

BRIEFING

TO:	Rotherham Schools Forum
DATE:	12 th September 2025
LEAD OFFICER:	Cary-Anne Sykes (Head of Service SEND)
TITLE:	Education, Health and Care Plans (EHCPs) Annual Update

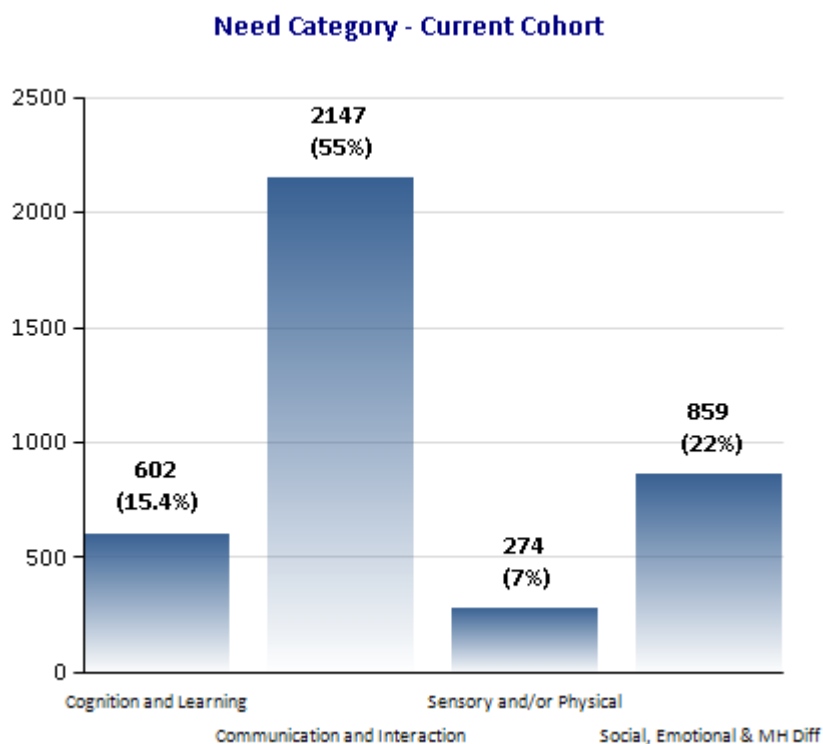
1. Background

1.1

England EHCPs (Jan 2025): 638,745

Rotherham 3909 active EHCP's September 2025

EHCP Need Profile – Current Cohort Overview



This chart presents the distribution of primary need categories among children and young people with active Education, Health and Care Plans (EHCPs).

Key Findings:

- Communication and Interaction needs dominate the cohort, accounting for 55% (2,147 individuals). This includes conditions such as autism spectrum disorder and speech, language, and communication needs.
- Social, Emotional and Mental Health (SEMH) needs represent 22% (859 individuals), highlighting the growing importance of emotional wellbeing and behavioural support.
- Cognition and Learning needs make up 15.4% (602 individuals), encompassing moderate to severe learning difficulties.

- **Sensory and/or Physical needs are the smallest category at 7% (274 individuals), including visual, hearing, and physical impairments.**

Implications for Schools Forum:

- The high proportion of communication and interaction needs suggests a continued demand for specialist speech and language services, autism support, and inclusive communication strategies.
- The significant SEMH cohort reinforces the need for mental health provision, pastoral support, and trauma-informed approaches within schools.
- Planning for staff training, resource allocation, and multi-agency collaboration should reflect this need profile to ensure effective support across all categories.

