



Bracknell Forest education, health and care (EHC) needs assessment



Executive summary

A. The cohort of children and young people (CYP) with special educational needs and disabilities (SEND)

Cohort size and age profile

- Bracknell Forest has a large educational, health and care plan (EHCP) cohort, but a relatively small cohort of pupils with special educational needs (SEN) support in local schools.
- The post-16 EHC plan cohort is particularly large, though there is also a spike among the current year 4s and 5s.
- Requests for an EHCP assessment are more evenly distributed across all ages compared with the trend across England.

Need profile

- Data and intelligence on local needs are not always joined up and used systematically, and some data used are incomplete.
- There is a large overlap between the SEND cohort and the cohort known to social care.
- Autism dominates the primary need profile in Bracknell Forest, with very little information on additional needs, making understanding and meeting CYP's specific needs more difficult.
- Practices around identification of need appear to be overly reliant on diagnosis.
- There is consensus across the local area about a growing complexity of need, alongside the growing numbers.

Factors associated with SEND and outcomes achieved

- Persistent absence and deprivation are associated with significantly higher likelihood of SEND identification in Bracknell Forest.
- The academic outcomes for SEND cohorts in Bracknell Forest schools are mixed, though absence rates are low.

B. The continuum of support, services and provision for CYP with SEND

The continuum of support

- There are parts of the current continuum that are highly valued – including the Child Development Centre, the autism transition support workers, and the quality of some therapy services when accessed.
- Nevertheless, these stakeholders consider that there is not a sufficiently joined-up strategic response and plan for how the continuum as a whole responds to changing local needs.
- More joined-up thinking is required between local authority SEND and education services, early help, social care, NHS and settings, as well as across the universal, targeted, and specialist continuum.

- The large and growing cohort of CYP requiring additional support, including those with EHCPs, in local mainstream schools is contributing to schools' sense of complexity and overwhelm.
- There are gaps in the continuum of support, particularly in terms of targeted support between what schools and settings can offer from their own resources and statutory / specialist provision.

Provision gaps

- Bracknell Forest has a smaller number of specialist places per capita than the average across England and commissions a large number of independent placements. Even with relatively large numbers attending out of borough state-funded specialist places, the proportion of the EHCP cohort in state-funded specialist places is low. This contributes to higher complexity of need in mainstream settings.
- The lack of local specialist provision is seen mostly clearly in the profile of pupils in non-maintained or independent specialist placements, who tend to be older autistic pupils or those with social, emotional, and mental health (SEMH) needs. It is also seen in the top-up funding budget for independent providers, which is one of the largest in England.
- The local preparation for adulthood (PFA) offer is underdeveloped, and there is evidence of high rates of young people who are not in education, employment, or training (NEET) after age 16.

C. Forecast for the cohort of CYP with SEND

Cohort growth

- The EHCP cohort will grow substantially in the coming years, with particularly large growth at secondary and post-16.
- Growth in the cohort of pupils with SEN support has been, and is likely to continue to be, much more modest.
- Growth will be largest for the autism spectrum disorder (ASD), SEMH, and speech, language and communication needs (SLCN) cohorts, with little to no growth across other primary need groups.

Implications for provision

- There will be growth in the need for specialist provision.
- It is likely that there will be an increase in the numbers of secondary school pupils placed in independent providers, unless additional state-funded capacity can plug existing gaps and meet future needs.
- Given that a large majority of placements at independent schools are for those with ASD or SEMH needs, the forecast growth of those cohorts has clear implications for future finances.

D. Recommendations

The research focused on gathering evidence about current and future needs, assessing how well existing support and services align, and identifying gaps. While it will always be the role of Bracknell Forest leaders to decide how to act on the findings, the final chapter highlights three priority areas for developing a shared, partnership-driven approach to understanding and meeting local needs, emphasising that effective collaboration is essential for improvement.

1. We recommend that the local SEND partnership develops a joined-up, systematic approach to capturing and using data and intelligence to inform joint planning. This should bring together existing data and intelligence, as well as capturing feedback systematically.
2. We recommend that operational practices relating to the identification, assessment and recording of need are strengthened. This should include core documents, like the out of area placement (OAP), education, health and care needs assessment (EHCNA) guidance, and banding, ensuring they are embedded in practice. The EHCNA process should also be strengthened, including assessments, triangulation, and recording of need.
3. Local partners must work together to build a robust continuum of support for CYP with SEND, covering:
 - Whole-system approach to the continuum: We recommend that local SEND partnership leaders set out a system-wide strategy for responding to what practitioners see as an increase in both the volume and complexity of need.
 - Early identification, inclusion and support in mainstream settings and universal services: We recommend that, in responding to current needs and future trends, local SEND partnership leaders focus on building a consistent foundation of inclusive practice in universal and mainstream settings. This could include using the existing practitioner and special educational needs coordinator (SENCO) networks to establish consistent understanding, moderate decisions, and enhance practice.
 - Targeted support and specialist provision: We recommend developing a SEND sufficiency strategy covering both targeted services and specialist provision.
 - Preparation for adulthood: We recommend that local SEND partnership leaders promote a joined-up, proactive approach to planning options for young people with SEND as they move into adult life.

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Introduction and context

This report presents the full evidence base and analysis produced by Mime and Isos Partnership in the production of our EHC needs assessment for Bracknell Forest. This is accompanied by a shorter slide-deck summary, as well as a separate executive summary with the most important findings and our recommendations.

Background

Mime and Isos Partnership were commissioned by Bracknell Forest Council in 2025 to carry out an EHCNA for CYP with SEND. The key aims for this work were to:

- Describe the epidemiology of the SEND population in Bracknell and forecast future trends.
- Describe the current cost pressures in Bracknell and forecast the future costs.
- Undertake an evidence review of interventions (targeted and specialist) for SEND in general and for transition in particular children and adults.
- Map current practice against evidence and best practice and make recommendations to improve the provision with a view to better outcomes for CYP and reduced costs.
- Undertake CYP and parent engagement and co-production to be included in the development of the needs assessment.

This report presents our findings from six months of quantitative and qualitative data collection and analysis, including engagement with a wide range of stakeholders. In addressing these aims, we have structured the needs assessment into four main sections:

- A.** Understanding of the profile of the current cohort of CYP with SEND.
- B.** Analysis of the current continuum of support, services and provision for CYP with SEND.
- C.** Forecast for future needs of CYP with SEND.
- D.** Recommendations for better addressing the needs of CYP with SEND.

In each section, we lay out the main findings and explain the evidence behind each, drawing on a range of quantitative data alongside testimony from local stakeholders.

Our approach

We took a mixed-methods approach to this needs analysis, drawing on a range of sources to give us the best possible understanding of the cohort of CYP with SEND in Bracknell Forest.

Document review

We began with a detailed review of existing research and strategic planning around CYP with SEND in Bracknell Forest. We were interested in the findings as well as the approach taken and the data that planning has been based on. This review included the following documents:

- Bracknell Forest Special Educational Needs and Disabilities (SEND) Strategy 2023-2026
- All-Age Integrated Autism Strategy 2025-2030
- Area SEND inspection of Bracknell Forest Local Area Partnership

- SEND Priority Action Plan
- Front Door and Early Help Report Nov 2024
- SEND Needs and Sufficiency Plan 2024
- Education and learning (E&L) self-assessment 2024/25
- Childcare Sufficiency Assessment 2024

Quantitative data collection and analysis

Our quantitative data analysis brought together a range of data sources, including both open data published by the Department for Education (DfE), and internal Bracknell Forest data provided to us by the council. These sources included:

- **Public DfE data** – We used a range of public datasets to understand the makeup and outcomes of the SEND cohort in Bracknell Forest and benchmark against England, region and statistical neighbour averages. This included data on:
 - The cohort of [residents with an EHCP](#).
 - The number of [EHCP and SEN Support pupils](#) in Bracknell Forest schools.
 - The outcomes for young people with SEND (such as [KS2](#), [KS4](#) and [absence](#)).
 - [Local school details](#).
- SEN2 returns – The person-level SEN2 returns from 2024 and 2025. These cover all CYP with an EHCP or an EHCP request in Bracknell Forest.
- School census data – The previous three years of person-level school census data, covering all pupils in state-funded schools in Bracknell Forest.
- Children in need (CIN) and children looked after (CLA) census data – Person-level data on CIN and CLA in Bracknell Forest.
- Health data – Headline data on SEND-related health services, including autism referrals.

Stakeholder engagement and qualitative analysis

To complement the quantitative data analysis, we carried out three sets of activities to gather qualitative insights to inform this needs assessment.

First, we spoke to a wide range of system leaders, practitioners and those with direct lived experience of the SEND system in Bracknell Forest.

During the second half of the summer term and the first half of the autumn term, we held interviews and workshops with the following colleagues:

- **Young people** – we held a workshop with seven young people aged 14-18.
- **Parents and carers** – we held an interview with the co-chair of the Bracknell Parent Carer Forum and workshops and individual interviews with nine parents and carers.
- **Education settings** – we have spoken to one early years setting leader; eight school leaders and 12 SENCOs covering primary, secondary and special schools; and leaders from Activate (which is responsible for Bracknell & Wokingham College).
- **Health service leaders** – we have spoken to leaders responsible for commissioning and delivering services for children with SEND in Bracknell Forest.
- **Local authority officers** – we have spoken to leaders and managers responsible for local authority services including SEND, school effectiveness and standards, commissioning, early help,

children's social care, adult services, early years, school sufficiency, post-16 education, and a range of inclusion support services.

Second, we ran a short online survey to ensure a broader range of stakeholders could contribute to this project. The survey ran during September and October, and received 90 responses:

- 51 from parents and carers,
- 29 from education settings,
- 10 from local authority and health services.

Third, we reviewed a sample of SEND casework, specifically to explore the identification of need and local decision-making processes. We reviewed:

- a sample of EHCNAs completed and EHCPs issued for 10 children within the last twelve months;
- a sample of six recent requests for EHCNAs; and
- a sample of nine EHCP annual reviews;

all covering a range of needs, types of settings, and ages / stages of education.

We recognise that in some aspects of our qualitative evidence gathering, the sample of respondents, participants, or cases reviewed, may not be representative. We have sought, therefore, to triangulate the findings from interviews, case reviews and survey responses with the quantitative data analysis. We also recommend that this needs analysis is not seen as a definitive final picture but rather is used as a starting point to inform a more routine, systematic and comprehensive approach to gathering evidence and intelligence about local needs.

A note on the national SEND context

This needs assessment has taken place in a national context of growing pressures on SEND services, stretched local authority and NHS finances, and uncertainty about ongoing NHS reform and upcoming legislative changes.

Many of the needs and challenges outlined in this report are mirrored in other areas of the country. However, this does not lessen the importance of addressing the local needs in Bracknell Forest. Additionally, in several places we have shown how Bracknell Forest compares to the national picture.

While the upcoming legislation on SEND could impact how some of our recommendations are impacted, any significant legislative change could take several years to implement, and the underlying needs we discuss will remain regardless of the legislative framework.



Introduction

This section of the needs assessment outlines the characteristics of the SEND cohort, and local views on need, that we built through the research.

Key findings

- Bracknell Forest has a large EHCP cohort, but a relatively small cohort of pupils with SEN support in local schools.
- The post-16 EHCP cohort is particularly large, though there is also a spike among the year 4s and 5s (in the 2024/25 academic year).
- Requests for an EHCP assessment are more evenly distributed across all ages compared with the trend across England.
- Data and intelligence on local needs are not always joined up and used systematically, and some data used are incomplete.
- There is a large overlap between the SEND cohort and the cohort known to social care.
- Autism dominates the primary need profile in Bracknell Forest, with little information on additional needs, making understanding and meeting CYP's specific needs more difficult.
- Practices around identification of need appear to be overly reliant on diagnosis.
- There is consensus across the local area about a growing complexity of need, alongside the growing numbers.
- Persistent absence and deprivation are associated with significantly higher likelihood of SEND identification in Bracknell Forest.
- The academic outcomes for SEND cohorts in Bracknell Forest schools are mixed, though absence rates are low.

How large is the SEND cohort in Bracknell Forest?

Key finding:



Bracknell Forest’s EHCP cohort is larger than average, though the cohort receiving SEN support is small. A large proportion of pupils with SEND have an EHCP.

The size of local SEND cohorts

In Bracknell Forest 1,654 CYP had EHCPs in January 2025, equivalent to 4.3 per cent of the 0–25-year-old resident population. This is well above the England average of 3.6 per cent and is the 29th largest proportion out of all 153 English local authorities. In line with the trend seen across the country, the EHCP cohort in Bracknell Forest has continued to grow in recent years. As recently as 2019, just 775 CYP in Bracknell had an EHCP, equivalent to two per cent of the 38,000 resident 0–25-year-olds. This 2019 EHCP cohort was less than half the current figure, with the cohort growing 113 per cent in six years. This growth was a larger proportionate increase than the 80 per cent growth seen across the total England EHCP cohort between 2019 and 2025.

In addition, across all schools in Bracknell Forest (including independents), just under 2,800 pupils receive SEN Support. This is 12.5 per cent of all school pupils. Unlike with EHCPs, this is a smaller proportion than the England average of 14.2 per cent and is the smallest proportion among Bracknell Forest’s statistical neighbours¹ (which have an average of 14.4 per cent of pupils receiving SEN support). The SEN support cohort has also seen a much lower rate of growth – between 2019 and 2025 there were only an additional 320 pupils added to the SEN support register in Bracknell Forest (equivalent to a 13 per cent increase). The gap between the size of the SEN support cohort in Bracknell Forest and the England average has widened over recent years – for example in 2022, 12.6 per cent of pupils were on SEN support both in Bracknell and across England, but the England average has continued to increase since, up to 14.2 per cent in 2025.

Taking both the EHCP and SEN support cohorts together, the SEND cohort in Bracknell Forest schools makes up a slightly smaller proportion of total pupils than across England, but a larger proportion of pupils with SEND in Bracknell Forest are issued with an EHCP. In 2025, just under a third (32 per cent) of pupils with SEND in Bracknell Forest schools have an EHCP, compared with close to a quarter (27 per cent) across England. In Bracknell Forest, this proportion has more than doubled, from 15 per cent in 2019.

1,654

CYP in Bracknell Forest with EHCPs as of January 2025

2,769

CYP on SEN support in Bracknell Forest schools as of January 2025

¹ See Appendix 2 for a full list of Bracknell Forest’s statistical neighbours

What is the age profile of the SEND cohort?

Key finding:



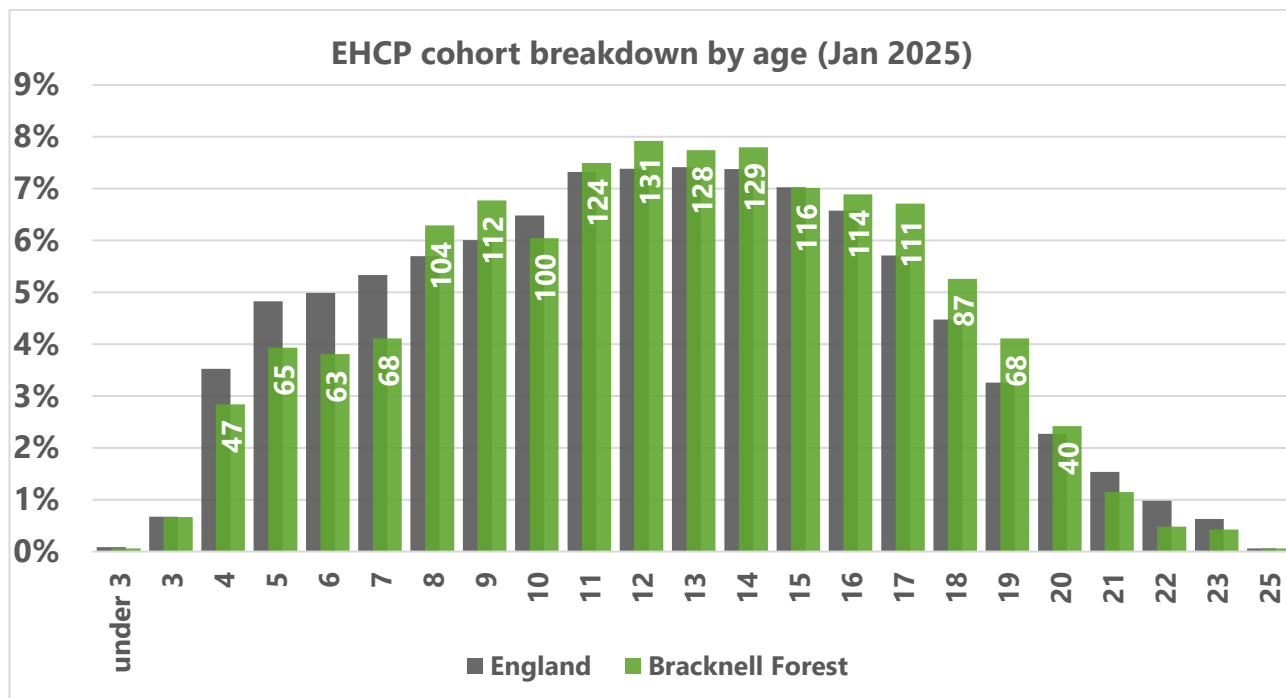
There are a particularly large number of secondary and post-16 pupils with an EHCP, and more requests come at a later stage than across England.

The age profile of the EHCP cohort

A notably large proportion of the EHCP cohort is aged between 16-19 years old, making up 23 per cent of the total cohort. This is the 10th largest proportion of all local authorities in England, and the largest among Bracknell Forest’s statistical neighbours. This age group has also seen a high rate of growth, with an increase of 132 per cent in the cohort size since 2019. This is more than double the 65 per cent growth in the 16-19-year-old cohort across England since 2019.

The primary school age cohort (five to 10-year-olds) makes up a slightly smaller proportion of the total EHCP cohort in Bracknell Forest than the average across England. However, within this age range, both the eight and nine year-old cohorts (years 4 and 5 in 2025) stand out as being larger than other primary age cohorts, as shown in the chart below. In 2025, 104 eight year-olds had an EHCP. This is already a slightly larger cohort than those aged 10 and much larger than the seven year-old cohort of 68 children. Across England, the cohort size tends to increase with age, as more CYP are issued with EHCPs over time.

Chart 1 – The age profile of the EHCP cohort in Bracknell Forest compared to England (SEN2)

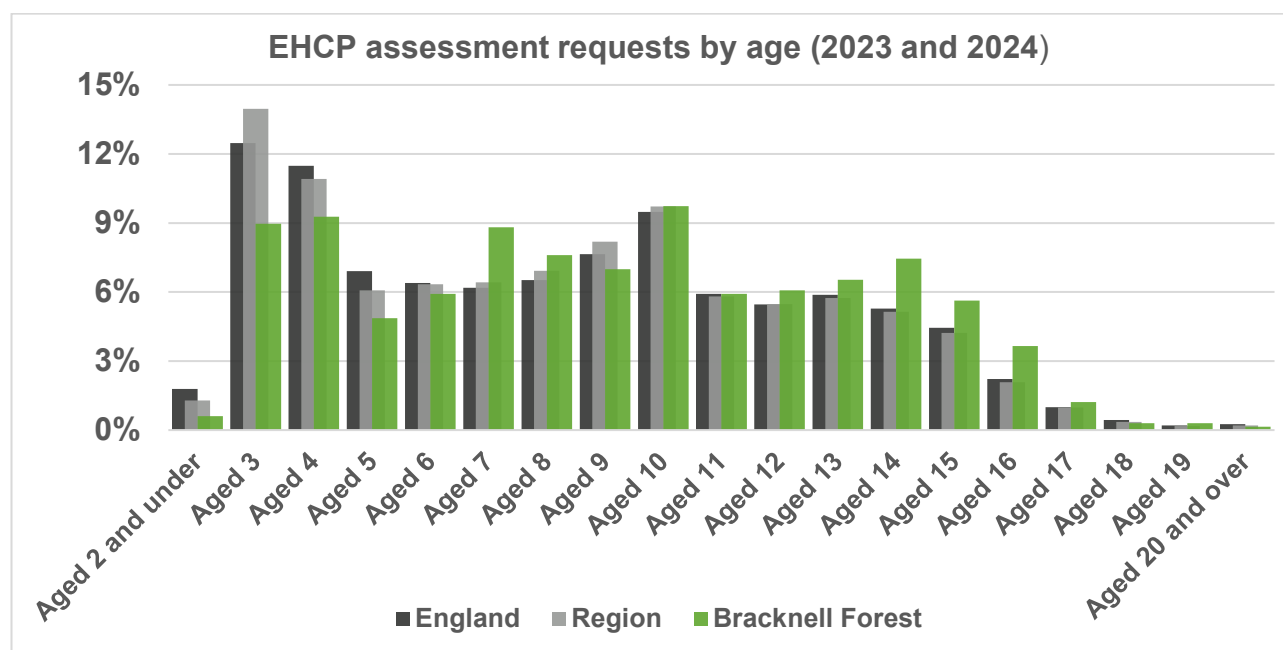


The age profile of those requesting EHCP assessment

Bracknell Forest also looks different to other local authorities when comparing the age of CYP with EHCP assessment requests. In Bracknell Forest there are fewer requests for assessment among children in the early years and early primary phase than across England. Across the 2023 and 2024 calendar years, more than a quarter (26 per cent) of EHCP assessment requests in England were for children aged four or under, compared to just 19 per cent of requests in Bracknell Forest.

There are also slightly more requests among older age groups, with 19 per cent of requests for those aged 14 or older, compared to the England average of just 14 per cent. This means that requests are more evenly distributed across all age groups in Bracknell Forest than is the case across England (as shown in the chart below).

Chart 2 – The age profile of EHCP assessment requests (SEN2)



How well is data and intelligence on SEND needs used?



Key finding:

Data and intelligence on local needs are not always joined up and used systematically to create a shared view of local needs.

Strategic use of data and intelligence

We spoke to leaders of individual services and settings about local needs. All had insights to share about the needs and trends in the local population, which were often based on the quantitative data held by individual services. Colleagues reflected that datasets were not, however, routinely brought together, triangulated and scrutinised to form a shared strategic picture of local needs and trends.

We also found few examples where qualitative intelligence about the experiences and needs of CYP with SEND and their families was systematically captured. A shared understanding of local needs and trends is a crucial pre-requisite for there to be a joined-up, coherent and effective continuum of support that reflects and responds to the needs in Bracknell Forest.

'I can't honestly say what the profile [of needs across the local area] looks like ... I don't feel that anybody gets the whole picture.'

Member of SEND board

Quantitative data quality issues and limitations

There are a number of data quality issues and limitations with the quantitative datasets used for understanding needs and planning provision. While some of these are not unique to Bracknell Forest, they must be understood, as these limitations can impact local stakeholders' ability to fully understand the local cohort and plan services accordingly.

- Limited data on additional SEND needs – While primary needs are routinely recorded for CYP with SEND in Bracknell Forest, and submitted in statutory returns, data on secondary and tertiary needs is sparse. This is discussed in more detail below.
- Concerns over quality of historic SEND data – In particular, local stakeholders reported concerns over the quality of previous SEN2 returns. This makes understanding trends over time difficult.
- Small sample sizes – As Bracknell Forest is a small local authority area, some of the cohorts of CYP with SEND, particularly certain need group cohorts, are very small. This means numbers and need can fluctuate significantly and it can therefore be difficult to plan services.
- Movement across administrative borders – There is substantial movement of CYP with SEND across local authority and NHS borders. Data on the needs and outcomes of Bracknell Forest residents with SEND who are educated outside Bracknell Forest is more difficult to access.

How are SEND needs identified?



