Wolverhampton Joint Strategic Needs Assessment

Special Education Needs and Disabilities

Deep Dive

February 2026

Contents

Introduction

Wolverhampton's Health and Wellbeing Board Together (HWBT) provides strategic leadership across the city's health, public health and social care systems. Its role is to strengthen the health and wellbeing of Wolverhampton residents and to address the inequalities that affect local communities.

One of the Board's key responsibilities is to produce a Joint Strategic Needs Assessment (JSNA). The JSNA is how the Board identifies, understands and agrees the needs of people living in Wolverhampton. It sets out the city's priority health and care needs and informs local strategy, commissioning and decision-making. The JSNA also underpins the Joint Health and Wellbeing Strategy, which outlines the shared priorities for collective action.

The SEND Code of Practice (2015) emphasises the importance of linking population needs with what is commissioned for children and young people with Special Educational Needs and Disabilities (SEND).

This JSNA deep dive looks specifically at Wolverhampton's SEND population aged 0–25. It draws on a wide range of evidence from Council data and partner organisations to help build a clear picture of the needs, challenges and opportunities facing local children and young people with SEND and their families.

What is SEND?

A child or young person has Special Educational Needs (SEN) if they have a learning difficulty or disability that requires special educational provision. A child of compulsory school age, or a young person, is considered to have a learning difficulty or disability if they:
have significantly greater difficulty learning than most others of the same age, or
have a disability that prevents or restricts them from accessing the facilities typically available to others of the same age in mainstream schools or post-16 settings.

What is SEN Support?

Under the SEND Code of Practice (2015), SEN Support refers to the additional help provided to children and young people with SEN who do not have an Education, Health and Care Plan (EHCP).

The Code promotes a graduated approach to identifying and meeting needs. In Wolverhampton, schools follow local guidance that sets out how they should assess, plan, deliver and review support for pupils with SEN as part of this graduated approach.

What is an Education, Health and Care Plan (EHCP)?

An EHCP is a statutory document that details the education, health and social care support required by a child or young person with SEND. It ensures that they receive the tailored help needed to learn, progress and prepare for adulthood. An EHCP includes:

- The views, aspirations and interests of the child or young person and their family.
- Their special educational needs, along with any related health or social care needs.
- The outcomes being worked towards.
- The specific educational, health and social care provision required.
- The name and type of education setting (such as a school or college) where the support will be delivered.

National Strategic Context

The national strategic context for Special Educational Needs and Disabilities (SEND) in England is driven by the government's SEND and Alternative Provision (AP) Improvement Plan and the ongoing development of National Standards, aiming to create a system that is child-centred, financially sustainable, and focused on early intervention.

Key Strategic Drivers and Context

The current strategic framework is a response to widespread recognition that the previous system was inconsistent, financially unsustainable for many local authorities, and often left parents feeling unheard and forced to 'fight' for support.

Core Legislation: The framework operates under the Children and Families Act 2014 and the associated SEND Code of Practice: 0 to 25 years. This legislation requires local authorities, education settings, and health and social care partners to collaborate to support children and young people with SEND from birth to age 25.

The Improvement Plan: Published in March 2023, the plan aims to deliver 'Right Support, Right Place, Right Time' through a reformed system. Key missions include fulfilling children's potential, building parents' trust, and ensuring financial sustainability.

National Standards: The government is currently developing and testing National Standards across education, health, and care. These standards aim to provide a consistent experience for families, regardless of where they live, a significant change from the previous 'postcode lottery'. The upcoming Schools White Paper in 2026 is expected to set out the government's plans in further detail.

Early Identification and Intervention: A major focus is on identifying needs as early as possible (including in the early years foundation stage) to provide timely support and reduce the need for

more costly, later-stage interventions. This includes strengthening health visiting services and family hubs.

Inclusive Education: The strategy emphasises building the capabilities of mainstream schools to support more children with SEND in their local communities, which includes investment in creating new specialist places within mainstream settings and providing professional development for the workforce.

Co-production: A central tenet of the reforms is 'co-production,' which involves working with children, young people, and their parents/carers as equal partners in decision-making and service design. The government launched a public engagement campaign in December 2025 to gather further input from families across the country.

Current Challenges

Despite the strategic vision, the system continues to face challenges, including a rise in the number of pupils identified with SEND, significant financial pressures and deficits within local authority high needs budgets, and concerns regarding the consistency and quality of EHC plans.
NHS England also plays a key role in the health aspects of the strategy, working with Integrated Care Boards (ICBs) to ensure high-quality, accessible healthcare and to address wider determinants of health for children and young people with SEND.

Local Strategic Context

Wolverhampton's local area approach to SEND is grounded in a clear strategy and strong governance:

Vision and Priorities: The SEND & Inclusion Strategy 2024–2027 articulates a vision of an 'inclusive city' where children and young people with SEND lead a good quality 'ordinary life' and achieve their full potential, supported from early identification through to adulthood. The strategy was co-produced with stakeholders – including parents (Voice4Parents forum) and young people – and aligns with the national SEND and AP Improvement Plan 2023. It identifies five key priority areas with associated outcomes and actions to improve inclusion, as summarised below:

Table 1: Wolverhampton SEND & Inclusion Strategy – Priorities and Intended Outcomes (2024–2027)

Priority (from 2024–27 Strategy)	Key Outcome Goals (Example Targets)
1. A System Underpinned by National Standards – Strengthen inclusive practice in every setting.	*Timely identification and intervention:* Children and young people receive the right help at the right time

	(needs identified early and appropriate support in place)[1].
2. Successful Transitions & Preparation for Adulthood – Support smooth progression through education and beyond.	*Better life outcomes:* Young people are well prepared for their next steps (education, employment, independence) and *"valued, visible and included"* in their communities[2].
3. Skilled Workforce & Excellent Leadership – Develop a united, highly-trained multi-agency workforce.	*Strong leadership & practice:* Leaders champion SEND and work closely with families; professionals have consistent skills and a shared training offer to deliver high-quality support across education, health, and care[3] [4].
4. Strengthened Accountabilities & Clear Routes of Redress – Use data and feedback to drive improvement.	*Robust evaluation & involvement:* Needs are accurately identified and assessed on time, families are involved in decisions, and leaders share an accurate understanding of local needs to improve services[5]. Clear pathways exist for complaints or appeals when needed.
5. Financially Sustainable System Delivering Improved Outcomes – Achieve Best Value and sufficiency.	*Sustainable services:* Resources are used effectively through joint commissioning and planning, reducing reliance on high-cost placements (more local capacity)[6], so that funding pressures do not compromise support quality.

Governance and Partnership: The Wolverhampton SEND & Inclusion Partnership Board provides strategic oversight. It comprises senior leaders from all key partners – the City Council (education, children's services, adult social care), health authorities (Black Country Integrated Care Board, NHS Trusts), education settings, the voluntary sector, as well as parent carer and youth representatives. This multi-agency board meets regularly to review progress and drive the shared action plan, reporting into the Children and Families Together Board for city-wide accountability. In late 2024, a Department for Education monitoring review noted Wolverhampton's 'strong and effective strategic

[1] https://www.localofferwolves.co.uk/sites/default/files/2025-01/send_inclusion_strategy_2024-27.pdf

[2] https://www.localofferwolves.co.uk/sites/default/files/2025-01/send_inclusion_strategy_2024-27.pdf

[3] https://www.localofferwolves.co.uk/sites/default/files/2025-01/send_inclusion_strategy_2024-27.pdf

[4] https://www.localofferwolves.co.uk/sites/default/files/2025-01/send_inclusion_strategy_2024-27.pdf

[5] https://www.localofferwolves.co.uk/sites/default/files/2025-01/send_inclusion_strategy_2024-27.pdf

[6] https://www.localofferwolves.co.uk/sites/default/files/2025-01/send_inclusion_strategy_2024-27.pdf

partnership' with robust leadership and engagement – including a strong Parent Carer Forum and strong young people's voice – demonstrating significant improvement since the 2021 SEND inspection. All partners are committed to the Co-production Charter principles (trust, equal partnership, transparency) that ensure families and young people are at the heart of governance and service design.

Local Policy Alignment: Wolverhampton's strategies and policies align with national SEND reforms (Children and Families Act 2014, SEND Code of Practice) and regional initiatives. For example, the city is participating in the Families First for Children Pathfinder, which is reforming family help and early support for children with disabilities, and the PINS (Partnership for Inclusion of Neurodiversity in Schools) project to improve outcomes for neurodivergent pupils in mainstream schools. These tie into local priorities of early intervention and inclusive practice.

About Wolverhampton

Wolverhampton's population — now estimated at about 281,250 (mid-2024 estimate) — continues to grow and evolve. The city remains ethnically and culturally diverse: Census 2021 data shows roughly 60.6% of residents identify as White, 30.5% as Black or Asian, and 8.9% as Mixed or Other ethnicities. Wolverhampton's age profile is younger than the national average, though the number of people aged 65 and over is growing. According to the 2021 Census, 79.2% of residents rated their health as 'very good' or 'good' — an increase from 38.7% in 2011 — while those reporting 'bad' or 'very bad' health dropped to 7.0% (5.4% and 1.6%, respectively).
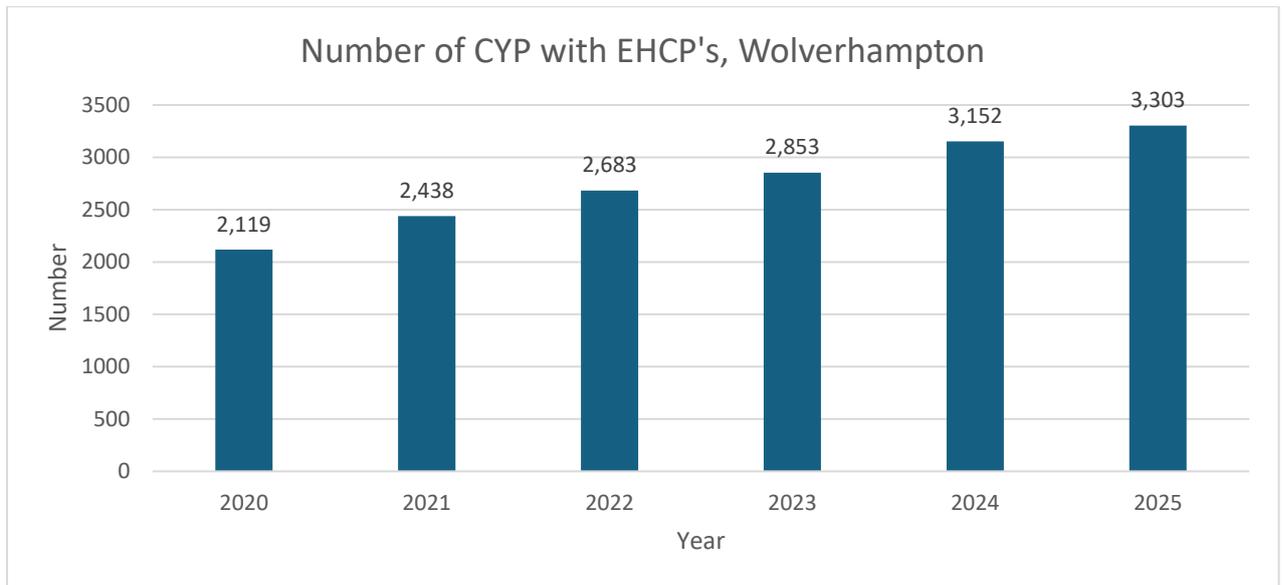
Despite these strengths, Wolverhampton faces serious health and wellbeing inequalities. The city ranks as the 24th most deprived local authority in England, reflecting high levels of socio-economic disadvantage across many neighbourhoods. In 2023/24, about 35.7% of children lived in relative low income households — significantly higher than the national average of 22.1%. Economic inactivity remains a challenge: for the 2023/24 financial year, around 30.3% of working-age residents (16–64) in Wolverhampton were economically inactive — higher than regional and national averages. These socio-economic pressures contribute to poorer health outcomes: average life expectancy and healthy life expectancy in Wolverhampton remain below national and regional averages.

