

Special Educational Needs and Disabilities (0-25) JSNA

Recommendations

1. Scope &
Strategic Context

2. Wider
determinants

3. SEN Population
Profile

4. Education

5. Social Care

6. Health

7. Stakeholder
engagement

8.
Recommendations

Purpose

- Provides a picture of the current needs of SEND children and young people (the who, what, where- demographics, prevalence, service usage and gaps and outcomes for these children)
- Identifies disparities in access, outcomes, and service provision, and supports efforts to reduce inequalities experienced by children and young people with SEND
- Guides commissioning decisions between local authorities and the ICB
- Supports the development of local strategies
- Helps allocate resources and services to meet local needs
- helps shape the Local Offer, which outlines the support available for children and young people with SEND and their families.
- Ensures services are responsive to actual needs and are accessible
- Encourages collaboration between education, health and social care and the VSCE
- Not an evaluation of performance of services

Recommendations summary

- 1. Early Identification, Prevention and Inclusion:** getting help earlier, reducing escalation, and improving equity of access.
- 2. Child-Centred Practice:** ensuring children and young people are understood, heard, and supported appropriately
- 3. Integrated Pathways and Targeted Provision:** joined-up services across education, health, and care.
- 4. System Quality, Data and Assurance:** improve accuracy, accountability, and evidence.
- 5. Preparation for Adulthood and Life Outcomes:** sustained impact beyond compulsory education.

See next slide for accompanying actions.

Recommendations actions

Recommendation	Action
<p>1. Early Identification, Prevention and Inclusion: getting help earlier, reducing escalation, and improving equity of access.</p>	<ul style="list-style-type: none"> • Improve early identification of needs by strengthening assess–plan–do–review cycles, addressing masking (particularly in girls) and improving children’s ability to communicate their needs. • Sustain outreach and specialist support for children with SEMH and SLCN needs, ensuring long-term sustainability of outreach offers (e.g., Outshine, specialist SLCN teams, therapy in mainstream settings) and monitor their impact on inclusion, school exclusions, language development and wellbeing. • Strengthen early intervention and prevention through engagement with early help and improve targeting, equity and take-up of Short Breaks and HAF • Raise awareness of Learning Disability health checks to ensure accurate registers, strengthen monitoring, and diagnostic pathways. • Promote healthy weight and oral health initiatives among practitioners and schools such as the Oral Health Promotions by the Healthy Smile Team.
<p>2. Child-Centred Practice: ensuring children and young people are understood, heard, and supported appropriately</p>	<ul style="list-style-type: none"> • Embed and sustain neurodiversity and mental health support through neurodiversity offers, mapping mental health/EBSA support, and promoting Neurodiversity Practitioners, ensuring impact is measured. • Develop gender-sensitive SEMH approaches and support schools to build communication and emotional regulation strategies particularly tailored to boys, addressing gender disparities in help-seeking. • Ensure CYP voice shapes all support by prioritising capturing each child’s preferred communication method and roll out tools (e.g., Talking Mats) to ensure their voice informs the support they receive.
<p>3. Integrated Pathways and Targeted Provision: joined-up services across education, health, and care.</p>	<ul style="list-style-type: none"> • Improve pathways for SEMH, EBSA and medical needs through scoping of specialist AP provision, review section 19/mental health offers, evaluate BeeU 0–5 impact, and ensure joined-up support across education, health, and social care. • Strengthen multi-agency planning for vulnerable groups (CIN, CLA, CPP, home educated children, care leavers) - tailor interventions to dominant needs (e.g., SEMH, SLD, ASD), strengthen EHCP pathways, improve planning and address unmet needs.
<p>4. System Quality, Data and Assurance: improve accuracy, accountability, and evidence</p>	<ul style="list-style-type: none"> • Improve accuracy of Primary Need recording and data quality through developing clear descriptors of primary needs and regularly review data to clarify whether needs are being recorded accurately. • Build leadership and capacity for monitoring school standards by implementing the Education Excellence Strategy and resource teams sufficiently to monitor standards, drive early intervention, and uphold statutory duties.
<p>5. Preparation for Adulthood and Life Outcomes: sustained impact beyond compulsory education.</p>	<ul style="list-style-type: none"> • Strengthen preparation for adulthood and post-16 outcomes, understanding attainment gaps, improve post-16 EHCP review processes, enhance data collection, and ensure smooth transitions into adulthood services