Key finding:

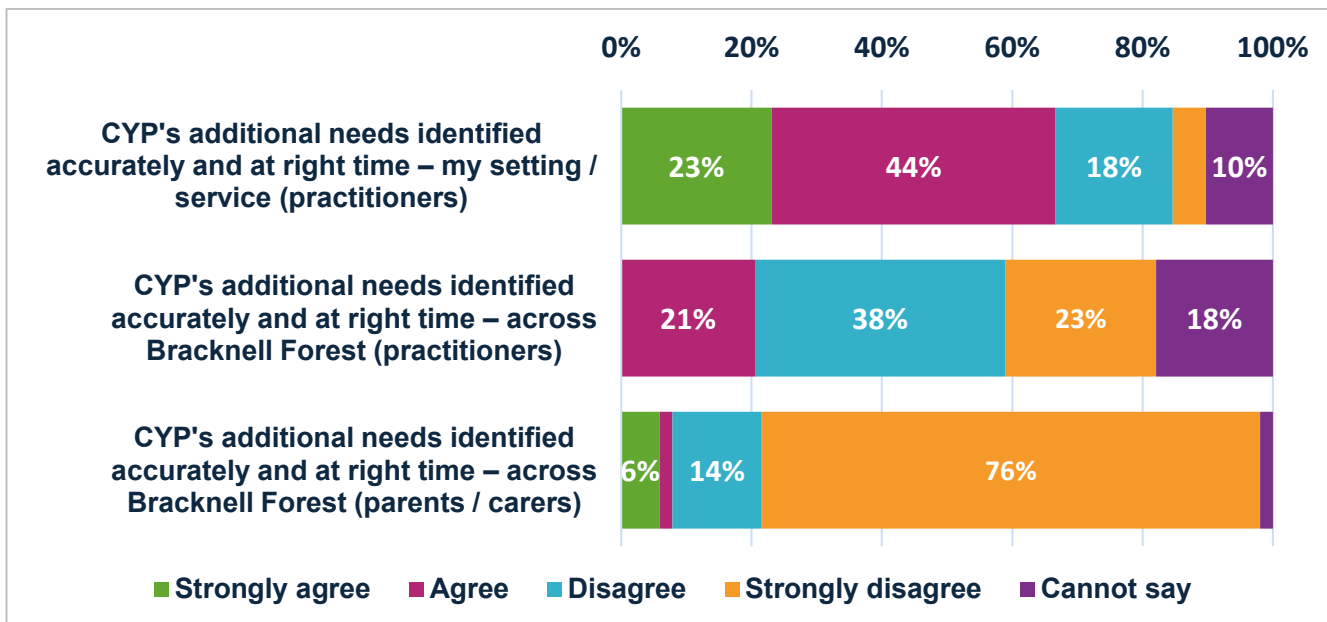
The approach to identifying, assessing and recording needs across Bracknell Forest is seen as inconsistent by some parents, carers and practitioners.

Stakeholder views on the identification of SEND needs

One theme identified in our qualitative evidence gathering was the inconsistency in the identification, assessment and recording of needs at both individual setting and local system level. While the primary purpose of this project has not been to review practices relating to identification and assessment of need, this question of consistency of identification is relevant. This is because the consistency and accuracy of identification, assessment and recording of need will inform the evidence base on which decisions about what support, services and provision is needed.

In our online survey, we asked both practitioners and parents / carers whether needs were identified accurately and at the right time across Bracknell Forest. We also asked practitioners if they considered that needs were identified accurately and at the right time in their setting or service. The results are shown in the figure below.

Chart 3 – Stakeholder views on the accuracy and timeliness of identification of needs (Stakeholder survey)



Two thirds (67 per cent) of practitioners either strongly agreed (23 per cent) or agreed (44 per cent) that needs were identified accurately and at the right time in their setting or service. There was a stark difference, however, in how they felt about the accuracy and timeliness of identification across Bracknell Forest – a similar proportion (62 per cent) either disagreed (38 per cent) or strongly disagreed (23 per cent).

Among parents and carers, however, 90 per cent either disagreed (14 per cent) or strongly disagreed (76 per cent) that CYP's additional needs were identified accurately and at the right time across Bracknell Forest. In their responses to the survey – which echoed what we heard in our discussions – many parents and carers described their experience of having to fight to have their child's needs recognised. Where parents and carers had better experiences, they attributed this to individual practitioners who had met their child rather than to a deliberate and systemic strategy of identifying needs early. Overall, parents and carers described a lack of proactive, early identification of children's needs.

'At school my child needs were identified, but I had to fight for them.'

Parent / carer

Furthermore, parents and carers argued that, so long as a child was attending and making progress in their learning, staff in education settings were unwilling to recognise and put in place support for a child's wider needs.

'They [my child's needs] were completely denied by the school as [my child] was academic. I had to get autism diagnosis and occupational therapy independently.'

Parent / carer

Many parents and carers described how they felt the only way to get support in the current system was to get a diagnosis. In many instances, parents and carers described how they felt they had to pursue private diagnoses in order to secure support for their child. Some of the school leaders to whom we spoke echoed these concerns, arguing that they were seeing an increase in children for whom parents were seeking private diagnoses (often for autism) as a means to secure support for their child.

'... getting recognition and support is harder, nothing is done without a diagnosis (particularly in secondary) but waiting lists are long.'

Parent / carer

'We have had a massive increase in diagnosis. The expectation is that, if you need support, you need to get a diagnosis and get an EHCP.'

Parent / carer

This was echoed in the feedback we received from young people, who described an "all or nothing" situation depending on whether they had a diagnosis and a plan. Overall, there was a broad consensus among parents / carers, young people and education practitioners that the identification of CYP's needs in Bracknell Forest was reactive and overly dependent on diagnosis.

'It should be easier to get support without a diagnosis — everyone's entitled to support whether or not they have a piece of paper.'

Young person

Identification of needs at the setting level

For children on SEN support, the identification and recording of primary need is carried out by staff in education settings. Responses to our survey suggested that practice in identification and recording of needs is not always consistent between settings. As we describe in Part 2, the tools and approaches that could be used to influence practice in education settings and ensure that identification is timely, accurate and consistent are either in development or not yet fully embedded in practice.

School and setting leaders acknowledged that, often, the focus is on applying a label or securing a diagnosis in order to access support, without holistic assessment of a child's overall needs. Schools specifically reported high and rising numbers of children with diagnoses of autism or who were on the pathway for assessment. This may partly account for the high proportion of children on SEN support with autism as a primary need.

Identification of needs for children undergoing EHCNA

For children with EHCPs, the identification and recording of primary need is carried out by the local authority through the statutory EHCNA process. The feedback we gathered from practitioners involved in the panel process and from schools and settings suggested that, under current panel arrangements, there is little active discussion and decision made about a CYP's primary need. Practitioners reported to us that, where a child has a diagnosis of autism, this is always recorded as the primary need, but secondary and tertiary needs are not routinely recorded. Consequently, education settings reported that EHCPs did not paint a full picture of a child or young person's holistic needs, beyond a medical diagnosis.

This is a potentially significant finding. As a result, we tested this finding by reviewing a sample of recent EHCNAs and EHCPs. The review of these cases provided corroboration for the findings from our fieldwork. The cases in this sample indicated that EHCPs were often based largely on Educational Psychology (EP) reports, often without triangulation of evidence from other reports. In some cases, EP reports did not provide enough clarity about the complexity of a CYP's needs and the impact on their learning, for accurately determining a CYP's primary need². As a consequence, in this sample of cases, it appeared that a medical diagnosis was often relied upon when recording a CYP's primary need.

We are not in a position to question the accuracy of identification or diagnosis in individual cases. Concerns were, however, raised by some practitioners in education services about the loss of what was previously a multi-agency approach to neurodiversity assessments in the Child Development Centre (which, as we describe in Part 2, was viewed extremely positively by parents and practitioners), which has been replaced by a process led by health practitioners with less scope for multi-disciplinary dialogue and collective interpretation of evidence. Practitioners were also concerned about the numbers of referrals for autism assessments for children under five years old (84 at the time of writing, with 28 under the age of three) including children who had not been in early years settings or been referred for support from services.

As such, a key conclusion from this needs assessment is that there needs to be greater emphasis put on practices relating to the identification, assessment and recording of CYP's additional needs. This is a key recommendation in the final section of this report.

² Some reports also did not make clear which evidence had been gathered through first-hand assessment of the child and which reflected the views of adults

What is the need profile in Bracknell Forest?



Key finding:

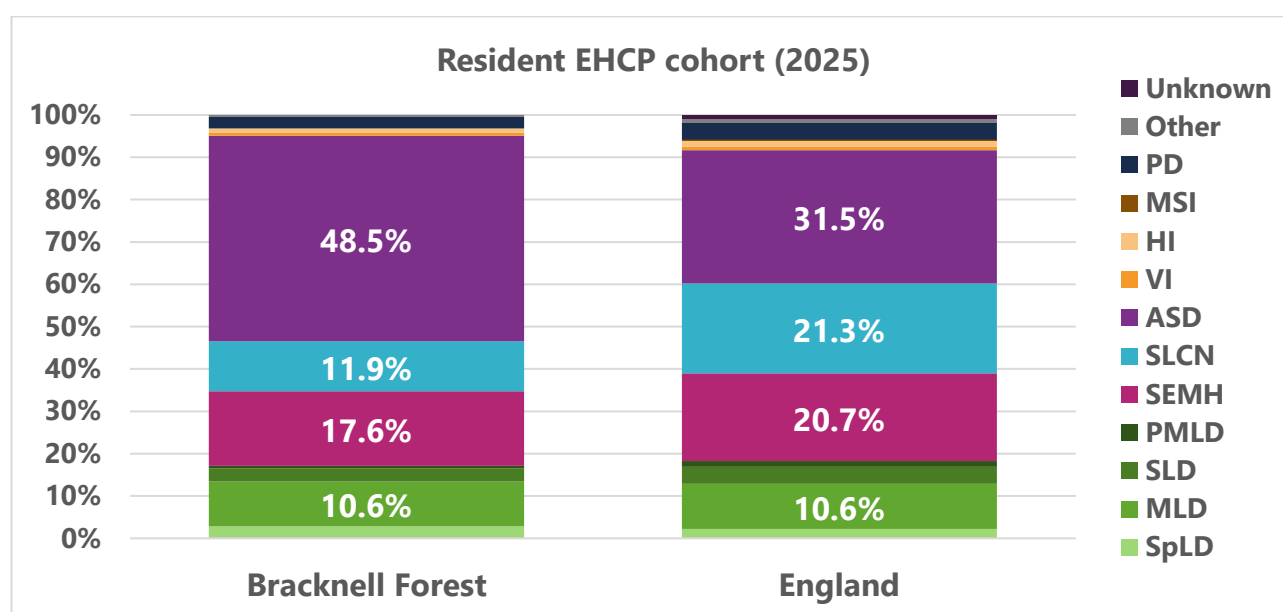
A disproportionately large number of young people with SEND in Bracknell Forest have ASD recorded as their primary need.

While we have identified limitations in the practices for assessment of need, understanding the data we do have on the needs profile, both in terms of SEND primary need and overlapping holistic needs, remains crucial.

Primary need profile of the EHCP and SEN Support cohorts

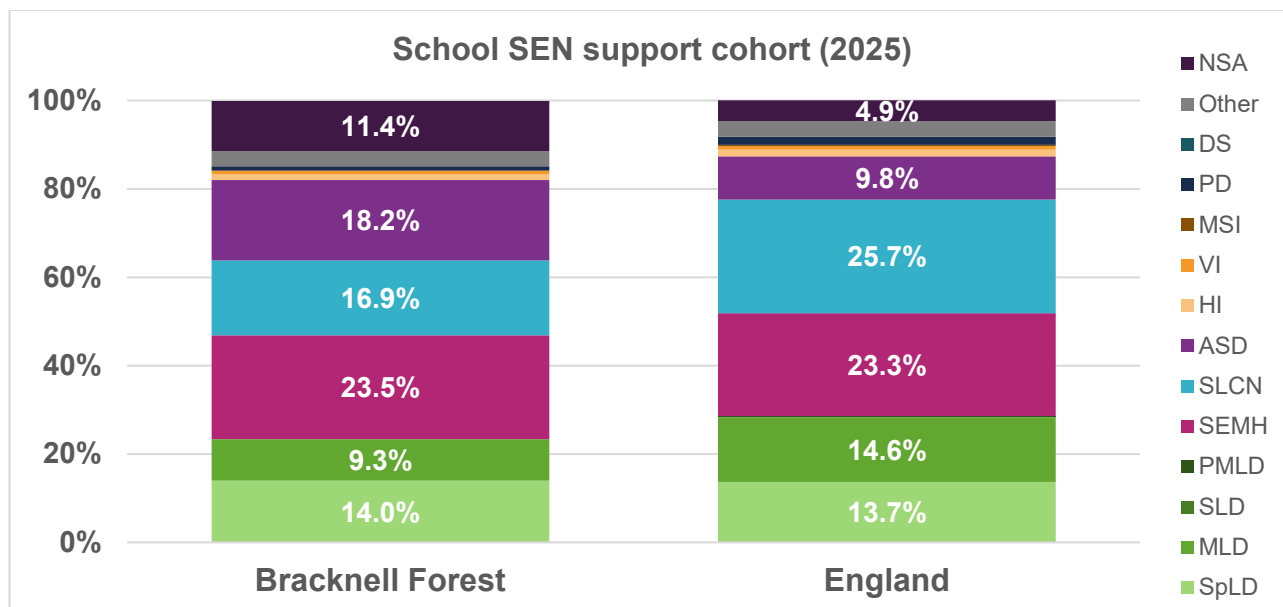
The primary need profile of the EHCP cohort in Bracknell Forest looks markedly different to the cohort across England. In particular, a much larger proportion of EHCPs list autism as the primary need in Bracknell Forest, making up almost half of the cohort (48.5 per cent), compared to less than a third (31.5 per cent) of the cohort across England. In contrast, a much smaller proportion of the EHCP cohort has speech, language and communication needs (SLCN) as their primary need, at only 11.9 per cent, compared to 21.3 per cent across England.

Chart 4 – The primary need profile of the EHCP cohort (SEN2)



As with the EHCP cohort, autism is disproportionately over-represented among the SEN support cohort in Bracknell Forest schools, making up 18.2 per cent of the SEN support cohort compared to the England average of 9.8 per cent. On the other hand, SLCN is less common than average in the SEN support cohort, with 16.9 per cent of the cohort with a recorded primary need of SLCN, compared to over a quarter (25.7 per cent) of the SEN support cohort across England.

Chart 5 – The primary need profile of the SEN support cohort (school census)

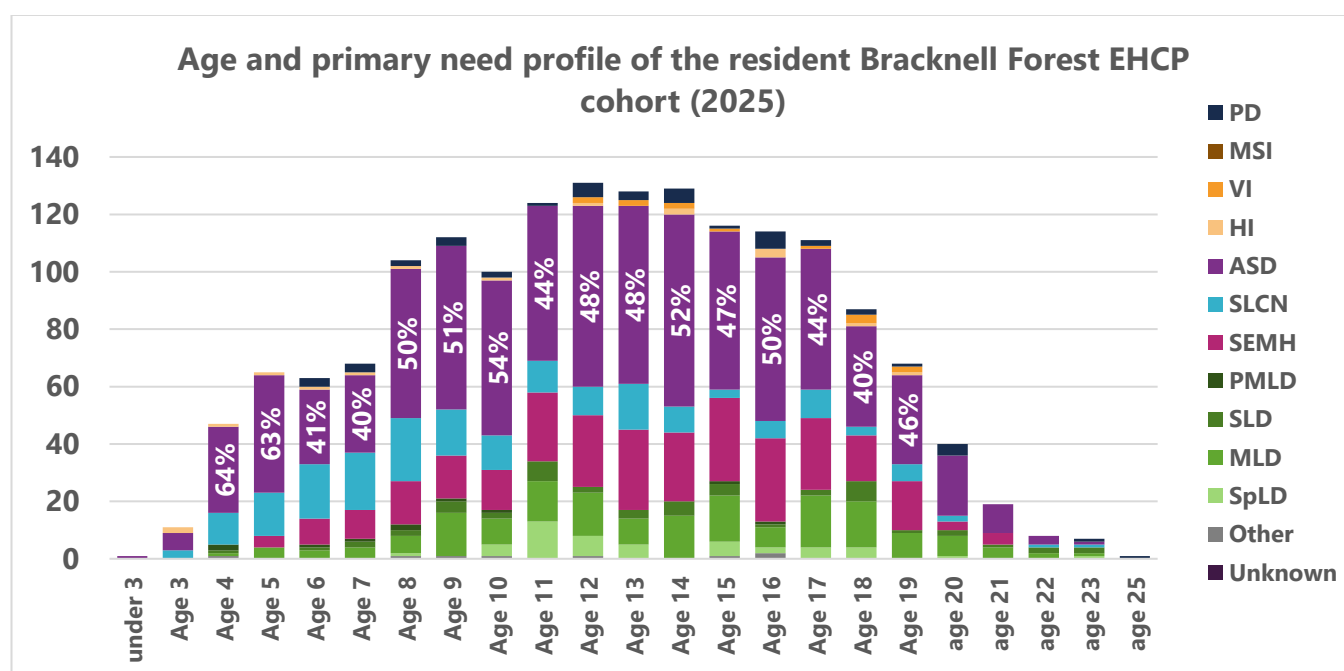


The prevalence of autism

This overrepresentation of autism as a primary need compared with England averages is seen across all age groups in the EHCP cohort. However, it is particularly stark among the early years age group. This clearly links to the concerns about referrals for autism assessments for children under five, outlined above.

In January 2025, there were 78 children aged five or under with an EHCP and a primary need of ASD in Bracknell Forest, 63 per cent of this EHCP age group. This is more than double the proportion of aged five or under EHCPs in England (31.1 per cent) with a primary need of ASD.

Chart 6 – The primary need profile of the EHCP cohort by age (SEN2)



The gender split of the cohort with autism as their primary need in Bracknell also differs from the England average. Looking at those with a primary need of autism, 29 per cent of the cohort was female, well above the England average of 24 per cent. This could suggest that part of the prevalence of autism in Bracknell Forest’s cohort is that girls are being better identified and recorded than elsewhere in the country.

Reassignment of primary needs to autism

We tracked a cohort of pupils with SEND in state-funded schools in Bracknell Forest over three years of census data and found that the recorded primary need had changed. More than a fifth of the cohort we tracked (23%) had a change in their primary need and the most common change was to ASD. The majority of those with primary needs changed to ASD, originally had primary needs of SLD³, SLCN and ASD.

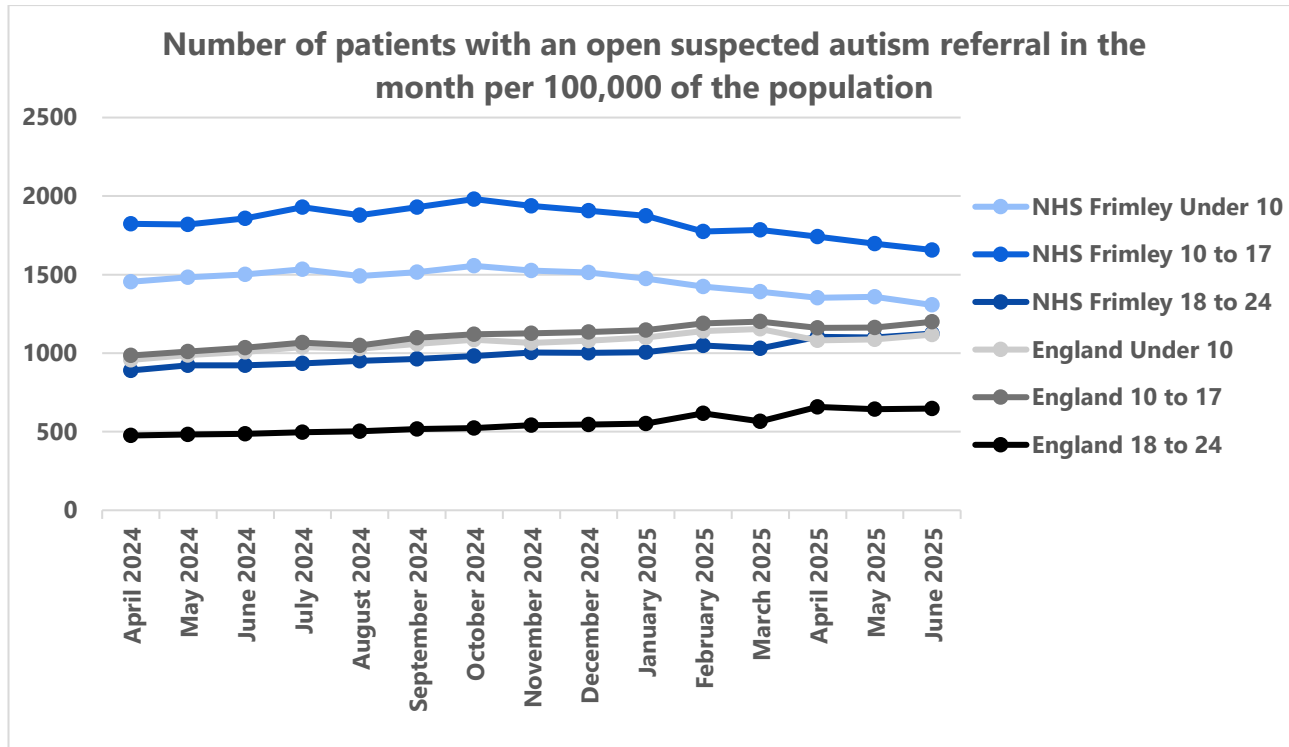
While we recognise that autism may often be the primary need for children with SLD or SLCN, taken alongside evidence gathered from the qualitative work, this data on changes to recorded primary needs is likely a reflection of the practice of recording ASD as the primary educational need wherever autism diagnosis is present.

More common diagnosis of autism across NHS Frimley

We also explored data on the underlying rate of autism diagnosis to try to explain its prevalence in the SEND cohort. Bracknell Forest makes up part of the Frimley ICB, where the rate of open suspected autism referrals for 0-24-year-olds has been consistently higher than the England average. NHS Frimley saw higher rates of autism referrals among all relevant age groups (Under 10s, 10 to 17 year-olds and 18 to 24 year-olds) compared to the England average.

³ Some of the changes from SLD to ASD specifically resulted from a data checking exercise for EHCP pupils on roll at the state-funded special school

Chart 7 – Open suspected autism referrals (NHS)



However, data provided by the Berkshire Healthcare NHS Foundation Trust shows that, in the period from September 2023 to August 2025, Bracknell Forest did not see particularly high rates of autism assessment referrals compared to other local authority areas that make up the trust. For example, Bracknell Forest accounted for 14 per cent of the autism assessment referrals across the trust area for five to 18-year-olds, roughly in line with the proportion of the trust area that Bracknell Forest makes up (13 per cent of 0-18 year-old residents). This indicates that the difference in the primary need composition of the SEND cohort may not solely be due to difference in diagnosis rates, but also differences in practices around what is recorded as the primary need.

Intersection of SEND and other complex needs

Another aspect of the need profile of the SEND cohort in Bracknell Forest relates to the intersection between SEND needs and social care. Across England, there is a large overlap between children in need (CIN) and children looked after (CLA), and those who are identified with SEND. However, in Bracknell Forest, an even larger proportion of CIN, children with a child protection plan (CPP) and CLA have an EHCP. For example, in 2024 almost three in every ten (29.2%) children with a CPP had an EHCP, the highest proportion among all local authorities in England, and more than double the England average of 12.2%⁴. This overlap between CYP with an EHCP and those known to social care adds an additional layer of complexity to the needs of the SEND cohort in Bracknell Forest.

⁴ This is based on the latest published DfE data on the outcomes for children in need, including children looked after, as at March 2024 (<https://www.gov.uk/government/collections/statistics-looked-after-children>)

What are the trends seen by local stakeholders?



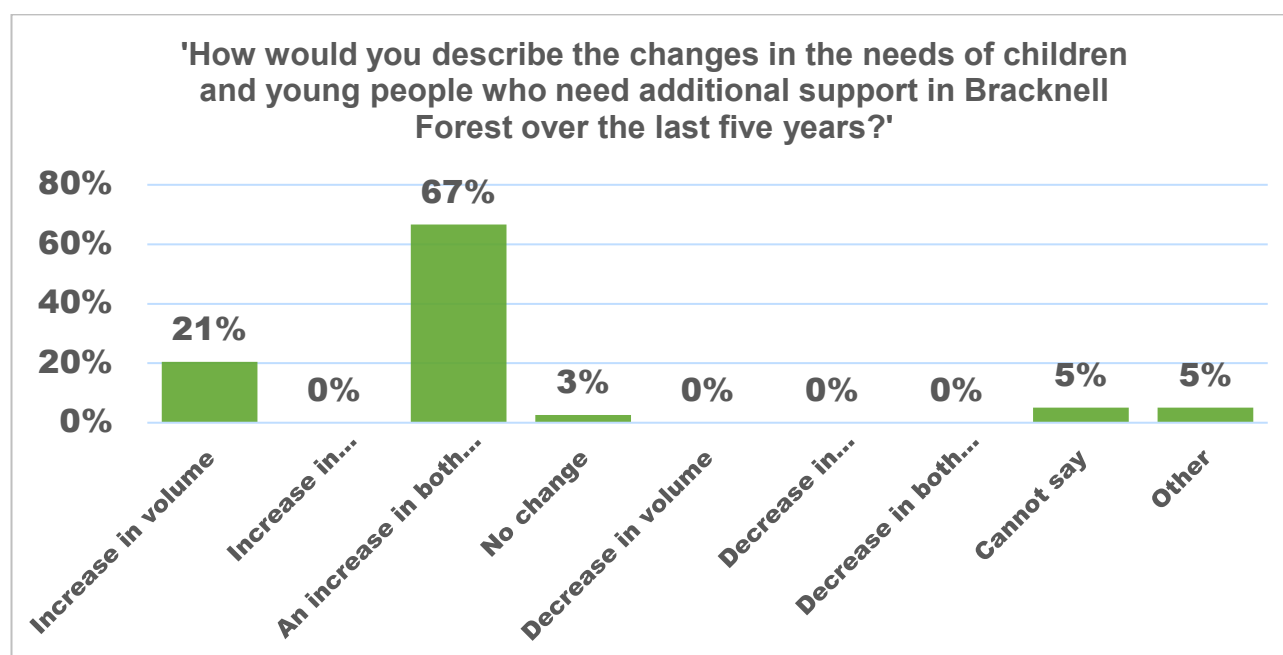
Key finding:

There was consensus among stakeholders that Bracknell Forest had seen an increase in both the volume and complexity of need.