1.2

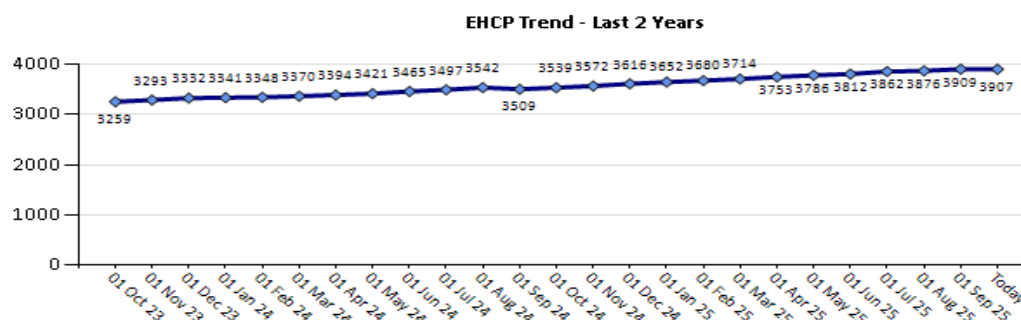
EHCP Placement Breakdown Regional and national Comparison

EHCP Pupils by School Types / Provision Categories:	% of CYP with EHCP at SEN2 25 Census Day - Provision types					Latest National comparison (SEN2 2025)	% Rotherham Gap to National
	Rotherham	Barnsley	Sheffield	Wakefield	Doncaster		
No of EHCP's active at SEN2 - Census Day 25	3623	3044	5952	3857	3142		
Special Schools - ALL	32.8%	18.1%	29.2%	18.4%	26.5%	25.0%	7.8%
*Resource Provision	4.0%	4.6%	7.1%	4.1%	0.4%	2.4%	1.6%
Mainstream Schools	36.6%	41.1%	34.5%	49.5%	38.0%	39.7%	-3.1%
Independent Non Maintained Special Schools	3.3%	8.4%	2.2%	4.2%	4.5%	5.3%	-2.0%
Independent Specialist Provision	4.9%	2.0%	4.6%	1.7%	7.0%	1.5%	3.4%
Post 16 / FE Colleges	13.7%	14.5%	10.3%	13.1%	9.5%	12.3%	1.4%
AP - PRU Total	0.6%	0.3%	0.6%	3.4%	1.2%	0.8%	
SEN units	0.0%	1.9%	0.0%	0.0%	0.5%	1.4%	
EHE - elective home education	1.3%	1.6%	0.8%	1.8%	1.7%	1.1%	
Other arrangements made by LA	0.2%	0.8%	1.0%	1.9%	0.0%	1.8%	
Ed_elsewhere	3.8%	8.2%	10.8%	4.7%	11.6%	7.8%	
NEET	1.7%	4.8%	7.4%	0.9%	6.5%	2.8%	

2. Key Issues

2.1

Over the past two years, the number of **Education, Health and Care Plans (EHCPs)** has shown a consistent upward trend. Starting from **3,259** in **October 2023**, the figures have steadily increased month by month, reaching **3,909** as of **today**.

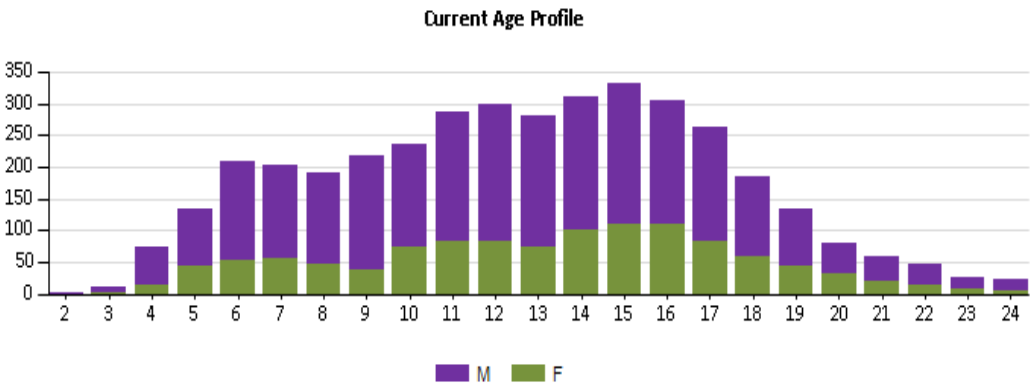


The growth has been gradual but persistent, with only minor fluctuations. For instance, there was a slight dip in **September 2024** (from 3,542 in August to 3,509), but the overall trajectory quickly resumed its upward path.

This sustained rise in EHCPs may reflect growing demand for support services, increased identification of needs, or improved access to assessments and provisions.