In response, local institutions are working together to narrow these gaps. The health and wellbeing partnership OneWolverhampton — including City of Wolverhampton Council, Black Country Integrated Care Board (ICB), NHS trusts, voluntary organisations and community groups — leads collaborative efforts to improve health and wellbeing city-wide. OneWolverhampton works alongside the Health and Wellbeing Together (HWBT) Board. The HWBT's current joint plan, the Wolverhampton Joint Local Health & Wellbeing Strategy 2023–2028 (JLHWS), sets out priorities across the life course — from early childhood and youth ('Starting and Growing Well') through to adulthood — including boosting physical activity, reducing harm from addiction, and improving access to care.

Further, the city's public-health approach has shifted toward preventing illness and improving quality of life — not just treating illness. The Council and its partners emphasise tackling the wider social determinants of health: better housing, employment, education, community safety, and access to green spaces, as well as promoting healthier lifestyles. Wolverhampton's public health vision aims to

raise healthy life expectancy significantly by 2030, while narrowing the gap in health outcomes between more and less deprived communities.

Overview of SEND population

Number of CYP with EHCP's, Wolverhampton

(Bar chart — Number vs Year)

- 2020: 2,119
- 2021: 2,438
- 2022: 2,683
- 2023: 2,853
- 2024: 3,152
- 2025: 3,303

The chart above shows the number of EHCPs as recorded each December between 2020 and 2025. The chart demonstrates that EHCP numbers have increased annually over the 6-year period. The data states that 2025 has the highest value of EHCPs in comparison to previous years, with a provisional figure of 3,303. In comparison to 2024, there had been a 4.9% increase in the number of EHCP's, and in 2025 there is approximately 348 EHCPs per 10,000 people in the population.

Proportion of pupils with SEN Support and EHCP's

(Line chart — Wolverhampton, West Midlands, England)

Wolverhampton values: 2.6% (2016), 2.6% (2017), 2.7% (2018), 3.0% (2019), 3.1% (2020), 3.5% (2021), 3.8% (2022), 4.1% (2023), 4.4% (2024), 4.8% (2025)

Legend: Wolverhampton, West Midlands, England
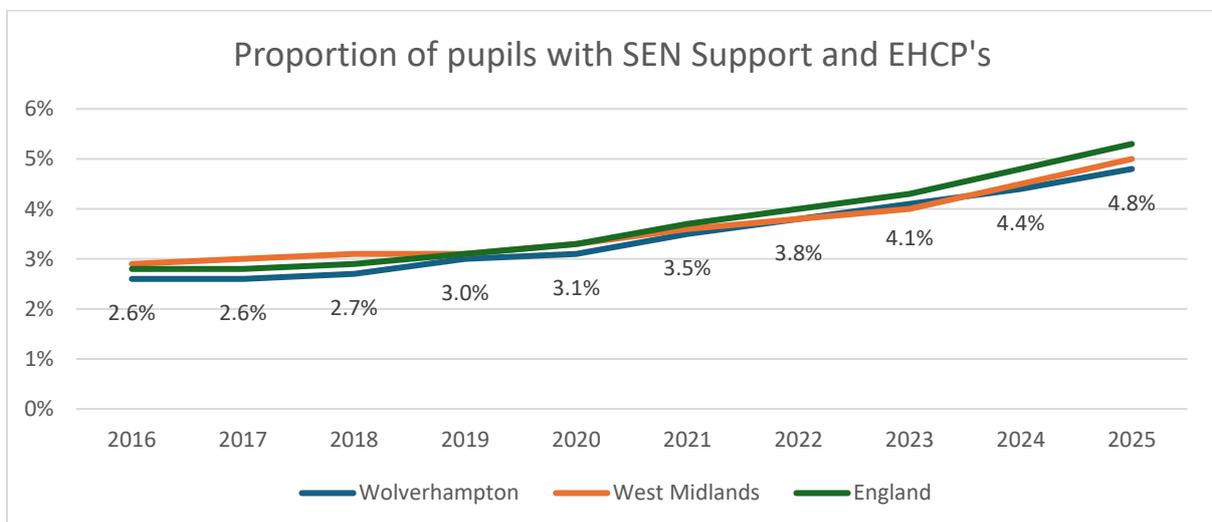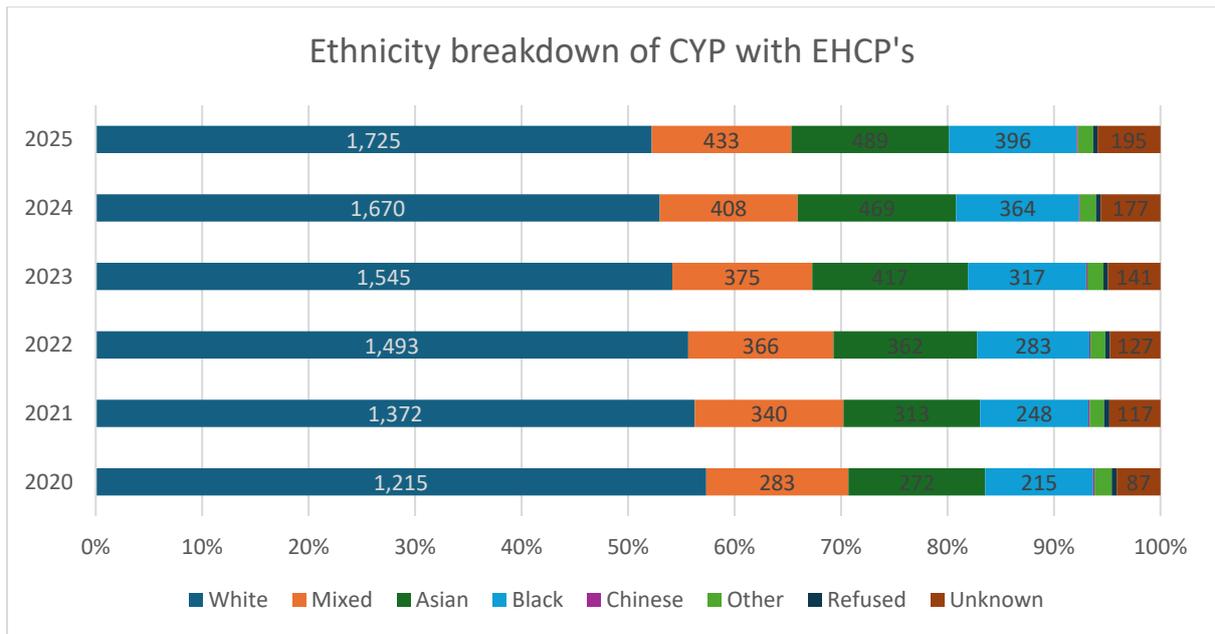
The proportion of pupils with an EHCP has also increased consistently in Wolverhampton between 2016-2025, from 2.6% in 2016 to 4.8% in 2025. This increase has been in-line with the increases seen regionally and nationally, although Wolverhampton's figure in 2025 is slightly lower than both the regional and national figures, at 5.0% and 5.3%, respectively.
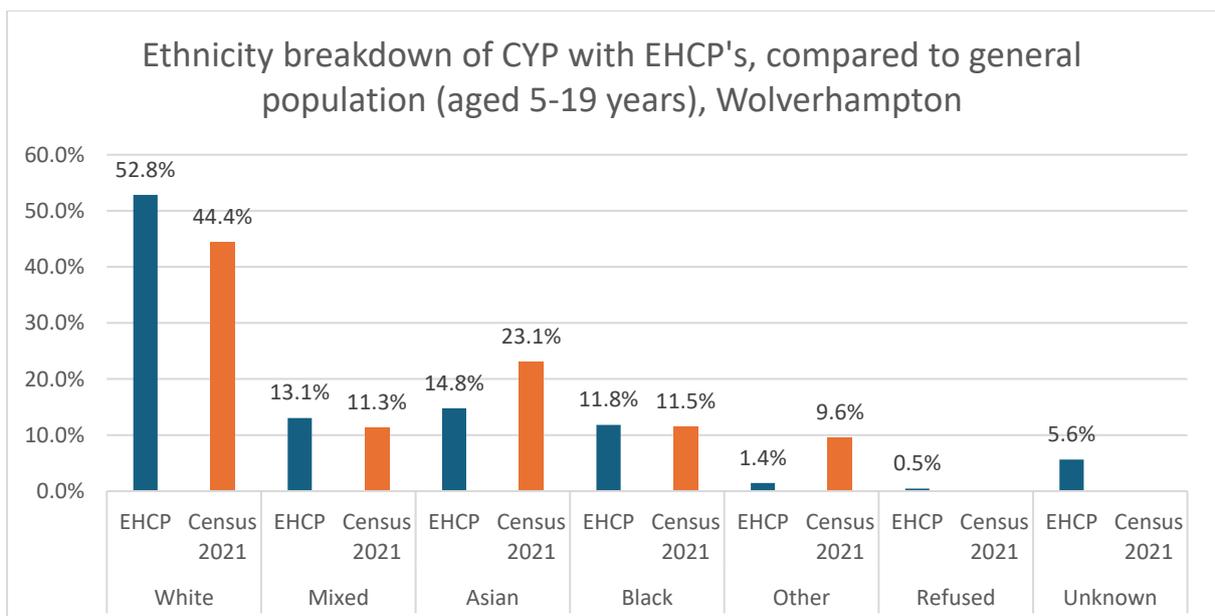
Type of school and SEN support

