



West Cheshire  
Children's Trust

Cheshire West & Chester

Special Educational Needs and  
Disabilities (SEND)

Joint Strategic Needs Assessment  
2024



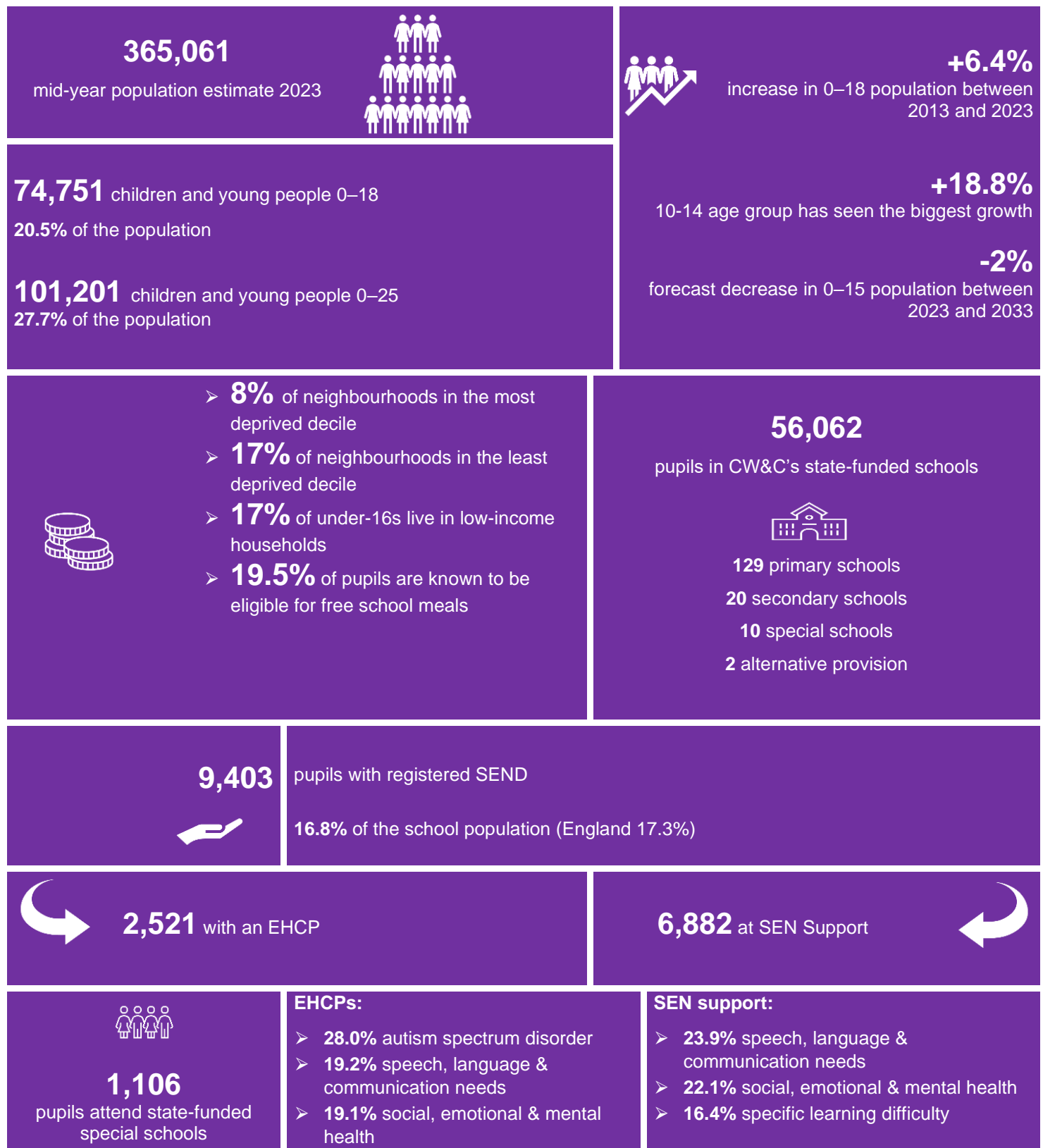
Cheshire West  
and Chester

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# Cheshire West & Chester at a glance



# Summary

## Key headlines

### Living with SEND in CW&C

- **Service delivery gaps:** Despite ambitious plans, there are gaps in meeting growing SEND demand for appropriate education, short breaks, respite support and access to wraparound childcare. This is especially a factor in the early years, compounded by the COVID-19 pandemic.
- **Communication and trust issues:** Families report inconsistent communication with services, often feeling they must complain to be heard, leading to frustration.
- **Early identification and staffing challenges:** Effective early identification is hindered by staff shortages, leading to unmet developmental check targets.
- **Concerns around school transitions:** Families struggle with inclusion and long waits for diagnoses, particularly during transition between primary and secondary school.
- **Coordination and data gaps:** While coordination between services exists, data inconsistencies prevent effective resource planning.
- **Emotional toll on families:** Many families experience frustration and resort to private assessments due to delays and inadequate support. Not all families are able to do this, which is exacerbating inequality in access to services and support.
- **Strategic focus areas:** There is an agreed focus on creating strategies for autism and improving early identification, joint commissioning, communication, and data management; these priorities are corroborated by the analysis in this JSNA.

### Local context

- **Population dynamics:** CW&C has a population of 365,061 with around 20% (74,751) aged 0-18. The child population (aged 0-15) is expected to decrease by 2% between 2023 and 2033.
- **Diversity and deprivation:** Though the area is relatively affluent, 17% of children live in low-income households. Health indicators are generally positive, with most residents reporting good health, though 18% have disabilities.

### Children and young people with SEND in CW&C

- **Headline data:** 4.5% of pupils in CW&C had an EHCP at January 2024, higher than the national average, with a 48% increase in EHCPs since 2019, reflecting a growing demand for services.
- **School placement trends:** There's a shift from special schools to mainstream settings, though use of independent specialist provision is rising, straining financial resources.

- **Primary SEND needs:** Autism spectrum disorder (ASD), social emotional and mental health (SEMH) and speech, language and communication needs (SCLN) are the most prevalent.

## Education and SEND

- **Educational outcomes:** 'Good level of development' scores for young children with SEND in CW&C are behind those of their peers regionally and nationally. However, outcomes in Year 1 and at the end of Key Stage 2 are more in line. At Key Stage 4, results for pupils with SEND in CW&C show a wider gap compared with peers, reflecting a decline in performance.
- **Absences and exclusions:** Pupils with EHCPs show a reduction in absence rates, but over a third still miss more than 10% of school sessions. Suspension rates for pupils at SEN Support in CW&C are lower than national averages, but permanent exclusion rates are slightly higher.

## Health and SEND

- **Health challenges:** Complex commissioning and service provision across multiple NHS trusts hinder consistency and service pathways.
- **Public health and mental health services:** Hospital admissions for self-harm are higher than national averages, and waiting times for mental health and speech/language services continue to rise, indicating increased demand.

## Social care and SEND

- **Children in need:** There has been a 29% rise in the number of children in need since 2020, with 5.1% linked to disability or illness.
- **Children in care:** 31.4% of school-age children in care have an EHCP, slightly above the national average.

## Top 10 priorities for action

1. **Inclusion in mainstream schools:** The scale of growing demands can only be adequately addressed through increasing and better ensuring the sustainable inclusion of children and young people with SEND in mainstream settings, addressing concerns about inadequate arrangements and support. Inclusive practice in schools remains too variable. Revisit advice and guidance on Ordinarily Available Provision / Graduated Support in keeping with Inclusion Matters and ensure a coherent training and support programme for staff.
2. **Increased focus on early intervention and identification of needs:** Address shortcomings in the proportion of pre-school children receiving key developmental checks and ensure this data drives prioritisation of activity. Address diagnostic pathway delays and ensure advice on accessing support while awaiting diagnosis is more widely available and accessed.
3. **Mental health support:** Roll out and monitor the impact of support programmes and training for emotional literacy in mainstream settings to achieve better support for the mental health of children and young people with SEND.

4. **Support for autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD):** Review and improve pathways and services and their impact for the growing number of children and young people with ASD and ADHD.
5. **Transition to adulthood:** Develop the 14–25 Preparation for Adulthood pathways to ensure better support, signposting and provision for young people as they transition to adulthood. Improve transitions into adult health and social care services for those with the most complex needs and the development of suitable provision. For those with lower complexity of needs, expand the supported internship programme and develop more consistent decision-making and funding for post-16 students that is explained to young people and their families.
6. **Improved communication and co-production:** Focus on better communication and co-production between parents, carers and professionals, ensuring that parent's and carer's voices are heard and their involvement in decision-making is strengthened. Continue to develop the 'Live Well' Local Offer website.
7. **Joint commissioning of services:** Explore opportunities for joint commissioning, particularly around integrated review pathways, to address potential fragmentation in the commissioning landscape. Ensure this supports early identification and intervention and mental health support.
8. **Short breaks & Childcare services:** Complete the commissioning process for a new short breaks service to provide respite and support for families of children with SEND. Also consider options to address barriers to wraparound childcare, which families of children with SEND struggle to access
9. **Quality and timeliness of EHCPs:** Improve the quality and timeliness of EHCPs by leveraging the digital EHC hub and address delays in updating EHCPs after annual reviews to ensure they remain relevant and useful, especially during transitions between settings.
10. **Educational outcomes and attendance:** Continue existing programmes to improve educational outcomes, maintain low exclusion rates, and ensure good school attendance for students with SEND.

# 1. Background

## 1.1 Scope and definitions

The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of the local population. This evidence is then used by the Health and Wellbeing Board to set local priorities and make commissioning decisions.

This SEND (Special Educational Needs and/or Disabilities) needs assessment is part of the overall JSNA programme, focusing specifically on the needs of children, young people and families within Cheshire West and Chester (CW&C). It will be used to strengthen the evidence base we have in this area, to drive our commissioning, priority-setting and ultimately the SEND Local Offer. We will consider future need and acknowledge where we have gaps in either our data or our services.

According to the SEND Code of Practice (January 2015), a child or young person has special educational needs (SEN) if they have a learning difficulty or disability that means they need special educational provision to be made for them. This means that they may have a significantly greater difficulty in learning than most of their peers, or they are not able to use the universal provision available within their school or other educational setting because of their needs.

According to the Equality Act (2010), a disability is defined as:

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...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out day-to-day activities.

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This includes long-term health conditions such as asthma, diabetes, epilepsy and cancer as well as sensory and physical impairments. Where a child or young person has a disability, they do not necessarily have SEN, but there is a significant overlap.

In line with the SEND Code of Practice, this needs assessment covers children and young people up to and including the age of 25.

## 1.2 SEND needs assessment, 2020

A SEND needs assessment was undertaken under the JSNA programme in 2020. It identified many areas of strength, including:

- clear partnership, governance and review arrangements for SEND services
- a strong and active parent and carer forum
- improved processes and resources as a result of parent and carer feedback, for example the SEND 0–25 Inclusion Framework and the education, health and care plan (EHCP) digital hub for new assessments
- new opportunities for young people with SEND, for example supported internships



It also identified areas for future focus and made a number of recommendations, including to:

- increase inclusion of children and young people with EHCPs in mainstream provision
- review and improve the pathways and support for the growing number of children and young people presenting with autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD)
- complete the commissioning process for the new short breaks service
- improve the quality and timeliness of EHCPs, via the new digital hub and additional resources
- continue programmes of support already in progress to improve educational outcomes, keep exclusion rates low, and maintain good levels of school attendance for children and young people with SEND
- expand the supported internship programme and develop the Inclusion Framework to improve the consistency of decision-making and funding for post-16s with SEND
- continue to roll out programmes such as “MyHappyMind” and training for emotional literacy support assistants, alongside the pathways for ASD and ADHD, to better support children and young people with SEND with their mental health
- look at further opportunities for joint commissioning, including homecare support for children and young people with complex health needs, provision of specialist equipment, learning disabilities care and support, and mental health services
- implement the 14–25 transitions policy to include additional review, signposting and support for the most vulnerable young people as they prepare for adulthood and independence

The COVID-19 pandemic presented some challenges for this needs assessment, including the absence of comparable data (where results were based on teacher assessments rather than final exams), redeployment of some health staff, delays to strategies being implemented, and face-to-face engagement and co-production being severely limited, particularly for those in this population who were self-isolating due to existing health vulnerabilities.

There has since been a period of recovery, with plans back on track and outcome data returning to its pre-pandemic methodology. This 2024 needs assessment will pick up on any gaps still in existence and develop these into priority areas for future focus.

## 1.3 Local area SEND inspection, 2022

The Care Quality Commission (CQC) and Ofsted visited Cheshire West and Chester in February 2022 to conduct a local area inspection of SEND services. They saw strong and ambitious plans for children and young people with SEND, with a commitment to joint commissioning arrangements to further improve this. The quality and timeliness of individual plans were improving, and additional resources and flexibility had been put into meeting the needs of these vulnerable children and their families during the pandemic.

Early identification and assessment of emerging needs was highlighted as good, and training, advice and networks for professionals were key to this effectiveness. However, targets for key developmental checks for one-year-olds and two-and-a-half-year-olds were being missed due to low staffing levels, and this was considered to be an important area for improvement in terms of early identification of need.

While the parent and carer forum was praised, general parental trust in the service was variable, with some experiencing good communication and others saying they needed to complain in order to be heard. The new EHCP online hub was felt to be a positive step towards improving this experience for more families. As with this needs assessment, inclusive practice in mainstream schools was reported to be a key concern, although the inspectors saw a clear commitment to improving this. Parents were particularly worried about this at the time of transition between primary and secondary school, often concluding that their child's needs could not be met within their local mainstream school. Long waiting times for diagnosis and a lack of communication were particularly noted for children and young people with ASD and ADHD needs.

The inspection found good coordination between the local authority's SEND services and other specialist services such as speech and language therapy, educational psychology, youth justice and safeguarding, with EHCPs aligning well with other individual plans. Other services such as those for young people post-16, transitions, short breaks and the Local Offer in general were found to be variable across the authority or perhaps poorly communicated to parents.

This needs assessment will re-examine these key areas and identify where there are gaps in the current offer or in our knowledge of the needs in our area.

## 1.4 Starting Well needs assessment: SEND emerging needs (0–4), 2024

As part of the Starting Well programme, a SEND needs assessment has recently been undertaken to look at emerging needs within the under-five population. The trends identified here are key to this 0–25 needs assessment, as they give an indication of future school-age, post-16 and young adult need, as well as a picture of what is happening currently in the early years. Data and messages from the Starting Well needs assessment will be replicated in the relevant sections within this document, and the key findings are summarised below:

- There is an increased demand for SEND-related services for this age group that is not met by existing resources.
- Young children need further support in relation to communication and language and personal, social and emotional development.
- The COVID-19 pandemic has had a significant impact on both service delivery and demand, as well as on parental confidence to support their children with their early development. Parental skills and confidence could be improved through universal and targeted support, but funding challenges make this difficult.
- Communication and coordination across services and between professionals and parents needs to be more consistent and effective.
- SEND data is not reported to commissioners in sufficient detail for them to assess emerging needs and target provision for the under-fives.

A number of recommendations were made around these themes, with a focus on early identification, joint commissioning, and improved data and communication.

## 1.5 Autism strategy, 2024

CW&C Council is leading the development of an all-age autism strategy, which is currently in its early stages. We will ensure that the findings and recommendations from this needs assessment inform the autism strategy as it progresses.

## 2. Living with SEND in Cheshire West & Chester

### KEY HEADLINES – LIVING WITH SEND IN CW&C

- **Service delivery and resources:** While the local area has ambitious plans for SEND services, there are significant gaps in meeting growing demands, especially in the early years. The COVID-19 pandemic has (as elsewhere) strained a system that was already under considerable pressure: Increasing demand, impacting service delivery and reducing parental confidence.
- **Communication and trust building:** Communication between services, professionals and parents remains a concern and is recognised as an area for development. Parents report inconsistent experiences, with many feeling the need to complain to be heard, leading to frustration and distress.
- **Early identification and assessment:** The early identification and assessment of SEND needs is highlighted as effective, underpinned by good training, advice and professional networks. However, staffing shortages have significantly impacted some pre-school developmental checks, and these remains below expected targets in terms of the % of children being seen.
- **Concerns around transitions and inclusion:** Parents express significant concerns about the inclusion of children with SEND in mainstream schools, particularly during transitions from primary to secondary education. Long waiting times for diagnoses and challenges with the EHCP process, including delays and poor communication, contribute to anxiety and stress for families.
- **Coordination and data gaps:** There is good coordination between SEND and specialist services like speech and language therapy and educational psychology. However, inconsistencies exist in services post-16 and during transitions. Data gaps hinder the effective targeting of resources and service planning, necessitating better data collection and sharing.
- **Impact on families:** The emotional toll on some families of their contact and communication with SEND services about the EHC assessment and planning process is significant. Parents report feeling overwhelmed and frustrated due to delays, unclear eligibility criteria and lack of support. Many resort to private assessments, indicating a need for more accessible and responsive services.
- **Strategic developments and recommendations:** The development of an all-age autism strategy and a new inclusion framework reflect a commitment to improving SEND services. Recommendations include enhancing early identification, fostering joint commissioning, improving communication, and ensuring better data collection to guide decision-making.

Overall, while there are strengths in the local SEND system, significant challenges remain that require coordinated efforts, better communication and more targeted resources to meet the needs of children, young people and their families.

## 2.1 The voice and views of children and young people with SEND

CW&C Youth Service provides opportunities for young people aged 13–25 with SEND through the Choices project. Operating locally from Chester, Ellesmere Port, Northwich and Winsford, the provision is in a safe and welcoming environment where young people can socialise with friends and meet new people.

The tailored programme helps young people with SEND to develop social skills, life skills and independent living skills (such as personal safety, healthy relationships and friendships, cooking and budgeting). There are also a range of recreational activities to get involved in.

The Live Well Cheshire West website presents a short video about the Choices project, including comments from young people about how it has boosted their confidence, skills, wellbeing and aspirations:

<https://www.livewell.cheshirewestandchester.gov.uk/Services/4737> .

CW&C Council acknowledges that more needs to be done to hear the voices of children and young people with SEND so that they can better influence strategy and policy in areas that affect their daily lives. The Early Help service has completed a consultation and is now in the process of implementing a new structure that will be focused on inclusion, with the following elements hoped to be in place by September 2024:

- A new Inclusion Team will be responsible for developing and co-delivering all group and voice work with young people that have a protected characteristic. This will include a new SEND Voice group as well as the delivery of Choices youth groups within the districts.
- Youth Inclusion Workers will be the key workers for supporting young people with SEND within mainstream and SEND youth provision.
- In the future, youth inclusion workers will also offer personal care to children and young people with SEND who need this support across all provisions, to enable them to participate more widely in youth service activities where currently there may be barriers to access.

On an individual basis, children and young people's views and needs are integrated into their annual EHCP reviews. However, this data is not currently aggregated in a way that informs commissioning and service development, so this is potentially a data gap.

There is a proactive Children In Care Council (CICC), which enables children and young people in care the chance to shape and influence services that affect them; while there is inevitably some overlap between children in care and those with additional needs, this integration is not currently captured in a way that enables feedback from the CICC to directly influence SEND policy and provision.

## 2.2 Parents and carers

The CW&C Parent Carer Forum (PCF) is an active voluntary group of parents and carers of children and young people with SEND. It aims to be the voice of as many parents and carers as possible, with a current active membership of over **670**. Members work in partnership with education, health and care providers to influence decisions about gaps in services, with the aim of co-producing improvement initiatives where possible.

The PCF has recently carried out a survey, following on from the previous one conducted in 2022. There were **369** completed questionnaires, which was felt to be disappointing and probably due to the lack of promotion of the survey. While there were many positive examples identified through the survey, the overriding message was one of frustration regarding unmet need, with parent/carer views of many aspects of the system expressing growing concerns since the last survey. Some of the key themes are outlined below:

- **Challenges with communication**

Parents and carers reported delays, lack of responsiveness from agencies and professionals, and difficulties in navigating the system. Many report that they have had to make an official complaint in order to be listened to. These issues have been a recurrent theme since the first PCF survey in 2016, causing frustration and distress among parents and carers.