The data underscores the importance of strategic planning and resource allocation to meet the evolving needs of children and young people requiring EHCPs.

2.2 Current Age Profile – EHCP Cohort



The bar chart presents the age distribution of children and young people currently receiving **Education, Health and Care Plans (EHCPs)**, spanning ages **2 to 24**. Each age group is broken down by gender, with **purple bars representing males** and **green bars representing females**.

The data reveals a pronounced concentration of EHCPs among the **13 to 15-year-old** age range, which represents the peak of the cohort. This likely corresponds with the transition phase from **Key Stage 3 to Key Stage 4**, a period often associated with increased identification of needs and preparation for post-16 pathways.

Outside of this peak, the number of EHCPs gradually declines:

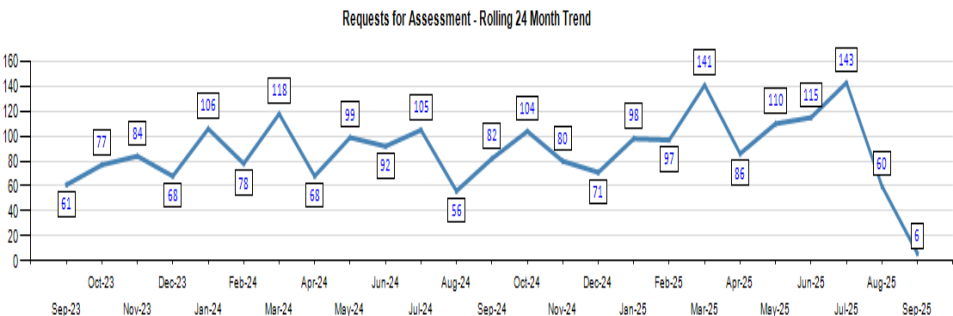
- **Early years (ages 2–5)** show relatively low numbers, possibly reflecting the time required for identification and assessment.
- **Post-16 (ages 16–24)** also show a tapering off, though the continued presence of EHCPs into early adulthood highlights the importance of sustained support through further education and into adulthood.

The gender split indicates a **higher proportion of males** across nearly all age groups, consistent with national trends in EHCP data.

This profile is crucial for informing **strategic planning**, particularly around:

- **Transition support** at key educational stages,
- **Capacity planning** in secondary and post-16 settings,
- **Gender-responsive approaches** to SEND provision.

2.3 Requests for EHCP Assessment – 24-Month Trend Overview



This graph tracks the monthly volume of **requests for Education, Health and Care Needs Assessments** over a rolling 24-month period, from **September 2023 to September 2025**.

The data reveals a **highly variable pattern**, with notable spikes and dips throughout the timeline:

- **Early 2024** saw a significant rise, peaking at **113 requests in February**, followed by another surge in **April (99)** and **June (105)**.
 - The **highest peak** occurred in **May 2025**, with **143 requests**, indicating a possible seasonal or policy-driven factor influencing demand.
 - Conversely, **July 2025** shows a dramatic drop to just **6 requests**, which may reflect data lag, school holidays, or reporting anomalies.
- Despite fluctuations, the overall trend suggests:
- A **general increase in demand** for EHCP assessments over time.
 - Periodic surges that may align with **academic cycles, transition points, or local awareness campaigns**.

This pattern has implications for:

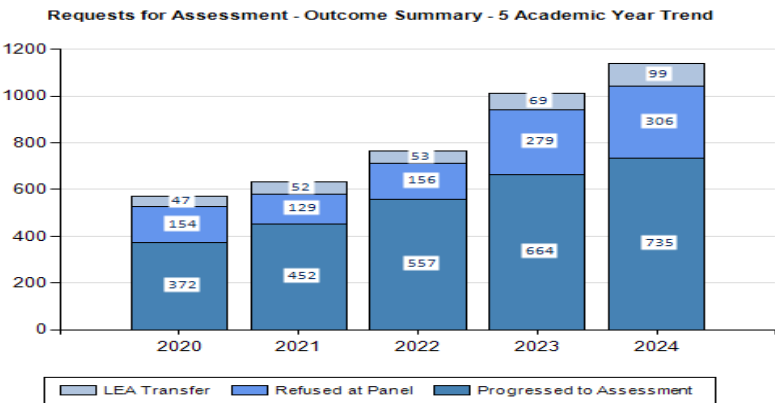
- **Workforce planning** within SEND services,
- **Timely processing and decision-making** to meet statutory deadlines,
- **Resource allocation** across educational settings.

