

Children and young people who may need extra support

State of Children in Suffolk

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Language used in this document

We are committed to using inclusive language that reflects the diversity, dignity, and individuality of all children, young people, and families. We recognise that language shapes how we view and engage with others, and we aim to use terminology that is respectful, empowering, and free from bias. We want to ensure that all voices are valued, as we strive to create an environment where everyone feels seen and heard.

Children and young people at greater risk of experiencing physical or emotional harm or experiencing poorer outcomes because of one or more factors in their lives are often referred to as being “vulnerable” ([No child left behind](#), 2020, published by Office for Health Improvement and Disparities, OHID – previously known as Public Health England). Whilst it remains important and necessary to identify and prioritise support for these children and young people, “vulnerable” can have negative connotations – it seems disempowering, and emphasises limits. Children and young people don’t start off by describing themselves as vulnerable, adults do. Wherever possible, when writing this report, we talk about children and young people who “may need extra support”, and only use “vulnerable” where it is necessary to refer to other published data or research.

Whilst we may occasionally need to use medical terminology when referencing specific research or directly quoting national published guidance, we will endeavour to use the most inclusive language possible. As an example, many individuals prefer the term autism over Autism Spectrum Disorder (ASD) (term used in official Department for Education, DfE, statistics) because it emphasises identity rather than a medical diagnosis. The term disorder can carry negative connotations, suggesting something that needs to be “fixed,” whereas autism aligns with our current understanding around neurodiversity. Similarly, instead of using the term “challenging behaviour”, we refer to behaviour that communicates distress or behaviour that challenges services. This phrasing recognises that such behaviour often reflects unmet needs or emotional distress.

The DfE [SEND code of practice: 0 to 25 years](#) (2014) has informed this content.

We acknowledge that language is dynamic and continues to evolve. This document is not only a reflection of the data and evidence we have gathered, but also a testament to our commitment to fostering respect, inclusion, and wellbeing for all. Therefore, if you have further feedback about language used in this report, or any of Suffolk’s Joint Strategic Needs Assessment (JSNA) products, please contact: knowledgeandintelligence@suffolk.gov.uk.

Summary

Children in Care (CIC), those with Special Educational Needs and Disabilities (SEND), and care leavers face heightened risks of poor outcomes across various domains.

In 2023, there were 983 CIC in Suffolk, with 70% in care due to abuse or neglect.

The proportion of school age pupils identified as receiving Special Educational Needs (SEN) support has increased from 9.9% in 2015/16 to 13.0% in 2022/23, with autism being the most common primary need for those with Education, Health and Care (EHC) plans. The proportion

of Suffolk children with EHC plans has increased from 2.5% in 2015/16 to 4.1% in 2022/23. 17.1% of all Suffolk pupils (19,230) in 2022/23 either required SEN Support or an EHC plan.

Scope

This report looks at several groups of children and young people in Suffolk who may need extra support. The information presented should be used to help improve support, care, interventions, and outcomes for those who often find themselves in greatest need. It should also be used to help reduce differences in health outcomes between those who have the best and poorest health.

There are many groups of children and young people who may need extra support.

- Children In Need (CIN) and Children in Care (CIC)
- Children with learning disabilities and Special Educational Needs (SEN)
- Children exposed to Adverse Childhood Experiences (ACEs)
- Asylum-seeking and refugee children
- Children in poverty
- Young carers
- Teenage parents
- Care leavers
- Young offenders
- Young people who smoke, drink, or take drugs
- Children and young people at risk of exploitation

This list is by no means exhaustive, and many of these groups frequently overlap. This means many children and young people are likely to require extra support, care, and interventions in a number of multi-dimensional ways.

Adverse Childhood Experiences (ACEs) include:

- Substance misuse during pregnancy
- Parental mental illness
- Poor nutrition
- Poor housing or living conditions
- Difficulties at school
- Peer pressure
- A child's physical and emotional health
- The absence of supportive relationships
- Neighbourhood violence
- Unemployment and job insecurity
- Discrimination
- Bereavement

It is likely many children and young people will experience one or several of these risk factors at the same time, with different levels of consequences over the course of their lives, including into adulthood.

The COVID-19 pandemic created "hardships" for some children and young people (Children's Commissioner, [We're all in this together?](#) 2020). Some were cut off, or had limited access to, many of the sources of support they might previously have had or needed: schools, children's

centres, health visitors, networks of family and friends, home visits from social workers. Their families may have faced the additional burdens and challenges of financial and social pressures, as well as the impact of three national lockdowns ([State of Children in Suffolk: Impact of COVID-19 chapter](#)).

Statistical comparisons

Where possible, this report compares Suffolk's figures with England and with Suffolk's Children and Young People's Services statistical nearest neighbours (SNN): local authorities whose populations have similar socioeconomic characteristics (across a range of socioeconomic indicators). Performance compared to statistical neighbours can show performance that is above or below expected. It has not been possible to test for statistically significant differences between Suffolk and its statistical neighbours. Suffolk's SNN (in descending order of "closeness") are: Somerset, Norfolk, Devon, Cornwall, Dorset, Shropshire, Lincolnshire, East Sussex, Worcestershire, Gloucestershire ([Local authority interactive tool \(LAIT\)](#), HM Government, accessed November 2024).

Children's safety and wellbeing

Concerns about a child or young person in Suffolk may come to the Multi-Agency Safeguarding Hub (MASH) which deals with safeguarding referrals, or be raised in an Early Help Assessment (EHA).

The Suffolk MASH helps people in the county who are at risk of harm, abuse, and neglect. Established in 2014, the MASH receives and processes all safeguarding referrals of children and adults at risk of harm and abuse. It consists of around 60 professionals from health, police, education, social care, probation, youth justice, mental health services and housing. The main advantage of the MASH is that professionals can share information their agency may have on a child or young person immediately. This helps to ensure that decisions made take account of all available information.

An Early Help Assessment (EHA) is a process for parent/carers or a professional working with a family ([What is an EHA?](#) Suffolk County Council, accessed November 2024) to use when:

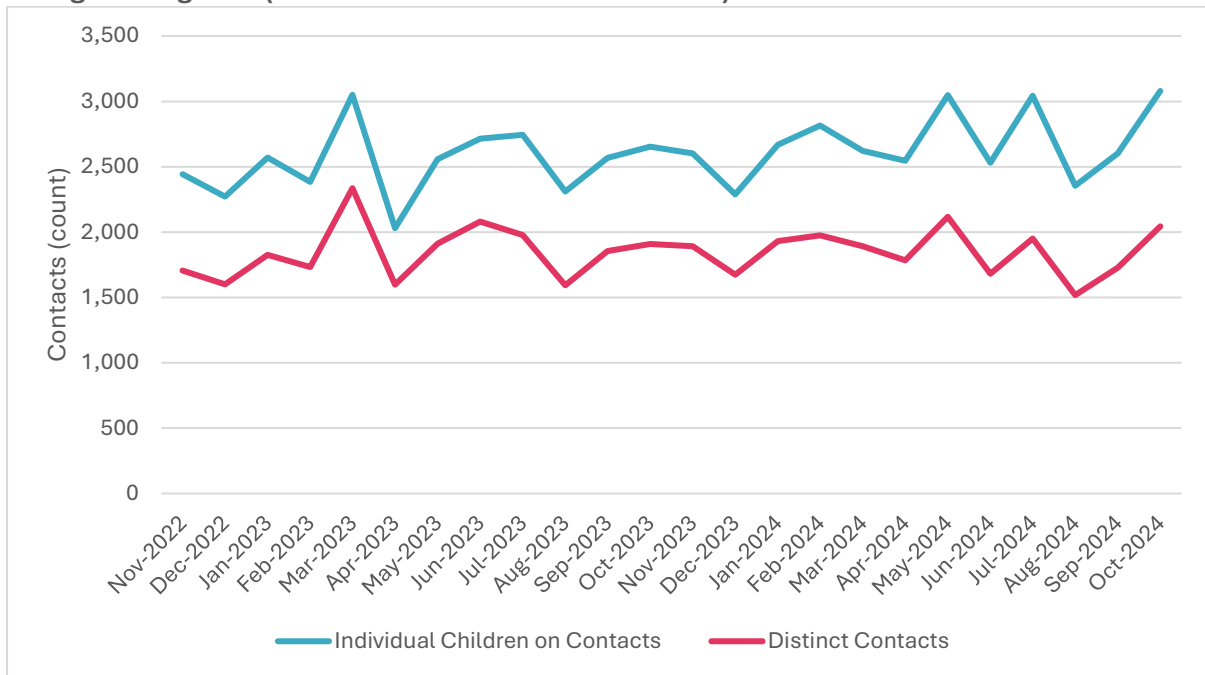
- something is worrying someone about a child/ young person,
- a child or young person has some unmet needs, and early intervention will avoid the problem getting worse,
- a child, young person or family need some extra support, which can't be given by current professional involvement, family or network.

Multi-Agency Safeguarding Hub

The latest numbers of contacts, individual children and referrals to the Suffolk MASH are shown in Figure 1. As a single contact may involve multiple children (brothers and sisters for instance), the number of individuals is higher than the number of contacts.

There is fluctuation during the year. For example, numbers tend to fall during school holidays: (roughly April, August, December).

Figure 1: Total contacts and individual children processed by Suffolk Multi-Agency Safeguarding Hub (November 2022 to October 2024)



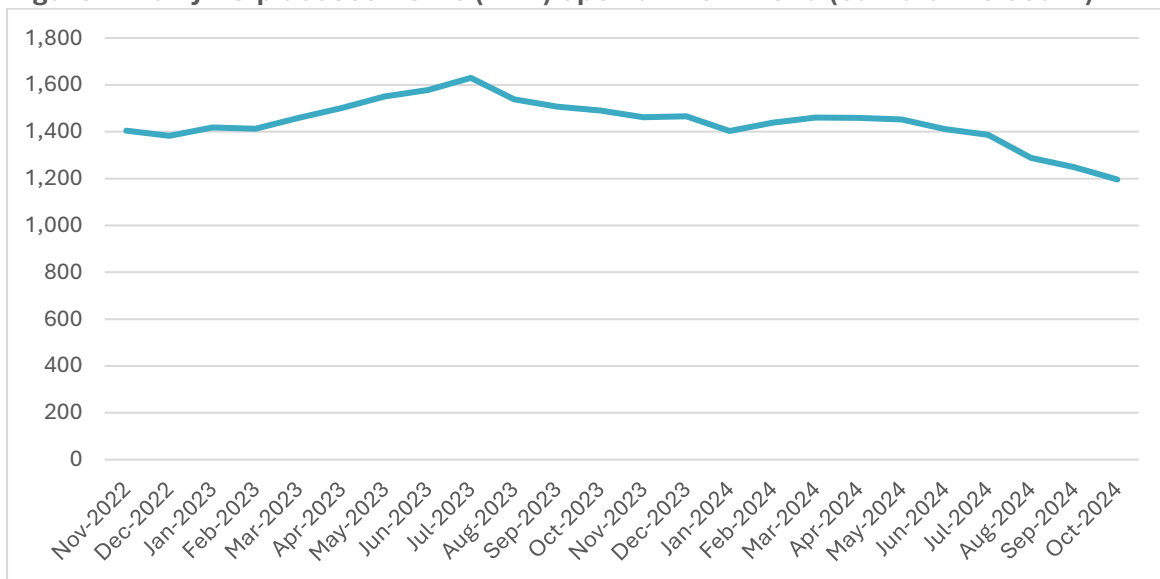
Source: Suffolk County Council. Internal data supplied by the Children and Young People’s Directorate
 22,186 distinct contacts came to the MASH in the 12 months to October 2024. The three biggest sources of referrals remained: Police (8,000 contacts), education/schools (4,597) and health (3,371).