- **Issues with the EHCP process**

Parents and carers are frustrated with delays in completing EHC assessments, reluctance of some schools to request an EHC assessment, LA refusals to conduct an assessment, the stress for parents from mediations and tribunals, and parent carer experiences of limited and poor communication around the process.

- **Concerns around transition and future planning**

Parents and carers expressed significant anxiety and uncertainty about their children's transition to adulthood, including concerns about education, employment and independent living.

- **Issues around access to services**

There are concerns around unclear eligibility/access criteria, including in the areas of mental health and respite. Referral processes for support services led to long wait times and a lack of support while waiting, and there is a general feeling of unmet need. These issues have led to many parents and carers seeking private assessments and therapies, often at considerable financial expense.

- **Emotional toll on families**

Many respondents described feelings of overwhelm, frustration and being let down, leading to considerable emotional strain and sometimes trauma and mental health challenges.



- **Lack of opportunities to participate and co-produce**

The PCF reports a reduction in the number and range of opportunities members have had to participate, influence and co-produce in recent years.

- **Positive experiences and support networks**

Despite the clear challenges, parents and carers reported how much they value the support provided by schools, therapists, community organisations and the PCF. Many teams, services and organisations were mentioned in responses and commended for the positive impact their work had had on respondents' children.

The PCF has produced a set of recommendations following this report, which will be integrated into the SEND Action Plan and monitored by the SEND Strategy Group:

1. **Develop a new co-production charter** between the PCF and professionals, to ensure that the PCF is involved at every level of decision-making around SEND services.
2. **Establish a commitment to culture change**, where parents, carers, children and young people are prioritised in all decision-making.
3. **Review and improve all SEN team communication channels**, collaborating with the PCF to identify areas for improvement.
4. **Undertake key pieces of work**, including setting up a workstream in collaboration with the PCF and Integrated Care Board to address issues around 'waiting well', and re-establishing the annual 'Preparation for Adulthood' event for parents, carers and young people, which has not run for the past two years.

Later in 2024, CW&C will undertake a range of surveys gathering feedback about the experiences of parents, carers, education providers and other professionals. These surveys were developed under the Department for Education commissioned Delivering Better Value (DBV) in SEND programme. The programme will support the local area in improving the delivery of SEND services while also addressing financial sustainability. It will focus on improvements that will make the biggest difference to outcomes for children and young people with SEND, using available resources in the most efficient way.

## 2.3 Data gaps – living with SEND in CW&C

As noted, the views of children and young people living with SEND are not collated and aggregated from the annual review process. This information could provide some rich insights in order to steer services at a strategic level.

At the time of writing, we were also yet to access data around the Choices youth groups.

### 3. Local context

#### KEY HEADLINES – LOCAL CW&C CONTEXT

- **Population overview:** CW&C covers approximately 920km<sup>2</sup> and is the fourth-largest unitary authority in the North West. As of 2023, the population is 365,061, with a density of 397 people per square kilometre, slightly below the England and Wales average of 403. Over the past decade, the 0–18 population has grown by 6.4%, with increases in the 5–9 (7.5%) and 10–14 (18.8%) age groups, indicating rising demand for services.
- **Future population changes:** Forecasts suggest an 8% increase in CW&C's overall population between 2023 and 2033, driven largely by a 22% rise in the over-65s. The child population (0–15) is expected to decrease by 2% with a decrease of 4% forecast for primary and secondary school aged children.
- **Diversity and deprivation:** CW&C is relatively affluent, with 17% of neighbourhoods in the least deprived decile and 8% in the most deprived. However, around 26,700 people live in areas among the top 10% most deprived in England. Around 17% of children under 16 live in low-income families, and 19.5% of pupils are eligible for free school meals, both slightly below national figures.
- **Health and wellbeing:** In the 2021 Census, most residents (82.7%) reported 'very good' or 'good' health, and only 5% reported 'bad' or 'very bad' health. About 18% of the population reported some level of disability affecting daily activities, aligning with national averages.



## 3.1 Population

The borough of CW&C covers approximately 920 square kilometres and is the fourth-largest unitary authority in the North West. Mid-year population estimates for 2023 report that **365,061** people are resident in the area, with over a quarter of those living in rural areas. There are an estimated **397** people resident per square kilometre, compared with **403** across England and Wales as a whole and **539** for the North West region. Young people aged 0–15 make up **17.2%** of the population in CW&C – slightly less than the **18.5%** reported for England and Wales. The 0–18 cohort makes up **20.5%** of the population overall and 0–25s make up **27.7%**, as shown in Table 1.

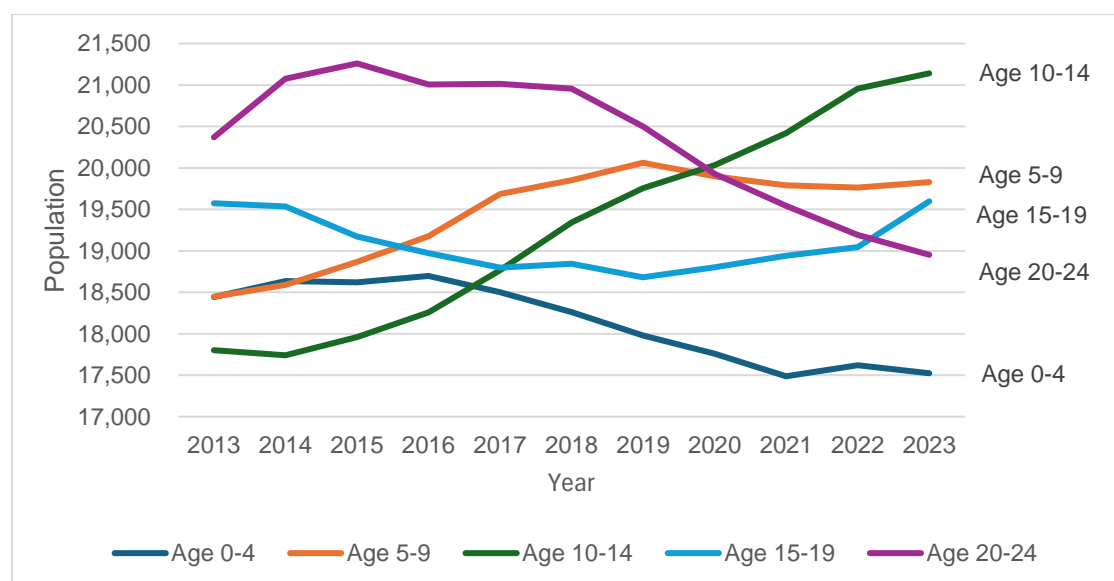
Table 1. Cheshire West & Chester population estimates 2023, by age group

Age group	Population	% of all-age population (365,061)
0–4	17,524	4.8%
5–9	19,830	5.4%
10–14	21,141	5.8%
15–19	19,597	5.4%
20–24	18,952	5.2%
0–18	74,751	20.5%
0–25	101,201	27.7%

Source: ONS mid-year population estimates, 2023, reported by CW&C Insight & Intelligence

CW&C's 0–18 population has been increasing steadily over the past decade, with 2023 mid-year estimates being **6.4%** higher than they were in 2013. This compares with an increase of **9.5%** across the all-age population. However, this increase masks some fluctuations within the more detailed age bands, with 5–9s increasing by **7.5%** and 10–14s by **18.8%**, as shown in Chart 1. This growth in the school-age population has been significant for those addressing needs and providing services to them.

Chart 1. Population changes in CW&C 2013–2023, by age group



Source: ONS mid-year population estimates, 2013–2023, reported by CW&C Insight & Intelligence

An Insight & Intelligence report based on Office for National Statistics (ONS) 2023 mid-year population estimates, forecasts an **8%** increase in the overall CW&C population over the ten years to 2033.

Much of this increase is driven by a predicted **22%** rise in the number of over-65s in the population. The total number of 0–15s is forecast to decrease by **2%** over the 10-year period in contrast to the 7% increase seen over the previous ten years. Table 2 shows the past population estimates and forecast changes in different age groups.

Table 2. Child population in CW&C, estimates 2013-2023 and forecasts 2023–2033, by age group

Age group	Population			% change	
	2013	2023	2033	2013-2023	2023-2033
0-3	14,900	13,800	14,600	-7%	6%
4-10	25,500	27,800	26,700	9%	-4%
11-15	18,200	21,200	20,300	17%	-4%
0-15	58,600	62,800	61,600	7%	-2%

**Source:** ONS mid-year population estimates 2013-2023 and CW&C forecasts 2023–2033, reported by CW&C Insight & Intelligence

Table 3 shows the 2013–2022 population estimates across the four localities for the 0–15 population (2023 population estimates are not yet available for localities). The greatest increases over the last nine years (2013 to 2022) were in Ellesmere Port (10%) and Rural (9%). Chester locality had a very similar child population in 2013 and 2022. Population forecasts are not available at locality level.

Table 3. Child (0–15) population estimates in CW&C, 2013–2022, by locality

Locality	Population		% change
	2013	2022	2013–2022
Chester	13,000	13,100	1%
Ellesmere Port	11,300	12,400	10%
Northwich & Winsford	19,600	20,900	6%
Rural	14,700	16,000	9%
All	58,600	62,400	6%

**Note:** Mid-2023 estimates for small areas are due to be published in late 2025.

**Source:** ONS mid-year population estimates 2013–2022, reported by CW&C Insight & Intelligence.

The number of live births in CW&C has generally declined over the past five years, and the general fertility rate (GFR), which measures live births per 1,000 women aged 15–44, has also decreased over that period. The figures are summarised in Table 4.

Table 4. Live births and general fertility rate in CW&C, 2019–2023

Year	Number of live births	General fertility rate (GFR)
2019	3,366	53.3
2020	3,255	51.5
2021	3,297	51.7
2022	3,219	49.9
2023	3,103	47.3

Source: ONS birth characteristics datasets for 2019 to 2023

According to the 2021 Census, **8.8%** of CW&C's residents were from ethnic backgrounds other than White British. This ranges from **6%** in the Rural locality to **15%** in Chester. The comparable figure for England is much higher at **26.5%**. For the younger population in CW&C, non-White British ethnic backgrounds make up around **10%** of the 0–18 population.

## 3.2 Deprivation

The Index of Multiple Deprivation (IMD) ranks neighbourhoods into ten 'deciles' nationally, split evenly with 10% in each decile. According to the 2019 index, CW&C has **17%** of its neighbourhoods ranking in the least deprived decile and **8%** ranking in the most deprived decile, making it a relatively affluent area overall in IMD terms. However, this means that there are still significant pockets of deprivation, with **26,731** people (mid-2023 estimate) living in neighbourhoods that rank in the top 10% most deprived in England. These are largely situated around the urban areas of Chester, Ellesmere Port, Northwich and Winsford.

Household income overall is broadly in line with the national average. However, around **17%** of under-16s in CW&C live in low-income families (2022/23 figures; families claiming child and household benefit with an income less than 60% of the UK median). This figure has been rising gradually year on year. The national average is **20%**, and **12** of CW&C's wards report at least this proportion of children to be living in low-income families. The proportion of pupils known to be eligible for free school meals in 2023 is lower in CW&C (**19.5%**) than it is nationally (**23.8%**) but is following the same general upward trend.

The IMD is also calculated looking at specific domains. In both the 'Health Deprivation and Disability' and 'Education, Skills and Training' domains, CW&C has just over **10%** of its lower super output areas (LSOAs) in the 10% most deprived nationally – so is broadly in line with the national average.

## 3.3 General population health needs

At the time of the 2021 Census, **82.7%** of CW&C's residents reported themselves to be in 'very good health' or 'good health' (**81.7%** in England), and **5%** reported 'bad health' or 'very bad health' (**5.3%** in England). Also at the time of the Census, **10.5%** of people described themselves as disabled to the extent that their ability to carry out day-to-day activities was limited 'a little', and **7.4%** said that limitation was 'a lot'.

### 3.4 Data gaps – local context

Another key indicator around deprivation could be the numbers of children eligible for two-year-old nursery funding. It would also have been helpful to access all-age continuing care data as a measure of general population health needs. This information was not available to us at the time of writing, and these may be items to pursue at a later date to improve our picture of the local context.

## 4. Children and young people with SEND

### KEY HEADLINES – CHILDREN AND YOUNG PEOPLE WITH SEND IN CW&C

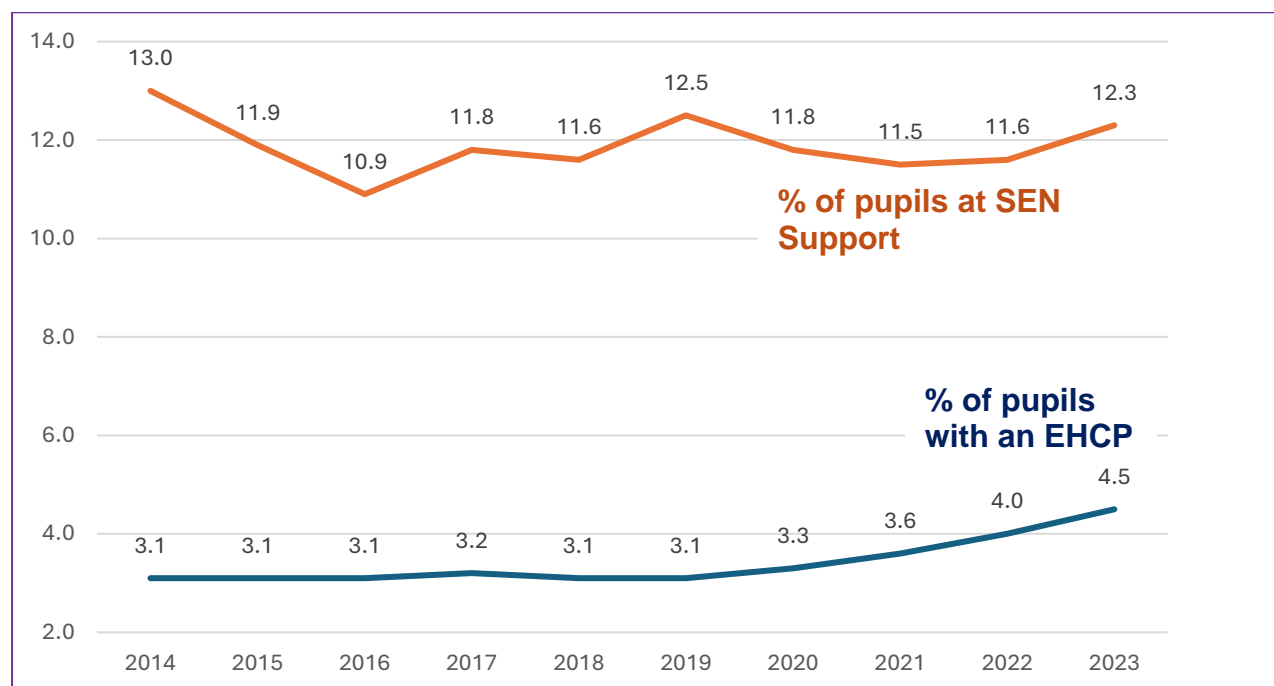
- **SEND headlines:** At January 2024, 5.2% of pupils in CW&C had an education, health, and care plan (EHCP), totalling 2,920 pupils compared with 4.8% nationally. An additional 12.9% (7,184 pupils) receive special educational needs (SEN) support without an EHCP. The proportion of pupils with EHCPs in CW&C is higher than the national average, while SEN support figures are slightly below the national level but higher than statistical neighbours.
- **Trends in EHCPs and SEN support:** There has been a significant increase in the number of pupils with EHCPs in CW&C, rising by 48% between 2019 and 2023, reflecting a broader national trend. This rise indicates growing recognition of high needs and increasing pressure on local services. In contrast, the number of pupils receiving SEN support has fluctuated, showing a modest increase of 1.7% over the same period. This suggests a need for earlier identification of needs in mainstream settings to enable support to be provided earlier, thereby addressing demand for EHCPs.
- **Changes in school placement:** A shift is evident in the placement of pupils with EHCPs. While fewer attend state-funded special schools (decreasing from 58% to 44% over five years), more are placed in mainstream primary and secondary schools. This aligns with the local strategy to re-balance the SEND system by reducing the higher-than-average proportion of pupils in special schools. However, there is also a notable rise in pupils attending independent specialist provision, putting financial strain on the high needs block.
- **Primary needs and provision types:** The most common primary needs among pupils with EHCPs in CW&C are autism spectrum disorder (ASD), social, emotional and mental health (SEMH) needs, and speech, language and communication needs (SLCN). These needs drive the trends in both mainstream and specialist placements and highlight the need for tailored interventions.

Overall, these trends underscore the importance of early identification, inclusive practices, and appropriate resource allocation to support children and young people with SEND quickly, locally and cost effectively.

## 4.1 Overview of SEND

In 2023, there were **2,521** pupils with an EHCP in CW&C and **6,882** receiving SEN support in school without an EHCP. This makes up **4.5%** and **12.3%** of the school population, respectively. Chart 2 shows how these proportions have changed over time.

Chart 2. Percentage of CW&C pupils with an EHCP and SEN support, 2014–2023



Source: Local Authority Interactive Tool (LAIT)

Table 5 shows how CW&C's figures compare with national, regional and statistical neighbour averages for the past three years. Please see Appendix 3 for a list of statistical neighbours for CW&C.

Table 5. Percentage of pupils with EHCPs and SEN support, 2021–2024

	% of pupils with EHC Plans				% of pupils at SEN Support			
	2021	2022	2023	2024	2021	2022	2023	2024
CW&C	3.6	4	4.5	5.2	11.5	11.6	12.3	12.9
North West	3.8	4.2	4.7	5.3	12.3	12.7	13.2	13.8
Statistical neighbours	3.5	3.8	4.1	4.4	11	11.5	12	12.7
England	3.7	4	4.3	4.8	12.2	12.6	13	13.6

Source: Local Authority Interactive Tool (LAIT)

The trend in CW&C is broadly following the same trend as elsewhere, with stepped increases in both the proportion of pupils with EHCPs and the proportion receiving SEN support over recent years. The figures for EHCPs are currently higher than the national and statistical neighbour averages, and those for SEN support are below the national and regional averages but a little higher than for statistical neighbours.

Table 6 shows how the absolute numbers have changed over the past five years.

**Table 6. Numbers and changes of pupils with EHCPs and SEN support, 2019–2024**

		2019	2020	2021	2022	2023	2024	Total % change 2020–24
With EHCP	CW&C number	1,703	1,836	1,979	2,217	2,521	2,920	
	CW&C % change		+7.8%	+7.8%	+12.0%	+13.7%	+15.8%	+59.0%
	North West % change		+10.4%	+10.4%	+10.4%	+12.5%	+14.5%	+57.3%
	England % change		+8.7%	+10.5%	+9.2%	+9.5%	+11.6%	+47.4%
At SEN Support	CW&C number	6,769	6,452	6,310	6,430	6,882	7,184	
	CW&C % change		-4.7%	-2.2%	+1.9%	+7.0%	+4.4%	+11.3%
	North West % change		+3.2%	0.0%	+4.5%	+5.0%	+4.9%	+15.1%
	England % change		+3.0%	+0.4%	+4.3%	+4.7%	+4.7%	+14.8%

**Source:** Gov.uk Explore Education Statistics tables: Special educational needs in England

There has been huge growth nationally and regionally in the number of pupils with EHCPs over the past five years, with a 59% increase in CW&C. These pupils are those with the highest levels of need, which will be putting significant additional pressure on services and those supporting them. Statistically, there is no sign of this increase levelling out, with the increases getting larger year on year rather than slowing.