Understanding these trends helps Schools Forum members anticipate pressures on the system and support strategic responses to ensure children and young people receive timely and appropriate support.

EHCP Assessment Requests – Outcome Summary (2020–2024)

This bar chart presents a five-year overview of the outcomes of **requests for Education, Health and Care Needs Assessments**, broken down into three categories:

- **Progressed to Assessment**
- **Refused at Panel**
- **LEA Transfer**



Key Trends:

- The number of requests **progressing to assessment** has steadily increased year-on-year, rising from **372 in 2020** to **735 in 2024**—almost doubling over the five-year period. This reflects both rising demand and a greater proportion of requests meeting the threshold for statutory assessment.
- **Decisions not to assess** have also increased, from **154 in 2020** to **306 in 2024**, suggesting that while demand is growing, a significant number of requests still do not meet the criteria for assessment. This may point to the need for clearer guidance and support at the pre-assessment stage.

- **LEA transfers** have grown modestly, from **47 in 2020** to **99 in 2024**, indicating a gradual rise in mobility or cross-border referrals.

Implications for Schools Forum:

- The upward trend in assessments places increasing pressure on SEND services, schools, and associated resources.
- The rise in decisions not to assess highlights the importance of early intervention and robust evidence gathering to support requests.
- Continued growth in LA transfers may require enhanced coordination between local authorities to ensure continuity of support.

EHCP Assessment Requests – Source Breakdown (2020–2025)

2.5

A decision to assess EHC criteria occurs after a Local Authority (LA) receives a request for an Education, Health and Care (EHC) Needs Assessment, which can be made by a parent, young person, or school. The LA then considers if the child may have Special Educational Needs (SEN) and if those needs require provision beyond SEN support, a decision they must make and communicate within six weeks. This decision is based on the Children and Families Act 2014 and the SEND Code of Practice, focusing on whether the child requires provision in accordance with an EHC plan. The LA must assess if the child or young person meets the legal test for an assessment, which asks:

1. **Does the child or young person have or may have Special Educational Needs (SEN)?**
2. **Is it necessary to make special educational provision for them in accordance with an EHC plan?**

The LA considers evidence such as:

- **Academic attainment and rate of progress:**

The child's educational progress compared to what is expected for their age.

- **Support already provided:**

Whether the current SEN support and interventions at the child's school or setting are insufficient to meet their needs.

- **Complexity of needs:**

Whether the child's needs are severe or complex and affect their daily life.