A growth in both volume and complexity of needs

Through our qualitative evidence gathering, we sought to expand on the quantitative data by asking practitioners and service leaders to describe the trends in local needs that they are seeing on the ground. In our survey, as well as our interviews and workshops, we asked practitioners how they would describe the changes in needs of CYP in Bracknell Forest over the last five years. The survey question was framed in terms of whether practitioners had seen changes in volume (more or fewer CYP who needed additional support), complexity (CYP with more or less complex needs), or both. The responses to the survey question are shown in the chart below.

Chart 8 – Views on the changes in needs (Stakeholder survey)



The chart shows that almost nine in 10 (87 per cent) of practitioners considered that needs had increased in the last five years. The most common response, given by two thirds (67 per cent) of practitioners, was that there had been an increase in both volume and complexity of needs in the local area. No respondents said needs had decreased.

Understanding what practitioners mean by “complexity”



Key finding:

Growing “complexity” describes the increasing numbers with support needs, more intersection of multiple needs, and needs emerging at younger ages.

The view that there had been an increase in the complexity of CYP’s additional needs was a strong theme in both our survey and in our discussions and workshops with practitioners across education, health and care services. This was particularly the case in the feedback we gathered from education settings. The feedback we gathered suggests that when they spoke about seeing an increase in “complexity” of needs, education practitioners were referring to three key trends.

1. An increase in the number of CYP in their settings or services requiring (often higher levels of) additional support than was the case in the past. Most of the settings and schools we engaged could quote an increase in the proportion of children or young people on their roll that had identified additional needs and required support.
2. CYP with needs across a range of areas – both across multiple areas of SEN, but also other areas of need related to adverse childhood experiences, trauma, anxiety, low attendance at school and mental ill health. Put simply, many education setting and school leaders described seeing more CYP whose needs did not neatly fit into a single “box” or label. This underscores the point made earlier in this chapter about the lack of holistic assessment and the reliance on diagnosis and labels to access support.
3. These profiles of need being seen in younger children than was the case in the past. Many of the settings to whom we spoke, particularly primary schools, described that they had higher proportions of children who needed additional support in their younger year-groups than their older ones.

Practitioners working in, and with, settings and schools described that the cumulative impact of these trends, in a context of stretched resources and reduced capacity of external support services. This was widely felt to have contributed to a sense of overwhelm facing many schools and settings. Additionally, as we describe in Part 2, many parents and practitioners considered that there was not a sufficiently joined-up, system-wide offer of support that reflected these changing trends in CYP’s needs.

‘I’ve seen more children being identified within school settings but the help isn’t there.’

Parent / carer

‘Co-morbidities are the things that can get in the way, but we don’t do anything about this.’

School leader



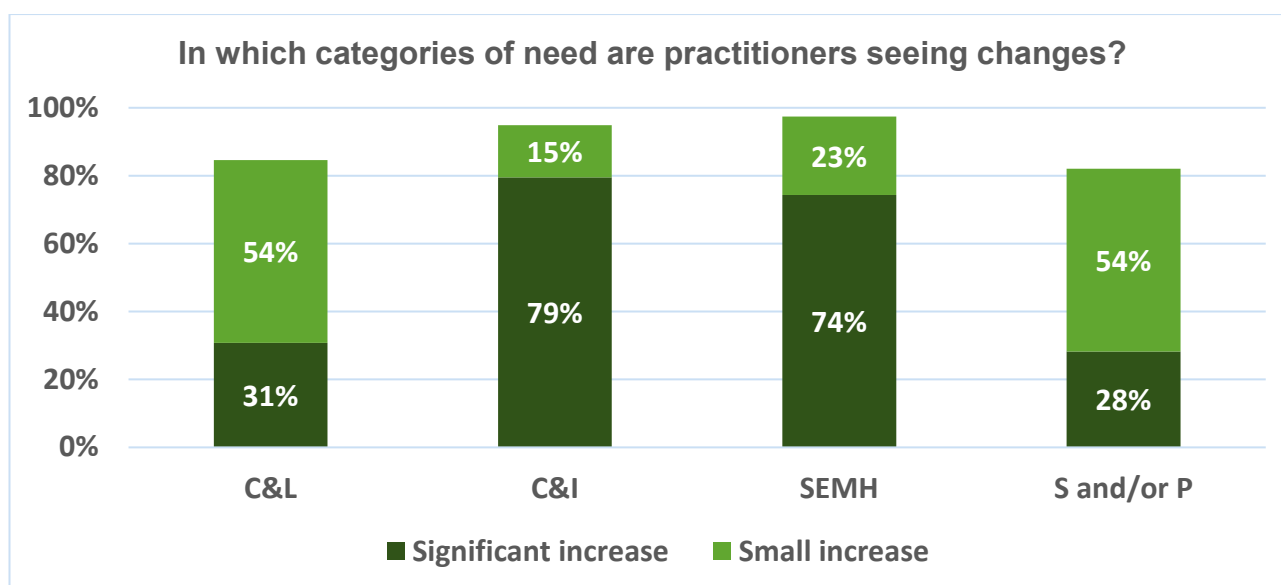
Key finding:

Local practitioners are seeing significant growth in communication and interaction, and social, emotional and mental health, needs.

Changes in the type of needs observed

In our survey, we asked practitioners whether they were seeing changes in each of the four main categories of need in the SEN Code of Practice – cognition and learning (C&L); communication and interaction (C&I); social, emotional and mental health (SEMH); and sensory and/or physical (S and/or P). The responses to the survey are shown in the chart below.

Chart 9 – Views on the changes in need by broad area (Stakeholder survey)



While practitioners reported an increase in all four areas of need, responses to the survey show that the areas where practitioners were most likely to report a significant increase were in communication and interaction needs (79 per cent) and social, emotional and mental health needs (74 per cent). For comparison, for cognition and learning, and for sensory and/or physical needs, practitioners were more likely to report a small increase (54 per cent) in both cases, with smaller proportions reporting a significant increase (31 per cent and 28 per cent for those two areas of need respectively).

Notwithstanding that practitioners considered that CYP’s needs did not neatly fit into a single category, it was useful to ask this question and triangulate with broader feedback. This echoed, and expanded upon, the findings from the survey. Overall, practitioners described seeing increases in autism and C&I needs more broadly, SEMH, and links to trauma, anxiety, emotionally based school non-attendance (EBSNA), and other forms of absence. They emphasised that these areas are not mutually exclusive, and part of the complexity of needs was that CYP were increasingly presenting with needs across several of these areas.

- 1. Communication and interaction needs** – most practitioners reported a growth in the number of children with autism diagnoses or on the pathway to diagnosis, as well as an increase in the

severity of CYP's communication and interaction needs. Many practitioners, particularly in the early years, reported an increase in terms of volume and severity of children's speech and language needs.

2. **Emotional wellbeing and mental health needs** – most practitioners across education, health and care services described an increase in mental health needs. Education settings across all phases reported an increase in CYP requiring support with emotional regulation. Education setting and school leaders described how these needs often coincided with anxiety and EBSNA and other forms of absence. Relatedly, below we outline the clear link between persistent absence and SEND identification in Bracknell Forest.
3. **Trauma resulting from adverse childhood experiences** – a consistent theme from education and children's services practitioners was the growth in children who had experienced trauma and who may have other additional needs. Some practitioners, as well as parents and carers, highlighted a concern about the consistency of understanding and responding to trauma among services, settings and schools.

The themes of greater complexity and the increase in the broad profiles of need above were reported consistently across all practitioners to whom we spoke – across education, health and care services, and across all phases of education. A common theme in our discussions with practitioners was about not seeing these profiles of need separately and treating SEND separately from children who had experienced trauma or those who were not attending school. Instead, practitioners argued that what they were seeing were CYP who have needs in multiple areas – complex family life, trauma, deprivation, SEND, a lack of support, and a curriculum in school that they could not access. Practitioners in education settings specifically argued that this meant that the things that children needed support with could change on a daily basis. This underscores the earlier point about the importance of early and holistic identification, and specifically the need to capture a more rounded picture of data and qualitative intelligence to inform the planning of support and services. This complexity is neatly captured in the quote below.

'Definitely a lot more mental health issues, being seen at an earlier age. Anxiety, school avoidance, and/or difficulties accessing education or reaching full potential in the school setting. Needs are often complex or interlinked e.g. ADHD + anxiety, ASD + school avoidance + sensory needs, and so on.'

Family support service practitioner

Trends in the early years



Key finding:

There has been an increase in the number of young children requiring additional support, with speech, language and communication needs most common.

In the early years, practitioners in settings described seeing a general increase in the number of children who required additional support. The most common area identified was speech, language and communication needs, often linked to other areas of need including SEMH.

'We currently have the most needs being identified in language and communication skills as well as understanding and listening and attention.'

Early years educator

'More children are joining the setting with a lack of social skills and communication skills. Often alongside this the children need extra support with managing their behaviour and emotions.'

Early years educator

Many early years education practitioners described children arriving in settings with lower levels of maturity, resilience and independence. They described a trend of children being more dependent on adults for needs, and needing more direct support with social interactions, eating and transitions between activities. They also described the impact of the use of electronic devices and passive screen time on children's development.

'Children are presenting with more emotional needs. They are less independent and more dependent on parents for all of their needs. They struggle with transitions, toileting, eating and social skills.'

Early years educator

Trends for children in the primary phase



Key finding:

Primary school leaders report growth in the number of pupils requiring support with emotional regulation, communication needs, and social interactions.

Among practitioners in primary schools, the biggest change reported to us was in the level and intensity of support. Primary school leaders described seeing more children with three broad and inter-connected areas of need – they described the “interconnectedness” as the part that was not directly “diagnosable” and was not captured in local datasets.

The three areas were (i) children who needed support with emotional regulation, and who could display aggression, (ii) those with communication needs who were not able to express themselves meaningfully through language, and (iii) those who needed support with social communication and interactions. The point described earlier about needs becoming evident at a younger age was particularly relevant in the primary sector, with primary school leaders identifying greater complexity and severity of needs in younger age groups. The challenge for primary schools was that managing these needs required greater levels of adult support in and out of class, which adds to pressures on resources and staffing. The three quotes below capture this perspective.

'The needs of CYP have changed significantly in recent years, with a marked increase in the level and intensity of support required. We are seeing far more children presenting with dysregulation and difficulties managing their emotions and behaviour, which makes accessing a mainstream classroom particularly challenging. There has also been a rise in children starting school without the self-care skills or regulation needed to fully participate in learning alongside their peers. These needs are more complex and often require a higher level of adult support, both to maintain engagement in the classroom and to ensure safety and wellbeing.'

Primary school leader

'Children's needs are becoming more complex in their entirety – they cannot merely 'cope' in a mainstream classroom even with differentiation. Needs such as speech and language are requiring individualised plans to help communicate their wants and needs let alone access the curriculum. The adaptations needed to meet the needs of those with cognition and learning challenges requires completely bespoke planning suited to their needs. Grouping these children together is not always possible due to the nature of their challenges. Those with social, emotional and mental health challenges as well as the above find accessing learning with others impossible even with adaptations. Those with the most complex needs are not accessing and becoming violent towards others when encouraged. The amount of adult time and support that is required is more than we have.'

Primary school SENCO

'Children with social, emotional and mental health needs has grown significantly - this can present as school refusers, behavioural challenges in class and with peers as well as self harm and anxiety. In many cases this is linked to other areas of need, such challenges in cognition and learning. However, I feel that we are seeing more complex needs than ever before in all four areas. We are experiencing children that are struggling to thrive within mainstream education despite reasonable adjustments and more tailored or completely bespoke support being put in place.'

Primary school SENCO

Trends for children in the secondary phase



Key finding:

Secondary school leaders are seeing a growth in mental health needs, linked with EBSA and other forms of non-attendance.

We heard similar themes from secondary school leaders. In those discussions, however, practitioners put a greater emphasis on the growth in and interaction between pupils' mental health needs, communication and interaction needs and, especially, EBSNA and other forms of non-attendance. Secondary school leaders consistently highlighted pupils with communication and interaction needs

(including an increase in pupils with autism diagnoses) and EBSNA as the most common profiles of pupil needs, the areas where they had seen a growth in the need to provide additional support.

'I spent 20 years working in special schools. My cohort now, in mainstream school, is similar to what we saw in special. The difference is that we are expected to meet these needs in mainstream school but with no additional resource and support.'

Secondary school SENCO

'All too often, pupils cannot cope in a normal classroom, or even in a small group. Getting them into the classroom in the first place is the challenge.'

Secondary school leader

Secondary school SENCOs also echoed that they were seeing higher numbers of pupils who needed greater levels of additional support where resources and access to external support were stretched. They drew attention to the mismatch between the range of needs of pupils in mainstream secondary schools and the training of staff.

'We have more young people with a broader range of complex experiences, and we have staff who have not had this training. Secondary staff are skilled in their subject area, but not necessarily in the work around child development and inclusion.'

Secondary school SENCO

Trends in the post-16 sector



Key finding:

At post-16, the SEMH needs support needs young people with SEND require is increasingly challenging to meet.

In the post-16 education sector, practitioners described seeing an increase in the number of young people with higher academic levels (who could access level two study programmes and above), but who needed a more bespoke programme of study and wraparound support linked to their SEMH needs. SEMH was the area of need that post-16 settings described as being the most challenging to accommodate within their offer, given the open nature of college settings and the reliance on individuals to manage their behaviour on campus.

'SEMH needs have increased including mental health. As colleges we have invested in internal support such as welfare due to the emerging needs.'

College leader

'Complex behaviour – where young people are presenting with complex behaviour. Colleges find this very challenging to meet this need due to the openness of campuses.'

College leader

Post-16 college practitioners also described more children coming to college, often from out-of-borough specialist provision, lacking life skills, independent travel and employability skills.

What are the characteristics associated with SEND



Key finding:

Persistence absence, deprivation and social care needs are associated with a significantly higher chance of being identified with SEND.

Characteristics associated with being identified with SEND

Understanding the factors associated with identification of SEND for CYP in Bracknell Forest is crucial for identifying and meeting the cohort's needs. We created a model to measure the likelihood of individual pupils being identified with SEND, based on their individual demographic characteristics. Several characteristics were found to be statistically significantly associated with a pupil being identified with SEND⁵.

Factors *increasing* the chance of CYP in Bracknell Forest being identified with SEND

- Being persistently absent was associated with an increased chance of being identified with SEND. Our model predicted a 2.7 times higher chance of identification of SEND, controlling for all other demographic characteristics.
- Deprivation was associated with an increased chance of being identified with SEND in Bracknell Forest. Being eligible for free school meals (FSM) increased the chance by 1.6 times, and living in the least deprived quintile of areas (as defined by the Income Deprivation Affecting Children Index, IDACI) decreased a young person's chance of being identified with SEND (x0.73). This links to the national picture of socio-economically disadvantaged pupils typically being over-represented in the SEND cohort⁶.
- As described in the section above there is a large overlap between the social care cohort and the SEND cohort, and this was reflected in this analysis. Young people that appeared in the CIN census or were CLA in 2025 had a 2.4 times greater chance of being identified with SEND than their peers with similar demographic characteristics.
- Gender has a statistically significant association with being identified with SEND, with boys being 1.3 times more likely to be identified than girls with similar other demographic characteristics.

Factors *decreasing* the chance of CYP in Bracknell Forest being identified with SEND

- Pupils' ethnic group was also shown to have an association with SEND identification rates in Bracknell Forest. Specifically, Asian pupils had a 0.4 times smaller chance of being identified with SEND than those from all other ethnic groups.
- The age of CYP was found to be related to the odds of SEND identification. Secondary school pupils had significantly lower odds of being identified with SEND (0.4 times for those in Key Stage 3, and 0.2 times for those in Key Stage 4). However, other measures related to pupil's age were not found to be associated with different SEND identification odds. Specifically, pupils in a phase

⁵ While controlling for the other characteristics such as age, gender, ethnicity, and deprivation.

⁶ [Double Disadvantage? - The Sutton Trust](#)

transition year (immediately before reception, or between years 6 and 7) did not have statistically significant higher or lower chance of SEND identification. This may partly be explained by the age profile of EHCP assessment being distributed more evenly across the age groups compared to the England average (described in the earlier section).

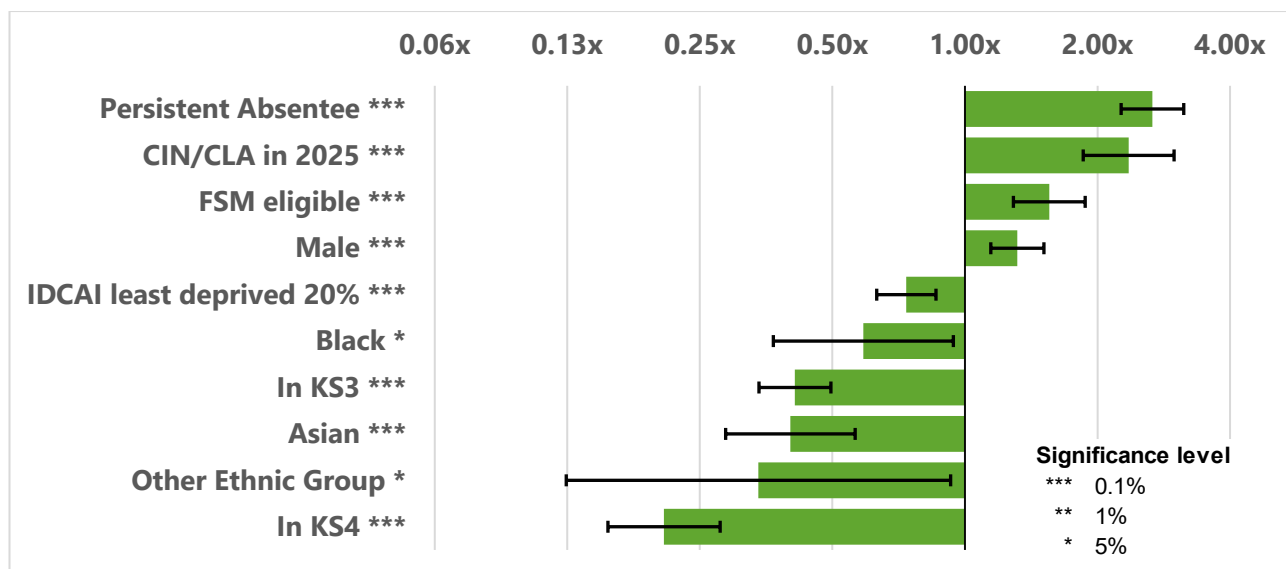
The chart below shows how strongly different factors are linked to a child being identified with SEND in Bracknell Forest.

- Values above 1 mean the factor is linked to higher odds of being identified with SEND.
- Values below 1 mean the factor is linked to lower odds.

For example, pupils who are persistent absentees are 2.7 times more likely to be identified with SEND than those who are not.

The significance levels indicate how confident we can be that these patterns reflect real relationships rather than random chance. The higher the smaller the significance level, the more certain we can be about the relationship between the factor and SEND identification.

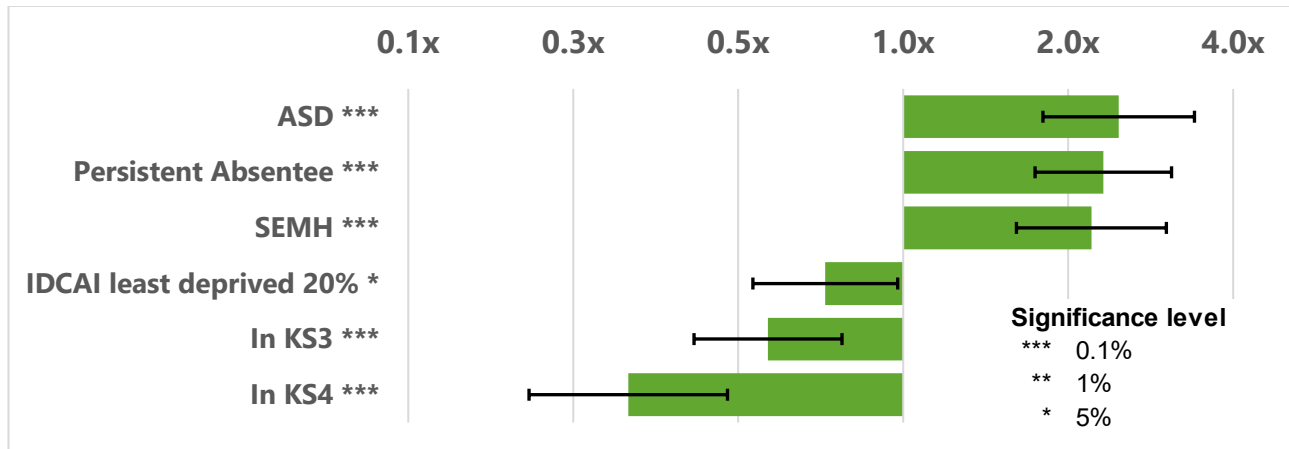
Chart 10 – Factors associated with being identified with SEND in Bracknell Forest (SEN2 and school census)



Characteristics associated with having an EHCP issued

Separately, we also modelled the impact of individual characteristics on the likelihood of CYP being issued with an EHCP. In this model for this much smaller cohort of pupils, persistent absence was also shown to be an important factor in increasing the odds (by 2.5 times) of pupils being issued with an EHCP from being on SEN Support in the previous year. Similarly, as with the SEND identification model, being older was found to be a statistically significant factor in reducing the odds of pupils being issued with an EHCP. In terms of SEND primary need, both ASD and SEMH were associated with increasing the odds of pupils being issued with an EHCP as opposed to remaining on SEN Support.

Chart 11 – Factors associated with being issued with an EHCP in Bracknell Forest (SEN2 and school census)



How strong are outcomes for CYP with SEND?



Key finding:

SEND cohorts in Bracknell Forest schools achieve mixed academic outcomes, though absence rates are lower than average.

Primary phase outcomes

Across the primary phase, the attainment of the SEN support and EHCP cohorts in Bracknell Forest schools are mixed. In 2024, just two per cent of the EHCP cohort and 22 per cent of the SEN support cohort achieved a good level of development at EYFSP, below both the England averages of four per cent and 25 per cent, respectively. At Key Stage 2, only six per cent of EHCP pupils in Bracknell Forest met the expected standard in reading, writing and maths (combined), ranking in the bottom quartile of local authorities in England. However, the performance of SEN support pupils at KS2 in Bracknell Forest improved in 2025, with 29.4 per cent meeting the expected or higher standard in reading, writing and maths, rising above the England average of 28.2 per cent.