In 2025, in comparison to other school types, pupil referral units (PRU) had the highest proportion of SEN support. This is a common trend across the 6 years of analysis, with pupils at PRUs receiving the highest proportion of SEN support in comparison to nurseries, primary, secondary and special schools. The secondary school with the highest proportion of SEN support had a figure of 44.01%, with 371 children receiving support. In 2025, the data also states that the nursery with the highest proportion of SEN support had a figure of 39.06%, with 50 children receiving support. The primary school with the highest proportion of SEN support had a figure of 25%, with 60 children receiving support.
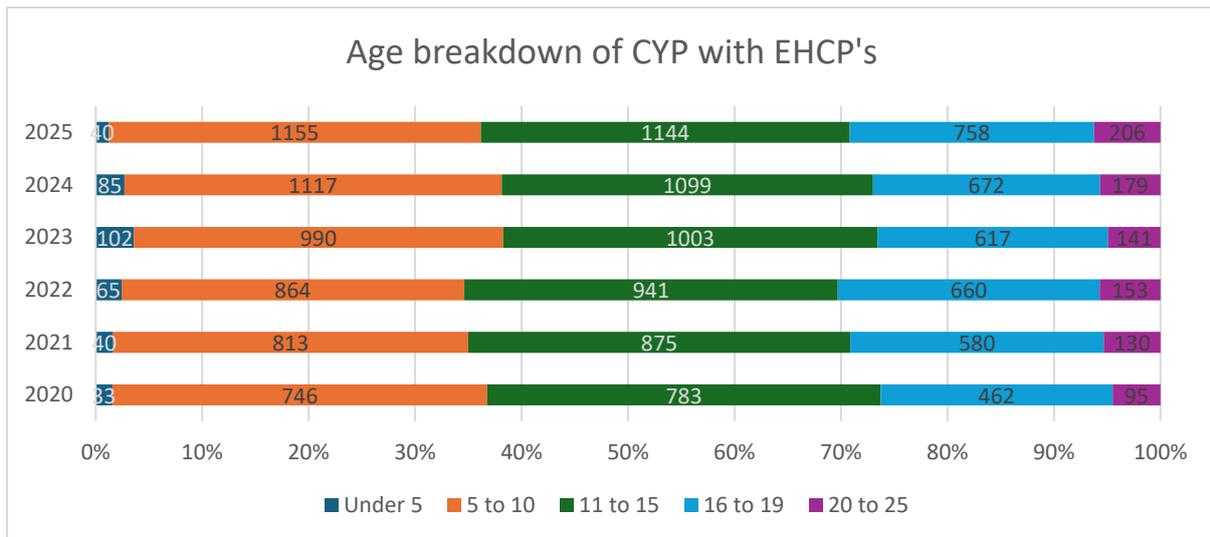
The chart above shows that in 2025, the age group displaying the most children with recognised SEND needs were the 5-10 age category, accounting for 1,155 children. This is then closely followed by children aged 11-15 with 1,144 children. After this category are the young people aged 16-19, then 20-25 and finally under 5s which have been the smallest quantity throughout the years. In comparison to 2024, the data is largely similar, with the 5-10 age category having the highest figure of children with recognised SEND needs.

Ethnicity breakdown of CYP with EHCP's

Year	White	Mixed	Asian	Black	Unknown
2025	1,725	433	489	396	195
2024	1,670	408	469	364	177
2023	1,545	375	417	317	141
2022	1,493	366	362	283	127
2021	1,372	340	313	248	117
2020	1,215	283	272	215	87

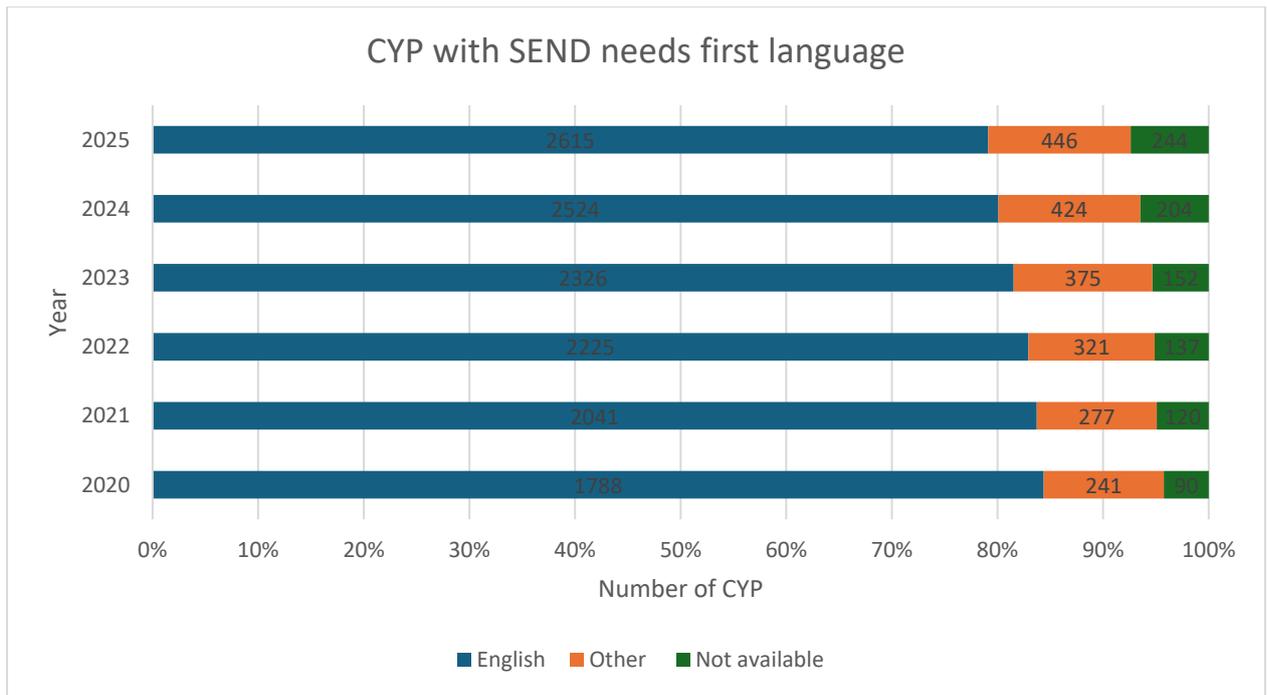Legend: White, Mixed, Asian, Black, Chinese, Other, Refused, Unknown

In 2025, the data states that the white ethnic group has the most children with recognised SEND needs. This has been consistent throughout the 6-year span. In 2025, there were 1,726 pupils, which is more than triple the Asian ethnic group which are the second highest ethnic group of children with recognised SEND needs. In 2025, following the white ethnic group is the Asian ethnic group with 489 pupils, then the mixed ethnic group with 433 pupils, then the black ethnic group with 394 pupils. The smallest quantities in 2025 and throughout by ethnic group were the 'unknown' category with 195 pupils and the 'other' category, with 47 pupils. The proportion of pupils from a white ethnic group with recognised SEND needs has progressively decreased annually, from 2020-2025, from 57.34% to 52.27%.

Ethnicity breakdown of CYP with EHCP's, compared to general population (aged 5-19 years), Wolverhampton

Ethnicity	EHCP	Census 2021
White	52.8%	44.4%
Mixed	13.1%	11.3%
Asian	14.8%	23.1%
Black	11.8%	11.5%
Other	1.4%	9.6%
Refused	0.5%	
Unknown	5.6%	

The chart above compares the ethnicity breakdown of 5-19 year olds with an EHCP, compared to the ethnicity breakdown of 5-19 year olds in the general population in Wolverhampton. This chart suggests that there is an over-representation of 5-19 year olds from a White ethnic background with an EHCP, with 52.8% with an EHCP, compared to 44.4% in the general population. The chart also suggests that there may be an under-representation of 5-19 year olds from an Asian ethnic background with an EHCP, with 14.8% with an EHCP, compared to 23.1% in the general population.
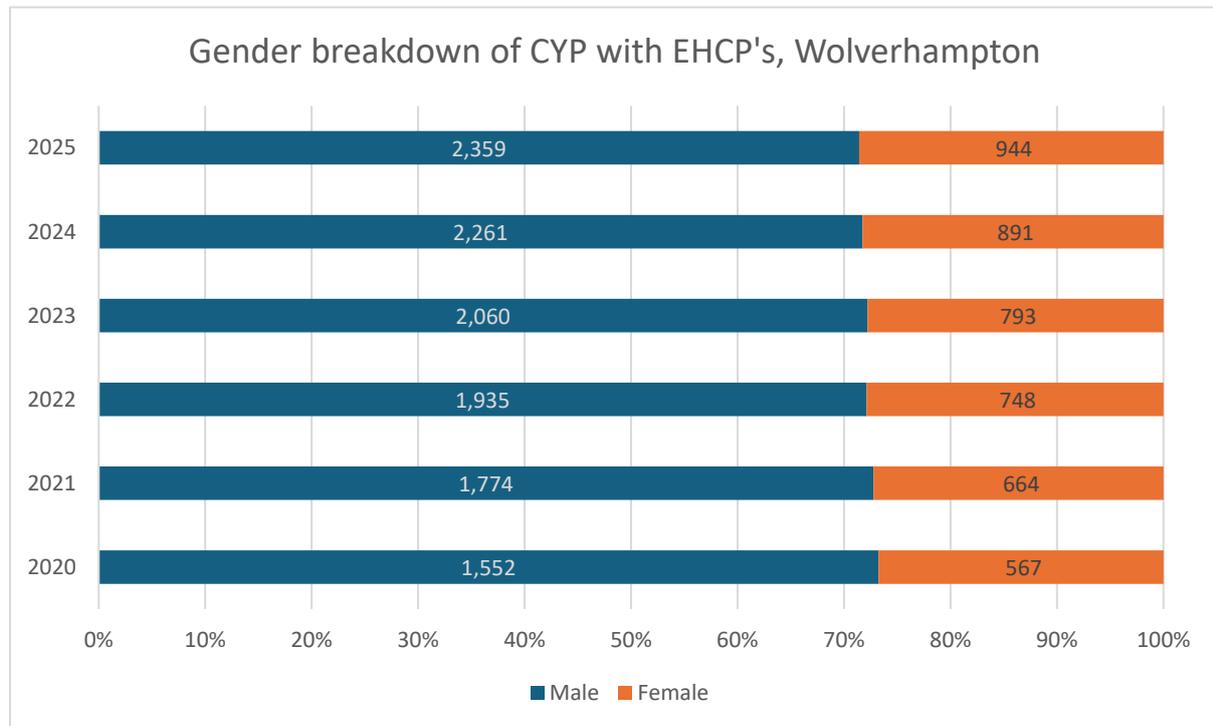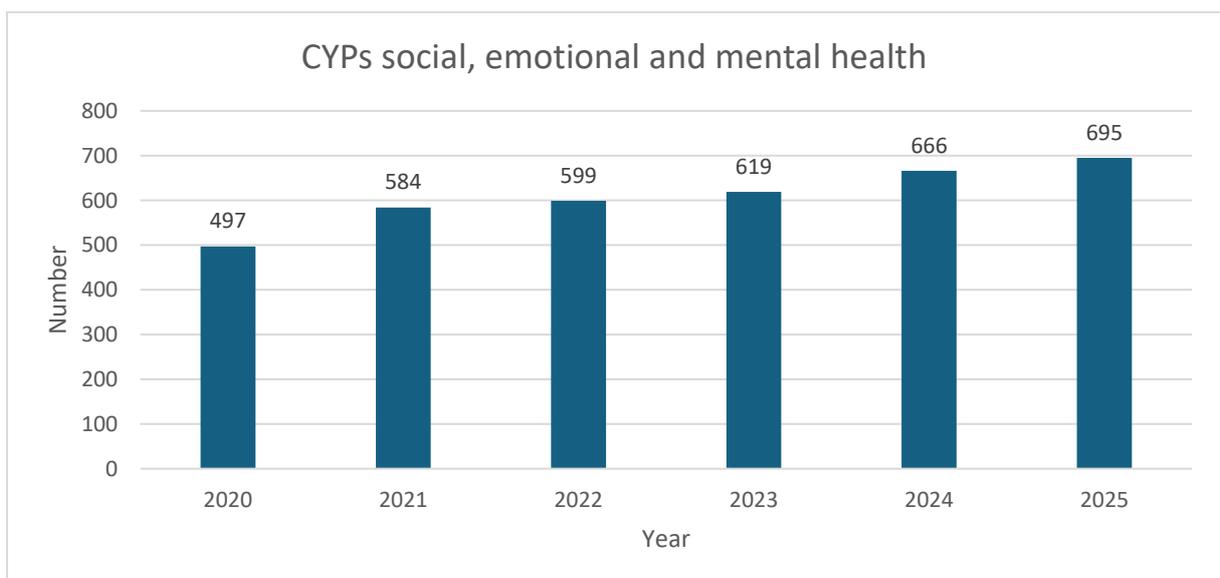