On the other hand, numbers of pupils receiving SEN support have dipped in CW&C before rising again, resulting in only a modest increase overall over the past five years. This is out of sync with the national and regional pictures, which have seen gradual increases in numbers each year although at a far slower pace of growth than EHCPs. This indicates that early identification of need is not keeping pace with demand at the more complex end of the spectrum and suggests that more could be done with mainstream schools at an earlier stage. BUT, faster growth has been recorded at SEND support in CW&C in the most recent year, which may help to mitigate increasing demand at EHCP level; this trend will need to be monitored closely.



## 4.2 SEND by school/provision type

Table 7 shows the categories of school attended by pupils with EHCPs in CW&C over the past five years and compares these with national and regional figures. These are presented in the table as actual numbers and as a proportion of all pupils with an EHCP.

Numbers are rising across all types of provision, but when looking at the distribution of school placements there are some notable trends: the proportion of CW&C pupils with EHCPs who attend state-funded special schools has fallen, while the proportion who go to state-funded primary and secondary mainstream schools has increased. Nearly **50%** of pupils with EHCPs now attend a state-funded primary or secondary, as opposed to just over **40%** five years ago, and the proportion attending state-funded special schools has decreased from **58%** to **44%**. This is in keeping with the Council's strategic aim of re-balancing the local SEND system by reducing the very high proportion of local pupils with EHCPs attending special schools. Local special schools have reached their physical capacity and there are increasing levels of inclusion in mainstream settings, which has happened in the context of increasing demand across the whole system. There are now **2.3** times as many pupils with EHCPs being supported in CW&C's state-funded primary schools as there were in 2020 and **2.2** times as many in its state-funded secondary schools.

Table 7. School types attended by pupils with EHCPs, 2020–2024

	Cheshire West and Chester					NW 2024	Eng 2024
	2020	2021	2022	2023	2024		
State-funded nursery	1 0.1%	0 0.0%	no data	no data	no data	0.2%	0.2%
State-funded primary	504 27.5%	545 27.5%	649 29.3%	795 31.5%	973 33.3%	32%	31.5%
State-funded secondary	289 15.7%	339 17.1%	386 17.4%	461 18.3%	599 20.5%	21.5%	23%
State-funded special	1,016 55.3%	1,051 53.1%	1,066 48.1%	1,105 43.8%	1,141 39.1%	37.3%	35.8%
State-funded AP	1 0.1%	3 0.2%	10 0.4%	8 0.3%	21 0.7%	1%	0.9%
Independent	25 1.4%	41 2.1%	106 4.8%	152 6.0%	186 6.4%	6.8%	7.7%

Source: Gov.uk Explore Education Statistics tables: Special educational needs in England

Another significant (and related) trend is the significantly increased use of independent specialist provision. This remains proportionately lower than national and regional averages, but the rate of growth has been sizeable and in CW&C's context is unsustainable. A more detailed breakdown of these independent sector placements is shown in Table 8 below.

Table 8. Pupils with EHCPs in CW&C attending independent provision, 2019–2023



	2019	2020	2021	2022	2023	2024
Other independent school	11	16	18	21	20	29
Other independent special school	8	9	23	85	132	157
Total	19	25	41	106	152	186

**Source:** Gov.uk Explore Education Statistics tables: Special educational needs in England

In summary, while an increasing number and percentage of pupils with EHCPs are attending mainstream settings, those needing specialist provision are increasingly likely to be placed in the independent sector rather than the authority's own state-funded schools, which has reached maximum capacity. This growth is placing increasing pressure on available resources and is the main driver of overspends in the high needs block. Further analysis on children and young people attending independent provision, using local data, is provided in Section 4.5.

Table 9 repeats the placement breakdown for pupils at SEN Support. While the placement distribution has stayed relatively stable in CW&C and broadly in line with national and regional averages, there is a notably higher use of independent schools for those with SEND but without an EHCP. In terms of actual numbers, though, there have been fluctuations over the past five years rather than any particular pattern. These schools were all classed as 'other independent' rather than 'other independent special'.

**Table 9. School types attended by pupils at SEN Support, 2019–2023**

	Cheshire West and Chester					NW	Eng
	2019	2020	2021	2022	2023	2023	2023
State-funded nursery	2	1	1	no data	no data		
	0.0%	0.0%	0.0%			0.6%	0.5%
State-funded primary	3,461	3,486	3,486	3,548	3,694		
	51.1%	54.0%	55.2%	55.2%	53.7%	56.8%	53.1%
State-funded secondary	2,516	2,235	2,021	2,115	2,406		
	37.2%	34.6%	32.0%	32.9%	35.0%	37.5%	37.9%
State-funded special	0	0	2	2	1		
	0.0%	0.0%	<0.1%	<0.1%	<0.1%	0.2%	0.1%
State-funded AP	30	26	23	26	50		
	0.4%	0.4%	0.4%	0.4%	0.7%	1.0%	0.6%
Non-maint'd special	0	0	0	0	0		
	0.0%	0.0%	0.0%	0.0%	0.0%	<0.1%	<0.1%
Independent	760	704	777	739	731		
	11.2%	10.9%	12.3%	11.5%	10.6%	3.9%	7.6%

**Source:** Gov.uk Explore Education Statistics tables: Special educational needs in England

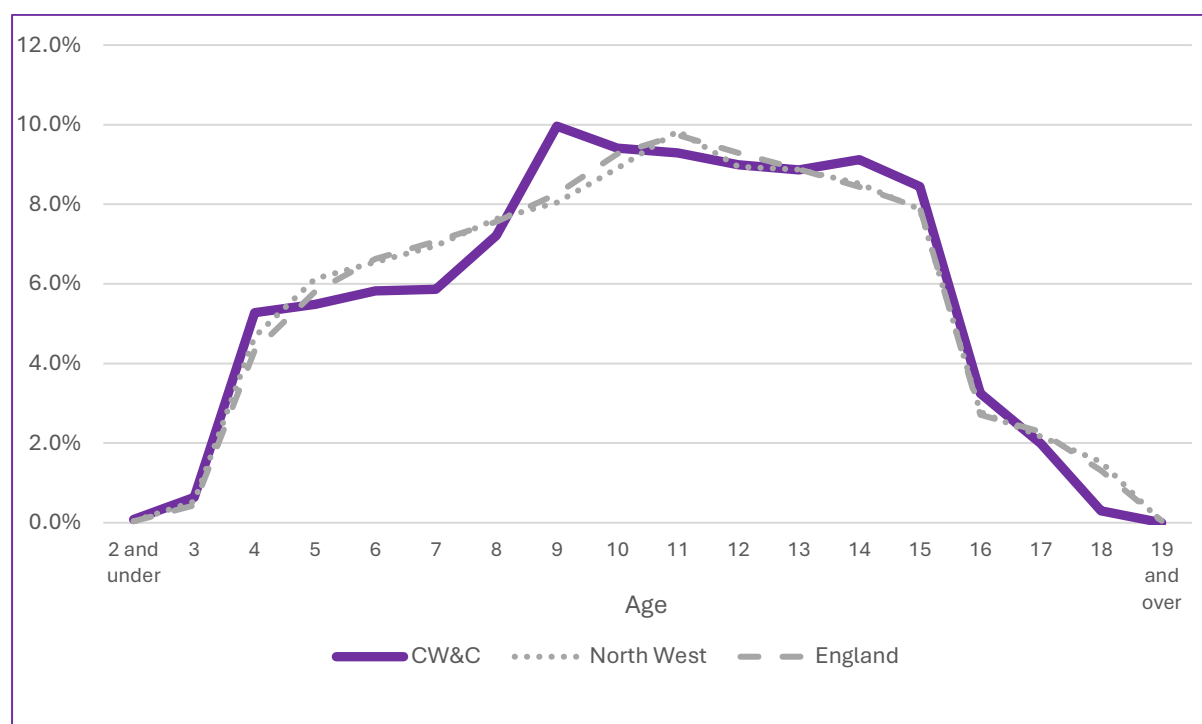
There has been a near doubling over the past year in the number of pupils at SEN Support attending state-funded alternative provision (AP); while this is still in line with averages it is increasing pressure on the local education system. These pupils were all attending a pupil referral unit (PRU) setting.

### 4.3 Characteristics of pupils with EHCPs

Chart 3 shows the age distribution of pupils with EHCPs in CW&C in 2024 (solid line). This is mapped against the regional (dotted line) and national (dashed line) figures. Please note that this dataset does not include pupils attending independent provision.

CW&C broadly follows the same pattern as elsewhere, although there is a notable peak at age 9 rather than at age 11. In the North West and England as a whole, there is a steady increase in the proportion of pupils of each age throughout the primary years, whereas in CW&C there is a clear step up between KS1 and KS2.

Chart 3. Age distribution of pupils with EHCPs, 2024



**Source:** Gov.uk Explore Education Statistics tables: Special educational needs in England

Around **three-quarters** of pupils with EHCPs in CW&C are boys (**74.3%**), and this has remained steady over the past five years. In 2023, this sat slightly above the figures for England (**72.4%**) and the North West (**72.9%**), but the picture looks relatively stable and in line with what is happening elsewhere.

In terms of ethnicity, **90.1%** of CW&C pupils with EHCPs are White British. This is broadly in line with the makeup of the overall population, with **89.6%** of 0–18s reporting to be White British in the 2021 Census. For **95.8%** of pupils with EHCPs, their first language is known to be or believed to be English.

In CW&C, **19.5%** of all school pupils are eligible for free school meals. This rises to **35.8%** of those receiving SEN support and **39.3%** of those with EHCPs. These figures are a little lower than they are nationally, but they reflect the same trend.

## 4.4 Primary needs of children and young people with SEND

The data in this section uses the primary need categories recorded for children and young people with SEND. These categories give a useful overview of the main types of need pupils have, but they do not reflect the complexity of need that is often experienced in reality. They are also based on categories recorded by schools, and this will therefore involve an element of subjectivity, given that needs will very rarely present themselves in isolation as objectively distinguishable categories. Please therefore read this section with these caveats in mind.

Table 10 shows the primary need categories recorded for pupils with EHCPs in CW&C over the past five years, compared with the prevalence in England as a whole and the North West region. Please note that this published dataset does not include those attending independent schools, so the totals do not match those given in the school breakdown data.

The most prevalent primary need category for those with EHCPs in CW&C is ASD. Numbers recorded within this category have grown over the past five years but have remained stable as a proportion of all primary needs.

Social, emotional and mental health (SEMH) and speech, language and communication needs (SLCN) have seen an increase, in terms of both numbers and proportions, and this prevalence now sits a little above national and regional averages.

While numbers with severe and profound/multiple learning difficulties have remained quite stable over the past five years, there has been a change across the other learning difficulty (LD) categories. There has been a modest decrease in those recorded as having a moderate learning difficulty (MLD), although proportionately this is now in line with the national and regional averages. Most significant, however, is an increase in those with a specific learning difficulty recorded as their main need. Specific learning difficulty is used as the primary category where pupils have a weakness in one particular area of cognition while other areas of their learning remain unimpaired. It includes diagnoses of dyslexia, developmental language disorder, developmental coordination disorder (developmental dyspraxia) and dyscalculia. While this still accounts for a relatively low number of pupils, the growth in this need has been notable. CW&C have identified this anomaly in the past and have found that it is perhaps more of a categorisation issue than a real difference in need. However, it is still going to be important to monitor this to address it or correct it to avoid misinterpretation.

Table 10. Primary need categories of pupils with EHCPs, 2020-2024

Primary need	Cheshire West and Chester					NW	Eng
	2020	2021	2022	2023	2024	2024	2024
Autism spectrum disorder	518	567	596	663	766	132,249	18,611
	28.6%	29.2%	28.2%	28.0%	28.0%	33.0%	31.2%
Hearing impairment	18	17	20	24	19	6,320	721
	1.0%	0.9%	0.9%	1.0%	0.7%	1.6%	1.2%
Moderate learning difficulty	224	212	196	193	201	33,954	4,912
	12.3%	10.9%	9.3%	8.1%	7.4%	8.5%	8.2%
Multi-sensory impairment	9	8	8	11	13	1,261	203
	0.5%	0.4%	0.4%	0.5%	0.5%	0.3%	0.3%
Physical disability	105	99	102	98	93	14,568	2,161
	5.8%	5.1%	4.8%	4.1%	3.4%	3.6%	3.6%
Profound & multiple learning difficulty	48	44	39	41	41	10,014	1,568
	2.7%	2.3%	1.8%	1.7%	1.5%	2.5%	2.6%
Severe learning difficulty	197	195	202	193	177	31,787	4,963
	10.9%	10.1%	9.6%	8.1%	6.5%	7.9%	8.3%
Social, emotional and mental health	289	322	395	453	562	62,125	10,430
	16.0%	16.6%	18.7%	19.1%	20.6%	15.5%	17.5%
Specific learning difficulty	88	131	125	152	207	17,361	2,568
	4.9%	6.8%	5.9%	6.4%	7.6%	4.3%	4.3%
Speech, language and communication	264	277	354	457	548	78,199	11,760
	14.6%	14.3%	16.8%	19.2%	20.0%	19.5%	19.7%
Visual impairment	14	18	21	29	26	3,835	633
	0.8%	0.9%	1.0%	1.2%	1.0%	1.0%	1.1%
Other difficulty/disability	37	48	53	55	81	8,734	1,215
	2.0%	2.5%	2.5%	2.3%	3.0%	2.2%	2.0%
Total	1,811	1,938	2,111	2,369	2,734	400,413	59,745

Source: Gov.uk Explore Education Statistics tables: Special educational needs in England

Table 11 repeats this breakdown for those receiving SEN support. Again, those attending independent schools are not included in this published dataset.

Table 11. Primary need categories of pupils at SEN Support, 2020–2024

Primary need	Cheshire West and Chester					NW 2024	Eng 2024
	2020	2021	2022	2023	2024		
Autism spectrum disorder	314	368	400	437	419	104,395	12,620
	5.5%	6.7%	7.0%	7.1%	6.6%	9.2%	7.9%
Hearing impairment	79	77	79	77	72	17,156	2,427
	1.4%	1.4%	1.4%	1.3%	1.1%	1.5%	1.5%
Moderate learning difficulty	937	870	870	864	710	179,554	23,717
	16.3%	15.7%	15.3%	14.0%	11.2%	15.8%	14.9%
Multi-sensory impairment	13	16	20	18	16	3,312	536
	0.2%	0.3%	0.4%	0.3%	0.3%	0.3%	0.3%
Physical disability	132	109	103	94	85	21,872	3,176
	2.3%	2.0%	1.8%	1.5%	1.3%	1.9%	2.0%
Profound & multiple learning difficulty	2	2	2	2	1	780	153
	<0.1%	<0.1%	<0.1%	<0.1%	0.0%	0.1%	0.1%
Severe learning difficulty	10	14	9	5	3	2,193	240
	0.2%	0.3%	0.2%	0.1%	0.0%	0.2%	0.2%
Social, emotional and mental health	1,011	930	1,117	1,356	1,653	254,202	36,417
	17.6%	16.8%	19.6%	22.1%	26.1%	22.3%	22.8%
Specific learning difficulty	1,163	1,068	941	1,008	968	158,974	22,579
	20.2%	19.3%	16.5%	16.4%	15.3%	13.9%	14.2%
Speech, language and communication	1,285	1,318	1,359	1,471	1,512	291,742	42,257
	22.4%	23.8%	23.9%	23.9%	23.9%	25.6%	26.5%
Visual impairment	74	80	81	85	79	9,766	1,635
	1.3%	1.4%	1.4%	1.4%	1.2%	0.9%	1.0%
Other difficulty /disability	385	340	332	292	416	42,153	6,198
	6.7%	6.1%	5.8%	4.5%	6.6%	3.7%	3.9%
No specialist assmt of type of need	343	341	378	442	6,337	1,139,746	159,400
	6.0%	6.2%	6.6%	7.2%	100.0%	100.0%	100.0%
Total	5,748	5,533	5,691	6,151	419	104,395	12,620

Source: Gov.uk Explore Education Statistics tables: Special educational needs in England

The most prevalent need among those receiving SEN support in CW&C is speech, language and communication needs (SLCN), closely followed by social, emotional and mental health (SEMH). Numbers with SEMH have been rising over the past five years, although as a proportion of all those at SEN Support CW&C is still in line with national and regional averages.

Similar to the picture for pupils with EHCPs, there has been growth in the primary need category of ASD and a decrease in MLD.

There has been a fall in the numbers with specific learning difficulties receiving SEN support; coupled with the increase in this category for those with EHCPs perhaps this indicates an increase in the severity of need for those recorded as having a specific LD diagnosis.

Tables 12 and 13 show the primary need breakdown for pupils with SEN in state-funded primary and state-funded secondary schools, respectively. The percentages given in the first three columns for CW&C represent the proportion of pupils (with EHCPs, SEN support and the total of those) recorded with each need. The percentages in the second three columns represent the proportion of all pupils in state-funded primary or secondary schools that have a special educational need registered under each category. Commentary on the data follows the two tables.

**Table 12. Primary needs of pupils with SEN in state-funded primary schools, 2024**

Primary need	CW&C			NW	England
	EHCPs (% of total EHCP)	SEN support (% of total SEN Suppt)	All SEN (as a % of all pupils)	All SEN as % of all pupils in state- funded primary schools	
Autism spectrum disorder	250	192	442	1.7%	2.0%
	25.7%	5.1%	1.5%		
Hearing impairment	11	33	44	0.2%	0.2%
	1.1%	0.9%	0.2%		
Moderate learning difficulty	62	471	533	2.3%	2.4%
	6.4%	12.6%	1.9%		
Multi-sensory impairment	8	13	21	0.1%	0.1%
	0.8%	0.3%	0.1%		
Physical disability	27	52	79	0.4%	0.4%
	2.8%	1.4%	0.3%		
Profound & multiple learning difficulty	8	1	9	0.0%	0.0%
	0.8%	0.0%	0.0%		
Severe learning difficulty	15	3	18	0.1%	0.1%
	1.5%	0.1%	0.1%		
Social, emotional and mental health	170	795	965	3.3%	3.1%
	17.5%	21.2%	3.4%		
Specific learning difficulty	81	427	508	1.7%	1.5%
	8.3%	11.4%	1.8%		
Speech, language and communication	318	1,224	1,542	6.3%	5.9%
	32.7%	32.6%	5.4%		
Visual impairment	6	27	33	0.2%	0.1%
	0.6%	0.7%	0.1%		
Other difficulty/disability	17	168	185	0.5%	0.5%
	1.7%	4.5%	0.6%		
Total	973	3,751	4,724		

**Source:** Gov.uk Explore Education Statistics tables: Special educational needs in England

Table 13. Primary needs of pupils with SEN in state-funded secondary schools, 2024

Primary need	CW&C			NW	England
	EHCPs (% of total EHCP)	SEN support (% of total SEN Suppt)	All SEN (as a % of all pupils)	All SEN as % of all pupils in state- funded secondary schools	
Autism spectrum disorder	112	227	339	2.2%	2.3%
	18.7%	9.0%	1.6%		
Hearing impairment	5	39	44	0.3%	0.3%
	0.8%	1.5%	0.2%		
Moderate learning difficulty	31	237	268	2.5%	2.4%
	5.2%	9.3%	1.2%		
Multi-sensory impairment	4	3	7	0.1%	0.0%
	0.7%	0.1%	0.0%		
Physical disability	21	33	54	0.4%	0.4%
	3.5%	1.3%	0.2%		
Profound & multiple learning difficulty	1	no data	1	0.0%	0.0%
	0.2%	no data	0.0%		
Severe learning difficulty	5	no data	5	0.1%	0.1%
	0.8%	no data	0.0%		
Social, emotional and mental health	196	815	1,011	4.2%	3.8%
	32.7%	32.1%	4.7%		
Specific learning difficulty	72	539	611	2.9%	2.9%
	12.0%	21.3%	2.8%		
Speech, language and communication	93	287	380	2.1%	2.0%
	15.5%	11.3%	1.8%		
Visual impairment	15	52	67	0.2%	0.2%
	2.5%	2.1%	0.3%		
Other difficulty/disability	44	246	290	0.8%	0.7%
	7.3%	9.7%	1.3%		
Total	599	2,535	3,134		

Source: Gov.uk Explore Education Statistics tables: Special educational needs in England

In CW&C's state-funded primary schools, **16.4%** of pupils (**4,724**) are registered with SEN, which is a little under the national and regional figures. Within this group, SLCN is the most prevalent need, making up **32.7%** of primary pupils with EHCPs and 32.6% of those at SEN Support. This means that **4.9%** of the total population within CW&C's state-funded primary schools have needs relating to their speech, language and communication. For those with EHCPs, **25.7%** have ASD as their primary need. SEMH is also relatively common, with **17.5%** of those with SEN having this as their primary need.