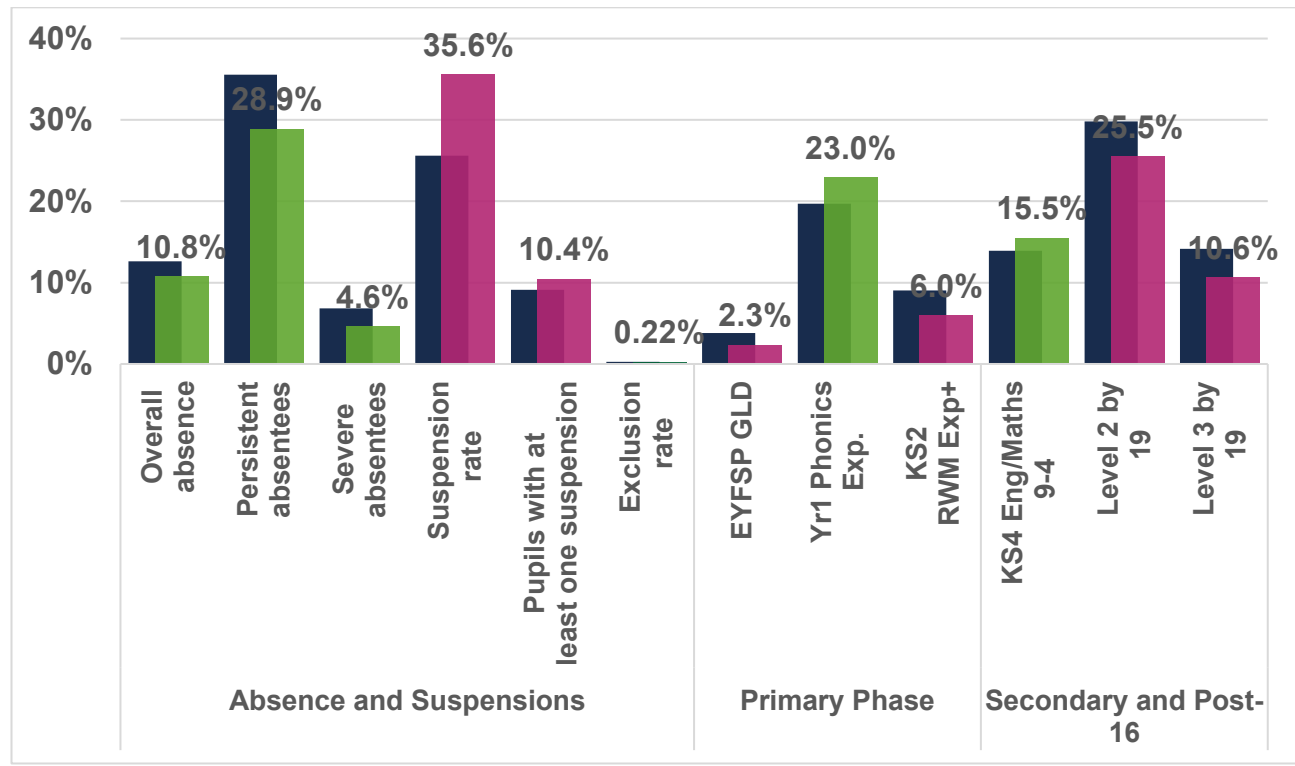
Secondary phase outcomes

Over recent years, secondary school outcomes for the SEN support cohort have been poor, while there has been a relatively strong performance for the EHCP cohort. For example, in 2025 15.5 per cent of pupils with an EHCP achieved at least a grade 4 in English and maths, above the England average. Conversely, the proportion of the SEN support cohort achieving that threshold remains below the England average.

Absence and suspensions

Across all phases, absence rates for the SEND cohort have tended to be lower in Bracknell Forest than across England. For example, 28.9 per cent of EHCP pupils were persistently absent in the 2023/24 academic year, the eighth lowest rate in England. The proportion of SEN support pupils who were persistent absentees also ranked in the top quartile of local authorities in England. However, suspension rates for CYP with SEND in Bracknell Forest schools were high.

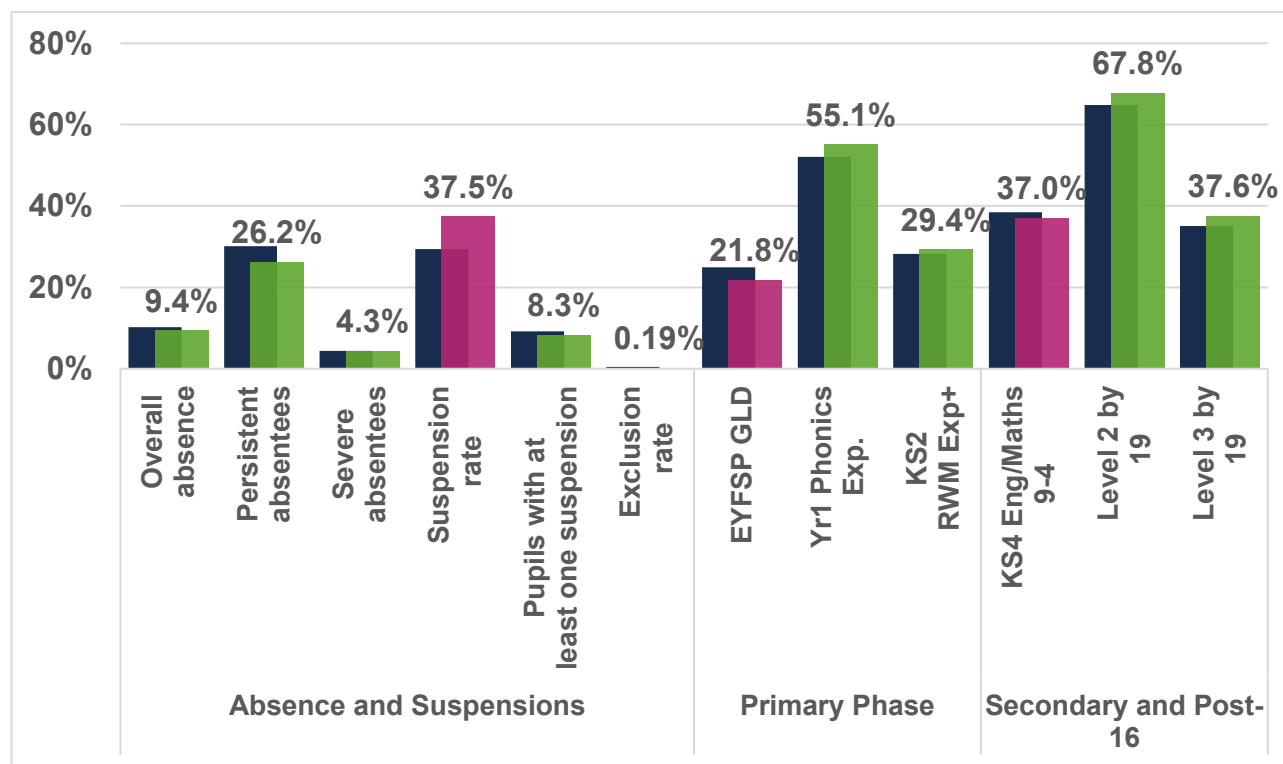
Chart 12 – Summary of outcomes for EHCP pupils in Bracknell Forest schools compared to the England averages (Various DfE datasets)⁷



■ Bracknell Forest (better than England average)
 ■ Bracknell Forest (worse than England average)
 ■ England average

⁷ Absence and suspension rates are from the 2023/24 academic year, EYFSP and level two and three by 19 data is from 2024 and phonics, KS2 and KS4 performance is from 2025

Chart 13 – Summary of outcomes for SEN Support pupils in Bracknell Forest schools compared to the England averages (Various DfE datasets)



■ Bracknell Forest (better than England average)

■ Bracknell Forest (worse than England average)

■ England average

B. The continuum of support, services and provision for CYP with SEND

The existing offer for children and young people with SEND in Bracknell Forest, across education, health and care, including stakeholder views on the effectiveness of support.



Introduction

This section of the needs assessment considers the current continuum of support and provision for CYP with SEND in Bracknell Forest. It considers the support available from education, health and care services across the “continuum” of universal support, targeted services and specialist provision:

- by “universal” we mean support that is ordinarily available in mainstream education settings and community health and family support services;
- by “targeted” we mean additional support from external education, health or early help support services that work with CYP in their settings / schools or in the community; and
- by “specialist”, we mean places in education settings specifically designated for CYP with SEND (e.g., places in specially resourced provisions in mainstream schools or special schools), specialist health interventions, or statutory care services.

Key findings

- There are parts of the current continuum of support that are highly valued – including the Child Development Centre, the autism transition support workers, and the quality of some therapy services.
- Nevertheless, stakeholders consider that there is not a sufficiently joined-up strategic response and plan for how the continuum as a whole responds to changing local needs.
- More joined-up thinking and planning is required between local authority SEND and education services, early help, social care, NHS and settings, as well as across the universal, targeted, and specialist continuum.
- The large and growing cohort of CYP requiring additional support, including those with EHCPs, in local mainstream schools is contributing to schools’ sense of complexity and overwhelm.
- There are gaps in the continuum of support, particularly in terms of targeted support between what schools and settings can offer from their own resources and statutory / specialist provision.
- Bracknell Forest has a smaller number of specialist places per capita than the average across England and commissions a large number of independent placements. Even with relatively large numbers attending out of borough state-funded specialist places, the proportion of the EHCP cohort in state-funded specialist places is low. This contributes to higher complexity of need in mainstream settings.
- The lack of local specialist provision is seen mostly clearly in the profile of pupils in non-maintained or independent specialist placements, who tend to be older autistic pupils or those with SEMH needs. It is also seen in the top-up funding budget for independent providers, which is one of the largest in England.
- The local preparation for adulthood offer is under-developed and there is evidence of high NEET rates at post-16.

Does existing support meet needs?



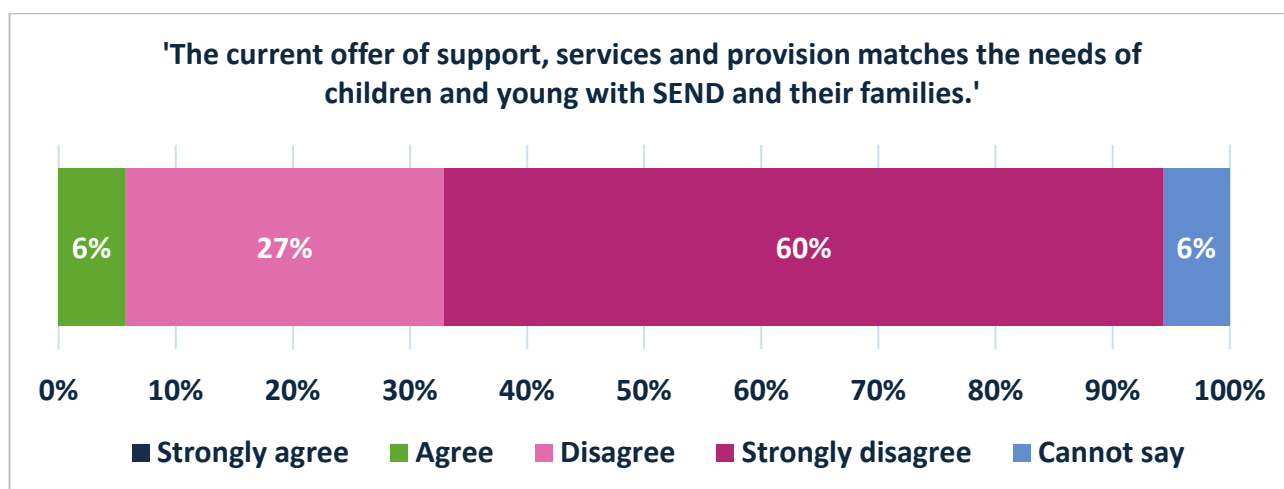
Key finding:

The current continuum of support does not match current and emerging needs of CYP with SEND and their families.

How well existing support meets needs

While we focus on each area of the continuum, we also gathered evidence about the continuum of support and provision for CYP with SEND in Bracknell Forest as a whole. Overall, we heard strong views from all groups of stakeholders that the current continuum does not match the current and emerging needs that we described in Part 1. The chart below shows responses to the question we asked in our online survey about whether the current offer of support, services and provision matched the needs of CYP with SEND and their families.

Chart 14 – Views on the current offer for CYP with SEND (Stakeholder survey)



Overall, almost nine in 10 respondents either strongly disagreed (60 per cent) or disagreed (27 per cent) that the current offer matches local needs – only six per cent agreed (and no respondents strongly agreed). Parents and carers who responded to the survey were more likely to strongly disagree (82 per cent) – the remaining 18 per cent answered ‘disagree’, meaning none agreed with the statement. Practitioners were more split on this question – 38 per cent disagreed and 31 per cent strongly disagreed, while 13 per cent agreed).

While stakeholders identified strengths and gaps in specific areas of the continuum, stakeholders considered that, overall, there is not a clear, joined-up, system-wide strategy for responding to the growth in the volume and complexity of needs. While there are individual initiatives, some of which are highly valued, these are not joined-up across services or the continuum to form a coherent overall strategy for ensuring that the offer of support and services matches local needs. For example, stakeholders argued that despite the fact that settings and services are seeing an increase in CYP with profiles of complex needs that include SEND, poor attendance and EBSNA, trauma, attachment, mental

and physical health needs and wider support from family services and social care, there is not a joined-up system response to support these children and their families.

The lack of joined-up working was something parents and carers perceived and reported on directly. In both the survey responses and our discussions, parents and carers described the lack of joined-up working between services, and thus the need for families to tell their stories multiple times and to be the ones trying to bring services together. Parents and carers – and some school leaders – argued that while there were practitioners who went the extra mile to support them, these were the “superstars” who held the system together and who were working in this way in spite of, not because of, the system. Parents and carers highlighted staff in services, SENCOs in schools and settings, but also other parents or parent groups and charities.

‘Families feel like “piggy-in-the-middle” when child has complex needs and a range of services are involved.’

Parent / carer

‘It is the people [you] see on the journey – every once in a while, you meet a “superstar” who shoots you a couple of rungs up the ladder or helps you break through. It might be a SENCO or a volunteer ... the council needs to find them and find out how they do this – their services are propped up by this good will.’

Parent / carer

Stakeholders argued that the offer of targeted support from education, health and care services was thin, with limited capacity in some areas and an offer in other areas that did not provide something sufficiently different to what mainstream schools and settings could offer. As a result, they considered that the continuum was polarised between universal / mainstream support and specialist provision. For practitioners and families, the consequence would be that, where there was not confidence that a child’s needs could be met in their mainstream education setting, seeking an EHCP and, in some cases, a different type of education placement appeared to be the only route to secure support.

In thinking about how, in future, support, services and provision reflect the needs of CYP with SEND in Bracknell Forest, it will be necessary to take a wider, system-wide view of the continuum. This should include a focus on both how services across education, health and care join up and wrap around families and settings, and the links between universal support, targeted services and specialist provision.

How effective is the universal educational offer?

What is the current offer of universal support?

In terms of key documents and processes to provide a framework for inclusive practice in mainstream settings:

- At the time of this review, work has been taking place to develop a new local definition of **ordinarily available provision**, building on the existing graduated response developed in recent years. At the time of this strategic needs assessment, the definition of ordinarily available provision was not finalised and had not been implemented.
- Bracknell Forest has an **EHCNA guidance document** setting out the eligibility criteria when an EHCNA might be sought. The document has not been updated since May 2019, and does not appear to be widely known about or used.
- There is a **high needs banding tool**, but this is largely used to make decisions about levels of top-up funding, and is not used for other purposes such as moderation of the identification of needs.

In terms of approaches that focus on strengthening inclusive practice:

- The School Standards and Effectiveness Service has a **“team-around-the-school”** offer where there are reasons to believe a school would benefit from multi-disciplinary support to improve provision and outcomes for pupils with SEND. This involves colleagues from a range of local authority services discussing a number of individual cases with school staff. This offer is only provided to maintained schools.
- In addition, the local authority runs **SENCO networks** that focus on disseminating information and promoting inclusive practice, including the graduated response.



Key finding:

There are large cohorts of pupils with SEND in mainstream schools and their experiences of inclusion are mixed.

Large EHCP cohorts and small SEN Support cohorts in mainstream schools

Following the substantial recent growth in the local EHCP cohort, mainstream schools in Bracknell Forest are now providing for much larger numbers of young people with EHCPs. Notably, almost one in 20 mainstream secondary school pupils now have an EHCP (4.7 per cent), the third largest proportion in England and largest among statistical neighbours.

However, a smaller than average proportion of pupils are on SEN support. In particular, only 10.6 per cent of Bracknell Forest secondary school pupils are on SEN support, compared with the England average of 13.4 per cent.

Notably, a larger than average proportion of those on SEN support are independent school pupils. Almost a fifth (19 per cent) of the SEN support cohort in Bracknell Forest are in independent schools, much higher than the proportion of all pupils in Bracknell Forest who are in independent schools (14 per cent).

Experiences of inclusion for CYP with SEND in mainstream settings

School and setting leaders that participated in this review considered that they were as inclusive as they were able to be. They recognised that there were children who had needs that they could not meet but attributed these challenges to the increase in needs at a time when resources and capacity for in-school support and help from wider services was increasingly stretched.

'At the moment, it very much feels like all services are having to fire fight (including schools) which just means that early intervention is not happening. Schools are stretched to capacity and struggling to cope with the demand. It feels more and more isolating as schools and a feeling of us and them rather than in it together supporting each other with the complex needs faced which affects schools and the borough.'

Primary school SENCO

'Pockets of practice within schools is excellent – but there are huge variations in levels of inclusion. ... Massive disparities in terms of levels of inclusive culture and capacity to support pupils from school to school.'

Local authority (LA) education and learning officer

Some of the parents and carers we engaged recognised this and praised the efforts of some schools.

'Schools and teachers are, mostly, doing their best though training is still woefully lacking. ... It seems schools are doing their best despite the system around them.'

Parent / carer

'I believe that my child's primary school and SENCO have played a huge part in ensuring my child's EHCP and providing appropriate support through his primary school education including the tailored ILPs and being assigned to specific year teachers who have supported them through each school year.'

Parent / carer

Other parents and carers, however, described negative experiences that their children had had in mainstream schools, which reflects the variability of inclusive practice. A common theme in these discussions were children spending long periods of time out of education, but also parents feeling that their concerns and views were not listened to by school staff, that children's experiences and the impact of trauma was not consistently understood and acted upon. Many parents described the impact of the pressure within schools, the challenges of keeping up with the current curriculum, and a lack of

understanding of needs that was impacting on young people's mental health and leading to anxiety, disengagement and EBSNA⁸.

'More children with anxiety and depression from a rigid, underfunded, unsuitable one size fits all state school system that offers very little for children who just cannot conform to mainstream schools. The only changes I've seen is a lot of talk and promise of inclusion and change but in reality, parents are forced to either home educate or go private for everything.'

Parent / carer

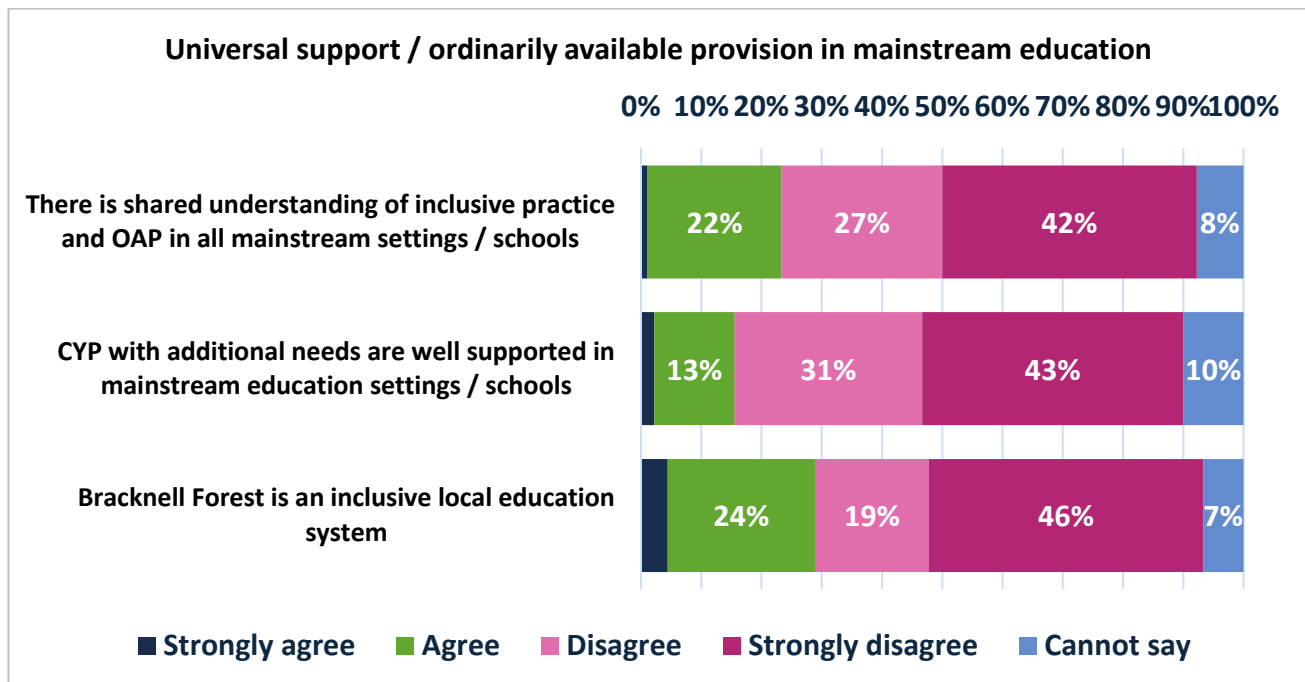
'For two years I was out of school – for the first year I didn't get any education at all.'

Young person

The responses to our survey reflect this range of views. We asked three questions relating to universal support and ordinarily available provision in mainstream education settings. The results are shown in the chart below. We asked if CYP with additional needs are well supported in mainstream education settings and schools. Overall, 15 per cent either strongly agreed or agreed with the statement, and three quarters (74 per cent) either disagreed (31 per cent) or strongly disagreed (43 per cent). Among practitioners, 33 per cent either strongly agreed or agreed, and 46 per cent either disagreed or strongly disagreed. Among parents and carers, however, 96 per cent either disagreed (27 per cent) or strongly disagreed (69 per cent). We also asked if respondents considered that Bracknell Forest is an inclusive local education system. Two thirds of respondents (64 per cent) either disagreed (19 per cent) or strongly disagreed (46 per cent). Practitioners were more likely to agree with this statement, however, with 59 per cent either agreeing or strongly agreeing. Parents and carers were more likely to disagree, with 92 per cent either disagreeing (20 per cent) or strongly disagreeing (73 per cent).

Chart 15 – Views on the universal offer in Bracknell Forest (Stakeholder survey)

⁸ We have described in Part A the association between persistent absence and identification of SEND, as well as the view among school leaders about the increase in children with a profile of needs including SEND and EBSNA.



Documents, tools and direct engagement with schools and settings to shape inclusive practice

Key finding:



There are not yet sufficient documents, tools and direct engagement with practice in schools and settings to shape consistent inclusive practice across Bracknell Forest.

In the survey, we also asked if there is a shared understanding of inclusive practice and ordinarily available provision in all mainstream settings and schools. This is crucial in ensuring that there is consistent practice in identifying and meeting needs, and a vital part of the local continuum of provision. Almost seven in 10 (69 per cent) either disagreed (27 per cent) or strongly disagreed (42 per cent) with this statement. As with other questions, parents and carers were more likely to disagree – 22 per cent disagreed, 69 per cent strongly disagreed – while practitioners were more split – 46 per cent either agreed or strongly agreed, while 41 per cent either disagreed or strongly disagreed.

We heard more positive feedback from early years settings. In responses to the survey, early years settings were more likely to agree that children with additional needs were well supported in settings, and that there was a consistent understanding of inclusive practice. Early years practitioners praised the information and advice they received from early years services and considered that the pathway to access additional support was well defined and understood.

Overall, however, and particularly for school-age children, the tools and processes that would set a framework of consistent expectations of inclusive practice and help to shape inclusive practice (including challenging non-inclusive practice) are either not in place or have not yet been implemented in Bracknell Forest. The definition of ordinarily available provision, which is the essential foundation of setting consistent expectations of inclusive practice, remains in development and has not yet been finalised or

implemented. As the quote below illustrates, parents and carers told us that without this, other initiatives to strengthen support for CYP with SEND will not be effective.

‘... they are trying to use universal language and make parent/carers documents to explain processes e.g. graduated approach. But without there being agreement in terms and what ordinarily available provision is etc then this can't happen.’

Parent / carer

In other local SEND systems, OAP is one of three the key documents that articulate a shared local understanding of inclusive practice and the needs that are to be met within mainstream education settings. The other two are the EHCNA guidance document and the banding framework, or their near equivalents. In Bracknell Forest, the EHCNA guidance document does not appear to be used in day-to-day decision-making. It was last updated in May 2019 and is not a document that many local authority practitioners or SENCOs were aware of. This is, however, crucial in setting out the criteria when an EHCNA might be requested and adding to a common understanding of the needs that should be met at SEN support. Banding frameworks, especially when they are based on descriptions of need, can also play a role in ensuring that schools and settings are identifying the nature and severity of children's needs consistently – for example, through moderation between settings – and that children with similar needs receive the same support. The banding framework, and the way in which decisions about top-up funding are reached, in Bracknell Forest is not well understood by SENCOs. Furthermore, the banding framework is not used for the purposes of moderation or other practices that would support the consistent identification of needs and decision-making about when a child's needs should be met through ordinarily available provision.