60.5% (4,165) of MASH episodes resulted in information and advice being given. 32.1% went on to Children’s Social Care (2,210), and 5.0% were referred for early help (346).

Early Help

The number of open Early Help Assessments (EHAs) have been reducing since March 2024, part of a downward trend since June 2023 (Figure 2) and affected by changes to working practices.

Figure 2: Early help assessments (EHA) open at month end (cumulative count)



Source: Suffolk County Council. Internal data supplied by the Children and Young People’s Directorate

In the twelve months ending October 2024, the three most common needs identified in EHAs were education (26.4%, 3,194), followed by family relationships (24.7%, 2,995) and health (22.1%, 2,670). Note that this count is per child, and each child's assessment will generally have 2, 3 or more needs.

Over two-thirds (67.2%, 1,830) of EHAs were closed (in the twelve months ending October 2024) because "full progress" or "some progress" was made. 6.5% (177) were transferred to children's social care services, while 8.6% (234) of cases were closed due to "non-engagement – no progress made".

In the financial year April 2023 to March 2024, most EHAs were for children aged 12 to 17 (inclusive) (42.0%), followed by those aged 6 to 11 (37.4%), and children under five (30.7%); 3.4% were for unborn children. 49.4% of referrals were for males, 47.3% females, 0.3% non-binary (or gender fluid or intersex) – 3.1% were unborn, unknown, indeterminate or "prefer not to say".

Children In Need (CIN)

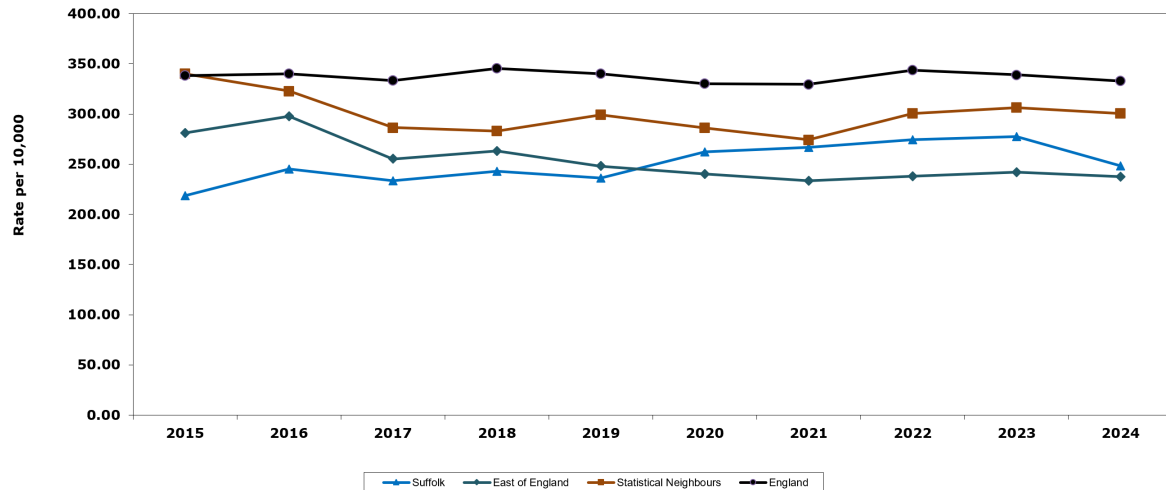
Children In Need (CIN) are a legally defined group of children (under the [Children Act 1989](#)), assessed as needing help and protection as a result of risks to their development or health. This group includes children subject to CIN Plans, Child Protection Plans (CPP), Children in Care (CIC, also known as Looked After Children), young carers, and disabled children. CIN include young people aged 18 or over who continue to receive care, accommodation or support from children's services and unborn children - Department for Education (DfE) definition in [Statistics: CIN and child protection](#) (accessed: November 2024).

Nationally, around 1 in every 30 children "is classed as in need" ([CIN statistics reporting year 2024](#), DfE). CIN have poorer outcomes at every stage of education than their peers, with a widening attainment gap as they progress through school. They are also more likely than other children not to be in education, employment, or training (NEET) after the age of 18 (DfE. [Review of children in need](#), 2019).

On 31st March 2024, there were 3,737 CIN in Suffolk. This compares with 4,118 CIN in 2023. "CIN" include children on child protection plans, children in care, young carers, children with disabilities, and CIN, as well as some unborn children and young people over 18 who continue to receive support from children's services, although rates are calculated by the Department of Education based on the population aged under 18.

The rates are official statistics that have been recalculated using new population estimates for 2012 to 2022. Since the start of the pandemic the rate of CIN had been gradually increasing in Suffolk (2020-23) – the 2023 rate of 277.7 per 10,000 was the highest in ten years. In 2024 the rate decreased to 248.5, lower than England (332.9 per 10,000) and Suffolk's statistical neighbours (300.6 per 10,000) but still slightly higher than the East of England (237.4 per 100,000) (Figure 3).

Figure 3: Rate of CIN at 31 March 2024 per 10,000 children aged under 18 years

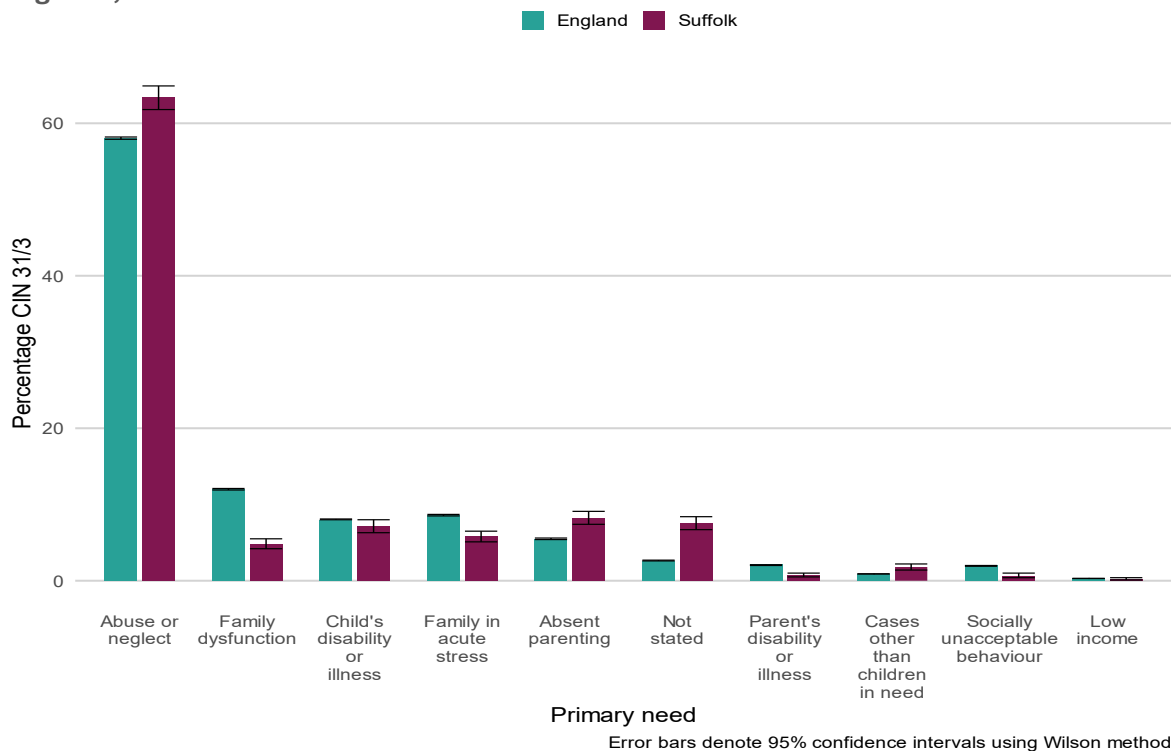


Source: [CIN statistics LAIT reporting tool](#), DfE.

Boys are over-represented among CIN compared with girls – 53.0% (statistically similar to England, 54.6%) versus 46.0% female. A significantly lower percentage of Suffolk CIN were unborn (0.3% compared to 1.7% England), although numbers are small.

A significantly higher percentage of CIN in Suffolk were of a White (broad) ethnicity (82.1%) compared to England (66.5%). The percentage of children from each other broad ethnicity group in Suffolk significantly lower than England.

Figure 4: CIN by primary need group (as a percentage of CIN), Suffolk compared to England, 31st March 2024

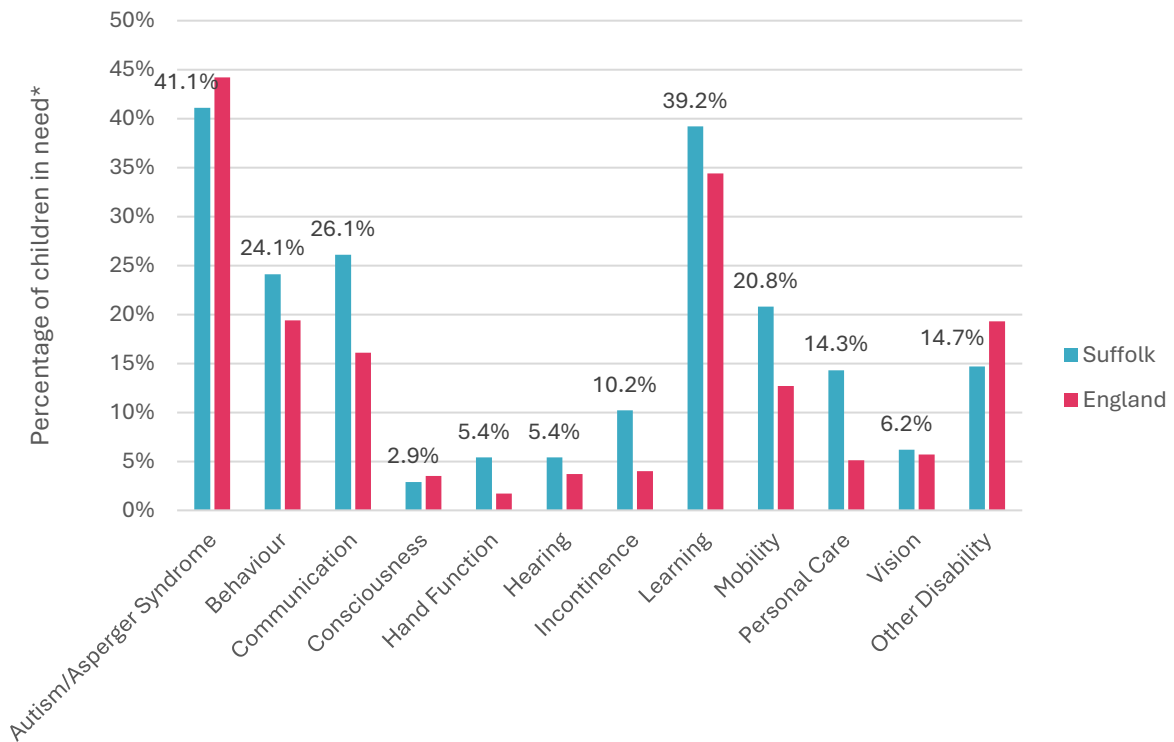


Source: [DfE, primary need \(2024\)](#)

Figure 4 provides a breakdown of CIN on the 31st of March 2024 by their primary need group in Suffolk. Abuse or neglect was the main primary need, accounting for 2 in 3 (63.4%) of all CIN locally, and statistically significantly higher than England ((DfE 2024).