In 2025, the chart above states that: 2,359 males were recognised as having SEND needs in comparison to 944 females. Throughout the 6-year time span the number of males recognised as having SEND needs has consistently been more than double the number of females. In addition, the proportion of females displaying SEND traits has increased gradually from 26.8% in 2020 to 28.6% in 2025.

CYP with SEND needs first language

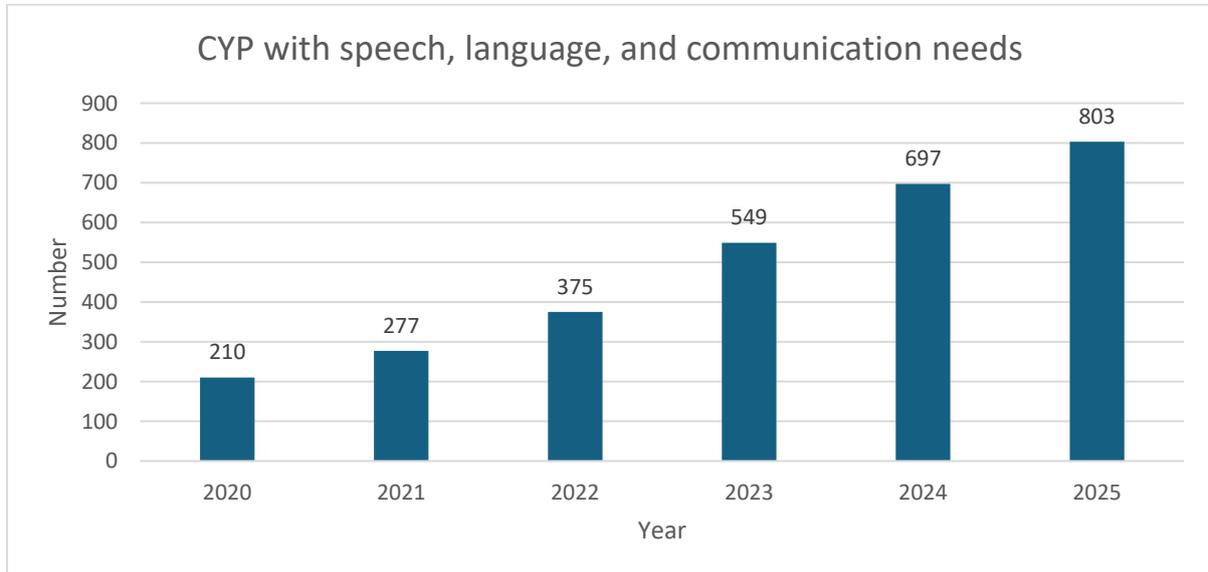| Year	English	Other	Not available
2025	2615	446	244
2024	2524	424	204
2023	2326	375	152
2022	2225	321	137
2021	2041	277	120
2020	1788	241	90

In 2025, the chart above states that 2,615 children with SEND needs whose first language was English, accounting for 79.1% of all pupils, and was consistently the dominant first language across the 6-year time period. In 2024, the proportion of pupils with SEND needs whose first language is English was 80.1%, showcasing a 1% decrease between 2024-2025. Following English is the 'Other' category, which accounted for 13.5% of pupils in 2025 and 2024 and the 'Not available' category had the lowest figures throughout the 6-year period.
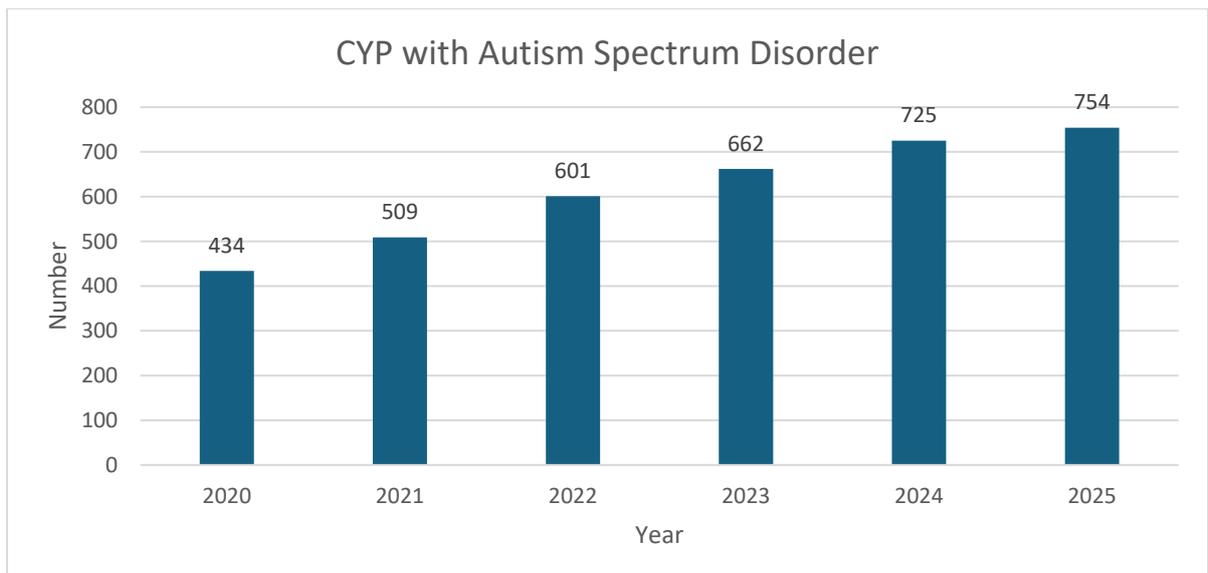
Primary SEND Need

CYPs social, emotional and mental health

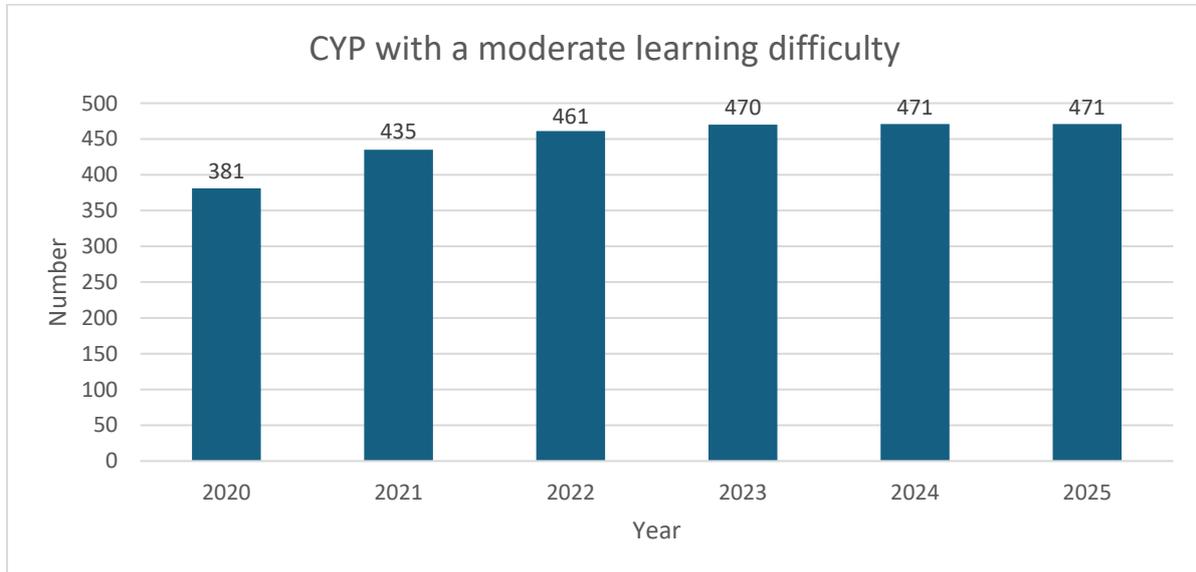| Year	Number
2020	497
2021	584
2022	599
2023	619
2024	666
2025	695

In 2025, the chart above states that there are 695 pupils with SEND needs who have social, emotional and mental health primary needs, which is the highest across the 6-year time period. In 2020 the figure was at its lower at 497 pupils, therefore over the 6 year time-period there has been an increase of 40%.

CYP with speech, language, and communication needs

A bar chart titled "CYP with speech, language, and communication needs" showing Number on the y-axis (0 to 900) and Year on the x-axis. Values: 2020 = 210, 2021 = 277, 2022 = 375, 2023 = 549, 2024 = 697, 2025 = 803.

In 2025, chart above states that 803 children with SEND needs had a speech, language and communication primary need, this is an increase of 15.2% from the previous year. Furthermore, there has been a continuous increase of pupils with speech, language and communication as their primary need, with numbers almost quadrupling over the 6 year time-period. Overall, speech, language and communication are the highest primary need across all categories for children with SEND needs in 2025.

CYP with Autism Spectrum Disorder

A bar chart titled "CYP with Autism Spectrum Disorder" showing Number on the y-axis (0 to 800) and Year on the x-axis. Values: 2020 = 434, 2021 = 509, 2022 = 601, 2023 = 662, 2024 = 725, 2025 = 754.

In 2025, the chart above states that there were 753 pupils with SEND needs with autism spectrum disorder being the primary need, which is the second highest of all primary needs. From 2020 to 2025 there had been a 73.7% increase in the number of pupils with SEND needs with autism spectrum disorder as the primary need.