Furthermore, the local authority has no direct and routine engagement with schools about whole-school inclusion. SENCO networks are offered and these promote the graduated approach, but SENCOs reported that this was often used as a stepping stone when seeking an EHCNA. School Standards and Effectiveness offer a team-around-the-school model of support where schools may be struggling with inclusion, but this is not offered consistently to every school, and most academies do not buy in. As described to us, the team-around-the-school model focused on provision and outcomes, but not on practice relating to the identification of need. Parents and carers, but also school leaders, argued that the local authority needed to set out a stronger role and more direct relationship with all schools, including academies, in relation to inclusion, and that this should include challenging non-inclusive practice where it was identified.

‘I'm saying this as an academy, but I think the local authority should have more of a relationship with schools about inclusion and should be more muscular in its demands.’

Primary school headteacher

‘That Academy mainstream schools are not being held to account when they fail to meet the needs of SEND children.’

Parent / carer

'Support within the two Bracknell Forest Council (BFC) schools was awful. ... Even when approaching BFC about the lack of support in his first BFC secondary school I was dismissed and advised there was nothing that could be done as it's an academy.'

Parent / carer

Pressure to secure an EHCP in order to access support



Key finding:

There is some evidence that pressure to secure an EHCP in order to access support drives some requests.

As a result, we heard examples where children's needs had escalated as they had not been met in mainstream settings, and school staff and parents had felt that the only way to secure support was through an EHCP. Even in these cases, young people and parents described the delays in getting support in place in mainstream settings.

'The support's been good once I get it — the wait to get it is the problem.'

Young person

'Support that should be available in mainstream schools isn't, so more people are applying for EHCPs to try to get that support ... then you have to wait ages for reports, then fight for an EHCP to actually reflect need, then fight for the school to actually implement it ...'

Parent / carer

How effective is targeted educational support?

What is the current offer of targeted support?

In terms of targeted services for children in the early years:

- The **Child Development Centre (CDC)** offers support for children from birth to five years old with moderate, severe and complex SEN (it is not specifically for children with one form or need or another, but instead for all children with additional needs). The centre offers groups for children, training and advice for parents and support for home learning, as well as providing advice and training to practitioners in pre-school settings and Early Years Foundation Stage classes in school.

In terms of targeted support for school-age children, Bracknell Forest has a number of support services that focus on specific areas of need:

- The Autism Advisory Support Service provides support for children in mainstream schools with diagnosis of autism or social communication difficulties. The offer is advisory only – the service does not hold cases and do casework. Recently, the service has sought to train autism support assistants to provide support in school. The service also provides links for resources for parents. The service is free to access. It comprises two members of staff.
- The Autism Transition Support Workers provide support for autistic pupils or those with social communication difficulties moving between primary and secondary school. It provides support from the summer term of Year 6 to the autumn and spring terms of Year 7. The service started in summer 2024 and is now working with its second cohort. The service is free to access. It currently has a lead officer and four transition workers.
- Support for Learning provides support for children with specific learning difficulties and those who have English as an additional language. Part of the offer is free to access (training and some direct support to schools) and part is traded (pupil assessments, reports on provision).
- The SEMH Service (previously the Behaviour Support Service) provides support where pupils are at risk of exclusion. This part of the service (which comprises two members of staff) offers training, holds cases and provides outreach support to schools. The SEMH Service is also responsible for fair access and providing support for pupils who have been permanently excluded and their families. The service is part-funded from the high needs block and part-traded with academies.
- The Educational Psychology Service, in addition to its statutory roles, has a small core offer (free to access) to schools of one day per annum of support. Beyond this, support from the service is traded. The service comprises seven staff.
- The Access to Education Team provides short-term, supplementary provision for children who are unable to attend school as a result of medical needs. The service offers small group / individual tuition, home learning and AV-1 robots.

Details of support for young people in post-16 education is set out in the chapter on preparation for adulthood.

Valued parts of the targeted services offer



Key finding:

There are parts of the offer of targeted services, including the Child Development Centre and the Autism Transition Support Service, that are highly valued.

One particular area that was highlighted as a strength was the Autism Transition Support Service. Local authority officers reported that, in its first year of operation, this service had supported nearly 100 children, all of whom bar two had made a successful transition between primary to secondary mainstream schools⁹. SENCOs were extremely positive about the value of the service. They considered that this was an example of a proactive response to address a specific area of need. Some questioned, however, why there was not a broader offer for children with additional needs beyond autism who needed enhanced transition support.

'I agree about autism support for transition – this has been a particular strength in Bracknell Forest.'

Primary school SENCO

'Local services very good (support for learning, the autism team – especially the transition outreach worker – amazing!!! She has made a massive impact on my son settling into secondary).'

Parent / carer

We also heard near universally positive feedback from early years practitioners and parents about the value and impact of the CDC and the support from the LA's early years. Parents and carers valued the direct support they had received from CDC officers, as well as help in navigating the system, making referrals to other services, and securing support. Early years practitioners similarly valued the advice and training they received from CDC staff.

'The Early years has a good communication and support system in place. The pathway is clear and [defined] and is accessible. The CDC supports practitioners with advice and training, and we have a positive partnership with them.'

Early years setting

'CDC are available and good with helping offer advice and strategies.'

Early years setting

⁹ Of the two children who did not, one made a planned move to special school

'[In a challenging experience getting my child a place in a nursery], the positive was [the] CDC. They had playgroups twice a week, extra sensory room sessions. The officers were great. I had them come to co-production meetings, my [child's] vaccinations, they helped make a referral to OT (which, had it been done years later, would have been much delayed).'

Parent / carer

Concerns about the current offer of targeted support

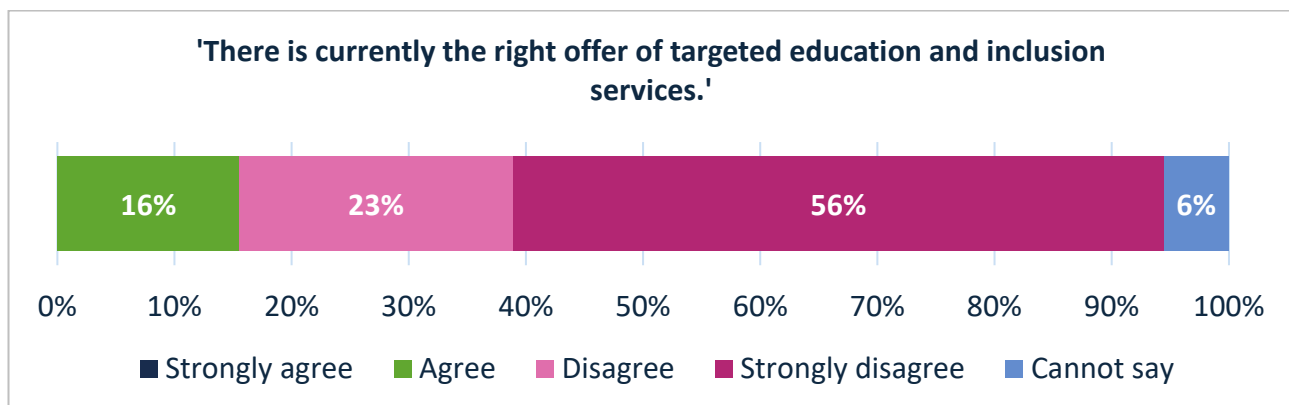


Key finding:

There are concerns that the current offer of targeted support for schools is too thinly spread, lacks capacity and is not always sufficiently joined-up.

In our survey, we asked if there is currently the right offer of targeted education and inclusion services. The responses are shown in the chart below. While 16 per cent of respondents agreed that there was the right offer, almost eight in 10 (79 per cent) either disagreed (23 per cent) or strongly disagreed (56 per cent). Practitioners were more split in their responses – over a third (36 per cent) agreed, but over half (54 per cent) either disagreed (18 per cent) or strongly disagreed (36 per cent). Parents and carers were more likely to disagree – none agreed, 71 per cent strongly disagreed and 27 per cent disagreed.

Chart 16 – Views on the current targeted offer for CYP with SEND (Stakeholder survey)



The most common concern was that there was too little capacity at this level of the continuum overall and in the individual services, and that this was mismatched with the growing levels of needs. While services have sought to join up their approach, for example by triaging referrals and identifying the right service to provide support, the fact that services are organised by specific areas of need means that the local area's targeted support capacity is sub-divided and spread more thinly than it would be in a single, integrated inclusion service. Furthermore, school staff told us that they did not always think their request was picked up by the right service, which caused delays in accessing support.

School leaders and parents argued that the lack of capacity meant that most services were only able to offer advice, rather than direct support, and often there was not capacity to support early identification and support. As a result, engagements with services often focused more on collecting evidence to

support requests for statutory assessments, rather than supporting holistic identification of needs and inclusive practice.

For example, we heard mixed feedback from school leaders and SENCOs about the Autism Advisory Support Service. Some school staff were positive about the service but caveated this by saying that their more positive and impactful engagements with the service had been before its capacity was reduced. They considered that the current reduced offer was less effective, did not always provide additional expertise or advice beyond what schools had already put in place, and was often more focused on checking lists of pupils than providing support. School leaders and SENCOs considered that there was a gap in support for more intensive, hands-on direct support for practitioners and pupils in school.

'The offer of what each service provides is invaluable – there's just not capacity of staff to meet demand.'

Parent / carer

'Less support available in school (interventions and small group work) ... More services unable to carry out in person work due to capacity / reduced team size so you're left with being triaged online – feels less impactful as they can't see the full picture.'

Parent / carer

'Services that existed e.g. the Educational Psychology Service (EP service), Support for Learning, Autism Support, Behaviour Support have significantly reduced, had staffing cut and no longer offer the provision that was previously provided.'

Primary school SENCO

'... we are not yet doing enough early intervention work ... to be able to appropriately support schools with accurately identifying needs at the right time and putting in early intervention to overcome these challenges – which I believe, in some way, could explain the increase in needs assessment requests as schools cannot receive appropriate support early enough from the LA.'

LA service lead

Key finding:



School leaders feel less able to draw on external expertise, and often find themselves managing presenting symptoms rather than accurately identifying underlying needs.

For school and local authority staff, the increase in children and families with multi-faceted needs and the strain on their own internal capacity has coincided with the reduction in the capacity of targeted support services. As a result, school leaders considered that they were less able to draw on external expertise

and often found themselves managing the presenting symptoms rather than accurately identifying and effectively addressing a child's underlying needs.

'[In terms of gaps] The ability of school to call upon experts in educational psychology, speech and language therapy, mental health is missing from the system... we manage the symptoms; we don't actually do any therapy.'

Primary school teacher

'Conversations with families and schools about the support available (at least anecdotally) points to there being nowhere near enough timely support for them – particularly those with lower level (i.e. no EHCP) needs. Feels like schools are stretched and under resourced – so less about not having the strategies and more about not having the capacity to implement them.'

Family support lead

In addition, both school staff and parents reported that the practice and effectiveness of support from individual services was not consistent. While some reported positive experiences of specific services, others reported very different experiences and outcomes. School staff and parents considered that practice was often dependent on individual practitioners and could be variable.

For example, we heard mixed feedback from school leaders and SENCOs about the SEMH service. The school leaders we engaged were less positive about the advice that they received, which they considered was often generic and not sufficiently differentiated and tailored to each school's context. SENCOs described a mix of experiences. Some were positive about the service, reporting that in their experience the service had been proactive, had provided useful advice, and had helped to bring families and schools together. Other SENCOs reported that the advice they received repeated things that the school had already put in place, at which point they were advised to apply for an EHCP. Some SENCOs reported that they did not feel the SEMH Service provided good advice around dealing with trauma. They considered that they received better advice about responding to trauma from the Virtual School.

This range of messages was also reported to us about Support for Learning. SENCOs were generally positive about the responsiveness of the team and the quality of assessments. Headteachers, however, considered that it would be more effective to train SENCOs to undertake assessments, but that they felt they had to "tick the box" of engaging Support for Learning in order to demonstrate they had engaged wider services if a child's placement broke down or the school decided to request an EHCNA.

We heard similar messages about the EP service. School staff and SENCOs considered that the one day a year of support was insufficient to meet the needs of schools, and that there was insufficient capacity from the EP service to support effective identification, early intervention and inclusive practice – something that practitioners within the EP service echoed. School staff described experiences of having bought in additional traded time that the service had not been able to deliver due to the pressures of delivering statutory assessments. Where support was delivered, feedback was mixed about the quality and consistency of support. Parents and carers described variable experiences, but some were positive about their child's educational psychology assessment.

'This is not [the] case for everyone, but our EP was amazing – they managed to write my child on a page.'

Parent / carer

How effective is the specialist educational provision?

What is the current offer of specialist support?

In terms of commissioned SEN units and resourced provisions:

- Bracknell Forest commissions four primary schools, one all-through school, and three secondary schools (76 primary places and 126 secondary places in total) to deliver specially resourced provisions (SRPs). All SRPs are designated to support autistic pupils (either with a diagnosis or on the pathway for assessment) or speech, language & communication needs. Published criteria for each SRP is available on the [local offer](#). The development of SRPs has been a significant focus of recent strategic activity in Bracknell Forest.

In terms of state-funded special schools, Bracknell Forest has the following provisions:

- Kennel Lane School is a special school for pupils from three to 19 years old. It has 198 commissioned places and is at capacity. The school is designated to support pupils with cognition and learning needs and autism – over time, there has been a shift in the school population away from pupils with a primary need of moderate learning difficulties towards those with a primary need of severe, and profound, and multiple, learning difficulties.
- Hawthorn Academy is a special school for pupils aged 11 to 16 years old with SEMH needs. The school was opened in September 2025 through the free school route. When the school is full, it will have places for 50 pupils. As a newly established provision, Hawthorn will initially admit 10 pupils in Year 7 and will then fill up the school as new Year 7 cohorts are admitted at the start of subsequent academy years.

Local schools with specialist provision



Key finding:

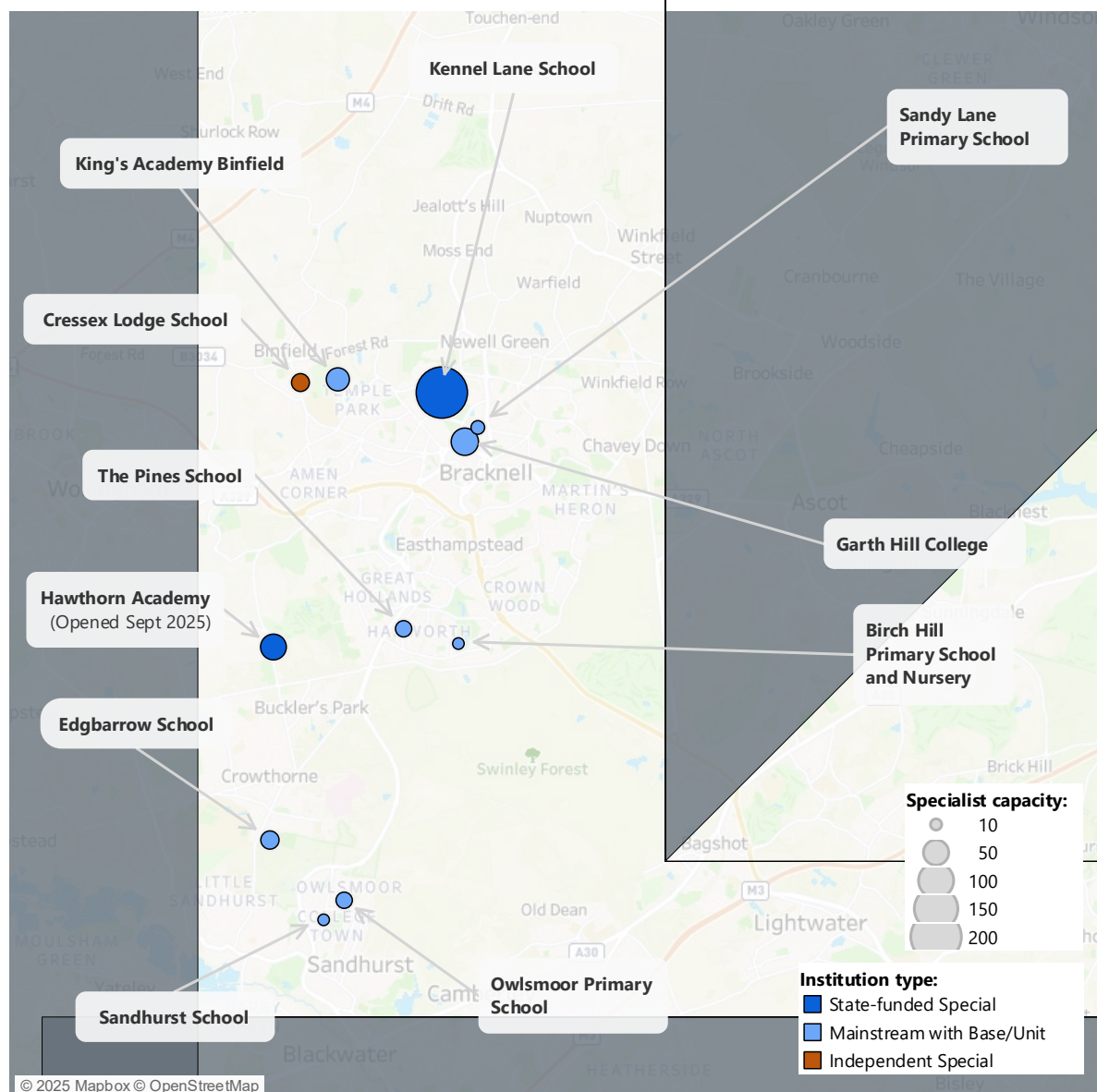
Per capita, Bracknell Forest has fewer specialist places than the average across England. To be in line with average, 137 new places would be needed.

Within the Bracknell Forest area, specialist educational provision for pupils with EHCPs includes two state-funded special schools (one of which recently opened in September 2025), as well as specialist resourced provision (SRP) attached to state-funded mainstream schools, and an independent special school. The location and reported capacity of these specialist providers are shown in the map below.

The total capacity of this local specialist provision is equivalent to just under 15 places per 1,000 of the under 18 resident population¹⁰. This is lower than the England average of 21 specialist places per 1,000 children, placing Bracknell Forest in the lowest quartile of all local authorities in England. For Bracknell

¹⁰ Under 18 population was calculated using 2023 ONS population estimates, and is based on the resident population. Specialist capacity data is based on information taken from Get Information About Schools (GIAS) as at September 2025, and local data. This includes the 12 places in the newly opened special school Hawthorn Academy which will be available in the first year (rather than the full 50)

Forest to be in line with the England average, there would need to be capacity for an additional 175 specialist places. This relative lack of local specialist provision, particularly there being just one state-funded special school open until this academic year, is reflected in the provision attended by CYP with EHCPs (described in the section below). Map – Specialist provision in Bracknell Forest



Experiences of SRPs

Key finding:



There is broad support for the principle of SRPs and positive experiences for the pupils in them, but questions about how that matches day-to-day placement decisions.

Among the parents and carers we engaged, those with direct experience of the SRPs were generally positive about the provision. They valued the expertise of staff, the environment and the mode of teaching, and how this provided a way for their children's needs to be understood and the way this enabled their children to experience and be engaged in mainstream school life in a way that reflected their needs.

'The change in my older daughter since being at her SRP secondary speaks for the effectiveness of their approaches to meet her needs. Specifically, her abilities are understood, and she does not have too much pressure or expectation placed on her. Having appropriate people and environment has resulted in her catching up on missed learning and I'm slowly seeing her spark again. The level of applied training among staff is a key strength.'

Parent / carer

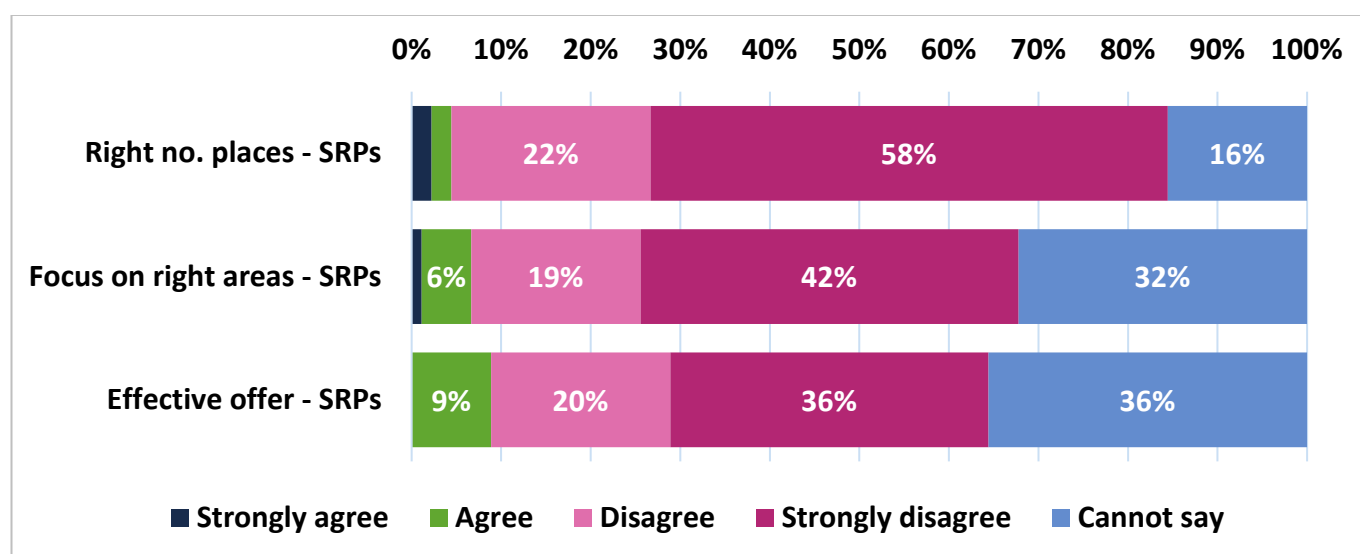
School leaders and SENCOs we engaged also welcomed the strategy behind establishing SRPs and the principle behind the model. Both parents and carers and education practitioners questioned whether there were sufficient SRP places to meet the needs of the local area. School leaders questioned the data on which decisions to commission SRPs for autism and speech, language & communication needs had been taken, and (reflecting the point made in Part A) whether this reflected the needs for which SRPs were most needed.

'I'm aware that there have been more SRPs established in Bracknell Forest, but this does not meet the demand for spaces, as when they were consulted, they were all full and his mainstream school was named.'

Parent / carer

These comments were borne out by the responses to our survey. As the chart below shows, eight in 10 respondents disagreed (22 per cent) or strongly disagreed (58 per cent) that there were the right number of SRP places. Six in 10 (61 per cent) disagreed (19 per cent) or strongly disagreed (42 per cent) that the SRPs were focused on the right area, while one in three (32 per cent) could not say. Similarly, just over half (56 per cent) disagreed (20 per cent) or strongly disagreed (36 per cent) that the current offer was effective, while one in three (36 per cent) could not say. For the questions about whether the SRPs were focused on the right area and the offer was effective, almost half of the practitioners that responded, "cannot say".

Chart 17 – Views on the SRP offer in Bracknell Forest (Stakeholder survey)



Concern were raised about the alignment between strategic planning of provision and operational decision-making about placements. Education leaders and SENCOs described a concern that, despite SRPs being established to support a certain profile of need, those SRPs were often consulted on or received placements of children for whom the SRPs were not the right placement. Staff in schools with SRPs considered that placements were often not related to strategic planning, but the necessity of funding a placement for a child. As a result, they considered that the SRPs were, in some cases, acting as a holding ground for pupils who needed a place in a special school. In other cases, those school staff also considered that they had pupils in the SRPs with lower levels of needs than pupils placed in the mainstream school.

We heard an overall message about the lack of a clear vision for how the roles of the SRPs and special schools should fit together, and complement one another, as well as how the new SEMH special school (Hawthorn Academy) was designed to fit with existing specialist provision. As a result, as one parent put it, the system in Bracknell Forest is characterised by ‘inclusion by circumstance, rather than by being inclusive.’

Special school placements for the current EHCP cohort



Key finding:

A much smaller proportion of the EHCP cohort are in state-funded special schools, and a much higher proportion are in independent schools.

The type of provision that CYP with an EHCP in Bracknell Forest are placed in looks very different to the England average. A much smaller proportion of the cohort are in state-funded special schools, and a much higher proportion are in independent schools. In fact, the proportion of the EHCP cohort placed in state-funded special schools has continued to fall, down to just 14 per cent in 2025, which is among the ten smallest proportions of all England local authorities.