There were 518 CIN (13.9% of all CIN) in Suffolk with a disability recorded on the 31st of March 2024. Figure 5 shows the types of disability that was recorded for Suffolk’s CIN. Where a disability was recorded, “Autism/Asperger Syndrome” (term used in the official statistics) and learning disabilities were the most common disabilities across Suffolk.

Figure 5: Disability recorded for Suffolk CIN (as a percentage of CIN with one or more recorded disabilities*), Suffolk compared to England, 31st March 2024



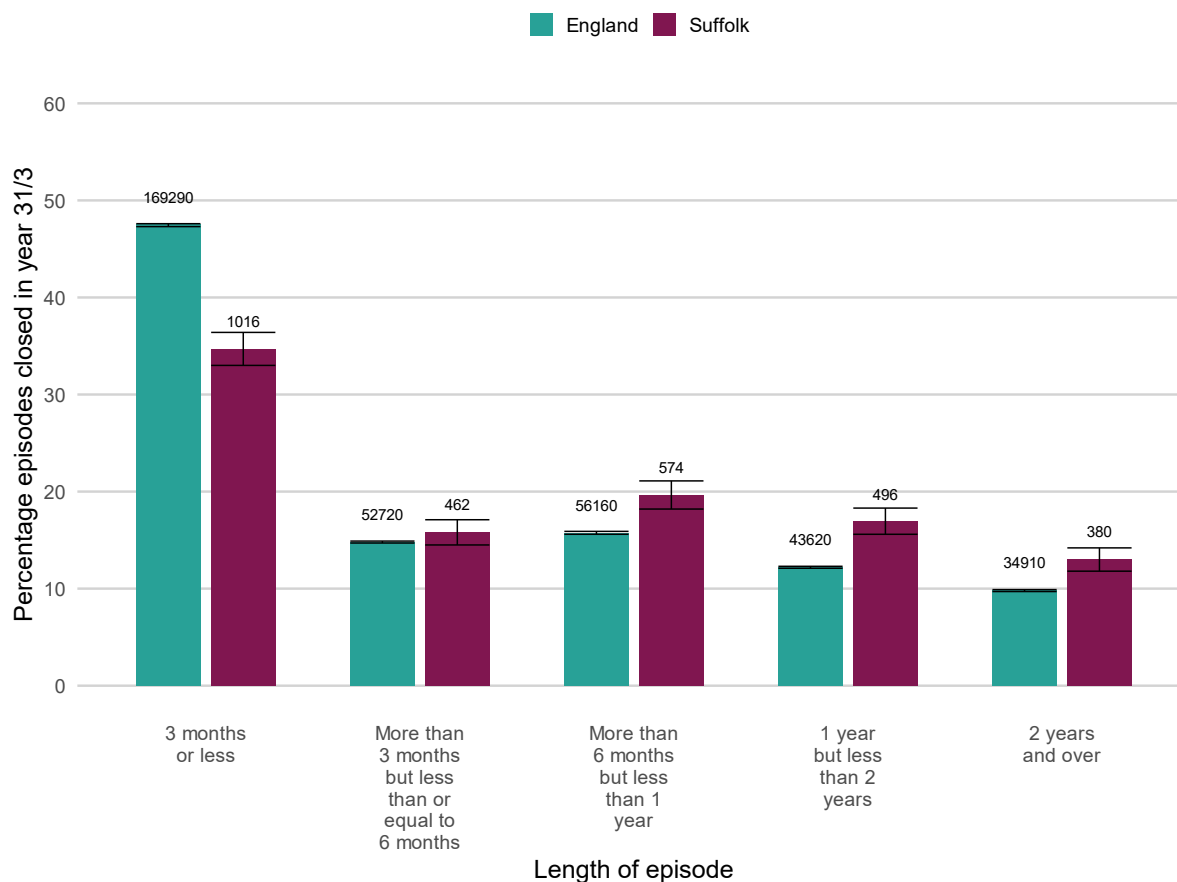
*A child may have more than one disability recorded therefore the disability category percentages may not sum to 100

Raw figures were not published so it has not been possible to calculate statistical significance

Source: [DfE \(2024\)](#)

Around a third (34.7%, 1,016) of episodes of need for children in Suffolk (closed in the 12 months to 31 March 2024) had lasted for three months or less (based on duration of open case), statistically significantly lower than England (47.5, Figure 6). Episodes in Suffolk were likely to last longer than in England as a whole, with statistically significantly higher percentages of closed episodes in time bands lasting more than six months (Figure 6).

Figure 6: Length of episodes of need closed in the year to 31 March 2024, Suffolk compared to England



Source: [DfE episodes of need](#), 2024

Error bars denote 95% confidence intervals using Wilson method.

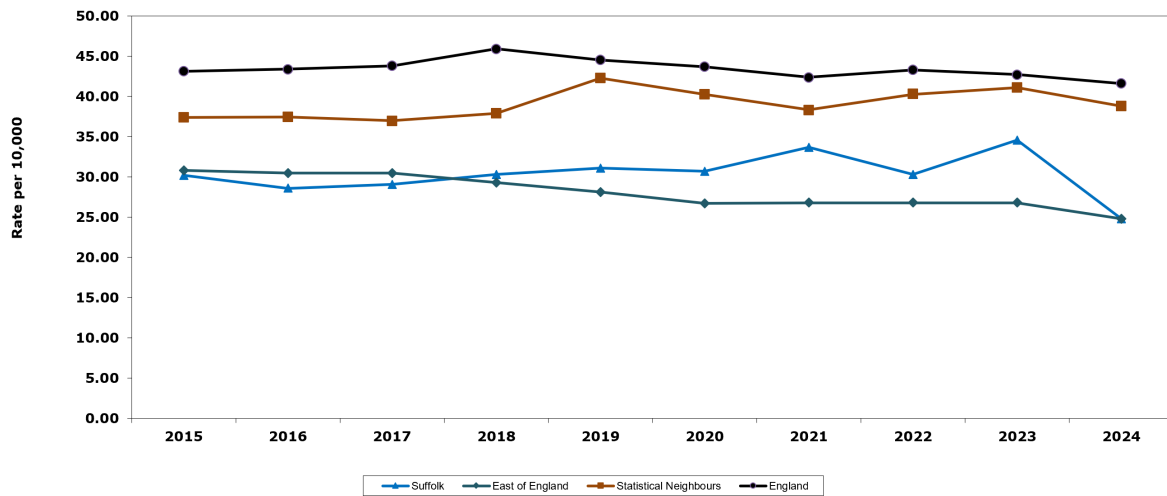
* The duration of episode of need ending in the year is calculated as the difference between the referral date and closure date.

Child protection

Children who need protecting may include those who experience harm in their own family and those who are harmed or exploited by others, including their peers, in their community and/or online. Suffering or being likely to suffer significant harm is the threshold for child protection enquiries and can take different forms, including sexual, physical or emotional abuse, neglect or domestic abuse (including controlling or coercive behaviour ([Home Office 2015](#)), exploitation by criminal gangs or organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism which could lead to radicalisation.

Child protection is the set of multi-agency activities and processes that follow a concern that a child is suffering or likely to suffer significant harm. Under section 47 of the [Children Act 1989](#), the local authority has a duty to make enquiries when this is the case and to take decisive action when needed to protect a child from abuse, neglect, and exploitation ([Working together to safeguard children](#), HM Government, 2023).

Figure 7: Children who are the subject of a Child Protection Plan (rate per 10,000), Suffolk comparison, 2015-2024



Source: [LAIT statistics reporting tool](#), DfE (accessed November 2024).

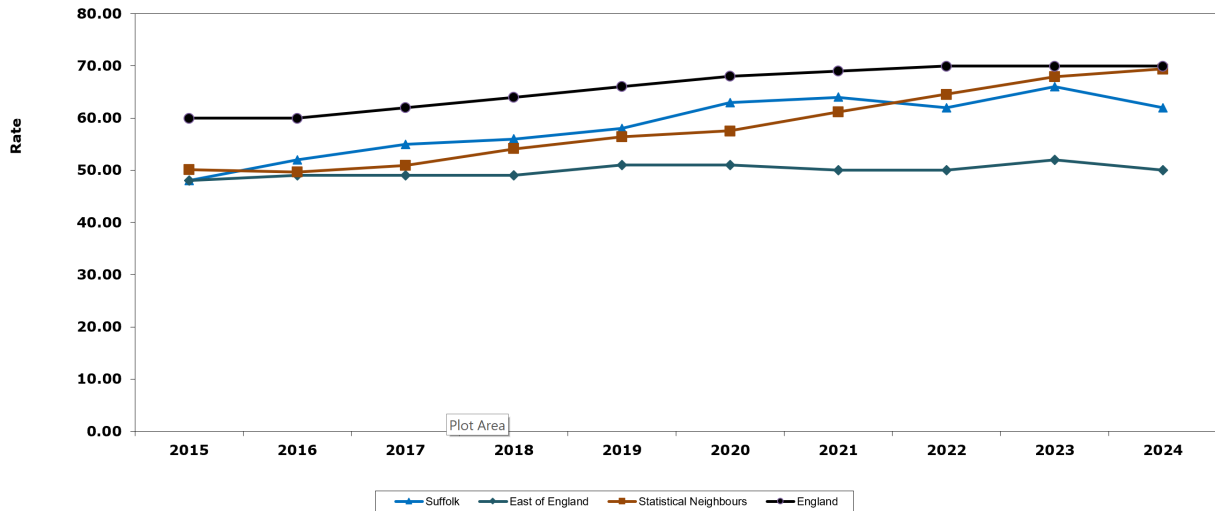
On the 31st of March 2024, there were 373 children who had child protection plans (CPP) in Suffolk, a rate of 24.8 per 10,000 (Figure 7). Suffolk has been below the England and Statistical Neighbours’ rate of children with child protection plans each year since 2015 ([LAIT statistics reporting tool](#), DfE).

Children in Care (CIC)

“Children in care” (CIC) describes children and young people who are looked after in a foster home or in a residential home, such as a children’s home. CIC may be subject to a care order, which is a legal order to remove children from their parents or carers, or parents may request care for their child. Children and young people in care are often among the most socially excluded CIN in England. Care-experienced girls and women are over-represented in the youth and criminal justice system, although the majority of CIC do not come into conflict with the law ([Disrupting the routes between care and custody for girls and women](#), Nuffield Trust, 2022). There are significant inequalities in health and social outcomes compared with all children, and these contribute to poorer health outcomes and social exclusion of care leavers later in life ([NSPCC, Children in care](#), 2024).

The rate of CIC in Suffolk (62 per 10,000 children aged under 18) is lower than England (70 per 10,000) and our SNN (69.4 per 10,000) (Figure 8).

Figure 8: Rate (per 10,000) of CIC aged under 18 on 31st March, Suffolk comparisons (2015 to 2024)



Source: [CIC statistics, LAIT reporting tool](#), DfE.

The demographics of CIC in Suffolk on 31st March 2024 (compared to England) are shown below ([DfE statistics \(2024\)](#)).

- Just under two thirds (58.8%) of CIC were boys, statistically similar to England (57.1%) (Table 1)
- Around one third (37.6%) of children were aged 10-15 (statistically similar to England, 37.6%, whilst around one quarter (26.1%) were aged 16 and over (statistically similar to England, 27.0%) (Table 2)

The percentage of CIC who have a broad ethnicity of “White” (76.9%) is significantly higher than England (71.0%), but statistically significantly lower than the percentage of White school pupils (85.5%) (Table 3).