CYP with a moderate learning difficulty

Year	Number
2020	381
2021	435
2022	461
2023	470
2024	471
2025	471

In 2025, the chart above states that 471 children with SEND needs had moderate learning difficulty as their primary need. This figure had remained stable between 2022 and 2025, but saw an increase of 20.9% since 2020.

CYP with a severe learning difficulty

Year	Number
2020	373
2021	373
2022	357
2023	334
2024	326
2025	305
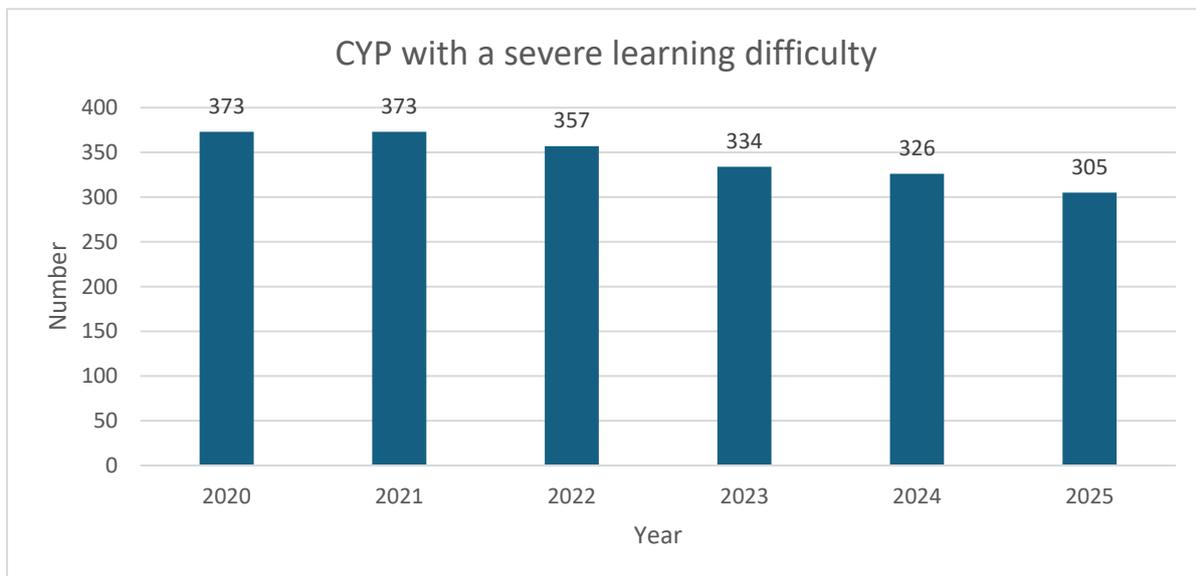
In 2025, the chart above states 305 pupils with SEND needs had severe learning difficulty as their primary need. This figure has decreased consistently in the 5 years between 2021 and 2025, with a percentage decrease of 18.2%.

In 2025, data states that 129 children with SEND needs displayed a physical disability as their primary need. This is a slight decrease from the previous year as there were 132 children with SEND needs with this disability, showcasing a 2.27% decrease. This figure was the highest in 2022, when a figure of 139 pupils was recorded, and the lowest figure of 115 pupils was seen in 2020. Overall, across the 6 year time-period there has been a 12.2% increase.

In 2025, the data states that 37 children with SEND needs had hearing impairment as their primary need. Between 2020 and 2025 there was a 19.4% increase with 2024 and 2025 accounting for the highest figures.

In 2025, the data states that 24 children with SEND needs had vision impairment as their primary need. This is a slight decrease from the previous year, in 2024 the figure was 26. The smallest number of children with SEND needs with this primary need was in 2025, and across the 6-year time-period from 2020 to 2025 there has been a 17.2% decrease.
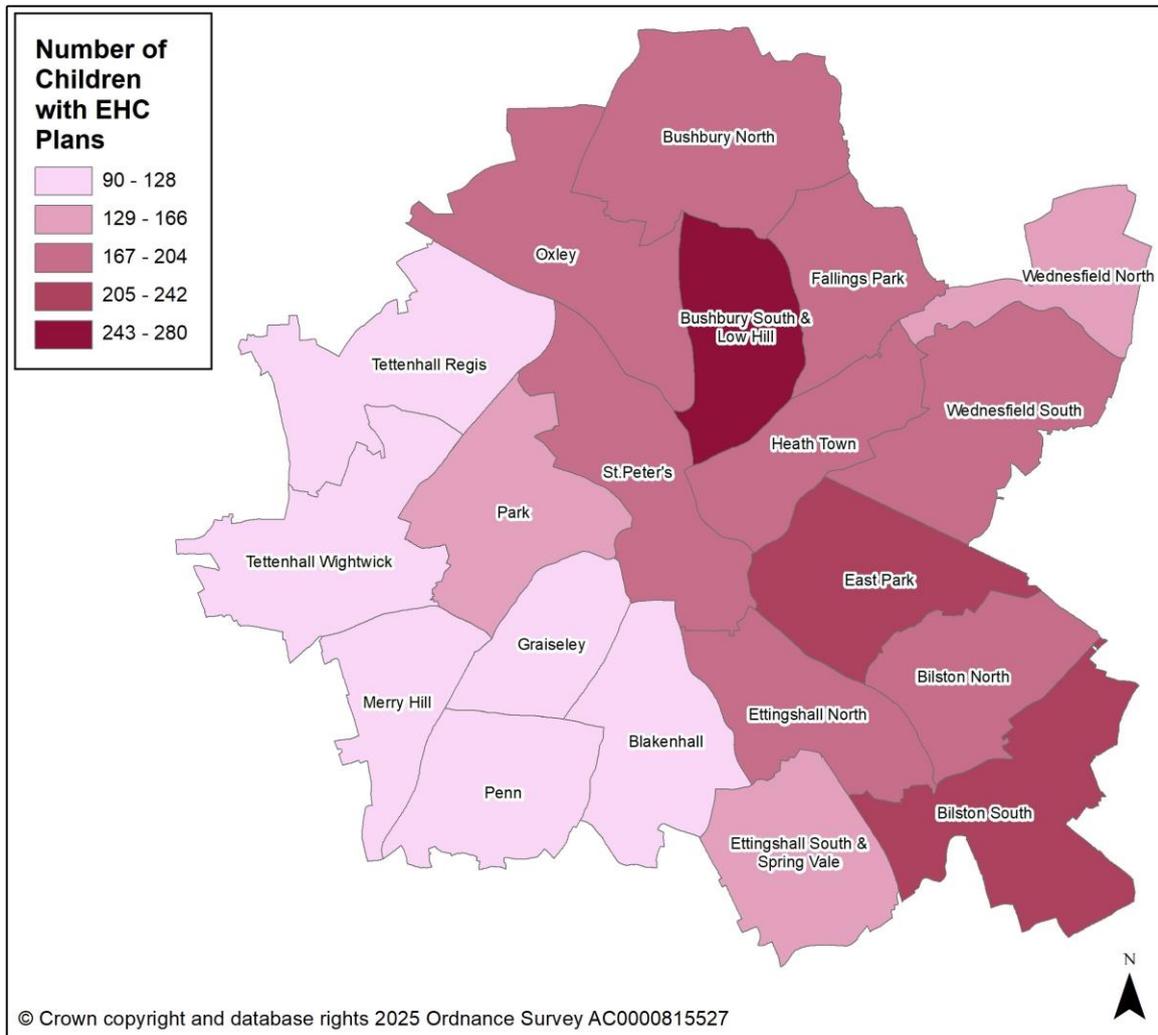
In 2025, the data states that 25 children with SEND needs had profound and multiple learning difficulties as their primary need, this is a slight decrease from the previous year, as in 2024 the figure was 26. The highest figures were seen in 2021 and 2023, with 27 pupils having this primary need.

In 2025, the data states 27 children with SEND needs had down syndrome, being the maximum value that has been maintained since the previous year. Since 2020 this figure has gradually increased over the 6-year time span of analysis conducted, this is evident as in 2020 the minimum value was noted at 16, reaching the maximum value of 27 in 2024/2025 and across the 6 years of analysis there was a 68.8% increase.

Geographical variation
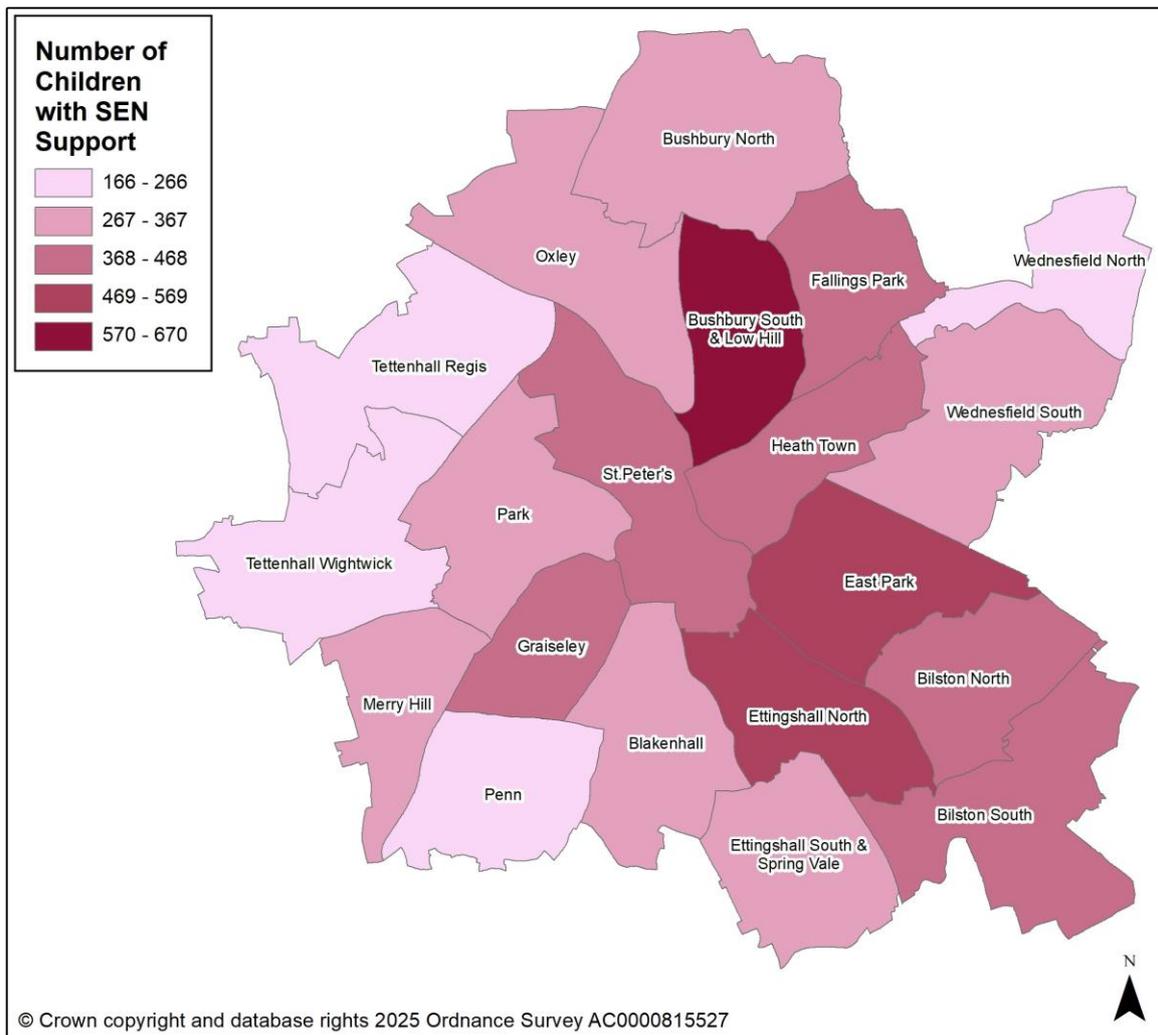
In Wolverhampton, the ward with the highest number of children and young people receiving SEN Support is Bushbury South and Low Hill, followed by East Park and Ettingshall North. Lower numbers are seen in the more affluent areas of the City, such as Penn, Tettenhall Regis and Tettenhall Wightwick. Overall, numbers are higher in the central and south-east areas of the City.