In CW&C's state-funded secondary schools, **14.4%** of pupils (**3,134**) are registered with SEN, which again is a little below the national and regional figures. The most prevalent need within this group is SEMH, with **32.7%** of those with EHCPs having this as their primary need. Specific LD is also common, making up **22.2%** of those with SEN and **3%** of the state-funded secondary school population overall (this is a



very high proportion and is understood to be a persistent error in the way needs are recorded in CW&C). As in primary schools, ASD accounts for a significant proportion of needs (18.7% of all EHCPs in secondary).

Table 14 shows the primary needs recorded for pupils with SEN attending state-funded special schools. The vast majority of these pupils have an EHCP, so this breakdown is not provided separately.

**Table 14. Primary need breakdown of pupils with SEN in state-funded special schools, 2024**

Primary need	CW&C	North West	England
Autism spectrum disorder	350	36.3%	35.0%
	31.6%		
Hearing impairment	2	0.8%	0.7%
	0.2%		
Moderate learning difficulty	111	8.1%	9.9%
	10.0%		
Multi-sensory impairment	0	0.2%	0.2%
	0.0%		
Physical disability	43	3.0%	2.8%
	3.9%		
Profound & multiple learning difficulty	34	5.9%	5.7%
	3.1%		
Severe learning difficulty	175	19.0%	18.6%
	15.8%		
Social, emotional and mental health	184	14.2%	12.3%
	16.6%		
Specific learning difficulty	40	1.9%	2.1%
	3.6%		
Speech, language and communication	144	9.0%	10.1%
	13.0%		
Visual impairment	6	0.5%	0.6%
	0.5%		
Other difficulty/disability	17	1.2%	2.0%
	1.5%		
No specialist assmt of type of need	0	0.0%	0.1%
	0.0%		
Total	1,106		

**Source:** Gov.uk Explore Education Statistics tables: Special educational needs in England

ASD is the most prevalent need among those in CW&C's state-funded special schools (**31.6%**), although proportionately this is a little lower than the national and regional pictures. CW&C is also reporting a smaller proportion with severe and profound/multiple LD, and this is counterbalanced by higher numbers of pupils with



specific LD (SpLD), SEMH and SLCN being placed in special rather than mainstream settings.

It is optional to record secondary needs within the pupil census, so this only gives us a partial picture of co-occurrence and complexity of needs. The most commonly recorded secondary need for pupils with EHCPs in CW&C is SLCN, followed by SEMH and ASD, and these are prevalent across a range of primary needs.

There is no mechanism for capturing the prevalence of these primary needs before children start primary school. However, the recent 0–5s needs assessment reported on the developmental skills monitored by the Ages and Stages Questionnaire (ASQ) at children's 12-month and 2½-year reviews.

Data reported for 2021/22 shows that gross motor skills are the area with the lowest number of children achieving expectations at 12 months (**80%** achieving above expectations, **8%** close to expectations and **13%** below expectations). However, this developmental area jumps to be the highest-scoring area by the age of 2½ (**88%** above; **5%** below). At this second review, the developmental area of communication shows the most need, with **81%** achieving above expectations, **8%** close to expectations and **11%** below the expected score. Communication has been consistently the lowest-scoring area over the past five years, indicating that the high prevalence of SLCN among the primary-aged population is set to continue. This data is explored further in Section 6.3.

## 4.5 Children and young people attending independent schools

As noted in Section 4.2, there has been a significant increase in the number of children and young people with SEND who are attending independent and non-maintained special school ('INMSS') provision.

Local data as at 20 May 2024 (so not exactly matching the numbers provided in Section 4.2) tells us the following about the **151** pupils attending independent provision:

- **132 (87.4%)** attend an independent special school and **19 (12.6%)** attend a non-maintained special school (SEN2 categories)
- They attend **43** different independent schools between them, the most common ones being Maple Grove School (Chester; **34** of the 151 pupils), Abbey School for Exceptional Children (Chester; **29**), the iMAP Centre (Chester; **10**) and West Kirby Residential School (Wirral; **9**)
- **26** of the schools are attended by only one pupil from CW&C
- The majority (**137; 90.7%**) attend as day pupils as opposed to residential
- **113 (74.8%)** are male and **38 (25.2%)** are female
- **38 (25.2%)** are in the primary National Curriculum years (Reception to Year 6), **104 (68.9%)** are in the secondary and further education years (Year 7 to Year 13) and **9 (6.0%)** are older
- **All** have an EHCP

The primary need breakdown of these pupils is shown in Table 15. The most prevalent need among those attending INMSS provision is ASD (**65; 43.0%**), followed by social, emotional and mental health (**41; 27.2%**).

Table 15. Primary needs of pupils attending independent provision, May 2024

Primary need category	Number of pupils	Percentage
Autism spectrum disorder	65	43.0%
Social, emotional and mental health	41	27.2%
Speech, language and communication needs	18	11.9%
Cognition and learning (moderate learning difficulty)	15	9.9%
Severe learning difficulty	5	3.3%
Visual impairment	3	2.0%
Multi-sensory impairment	2	1.3%
Physical disability	1	0.7%
Profound and multiple learning difficulty	1	0.7%
Total	151	

Source: Local data, CW&C SEN Team

Breaking this data down further, for those in the primary phase the most prevalent need is ASD (**17; 44.7%**), followed by speech, language and communication needs (**14; 36.8%**). For those in the secondary and further education phases, the most common need is ASD (**43; 41.3%**), followed by social, emotional and mental health (**36; 34.6%**).

## 4.6 Education, health and care plans (EHCPs)

The following data is based on the SEN2 data return. From 2023 (relating to the 2022 data), the collection changed from aggregated figures at local authority level to a person-level collection. The figures, therefore, are only indicative and not directly comparable.

Table 16 shows the requests made for EHCPs in CW&C, and the outcomes of these, over the past four years of available data. Even with the above caveat in mind, the data shows an emerging trend of more initial requests being made and a greater proportion of these being refused at that point and not getting through to assessment. However, of those that are assessed, more are being issued with an EHCP. On the one hand this could indicate a more efficient 'triage' process at the initial request stage, but on the other hand it could be reflective of the increasing barriers parents and carers feel that they are facing (see Section 2.2) – the result of which being a potential growth in unmet need among those who do not meet eligibility criteria for assessment.

Table 16. CW&C requests for EHCPs and their outcomes, 2019–2022

	2019	2020	2021	2022
Number of initial requests for assessment for EHCP	498	486	651	856
Number (and %) of initial requests for assessment for EHCP that were refused	141 (28.3%)	114 (23.5%)	222 (34.1%)	320 (37.4%)
Number of assessments for EHCP undertaken	344	271	437	480
Number (and %) of children and young people assessed for whom an EHCP was issued	307 (89.2%)	259 (95.6%)	426 (97.5%)	471 (98.1%)
Number (and %) of children and young people assessed for whom an EHCP was not issued	37 (10.8%)	12 (4.4%)	11 (2.5%)	9 (1.9%)

Source: Gov.uk Explore Education Statistics tables: Education, health and care plans

Chart 4 shows the proportion of new EHCPs (including exceptions) issued within 20 weeks. While figures have fluctuated elsewhere, the trend in CW&C has clearly been a downward one over the past six years. Again, this reflects the parent/carer views reported in Section 2.2, with increasing delays and communication issues being at the forefront of their experience.

Chart 4. Proportion of new EHCPs (including exceptions) issued within 20 weeks, 2017–2022



Source: Local Authority Interactive Tool (LAIT)

During 2022, **159** children and young people in CW&C had their EHCPs ceased. This was largely made up of young people older than compulsory school age who were having their needs met without an EHCP (**57**), had moved on to paid employment (**45**), no longer wished to engage in education or training (**23**), or had moved on to higher education (**21**).

The SEND mediation service is seeing a significant increase in referrals for mediation or disagreement resolution, with numbers having more than doubled over the last two financial years (**92** referrals in 2022/23 and **197** in 2023/24). Of these, over a quarter were resolved before the mediation took place (**28** and **54** for the respective years). This increase in last-minute overturns has had an impact on the efficiency of the service and they remain significantly below the 90% target for mediation taking place within 30 days of informing the local authority of the request for mediation. Figures reported for the four quarters of 2023/24 were **81%**, **50%**, **48%** and **10%**.

Most mediation sessions happen virtually rather than face to face, and the service has seen an increase in the number of children and young people attending mediation sessions themselves.

The majority of referrals are about the refusal to assess, reflecting the increasing numbers of EHCP referrals that are not taken through to assessment (Table 16). This accounted for **82** out of the **92** mediation referrals in 2022/23 and **142** out of the **197** mediation referrals in 2023/24. The service reports that many of these refusal to assess cases are overturned just before mediation takes place, which has a significant impact upon the service and the families involved, as well as having a cost impact for the local authority.

## 5. Education

### KEY HEADLINES – EDUCATION

- **School population:** In the academic year 2022/23, CW&C had a total of 56,062 pupils across its state-funded and independent schools, reflecting a 3.3% increase since 2018/19. Growth was more notable in the independent sector (6.0%) and state-funded secondary schools (5.9%), compared with state-funded primary schools (1.0%). CW&C has 129 state-funded primary schools, 20 secondary schools, 10 special schools, 2 alternative provisions (AP), and 12 independent schools. The 10 special schools are oversubscribed at both primary and secondary phases.
- **Early Years Foundation Stage (EYFS):** In 2023, 67.8% of children achieved a good level of development (GLD) at the end of EYFS in CW&C, which aligns with or is slightly higher than national averages. However, for children with SEND, the achievement rates are notably lower: only 0.8% of children with EHCPs and 19.7% at SEN Support achieved GLD, compared with national averages of 3.8% and 24.3%, respectively. This highlights a need to address educational gaps early in a child's educational journey.
- **Key Stage 1 (KS1):** Pupils in Year 1 undertake a phonics screening check. In 2023, 19% of pupils with EHCPs and 49% at SEN Support in CW&C achieved the expected level, in line with regional and national data. In KS1 teacher assessments, performance is comparable with regional and national figures, except for lower achievement in writing among pupils with SEND.
- **Key Stage 2 (KS2):** At KS2, CW&C saw improvements across most measures from 2022 to 2023. Pupils with EHCPs outperformed their regional and national peers in six assessments, while those receiving SEN support had mixed results.
- **Key Stage 4 (KS4):** At KS4, results for pupils with SEND in CW&C show a wider gap compared with peers, reflecting a decline in performance. Pupils with EHCPs/SEN support have lower outcomes in key subjects and a more significant gap between KS2 and KS4 compared with regional and national averages.
- **Post-16 education:** Post-KS4, 88.1% of pupils with EHCPs and 85.2% at SEN Support in CW&C continued to education, employment or training. The percentage of those not in education, employment, or training (NEET) is slightly below national averages for EHCPs but higher for SEN support.
- **Absences and exclusions:** There has been a general increase in absences in recent years. Pupils with EHCPs show a reduction in absence rates, but 35.3% still miss more than 10% of school sessions. Suspension rates for pupils at SEN Support in CW&C are lower than national averages, but permanent exclusion rates are slightly higher.

Please note that only the most recent two years of educational data are shown within this section due to the lack of comparable assessment and reporting during the COVID pandemic.

## 5.1 School population

The School Pupil Census reported that there were **56,062** pupils in CW&C's state-funded and independent schools in the academic year 2022/23. This is a **3.3%** increase since 2018/19, with overall numbers rising gradually over that period. The growth has been more marked in the independent sector (**6.0%**) and state-funded secondary schools (**5.9%**) than in state-funded primary schools (**1.0%**). Table 17 breaks down the number of schools and pupils by school type for 2022/23.

Table 17. Schools and pupils in CW&C, 2022/23

	Number of schools	Number of pupils
State-funded primary	129	29,194
State-funded secondary	20	21,547
State-funded special	10	1,106
State-funded AP	2	60
Independent	12	4,155
Total	173	56,062

Source: Gov.uk Explore Education Statistics tables: School characteristics

School capacity data for 2022/23 shows that CW&C's 10 special schools are oversubscribed at both the primary and secondary phases.

## 5.2 Early Years Foundation Stage (EYFS)

In CW&C, **67.8%** of children in 2023 achieved a good level of development (GLD) at the end of the Early Years Foundation Stage (EYFS) at age five. This means that they are at the expected level for 12 early learning goals that sit within the five overall areas of learning: communication and language; personal, social and emotional development; physical development; literacy; and mathematics. Table 18 shows how this breaks down for children with and without SEN.

Table 18. Percentage of children achieving a good level of development in the Early Years Foundation Stage, 2022 and 2023

	All children		With EHCPs		At SEN Support	
	2022	2023	2022	2023	2022	2023
CW&C	67.1%	67.8%	0.0%	0.8%	18.5%	19.7%
North West	61.7%	64.3%	2.8%	2.6%	19.6%	21.8%
Stat neighbours	66.5%	68.6%	3.4%	4.0%	22.4%	23.2%
England	65.2%	67.2%	3.6%	3.8%	22.9%	24.3%

Source: Local Authority Interactive Tool (LAIT)

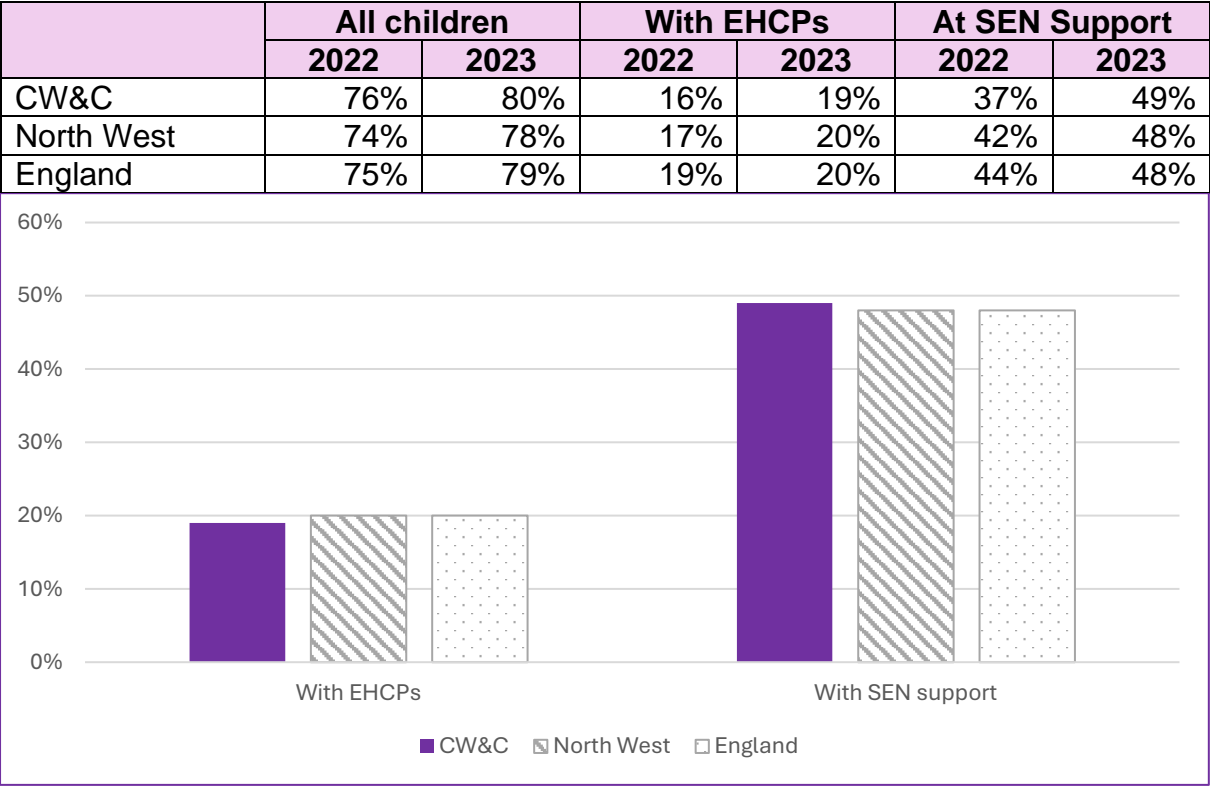
The data shows that while GLD outcomes for all children in CW&C are in line with or higher than what is happening elsewhere, those for children with SEND are notably lower. The data for a single age group in a single authority will be affected by small

numbers, but as this cohort is at the beginning of its journey through education, it will be important to pick up on this gap to ensure that needs are being met adequately as they progress.

### 5.3 Key Stage 1 (KS1)

At the end of Year 1 (age six), pupils undertake a phonics screening check. Table 19 and Chart 5 show the percentage of pupils achieving the expected level in this test, broken down by SEN status. The 2023 results are higher than those reported in 2022, locally, regionally and nationally, and across all SEN statuses. In 2022, a smaller proportion of CW&C pupils with SEN were achieving the expected level than their counterparts elsewhere, but for 2023, the data is in line. We do, however, need to bear in mind that attainment data is always cohort-specific.

Table 19 and Chart 5. Percentage of pupils achieving the expected level in the Year 1 phonics screening check, 2022 and 2023, by SEN status (Chart 5 shows 2023 data only)

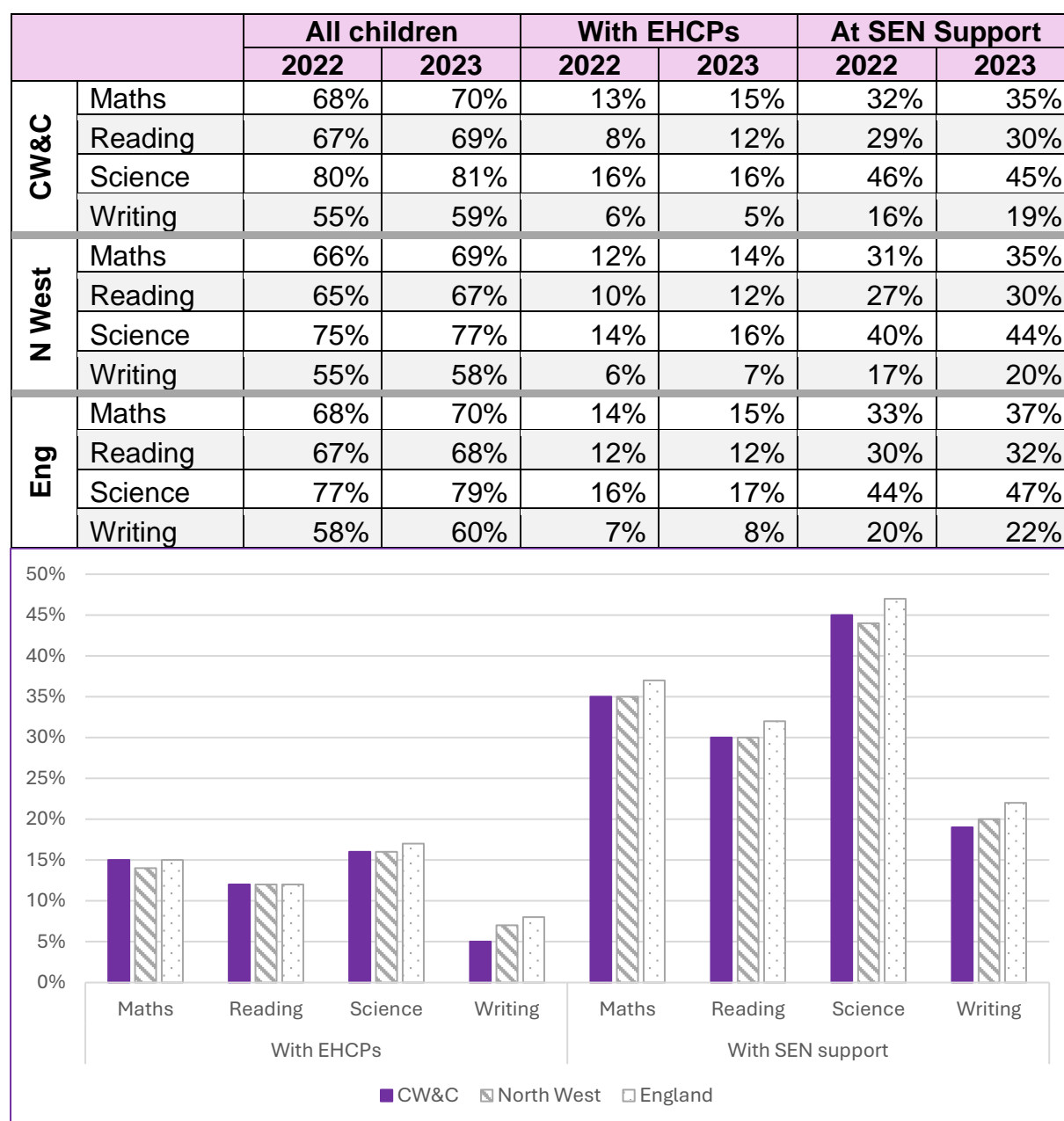


**Source:** Gov.uk Explore Education Statistics tables: Phonics screening check attainment in Year 1 by region and local authority

Table 20 shows the proportion of children achieving the expected standard in the KS1 teacher assessments at the age of seven (Year 2). Attainment is broadly in line with national and regional averages, although Chart 6 (representing the 2023 data for pupils with SEND) highlights where the small differences are. In particular, CW&C is reporting lower levels of achievement within the writing assessment, for both pupils with EHCPs and those at SEN Support.