Table 1: CIC on 31st March 2024 by gender, Suffolk and England

| Gender | Suffolk number | Suffolk % | England % |
|--------------|----------------|-----------|---------------|
| Male | 547 | 58.8% | 57.1% |
| Female | 383 | 41.2% | 42.9% |
| Total | 930 | | 83,630 |

Source: [DfE, statistics](#) (2024)

Table 2: CIC on 31st March 2024 by age, Suffolk and England

| Age | Suffolk number | Suffolk % | England % |
|--------------|----------------|-----------|---------------|
| Under 1 | 50 | 5.4% | 4.5% |
| 1 to 4 | 120 | 12.9% | 12.9% |
| 5 to 9 | 167 | 18.0% | 18.0% |
| 10 to 15 | 350 | 37.6% | 37.6% |
| 16 and over | 243 | 26.1% | 27.0% |
| Total | 930 | | 83,630 |

Source: [DfE, statistics](#) (2024)

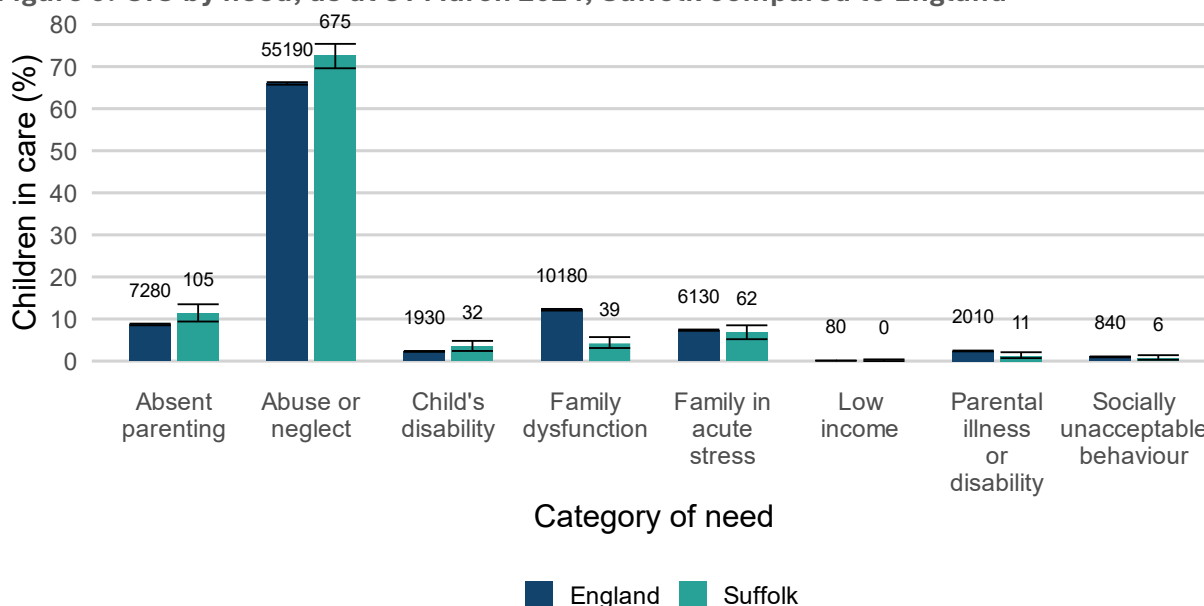
Table 3: CIC on 31st March 2024 by ethnicity, Suffolk and England

| Broad ethnic group | Suffolk number | Suffolk % | England % |
|--|----------------|-----------|---------------|
| White | 715 | 76.9 | 74.7% |
| Asian or Asian British | 28 | 3.0% | 5.3% |
| Black, African, Caribbean or Black British | 45 | 4.8% | 7.4% |
| Mixed or Multiple ethnic groups | 77 | 8.3% | 10.7% |
| Other ethnic group | 65 | 7.0% | 4.7% |
| Total | 930 | | 83,630 |

Source: [DfE, statistics](#) (2024)

Most CIC in Suffolk on 31st March 2024 had a recorded primary need of “abuse or neglect” (72.6%, n=675) (Figure 9), statistically significantly higher than England. Suffolk was statistically significantly higher than England for “absent parenting” (11.3%, England 8.7%) and “child’s disability” (3.4%, England 2.3%), and statistically significantly lower than England for “family dysfunction” (4.2% compared to 12.2%) and “parental illness or disability” (1.2%, England 2.4%).

Figure 9: CIC by need, as at 31 March 2024, Suffolk compared to England



Error bars denote 95% confidence intervals using Wilson method

Source: DfE, [CIC by recorded need](#)(2024)

Health

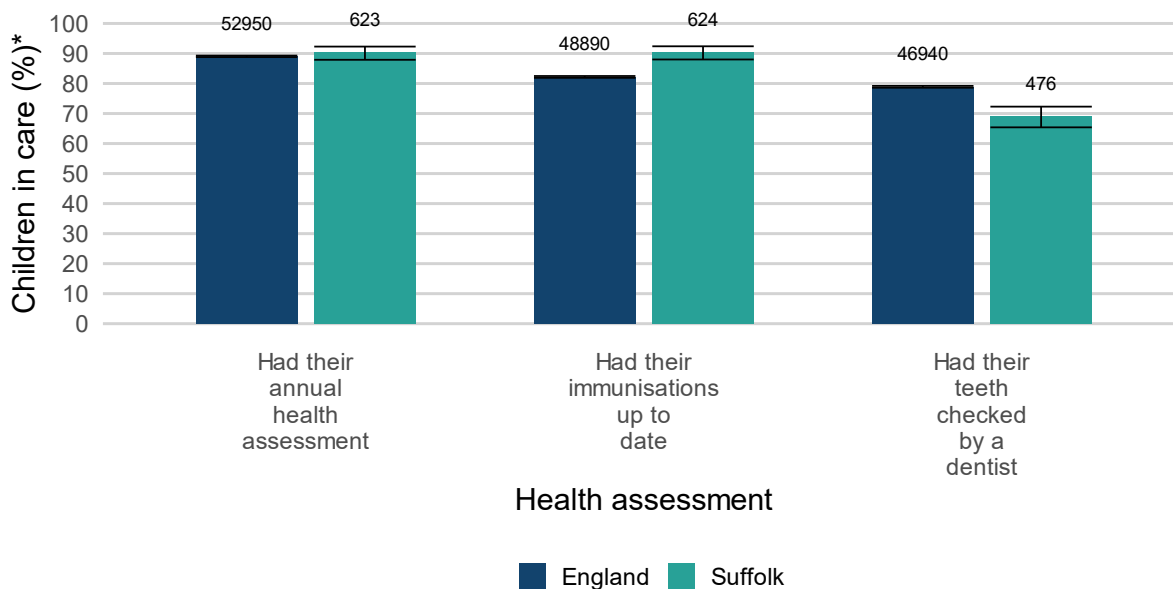
Local authorities are responsible for safeguarding and promoting the welfare of CIC. This includes a child’s physical, emotional, and mental health, and acting on any early signs of health issues (Department of Health and social Care, statutory guidance on [Promoting the health and wellbeing of looked-after children](#) (updated 2022)).

Health checks

Local authorities need to ensure that CIC (defined for these statistics as “children who had been in care continuously for at least 12 months at 31 March 2024) have access to regular health check-ups (Figure 10).

- 90.3% (623) in Suffolk had received their annual health assessments, statistically similar to England (89.0%)
- 90.4% (624) had received their annual health assessments, statistically significantly higher than England (82.2%)
- 69.0% (476) had had their teeth checked by a dentist, statistically significantly lower than England (78.9%)

Figure 10: CIC* who have received health assessments, Suffolk compared to England, 2024



* **for 12 months or more (at 31 March 2024)

Note: Error bars denote 95% confidence intervals using Wilson method

Source: DfE, [CIC health assessments](#) (2024)

Emotional and behavioural health

Because of their experiences both before and during care, CIC are at much greater risk of poor mental health than their peers. [Research](#) suggests that around 45% of CIC have a diagnosable mental health disorder, and up to 70%-80% have recognisable mental health concerns ([Mentally Healthy Schools](#)).

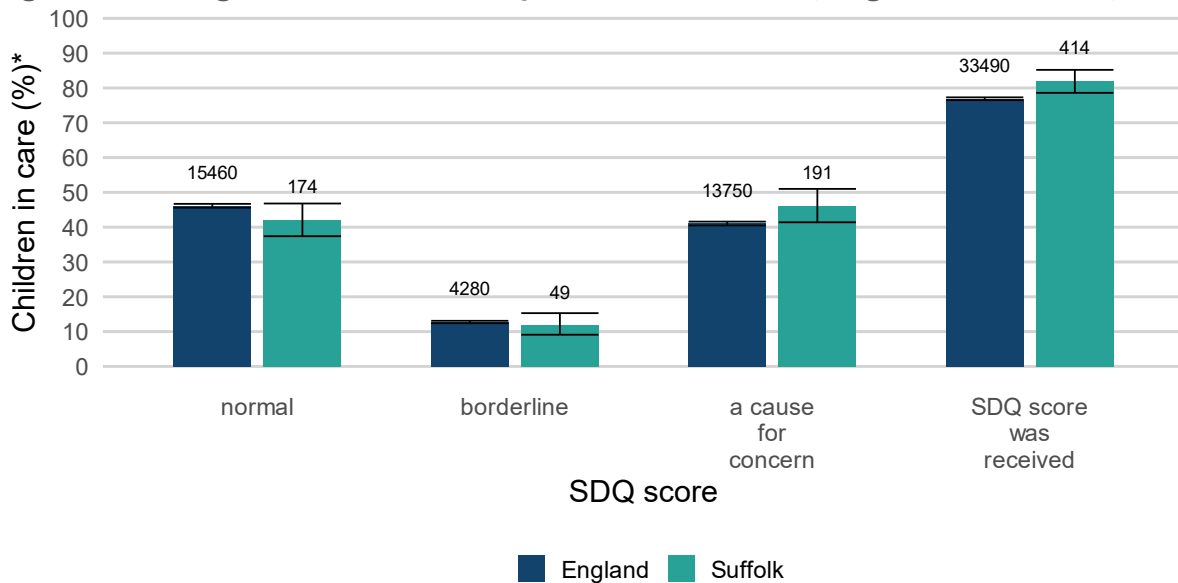
The Strengths and Difficulties Questionnaire (SDQ) is a short behavioural screening questionnaire used to assess the emotional and behavioural health of children. 2024 data shows 82.1% (414) of Suffolk children aged 5-16 who had been in care continuously for at least 12 months had an SDQ score recorded (Figure 11). This was statistically significantly higher than England (76.9%).

A score of 0 to 13 is considered normal, 14 to 16 is borderline, and 17 to 40 is a cause for concern (DfE, [Children looked after in England including adoptions](#), 2024). The average score in Suffolk was 15.4, compared to 15.6 for SNN and 14.7 for England ([Local authority interactive tool \(LAIT\)](#), HM Government, accessed November 2024).

There was no statistically significant difference between Suffolk and England (Figure 11):

- 42.0% (174) of CIC in Suffolk had “normal” emotional and behavioural health (46.2% England)
- 11.8% had “borderline” scores (12.8% England)
- 46.1% had scores which were a “cause for concern” (41.1% England)

Figure 11: Strengths and Difficulties Questionnaire results, England and Suffolk, 2024



* CIC for 12 months or more (at 31 March 2024)

Results are calculated as a percentage of all received SDQ scores

Note: Error bars denote 95% confidence intervals using Wilson method

Source: DfE, [CIC health assessments](#) (2024)

Education

Outcomes for CIN (including CIC) vary significantly. For instance, 17.1% of all children on the 31st of March 2023 had a SEN, compared to 52.7% of Suffolk's CIN, 55.7% of Suffolk's CIC, and 40.2% of Suffolk's children on a child protection plan (DfE 2024). The percentage of persistent absentees for the overall pupil population in England was 21.5% across 2022/23, but was 53.8% for Suffolk's CIN and 56.4% for Suffolk's children on a child protection plan (DfE 2024). Educational attainment scores for CIN are also statistically significantly lower when compared to children who have not been in care ([Office for Health Improvement and Disparities 2023](#)).