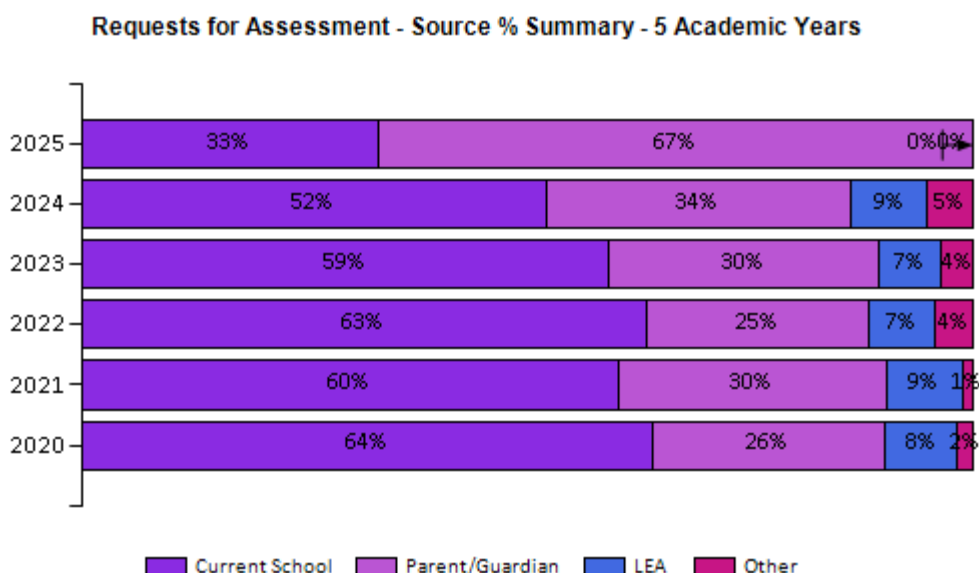
- **Multi-agency needs:**

Whether support from more than one agency is required.

The chart below illustrates the changing landscape of **who initiates requests for Education, Health and Care Needs Assessments** over the past five academic years, broken down by:

- **Current School**
- **Parent/Guardian**
- **LA (Local Authority)**
- **Other**

2.6



Key Observations:

- **Parent/Guardian-initiated requests** have seen a **sharp rise**, increasing from **26% in 2020** to **67% in 2025**, now representing the **majority of all requests**.
- In contrast, **school-initiated requests** have declined significantly—from **64% in 2020** to just **33% in 2025**.

Implications for Schools Forum:

- The shift toward **parent-led requests** may reflect growing awareness among families, but also raises questions about:
 - **Consistency in early identification** within schools,
 - **Access to support and advice** for families navigating the EHCP process,
 - Potential **pressures on SEND services** due to increased direct demand.
- The decline in school referrals could indicate:
 - Challenges in capacity or confidence among school staff,
 - A need for enhanced training and support around SEND identification and referral processes.

This evolving pattern highlights the importance of strengthening **collaborative working** between schools, families, and the local authority to ensure timely and appropriate access to assessments.

2.7

Monthly EHCP Assessment Requests and Outcomes – Two-Year Overview

This dataset provides a detailed view of **2,205 requests for Education, Health and Care Needs Assessments** over a 24-month period, highlighting how many:

- **Progressed to assessment**,
- Where **there is a decision not to assess**, or
- Were **transferred to another Local Authority (LA Transfer)**.

Key Insights:

- **63.4% of requests progressed to assessment**, indicating that nearly two-thirds met the threshold for statutory evaluation.
- **26.5% there was a decision not to assess**, suggesting a significant proportion of requests lacked sufficient evidence or did not meet criteria.

- **7.6% were LA transfers**, reflecting mobility across local authority boundaries.

Monthly Trends:

- **Peaks in demand** occurred in **May, March, and July 2025**, with over **140 requests** each month.
- The **highest progression rate** was in **December 2023 (80.9%)**, while **October 2023** had the **lowest (42.9%)**, indicating variability in request quality or panel decisions.
- **August and September 2025** show a sharp drop-in activity, likely due to the academic calendar and reporting lag.

Implications for Schools Forum:

- The sustained volume of requests underscores the need for **robust early identification, timely decision-making**, and **adequate staffing** within SEND services.
- The **decision not to assess** rate highlights the importance of **supporting schools and families** in preparing strong, evidence-based submissions.
- LEA transfers, though a smaller proportion, require **inter-authority coordination** to ensure continuity of support.

EHCP Request to Assess Graduated Response

This table presents an overview of the **quality of new EHCP referrals** and their outcomes at panel over a five-month period, focusing on the use of the **Graduated Response approach** and involvement of **Specialist Teams**.

Request to assess cases rated at a green had a complete Educational Psychology Report as part of the request.

Amber cases had involvement from an outside agency, for example SIT, speech therapy.

Red cases contained no evidence of a graduated approach.

