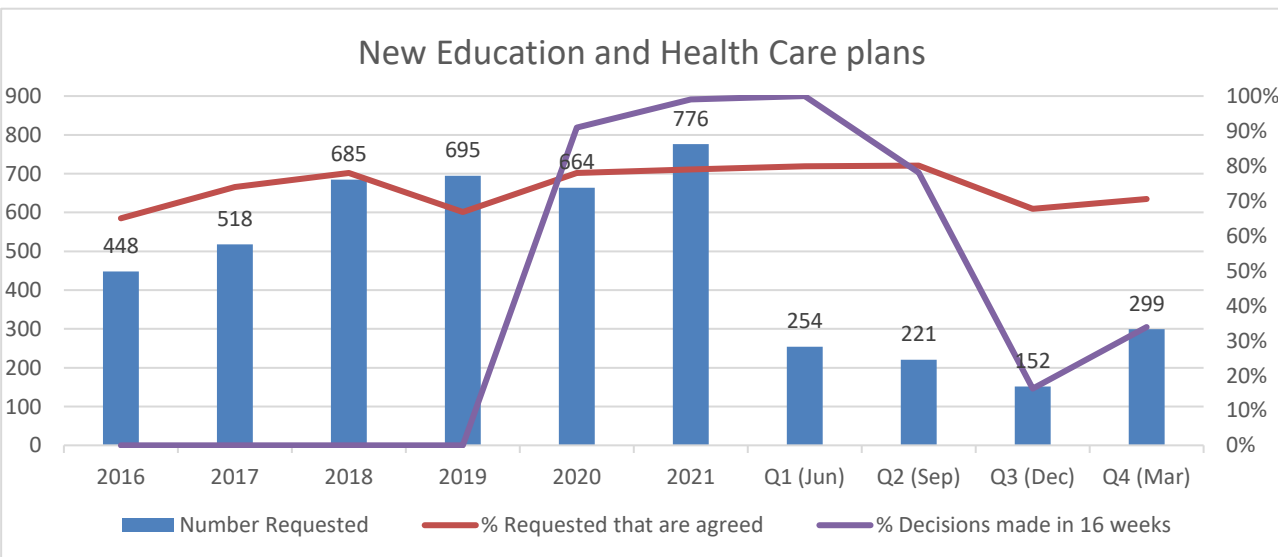


Children with a Education Health Care Plan (EHCP)

As at end of Academic Year unless stated

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Q1 (Jun) | Q2 (Sep) | Q3 (Dec) | Q4 (Mar) |
|---------------------------------|------|------|------|------|-----------|------|----------|----------|----------|----------|
| Number with a EHCP | 2614 | 2911 | 3295 | 3879 | 4308 | 4484 | 4382 | 4515 | 4550 | 4648 |
| CLA with a EHCP (in county) | 99 | 108 | 114 | 136 | 142 | 147 | 150 | 148 | 150 | 150 |
| CLA with a EHCP (out of county) | n/a | n/a | n/a | 68 | 58 | 70 | 73 | 67 | 67 | 71 |
| CIN with a EHCP | n/a | n/a | n/a | 74 | 113 | 65 | 79 | 72 | 92 | 105 |
| CPP with a EHCP | n/a | n/a | n/a | 16 | 22 | 24 | 24 | 22 | 18 | 22 |
| EH plans with a EHCP | n/a | n/a | n/a | 43 | 0 (covid) | 31 | 42 | 32 | 39 | 34 |