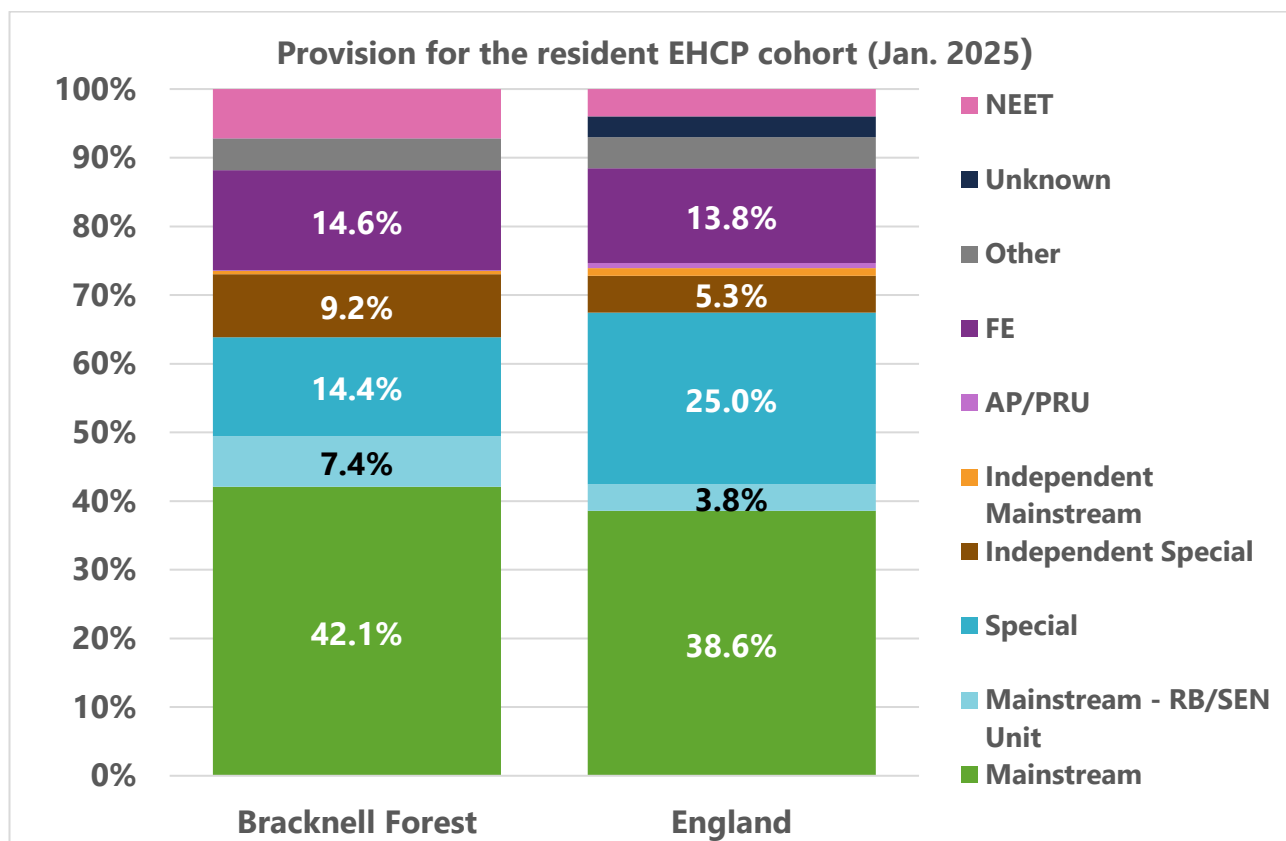
This numbers in state-funded special schools are low even despite including the relatively high number of pupils with EHCPs travelling across local authority borders to attend to state-funded special schools in other areas. Of the residents attending state-funded special schools, more than two in every five (41.4 per cent) were attending special schools in other local authorities in 2025, the fifth highest proportion in England.

The small proportion of the EHCP cohort in state-funded special schools in Bracknell is closely tied to the lack of capacity described above. In January 2025, Kennel Lane School was the only state-funded special school open in Bracknell Forest. The lack of local state-funded special school capacity in turn means a high proportion of EHCP pupils are placed in independent specialist provision. In 2025, one in every ten (9.7 per cent) CYP with an EHCP in Bracknell Forest were in independent or non-maintained provision, the 18th highest proportion of all local authorities in England.

This reliance on independent providers has a large impact on council expenditure, since these placements are typically more expensive than in other settings. The top up funding budget for independent providers was £421 per capita in the 2025/26 financial year, the seventh highest of all local authorities in England, and almost double the England average of £218 per capita.

The provision for EHCP pupils in Bracknell Forest also looks different to the England average due to its higher proportion in resource bases or SEN units attached to state-funded mainstream schools. At 7.4 per cent, the proportion of EHCP pupils in resource bases or SEN units is in the highest quartile of local authorities in England, and more than double the England average of 3.8 per cent.

Chart 18 – Resident EHCP cohort by provision type (SEN2)



Within this overall picture of EHCP provision in Bracknell Forest, there are some variations by age group. In 2025, in Bracknell Forest a slightly higher proportion of primary aged (between 5-10-year-olds) CYP with EHCPs were in state-funded special schools (19 per cent), compared to the proportion of secondary aged (11-15-year-olds) EHCPs of 15 per cent. This differs to the average across England, where just over a quarter (25.7 per cent) of primary aged EHCP pupils are in state-funded special schools, increasing up to a third (34.1 per cent) of secondary aged pupils with an EHCP.

Specialist provision gaps



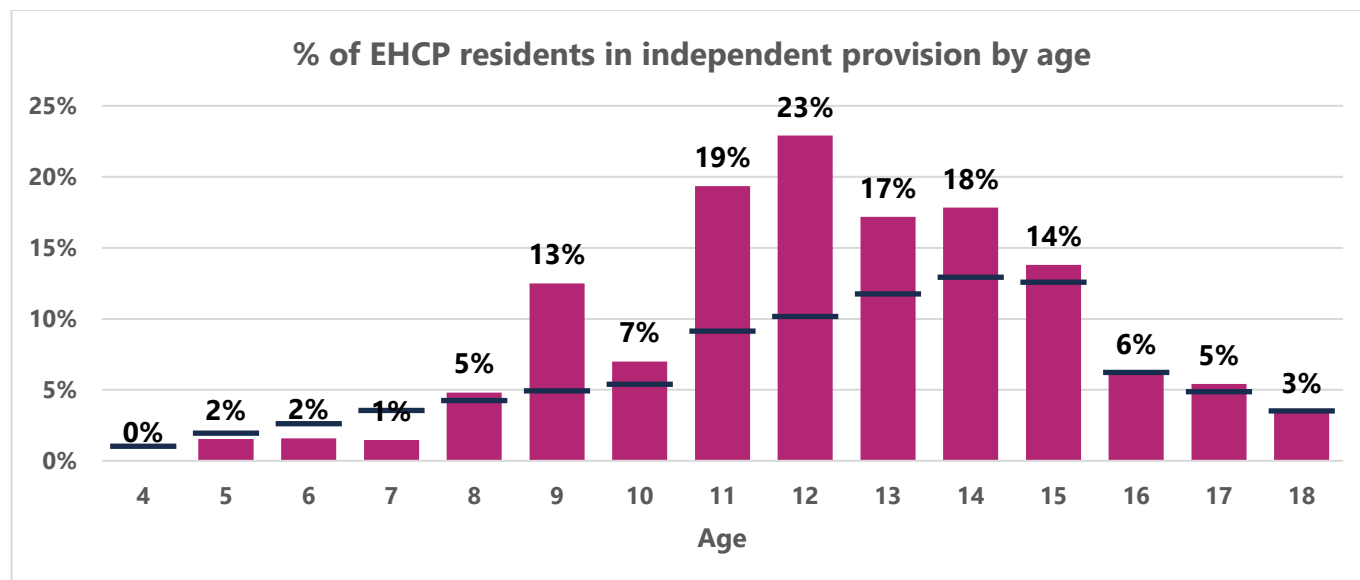
Key finding:

A large number of independent school places are commissioned for autistic secondary school students.

We can explore the proportions of EHCP pupils in independent provision as an indication of the gaps in the local state-funded offer. This reveals that the largest gaps are for autistic secondary aged children or those with SEMH needs. Across England, as well as in Bracknell Forest, independent placements are more commonly commissioned for secondary aged children than primary aged children (only six per cent of five to 10-year-olds with a EHCP in Bracknell Forest were in independent provision in January 2025, compared to 18 per cent of 11-15 year-olds with an EHCP). However, the proportions of secondary aged pupils in independent provision in Bracknell Forest are particularly high – this is most notable for 11 and 12 year-olds with an EHCP, where more than a fifth are in independent or non-maintained provision, as shown in the chart below.

Contrasting the proportions in independent provision with the proportions in state-funded special schools adds further weight to the hypothesis that independent schools are being commissioned to plug gaps in the local state-funded offer. The age groups that are most disproportionately placed in independent provision are also the most underrepresented, compared with England averages, in state-funded special schools.

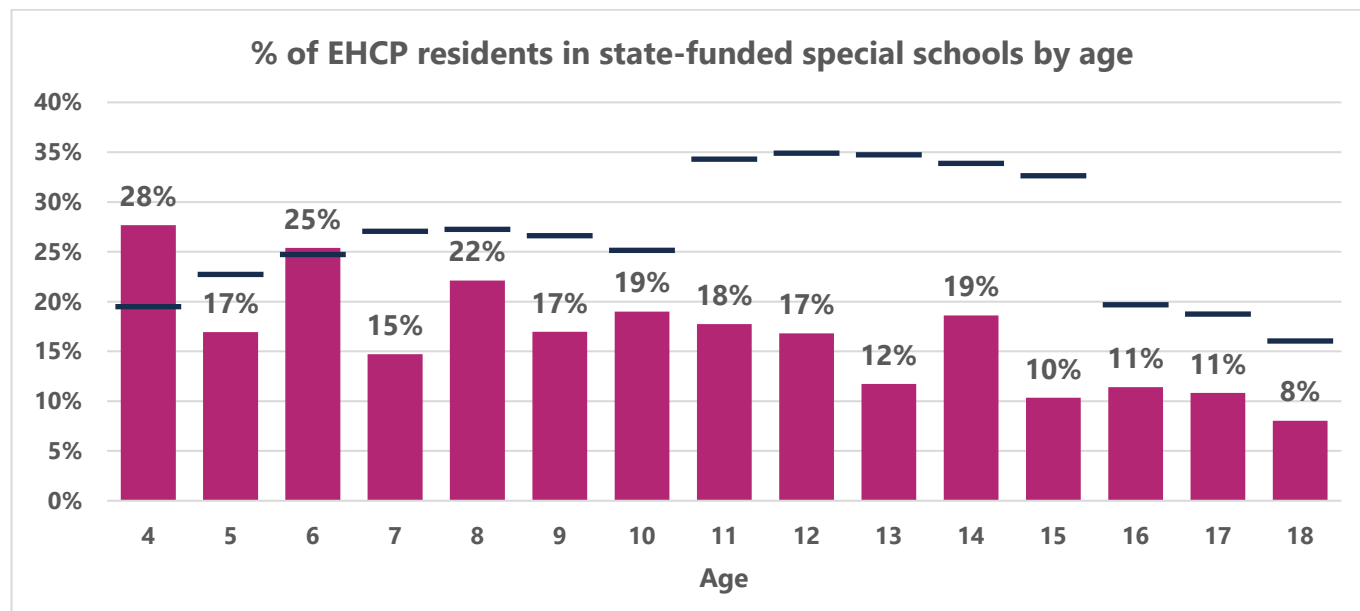
Chart 19 – Proportion of the EHCP cohort in independent provision by age (SEN2)



Key:

- Bracknell Forest
- England average

Chart 20 – Proportion of the EHCP cohort in state-funded special school provision by age (SEN2)



Sufficiency of special school provision



Key finding:

Feedback on the existing special school provision was positive, but there is concern that the overall offer of special school provision was not sufficient.

Most parents and carers who had direct experience of Kennel Lane were largely positive about the support that their child had received. The concern was that Kennel Lane is full from reception, which means children who require a place later in their education cannot get one. There is a pressure point for children moving between primary and secondary school, where the lack of spaces in local specialist provision means that children needing a special school place have to be educated outside the borough and/or state-funded sector. The new SEMH special school at Hawthorn Academy is intended, in part, to respond to this need. There had also been plans to open another special free school, but we understand that these plans are on hold.

The other concern raised by parents and carers, and by some education leaders, is that the needs that Kennel Lane is being asked to meet have changed, particularly with more severe and profound and multiple needs, which have implications for how the school and its buildings can be adapted.

'Kennel Lane SEN school is excellent but definitely needs updating.'

Parent / carer

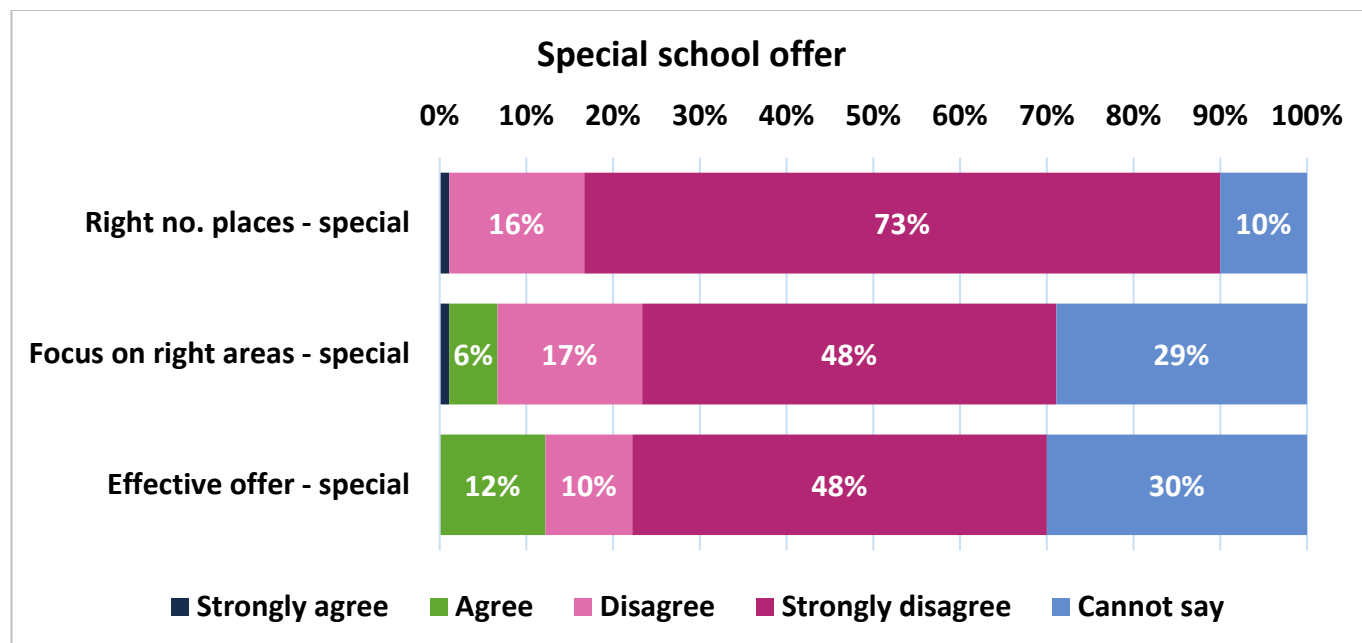
'I believe the special school in the borough, Kennel Lane, is very good but oversubscribed and no chance of getting a place.'

Parent / carer

In our survey, we asked the same questions about the offer of special school provision that we asked about the SRPs – whether there were sufficient places, whether provision is focused on the right areas of need, and whether the current offer is effective. As the chart below shows, the pattern of responses about special school provision was similar to that for the SRPs.

- Nine in 10 (89 per cent) disagreed (16 per cent) or strongly disagreed (73 per cent) that there is currently the right number of special school places. Parents and carers were slightly more likely to disagree than practitioners.
- Almost two thirds (64 per cent) disagreed (17 per cent) or strongly disagreed (48 per cent) that the current special school offer is focused on the right areas, with almost one third (29 per cent) unable to say. Among parents and carers, the most common response (67 per cent) was 'strongly disagree', whereas among practitioners it was 'cannot say' (44 per cent).
- Over half (58 per cent) disagreed (10 per cent) or strongly disagreed (48 per cent) that overall, the current special school offer is effective, with a third (30 per cent) also responding 'cannot say' to this question. Among parents and carers, the most common response (61 per cent) was 'strongly disagree', whereas among practitioners it was 'cannot say' (38 per cent).

Chart 21 – Stakeholder views on the special school offer (stakeholder survey)



What health provision is there for CYP with SEND?

What is the current offer of health support?

Health services for children with SEND are currently commissioned by Frimley ICB. This covers Bracknell Forest, the Royal Borough of Windsor and Maidenhead, and Slough. From April 2026, the East Berkshire local authority areas will join Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (ICB) to form a new Thames Valley ICB. Many of the health services provided for children with SEND are provided by Berkshire Healthcare NHS Foundation Trust. In this strategic needs assessment, we have focused on the following services:

- the neurodevelopmental assessment pathway;
- speech and language therapy (SALT);
- mental health support, including child and adolescent mental health services (CAMHS);
- physiotherapy;
- occupational therapy; and
- school nursing.

The children's health offer, joint planning and commissioning



Key finding:

There is work underway to transform aspects of the children's health offer, but there are gaps in areas where joint planning and commissioning is needed.

There are several large-scale "transformation" projects underway that aim to reshape the offer of health services and therapies for children with SEND, particularly in relation to neurodiversity and mental health. The principle behind these approaches is to bolster universal and community services and engage in joint working with practitioners from other disciplines. There is, however, concern about what the consequence of the reorganisation of local health commissioning responsibilities will be, and whether this will reduce capacity for joint working with services in Bracknell Forest. Moreover, there is little joint planning established between the council and ICB, the consequences of which were highlighted to us in the form of duplication and/or gaps in support for autistic children and those with mental health needs. In terms of the neurodevelopmental pathway, we heard a strong view from parents and carers about the lack of support during and after assessment. Health service leaders agreed with this and recognised the lack of parental support and a service to support sleep for neurodiverse children. The new all-age autism strategy and plans to transform the neurodevelopmental pathway aim to put greater emphasis on support before and after assessment and diagnosis.

'Once diagnosis of neurodiversity happens there is no support for the parent carers other than a three -week course that is not run by GEMS 4 Health and costs additional money for parents. There is no care plan for the child or young person as outlined in NHS guidance.'

Parent / carer

Another area of the health offer that attracted significant feedback in our research was around support for children's mental health. Health leaders spoke about the development of the "Getting Help" initiative, and the rollout of mental health support teams (MHSTs) in schools, which they considered had strengthened the pathway and reduced referrals to child and adolescent mental health services (CAMHS). Feedback from education leaders was mixed, specifically on the mental health support teams (MHST) offer. School staff were positive about the training for staff and parents. SENCOs argued strongly that the MHST offer was not sufficiently different to what schools themselves offered. SENCOs and described examples where they had sought help from the MHST for an individual pupil only to be told that the pupil's needs were "too complex" for the MHST. School staff argued that this meant there was a significant gap for children whose needs were more complex than schools could support on their own, but whose mental ill health was not at a level where they would meet the criteria for CAMHS support. Education and health practitioners also identified a gap in support for autistic children or children with cognition & learning needs who also had mental health needs. Parents and carers considered that the offer for mental health support was too rigid, and there were gaps (e.g., recognition of post-traumatic stress disorder in children below the age of 16; a pathway for children with foetal alcohol syndrome).

Waiting times and service capacity



Key finding:

Feedback was generally positive about some aspects of the offer, but the issue was the time it took to get support and the capacity of services to provide it.

This was particularly the case for speech and language therapists (SALT). Education practitioners and parents and carers were generally positive about the quality of SALT support when they received it. The issue, for them, is the length of time that is needed to access support and the mismatch between the capacity of local services and the demand for support. Health service leaders recognised that, at present, demand outstrips capacity, which is exacerbated by recruitment challenges and the demands to provide advice for increasing numbers of EHCNAs. We understand that the SALT service have undertaken work to reduce a backlog of referrals, which has meant fewer children waiting more than 52 weeks. That said, the experience of many setting and school staff, and of parents and carers, has been that the offer of SALT has been 'drastically lacking' and that 'we are crying out for it' (in the words of one primary school leader).

We heard similar messages, though not in the same volume, about other services. In terms of occupational therapy, feedback from parents was mixed, with some positive about the support received and others saying the lack of support meant they had sought help through private occupational therapists. Parents and school staff commented on the long waiting lists (they understood these to be two years), with children seen every few years after that. School staff thought that the triage process was

not effective (specifically that it asked them to repeat information they had already provided) and the offer of support was largely non-existent. This was a theme for some other services, where school staff and parents and carers commented on the lack capacity from therapy services to meet and assess a child, rather than relying on second-hand evidence.

'... there are major shortfalls in access to key specialist services: support for speech and language therapy, educational psychology, and occupational therapy is particularly limited, leaving schools struggling to meet children's needs effectively. These gaps mean that both children and staff are not receiving the level of support required to ensure positive outcomes.'

Primary school headteacher

'[The gap is] Speech and language support – very few visits and outside support.'

Early years practitioner

'Getting a referral to Speech and Language, OT or Physio takes far too long.'

Parent / carer

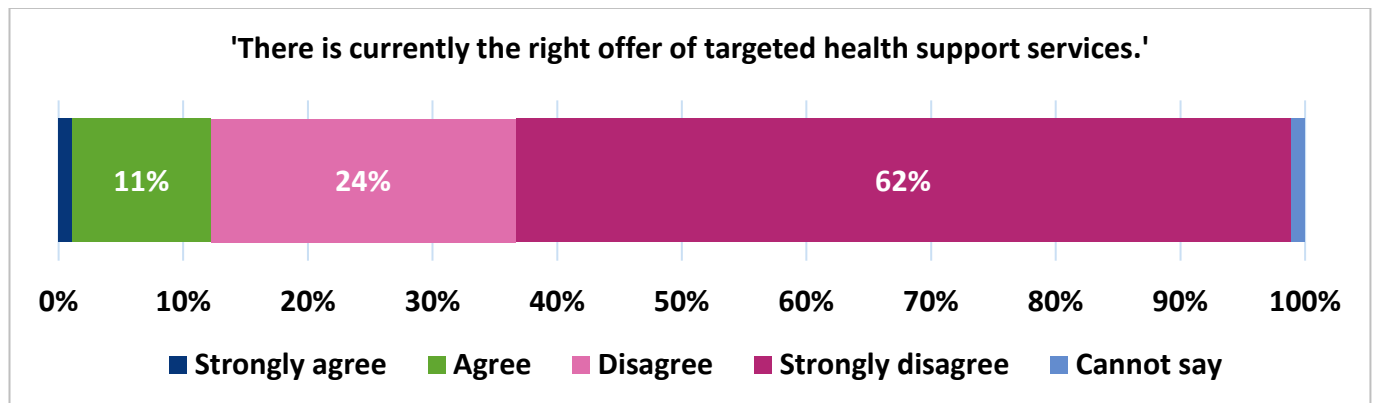
'[The gap is] any integrated therapy where the child is actually met and observed instead of relying on others to report.'

Parent / carer

In terms of physiotherapy, the feedback we received was generally positive about the responsiveness of the service and the quality of support (notwithstanding the time it took to get support). School leaders across all types of schools considered the offer of school nursing was not sufficient to meet the needs of their pupils.

In our survey, we asked a question about whether there is the right offer of targeted health support services for children with SEND in Bracknell Forest. The results are shown in the chart below. Overall, just under nine in 10 (87 per cent) either disagreed (24 per cent) or strongly disagreed (62 per cent). Parents and carers were slightly more likely to strongly disagree or disagree (92 per cent) than practitioners (79 per cent).

Chart 22 – Stakeholder views on the health offer for CYP with SEND (Stakeholder survey)



How effective is early help and social care provision?

What is the current offer of early help and social care support?

The current offer of short breaks for families of children with disabilities is provided through a five-bed residential unit at Larchwood. The offer of short breaks is currently being redesigned.

There are three Family Hubs and one Youth Hub in Bracknell Forest, providing a central point in the community for families and young people to access support and services in their communities.

Support for attendance is located within Early Help in Bracknell Forest.

Short breaks for CYP with SEND and their families

Key finding:



While the offer of short breaks is highly thought of, parents raised concerns about the lack of holiday / community activities for parents of children with SEND.

We heard very positive feedback from parents and carers about the Larchwood residential unit – both for the short breaks themselves, but also for the supportive staff who work there. The concern, voiced by parents and carers, was that the offer itself felt too limited for children with disabilities, and left gaps for children with other additional needs.

'Short breaks worker ... is lovely, it just feels very limited / gap for children that do not have a learning disability but cannot cope with mainstream clubs due to their neurodiversity needs.'