Number of Children with EHC Plans

- 90 - 128
- 129 - 166
- 167 - 204
- 205 - 242
- 243 - 280

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In regard to children with EHCP's, there is a geographical trend that shows that the central and eastern parts of the city have higher numbers, compared to the western parts of the city. Bushbury South & Low Hill has the highest number of children and young people with EHCP's, followed by East Park and Bilston South. The wards of Blakenhall, Graisley, Penn, Merry Hill, Tettenhall Regis and Tettenhall Wightwick all have under 128 children and young people with EHCP's.

Needs and challenges

Year	Number of SEN Supported Pupils	Number of EHCP's the following Year	Conversion Rate
2019	6,477	195	3.01%
2020	6,760	272	4.02%
2021	6,749	243	3.60%
2022	6,713	241	3.59%
2023	6,850	245	3.58%
2024	7,071	264	3.73%

The conversion rate between children that receive SEN support and the number of EHCPs (education, health and care plans) has varied between 3.01% and 4.02% over the 6 year time period from 2019-2024. The proportion of children who converted from receiving SEN support to receiving EHCPs was 3.01% in 2019, in comparison to 2024 where it rose to 3.73%.

EHCNA requests and completions

In 2020, there were 308 initial assessment requests for EHCNA and with 254 resulting in EHCP's, presenting a proportion of 82.5% of requests resulting in EHCP's. Over the following 5 years, the number of requests for EHCNA's increased to 623 in 2025. The number of requests that resulted in EHCP's, also increased to 413 in 2024 (the final figure of requests resulting in EHCP's for 2025 is yet unavailable). The figures for 2024, equate to a proportion of 72.5% of requests resulting in EHCP's.

Outcomes for children with SEND needs

Youth Justice System

As of December 2025, there were 95 children are engaging with YJS (based on open interventions), 21 (22.1%) of whom have SEN needs and a further 20 (21.1%) have an EHCP, totalling 41 children (43.2%) with some form of SEN need.

SEN cohorts have a higher proportion of males compared to the overall YJS cohort, with 85.4% of those with some form of SEN need being male, compared to 76.8% of all CYP with open interventions.

SEN cohorts are slightly more ethnically diverse, with slightly higher proportions of Mixed and Black ethnicities. Of CYP's engaging with the YJS with some form of SEN need, around 56% are from an ethnic minority background, which is slightly higher than the 51.1% of all CYP's engaging with the YJS, from an ethnic minority background.

SEN cohorts have greater involvement with social care, especially children in care (CaYPIC). With 19.5% of those engaged with the YJS and SEN needs being in care, compared to 11.6% of all CYP engaged with the YJS being in care.

Education, Employment and Training

In Wolverhampton, in 2025 around 89.6% of 16–17-year-olds with Special Educational Needs (SEN) were in some form of education and training, which was slightly higher compared to national and regional figures, at 87.4% and 88.0%, respectively. Since 2018, Wolverhampton figure has been lower than the national average, apart from in 2022 and 2025. The proportion of 16-17 year olds in education and training without SEN needs was 95.5% in 2025, which is slightly higher than the regional and national figures, both 92%.

Level 2 Qualifications

The proportion of 19 year olds in Wolverhampton qualified to Level 2 (5 level 4-9 GCSE's, or equivalent) with SEN Support was 58.4% in 2024, which was lower than regional and national figures, 63.8% and 64.9%, respectively. The proportion of 19 year olds in Wolverhampton qualified to Level 2 (5 level 4-9 GCSE's, or equivalent) with an EHCP was 18.2% in 2024, which was lower than regional and national figures, 26.3% and 29.8%, respectively. In comparison the proportion of 19 year olds in Wolverhampton qualified to Level 2 (5 level 4-9 GCSE's, or equivalent) without any SEN needs was 86.5% in 2024, which was also slightly lower than regional and national figures, 87.3% and 88.5%, respectively. Similar trends were seen for Level 3 qualifications, which equates to an achievement of 2 or more A-levels or equivalent size vocational qualifications, when comparing with comparators and between the levels of SEN needs.

Attainment 8 score for pupils with EHCPs

An attainment eight score measures are the average achievement of pupils across 8 key GCSE qualifications, including English language, English literature and Mathematics. This score indicates the final grades achieved, and each point corresponds to a specific grade, with a grade 9 scoring 9 points and grade 1 scoring 1 point, overall helping schools assess overall student achievement.

In 2025, (provisionally, as the year is not over) pupils in Wolverhampton with SEN Statement/EHCPs had an attainment 8 score of 12.3, lower than comparators as pupils with EHCPs in the West Midlands had an average score of 13.3, statistical neighbours had a score of 12.9, England 14.8. The average attainment 8 score for Wolverhampton has varied between a high of 13.5 and a low of 10.8, in the 5 year period between 2021 and 2025, showing no notable trend. In comparison, the West Midlands figures have varied between 12.2 and 14.2 over the same period and the England figures varied between 15.7 and 14.0 over the same period.

This compares to the attainment 8 score of pupils with no identified SEN as in 2025, pupils in Wolverhampton with no identified SEN had an average attainment 8 score of 48.7, almost quadruple the score of pupils with EHCPs in Wolverhampton. The average attainment 8

score for pupils in Wolverhampton with no identified SEN was greater than the West Midlands who scored 48.5, and statistical neighbours who scored 46.2. However, the England average attainment 8 score for pupils with no identified SEN was higher, with a score of 50.1. Over the past 5 years, the attainment 8 scores for pupils in Wolverhampton with no identified SEN varied between 54.6 and 48.3.

Overall, in 2025 pupils in Wolverhampton with no identified SEN had an attainment 8 score closer to the standard of pupils across England and scored high than other comparators. In comparison, pupils in Wolverhampton with EHCPs underperform all comparators, scoring the lowest attainment 8 score versus the West Midlands, statistical neighbours and England.

Financial and System Challenges

Despite clear strategic priorities, Wolverhampton faces a number of needs and systemic challenges as identified in its self-evaluation framework (SEF):

High Needs Funding Pressures and DSG Deficit: A critical challenge is the financial pressure on the High Needs Block (HNB) of the Dedicated Schools Grant. The High Needs Block is a specific funding stream within the UK's Dedicated Schools Grant (DSG), allocated by the government to local authorities to provide extra support for children and young people (up to age 25) with complex or severe Special Educational Needs and Disabilities (SEND). This funding covers costs for Education, Health and Care Plans (EHCPs), specialist placements, and other intensive provisions, aiming to bridge the funding gap for vulnerable students. Wolverhampton has experienced rapid growth in demand for SEND services – evidenced by rising Education, Health and Care Plans (EHCPs) and increased complexity of needs – which has outpaced funding increases.

The HNB allocation for 2024–25 was £49.9 million, but forecast expenditure is around £55.9 million, leading to an in-year overspend of £5.8 million. By 2025–26, the HNB allocation is provisionally £54.3 million (a 9% increase) while projected needs are £61.2 million, implying a £6.9 million in-year shortfall and a cumulative deficit of about £12.5 million when factoring the prior overspend. The overspend is largely driven by increased EHCP numbers (more children requiring top-up funding in mainstream and special schools) and costly out-of-city placements for complex needs – spending on independent specialist placements jumped 38% in one year. For instance, four independent school placements cost £55k–£74k per pupil annually. Top-up funding to schools also rose 10% due to both higher numbers and greater complexity of children's needs. These funding pressures have resulted in a DSG High Needs deficit that the local area must manage closely to avoid impacting support quality.

In response, Wolverhampton has developed a financial mitigation plan. Key actions include: strengthening decision-making panels to ensure EHCPs are issued only when needs cannot be met with existing school resources (reducing unnecessary statutory plans); maximising

local provision (making sure the Local Offer of support is fully used and mainstream schools are inclusive, before considering costly specialist placements); and expanding in-city specialist capacity (opening new resource bases and specialist units, and planning additional special school places) to reduce reliance on external placements. The Council is also developing an Independent Specialist Education Placement (ISEP) framework to negotiate better value and clear cost standards with independent providers. These steps, alongside pursuing any available central government support, aim to restore financial sustainability while meeting rising needs.

Early Intervention and Prevention Gaps: Wolverhampton's self-evaluation highlights some gaps in early identification and early help for children with SEND. While there is effective use of the Graduated Approach in many schools (graduated SEN support before EHCP), and strong early years provision, previous JSNA's have indicated that not all families receive help early enough. For example, stakeholders noted the need for a more robust early help SEND offer – which is now being addressed through the Families First Pathfinder by creating a SEND Family Help Service. This new service extends support to children with lower-level or emerging needs, focusing on early intervention and a 'tell it once' multi-agency approach so families can access coordinated help without lengthy waits. Additionally, Family Hubs are being developed as SEND hubs of excellence to provide drop-in advice and early support in the community.

However, challenges remain in certain areas: improving the Disability Register uptake (to better plan services), addressing therapy waiting lists (e.g. Speech & Language Therapy for preschoolers, where capacity is being expanded), and ensuring neurodevelopmental pathways (like autism diagnostic routes) are faster and clearer. The local area has convened multi-agency task groups to map out these pathway gaps (e.g., a thorough review of the ASD pathway was conducted with parents' input). In summary, early identification and prevention is a priority area for development – the aim is to intervene sooner to reduce escalation of needs (and future EHCP demand) by bolstering universal and targeted support.