Table 20 and Chart 6. Percentage of children achieving the expected standard in KS1 teacher assessments, 2022 and 2023, by SEN status  
(Chart 6 shows 2023 data only)



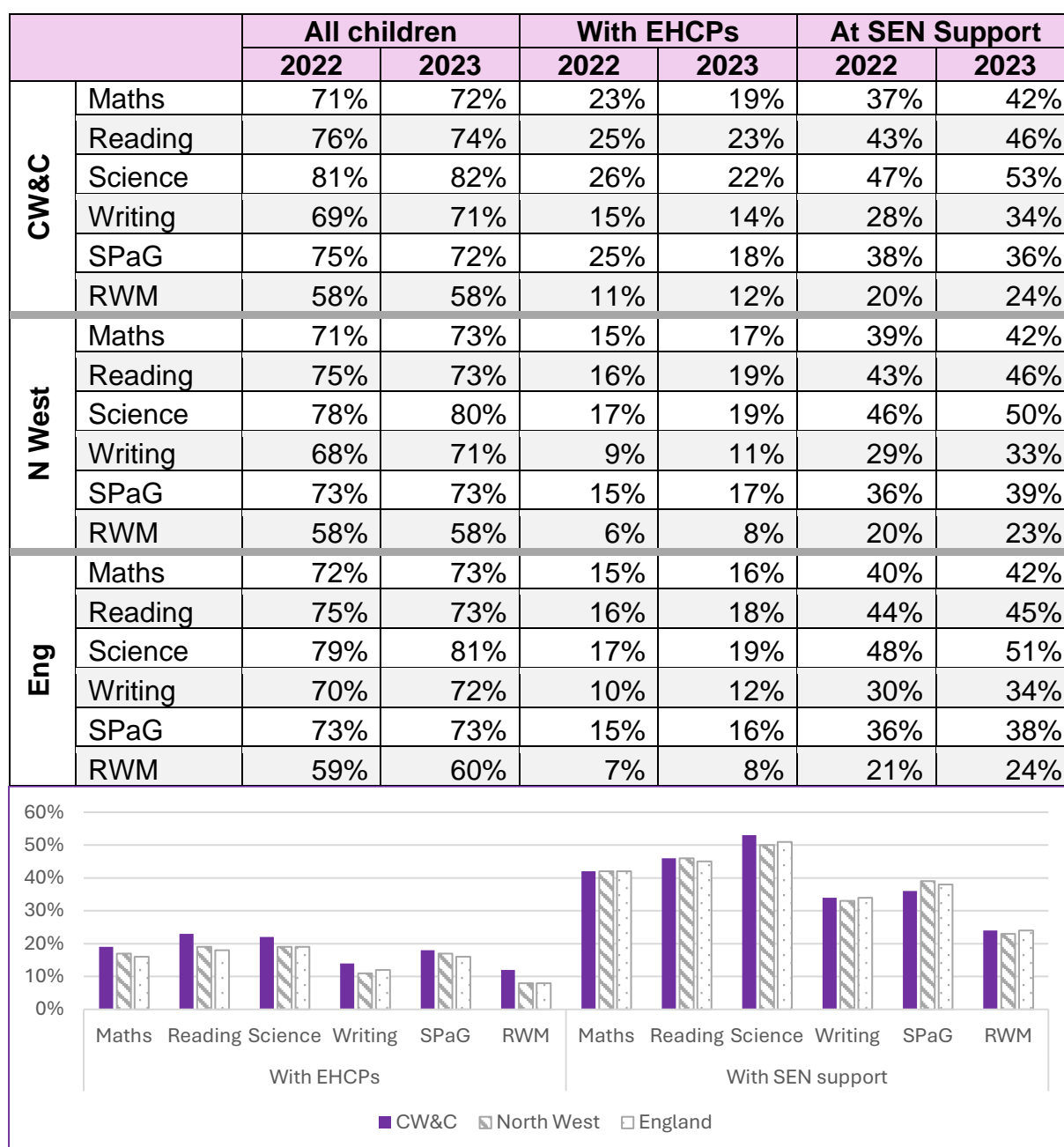
**Source:** Gov.uk Explore Education Statistics tables: Key stage 1 attainment by region and local authority

## 5.4 Key Stage 2 (KS2)

At Key Stage 2 (age 11), there is a similarly improving picture across the board from 2022 to 2023, as shown in Table 21 and Chart 7. SPaG refers to the spelling, punctuation and grammar test and RWM is a combined percentage from the reading, writing and maths assessments.



Table 21 and Chart 7. Percentage of children achieving the expected standard in KS2 tests and teacher assessments, 2022 and 2023, by SEN status  
(Chart 7 shows 2023 data only)



**Source:** Gov.uk Explore Education Statistics tables: Key stage 2 attainment by region, local authority and pupil characteristics

In 2023, a higher proportion of pupils with EHCPs in CW&C met the expected standard than their regional and national counterparts in all six measures at KS2. Those receiving SEN support performed broadly in line with those elsewhere, with a slightly higher proportion achieving the expected level in science and a slightly lower proportion in SPaG.

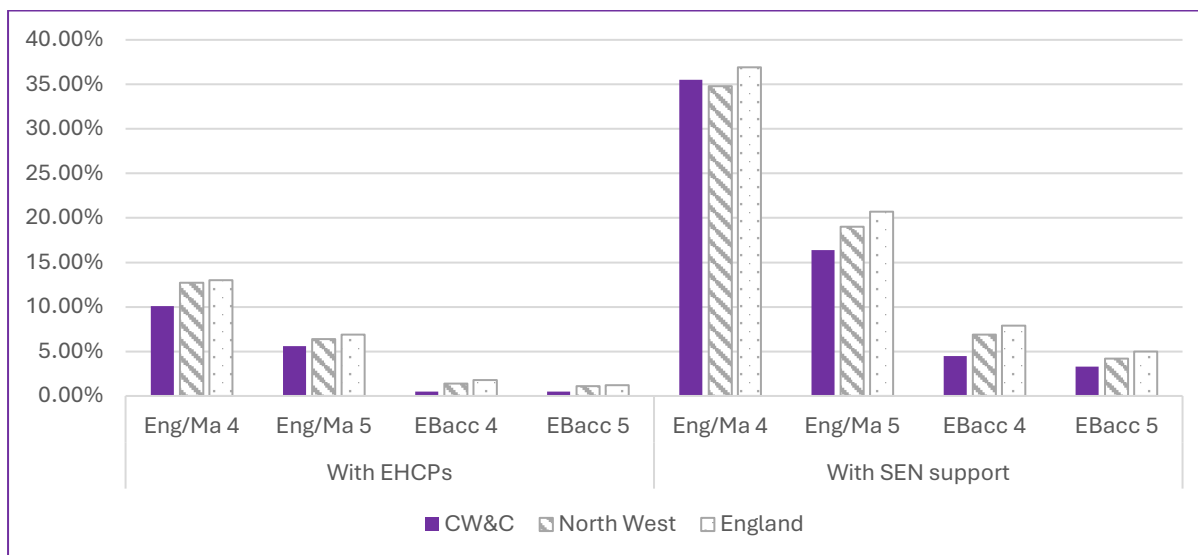
## 5.5 Key Stage 4 (KS4)

Table 22 and Chart 8 show educational outcomes for pupils at Key Stage 4 (age 16). The following measures are shown:

- Eng/Ma 4: percentage of pupils achieving grade 4 or above in English and mathematics GCSEs
- Eng/Ma 5: percentage of pupils achieving grade 5 or above in English and mathematics GCSEs
- EBacc 4: percentage of pupils achieving the English Baccalaureate at grade 4 or above
- EBacc 5: percentage of pupils achieving the English Baccalaureate at grade 5 or above

Table 22 and Chart 8. Educational outcomes at KS4, 2022 and 2023, by SEN status (Chart 8 shows 2023 data only)

		All children		With EHCPs		At SEN Support	
		2022	2023	2022	2023	2022	2023
CW&C	Eng/Ma 4	67.8%	65.6%	10.3%	10.1%	31.4%	35.5%
	Eng/Ma 5	47.9%	44.0%	8.0%	5.6%	14.2%	16.4%
	EBacc 4	28.6%	26.1%	1.1%	0.5%	6.7%	4.5%
	EBacc 5	21.1%	16.9%	0.6%	0.5%	4.7%	3.3%
N West	Eng/Ma 4	66.2%	62.4%	11.8%	12.7%	36.6%	34.8%
	Eng/Ma 5	46.8%	41.7%	5.5%	6.4%	20.6%	19.0%
	EBacc 4	23.3%	20.8%	1.2%	1.4%	7.1%	6.9%
	EBacc 5	17.2%	14.1%	0.8%	1.1%	4.7%	4.2%
Eng	Eng/Ma 4	69.0%	65.4%	13.5%	13.0%	39.2%	36.9%
	Eng/Ma 5	50.0%	45.5%	7.0%	6.9%	22.5%	20.7%
	EBacc 4	26.9%	24.3%	2.0%	1.8%	8.5%	7.9%
	EBacc 5	20.4%	17.1%	1.3%	1.2%	5.8%	5.0%



**Source:** Gov.uk Explore Education Statistics tables: Key stage 4 performance, local authority characteristics data

At KS4, there has been a national downward trajectory in results as teaching, assessment and grading have gradually returned to pre-COVID arrangements. Table 22 reflects this overall decline in the proportion achieving grades 4 and 5 at KS4 between 2022 and 2023, for all children regardless of SEN status.

Looking at the 2023 figures only, we can see some differences between results for pupils in CW&C and their peers elsewhere. For all pupils, CW&C is reporting a higher proportion of pupils achieving grades 4 and 5 at KS4 than the national and regional averages. However, as illustrated in Chart 8, these outcomes are lower than elsewhere for those with EHCPs and those receiving SEN support. This means that the gap at KS4 between all children in the 2023 cohort and those with SEND is wider in CW&C than the national and regional averages.

Table 23 looks at the 'Average Progress 8' score, which measures pupils' progress between KS2 and KS4. A score of zero means that pupils progressed at a rate in line with the average rate of progression of other children who achieved similar results at the end of KS2. A positive score means progress is above average and a negative score means progress is below average. The numbers are small and there are negative scores across the board. However, the gap between outcomes at KS2 and outcomes at KS4 is greater for pupils with SEND, and that gap is wider in CW&C than it is elsewhere.

**Table 23. Average Progress 8 scores, by SEN status, 2022 and 2023**

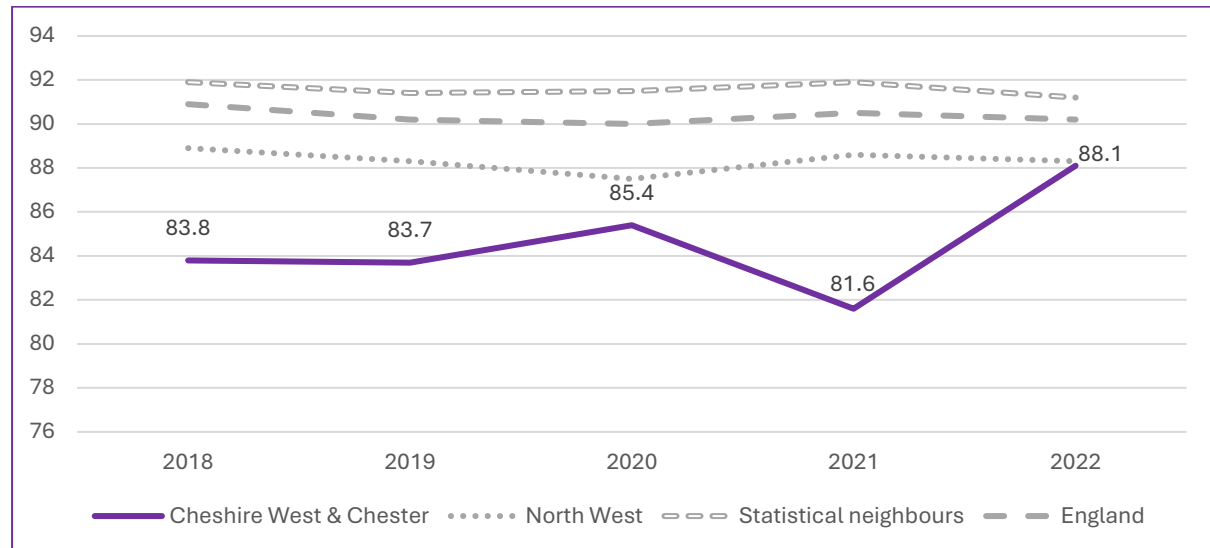
	All pupils		With EHCPs		At SEN Support	
	2022	2023	2022	2023	2022	2023
CW&C	-0.08	-0.06	-1.61	-1.44	-0.61	-0.59
N West	-0.16	-0.20	-1.44	-1.28	-0.58	-0.59
England	-0.03	-0.03	-1.33	-1.12	-0.47	-0.45

**Source:** Gov.uk Explore Education Statistics tables: Key stage 4 performance, local authority characteristics data

## 5.6 Post-16

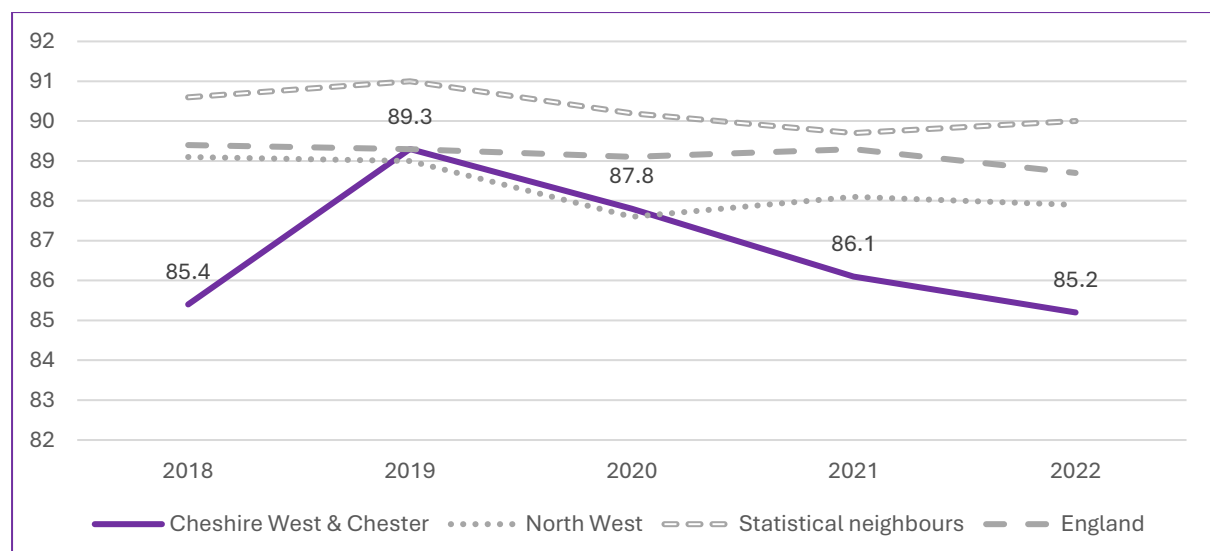
Following KS4, **88.1%** of pupils with EHCPs in CW&C and **85.2%** of those at SEN Support went on to education, employment or training (2022 data). This compares with **94.2%** of pupils with no SEN recorded. Charts 9 and 10 show the fluctuations in CW&C's figures over the past five years (perhaps influenced by small numbers within data for a single authority) and how performance against this measure is sitting below comparators.

Chart 9. Percentage of pupils with EHCPs going to or remaining in education, employment or training after KS4, 2018–2022



Source: Local Authority Interactive Tool (LAIT)

Chart 10. Percentage of pupils at SEN Support going to or remaining in education, employment or training after KS4, 2018–2022

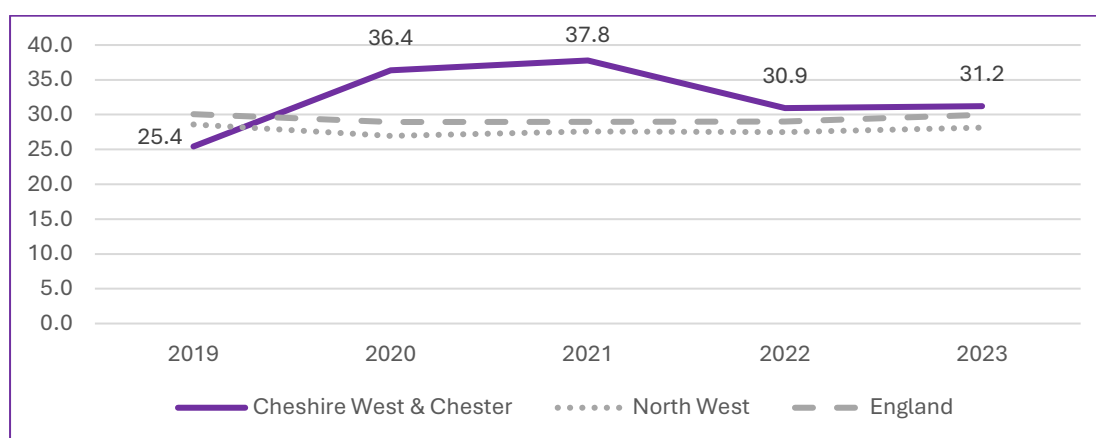


Source: Local Authority Interactive Tool (LAIT)

Official 'NEET' (not in education, employment or training) data for 2023 shows that **10.0%** of those with EHCPs and **10.6%** of those at SEN Support in CW&C were NEET at the age of 16/17. For those with EHCPs this is slightly below the national (**10.1%**) and regional (**11.4%**) averages, but for SEN support this is higher (**9.3%** in England; **9.0%** in the North West). For all young people at the age of 16/17, CW&C has a lower NEET rate than elsewhere (CW&C **4.5%**; England **5.2%**; North West **5.3%**).