Parent / carer

Parents and carers commented positively on the weekend and holiday activities commissioned from KIDS. Again, they highlighted the value of both the provision itself, but also the knowledge and responsiveness of the staff. The concern for parents and carers was the lack of wider holiday schemes, clubs and social activities that children with SEND could access.

'Care outside of school hours & during the school holidays when a lot of families struggle. More respite places would be great with more spaces available at KIDS or similar.'

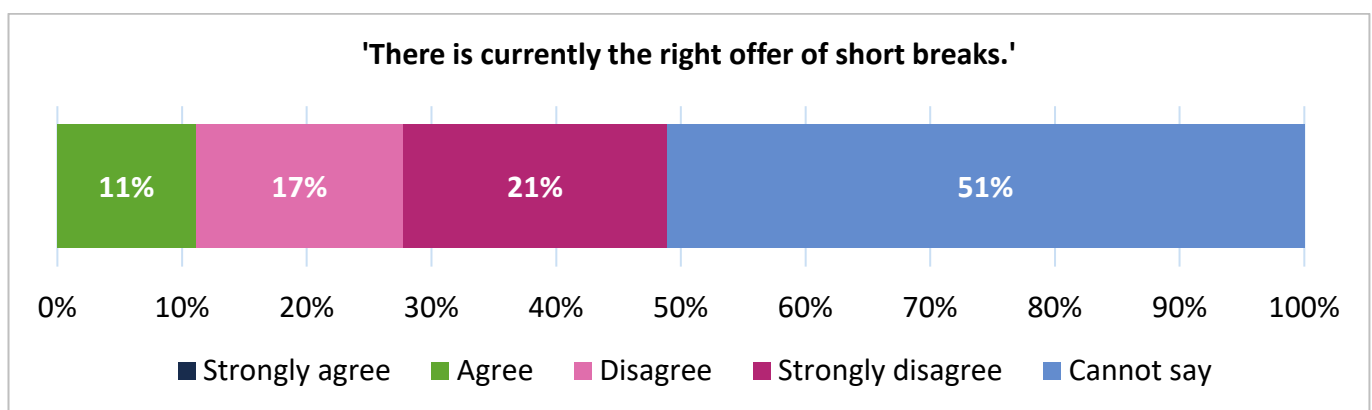
Parent / carer

'Need more after school / holiday places SEN children can attend.'

Parent / carer

This is borne out by the responses to our survey, where we asked if there was currently the right offer of short breaks for families. Half of the respondents (51 per cent) could not say, and the remainder were split between strongly disagree (21 per cent), disagree (17 per cent) and agree (11 per cent). Almost seven in 10 (69 per cent) practitioners could not say, whereas the most common response among parents and carers was strongly disagree (55 per cent).

Chart 23 – Stakeholder views on the short breaks offer (Stakeholder survey)



We also heard positive comments from young people about the Youth Hub. They highlighted value of having a safe space that CYP could go to and socialise, which also helped to offer some targeted support.

'Youth club is mental support – if I didn't have it, I'd just stay at home.'

Young person

Early help and children's services support

Key finding:



While there are strengths to the early help and children's services offer, there are also areas where the offer is not sufficiently joined-up with support for CYP with SEND.

The early help offer in Bracknell Forest is highly regarded, and practitioners were able to share evidence with us of the low rates of re-referrals to early help. In terms of its effectiveness for families of children with SEND, we heard a range of views. Some school leaders described the offer as good and responsive, once they had been through the initial steps in the process necessary to access support. Other school leaders considered that those steps were more like "hoops" to jump through and was overly "process-y", with lengthy forms to complete. Some school leaders went further and argued that the offer

of early help support was not sufficiently different and did not offer enough that was additional to what schools were asked to do. The parents and carers we engaged echoed this latter view.

‘The expectation of what you do prior to putting in a referral, working with a family for a specific amount of time. If this is our offer, as a school, what is the early help offer? It is not tiered enough. It is invisible what early help bring. If we do X, Y and Z with a family ... we get early help, and they can offer, what? It feels like a process, rather than being helpful.’

Primary school SENCO

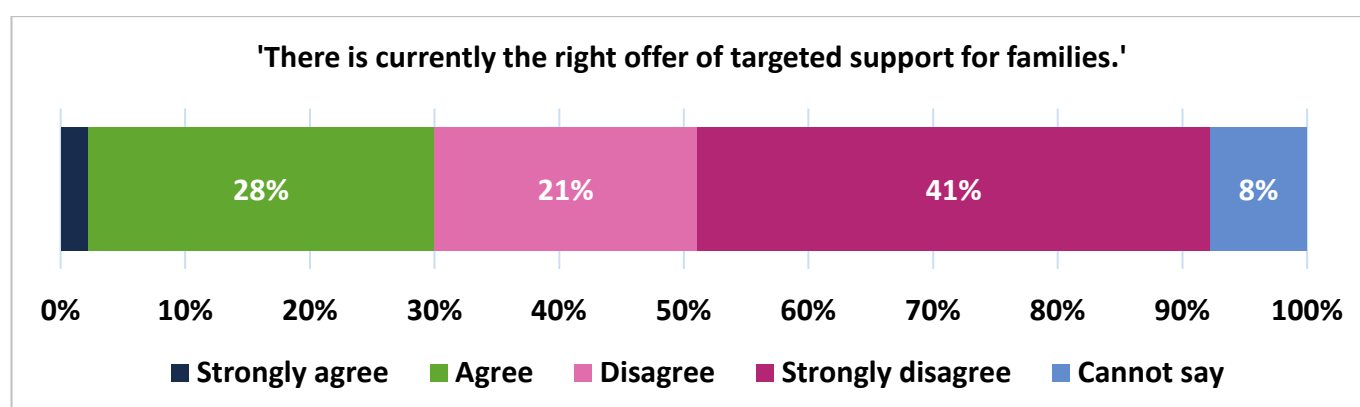
‘Early help is not very early, and not very helpful.’

Parent / carer

As mentioned above, responsibility for school attendance sits within early help services currently. We described in part one the strong association between school absence and SEN identification. School leaders and SENCOs considered that there was not a well joined-up approach to supporting attendance of pupils with SEND. They argued that, more often, the support provided focused on giving parents advice to get their child into school (and was dependent on whether parents were in a position to act on that advice), and not on the barriers to attendance that children were facing (often related to emotionally based school non-attendance, EBSNA).

This mix of views was also seen in responses our survey. As shown below, a third (30 per cent) of respondents either strongly agreed (2 per cent) or agreed (28 per cent) that there is currently the right offer of targeted support for families, but almost two thirds (62 per cent) either disagreed (21 per cent) or strongly disagreed (41 per cent). Responses from practitioners were more positive, with half either agreeing (44 per cent) or strongly agreeing (five per cent), while eight in 10 parents and carers either disagreed (25 per cent) or strongly disagreed (55 per cent).

Chart 24 – Stakeholder views on the offer of support for families (stakeholder survey)



We heard positive feedback from parents and carers about aspects of the offer of children’s social care support for children with SEND. There was particularly positive feedback about the occupational therapy offer within children’s social care, with one parent saying the support with sleeping behaviour had ‘changed everything for our family.’ More broadly, however, children’s social care and SEND service

leaders considered that there was a gap in the early identification of adolescents with SEMH needs, who were often known to one or both services. They considered that these children's lived experiences were not recognised soon enough and a joined-up offer of support put in place, meaning they were often labelled for displaying "socially unacceptable behaviour" and action only taken when their situation escalated. In the sample of EHCNAs that we reviewed, it was often the case that contributions from children's social care services were not provided to be included in Part D of the plan (or where it was, the contribution was just a chronology of involvement), and a standard line about support being provided from the local offer was given in Part H.

How effective is preparation for adulthood?

What is the current offer of support for preparation for adulthood?

Most post-16 education provision is accessed through Activate Learning, which is responsible for Bracknell & Wokingham College and Reading College. Study programmes are offered in a range of subjects and at different levels, focusing on the one hand on life skills and preparation for adulthood, and on the other on supported internships and routes into the world of work.

Responsibility for supporting preparation for adulthood sits between the SEND Service (for children with EHCPs), and services focusing on careers advice, supported employment and NEET prevention, with involvement from adult services for children who will need ongoing social care support.

Support for preparation for adulthood in Bracknell Forest

Key finding:



The current offer of support for preparation for adulthood is still developing in Bracknell Forest, transition planning is sometimes ineffective, and NEET rates are high.

Council officers, post-16 practitioners and parents and carers identified some positive and promising aspects of the local offer of support for preparation for adulthood but also highlighted areas where the current offer needs to be strengthened. In terms of post-16 study programmes, Council officers and post-16 education practitioners both acknowledged that the current range of options does not meet the needs of all young people with SEND.

The local authority offer of supported internships is in its infancy and has not been connected with the supported internship programme offered by local colleges. According to the 2025 SEN2 data, only two CYP with EHCPs were in an apprenticeship, and none were on traineeships or supported internships. However, when interviewing providers, it was suggested that this data may be an underrepresentation of alternative pathways take up.

Council officers and post-16 education practitioners also noted that, until recently, there had not been a strategic lead within the Council with direct responsibility for post-16 education for young people with SEND. An appointment to this role was made recently (before the start of this strategic needs assessment) and is something that practitioners have welcomed. There will need, however, to be clarity about the remit of this role, and scope to take a more proactive approach to identifying future needs so that post-16 providers can respond and develop programmes that match those needs. There also needs to be greater join-up between strategic leaders, caseworkers and finance officers in this space to ensure that the strategy of developing provision that prepares young people for adult life matches day-to-day decisions about placements and funding.

Planning for the transition to adult life

The mechanisms for joining up planning and support for the transition to adulthood for young people with SEND are not well developed. During this project, practitioners and parents / carers commented on the fact that there is no specialist post-16 and preparation for adulthood expertise within the SEND Service, while services that focus on careers advice, supported employment and NEET do not have specific advice in relation to SEND. Practitioners highlighted examples of the consequences of a lack of joined-up planning, such as the lack of focus on independence in social care plans and the lack of focus on preparation for adulthood outcomes in EHCPs.

‘... lack of specialist support for preparing for adulthood.’

Parent / carer

Post-16 education practitioners specifically described concerns about EHCPs that were not up-to-date and did not contain outcomes relevant and appropriate to post-16 education and preparation for adulthood. Post-16 education and adult social care practitioners expressed concern about the lack of preparedness and independent life skills – and connections to peer networks and the local community – of young people who had previously been in out-of-borough special schools.

In addition, practitioners from post-16 education and council services suggested that the infrastructure to plan and track transitions for young people who needed support from adult services was lacking. As a result, there could be a “cliff-edge” in support for young people moving between children’s services, SEND services and adult social care.

Mixed experiences of support in preparing for adulthood

We heard some positive examples from young people and families. The common characteristic in these examples were young people being able to find study programmes that matched their aspirations and interests, but also that the environment where they studied and the support available were tailored to their needs.

‘The support team at my college is a lot bigger, they help a lot more.’

Young person

We heard other examples, however, where young people had struggled to cope in larger colleges and in some cases had dropped out of education altogether and become NEET. Parents and carers specifically highlighted the impact on mental wellbeing for young people where their placements in post-16 college education were at risk of breaking down.

‘Post-16 I was told every child struggles at college and if they didn't want to carry on with education that was up to them. This was not the case they did but couldn't cope in mainstream college and their mental health was ignored.’

Parent / carer

‘For young people who fall in between mainstream and special schools, there is a massive disservice. Needs are not supported enough which is massively impacting mental health amongst our young people. Pushing them into mainstream with staff that are not adequately trained or have understanding is failing our young people. Preparation for Adulthood is abysmal for this cohort.’

Parent / carer

These responses are borne out by responses to our survey, where we asked two questions – one about whether there was the right offer of support for preparation for adulthood, and the other about whether young people were well supported in preparing for adult life. What was striking was the high proportion of ‘cannot say’ responses to both questions. This was most pronounced among practitioners (unsurprisingly, given the number of responses from early years settings and primary schools) – 62 per cent of practitioners responded ‘cannot say’ to the question about whether Bracknell Forest currently has the right offer of preparation for adulthood support, while 56 per cent gave the same response to the question about whether young people are well supported to prepare for adult life. Of those parents and carers who expressed a view on the current offer of support the vast majority strongly disagreed that it was the right offer. On the question as to whether young people were well supported to prepare for adult life, almost three quarters (71 per cent) of parents and carers either disagreed (14 per cent) or strongly disagreed (57 per cent).

Post-16 specialist provision and NEET rates

We know that 16-19-year-olds make up a disproportionately large proportion of Bracknell Forest’s EHCP cohort. In line with the England average, around half of the EHCP cohort aged 16-19 years old are in Further Education (FE) institutions, but (in line with the EHCP cohort in Bracknell Forest generally) a smaller proportion of 16-19-year-olds are in state-funded special schools (8.4 per cent) compared to the England average of 16 per cent.

Perhaps partly driven by the lack of specialist post-16 provision, 93 16-19-year-olds with an EHCP were NEET, just under one quarter of the cohort. This is higher NEET rate than seen across England. Across England, 16.4 per cent of the 16-19-year-old EHCP cohort was NEET or in an unknown placement across England.

C. Forecast for the cohort of CYP with SEND

Our forecast for the future growth in SEND need in Bracknell Forest including alternative scenarios.



Introduction

Having outlined the current needs of the SEND cohort in Bracknell Forest, and the provision and support offered, it is also important to consider what we know about how needs will change over time. We have produced a forecast for the scale and nature of future need, both in terms of SEND primary need and the type of specialist provision required. This section outlines the key findings from this modelling.

While forecasts are unlikely to be able to predict the exact growth in the cohort, there are important takeaways that remain true across all scenarios that we modelled.

Key findings

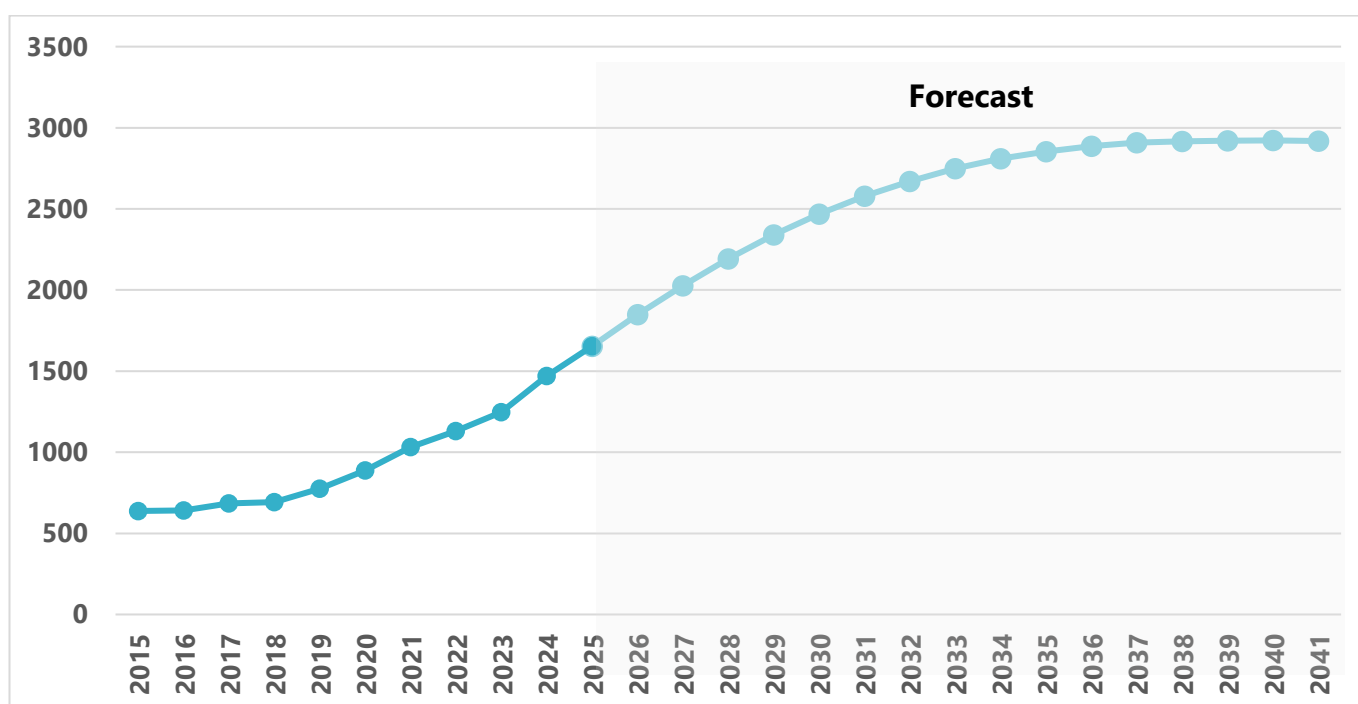
- The EHCP cohort will continue to grow in the coming years, with particularly large growth at secondary and post-16.
- Growth in the cohort of pupils with SEN support has been, and is likely to continue to be, much more modest.
- Growth will be largest for the ASD, SEMH, and SLCN cohorts, with little to no growth across other primary need groups.
- There will be growth in the need for specialist provision.
- It is very likely that there will be an increase in the numbers of secondary school pupils placed in independent providers, unless additional state-funded capacity can plug existing gaps and meet future needs.
- Given that a large majority of placements at independent schools are for those with ASD or SEMH needs, the forecast growth of those cohorts has clear implications for future finances.

What growth will there be in the SEND cohort?

Growth in need will continue

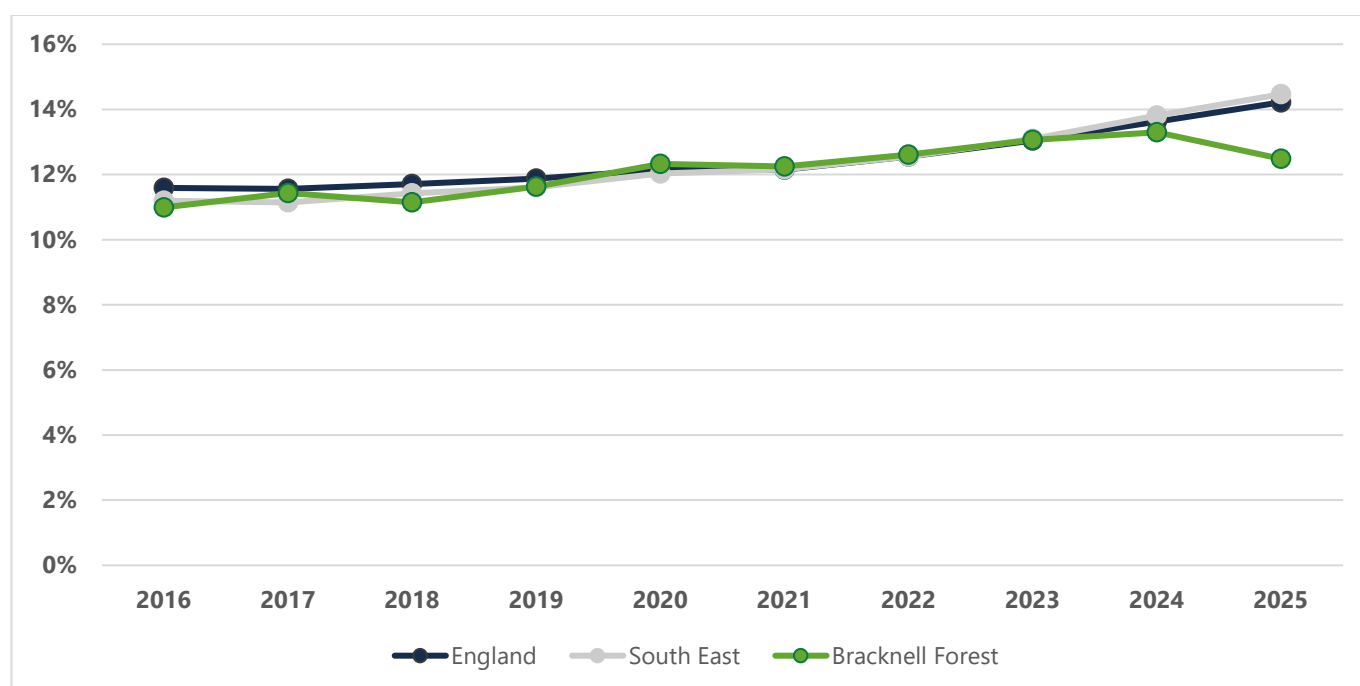
In the initial “unmitigated” scenario, which assumes that the levels of issuing new plans and ceasing plans for older age groups remain at the same as in 2025, we have forecast continued growth in the resident EHCP cohort in Bracknell Forest. This unmitigated scenario forecasts the overall EHCP cohort increasing up to almost 2,400 by 2030 (equivalent to 740 more plans than as of January 2025 – a percentage increase of 45 per cent).

Chart 25 – EHCP Cohort Forecast



As shown in the charts below, the growth trend in the EHCP cohort has not been matched by growth in the cohort with SEN support in Bracknell Forest schools. This reflects the findings above the local stakeholders are reporting a growing complexity of need. While we may well see some growth in the numbers of pupils on SEN support, particularly if there are changes to the EHCP system. It is the growth in the cohort of CYP with the most complex needs, who will be issued with EHCPs, that is most stark and is forecast to continue.

Chart 26 – SEN support cohort growth (school census)



Alternative scenarios all show further EHCP cohort growth



Key finding:

EHCP cohort growth is forecast across a range of alternative scenarios, though the pace of growth will depend on changes in local practices.

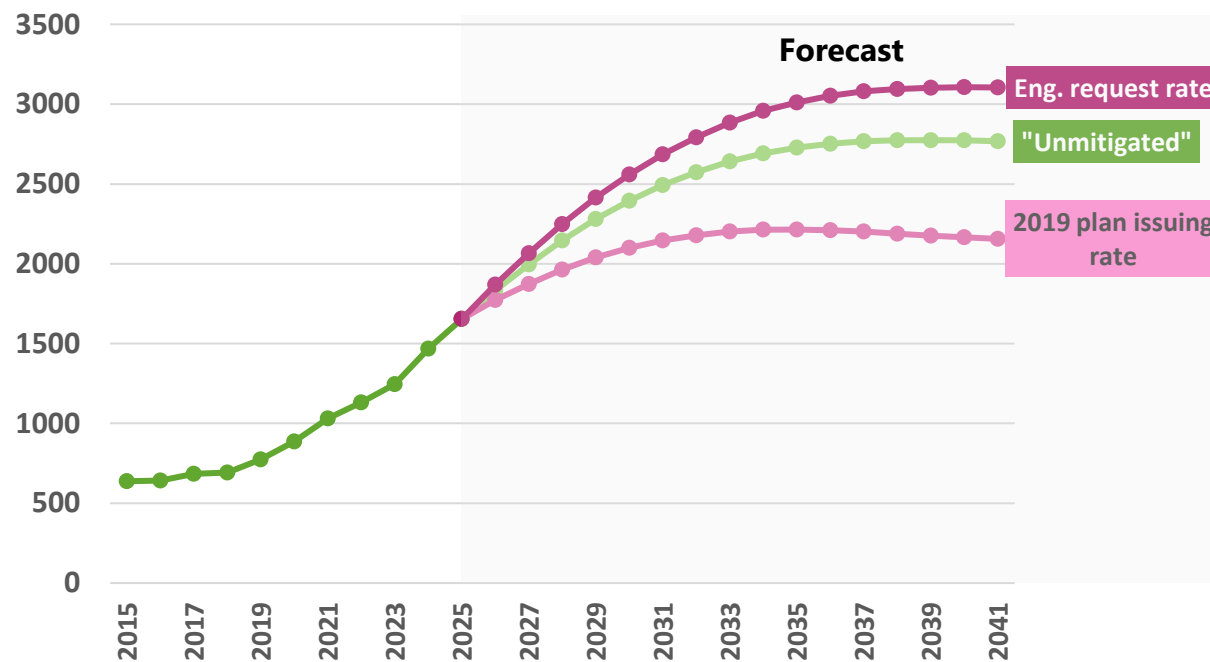
In addition to the baseline “unmitigated” forecasts (assuming request rates and issuing/ceasing practices remain at the 2025 level), we have also considered a number of variations. In these alternative scenarios we have adjusted the key factors that control the size of change in the EHCP cohort each year including: the assessment request rate, the refusal rate, the ceasing rate, and the rate of plans issued to the reception cohort specifically. Although the rates of growth differ, we forecasted an increase in the number of CYP with EHCPs over the next five to ten years, across all the scenarios we considered.