Workforce Capacity and Skills: Ensuring a skilled and sufficient workforce across education, health and care is an ongoing challenge. Wolverhampton benefits from many dedicated professionals, but capacity has been stretched by the increasing volume and complexity of SEND cases. Specialist services (for example, Educational Psychology, Speech and Language Therapy, CAMHS) have faced high demand, leading to pressure on waiting times and support delivery.

The local SEND & Inclusion Partnership Board's Self-Evaluation (2024) identified actions to address these issues: one is to identify current demand and capacity across services, to pinpoint bottlenecks and plan for expanding interventions where needed. Another is to increase the capacity of key services, such as recruiting more short breaks providers (and running provider forums for support) and adding specialist roles (like the Clinical Nurse Specialists that were recently put in place to aid health transitions). Training is also a focal point – the strategy calls for a shared training offer so that staff across schools, health and

social care have consistent skills and understanding (for instance, around ASD support, or around engaging families in co-production).

Workforce development initiatives include cross-agency SEND training sessions and spreading expertise from special schools and specialist teams out to mainstream settings (the 'one united workforce' approach). Leadership engagement is strong – leaders are expected to champion SEND inclusion and model co-production with families.

However, recruitment and retention, especially for specialist educators and therapists, remains competitive nationally. Wolverhampton is collaborating with regional partners (via the West Midlands Sector Led Improvement Programme) to share good practice and even explore shared approaches to alternative provision staffing. Building and maintaining a skilled, confident workforce is essential to meet needs: progress can be seen in some areas (for example, SENCOs are well-supported through a local network and training offer), but capacity shortfalls (like not enough autism specialists to meet diagnostic demand, or pressure on school staffing for inclusion) are noted as areas for improvement.

Service Provision and Support

Local Offer and Accessibility: Wolverhampton's Local Offer is the comprehensive guide to SEND services and support in the city, covering education, health, social care, community activities, and preparation for adulthood (for ages 0–25). In April 2025, a new dedicated Local Offer website was launched, reflecting a major effort to improve accessibility and user-friendliness.

This standalone platform (localofferwolves.co.uk) was developed in close collaboration with parents and young people, who provided feedback on design and content. The new site features simplified navigation, clearer language (less jargon), and an improved search function, making it easier for families to find information quickly about the services they need. It also includes an animated video explaining what the Local Offer is and integrates feedback channels.

The council has actively sought user feedback to continually refine the Local Offer – through online forms, workshops, and events – and publishes a 'You Said, We Did' report annually summarizing the improvements made in response. For example, users asked for better information on inclusive activities and navigation, so the team added a news page for upcoming events, created dedicated pages for parent/carer support and autism/ADHD resources, and fixed accessibility tools on the site. The Local Offer also signposts to regional and national resources and is linked with Wolverhampton's Family Hubs and the youth-oriented Yo! Wolves site for inclusive activities.

Recent accessibility audits have ensured the website meets standards (including an embedded Recite Me tool for text-to-speech and translation). In summary, Wolverhampton's Local Offer is increasingly comprehensive and accessible, providing a one-stop shop for SEND information. Ongoing promotion (via social media and newsletters) aims to raise awareness so that all families – including those without EHCPs – know where to find help. The Council's commitment is to keep the Local Offer current and responsive, as it is a core part of the SEND support infrastructure.

SEND IASS (Information, Advice and Support Service): The Wolverhampton Information, Advice and Support Service (IASS) – locally branded as WIASS – plays a vital role in empowering parents, carers, and young people. This statutory service is jointly commissioned by the City Council and the NHS Integrated Care Board , underlining the shared commitment to impartial advice. WIASS provides free, confidential advice on matters such as SEN rights and processes, EHC assessments and plans, school admissions and exclusions, health and social care support, and dispute resolution.

Trained IASS staff (independent of decision-making authorities) help families navigate the often-complex SEND system. They attend annual reviews or meetings on request, help parents prepare for appeals or tribunals, and signpost to specialist support (e.g. mediation services or legal advice). In Wolverhampton, WIASS has been highlighted as a strength of the local area – it is accessible and works in partnership with the Parent Carer Forum and the local authority to identify common issues families face. The joint commissioning means health partners are also invested in the service, which can advise on health-related SEND queries (for instance, therapy services or Continuing Care). By providing families with accurate information and advocacy, WIASS helps to ensure parents' voices are heard and can often resolve concerns before they escalate (contributing to relatively low numbers of formal complaints or tribunals in Wolverhampton).

The service also feeds back anonymised trends to the SEND Partnership Board, acting as a barometer of family experiences. Going forward, Wolverhampton plans to maintain a strong IASS and continue promoting it, so that all families – including those from minority communities or new to SEND – know how to access support and be partners in their child's plans.

Parent Carer Forum Engagement: Parent carers are at the heart of Wolverhampton's SEND partnership. Until early 2025, the city's official Parent Carer Forum was Voice4Parents, a well-established group that for over a decade represented hundreds of Wolverhampton families. Voice4Parents members co-produced many improvements – they were involved in writing the new SEND strategy, redesigning transition pathways, and advising on the Local Offer and short breaks.

In 2021's SEND inspection and subsequent monitoring, the Parent Carer Forum was noted as a strong partner with a clear voice in strategic discussions. In March 2025, Voice4Parents formally closed (after its years of volunteer-led service), due to leadership changes.

Recognising how crucial an active parent forum is, Wolverhampton worked with the national charity Contact to develop a new Parent Carer Forum. By June 2025, recruitment for new parent representatives began, and in October 2025 'SEND Wolves Parent Voice' was officially launched as the successor forum.

SEND Wolves Parent Voice is run by parents and carers and continues the core mission: to ensure families' voices shape services and strategy. The forum is developing its representation on the SEND Partnership Board and various workstreams, meaning parents sit alongside professionals in decision-making meetings. It also provides peer support and a communication channel to the wider parent community (through events, Facebook groups, and newsletters). The City Council and health partners have strongly supported this transition, underscoring that having a 'strong parent carer forum' is essential for co-production and tackling challenges collaboratively.

Going forward, Parent Carer Forum engagement remains robust: the new forum is actively recruiting members from diverse backgrounds, ensuring it represents the broad spectrum of SEND needs (from physical disabilities to autism, mental health, and learning disabilities).

Regular consultations are held – for example, parent reps are engaged in the ongoing redesign of short breaks services and the evaluation of therapy pathways. This partnership approach has led to tangible outcomes, such as co-produced informational materials and stronger trust. There is acknowledgment that not all parent voices were heard in the past, so the new forum aims to reach more families, especially those who may be under-represented (e.g., minority ethnic parents or those in deprived areas). In summary, Wolverhampton's parent carer engagement is a notable good practice, with the rejuvenated forum ensuring continuous parent partnership in improving SEND services.

Co-Production and Wider Stakeholder Involvement: Wolverhampton has embedded a culture of co-production – not only with parents, but also with children and young people and the voluntary sector. A formal Co-Production Charter (developed with families) sets out principles like 'no conversations about you without you,' transparency, and creativity in solutions.

Young people's voice is channelled through groups such as HY5! Youth Forum and the #YES Board (Youth Engagement Squad), which empower young people with SEND to influence services. For example, HY5! members helped audit leisure facilities for accessibility and successfully advocated for wheelchair-accessible gym equipment (documented in a Local Offer 'You Said, We Did' update).

The #YES Board (a council-supported youth board) and HY5! also feed into strategic decisions; their inputs shaped the priorities in the SEND strategy and have led to more youth-friendly information being published. Besides formal forums, stakeholder involvement is evident through regular surveys and focus groups – e.g., a Young People's SEND questionnaire was conducted in 2023 to gather feedback on living in Wolverhampton with

SEND, and the results are being used to improve services like inclusive recreation and bullying support. The voluntary and community sector (VCS) is another key partner: Wolverhampton has active disability charities and community groups (such as Wolverhampton Voluntary Community Action, which sits on the Partnership Board). These groups help reach families in the community, deliver some services (like parent training, support groups), and contribute to joint planning. Multi-agency panels such as the Team Around the Child/Team Around the Setting meetings involve education, health, care, and often the family, to holistically support individual cases– illustrating co-production at the individual level. Moreover, joint commissioning arrangements ensure that education, health, and care services plan together; recent improvements here (supported by a regional SLIP program) were noted as a strength. The Partnership Board's SEND Strategic Improvement Plan and Self-Evaluation Framework are themselves co-produced documents, updated with input from all stakeholders.

Through these avenues, Wolverhampton demonstrates a high level of stakeholder engagement. Co-production is not a one-off exercise but rather an ongoing way of working – from the strategic planning down to individual case planning, families and professionals work together. This approach has yielded several good practice examples: the co-created transition pathways now publicly available for families; improved resources on the Local Offer guided by direct user input; and the very strategy and self-evaluation reports that honestly appraise what is working and what needs improvement, with all voices heard. There is a continued commitment to deepen this involvement, for instance by providing training on co-production to all staff so that engagement, consultation and true partnership become second nature across the local area.

Key findings from the quantitative analysis

1. **Growing Demand**
   o EHCPs increased by **74% since 2019**, reaching **3,303 in 2025**.
   o Proportion of pupils with EHCPs rose to **4.8%**, slightly below national average (5.3%).
2. **Primary Needs**
   o **Speech, Language & Communication Needs** quadrupled since 2020 (803 children).
   o **Autism Spectrum Disorder** up **73.5%** since 2020.
   o Severe learning difficulties declined by **18.7%**, but remain significant.
3. **Demographic & Geographic Inequalities**
   o **Gender gap**: Males consistently double females (2,359 vs 944).
   o **Ethnic disparities**: White CYP over-represented in EHCPs; Asian CYP under-represented.
   o Higher SEND prevalence in **deprived wards** (Bushbury South & Low Hill, East Park).

4. **Educational Outcomes**
   - Pupils with EHCPs have **Attainment 8 score of 12.3** vs 48.7 for peers without SEN.
   - Level 2 qualification rates for EHCP cohort: **18.2%**, far below national (29.8%).
5. **System Pressures**
   - EHCNA requests doubled since 2020; completion rates fell sharply in 2025 (43.7%).
   - Children in care face **longer waits** for assessments (40% exceed 35 weeks).
6. **Youth Justice**
   - 43% of CYP in Youth Justice System have SEN needs; higher social care involvement.

Strategic Recommendations

1. **Early Identification & Intervention**
   - Expand early years screening and speech/language support.
   - Strengthen health visiting and family hubs in high-need areas.
2. **Targeted Support for Vulnerable Groups**
   - Prioritise children in care for timely EHC assessments.
   - Address ethnic disparities through culturally competent outreach.
3. **Improve Educational Outcomes**
   - Invest in inclusive teaching strategies and specialist training.
   - Enhance transition planning for post-16 education and employment.
4. **Reduce Geographical Inequalities**
   - Allocate resources to high-need wards.
   - Develop community-based SEND hubs in central and south-east Wolverhampton.
5. **Workforce & Capacity**
   - Increase capacity for EHCNA processing.
   - Upskill staff in speech and language therapy and autism support.
6. **Co-production & Family Engagement**
   - Strengthen parent/carer involvement in service design.
   - Improve communication to build trust and reduce adversarial experiences.
7. **Data & Monitoring**
   - Improve ethnicity and language data capture.
   - Monitor conversion rates from SEN support to EHCPs for equity.