Refugees and asylum seekers

Refugees and asylum seekers have distinct needs and require appropriate services, and whilst many are likely to arrive in Suffolk in good health, this is not the case for everyone.

At the end of 2023, an estimated 117.3 million people worldwide had been forcibly displaced from their homes as a result of conflicts, persecution, and human rights abuses. There were 43.4 million refugees globally. Among those displaced, an estimated 40% were children below the age of 18, many of whom would have been living in poor conditions, lost family members, and traumatised by their experiences. ([UNHCR Global trends report, published 2024](#))

According to Suffolk Refugee Support:

- Around 2,500 to 3,000 refugees are settled in Suffolk: the largest community is Kurdish.
- Around 300 refugees here under UK government resettlement schemes – predominantly Syrian and Afghan and almost all in family groups ([Local situation](#), Suffolk Refugee Support, 2024)

- There are also currently around 60 asylum seekers, many of them families, housed in Ipswich under the government's 'dispersal' system. ([Local situation](#), Suffolk Refugee Support, 2024)
- "High numbers of young refugees and asylum seekers" from countries including Sudan, Eritrea, Afghanistan, Somalia, Kurdistan and Turkey. ([Suffolk Refugee Support Annual Report, 2023-24](#))
- "Nearly 100 young people" have engaged with Suffolk Refugee Support since September 2023. ([Suffolk Refugee Support Annual Report, 2023-24](#))

Unaccompanied Asylum Seeking Children (UASC)

UASC are children, who have applied for asylum and are separated from both parents and/or any other responsible adult. Local authorities have a legal duty to provide accommodation for these children. Since February 2022 there has been a mandated [national transfer scheme](#) (UK visas and immigration, 2023) in place to enable the safe transfer of unaccompanied children between local authorities across the country to help ensure that unaccompanied children have access to services and support they need.

Many of these children and young people will have additional health needs that are specific to their asylum status, including poorer physical health and increased emotional, behavioural, and mental health problems (Office for Health Improvement and Disabilities, [Children's health: migrant health guide](#), 2021).

The DfE report that there has been a large increase in unaccompanied asylum-seeking children (UASC) in recent years:

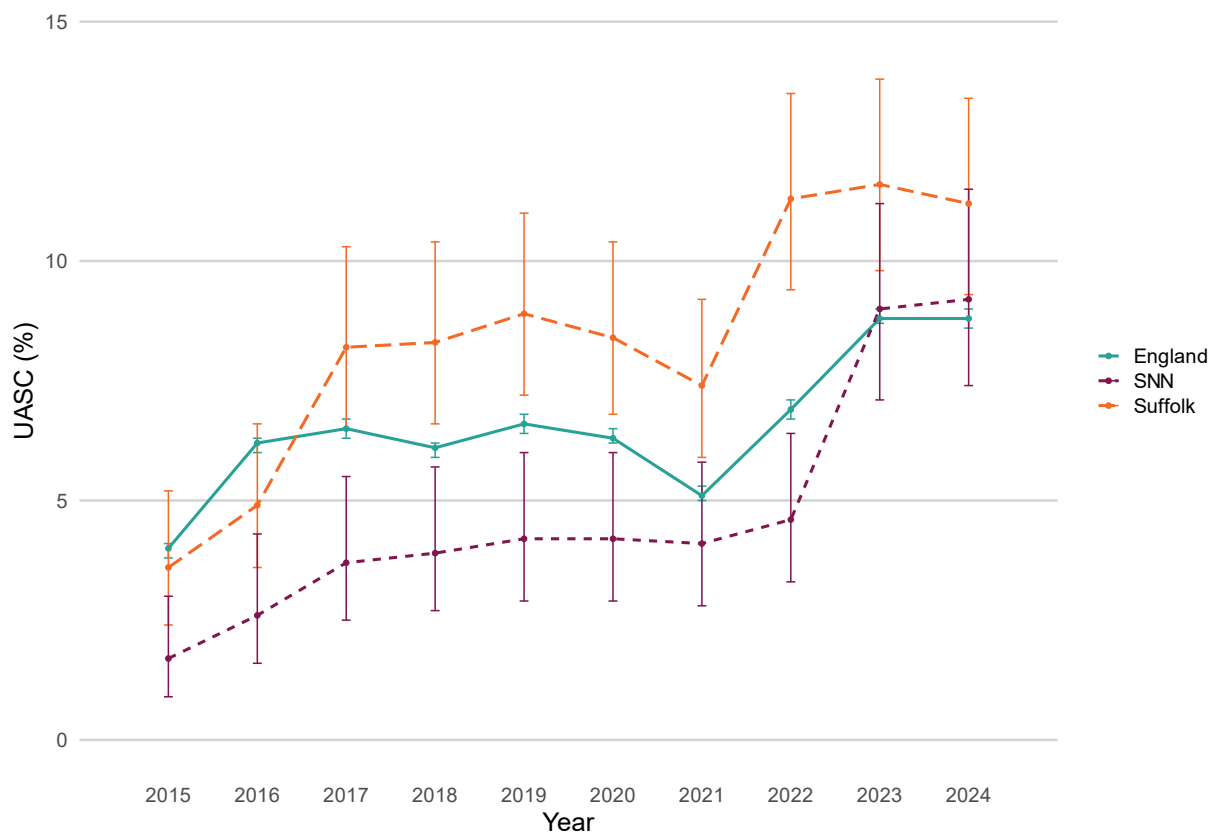
"Many of the changes within the release can be explained by the. UASC influence many of the changes seen in the figures as they are a distinct cohort with specific characteristics, for example they are generally male, aged 16+ years, with relatively short period of care."

(DfE, [Children looked after in England including adoptions](#) 2024)

In England, 96% UASC are male, increased from 90% in 2019. Only 11% were under 16 years old (compared to 73% of all CIC in England). 88% of UASC in England have a primary need of 'Absent parenting' - 7% were in need due to abuse or neglect and 4% due to the family being in acute stress (DfE, [Children looked after in England including adoptions](#) 2024).

There were 930 CIC in Suffolk on 31st March 2024, of which 104 (11.2%) were unaccompanied asylum-seeking children (statistically significantly higher than England (8.8%) (Figure 12). The relatively small numbers in Suffolk and its statistical nearest neighbours (SNN) give larger confidence intervals, but from 2018 to 2022 the percentage of UASC was significantly higher in Suffolk than England and SNN. 2024 data indicates that whilst the percentage of UASC in care is statistically significantly higher compared to England, it is similar to Suffolk's SNN.

Figure 12: Unaccompanied asylum-seeking children as a percentage of CIC, Suffolk compared to England and nearest neighbours (children's services), 2015-2024



Error bars denote 95% confidence intervals using Wilson method

Source: [CIN statistics LAIT reporting tool](#), DfE.

Local data (rounded) from October 2024 indicates there were 95 unaccompanied asylum-seeking children hosted across the county. Almost all were male. Over half (57.9%, n=55) were aged 17 and nearly a third (31.6%, n=30) were 16 years old. The others (n=10, 10.5%) were aged between 11 and 15. Most (60, 63.2%) children hosted in Suffolk in October 2024 were located in Ipswich.

Children by nationality (rounded numbers below ten are suppressed):

- Afghan 35 (36.8%)
- Sudanese 20 (21.1%)
- Iranian 15 (15.8%)
- Turkish 10 (10.5%)

Ukraine

The [Homes for Ukraine Sponsorship Scheme](#) allows Ukrainian nationals and their immediate family members to apply for permission to come to the UK. The scheme allows people from Ukraine to stay in the UK for 18 months, with an extension scheme to stay a further 18 months.

- 85 children and young people aged under 18 are currently in Suffolk on the Homes for Ukraine Scheme
- In total, 515 children and young people have been part of the scheme in Suffolk. Participants may have returned to Ukraine, moved out of Suffolk, or remain in Suffolk in private rented accommodation.

- The Home Office has not shared data on take up of the [Ukraine Family Scheme](#) (closed February 2024), so it is not known if there were participants based in Suffolk.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) include various forms of physical and emotional abuse, neglect, and family dysfunction experienced in childhood. These experiences can lead to poor health and social outcomes in adulthood. ACEs can be related to the child (psychological, physical, and sexual abuse or neglect), or related to the household they live in (parental separation, domestic violence, mental illness, alcohol abuse, substance misuse, imprisonment) (Public Health Wales, [Adverse Childhood Experiences](#), accessed November 2024). As the number of ACEs increase for a child, so does the risk of poor outcomes (Hughes et al., [The effect of multiple adverse childhood experiences on health](#), The Lancet (2017)).

A number of studies about ACEs have attempted to estimate how many children and young people live through specific adverse experiences (examples given in the [Serious Violence Duty Strategic Needs Assessment](#), Suffolk Office of Data and Analytics, 2023). By considering these studies, it is possible to estimate the number of children and young people in Suffolk who are likely to be experiencing them. Table 4 shows the lowest and highest prevalence estimates of children and young people aged 0-18 in Suffolk who may experience particular ACEs.

It is important to recognise that not everyone exposed to ACEs will go on to experience negative consequences. Protective factors against ACEs for children and young people include access to a trusted adult, supportive friends, and being engaged in community activities, such as sports (Ace Hub Wales, [About ACEs](#), accessed November 2024).

Table 4: Estimated number of children (aged 0-18) experiencing specific adverse childhood experiences in Suffolk (2024)

| Adverse childhood experience | Estimate range | Lowest estimate | Highest estimate |
|---|----------------|-----------------|------------------|
| Parental separation or divorce | 18% - 25% | 29,300 | 40,700 |
| Emotional, psychological, or verbal abuse | 17% - 23% | 27,675 | 37,440 |
| Childhood physical abuse | 14% - 17% | 22,790 | 27,675 |
| Exposure to domestic violence | 12% - 17% | 19,535 | 27,675 |
| Household mental illness | 11% - 18% | 17,905 | 29,300 |
| Household alcohol abuse | 9% - 14% | 14,650 | 22,790 |
| Household drug abuse | 4% - 6% | 6,510 | 9,765 |
| Childhood sexual abuse | 3% - 10% | 4,885 | 16,280 |
| Household member in prison | 3% - 5% | 4,885 | 8,140 |

Estimate ranges from the [Serious Violence Duty Strategic Needs Assessment](#) (Suffolk Office of Data and Analytics, 2023) applied to Office for National Statistics' [population projection for 2024 \(nomis\)](#)

Impact of ACEs

Impacts into adulthood of experiencing four or more ACEs, compared to children who experienced no childhood ACEs (OHID, [Mental health and wellbeing JSNA toolkit: children and young people](#), 2019):

- 4 times more likely to be a high-risk drinker
- 6 times more likely to be a current smoker
- 6 times more likely to have had sex under 16 years of age

- 11 times more likely to have smoked cannabis
- 16 times more likely to have used heroin or crack cocaine

Public Health Wales conducted research examining the relationship between [adverse childhood experiences \(ACEs\) and engagement with healthcare services](#) among adults in Wales and England (published 2024). An online survey of 1,696 participants measured their exposure to 9 types of ACEs before age 18 and various outcomes related to medication use, preventative healthcare, relationships with healthcare professionals, and comfort in using healthcare settings.