The chart below indicates the size of cohort growth forecasted in two of these scenarios:

1. In the case that the rate of EHCP assessment requests increases to be in line with the England average (with no increase in the proportion of requests refused or ceased), we are forecasting even more growth in the EHCP cohort, reaching 2,560 EHCPs by 2030.
2. On the other hand, in the case that the number of new plans issued dropped back down to pre-pandemic (2019) levels, there would still be growth in the EHCP cohort (due to the larger primary phase cohort keeping their existing plans on as they move up into the secondary and post-16 phases, and new plans continued to be issued), but the forecast cohort size by 2030 would be much lower at 2,100 CYP with EHCPs.

This highlights that the level of EHCP assessment requests is the single most important driver of growth in the EHCP cohort. If needs can be better met before escalation to an EHCP assessment request, then the forecast cohort growth can be kept much lower than in the “unmitigated” model.

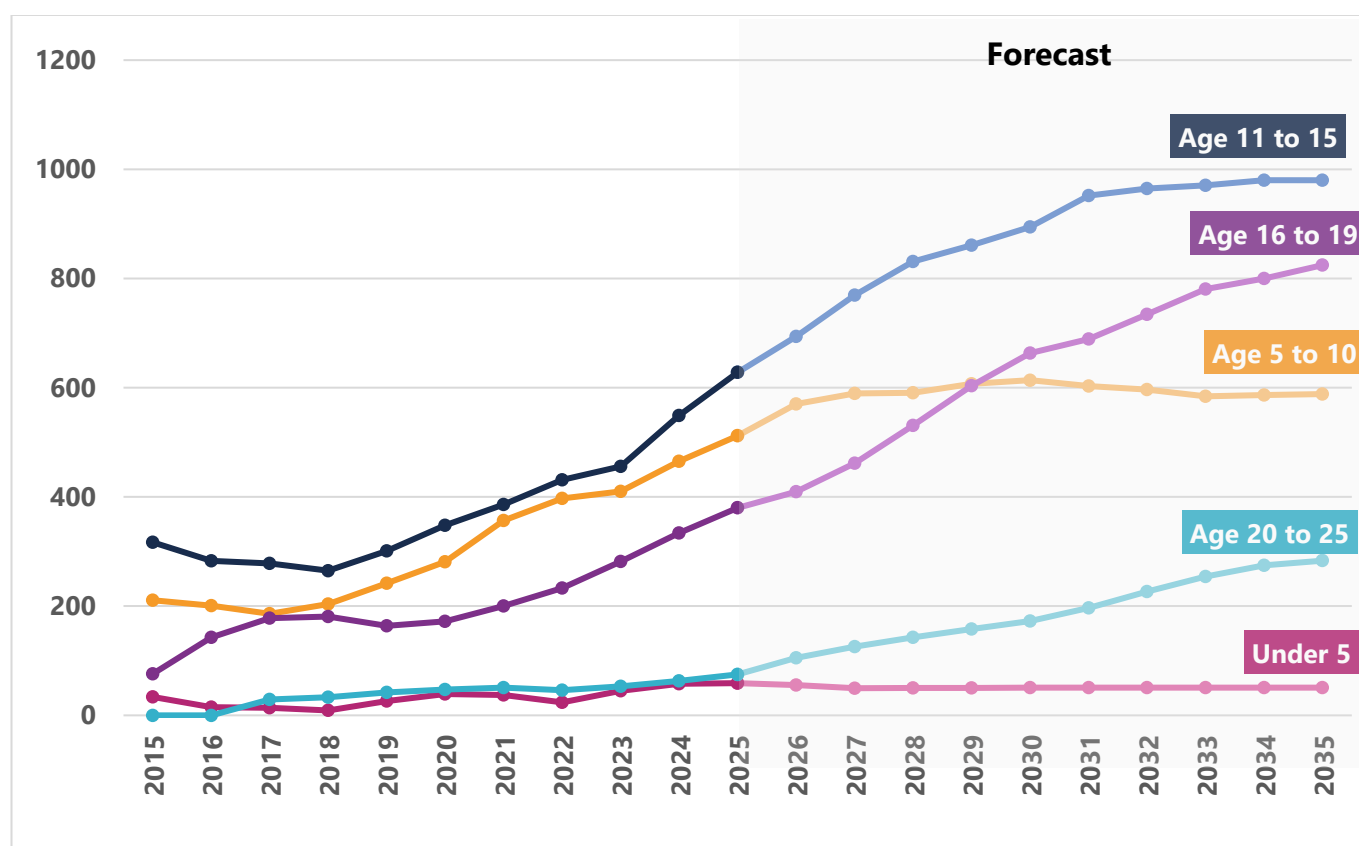
Chart 27 – EHCP cohort forecasts for three different scenarios



There will be particularly large growth at secondary and post-16

The EHCP cohort forecast has clear implications for local understanding of need by age group. As shown below, the substantial historic growth in the primary school age cohort is yet to fully flow into secondary. Similarly, the post-16 cohort has grown and will continue to grow further, and so this will lead to a big uptick in the numbers of 20 and 25 years old (unless EHCP ceasing practices change).

Chart 28 – EHCP Cohort Forecast by Age Group

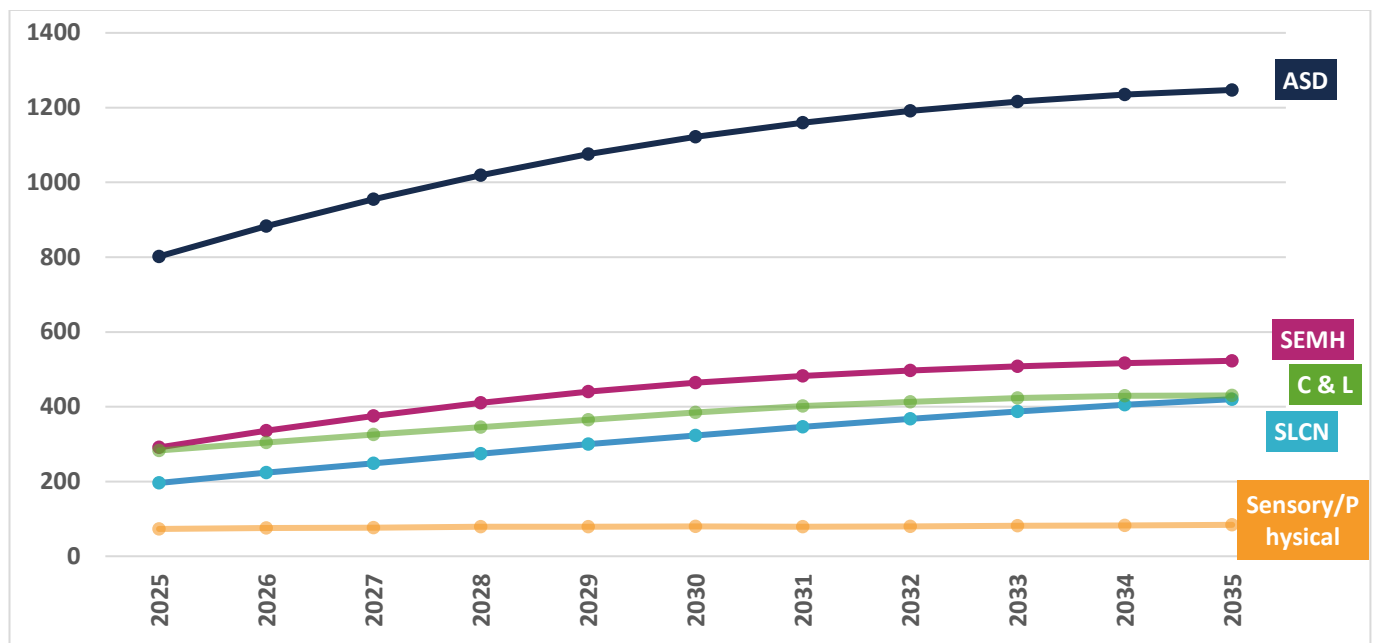


The big three primary need groups will continue to grow fastest

The need profile of the EHCP cohort has been discussed in detail above. Here we have produced analysis of how that need profile is likely to change over time. We forecast that the largest growth will be among the ASD, SLCN and SEMH primary need cohorts, growing by 55 per cent, 114 per cent and 79 per cent by 2030, respectively. These groups make up the vast majority of all new EHCPs issued.

Given that a large majority of those with placements at independent schools are from the ASD or SEMH primary need cohorts, the growth in those cohorts has clear implications for future finances. If state-funded provision cannot match the needs of these two rapidly growing cohorts, then Bracknell Forest will need to commission far more independent placements and see top-up funding grow further.

Chart 29 – EHCP cohort forecast by primary need



D. Recommendations for SEND in Bracknell Forest

Bringing together the analysis outlined in the previous sections, this outlines our recommendations for how Bracknell Forest should better understand and meet the SEND needs of the local population.



Recommendations

The scope of this work has been to gather evidence about current trends and future needs, to evaluate how well the continuum of support, services and provision matches those needs, and to identify where there are gaps. It has not been to co-produce solutions, since there are different ways in which system leaders in Bracknell Forest may choose to respond to the need and trends set out in this report. However, where we can, we have been specific about what exactly should be done to address those needs and provided some examples from other local areas about how system leaders there have tackled similar issues.

In this final chapter, we highlight three broad areas where we suggest Bracknell Forest system leaders focus their attention in order to build a robust local approach to planning a continuum of support that is grounded in a deep understanding of local needs. As one stakeholder put it, 'partnership working is the key to improvements.' These recommendations focus on how strategic partners and system leaders can develop a shared understanding of local needs, trends, strengths and challenges, and a shared, system-wide approach to meeting local needs.

1. Strengthen the partnership's use of data and intelligence

We recommend that the local SEND partnership develops a joined-up, systematic approach to capturing and using data and intelligence to inform a common understanding of local needs and joint planning.

This would address gaps in the current evidence base, both in the quantitative data, but also in the systematic capturing of feedback based on practitioner and the lived experiences of CYP and their families. (See these cases studies about local approaches to fostering strategic coproduction with parents and carers in [Rotherham](#), [Wiltshire](#) and [Haringey](#), and strengthening the voice of young people in [Lincolnshire](#), [Essex](#), [Dorset](#) and [Surrey](#).) It would also bring together existing sources of data and intelligence that are held in silos. The local SEND partnership's leaders should devote time to scrutinising data (for example, through a standard dashboard of local and national data) and intelligence to build a shared understanding of local needs and trends, which in turn would inform joint planning and commissioning of the continuum of support. (See the case study about leaders in [Islington](#) developed and sustained a strategic partnership focused on improving experiences and outcomes for CYP with SEND, and the case study about making SEND everybody's business in [Hertfordshire](#).) This will also put the partnership in a stronger position to respond to changes in need over time, including making decisions about investment in additional provision.

2. Strengthen core operational processes to identify, assess and record need

We recommend that operational practices relating to the identification, assessment and recording of need are reviewed and strengthened.

In this report, we have described some of the questions posed by the evidence we have gathered about the consistency, accuracy and timeliness of the identification of need, and how this is recorded. Ensuring that practice is consistently robust is crucial if local SEND partnership leaders are to be able to make evidence-informed decisions about support, services and provision.

As a first step, this will require that core documents are in place and widely understood and used. This includes launching the local definition of ordinarily available provision, and ensuring that this aligns with an updated EHCNA guidance document and the descriptors of need and provision in the banding document. These three documents need to articulate a consistent view of the needs that are to be met through ordinarily available support in mainstream education settings and through support from targeted services, as well as the needs that may require a statutory assessment and potentially additional funding or specialist provision.

As well as agreeing and (re-)launching these documents, it will also be necessary to work closely with SENCOs and other practitioners in mainstream education settings, for example, through practitioner networks or moderation exercises, to ensure these practices are consistently embedded. In parallel, it will be necessary to consider the statutory EHCNA process and the way in which decisions about the identification of need are made. We are not in a position to question the correctness of decisions to carry out EHCNAs or issue EHCPs, nor the validity of psychological or clinical assessments. Our focus here is on how decisions within the EHCNA process about the needs of CYP are made. Specifically, the following should be addressed:

- expectations that “assessments” of CYP carried out as part of the ENCNA are based on first-hand discussions with and observations of the child or young person in an education setting, and clarity in reports about where those “assessments” are based on second-hand information;
- how those holding the EHCPs in the SEND Service triangulate evidence from a range of assessments in drafting the EHCP, and specifically what is written in relation to needs and provision; and
- how and by whom decisions are made about the primary need of a child (including revisiting the scheme of delegation and the role of panel in supporting decision-making), and how information about a child or young person’s primary need (and wider needs) are recorded.

3. Building a robust continuum of universal support, targeted services and specialist provision for CYP with SEND

A joined-up approach to planning the continuum

We recommend that local SEND partnership leaders set out a system-wide strategy for responding to the increase in both volume and complexity of need.

In section A, we described the consensus among practitioners in education settings and wider services that Bracknell Forest was seeing an increase in the overall volume and complexity of CYP’s additional needs. In section B, we described how practitioners saw initiatives to improve individual services as fragmented, and argued that an overall system-wide response to current needs and future trends in Bracknell Forest was needed.

The approach to planning a continuum of support, services and provision that responds to these trends must be joined-up across education, health and care services. As we described in section A, when

practitioners use the term “complexity”, they are referring to CYP who have multi-faceted needs, and require support from a range of services relating to SEND, attendance, early help and children’s social care, mental and physical health services. Identifying and addressing CYP’s needs holistically requires a joined-up approach across all local SEND strategic partners and services. It should also focus on proactive identification and support, and signal a shift away from what practitioners and families see as a reactive, diagnosis-driven approach.

Building capacity for early identification, inclusion and proactive support within universal services and mainstream education settings

We recommend that, in responding to current and future needs, local SEND partnership leaders focus on building a consistent foundation of inclusive practice in universal services and mainstream settings.

This will include launching the new local definition of ordinarily available provision and should build on this to embed a consistent approach to inclusion in practice. Using the existing practitioner and SENCO networks to establish consistent understanding, moderate decisions, and enhance practice could play a vital role here. (See this case study about how ordinarily available provision was developed and embedded in Portsmouth.)

It will also be necessary to build a new and direct link with mainstream education settings and schools around whole-school inclusive practice, focused not only on SEND, but on inclusion in its broadest sense, including admissions, attendance, suspensions and exclusions. It will require a more joined-up approach to scrutinising data and intelligence about inclusion at setting and school level. Alongside work with education settings and schools, it will also be necessary to build the capacity and skills of community facilities, services and activities so that CYP with additional needs can access them alongside their peers. (See, for example, the case study on how the inclusive capacity of community activities, and take-up by CYP with SEND, was developed in Manchester.)

Targeted services and specialist provision

We recommend developing a new SEND sufficiency strategy covering both targeted services and specialist provision.

In section B, we described how the current offer of targeted inclusion services is stretched thinly across multiple services, is not well integrated with targeted family and health services and does not reflect the holistic nature of children’s needs. We also described the implications of the insufficiency of local specialist provision and the need to set out the underlying vision for how the SRPs and special schools are designed to fit together.

As part of a future continuum of support, there needs to be clarity about the needs that are to be met by the tier of targeted services and by specialist provision, and how these two fit together. In many areas, targeted services and specialist provision are considered in isolation. Local SEND partnership leaders in Bracknell Forest should consider their offer of targeted services and specialist provision together. There are no “right models” that Bracknell Forest could adopt “off the shelf”. We suggest, however, that given the size and characteristics of the local area, and given that CYP increasingly require support from more than one service, local leaders should consider how to create a new offer of targeted support that is responsive to CYP’s needs, is joined up, and can be delivered flexibly. One example of this could be a single integrated “inclusion service”. This should form part of an integrated offer encompassing not only

services focused on inclusion in education, but also support for speech and language (which practitioners said was urgently needed), mental health (where practitioners identified clear gaps), attendance and family support.

There also needs to be clarity about how existing specialist education provision, provided in the SRPs and special schools, are designed to fit together, as well as how their role fits with that of targeted services. This links to work to reform existing panels, to ensure that strategic planning and commissioning of provision matches day-to-day placement decisions. Furthermore, this also needs to be linked to work to track the cohort of CYP with EHCPs who are educated other than at school or outside the local area. Leaders should develop options for those young people to be supported in local provision. (See, for example, the case study about developing a local sufficiency strategy in [Barking and Dagenham](#).)

Preparation for adulthood

We recommend that local SEND partnership leaders promote a joined-up, proactive approach to planning options for young people with SEND as they move into adult life.

The recruitment of a new post-16 lead for SEND is a positive step, but there will need to be clarity about how strategic planning of post-16 study and support is aligned with placement decisions and funding negotiations. There also needs to be attention devoted to building an infrastructure to identify young people who are likely to need ongoing support in education and support from adult services, and how and by whom planning for those young people's transition to adult life is to be undertaken.

Practitioners welcomed the idea of drawing together intelligence from EHCP annual reviews about the aspirations of young adults with SEND and using this proactively to develop pathways and programmes with post-16 education, supported internship, apprenticeship and traineeship providers. There should be better join-up between the local authority and local colleges offering these pathways for CYP with SEND. (See the case study on supporting YP with SEND into employment and training in [Middlesbrough](#).)

This will have implications for how SEND, children's and adult social care, post-16 education, careers and supported employment work together. It will need to consider the feedback described in section B about the lack of focus on independence and preparation for adulthood in children's social care plans, EHCPs and the support offered in some out-of-borough specialist provisions. It will also require additional focus on the cohort of young people with SEND, including those with EHCPs, who become NEET, and targeted work to reduce that number.

Appendices

Additional information, including technical explanations for the analysis outlined in the needs assessment.



Appendix 1 – Glossary of terms

- **ASD** – Autistic spectrum disorder
- **C&I** – Communication and interaction. This covers the SEND primary needs of ASD and SLCN
- **C&L** – Cognition and learning. This covers the SEND primary needs of SpLD, MLD, SLD, and PMLD
- **CYP** – Children and young people
- **DfE** – Department for Education
- **EBSNA** – Emotionally based school non-attendance. Describes pupils with very low attendance due to emotional factors, such as anxiety, making it difficult for them to attend school or college
- **EHCP** – Education, health and care plan. This is a legal document issued by a local authority to a young person between 0 and 25 years old with complex special educational needs or disabilities. It outlines their educational, health and social care needs, including their specific education placement
- **FSM** – free school meals. School pupils from families that meet specific economic criteria are eligible to receive free school meals. This is therefore used as a measure to identify pupils from low-income households
- **Full level two** – Achieving a grade 4 or above in at least five GCSEs or equivalent
- **Full level three** – Achieving a pass in at least two A-levels or equivalent
- **HI** – Hearing impairment
- **KS2** – Key Stage 2. This covers school years 3 to 6 where pupils are aged seven to 10
- **KS3** – Key Stage 3. This covers school years 7 to 9 where pupils are aged 11 to 14
- **KS4** – Key Stage 4. This covers school years 10 and 11 where pupils are aged 14 to 16
- **KS5** – Key Stage 5. This covers school years 12 and above where pupils are 16 or older
- **MLD** – Moderate learning difficulty
- **MSI** – Multi-sensory impairment
- **NEET** – Not in education, employment or training
- **NSA** – No specialist assessment. This is assigned as a primary need for CYP with SEN Support who are yet to have a specialist assessment
- **PD** – Physical disability
- **PMLD** – Profound and multiple learning difficulty
- **SALT** – Speech and language therapy
- **SEMH** – Social, emotional and mental health
- **SEND** – Special educational needs and disabilities
- **Sensory and/or physical needs** – This covers the SEND primary needs of HI, PD, VI and MSI
- **SLCN** – Speech, language and communication needs
- **SLD** – Severe learning difficulty
- **SpLD** – Specific learning difficulty
- **SRP** – Specially resourced provision
- **Statistical neighbours** – The 10 local authorities with the most statistically similar cohorts based on a range of demographic and socio-economic factors (see more in appendix 2)
- **Suspension** – Previously known as 'fixed period exclusions', these refer to a pupil being excluded from school for a set period of time
- **VI** – Visual impairment

Appendix 2 – Statistical Neighbours

Statistical neighbours are a way of benchmarking your performance against other local authorities that have similar demographic characteristics, rather than simply being geographically close. The statistical neighbours for Bracknell Forest are listed below, ranked by similarity to Bracknell Forest (one being most similar) and with their state-funded school population size. This reflects the May 2025 updates to statistical neighbours.

Rank (1 = Most alike)	Local Authority	School population
-	Bracknell Forest	19,000
1	Hertfordshire	202,000
2	Hampshire	183,000
3	Buckinghamshire	90,000
4	Oxfordshire	102,000
5	West Berkshire	26,000
6	West Sussex	118,000
7	South Gloucestershire	42,000
8	Central Bedfordshire	49,000
9	Gloucestershire	93,000
10	Wiltshire	70,000

Note that the statistical neighbour averages quoted throughout the report are non-weighted averages that include Bracknell Forest.

Appendix 3 – Mime Forecasting Methodology

The methodology Mime used to produce the EHCP forecasts, including scenario modelling, are outlined below. Overall, the method is based on building the model from the pupil level up, and following a variant of the cohort component method developed for population projections, to understand how issuing new plans and ceasing will likely impact the cohort over time.

1. Understand the current EHCP cohort

We use the pupil level SEN2 return data from the 2023, 2024, and 2025 as the main source for the EHCP forecast. This dataset contains records of every resident who has had an EHCP assessment request, a completed assessment, or an EHCP issued. To understand the makeup of the cohort, as well as current EHCP assessment practices, we calculate the age and primary need distribution of both the current cohort at January 2025, as well as for those issued with new plans in recent years.

While our baseline is always the most recent SEN2 return, we do process historic SEN2 data and compare years to mitigate the risk of any anomalies in the latest year, and to better understand the longer-term trends in the EHCP cohort.

2. Project the new and existing EHCP numbers

Using the latest SEN2 data as the starting point, we then project forward the overall EHCP cohort size. This takes into account four key data points:

- Existing known EHCPs tracking each into the future as they move up year groups
- Estimating new plans for residents currently without an EHCP. These estimates are based on the number of new plans that have been issued in recent years, broken down by key characteristics such as age and primary need, and controlling for population estimates
- Modelling EHCP demand from the younger age cohort that we know very little about (i.e. younger than school age) based on recent patterns of younger aged children. This includes a separate model for the rate of requests from the reception cohort (aged four), which is currently much higher than for other ages, due to early identification practices
- Estimating the number of plans ceased after the age of 18 for existing EHCP residents as they are tracked into the future. This is based on recent ceasing practices, adjusted to account for different rates of ceasing for different primary needs.

3. Adjust for population projections

We use the latest ONS population projections for each single year of age to account for population movement and changing birth rates. This adjusts both the projected number of existing EHCPs each year, as well as the changing the estimated number of new EHCP requests each year due to predicted changes to the overall population of children and young people living in the local authority. This allows us to factor in two key effects:

- The net effect of incoming and outgoing pupils (residents aged 0-18) in each year. This allows us to control for migration patterns like young families moving out of cities.

- The impact of changing birth rates; for example, this allowed us to model in upcoming changes in the number of primary aged children resulting from changing birth rates in the area.

4. Apportion EHCP projections by primary need

Once we have the overall EHCP cohort size forecast by age group, we model the primary need breakdown for each age group. Firstly, we estimate the proportion of the *new* plans for each primary need, based on the breakdown of new plans in each age groups in recent years. Primary needs for existing plans are based on the current primary need breakdown from the latest SEN2 data.

5. Test the model and adjust assumptions

The projections are then built into our EHCP Cohort Forecast Modelling Tool with four key variables that may change depending on the local authority's future practices, policies and plans:

- Overall request rate for an EHCP assessment (as a percentage of 0 to 15 year olds)
- Four year old request rate – since much of the new demand comes at this age, and there may be early intervention work happening. The model was built so that increasing requests at age four reduced the volume of requests at later ages in a given year by the equivalent amount
- Refusal rate (including decision not to issue)
- Ceasing rate by age and primary need for 18 to 25 year olds

6. Estimate provision types for future cohort

Taking the cohort forecast by year group and primary need, we then map to a provision requirement forecast. We apply the proportion of each primary need placed in each type of provision for those with new and existing EHCPs, split by year of age, based on your provision practices over recent years. Note that carrying out this step by primary need is important to account for growth in certain primary needs, and that the provision types required for pupils with these needs are different to other needs.

This model for future provision uses the total size and primary need proportion of the projected cohort as a baseline, but also takes the following factors into account:

- Specific single age cohorts are tracked forward over time assuming that young people tend to stay in their provision (until transition points). This means that any outliers in current provision for specific year group cohorts are accounted for in the model.
- At important transition points for each year of age, the provision breakdowns are “reset”. This means that, for example, between primary and secondary phases, the proportion of pupils in each provision is reset to account for differences, for example in the uses of resource bases and special schools in secondary versus primary.