Evidence based methods that can address these strategic recommendations

1. Early Identification & Early Intervention
1.1 Expand early years screening and speech/language support
What the evidence says

- Early identification improves long-term outcomes:
  The UCL Rapid Evidence Review (2025) found that early years settings that use structured, standardised tools for developmental and language assessment identify needs earlier and deliver more effective interventions. It stresses multi-agency collaboration and skilled early years SENCOs as essential for early detection. [files.eric.ed.gov]
- SLCN support is a critical need across England:
  SEN Support evidence (DfE, 2017) shows that speech, language, and communication needs (SLCN) are both common and frequently under-identified, and that high-quality classroom language strategies plus specialist SALT input improve progress. [assets.pub...ice.gov.uk]
- Early years practitioners often struggle with consistent identification:
  Nasen's early years SEN identification study (2020) found inconsistent practice across providers, partly due to training gaps, workload, and lack of access to specialist professionals. Better training and integrated early years pathways were strongly recommended. [asset.nasen.org.uk]

Implications for Wolverhampton

- Introduce or scale borough-wide screening tools (e.g., EY language checklists, IDP aligned tools).
- Joint training for Early Years SENCOs, health visitors, and Family Hub staff on early SEND indicators.
- Increase speech and language therapy (SALT) outreach to early years settings in high-need wards.

1.2 Strengthen health visiting and family hubs in high-need areas
What the evidence says

- Place-based early intervention improves access:
  Somerset's Early Intervention Evidence Review (2017) highlights that accessing support through trusted community venues (family hubs, HV services) increases uptake and engagement among families with higher needs or social disadvantage. [somersetin...nce.org.uk]
- Ethnic minority and marginalised communities have barriers to early identification:
  NHS England's Ethnicity Recording Improvement Plan (2024) reports that mistrust, language barriers and unclear pathways contribute to delays in accessing early help, especially for minority groups. Improving culturally relevant contact points (such as health visiting and hubs) narrows these gaps. [england.nhs.uk]

Implications for Wolverhampton
- Target expansion of health visiting in wards with high deprivation indices and lower early years attainment.
- Embed specialist SEND practitioners (SALT, EY SENCOs) within Family Hubs for drop-in development checks.

2. Targeted Support for Vulnerable Groups
2.1 Prioritise children in care for timely EHC assessments
What the evidence says
- Children in care experience compounded vulnerabilities:
  DfE's evidence review on supporting vulnerable children (2017) shows that adverse childhood experiences strongly correlate with learning, social, and emotional needs. Earlier assessments reduce later crisis-driven interventions.
  [committees...liament.uk]
- Children in care tend to receive delayed or reactive SEND identification:
  Work on SEND in the Youth Justice System (2025) found late diagnoses for children with complex trauma or instability, including care-experienced young people, with recommendations for proactive assessment routes. [youthendow...und.org.uk]
Implications
- Create a fast-track EHCNA protocol for all Children Looked After (CLA).
- Establish joint screening between Virtual School, SEND teams, and Social Care.

2.2 Address ethnic disparities through culturally competent outreach
What the evidence says
- Ethnic and language disparities exist at multiple points in the SEND pathway:
  The Education Policy Institute (2025) shows pupils with language barriers or from minority groups are less likely to be identified for SEND or to receive an EHCP—even when they have equal levels of need—due to inconsistent school practices and lower-quality data. [epi.org.uk]
- Accurate ethnicity data is essential to understand disparities:
  Ethnicity data standards guidance (GOV.UK, 2023) stresses that poor-quality ethnicity recording limits the ability to identify inequities in service access or outcomes. [gov.uk]
Implications
- Employ culturally trained family liaison officers with relevant languages.
- Ensure all assessments offer translation and culturally adapted tools.
- Improve ethnicity/language data across early years and school settings.

3. Improving Educational Outcomes
3.1 Invest in inclusive teaching strategies and specialist training
What the evidence says
- Inclusive classroom practice is the strongest universal protective factor:
  DfE's Rapid Evidence Assessment (2017) found that teacher knowledge of SEND,

differentiated teaching, structured classroom routines, and effective TA deployment had a bigger impact than most standalone interventions. [assets.pub...ice.gov.uk]

- Inclusive systems require ongoing teacher development:
Research linked to the Convention on the Rights of Persons with Disabilities (CRPD) highlights the need for continuous system-wide upskilling to sustain inclusion.
[eprints.wh...rose.ac.uk]

Implications

- Expand inclusive practice training across Wolverhampton schools (autism, SLCN, SEMH).
- Create a SEND Teaching and Learning Hub providing modelling, coaching, and peer support.

3.2 Enhance transition planning for post-16 education and employment
What the evidence says

- Strong transitions need personalised planning and partnership:
DfE's 2017 post-16 transitions review shows improved outcomes when transitions include tailored careers guidance, links with FE providers, and vocational learning opportunities. [assets.pub...ice.gov.uk]
- Emotional readiness matters as much as academic readiness:
Leeds Educational Psychology guidance (2022) emphasises that feelings of safety, belonging, and clear routines significantly improve post-16 transition success.
[leedsforle...ning.co.uk]

Implications

- Implement Year-9-onwards multi-agency transition reviews aligned with Preparing for Adulthood outcomes.
- Expand supported internships and work-related learning for young people with SEND.

4. Reducing Geographical Inequalities
4.1 Allocate resources to high-need wards
What the evidence says

- Place shapes outcomes:
The IFS Deaton Review and associated commentary highlight persistent regional inequalities in education, health, and social outcomes, particularly impacting disadvantaged communities. Investment must be spatially targeted.
[academic.oup.com]
- Funding models often fail to target greatest need:
The University of Birmingham (2025) analysis found that many national funding streams are not aligned to deprivation despite aims to address it, leading to unequal distribution of resources. [birmingham.ac.uk]

Implications

- Develop a Wolverhampton "SEND Geographical Need Index" combining deprivation, outcomes, and EHCP/SEN Support data.

- Prioritise EP, SALT, early years outreach and inclusion support in central and south-east Wolverhampton.

4.2 Develop community-based SEND hubs

What the evidence says

- Community-level engagement improves access and reduces mistrust:
Community inequality evidence (IFS 2022) shows that local, place-embedded services better engage families, particularly where systemic mistrust exists. [ifs.org.uk]

Implications

- Establish SEND hubs offering: triage, drop-in advice, school liaison, and multi-agency assessments.
- Co-locate with Family Hubs and children's centres for accessibility.

5. Workforce & Capacity

5.1 Increase capacity for EHC Needs Assessments

What the evidence says

- Delays often arise from shortages in educational psychology and health input:
EHCNA guidance (IPSEA / SEND Regs 2014) emphasises that statutory timescales rely on timely advice from health, EPs, and social care—areas often under-resourced nationally. [ipsea.org.uk]
- Under-capacity leads to inequities:
EPI's analysis (2025) found that variable LA capacity contributes to disparities in the likelihood of a child obtaining an EHCP. [epi.org.uk]

Implications

- Recruit additional case officers and EPs or commission external EP capacity.
- Implement triage panels to fast-track statutory assessments for the most vulnerable (e.g., CLA).

5.2 Upskill staff in SALT and autism support

What the evidence says

- Targeted training improves both identification and support:
SEN Support REA found that teachers trained in SLCN and autism strategies provide more accurate SEN identification and deliver better in-class support. [assets.pub...ice.gov.uk]
- Resilience research emphasises local, contextualised training:
Post-16 resilience training research (2023) shows that context-sensitive, collaborative staff training is more effective in sustaining learner engagement and inclusion. [aep.org.uk]

Implications

- Deliver continuous professional development (CPD) on SLCN, SEMH, autism at borough and school level.
- Build specialist outreach teams to model practice in schools.

6. Co-production & Family Engagement

6.1 Strengthen parent/carer involvement

What the evidence says

- Co-production improves service quality and trust:
  East Sussex's co-production framework (2025) identifies equal partnerships, shared decision-making, and early involvement as central to transforming SEND service delivery. [espcf.org.uk]
- Good practice requires structured involvement mechanisms:
  Bracknell Forest's guidance (2016–2020) stresses that meaningful engagement improves service planning, reduces conflict, and leads to better outcomes. [bracknell-...est.gov.uk]
- Localised examples show systemic benefits:
  West Sussex's 2025 co-production charter demonstrates how embedding parent-carer involvement leads to improved autism support and school-family relationships. [westsussex.gov.uk]

Implications

- Develop a Wolverhampton SEND Co-production Charter.
- Fund the Parent Carer Forum to co-lead strategic boards and co-design services.

6.2 Improve communication to reduce adversarial experiences

What the evidence says

- Poor communication is a key driver of adversarial relationships:
  National guidance on SEND co-production and campaigning shows that when parents feel unheard or misinformed, conflict and appeals rise; transparent, consistent communication mitigates this. [contact.org.uk]

Implications

- Introduce minimum communication standards for SEND casework.
- Provide families with clear timelines, named officers, and accessible resources.

7. Data & Monitoring

7.1 Improve ethnicity and language data capture

What the evidence says

- Data quality is essential for identifying inequalities:
  Government ethnicity data standards (2023) stress that reliable ethnicity data underpins work to reduce disparities; poor data limits policy effectiveness. [gov.uk]
- Health datasets show significant variation in accuracy:
  ONS (2024) analysis found inconsistent ethnicity coding, especially among mixed and minority categories, making inequality analysis difficult. [ons.gov.uk]

Implications

- Standardise ethnicity and language fields across SEND databases.
- Train schools and frontline staff in high-quality data collection.

7.2 Monitor conversion rates from SEN Support to EHCP

What the evidence says

- Strong evidence of inconsistent identification between schools:
  EPI (2025) highlights that two-thirds of variation in SEND identification is due to school-level differences—not pupil need—leading to inequitable EHCP access.
  [epi.org.uk]
- Ethnicity data interpretation guidance stresses need for careful analysis:
  Ethnicity Facts & Figures guidance warns that small sample sizes and unstandardised data can distort interpretation of disparities. [ethnicity-...ice.gov.uk]

Implications

- Create dashboards tracking SEN Support → EHCP conversion by school, ethnicity, ward, gender.
- Intervene where disproportionality is emerging, offering training or targeted outreach.

Conclusion

Across the evidence base, the strongest themes indicate that Wolverhampton LA should:

- Standardise early identification and improve SLCN capacity in early years.
- Target vulnerable groups—including CLA and minority ethnic families—with proactive, culturally competent support.
- Strengthen inclusive practice through sustained workforce development.
- Focus resources on geographical areas with greatest need.
- Embed authentic co-production to improve trust and service quality.
- Enhance data quality to understand inequalities and drive improvement.