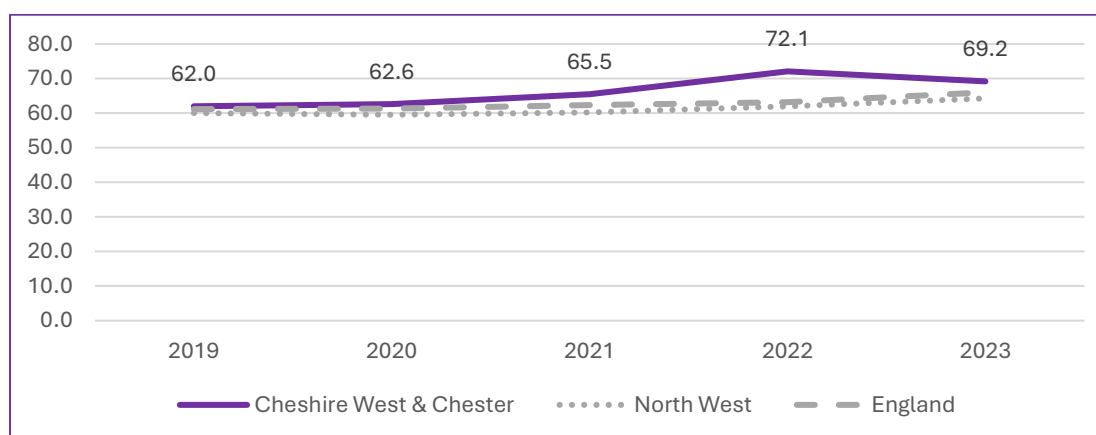
Charts 11 and 12 show the proportion of young people with SEN who have a Level 2 qualification by the age of 19. SEN status for this cohort is determined by their SEN status at age 15. Attainment of Level 2 equates to achievement of five or more GCSEs at grades 9 to 4 (or A\* to C) or a Level 2 vocational qualification of equivalent size. In CW&C in 2023, **31.2%** of young people with EHCPs and **69.2%** of those at SEN Support had achieved this level, with performance against this measure sitting a little above average.

**Chart 11. Percentage of young people with EHCPs who have a Level 2 qualification by the age of 19, 2019–2023**



**Source:** Gov.uk Explore Education Statistics tables: Level 2 and 3 attainment age 16 to 25, attainment by local authority data ages 16 to 19

**Chart 12. Percentage of young people at SEN Support who have a Level 2 qualification by the age of 19, 2019–2023**



**Source:** Gov.uk Explore Education Statistics tables: Level 2 and 3 attainment age 16 to 25, attainment by local authority data ages 16 to 19

## 5.7 Absences and exclusions

Table 24 shows some key absence measures over the past three years, broken down for all (a) all pupils, (b) pupils with EHCPs and (c) pupils at SEN Support. This includes pupils in state-funded primary, secondary and special schools. Sessions recorded as not attending due to COVID circumstances are included in the 2020/21 and 2021/22 data as possible sessions but are not recorded as an absence within absence rates. The figures should therefore be comparable across years and not affected by COVID-related absence.

The data shows a notable increase in absence over the past three years, and this is evident locally, regionally and nationally. There has, however, been a reduction in overall absence and persistent absence for pupils with EHCPs. Again, CW&C are following the same trends as elsewhere, but it is still notable for this needs assessment that **35.3%** of those with EHCPs and **30.8%** of those at SEN Support are missing more than 10% of school sessions. The proportion of pupils missing more than 50% of sessions is slightly higher for pupils with SEN in CW&C than for their peers elsewhere.

Table 24. Absence rates, 2020/21 to 2022/23

(a) All pupils		2020/21	2021/22	2022/23
Overall absence rate	CW&C	4.6%	7.8%	7.2%
	N West	4.7%	7.5%	7.3%
	England	4.6%	7.6%	7.4%
Unauthorised absence rate	CW&C	1.0%	1.8%	2.1%
	N West	1.3%	2.2%	2.7%
	England	1.3%	2.1%	2.4%
Percentage of persistent absentees (10% or more missed)	CW&C	11.5%	23.0%	19.9%
	N West	12.6%	22.6%	21.3%
	England	12.1%	22.5%	21.2%
Percentage of severely absent pupils (50% or more missed)	CW&C	1.2%	1.7%	2.0%
	N West	1.1%	1.7%	2.0%
	England	1.1%	1.7%	2.0%

<b>(b) Pupils with EHCPs</b>				
		<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Overall absence rate	CW&C	14.8%	12.4%	11.7%
	N West	13.6%	12.0%	12.1%
	England	13.6%	12.0%	12.1%
Unauthorised absence rate	CW&C	2.0%	3.2%	3.5%
	N West	2.2%	3.3%	3.9%
	England	2.0%	3.0%	3.5%
Percentage of persistent absentees (10% or more missed)	CW&C	47.3%	37.5%	35.3%
	N West	44.3%	35.8%	34.8%
	England	42.3%	36.9%	36.0%
Percentage of severely absent pupils (50% or more missed)	CW&C	4.6%	5.9%	6.0%
	N West	4.7%	5.3%	5.8%
	England	4.5%	5.2%	5.9%

<b>(c) Pupils at SEN Support</b>				
		<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Overall absence rate	CW&C	6.7%	10.3%	10.3%
	N West	6.5%	9.8%	10.0%
	England	6.5%	10.0%	10.2%
Unauthorised absence rate	CW&C	1.7%	2.9%	3.6%
	N West	2.1%	3.4%	4.1%
	England	2.0%	3.2%	3.8%
Percentage of persistent absentees (10% or more missed)	CW&C	18.6%	32.9%	30.8%
	N West	19.2%	31.6%	30.6%
	England	18.9%	32.0%	31.1%
Percentage of severely absent pupils (50% or more missed)	CW&C	1.9%	3.1%	4.1%
	N West	1.6%	2.9%	3.6%
	England	1.7%	3.0%	3.8%

**Source:** Gov.uk Explore Education Statistics tables: Pupil absence in schools in England

Table 25 shows the suspension and permanent exclusion rates over the past three available years of data, broken down for all (a) all pupils, (b) pupils with EHCPs and (c) pupils at SEN Support. Please note that, while it was still possible to be suspended or excluded during the 2019/20 and 2020/21 school years, pandemic restrictions will have made this less likely. Therefore, the increases in rates across the board for 2021/22 may be reflective of this. Local data for 2023 suggests that numbers have come down again.

For 2021/22, CW&C sits in line with or below national and regional comparators for all pupils and those with EHCPs. For those at SEN Support, suspension rates are lower than they are elsewhere, but permanent exclusion rates are a little higher than the national average.



Table 25. Suspension and permanent exclusion rates, 2019/20 to 2021/22

<b>(a) All pupils</b>				
		<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Suspension rate	CW&C	3.36	3.95	5.00
	N West	3.58	4.10	7.12
	England	3.76	4.25	6.91
Permanent exclusion rate	CW&C	0.06	0.06	0.08
	N West	0.08	0.06	0.11
	England	0.06	0.05	0.08

<b>(b) Pupils with EHCPs</b>				
		<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Suspension rate	CW&C	6.85	6.98	10.33
	N West	11.12	12.33	16.58
	England	11.71	12.98	17.63
Permanent exclusion rate	CW&C	0.00	0.00	0.05
	N West	0.07	0.05	0.09
	England	0.10	0.08	0.13

<b>(c) Pupils at SEN Support</b>				
		<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Suspension rate	CW&C	12.25	12.72	13.65
	N West	9.41	10.07	17.22
	England	11.01	11.86	18.59
Permanent exclusion rate	CW&C	0.23	0.24	0.32
	N West	0.24	0.19	0.34
	England	0.20	0.15	0.25

**Source:** Gov.uk Explore Education Statistics tables: Suspensions and permanent exclusions in England

## 5.8 Data gaps – education

There is little nationally published data available around the qualifications of young people with SEND past the age of 19. At the time of writing, we had not accessed this data at a local level either. This may be something to consider, to give a full picture of educational outcomes for those with SEND up to the age of 25.

## 6. Health

### KEY HEADLINES – HEALTH

#### **Overview of health commissioning arrangements:**

- CW&C's SEND health services are commissioned by the NHS Cheshire and Merseyside Integrated Care Board, which spans nine local authorities, including CW&C.
- The services are delivered by four main NHS trusts. The geographic boundaries of these providers differ from CW&C's, leading to challenges in disaggregating data at the local authority level. This has created complexity in service pathways, adding to the difficulties families face when navigating through referrals, assessments and service provision.

#### **Public health headlines:**

- CW&C's public health profile is relatively strong across several indicators for children and young people, with stable trends. However, hospital admissions for self-harm in young people remain significantly higher than national and regional averages, pointing to growing social, emotional and mental health needs in the area, although the June 2024 dashboard shows that there have been continued improvements in access to support.

#### **Healthy child programme:**

- The Starting Well needs assessment identified that targets for completing children's 12-month reviews on time are not being met, meaning that there is potentially a missed or delayed opportunity to identify emerging needs.
- By age 2½, there is a clear emerging need around communication, indicating a need for further support at this early stage to slow the growth in speech, communication and language needs at primary age and beyond. It can also be viewed positively that these needs are being identified at this early age.

#### **Specialist health services:**

- There is increasing demand for children and young people's mental health services, but waiting times are currently within targets and access measures are improving.
- Referrals to speech and language therapy services are increasing. Most children are still being seen within target timescales, but there is a growing waiting list.
- Referrals to physiotherapy and occupational therapy services had gone down at the point of the last data report, although waiting lists and wait times were increasing.
- There is increasing demand for community paediatrics, who receive referrals for conditions such as autism and ADHD. Waiting lists are significant and growing, with an average wait of almost a year.

## 6.1 Overview of health commissioning arrangements

The NHS Cheshire and Merseyside Integrated Care Board covers a large area in the North West of England. It spans **nine** local authority areas (including CW&C), **17** NHS provider trusts and **349** GP practices, and it commissions services for a population of **2.7 million**.

Health SEND services for CW&C are provided across four of these trusts:

- Countess of Chester Hospital NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust

Because the geographical boundaries for these providers are not the same as those of CW&C as a local authority, data and activity is not always disaggregated to the detail that is needed at local authority level. Conversely, providers also collect information in different ways and use different key measures, meaning that when multiple providers are offering a comparable service it is not always possible to aggregate data to get an overall picture of need and demand.

These arrangements also mean that pathways can be complex and can differ depending on the entry point taken. This may be a contributing factor to the experiences reported by families as they navigate their way through referral, assessment and service provision.

## 6.2 Public health headlines

Public health profiles show that CW&C's children and young people are in a relatively good position across several health indicators compared with national and regional peers and, where available, trends are quite stable. The anomaly to this appears to be hospital admissions for self-harm in young people, which, although stable, is higher in CW&C than for England and the North West. This could be reflective of an overall growth in social, emotional and mental health as an identified need. Table 26 gives an overview of this public health profile data for relevant indicators.

Table 26. Child public health profile indicators

Indicator	Period	CW&C		Compared* to England	England	North West
		Value	Trend			
Infant mortality rate per 1,000	2021-23	3.0	(not available)	Similar	4.1	4.6
Child mortality rate (1–17 years) per 100,000	2020-22	6.5	(not available)	Similar	10.4	11.8
Low birth weight of full-term babies	2022	2.3%	→	Better	2.9%	2.8%
Prevalence of obesity in Reception children, including severe obesity	2023/24	9.7%	→	Similar	9.6%	10.1%
Prevalence of obesity in Year 6, including severe obesity	2023/24	20.2%	→	Better	22.1%	23.3%
Five-year-olds with experience of visually obvious dental decay	2021/22	25.4%	(not available)	Similar	23.7%	30.6%
Hospital admissions for mental health conditions (under 18 years) per 100,000	2022/23	56.8	→	Better	80.8	86.0
Hospital admissions as a result of self-harm (10–24 years) per 100,000	2022/23	421.0	→	Worse	319.0	346.6

**Source:** Fingertips public health data, Office for Health Improvement & Disparities (\* compared using 95% confidence intervals)

## 6.3 Healthy Child Programme (HCP)

Under the HCP, health visitors should see families when a child is newborn, 6–8 weeks old, 12 months old, and 2–2½ years old. These contacts provide key opportunities for professionals to identify any emerging needs at an early stage. At 12 months and 2–2½ years, the Ages and Stages Questionnaire version 3 (ASQ3) is used to identify strengths and areas of need. The following data is based on these reviews and is taken from the Starting Well needs assessment for 0–4 emerging needs.

Table 27 shows the proportion of these reviews that happened within the guideline timescales during 2021/22, and for the later review, the proportion who had an ASQ3 score recorded. There had been a decline in timeliness during the previous two pandemic years, as would be expected due to the limitations on face-to-face contact and the additional pressures on health teams. Overall, the 2021/22 figures had returned to pre-pandemic levels. However, the 12-month review figures are still

below the 90% target and the 2–2½-year reviews are below the 85% target. This means that opportunities to identify emerging needs may be being missed.

Table 27. Healthy Child Programme reviews in CW&C, 2021/22

Review measure	Percentage
Newborn visit within 14 days	92%
6–8-week review by 8 weeks old	87%
12-month review by 15 months old	75%
ASQ3 score recorded for 12-month review (of reviews that happened)	97%
2–2½-year review by 30 months old	80%
Integrated 2–2½-year review by 30 months old for targeted children	78%
ASQ3 score recorded for 2–2½-year review (of reviews that happened)	96%

Source: Starting Well performance management tool dashboard, cited in Starting Well 0–4 emerging needs JSNA

Section 4.4 gave an overview of the five main areas of need assessed at the 12-month and 2–2½-year reviews. Table 28 shows this data in more detail for CW&C in 2021/22. By 2½, there is a clear emerging need around communication, indicating a need for further support at this early stage (as highlighted in the 0–4 JSNA) to slow the growth in speech, communication and language needs at primary age and beyond. It can also be viewed positively that these needs are being identified at this early age.

Table 28. Children achieving expected levels across developmental skills at age 12 months and age 2–2½, 2021/22

(a) 12-month review			
ASQ developmental area	Achieving above expectations	Achieving close to expectations	Achieving below cut-off score
Communication	89%	8%	3%
Gross motor skills	80%	8%	13%
Fine motor skills	89%	8%	4%
Problem-solving	87%	8%	6%
Personal/social development	89%	4%	4%

<b>(b) 2–2½-year review</b>			
<b>ASQ developmental area</b>	<b>Achieving above expectations</b>	<b>Achieving close to expectations</b>	<b>Achieving below cut-off score</b>
Communication	81%	8%	11%
Gross motor skills	88%	8%	5%
Fine motor skills	87%	9%	4%
Problem-solving	88%	6%	6%
Personal/social development	84%	10%	7%

**Source:** Starting Well performance management tool dashboard, cited in Starting Well 0–4 emerging needs JSNA

## 6.4 Children and young people's mental health service (CYPMHS) 0–18

The CYPMHS (formerly known as CAMHS – child and adolescent mental health services) is provided by the Cheshire and Wirral Partnership NHS Foundation Trust for children and young people aged 0–18 who are experiencing mental health difficulties. There is also a specialist learning disabilities team who provide mental health and behavioural assessment, treatment and support to children and young people aged 0–18 with a severe learning difficulty and those below school age with a diagnosis of global developmental delay.

The Cheshire West Health SEND Scorecard reports on activity and demand for these services. For the final quarter of 2023/24 (January to March):

### Mental health service

- There were **683** referrals into the service, up from **655** in Q3 and **585** in Q2.
- There were **327** discharges from the service (less than half the number of new referrals in); this has changed since Q2, when the number of discharges (**667**) outstripped the number of referrals (**585**).
- Nobody is waiting more than 40 weeks to be seen.

### Mental health LD service

- There were **52** referrals into the service, up from the **41** recorded in Q3 but in line with the **54** reported for Q2.
- There were **45** discharges from the service, meaning that there was a small increase in overall caseload between Q3 and Q4. However, with a similar pattern happening each quarter, the growth in service demand has over the course of the year had more of an impact.
- Nobody is waiting more than 40 weeks to be seen.

The Paediatric Emotional Health and Wellbeing Board Dashboard reports on children and young people's mental health service activity across the whole Integrated Care Board (ICB) area (Cheshire and Merseyside). The June 2024 dashboard shows continued improvements in 'access', meaning the number of children and young people who had received at least one contact from a community

mental health support service. Access rates are reported to have increased by approximately **33%** since 2020.

The ICB has undertaken a period of engagement with children, young people, parents, carers, professionals and stakeholders to help inform its updated Children and Young People's Mental Health Plan. Progress against the plan will be monitored across all areas, and driving up data quality around mental health services will be a key focus to help with this.

## 6.5 Speech, language and communication service

The children and young people's speech and language service is provided by the Central Cheshire Integrated Care Partnership (CCICP). It provides specialist assessment and evidence-based interventions for children and young people with a range of speech, language and communication difficulties and/or difficulties with swallowing. The service is for those up to and including the age of 16 and up to and including 19 in certain circumstances, such as those with complex needs and those attending special schools.

The Cheshire West Health SEND Scorecard reports on activity and demand for this service. For the final quarter of 2023/24 (January to March):

- There were **208** referrals to the service, up from **195** in Q3 and **159** in Q2.
- The overall caseload was **1,675** at the quarter end, down from **1,755** the previous quarter.
- There was a waiting list of **408**, up from **348** at the end of Q3 and **246** in Q2.
- **97.3%** of the waiting list were seen within 18 weeks, with the longest waiter having been on the list for **27** weeks before being seen.

## 6.6 Paediatric physiotherapy and occupational therapy services

Paediatric physiotherapy and occupational therapy services support children and young people from birth to 16, and 18 for those with complex needs. They are provided by the CCICP, the Countess of Chester Hospital (COCH) NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust, operating from a number of health and education bases in the area. Therapists work with children and young people to maximise their physical and functional potential in terms of gross motor, fine motor and daily living skills.

The Cheshire West Health SEND Scorecard reports on activity and demand for these services. The data below is for the CCICP provision only, as data for the other providers is incomplete. For the final quarter of 2023/24 (January to March):

### Physiotherapy

- There were **48** referrals to the CCICP service, down from **50** in Q3 and **61** in Q2.
- The total caseload at the quarter end was **590**, down from **604** the previous quarter.



- There was a waiting list of **116**, up from **99** in Q3 but down from the **136** reported for Q2.
- **75%** of the waiting list were seen within 18 weeks, with the longest waiter having been on the list for **34** weeks before being seen.

### Occupational therapy

- There were **10** referrals to the CCICP service, down from **21** in Q3 and **16** in Q2.
- There were **319** on the caseload, down from **338** in Q3.
- There were **57** on the waiting list, up from **38** in Q2 and **56** in Q3.
- **89.5%** of the waiting list were seen within 18 weeks, with the longest waiter having been on the list for **21** weeks before being seen.

## 6.7 Community paediatrics service

Community paediatric services are provided by the COCH NHS Foundation Trust, Mid-Cheshire Hospitals (MCH) NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust. They assess and support children and young people who have been referred for neurodevelopmental issues, such as ADHD, ASD, developmental delay, cerebral palsy and other complex neurodisabilities.

The Cheshire West Health SEND Scorecard reports on activity and demand for these services. The data does not provide a complete picture across all providers, but the following has been reported for the final quarter of 2023/24 (January to March):

- There were **741** referrals (MCH and Bridgewater only), up from **678** in Q3 and **600** in Q2.
- There were **1,903** on Bridgewater's waiting list and **908** for MCH.
- **66.4%** of those on MCH's waiting list and **39%** of those on Bridgewater's waiting list were seen within 18 weeks.
- The average waiting time for being seen by the MCH service is **48** weeks.

## 6.8 Neurodevelopmental diagnostic pathway

A pathway is in place for professionals and families to navigate through an autism assessment ('Getting help', 0–19 years) and pre- and post-diagnostic support ('Getting more help', 0–25 years).