2.8

EHC New Referral GRC & Decisions						
	No evidence of the Graduated response approach	Limited evidence of the Graduated Response approach	Evidence of a good EHC Referral with the use of the Specialist Teams	No Colour coding	Approved Cases at Panel	Refused Cases at Panel
Apr-25	31	26	62	8	94	26
May-25	16	28	39	7	70	15
Jun-25	21	18	37	17	61	19
Jul-25	42	20	60	14	92	46
Aug-25	20	6	27	4	39	14
Totals	130	98	225	50	356	120

Referral Quality Breakdown:

- **225 referrals** demonstrated **good evidence** of the Graduated Response and specialist team involvement.
- **130 referrals** showed **no evidence** of the Graduated Response.
- **98 referrals** had **limited evidence**.
- **50 referrals** lacked colour coding, suggesting incomplete or unclear documentation.

Panel Outcomes:

- **356 cases** were **approved** at panel.
- **120 cases** did not process to assessment.

Key Observations:

- The majority of approved cases correlate with referrals that had **strong evidence** and a **graduated approach**, reinforcing the importance of quality submissions.
- A significant number of referrals lacked sufficient evidence, which may impact on the decisions.
- The presence of **uncoded referrals** suggests a need for improved consistency in documentation and submission standards.

Implications for Schools Forum:

- Emphasises the need for **ongoing training and support** for schools in applying the Graduated Response.
- Highlights the value of **early engagement with specialist teams** to strengthen referral quality.
- Suggests a review of **submission protocols** to reduce incomplete or poorly evidenced referrals.

EHCP Annual Review Completion – Termly Overview

This data tracks the number of **EHCP annual reviews due and completed** across the **Autumn, Spring, and Summer terms**, highlighting monthly progress and cumulative completion rates.

Term / Month	Reviews Due	Reviews Completed	Reviews Completed Cumulative	
Autumn	1282	354		
September		21	21	1.6%
October		72	93	7.3%
November		96	189	14.7%
December		165	354	27.6%
Spring	1028	835		
January		167	167	16.2%
February		246	413	40.2%
March		422	835	81.2%
Summer	1233	981		
April		148	148	12.0%
May		225	373	30.3%
June		159	532	43.1%
July		277	809	65.6%
August		172	981	79.6%

Autumn Term (Reviews Due: 1,282)

- Completion steadily increased from **1.6% in September** to **27.6% by December**.
- A total of **354 reviews were completed**, indicating a slower start to the review cycle.

Spring Term (Reviews Due: 1,028)

- Completion accelerated, reaching **81.2% by March**.
- **835 reviews were completed**, reflecting strong performance and improved pace compared to Autumn.

Summer Term (Reviews Due: 1,233)

- Completion reached **79.6% by August**, with **981 reviews completed**.
- Monthly progress showed consistent gains, with **65.6% completed by July**, and a final push in August.

Key Insights for Schools Forum:

- The **Spring and Summer terms** demonstrated significantly higher completion rates, suggesting improved processes or capacity during these periods.
- The **Autumn term lag** may indicate challenges in early-year planning or resource availability.

Continued focus on **early scheduling, tracking systems**, and **support for schools** could help balance review completion across the academic year.

EHCP Process Performance Summary

This section outlines key performance indicators across the EHCP process, highlighting areas of strength and opportunities for improvement:

Annual Review Process

- **68.2%** of annual review paperwork is submitted by schools within the required **10 working days** following the review meeting.
- **44.5%** of annual reviews are held within the statutory **12-month timeframe**, indicating a need for improved scheduling and oversight.
- **35.7%** of amended EHCPs are completed within the **12-week timeframe** following an annual review, suggesting delays in post-review processing.

Decision-Making Timeliness

- **77%** of decisions to **maintain, amend, or cease (MAC)** plans are made within **4 weeks** of the review.
- **98.3%** of decisions to assess are made within the statutory **6-week timeframe**, demonstrating strong compliance at the initial decision stage.
- **85.8%** of EHCPs are issued within the **20-week statutory timeframe**, reflecting good overall performance in plan development.

Phase Transfer Compliance

- **99.5%** of **primary phase transfer decisions** were made on time.
- **93.6%** of **post-16 phase transfers** were completed within the required timeframe.

Summary

The data reflects strong performance in **initial assessments and phase transfers**, while highlighting areas for improvement in **annual review scheduling** and **timely completion of amended plans**. Continued focus on process efficiency, school engagement, and system-wide coordination will be key to improving compliance and outcomes.