanced Assess Plan Do Review (EAPDR) pathway will help keep them in school, engaged in learning and prevent exclusions. This impact can be measured on an individual basis. However, there are children and young people already at risk of exclusion for whom EAPDR may not be timely enough. Additionally, some would benefit from early intervention to prevent the risk of absence and/or exclusion from arising. The SEND and Inclusion model should explore strategies to improve attendance and reduce exclusions for children and young people with SEND through improved practices and resources. This could include targeted support via district commissioning arrangements and professional development for staff.

5. Early years and education place sufficiency

Use the existing **early years sufficiency report** and regularly review school and post-16 place sufficiency to ensure there are enough places to meet the needs of children and young people with SEND. Develop plans to address any identified gaps.

6. Engagement at SEND and Inclusion Hubs

Actively increase engagement at hubs across both primary and secondary schools. While there is already some engagement from secondary schools, there should be a particular focus on fostering more constructive and long-term engagement with the model. This should emphasise a graduated approach methodology to ensure sustained and meaningful participation.

Health and wellbeing



7. Family Hubs

Actively increase engagement at Staffordshire Family Hubs to support families with the right help at the right time in the right place. Family Hubs are located in the hearts of communities and have the ability to support families holistically with a rich integrated partnership offer which includes statutory and non-statutory support including community-led services.

8. Specialist Sensory Support

Building on the work of the Staffordshire and Stoke-on-Trent sensory processing needs toolkit, the specialist level of support now needs to be reviewed. The sensory toolkit offers strategies for general sensory processing needs, but there is a need to develop more specialised support for children with complex sensory processing challenges.

9. Health visitor contacts

Consider, as part of the ongoing redesign of the 0-19 service, a targeted health visitor contact for those at risk of development age, for example for those who do not reach 'a good level of development' at the 2-2½ years review between 2½ years and Reception (ages four to five).

10. Criminal Justice training

Ensure partners within Criminal Justice Agencies are trained to work effectively with children with SEND and understand their experiences. This should include specialised training programs and ongoing support.

Data, performance and outcomes



11. Data systems

Continue to develop how health and care data and intelligence are shared across the partnership to understand the health and wellbeing needs of children and young people with SEND, for example through the use of the Reasonable Adjustment Digital Flag (RADF). Ensure data is used effectively to improve services and outcomes.

12. Key performance indicators

Establish key performance indicators (KPIs) at governance levels to evaluate the progress and impact of services, initiatives, strategies and provision. Regularly review these to ensure they remain relevant and effective. KPIs could be linked to the SEND and alternative provision strategy.

13. Outcomes and impact

Build on the Council for Disabled Children (CDC) pilot to collect a more holistic set of outcomes (other than education) for children and young people such as health, social and emotional wellbeing outcomes as well as the voice and experience of children and young people. Capture these through a Partnership outcomes dashboard and, use this information to inform service improvements.

Service delivery and improvement



14. Transition to Adult Social Care

Enhance the linkage between adult and children's social care systems to ensure effective transitioning for young people who will require ongoing social care into adulthood.

15. Preparing for adulthood

Begin discussions about preparing for adulthood well before Year 9, ensuring that the annual review meeting from Year 9 onwards includes a focus on preparing for adulthood. This should cover further education, employment, independent living and community participation.

16. Waiting times

Further understanding of waiting times for services and their impact on children, young people, and families is needed. Use this data to develop strategies to reduce waiting times and improve service delivery.

17. Mediations

Review the mediation process within practice to ensure compliance and effectiveness. Develop a system to support mediation booking.

Community and equity



18. Understanding intersectionality

Develop and implement strategies that improve accessibility and ensure equitable service provision and outcomes. This should be done by understanding how various social identities, in addition to SEND, such as age, gender, race and socio-economic status, intersect to impact a child's learning and wellbeing.