- Those with ACEs were more likely to report not receiving all childhood vaccinations
- Higher ACE exposure was associated with greater use of prescription medications, including for mental ill-health, as well as poorer medication adherence
- Individuals with multiple ACEs were substantially more likely to perceive that healthcare professionals do not care about or understand their problems. They were also more likely to report poor childhood experiences with health and social services
- Higher ACE counts were linked to lower comfort levels in using various healthcare settings like GP surgeries, hospitals, A&Es, and dental surgeries

25,800 children and young people (aged 17 and under) in Suffolk may be living in households where either domestic violence and abuse, parental substance misuse or parental mental health issues are affecting an adult (Table 5). The Children’s Commissioner’s model suggests 1,400 children and young people were living in households where all three issues were present. These three factors are termed the ‘toxic trio’ ([Children’s Commissioner 2021](#)).

Table 5: Modelled number and rate of children and young people (aged 0 -17) living in a household with any or all of the toxic trio factors, Suffolk, 2024

| “Toxic trio” factor | Children affected | Rate per 1,000 population (aged 0 to 17) |
|---|-------------------|--|
| All factors present | 1,400 | 9.3 |
| Any factors present | 25,800 | 167.5 |
| Parent experiencing domestic abuse | 9,500 | 61.7 |
| Parent with alcohol/drug dependency | 6,000 | 39.0 |
| Parent with severe mental health problem | 18,700 | 121.3 |

Source: rates published by the Children’s Commissioner (2021): [CHLDRN](#) applied to Office for National Statistics’ [population projection for 2024 \(nomis\)](#)

Parental emotional distress

For the period 2019/20, it was estimated that around one in three children in England lived with at least one parent reporting emotional distress, which is also associated with an increased risk of behavioural and emotional difficulties in later childhood and adulthood (OHID, [Statistical commentary: children living with parents in emotional distress](#), updated 2024).

Children and young people with Special Educational Needs and Disabilities (SEND)

More information on children and young people with SEND is contained in the Needs Assessment. Content from the Needs Assessment is re-used here.

Language

Whilst we may occasionally need to use medical terminology when referencing specific research or directly quoting national published guidance, we have endeavoured to use the most inclusive language possible. As an example, many individuals prefer the term 'autism' instead of 'Autism Spectrum Disorder (ASD)' (term used in official DfE statistics) because it emphasises identity rather than a medical diagnosis. Where possible, and where we are not directly referencing statutory guidance such as the SEND Code of Practice, instead of using the term 'challenging behaviour', we refer to 'behaviour that communicates distress' or 'behaviour that challenges services'. This phrasing recognises that such behaviour often reflects unmet needs or emotional distress. In addition, where possible we avoid using the word 'disorders', although this term is frequently used in the academic literature, and it is not possible to change the usage of the word in that context. The term 'disorder' can carry negative connotations, suggesting something that needs to be "fixed," whereas autism aligns with our current understanding around neurodiversity (DfE, [SEND code of practice: 0 to 25 years](#), 2014).

Where it is necessary for medical or academic terminology to be used to ensure clarity, accuracy or consistency, we sincerely apologise for any difficulty or distress caused to readers as a result. This is not our intention.

Some children have difficulties or disabilities that make it harder and more challenging for them to learn compared with other children. A child's ability to learn may be affected by numerous factors, such as: behavioural difficulties, hearing or visual impairment, limited ability to socialise, difficulties with reading and writing, lowered ability to concentrate (for example, attention deficit hyperactivity disorder or ADHD), mental health difficulties, long-term health conditions, physical disability. As a consequence, some children require additional support with their learning, such as children and young people with special educational needs and disabilities.

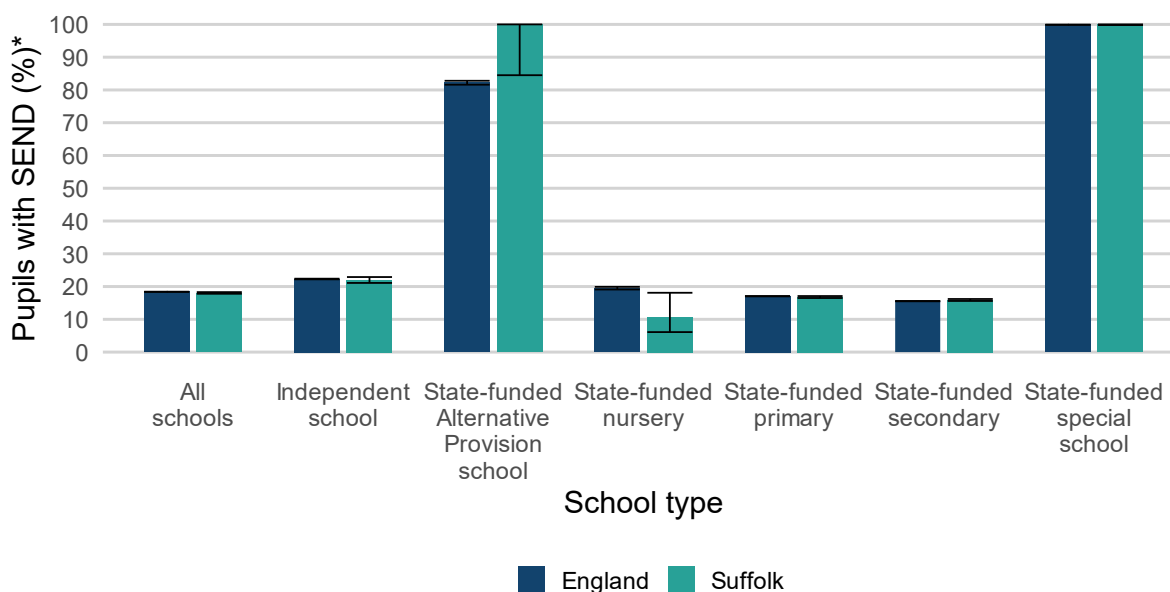
- **SEN support** - additional to, or different from, the support generally made for other children of the same age in a school. It is provided for pupils who are identified as having a learning difficulty or a disability that requires extra or different help to that normally provided as part of the school's usual curriculum offer. A pupil on SEN support will **not** have an education, health and care plan.
- A local authority may issue an **Education, Health and Care (EHC)** plan for a pupil who needs more support than is available through SEN support. This will follow a statutory assessment process whereby the local authority considers the pupil's special educational needs and any relevant health and social care needs; sets out long term

outcomes; and specifies provision which will deliver additional support to meet those needs.

Prevalence of SEND

18.0% of all Suffolk pupils (20,268) in 2023/24 either required SEN Support or an EHC plan (Figure 13). There are also 101 children with EHC plans in elective home education in Suffolk in 2024 that aren't included in the pupil SEND data (DfE educations statistics, [EHC caseload - establishment type](#), 2024).

Figure 13: Pupils with SEN support or EHC plan (%) by school type, Suffolk and England, 2024



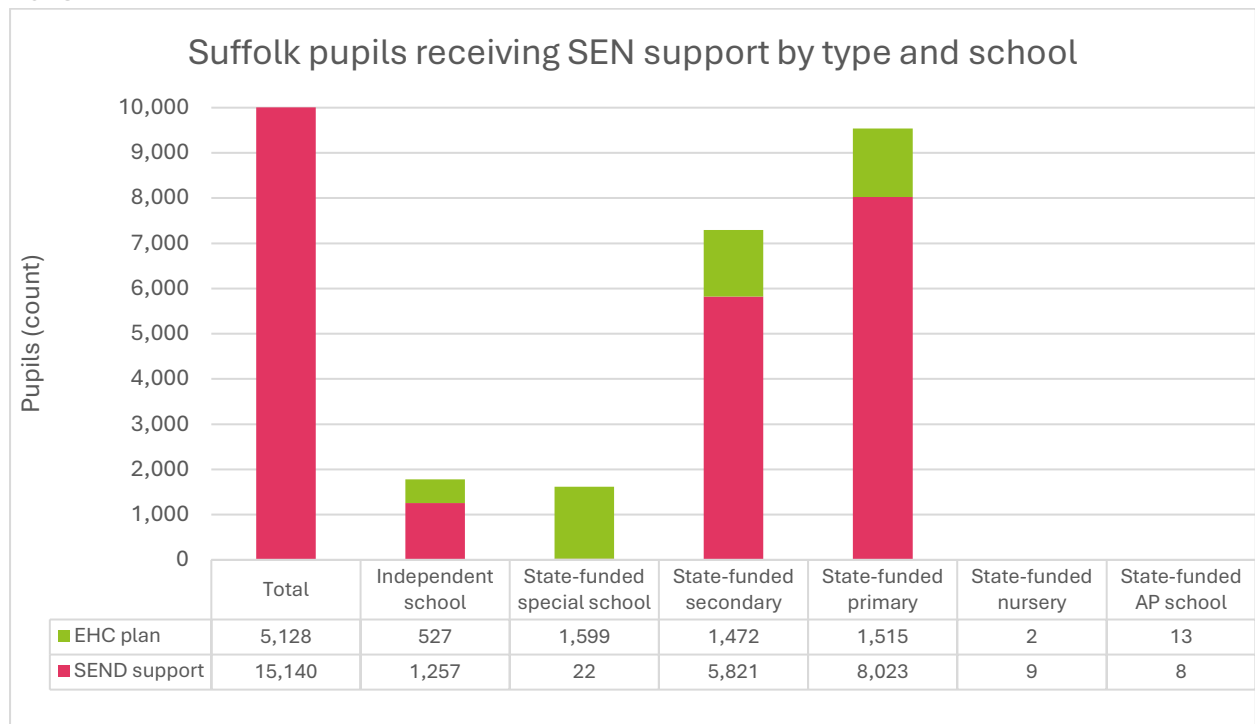
*Pupils with SEN support or with an EHC plan

Includes pupils at: independent schools, alternative provision, state-funded nursery schools, state-funded primary schools, state-funded secondary schools, state-funded special schools.

Source: DfE, [Pupils in all schools, by type of SEN provision](#), 2024.

The total percentage of pupils receiving either SEN support or with an EHC plan in Suffolk was slightly, but statistically significantly lower than England in 2023/24 (Figure 13). There were also statistically significant differences for the percentage of Suffolk pupils receiving either type of support in state-funded alternative provision (Suffolk 100.0%, higher than England 82.2%), and state-funded nursery (Suffolk 10.7%, lower than England 19.5%). Although these differences are statistically significant, the numbers of pupils are relatively small (21 pupils receiving support in alternative provision, and 11 in nursery) (Figure 14).

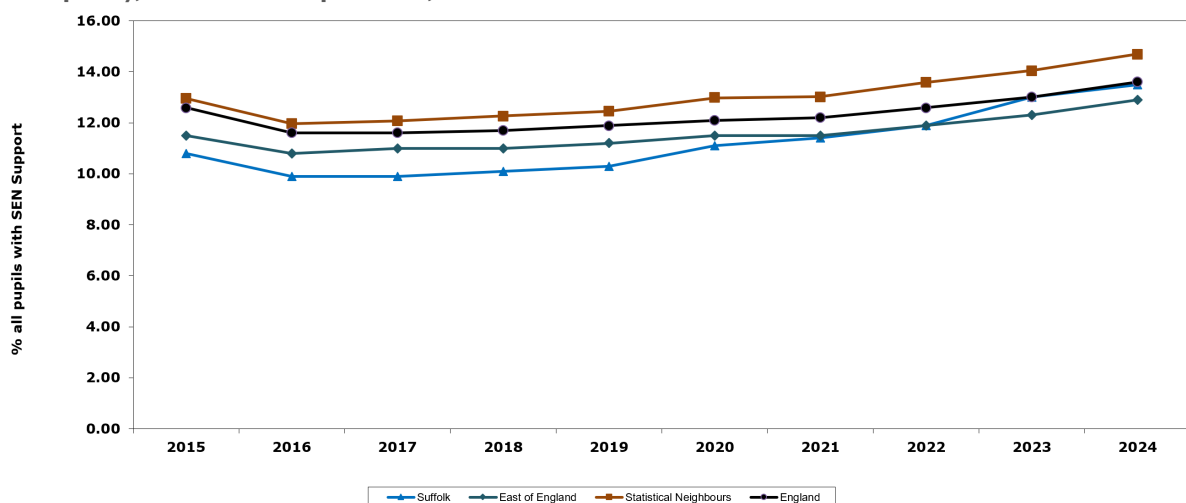
Figure 14: Number of Suffolk pupils receiving SEN support by type and school, 2023/24



Source: DfE, [Pupils in all schools, by type of SEN provision](#), 2024.

