



## SHROPSHIRE HEALTH AND WELLBEING BOARD

### Report

<b>Meeting Date</b>	19 March 2026			
<b>Title of report</b>	Special Educational Needs and Disabilities (0-25 year olds) JSNA			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Jessica Edwards, <a href="mailto:Jess.Edwards@shropshire.gov.uk">Jess.Edwards@shropshire.gov.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x
	Workforce		Reduce inequalities (see below)	x
<b>What inequalities does this report address?</b>	Inequalities and disparities in health outcomes, service provision and access to services for children with special educational needs in Shropshire.			

#### Report content

#### 1. Executive Summary

This paper presents to the Health and Wellbeing Board the Special Educational Needs and Disabilities (0-25 year olds) Joint Strategic Needs Assessment (JSNA). We are seeking approval of the JSNA and endorsement of the recommendations. Upon approval, the JSNA will be published on Shropshire Council's public facing website.

#### Background and Purpose

This JSNA provides a comprehensive picture of the needs of children and young people with Special Educational Needs and Disabilities (SEND), and their families, in Shropshire. Its purpose is to inform the planning and development of local services and to support the reduction of health inequalities through effective identification, prevention and early intervention.

The 2020–22 Shropshire SEND JSNAs focused primarily on educational outcomes for children and young people with SEND. This refresh broadens the scope to include a wider range of intelligence on the factors that shape outcomes for this population. It brings together evidence on socioeconomic influences and the wider determinants of health, such as housing, deprivation, rurality and transport, alongside data on mental and physical health and social care needs. The assessment also highlights emerging local needs and areas for improvement, supporting joint commissioning and the more effective use of resources to prevent escalation of need. Central to this work is a continued emphasis on early intervention and prevention, informed by the lived experiences and voices of children and young people with SEND, their families and carers.

Nationally, children and young people with SEND experience poorer academic, emotional and social outcomes than their peers. It is therefore essential that SEND support across all services is grounded in a robust understanding of current and future need. This needs

assessment compares outcomes for children and young people with SEND in Shropshire with national, regional and statistical neighbour data to build a comprehensive picture of local need. Its findings will inform joint commissioning priorities and support preparation for Shropshire's Area SEND inspection.

The SEND and Alternative Provision Partnership Board provides strategic oversight for SEND in Shropshire. JSNAs enable the Board to understand local need and form the evidence base for the Council's SEND Strategy, which sets out the priority actions to improve outcomes for children and young people with SEND.

### **Objectives**

This JSNA focuses on all children and young people with Special Educational Needs and Disabilities and provision to meet these needs, as set out in the Children and Families Act 2014. It describes the prevalence and patterns of special educational needs and disability among children and young people in Shropshire, including exploring the different domains of SEND and the pathways to support, especially early detection, and the role of assets in the county. Given the broad range of needs and services for children and young people with SEND aged 0-25, this report is not an in-depth review of any one specific service but instead aims to:

- identify relevant national guidance and local policy in relation to children and young people with SEND aged 0 to 25.
- describe the population profile of children and young people with SEND aged 0 to 25 and their families in Shropshire.
- provide an overview of the wider determinants of health and their impact on the children and young people aged 5 to 16 and their families.
- compare local data with national, regional and statistical neighbours for broader understanding of our local context.
- identify gaps, barriers, and unmet needs in current service provision
- provide evidence-based recommendations to ensure that the needs of children and young people with SEND aged 0 to 25 year olds are met in Shropshire

Given the scale and complexity of the SEND JSNA, it has been structured into a series of standalone thematic chapters. This approach makes the document more accessible, allows Board members, stakeholders and decision makers to focus on specific areas of interest, and supports clearer oversight of needs, gaps, and priorities across the SEND system. Each chapter consists of a detailed written report and an accompanying summary slide deck, highlighting key findings.



## Key findings

For a summary of key findings from across all chapters of the JSNA see the “SEND JSNA Key Findings – March 2026” slide deck (Appendix A).

## 2. Recommendations

**2.1. Early Identification, Prevention and Inclusion:** getting help earlier, reducing escalation, and improving equity of access.

### Actions:

- Improve early identification of needs by strengthening assess–plan–do–review cycles, addressing masking (particularly in girls) and improving children’s ability to communicate their needs.
- Sustain outreach and specialist support for children with SEMH and SLCN needs, ensuring long-term sustainability of outreach offers (e.g., Outshine, specialist SLCN teams, therapy in mainstream settings) and monitor their impact on inclusion, school exclusions, language development and wellbeing.
- Strengthen early intervention and prevention through engagement with early help and improve targeting, equity and take-up- of Short Breaks and HAF
- Raise awareness of Learning Disability health checks to ensure accurate registers, strengthen monitoring, and diagnostic pathways.
- Promote healthy weight and oral health initiatives among practitioners and schools such as the Oral Health Promotions by the Healthy Smile Team.

**2.2. Child-Centred Practice:** ensuring children and young people are understood, heard, and supported appropriately.

### Actions:

- Embed and sustain neurodiversity and mental health support through neurodiversity offers, mapping mental health/EBSA support, and promoting Neurodiversity Practitioners, ensuring impact is measured.
- Develop gender-sensitive SEMH approaches and support schools to build communication and emotional regulation strategies particularly tailored to boys, addressing gender disparities in help seeking.

- Ensure CYP voice shapes all support by prioritising capturing each child’s preferred communication method and roll out tools (e.g., Talking Mats) to ensure their voice informs the support they receive.

**2.3. Integrated Pathways and Targeted Provision:** joined-up services across education, health, and care.

**Actions:**

- Improve pathways for SEMH, EBSA and medical needs through scoping of specialist AP provision, review section 19/mental health offers, evaluate BeeU 0–5 impact, and ensure joined up- support across education, health, and social care.
- Strengthen multi-agency planning for vulnerable groups (CIN, CLA, CPP, home educated children, care leavers) - tailor interventions to dominant needs (e.g., SEMH, SLD, ASD), strengthen EHCP pathways, improve planning and address unmet needs.

**2.4. System Quality, Data and Assurance:** improve accuracy, accountability, and evidence

**Actions:**

- Improve accuracy of Primary Need recording and data quality through developing clear descriptors of primary needs and regularly review data to clarify whether needs are being recorded accurately.
- Build leadership and capacity for monitoring school standards by implementing the Education Excellence Strategy and resource teams sufficiently to monitor standards, drive early intervention, and uphold statutory duties.

**2.5. Preparation for Adulthood and Life Outcomes:** sustained impact beyond compulsory education.

**Actions:**

- Strengthen preparation for adulthood and post-16 outcomes, understanding attainment gaps, improve post-16 EHCP review processes, enhance data collection, and ensure smooth transitions into adulthood services.

**3. Report**

See appendix A. SEND JSNA – presentation

<b>Risk assessment and opportunities appraisal</b>		
<b>Financial implications</b>		
<b>Climate Change Appraisal as applicable</b>		
<b>Where else has the paper been presented?</b>	System Partnership Boards	SEND Quality Assurance Group, SEND Partnership Board, Early Help Partnership Board, and Shropshire Integrated Place Partnership Board
	Voluntary Sector	Via Shropshire Integrated Place Partnership Board
	Other	N/A
<b>List of Background Papers - N/A</b>		
<b>Cabinet Member (Portfolio Holder) or your organisational lead</b> Cllr Bernie Bentick, Portfolio Holder for Health & Public Protection		
<b>Appendices:</b> Appendix A. SEND JSNA – presentation		