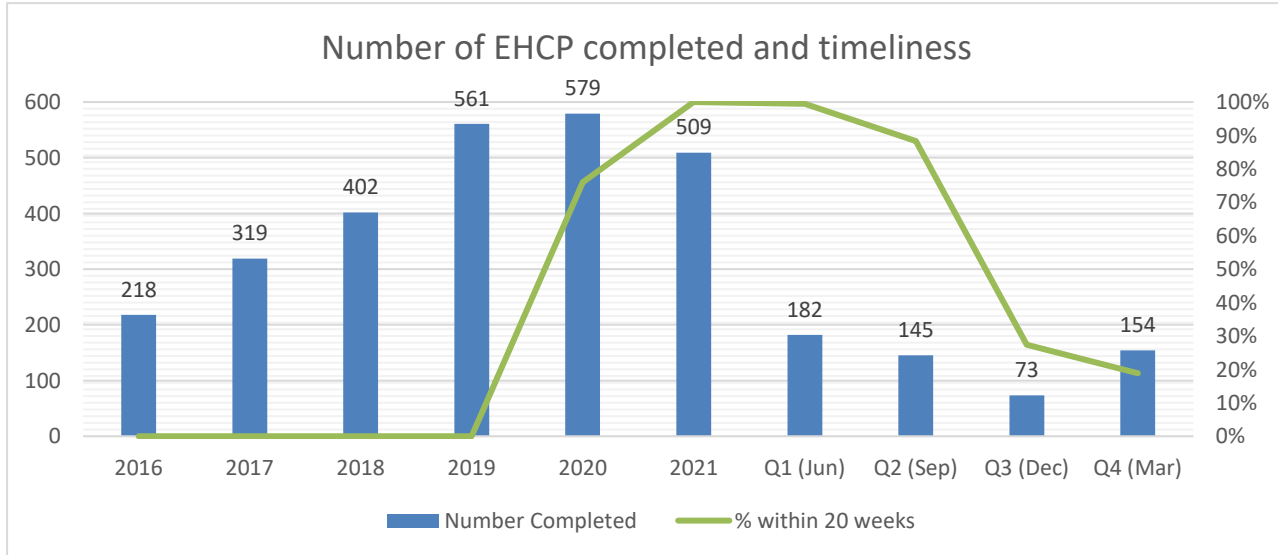


New Education and Health Care Plans (Statutory Timescales minus exceptions)

As at end of Academic Year unless stated

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Q1 (Jun) | Q2 (Sep) | Q3 (Dec) | Q4 (Mar) |
|------------------------------|------|------|------|------|------|------|----------|----------|----------|----------|
| Number Requested | 448 | 518 | 685 | 695 | 664 | 776 | 254 | 221 | 152 | 299 |
| % Requested that are agreed | 65% | 74% | 78% | 67% | 78% | 79% | 80% | 80% | 68% | 71% |
| % Decisions made in 16 weeks | n/a | n/a | n/a | n/a | 91% | 99% | 100% | 78% | 16% | 34% |

(minus exceptions)

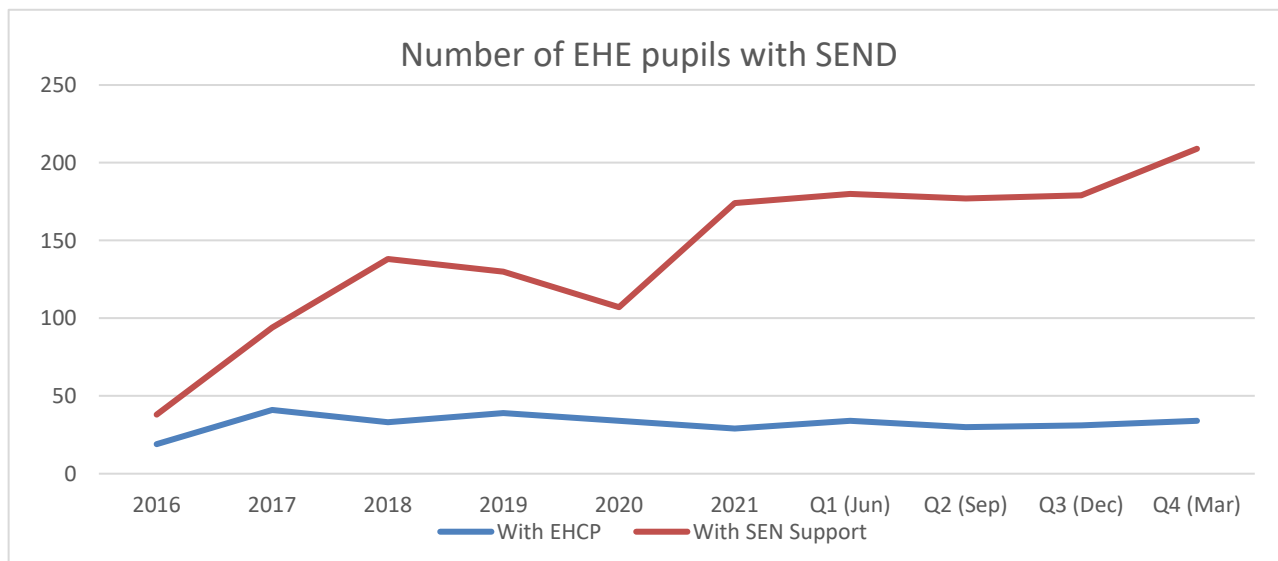


Number of EHCPs completed and % within 20 weeks (Statutory Timescales minus exceptions)