15,140 of all pupils in Suffolk received SEND support **without** an EHC plan in the school year 2023/24 (Figure 14): 13.5%, statistically significantly similar to England, 13.6%. The proportion of children with SEND support (without an EHC plan) in Suffolk has statistically significantly increased, from 9.9% (10,803) in 2015/16 to 13.5% in 2023/24, shown in the below figures (Figure 15). The percentage also increased significantly for England, from 11.6% to 13.6%. In 2023/24 Suffolk appears lower than its statistical neighbours (14.7%), although significance has not been calculated.

Figure 15: Pupils* with special educational needs (SEN or SEND) support (without an EHC plan), Suffolk comparison, 2015-2024



Source: [LAIT statistics reporting tool](#), DfE (accessed November 2024).

* Includes: independent schools, alternative provision, state-funded nursery schools, state-funded primary schools, state-funded secondary schools, state-funded special schools

5,128 of all Suffolk pupils had an Education, Health and Care (EHC) plan in 2023/24 (Figure 14): 4.6%, statistically significantly lower than England, 4.8%. The proportion of Suffolk children with EHC plans has increased significantly from 2.5% in 2015/16 to 4.6% in 2023/4.

Primary needs

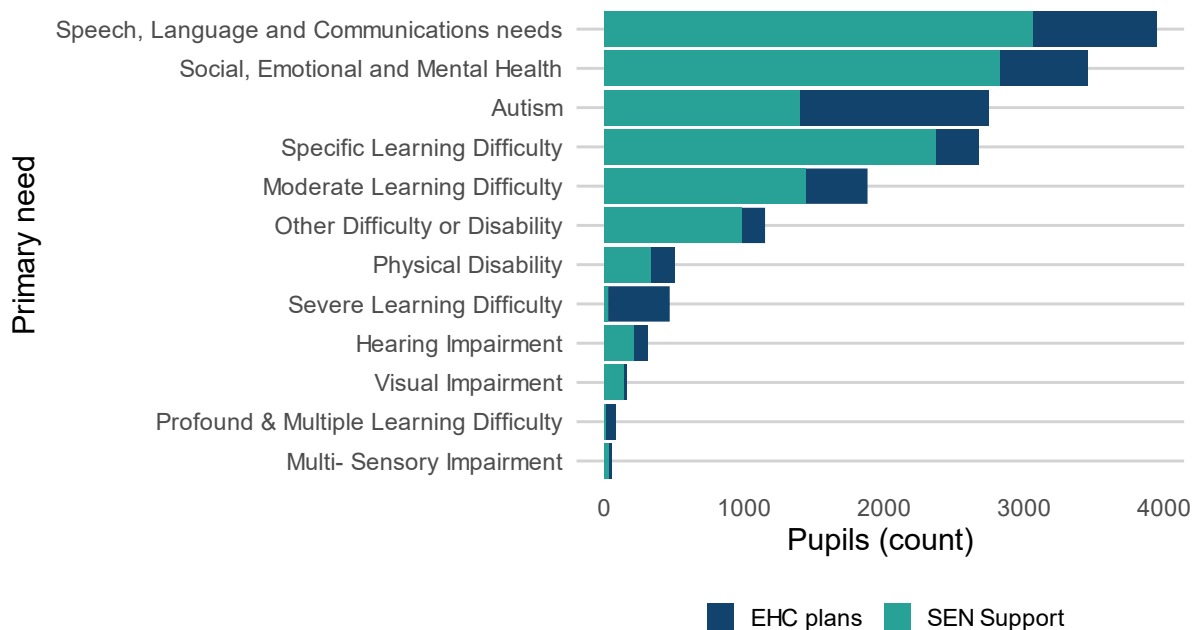
The [SEND code of practice: 0 to 25 years](#) (DfE) outlines four broad areas of need:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health difficulties
- Sensory and/or physical needs

As the Code of Practice sets out, it is important to note that many children may have needs that span multiple categories, and that their needs may change over time. The focus should be on identifying the full range of an individual's needs and providing appropriate support based on their strengths and difficulties.

Primary and secondary type of need are recorded in the school census and are available for state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded AP schools.

Figure 16: Specific primary need, pupils with SEN support or EHC plan (count), Suffolk, 2024



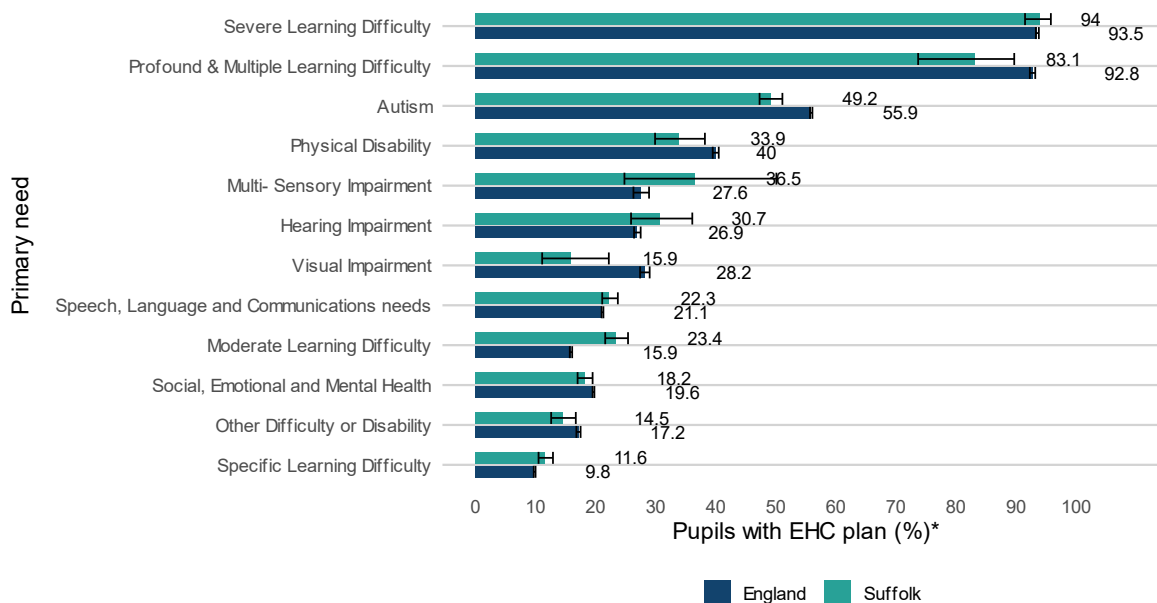
Note – this figure uses DfE language Source: DfE, [Primary need of pupils with SEN support or EHC plan, 2024](#).

In 2023/24, 94.0% (440) of pupils in Suffolk with a primary need of Severe Learning Difficulty had an EHC plan (statistically significantly similar to England: 93.5%), while 6.0% were receiving SEN Support (England 6.5%. For pupils with a primary need of Profound and Multiple Learning Difficulty, 83.1% (69) had an EHC plan, statistically significantly lower than England (92.8%) (Figure 17).

Suffolk pupils were more likely to have SEN support than an EHC plan if they had a primary need of Specific Learning Difficulty (88.4%, 2,365, statistically significantly lower than England) or

“Other difficulty/disability” (85.5%, 982, statistically significantly higher than England) (Figure 17).

Figure 17: Percentage of pupils with primary need who have an EHC plan (%), Suffolk and England, 2024



Source: DfE, [Primary need of pupils with SEN support or EHC plan](#), 2024.

Across England in 2024, the most common type of need among pupils with an EHC plan is autism (the DfE uses the term “autistic spectrum disorder (ASD)” - (33.0%, 1 in 3 pupils with an EHC plan). In Suffolk the proportion is slightly but statistically significantly lower: 29.4% (1,352 pupils) (Table 6).

Table 6: Pupils with EHC plans by primary need, Suffolk compared to England, 2024

| EHC plan primary need | Suffolk pupils | Suffolk (% with EHC plan) | Statistical comparison to England | England (% with EHC plan) |
|--|----------------|---------------------------|-----------------------------------|---------------------------|
| Autism | 1,352 | 29.4% | Lower | 33.0% |
| Hearing Impairment | 95 | 2.1% | Higher | 1.6% |
| Moderate Learning Difficulty | 441 | 9.6% | Higher | 8.5% |
| Multi- Sensory Impairment | 19 | 0.4% | Similar | 0.3% |
| Other Difficulty/Disability | 167 | 3.6% | Higher | 2.2% |
| Physical Disability | 171 | 3.7% | Similar | 3.6% |
| Profound & Multiple Learning Difficulty | 69 | 1.5% | Lower | 2.5% |
| Severe Learning Difficulty | 440 | 9.6% | Higher | 7.9% |
| Social, Emotional and Mental Health | 629 | 13.7% | Lower | 15.5% |
| Specific Learning Difficulty | 311 | 6.8% | Higher | 4.3% |
| Speech, Language and Communications needs | 881 | 19.1% | Similar | 19.5% |
| Visual Impairment | 26 | 0.6% | Lower | 1.0% |
| Total number of pupils with EHC plans | 4,601 | | | 400,413 |

Source: DfE, [Primary need of pupils with SEN support or EHC plan](#), 2024.

Among pupils receiving SEN support, the most common type of need in England and Suffolk is “speech, language and communication needs” a quarter (25.6% of pupils with SEN in England),

and 22.1% pupils (3,064) with SEN in Suffolk (statistically significantly lower than England) (Table 7).