Mapping of key evidence and findings to Recommendations

Chapter	Area of need (which key finding does this relate to from the slides just presented?)	Recommendation for action (What we are intending to do and how)	Governance (Where does this recommendation sit)
Wider determinants and Context: Service Mapping- Education	<p>Inequity in where schools are located, relative to population needing them: Schools with higher proportions of their pupils receiving SEN support and EHCPs are predominantly located in northern parts of the county and in Shrewsbury (particularly north-east), with a few exceptions of schools located in the south, Bishop’s Castle area and Bridgnorth.</p> <p>Mental Health Support Teams in Schools are concentrated in certain areas of the county rather than having full coverage, Mental Health Leads are more prevalent in the south.</p> <p>Gaps in the south west and north west of the county for schools signed up to be Neurodiversity Practitioners (NDPs) and Partnership for Inclusion of Neurodiversity Schools (PINS), when the evidence shows these areas have schools with high proportions of their pupils with SEN .</p>	<p>Embed, sustain and promote the Neuro-diversity offer and understand the map of mental health / EBSA activities and support on offer through the Change Programme, AP and other services.</p> <ul style="list-style-type: none"> Promote the Neurodiversity Practitioners, measure and monitor the impact of the service and the take up of the traded offer to schools and settings. Measure and monitor the impact of the AET training offer and support with implementation. Mapping has just started and will continue with education, health and social care colleagues of what services to support SEMH and projects are on offer in which areas and the take up and impact of those services and offers. Consideration of how we might monitor those children and young people who are waiting for services and support around their mental health and what other support they are accessing whilst waiting. 	<i>SEND & AP Partnership Board</i>

Chapter	Area of need (which key finding does this relate to)	Recommendation for action (What we are intending to do and how)	Governance (Where does this recommendation sit)
SEN Population Profile	42% of all Shropshire pupils with SEN were aged 11-15 years old	<p>Significant gap in CYP having their needs identified late (aged 11-15 years), suggests that should be a focus on earlier cycles of assess, plan do review, and prior to transition to secondary school.</p>	<p><i>SEND & AP Partnership Board</i> <i>QAG</i> <i>Inclusion Workstream</i> <i>PFA workstream</i></p>
SEN Population Profile	More males with SEN than females	<p>Promote ways children can express their needs to ensure Social Emotional and Mental Health (SEMH) needs can be supported at an earlier point, especially among male children.</p> <p>Encourage settings to develop communication strategies to encourage boys to understand their emotional responses and support regulation strategies to allow them to participate in education and society, fully and in a positive way.</p> <p>Support education settings to further develop their understanding of autism in girls particularly, and tackle ‘masking’.</p> <p>Support schools and other educational settings to integrate autism approaches to the benefit of all children, promoting a culture of acceptance</p>	<p>SEND and AP Partnership Board (SEMH) CYP Operational Delivery Group (SEMH) ND Workstream</p>

Chapter	Area of need (which key finding does this relate to from the slides just presented?)	Recommendation for action (What we are intending to do and how)	Governance (Where does this recommendation sit)
Education	<p>Most prevalent primary need was social, emotional and mental health above the regional and similar to national and rising.</p> <p>SLCN and SEMH were the most prevalent in the primary school SEN population.</p> <p>In special schools, severe learning difficulties and SEMH were the most prevalent</p> <p>Speech, Language and Communication needs (SLCN) was second most prevalent</p>	<p>Prioritise capturing every child and young person's voice using their preferred communication method to ensure their views shape the support they receive. Rolling out Talking Mats training across the partnership will support CYP voice.</p> <p>Actively review and update recorded data to reflect whether needs are rooted in neurodivergence or situational factors, so support is accurately tailored. Write guidance to support more accurate recording to include needs descriptors.</p> <p>Ensure the sustainability of outreach support for schools and training to meet children and young people’s SLCN and SEMH needs.</p> <ul style="list-style-type: none"> • SEMH – Outreach offer through the Change Programme – Outshine, is about to be launched. This support will provide mentors to support inclusion, assessment and intervention to reduce part-time timetables and keep exclusions low. Measure and monitor impact on reduced time timetables, suspensions, exclusions and inclusion. • SEMH – Scoping for specialist AP provision in the south of the county to include medical and EBSA and across the county for mental health needs. Look at section 19 and SEMH/behaviour offer to work out whether they should be separate, something similar to the student engagement programme in Telford. Work with TMBSS as part of this scoping exercise and offer. • SEMH – Review the impact of the BeeU 0 – 5 offer which has recently been established. • SLCN – Re-design the Severe Speech and Language Impaired Children’s Team (Teachers and Speech and Language Therapists). Measure impact of the Specialist Speech and Language Teachers on teacher knowledge, inclusion and levels of language development for early years children. Expand remit of the team making sure it fits in with other initiatives, tools and offers e.g., ELSEC and Talkboost. • SLCN – Training for schools, professionals and services to ensure greater inclusive practice and use of tools to give our young people a voice (Talking Mats) and review funding for the current AAC offer. • SLCN use of Change Programme funding to provide outreach specialist Speech and Language and Occupational Health support into mainstream schools • SLCN – Review the impact of the SLT service developments including the link therapist model, delivering SLT in mainstream schools (rather than clinics), the use of the Staffordshire Risk Matrix. • Continue to provide multi-agency training – this recent development has enabled strong join up and ensured that training provided is in line with the offer of support from across the partnership. • Support schools who belong to multi academy trust to enhance understanding, planning and delivery of strategies to support specific needs 	<p><i>SEND & AP</i> <i>QAG</i> <i>EHCP workstream</i> <i>SLCN Workstream</i> <i>ELSEC steering group</i></p>