Referrals can be made by relevant professionals or education settings working with the child or young person and, after screening, a multidisciplinary assessment may be undertaken. This will include neurodevelopmental specialists from the community paediatrics team and speech and language therapists if appropriate. Pathway navigators support children, young people and families through the process.

The Local Offer provides a menu of support services that can be used at any stage of the process. Some may already be involved at the pre-identification phase, and some may be referred to while families are waiting for a diagnosis or post-diagnosis.

Metrics for contracted services under the neurodevelopmental pathway are monitored as part of the Health SEND Scorecard. Each provider records data in a slightly different way, so it is difficult to compile totals. However, the overall picture is one of increasing waiting times between referral and first face-to-face contact and long referral to completion times, both for 0–18s and 16–25s on the ASD and ADHD pathways. 16–25-year-olds currently represent **68.9%** of all Cheshire West patients waiting for an ADHD diagnosis from the Cheshire and Wirral Partnership (CWP) NHS Trust.

## 6.9 Annual health checks for those with learning difficulties

- In Cheshire West & Chester there are currently 425 Children and Young People between the ages of 14-25 registered as having a Learning Disability with their GP.
- The national prevalence is around 2%; in CW&C 2% of our 14 – 25 population is around 920, therefore we anticipate there may be as many as almost twice the number of YP with Learning Disabilities than are registered with LD at their GP.
- The NHS Long Term Plan set an ambition that by 2023/24, at least 75% of people aged 14 or over with a learning disability would have had an annual health check.
- The Table below shows quarterly updates on performance on this target, which is currently falling short of the ambition; given how many young people with LD who appear not to be registered as having LD this performance warrants further attention.

Table 29. Annual health checks for 14-25 year olds with learning difficulties

Metric	Detail	Sep-23	Dec-23	Mar-24	Jun-24	Sep-24
Annual health checks LD 14-25 yr olds	Financial Year to date	26.40%	45.10%	71.40%	-	22.10%
Annual health checks LD 14-25 yr olds	Last 12 Months	69.90%	64.60%	71.40%	66.43%	64.90%
Numbers on LD register (primary care)	Qtr	794	410	413	417	425

## 7. Social care

### KEY HEADLINES – SOCIAL CARE

#### **Children in need (CIN):**

- As of 31 March 2023, 2,360 children in need (CIN) were recorded in Cheshire West & Chester (CW&C), a 29% increase since 2020, driven largely by abuse or neglect cases.
- 5.1% of CIN have a primary need related to disability or illness, lower than the North West (6.3%) and England (8.1%).
- 17.3% of school-age CIN have an EHCP, increasing over time but still below regional (24.6%) and national averages (28.2%).
- The most common SEND primary needs for CIN are social, emotional, and mental health (SEMH) (34.8%), speech, language and communication needs (19.3%), and autism spectrum disorder (9.5%), which is lower than regional and national levels.

#### **Children and young people with a child protection plan (CPP):**

- As of 31 March 2023, 342 children were under a child protection plan in CW&C, up from 212 in 2021, mirroring national trends.
- 11% of children with a CPP have an EHCP, consistent with regional and national averages. However, 35% are receiving SEN support, which is higher than national and regional figures.
- The most common SEND need in this group is SEMH (41.3%), followed by speech, language and communication needs (14.7%), and specific learning difficulties (11.9%).

#### **Children and young people in care:**

- On 31 March 2023, 589 children were in care in CW&C, with a 23.5% increase since 2019.
- 31.4% of school-age children in care for a year or more have an EHCP, slightly above the national average (30.8%).

## 7.1 Children in need (CIN)

As at 31 March 2023, there were **2,360** children in need recorded in CW&C, which is a **29%** increase on the figure for 2020. This is largely fuelled by an increase in the biggest category of need – abuse or neglect.

**120** of these children (**5.1%**) have a recorded primary need relating to the child's disability or illness, which is lower than the comparable proportions regionally (**6.3%**) and nationally (**8.1%**). In recognition of the fact that primary need categories do not reflect the underlying complexity of need some children and young people have, local authorities have the option of recording disability as a secondary need. This has only been done for **329** of all children in need in CW&C at 31 March 2023, although this number has more than doubled since 2019. The largest and fastest-growing category of disability as a secondary need is 'behaviour'. However, as this recording is optional, it is hard to ascertain any meaning from this data.

Excluding children on a child protection plan and children looked after, Table 29 breaks down school-age children in need by SEND status and the most common SEND primary needs recorded for this group in CW&C. These four need categories account for three-quarters of school-age children in need with SEND.

Table 30. School-age children in need with SEND

	CW&C			North West	England
	2020/21	2021/22	2022/23	2022/23	2022/23
Total number of school-age CIN*	674	787	827		
% with EHCPs	13.1%	14.7%	17.3%	24.6%	28.2%
% at SEN Support	24.2%	22.1%	24.8%	22.7%	21.8%
Most common primary need categories for CIN with SEND					
% with social, emotional and mental health	30.3%	30.3%	34.8%	28.0%	25.7%
% with speech, language & communication needs	19.5%	19.0%	19.3%	14.4%	13.9%
% with moderate learning difficulties	12.4%	9.0%	10.9%	11.1%	10.5%
% with autism spectrum disorder	12.0%	11.4%	9.5%	17.9%	20.3%

**Source:** Gov.uk Explore Education Statistics tables: Outcomes for children in need, including children looked after by local authorities in England – LA special educational needs (SEN) dataset

\*CIN not looked after or on child protection plan

The data shows an increase in the number of CIN and an increase in the proportion of these who have EHCPs. However, this proportion is still below that reported nationally and regionally. The proportion of this group of CIN who receive SEN support has fluctuated in line with averages. In CW&C, a greater than average

proportion of CIN with SEND have social, emotional and mental health or speech, language and communication as their primary needs. Conversely, the prevalence of ASD among this population is smaller in CW&C than it is elsewhere.

## 7.2 Children and young people with a child protection plan (CPP)

As at 31 March 2023, there were **342** children with a child protection plan in CW&C. This has increased significantly in recent years from a low of **212** in 2021, following the national pattern.

Table 30 breaks down school-age children with a child protection plan by SEN status and the most common SEND primary needs recorded for this group in CW&C. Of these children, **11%** have an EHCP, in line with national and regional averages, but with **35%** being in receipt of SEN support, this figure is higher in CW&C than it is elsewhere. Again, social, emotional and mental health needs are most prevalent among children with a CPP who have SEND, and this prevalence is a little higher than it is for comparators. The fourth most common need for this group is specific learning difficulties, which is recorded for a higher proportion of children with a CPP in CW&C than elsewhere, as has already been noted for the general SEND population.

Table 31. School-age children with a child protection plan who have SEND

	CW&C			North West	England
	2020/21	2021/22	2022/23	2022/23	2022/23
Total number of school-age children with a CPP*	129	206	237		
% with EHCPs	10.9%	9.7%	11.0%	10.7%	11.4%
% at SEN Support	24.8%	30.6%	35.0%	28.1%	29.4%
Most common primary need categories for children with a CPP with SEND					
% with social, emotional and mental health	32.6%	36.1%	41.3%	36.7%	38.6%
% with speech, language & communication needs	19.6%	15.7%	14.7%	20.3%	19.8%
% with moderate learning difficulties	No data	12.0%	12.8%	16.2%	15.3%
% with specific learning difficulties	No data	13.3%	11.9%	7.6%	6.9%

**Source:** Gov.uk Explore Education Statistics tables: Outcomes for children in need, including children looked after by local authorities in England – LA special educational needs (SEN) dataset

\*Children with a CPP but not looked after

## 7.3 Children and young people in care

As at 31 March 2023, there were **589** children looked after in CW&C. There has been a year-on-year increase in these numbers, reflecting a **23.5%** increase since 2019.

On the same date, there were **280** school-age children who had been looked after for a year or more. Table 31 breaks these down by SEN status and the most common SEND primary needs recorded for this group in CW&C.

**Table 32. School-age children looked after for a year or more who have SEND**

	CW&C			North West	England
	2020/21	2021/22	2022/23	2022/23	2022/23
Total number of school-age children looked after 1 year+	269	279	280		
% with EHCPs	28.3%	33.0%	31.4%	28.8%	30.8%
% at SEN Support	26.0%	22.6%	23.6%	27.1%	27.3%
Most common primary need categories for children looked after with SEND					
% with social, emotional and mental health	48.6%	56.1%	53.9%	49.5%	51.2%
% with speech, language & communication needs	9.6%	13.5%	14.9%	12.0%	11.2%
% with moderate learning difficulties	15.1%	8.4%	9.7%	12.5%	12.5%
% with specific learning difficulties	7.5%	6.5%	7.8%	6.2%	5.3%

**Source:** Gov.uk Explore Education Statistics tables: Outcomes for children in need, including children looked after by local authorities in England – LA special educational needs (SEN) dataset

Data is broadly in line with national and regional comparators, with just a slightly higher proportion of children looked after in CW&C having an EHCP and a slightly lower proportion being in receipt of SEN support. In terms of primary needs, again social, emotional and mental health is the most prevalent among this group, with over half of those with recorded SEND having this as their main area of need.

## 7.4 Disability Positive

Disability Positive is an all-age service providing support and opportunities to people living with disability and long-term health conditions. For children, young people and their families, this means providing advocacy, help with arranging care and support, and community groups that offer activities and respite. The service is supporting a growing number of children, young people and families (**401** at the end of 2023/24 Q3) and receives positive feedback.

## 7.5 Data gaps – social care

There are a few further areas that could be explored within this section, but the data was not available at the time of writing:

- Voluntary short breaks for children and young people with disabilities
- Local market for care and support
- Preparation for adulthood for children and young people with disabilities

This last area might include information around the transition to adult social care and beyond, and supported/specialist housing requirements for young adults with disabilities.



## 8. Other services

### KEY HEADLINES – OTHER SERVICES

#### **Youth justice service**

- A health needs assessment was conducted in 2023 for the Cheshire Youth Justice Services.
- 56% of young people in the youth justice sample had an identified or diagnosed special educational need (SEN), with 60.7% in Cheshire West & Chester (CW&C), compared with 15.2% of the general population.
- High proportions of youth offenders with SEN have social difficulties (75%), speech and language needs (70%) and neurodiversity (58.8%).
- Mental health conditions such as anxiety, depression and low self-esteem were common, with 29.1% of those with SEN also having a diagnosed mental health issue. CW&C had the highest rate of young people with mental health conditions at 27.6%.
- Neurodiversity, undiagnosed SEND, and long assessment waiting times were seen as risk factors for youth crime, highlighting the importance of early intervention and support.

#### **Information, advice and support service (SENDIASS)**

- SENDIASS is a statutory, impartial, confidential and free service for families, commissioned by health, education and social care.
- It supports families whether or not the child has a formal SEND diagnosis.
- The caseload has significantly increased, particularly at Level 3 and 4 (complex cases), from 1,276 in 2020/21 to 2,284 in 2023/24 (up to May).
- Rising complexity includes more cases of appeals, tribunals and exclusions, as well as children out of education or on reduced timetables due to emotional school avoidance.

#### **Holiday activities and food (HAF) programme**

- The HAF programme provides healthy meals and activities during school holidays for low-income families. Many children accessing HAF also have SEND, prompting a focus on making activities SEND-inclusive through provider training.
- In 2023, the HAF programme saw 8,315 attendances across Easter, summer, and winter, with 1,240 children recorded as having SEND.

## 8.1 Youth justice service

In 2023, the Public Health Institute at Liverpool John Moores University were commissioned to undertake a health needs assessment for Cheshire Youth Justice Services (which covers Cheshire East, Halton and Warrington as well as CW&C). The study included a literature review, data analysis using records extracted from the case management system, and engagement with young people, parents and other stakeholders.

Overall, **56%** of the young people in the youth justice sample had an identified/diagnosed SEN. Broken down by local authority, this figure was **60.7%** for those in CW&C, compared with **15.2%** of the general population in the area at that point. Across the four authorities, of those with SEN (whether diagnosed or not), **75%** had social difficulties, **70%** had speech and language needs, and **58.8%** had neurodiversity.

Mental health – including anxiety, depression low resilience, poor confidence and a lack of self-esteem – was seen as a much bigger need for this population than physical health. In total, **22%** of young people had a formally diagnosed mental health condition, and this was higher in those who also had SEN (**29.1%**). Of the four areas, CW&C had the highest proportion of young people in the sample with mental health conditions (**27.6%**).

Neurodiversity was highlighted as a significant risk factor for young people becoming involved in crime, and stakeholders reported high proportions of young people entering the criminal justice system with unidentified SEND, including ASD and ADHD. They also reported links between undiagnosed neurodiversity and poor mental health of adults in prison, highlighting the importance of early diagnosis and support. Undiagnosed speech, language and communication needs were also flagged as potentially leading to frustration, anger and violent behaviour. Long waiting times for assessment and diagnosis, and not meeting criteria for early support, sometimes led to risk-taking behaviour, for example drug use.

This theme of unidentified and unmet need recurred throughout the study, leading to its recommendation to further prioritise early intervention work and provide more timely support.

## 8.2 SEND Information, advice and support service

The SEND information, advice and support service (SENDIASS) in CW&C is an in-house funded service situated within Education and Inclusion. It is jointly commissioned by health, education and social care. In line with the statutory guidance laid out in the Code of Practice, SENDIASS is an impartial, confidential and free service for parents and carers of children and young people with SEND aged 0–25 and for direct support to those young people themselves. There does not need to be a diagnosis of SEND for families to access the service, as long as the parent or carer feels there is a need. This means that a much wider population can access this support, even when they do not meet the criteria for assessment or diagnosis elsewhere.

Table 32 shows the changing caseload of the service over the past four academic years. 2023/24 data covers the period up to 29 May 2024, so it is not yet a full-year caseload.

Table 33. CW&C SEND information, advice and support service annual caseload data, by level, 2020/21 to 2023/24

Year	Level 1	Level 2	Level 3	Level 4	Total	% of cases at levels 3 & 4
2020/21	94	697	373	112	1,276	38.0%
2021/22	167	592	403	154	1,316	42.3%
2022/23	176	748	657	264	1,845	49.9%
2023/24	211	849	865	359	2,284	53.6%

Source: SENDIASS local data

The service has seen a substantial increase in the number of people accessing the service and a significant increase in the complexity of cases. The majority of cases come in at Levels 3 and 4 (where Level 1 is general information and advice and Level 4 is intensive support), which means they are supporting more families through appeals, tribunals and school exclusions. They are also reporting a rise in the number of cases that are due to children and young people being out of education or being on a reduced timetable because of emotional-based school avoidance.

### 8.3 Holiday activities and food (HAF) programme

The holiday activities and food (HAF) programme provides healthy meals, enriching activities and free childcare places to children from low-income families, benefiting their health, wellbeing and learning. HAF enables children eligible for free school meals and where possible other vulnerable groups to access healthy food and take part in positive activities over the school holiday periods. The programme is funded by the Department for Education (DfE). There is a high proportion of the children accessing support from HAF who also have SEND at varying levels of need.

The programme commissions an external specialist provider (Edsential CIC) to provide inclusion training, support and forums to increase providers' understanding and awareness so that they can be more SEND-inclusive and all children and young people with SEND have an opportunity to attend local provision.

The training programme included equality training, disability positivity and SEND training including 'ASD and ADHD – difficulties and strategies to support' and immersive SEND training.

Table 34 shows the latest attendance data from the HAF programme.

Table 34. Attendance data from CW&C's HAF programme 2023

	<b>Easter 2023</b>	<b>Summer 2023</b>	<b>Winter 2023</b>	<b>Total</b>
Primary-aged number of attendances	1,659	2,892	1,488	6,039
Secondary-aged number of attendances	380	1,069	483	1,932
Other, e.g. early years (siblings)	125	184	35	344
Total number of children and young people who attended this programme	2,164	4,145	2,006	8,315
CYP recorded with SEND	297	792	151	1,240

**Source:** HAF programme local data

## 9. SEND budgets and spending

### KEY HEADLINES – SEND BUDGETS AND SPENDING

#### **Dedicated Schools Grant (DSG) and high needs block:**

- The Dedicated Schools Grant (DSG) is the primary funding source allocated to local authorities for educational services, with specific blocks for schools, early years and high needs provision.
- Over the period from 2021/22 to 2024/25, CW&C saw a 10.7% increase in total DSG funding, rising from £221.7m to £245.5m.
- The high needs block increased by 26.5%, from £43.8m in 2021/22 to £55.4m in 2024/25.
- Despite this growth, the proportion of the total DSG dedicated to high needs is still lower in CW&C (22.6%) than the regional average (23.0%) and notably lower than the national average (27.9%).

#### **High needs funding allocation:**

- CW&C spends a higher proportion of top-up funding on maintained special schools, leaving less for mainstream schools to support pupils with SEND.
- As the special schools have filled up, mainstream schools have struggled to meet the needs, contributing to an increase in children using independent provision.

#### **High needs benchmarking:**

- Benchmarking data shows CW&C's top-up funding for maintained settings is higher than average, while top-up funding for non-maintained and independent settings is lower.
- CW&C has 10 maintained special schools, which require a significant share of the high needs budget, limiting the resources for mainstream schools to support SEND students.

#### **Unit costs for SEND:**

- CW&C's weekly unit costs for SEN services have historically been lower than national and regional averages. However, these costs have risen more notably in the past two years, although they remain lower than in other areas.

#### **Personal budgets for education:**

- The number of pupils with personal education budgets through an EHCP has increased in CW&C, rising from five or six pupils between 2020 and 2022 to 16 pupils by autumn 2023.

## 9.1 Dedicated Schools Grant (DSG) and high needs block

The Dedicated Schools Grant (DSG) is ringfenced funding that is allocated to the local authority for delivering a range of educational services. The allocation is based on a national formula and includes separate blocks for schools, early years providers and high needs provision. Top-up funding is also paid to educational settings to support pupils with SEND when their needs cannot be met using existing resources.

Table 34 shows the DSG funding allocations for Cheshire West and Chester over the past four years and the proportion of this which is high needs block funding. The figures shown are after recoupment and deductions.

While CW&C's total DSG funding is **10.7%** higher for 2024/25 than it was for 2021/22, the high needs allocation has increased by **26.5%** over the same period. However, the high needs block as a proportion of total DSG funding is still a little lower in CW&C than it is regionally and notably lower than it is nationally.