As at end of Academic Year unless stated

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Q1 (Jun) | Q2 (Sep) | Q3 (Dec) | Q4 (Mar) |
|-------------------|------|------|------|------|------|------|----------|----------|----------|----------|
| Number Completed | 218 | 319 | 402 | 561 | 579 | 509 | 182 | 145 | 73 | 154 |
| % within 20 weeks | n/a | n/a | n/a | n/a | 76% | 100% | 99% | 88% | 27% | 19% |

(minus exceptions)



Number of Elective Home Educated pupils with SEND

As at end of Academic Year unless stated

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Q1 (Jun) | Q2 (Sep) | Q3 (Dec) | Q4 (Mar) |
|------------------|------|------|------|------|------|------|----------|----------|----------|----------|
| With EHCP | 19 | 41 | 33 | 39 | 34 | 29 | 34 | 30 | 31 | 34 |
| With SEN Support | 38 | 94 | 138 | 130 | 107 | 174 | 180 | 177 | 179 | 209 |

Commentary**Number of EHCP's**

The total number of EHCP's has continued to increase over the last quarter as we had anticipated. This has been particularly evident in January and March, and is not showing signs of levelling off. This was the expectation and is a trend that is being seen nationally. This increase in demand was anticipated locally and nationally as a consequence of COVID, particularly for those children and young people who have SEMH needs. The analysis of children and young people with additional needs, identified as Children looked After (CLA) and subject to a Child Protection Plan (CPP) remains fairly consistent across the quarters. Children in Need (CIN) has continued to increase as per the previous quarter. The last quarter has also seen a significant increase in requests as outlined.

EHCP's requested and timeliness

The performance over the last quarter of completing assessments within timescales, has shown small indications of recovery 16% to 34% but is still below target. Improving and maintaining this will be a challenge due to there being a significant increase in demand this quarter in requests made for an EHCP.

The timeliness of completing an EHCP remains challenged, the main challenge being Education Psychology (EP) advice being completed within the statutory timescale, this is due to capacity. Whilst we have successfully recruited permanent EPs some are not able to start until September 2022, and due to the national shortage recruiting Associate EPs is difficult. Analysis has also shown that health services are also under performing in submitting their advice within the 6 weeks statutory timescale. This is and will continue to be an area of focus. This delay places pressure on the SEND team to review the advice and create the plan in the remaining time available. We continue to liaise with health colleagues about this issue and undertake audit work to gain an understanding of the challenges and how they can be addressed.

A change in emphasis in practice to increase coproduction and communication has also contributed to a delay in final plans being issued. Whilst improving the quality our challenge is to achieve both timeliness, coproduction and quality. The service are continually mindful of timeliness not being at the expense of quality.

The service has also seen some significant staff turn over, this has disrupted services. We have permanently recruited to some posts and used agency cover for others. Staffing is now 85% permanent staff and 8% agency or interim acting up arrangements, by staff in the current establishment.

Commentary**Elective Home Educated Children with SEND**

The number of children with an EHCP who are electively home educated (EHE) remains similar to the previous quarter. However we are seeing an upward trend of parents choosing to EHE, for those children who receive SEND support. More generally nationally, the number of families choosing to home educate has been increasing in recent years, the COVID pandemic clearly accelerated the trend. The most common reason given by parents were concerns about their child's anxiety or SEMH needs.

A survey by the Association of Directors of Children's Services (ADCS) estimated that the cumulative number of children and young people receiving EHE across 152 local authorities increased by 34% i.e. between the academic years 2019/20 and 2020/21.

Anecdotal reporting suggests an increase in the choice of EHE following positive experiences of home schooling during COVID, either in parents enjoying and seeing progress for the child in a very focused, having a bespoke curriculum or from the reduction in stress by not having points of conflict of meeting external demand. We would need further analysis to confirm this hypothesis. EHE is monitored by the vulnerable learners service. It should be noted there is no statutory requirement for parent carers to give a reason for their choice to EHE.