Chapter	Area of need (which key finding does this relate to from the slides just presented?)	Recommendation for action (What we are intending to do and how)	Governance (Where does this recommendation sit)
Education	Rise in SEMH and no specialist assessment of need since pre-pandemic period	Promote the accuracy in identifying and describing each child’s primary SEND need among professionals by considering their environment, learning setting, support provision, and diagnosis	<i>SEND & AP Partnership Board</i>
Education	Recent increase in the numbers of children electively home educated. 5% of home educated children had EHCP as of June 2025	Actively engage with families choosing home education to understand their reasons, address concerns about unmet needs or support, and foster open, transparent dialogue within the school community. Direct support and early intervention e.g., for parental anxiety, school resources, capacity and understanding of children and young people’s needs, and ack of alternative section 19 / mental health provision. Explore capacity resourcing around administrative functions to support safe practice for children and young people who are EHE.	<i>SEND & AP Partnership Board</i>
Education	The percentage of children with SEN meeting the expected level of development declines as they progress through the education system	Adopt the education excellence strategy and ensure sufficient capacity within the education and safeguarding team to monitor school standards across Academies and Maintained schools. <ul style="list-style-type: none"> • Education Excellence Strategy – will outline statutory duties and responsibilities to support best outcomes for Shropshire’s children and young people to provide a clear understanding of the LAs strategic role. • Sufficient Capacity – Resource the education and safeguarding team with staff capacity to monitor school standards and provide early intervention, support and challenge. • Change Programme – Embed and sustain the outreach offers provided from our special schools to support standards and inclusion across Academies and Maintained schools as part of the Change Programme. 	<i>SEND & AP Partnership Board</i>

Chapter	Area of need (which key finding does this relate to from the slides just presented?)	Recommendation for action (What we are intending to do and how)	Governance (Where does this recommendation sit)
Education	Attainment at age 19 in SEN population rates lower than in non-SEN population.	<p>Understand reasons behind the attainment gap at age 19 in our SEN population, especially those with EHCPs where we have seen a recent fall.</p> <ul style="list-style-type: none"> PfA workstream - Consideration of our current Post 16 offer and preparation for adulthood. Feed this data in the PfA workstream for consideration and operational work around this. EHCP Team - Monitor attainment gaps through annual reviews in the post 16 team. Annual review paperwork being re-vamped and re-launched in Spring Term 2026. Paperwork to gather pupil and family voice better to provide data for the Outcomes framework and measures as part of the SEND and AP Strategy. 	<i>SEND & AP Partnership Board</i>
Education	Persistent Absences Higher as level of SEN support increases Rates for exclusions and suspensions among SEND pupils at higher than among non-SEND pupils	<p>Continue to monitor and measure impact of the range of activities and support already underway to reduce exclusion and suspension rates, with a focus upon our special school provision. For example:</p> <ul style="list-style-type: none"> Inclusion Development Grants. Work of the EQAs and the Change Programme. Outshine Outreach offer of support. 	<i>SEND & AP Partnership Board</i>
Education	Proportion of 16-17 year olds in education, employment or training (NEET) was lower in the cohort that had EHCPs (4.9%) than regionally and was also lower than those that didn't have SEN (6.3%)	<p>Continue to implement proactive work around NEET and destination data.</p>	<i>SEND & AP Partnership Board</i>