Table 35. Dedicated Schools Grant funding allocations 2021/22–2024/25

	Cheshire West & Chester				North West	England
	2021/22	2022/23	2023/24	2024/25	2024/25	2024/25
DSG allocation	£221.7m	£226.5m	£225.3m	£245.5m		
High needs block	£43.8m	£48.9m	£53.7m	£55.4m		
High needs block as % of total DSG	19.8%	21.6%	23.8%	22.6%	23.0%	27.9%

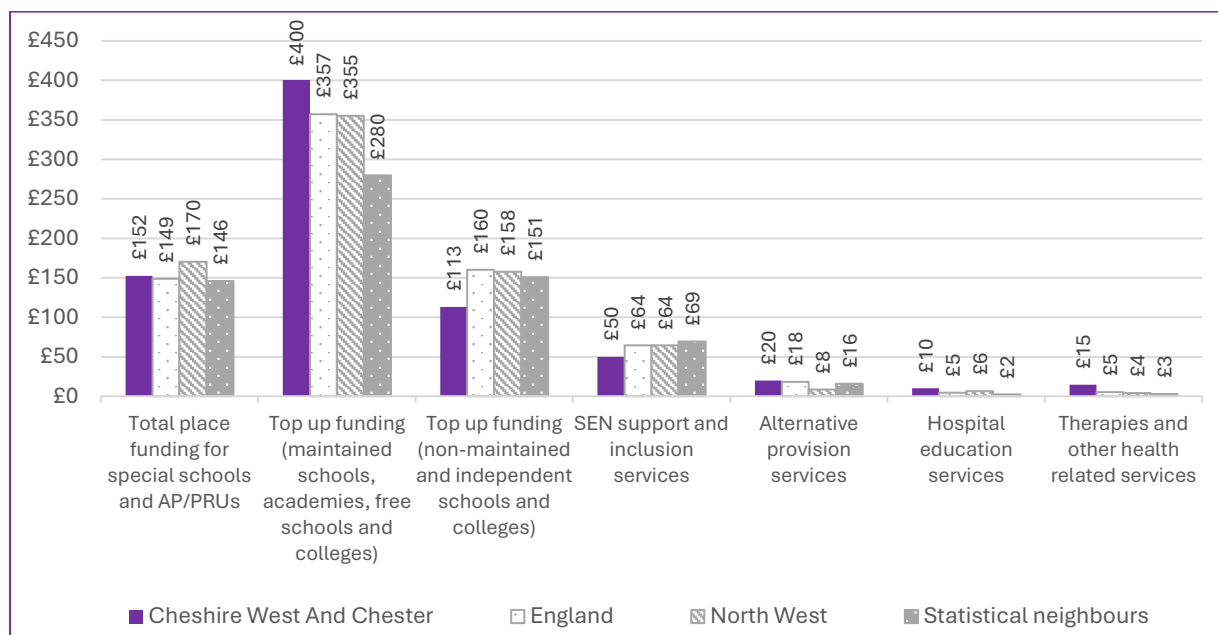
Source: Education & Skills Funding Agency DSG funding allocations

The following four charts are reproduced from the High Needs Benchmarking Tool (HNBT), which uses Section 251 financial data from local authorities. The most recent comparable data is based on the 2022/23 budget.

While total place funding in CW&C is in line with elsewhere, the top-up funding differentiates CW&C from comparators. Top-up funding allocated to maintained settings is higher than average and top-up funding to non-maintained and independent settings is lower.

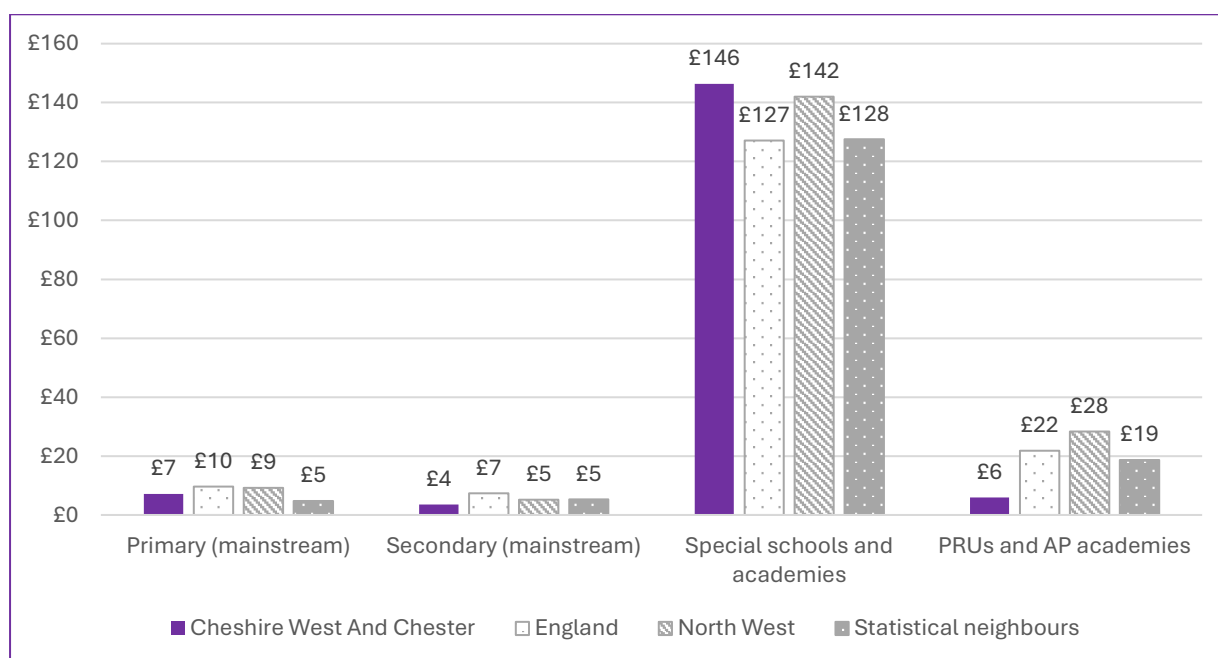
CW&C has a relatively large number of maintained special schools for the area (10). They therefore require a high proportion of the available budget, leaving less for mainstream schools to spend on SEND. This is reflected in the experiences that families report around mainstream provision being unable to meet needs. As the special schools have filled up and mainstream schools have been unable to provide to the extent that is needed, CW&C is now seeing a significant growth in those using independent provision (as noted in the Education section).

Chart 13. High needs budget per head of 2–18 population, 2022/23



**Source:** Section 251 data reported in High Needs Benchmarking Tool, replicated from HNBT Chart 3

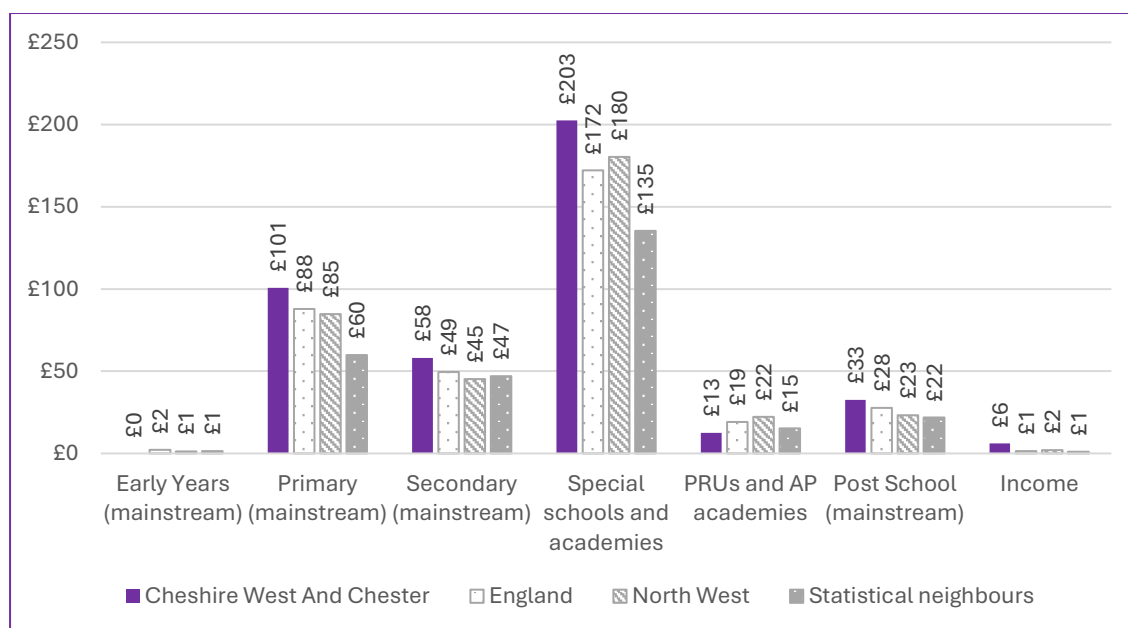
Chart 14. High needs budget per head of 2–18 population, 2022/23: place funding split by phase (for mainstream) and type of institution (for specialist provision)



**Source:** Section 251 data reported in High Needs Benchmarking Tool, replicated from HNBT Chart 4

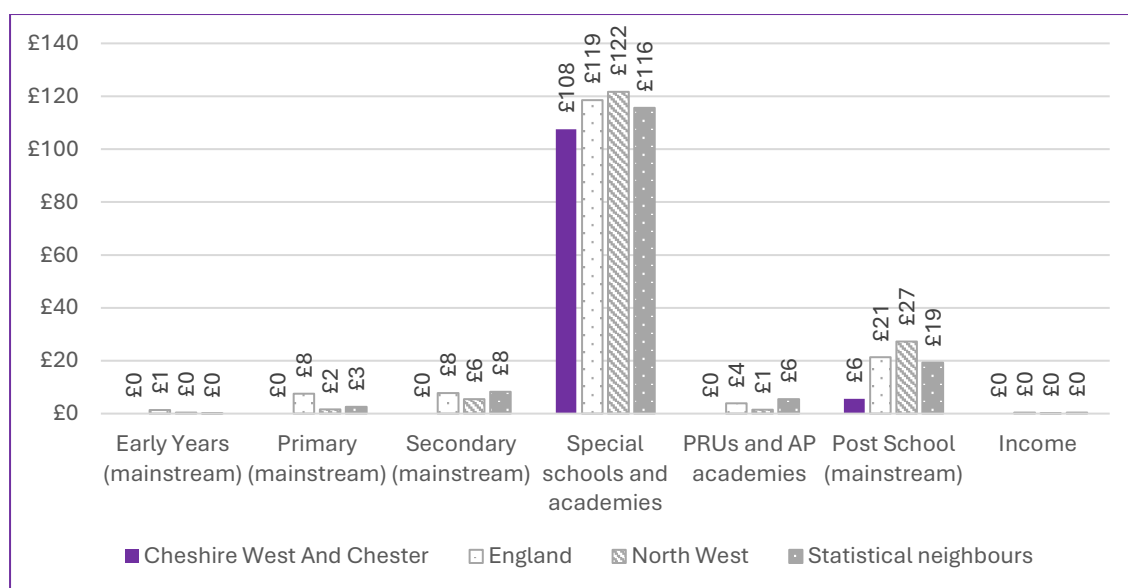


Chart 15. High needs budget per head of 2–18 population, 2022/23: top-up funding (maintained schools, academies, free schools and colleges) split by phase (for mainstream) and type of institution (for specialist provision)



**Source:** Section 251 data reported in High Needs Benchmarking Tool, replicated from HNBT Chart 5

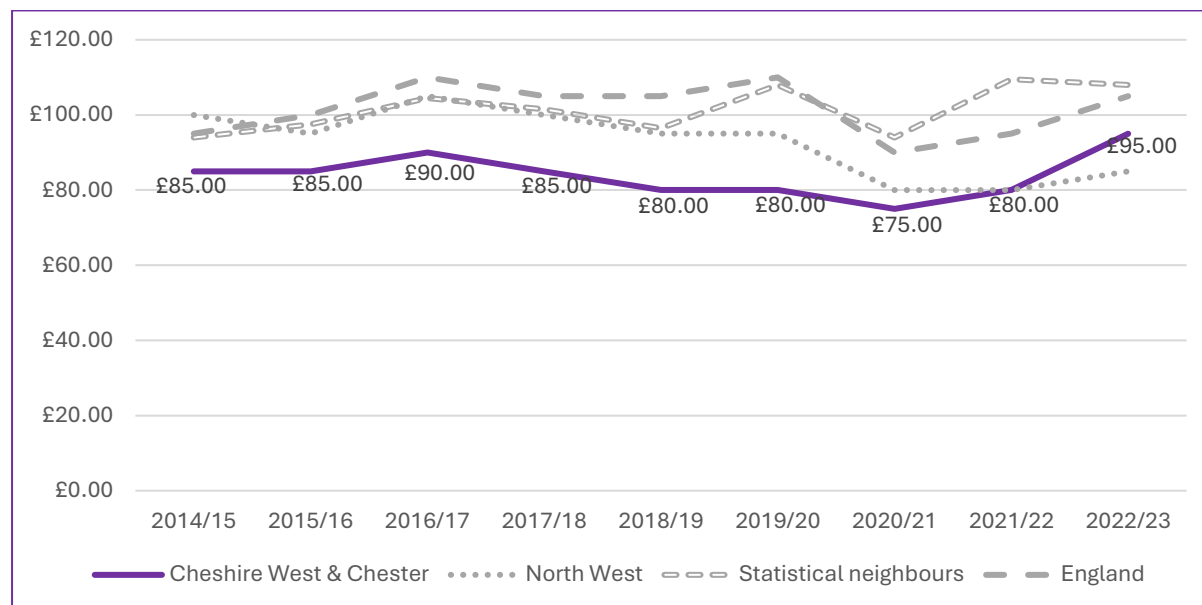
Chart 16. High needs budget per head of 2–18 population, 2022/23: top-up funding (non-maintained and independent schools and colleges) split by phase (for mainstream) and type of institution (for specialist provision)



**Source:** Section 251 data reported in High Needs Benchmarking Tool, replicated from HNBT Chart 6

Chart 17 shows the outturn weekly unit costs for SEN services, as recorded on the Section 251 budget return. It shows how CW&C's unit costs have historically been lower than they are elsewhere, but that there has been a more notable rise over the past two years. They still remain lower than they are nationally and for statistical neighbour authorities.

Chart 17. Section 251 outturn weekly unit costs for SEN, 2014/15–2022/23



**Source:** Section 251 budget return, as reported in Local Authority Interactive Tool (LAIT)

## 9.2 Personal budgets – education

The SEND Data Dashboard (provisional) reports on the number of pupils receiving personal education budgets through an EHCP. Numbers were steady at **five** or **six** between 2020 and 2022, but there has since been an increase, with the latest figure (Autumn 2023) reported as **16**.

## 10. Top 10 priority areas for action

1. **Inclusion in mainstream schools:** Inclusion in schools remains too variable; the scale of growing demands can only adequately be addressed through increasing and better ensuring the inclusion of children and young people with EHCPs in mainstream educational settings, addressing concerns about inadequate support. Revisit advice and guidance on Ordinarily Available Provision / Graduated Support in keeping with Inclusion Matters.
2. **Increased focus on early intervention and identification of needs:** Address shortcomings in the proportion of pre-school children receiving key developmental checks and ensure this data drives prioritisation of activity. Address diagnostic pathway delays and ensure advice on accessing support while awaiting diagnosis is more widely available.
3. **Mental health support:** Roll out support programmes and training for emotional literacy in mainstream settings to better support the mental health of children and young people with SEND.
4. **Support for autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD):** Review and improve pathways and services for the growing number of children and young people with ASD and ADHD.
5. **Transition to adulthood:** Develop the 14–25 Preparation for Adulthood pathways to ensure better support, signposting and provision for the most vulnerable young people as they transition to adulthood. Focus on effective transitions into adult health and social care services for those with the most complex needs. For those with lower complexity needs, expand the supported internship programme and develop a more consistent decision-making and funding process for post-16 students.
6. **Improved communication and co-production:** Focus on better communication and co-production between parents, carers and professionals, ensuring that parents' voices are heard and their involvement in decision-making processes is strengthened. Continue to promote and develop the 'Live Well' Local Offer website.
7. **Joint commissioning of services:** Explore further opportunities for joint commissioning, particularly around integrated review pathways, to address potential fragmentation in the commissioning landscape. Ensure this supports early identification and timely intervention and neurodiversity assessments and mental health support.
8. **Short breaks & Childcare services:** Complete the commissioning process for a new short breaks service to provide respite and support for families of children with SEND. Also consider options to address barriers to wraparound childcare, which families of children with SEND struggle to access.
9. **Quality and timeliness of EHCPs:** Improve the quality and timeliness of EHCPs by leveraging the digital EHC hub and address delays in updating EHCPs after annual reviews to ensure they remain relevant and useful, especially during transitions between settings.

10. **Educational outcomes and attendance:** Continue existing programmes to improve educational outcomes, maintain low exclusion rates, and ensure good school attendance for SEND students.

# 11. Appendices

## Appendix 1 – References

### Cheshire West & Chester

Cheshire Youth Justice Services Health Needs Assessment Full Technical Report

<https://www.ljmu.ac.uk/-/media/phi-reports/pdf/2023-07-cheshire-youth-justice-services-health-needs-assessment-full-technical-report.pdf>

Insight & Intelligence pages online

<https://www.cheshirewestandchester.gov.uk/your-council/datasets-and-statistics/insight-and-intelligence>

Live Well Cheshire West – ‘Choices’ SEND youth project

<https://www.livewell.cheshirewestandchester.gov.uk/Services/4737>

Live Well Cheshire West – SEND local offer

<https://www.livewell.cheshirewestandchester.gov.uk/Categories/3948>

Local area SEND inspection report (2022)

<https://files.ofsted.gov.uk/v1/file/50181326>

NHS Cheshire and Merseyside – Children and Young People’s Mental Health Transformation Plan

<https://www.cheshireandmerseyside.nhs.uk/latest/publications/plans-and-strategies/children-and-young-people-s-mental-health/>

Parent Carer Forum

<https://www.pcfcheshirewest.org/>

SEND needs assessment (2020)

<https://www.cheshirewestandchester.gov.uk/asset-library/statistics/starting-well/20211108-SENDJSNA-Final.pdf>

Starting Well needs assessment: SEND emerging needs (0–4) (2024)

<https://www.cheshirewestandchester.gov.uk/asset-library/starting-well-0-19-send-emerging-needs-0-4-years-2024.pdf>

State of the borough report

<https://www.cheshirewestandchester.gov.uk/your-council/datasets-and-statistics/insight-and-intelligence/borough-and-ward-profiles/state-of-the-borough>

## **GOV.UK**

Equality Act (2010)

<https://www.gov.uk/guidance/equality-act-2010-guidance>

SEND Code of Practice (January 2015)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

## **National datasets**

Education & Skills Funding Agency funding allocations

<https://skillsfunding.service.gov.uk/view-latest-funding>

Explore education statistics

<https://explore-education-statistics.service.gov.uk/>

Fingertips public health profiles homepage

<https://fingertips.phe.org.uk/>

High Needs Benchmarking Tool

<https://www.gov.uk/government/publications/high-needs-benchmarking-tool>

Indices of multiple deprivation (IMD)

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Local Authority Interactive Tool (LAIT)

<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

ONS population estimates page

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

## **Other references**

Delivering Best Value (DBV) in SEND programme

<https://www.dbvinsend.com/>

## Appendix 2 – Acronyms

ADHD	Attention deficit hyperactivity disorder
AP	Alternative provision
ASD	Autism spectrum disorder
ASQ/ASQ3	Ages and Stages Questionnaire (version 3)
CCICP	Central Cheshire Integrated Care Partnership
CIN	Children in need
CQC	Care Quality Commission
COCH	Countess of Cheshire Hospital
CW&C	Cheshire West and Chester
CWP	Cheshire and Wirral Partnership
DBV	Delivering Best Value
EHCP	Education, health and care plan
EYFS	Early Years Foundation Stage
GFR	General fertility rate
GLD	Good level of development
HAF	Holiday activities and food (programme)
HCP	Healthy Child Programme
HNBT	High Needs Benchmarking Tool
ICB	Integrated Care Board
IMD	Index/Indices of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment



KS1	Key Stage 1
KS2	Key Stage 2
KS4	Key Stage 4
LAIT	Local Authority Interactive Tool
LD	Learning difficulty/difficulties
LSOA	Lower super output area
MCH	Mid Cheshire Hospital
MLD	Moderate learning difficulty/difficulties
ONS	Office for National Statistics
PCF	Parent Carer Forum
PRU	Pupil referral unit
RWM	Reading, writing and maths (combined score for Key Stage 2)
SEMH	Social, emotional and mental health
SEN	Special educational needs
SEND	Special educational needs and/or disabilities
SLCN	Speech, language and communication needs
SPaG	Spelling, punctuation and grammar

## Appendix 3 – Statistical neighbours

Statistical neighbours are set nationally based on a number of weighted indicators. Each local authority has 10 statistical neighbours, which are deemed to be statistically similar across these domains. They are therefore a good benchmarking group to use when presenting data.

Statistical neighbours for Cheshire West and Chester, in order of ‘closeness’, are:

1. Warrington
2. Warwickshire
3. East Riding of Yorkshire
4. Cheshire East
5. Worcestershire
6. Stockport
7. Staffordshire
8. Nottinghamshire
9. Solihull
10. Essex