Chapter	Area of need (which key finding does this relate to from the slides just presented?)	Recommendation for action (What we are intending to do and how)	Governance (Where does this recommendation sit)
Social Care	73% of Children In Need in Shropshire have Special Educational Needs – much higher than regionally (50%) and nationally (52%), rising since pandemic and driven by EHCPs.	<p>Prioritise multi-agency planning for Children in Need (CIN), Children Looked After (CLA), and those on Child Protection Plans (CPP), given the significantly higher rates of EHCPs compared to the general school-age population. Expand specialist SEN services, particularly for CIN, where EHCP rates are disproportionately high and rising faster than regional and national trends.</p> <p>Review and enhance pathways to EHCPs, ensuring timely assessments and support, especially for children entering care or child protection systems. Tailor interventions to dominant needs: SEMH for CLA and CPPs, and Severe Learning Difficulty for CIN, with consideration of national trends showing ASD as a rising need. Commission specialist provision and workforce training to meet the complex needs of these groups, particularly in SEMH and ASD.</p>	<i>Children Safeguarding Board</i>
Social Care	53% of Children Looked After in Shropshire have Special Educational Needs – rising since the COVID-19 pandemic, similar to nationally and driven by EHCPs.		<i>Children Safeguarding Board</i>
Social Care	Half (49%) of children with a Child Protection Plan have Special Educational Needs – higher than regionally (40%) and nationally (42%)		<i>Children Safeguarding Board</i>
Social Care	Steady fall in families with SEN or EHCP statements being referred into Early Help. Repeat contacts into Early Help have decreased for both SEND and EHCP families, with a sharper decline seen in EHCP families	Recording of SEND in Early Help process requires improvement.	<i>Early Help Partnership Board</i>
Social Care	Care leavers identified with special educational needs (SEN) in Shropshire has doubled since 2019	Develop targeted transition support for care leavers with EHCPs, ensuring continuity of care and education/employment pathways. Strengthen data sharing and tracking between children’s services and adult services to support early identification and planning for care leavers with SEN.	<i>SEND & AP Partnership Board</i>
Social Care	Less than one third (27%, 301 individuals) of All In members accessed a short break during the year	<p>Ensure register is accurate and up to date.</p> <p>Understand why only 30% of those registered access provision to ensure services are developed and targetted appropriately. Ensure that relevant data is regularly shared with All In Contractor so that delivery can be targetted appropriately.</p> <p>Continue to promote HAF activities and strengthen the role of EQAs in monitoring the role of provision and trends of who accesses the provision.</p> <p>Monitor and improve engagement with All In Short Breaks. Explore why there appears to be underrepresentation for age groups (4–5 and 15+), and ensure the offer is inclusive of diverse disabilities.</p>	<i>SEND & AP Partnership Board</i>

Chapter	Area of need (which key finding does this relate to from the slides just presented?)	Recommendation for action (What we are intending to do and how)	Governance (Where does this recommendation sit)
Health	Under half (48%) of all persons aged 0 to 25 on the learning disability register are of a White British ethnicity, compared to 37% of the general population.	<p>A suggested over representation of people who are White British, which may be indicative of the availability of advocacy to get a learning disability label.</p> <p>Raise awareness of the offer of Learning Disability Annual Health Checks via GPs by re-instating promotion such as the ' birthday card' project in Severndale. Additionally via partner organisations such as SENDIASS and voluntary groups.</p> <p>Clarifying LD diagnostic pathway from a commissioning perspective – link to position statement to LD</p>	<i>LDND Partnership Group led by ICB</i>
Health	23% of the 0-25 learning disability population are underweight and 32% are overweight or obese	<p>Further consider the requirements for CYP in Severndale not receiving a 0 – 19 nursing offer, including health promotion.</p> <p>We know CYP's weight is monitored in the following ways</p> <ul style="list-style-type: none"> - LD Annual Health Check advice for those 14+ - LAC Annual Review where this is applicable. - Reviews completed by Community Paediatrics <p>For all of these checks the quality of advice regarding weight and nutrition should be reviewed with further advice given if necessary.</p> <p>Raise awareness of this statistic to universal health services (including GPs) and dietetics services.</p> <p>Consider this statistic in the context of the ARFID pathway.</p>	<p><i>SEND joint commissioning group regarding Special School Nursing model.</i></p> <p><i>CYP Operational Delivery Group</i></p>
Health	Admission episodes for hospital tooth extractions in 0-19 year olds statistically above the national average, at 282.0 per 100,000 (185 admission episodes in 23/24)	<p>Consider dental care during commissioning decisions. Ensure that practitioners who support those with Neurodiversity and Learning Disability are aware of the Oral Health Promotions work such as the Healthy Smile Team.</p>	<p><i>CYP Operational Delivery Group</i> <i>ND Workstream</i></p>