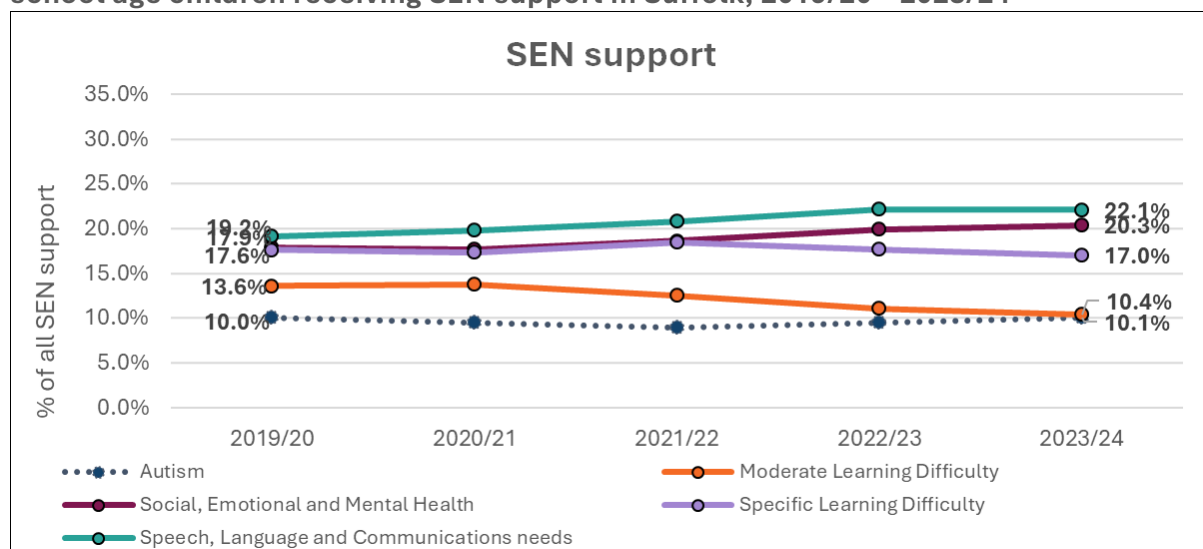
Table 7: Pupils with SEN support by primary need, Suffolk compared to England, 2024

| SEN support primary need | Suffolk pupils | Suffolk (% with SEN support) | Statistical comparison to England | England (% with SEN support) |
|---|----------------|------------------------------|-----------------------------------|------------------------------|
| Autism | 1,397 | 10.1% | Higher | 9.2% |
| Hearing Impairment | 214 | 1.5% | Similar | 1.5% |
| Moderate Learning Difficulty | 1,440 | 10.4% | Lower | 15.8% |
| Multi- Sensory Impairment | 33 | 0.2% | Similar | 0.3% |
| Other Difficulty/Disability | 982 | 7.1% | Higher | 3.7% |
| Physical Disability | 333 | 2.4% | Higher | 1.9% |
| Profound & Multiple Learning Difficulty | 14 | 0.1% | Similar | 0.1% |
| SEN support but no specialist assessment of type of need | 1,051 | 7.6% | Higher | 4.7% |
| Severe Learning Difficulty | 28 | 0.2% | Similar | 0.2% |
| Social, Emotional and Mental Health | 2,824 | 20.3% | Lower | 22.3% |
| Specific Learning Difficulty | 2,365 | 17.0% | Higher | 13.9% |
| Speech, Language and Communications needs | 3,064 | 22.1% | Lower | 25.6% |
| Visual Impairment | 138 | 1.0% | Similar | 0.9% |
| Total number of pupils with SEN support | 13,883 | | | 1,139,746 |

Source: DfE, [Primary need of pupils with SEN support or EHC plan](#), 2024.

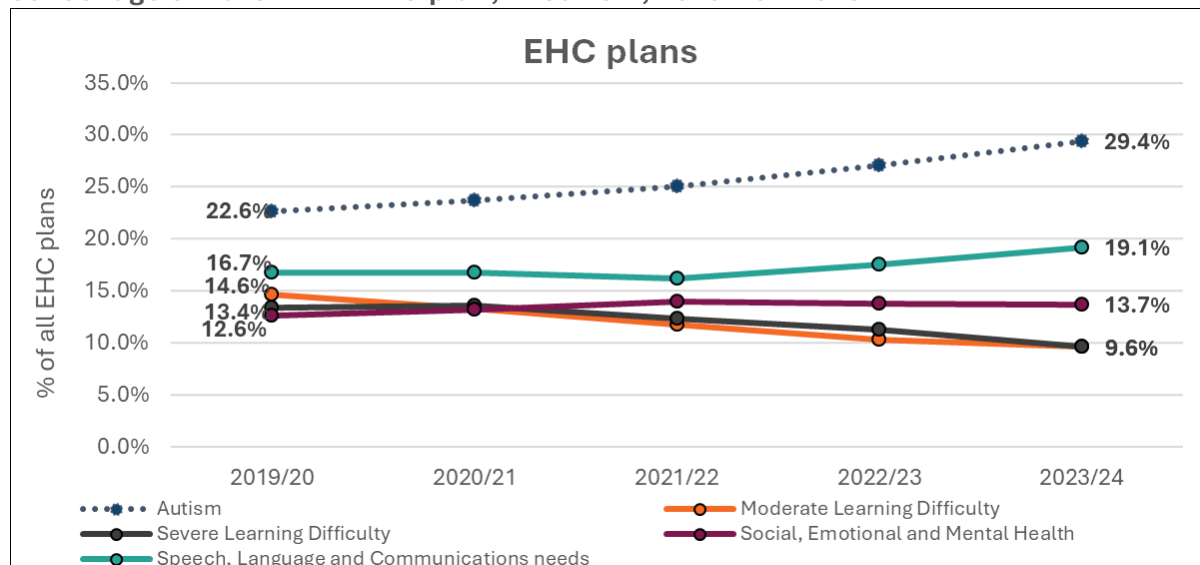
Over the past five years, there have been changes in the primary type of need for children and young people with either EHC plans or receiving SEN support, who are attending Suffolk schools (Figure 18, Figure 19). For those attending Suffolk schools with EHC plans, autism has shown the most notable increase, increasing from the primary need identified in 22.6% of all EHC plans in 2019/20, to the primary need identified in 29.4% of all EHC plans in 2023/24.

Figure 18: Percentage distribution of five most common primary types of need for school age children receiving SEN support in Suffolk, 2019/20 – 2023/24



Source: [Department for Education](#) (2024)

Figure 19: Percentage distribution of five most common primary types of need for school age children with EHC plan, in Suffolk, 2019/20 – 2023/24



Source: [Department for Education](#) (2024)

The demographics of Suffolk’s children with SEND in 2023/24

- A statistically significantly higher proportion of Suffolk pupils with an EHC plan are female (30.5%, 1,403) than England (28.0%). This may reflect significant underdiagnosis of SEND in females, consistent with their more effective use of behaviours such as masking, which is now starting to be more fully understood.
- In Suffolk, 61.6% (8,554) of pupils with SEN support are male, statistically similar to England (62.0%).
- SEN support is more prevalent in primary school age groups and decreases through secondary age groups.
- Around one in five pupils at age 8, 9, 10, 11, 12 have either an EHC plan or SEN support (DfE, [SEN provision by age, gender, support](#) 2024). For more detail on this, see the full SEND Needs Assessment.

Care leavers

Young people (aged 16 – 25) who have been in care (referred to here as “care leavers” are more likely to be at risk of poor educational outcomes, unemployment, being homeless, drug and alcohol dependency, offending and mental health issues ([House of Commons Library](#) 2023).

Local authorities have a statutory requirement to provide care leavers with support to live independently until the age of 25. Local authorities provide information about children who were previously CIC, who turned 17 to 21 in the year. The DfE definition is “Children Looked After (CLA)” for at least 13 weeks after their 14th birthday, including some time after their 16th birthday. The information provided relates to contact around their birthday in the year. Data was collected for the first time in 2023 on care leavers aged 22- to 25-years-old who had been in touch with their local authority and who had requested and received support.

In Suffolk in 2023, there were 627 care leavers aged 17 to 21. 89% (140) of those care leavers aged 17 to 18 and 86% (395) of those aged 19 to 21 were in suitable accommodation. The

proportion of care leavers in education, employment and training (EET) was lower in Suffolk compared to the England average (DfE 2024):

- 57% of Suffolk’s 17 to 18 year old care leavers were in EET (compared to 66% across England) (Table 8)
- 53% of 19 to 21 year olds in education, employment or training (66% across England) (Table 9)

Table 8: 17 to 18 year old care leavers activity for Suffolk and England, 2023

| Activity | Suffolk (count) | Suffolk (%) | England (count) | England (%) |
|---|-----------------|-------------|-----------------|-------------|
| In education, employment or training | 90 | 57.0% | 8,790 | 66.0% |
| Not in education, employment or training | 58 | 37.0% | 3,800 | 28.0% |
| Information not known | 9 | 6.0% | 3,800 | 28.0% |

Source: DfE (2024)

Table 9: 19 to 21 year old care leavers activity for Suffolk and England, 2023

| Activity | Suffolk (count) | Suffolk (%) | England (count) | England (%) |
|---|-----------------|-------------|-----------------|-------------|
| In education, employment or training | 251 | 53.0% | 19,380 | 56.0% |
| Not in education, employment or training | 186 | 40.0% | 13,060 | 38.0% |
| Information not known | 33 | 7.0% | 2,210 | 6.0% |

Source: DfE (2024)

Young carers

A young carer is someone aged under 18 who cares for a friend or family member who, due to illness, disability, a mental ill-health or an addiction, cannot cope without their support. Older young carers are also known as young adult carers, and they may have different support needs to younger carers. Young carers are already likely to have significantly lower educational attainment than their peers. Caring can also be an isolating experience but having the right support in place can give young carers an increased chance of succeeding in all parts of their lives (Carers Trust 2024).

Many young carers describe feeling tired and under pressure. Caring can place considerable physical demands on a child or young person which, when combined with a lack of sleep, can result in exhaustion. Many also experience other traumatic life changes such as bereavement, family break up, losing income or housing, and seeing the effects of an illness or addiction on the person they care for (Carers Trust 2014).

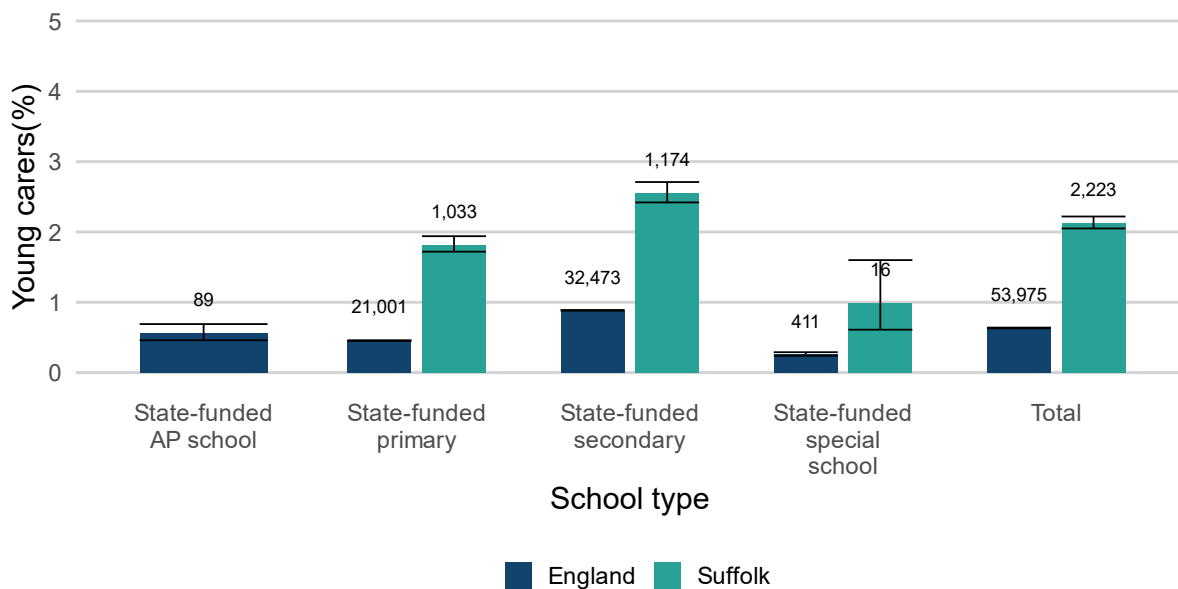
The Carers Trust note:

“Census data on unpaid carers provides a complex picture but what comes through loud and clear is that the proportion of unpaid carers providing 20 hours’ care a week or more has increased noticeably. This resonates with what we are consistently hearing about many unpaid carers having to dedicate ever more time to caring for their sick and disabled relatives, not least due to increased pressures on the NHS and the collapse of social care services.”

According to the 2021 census, 1,252 children aged 15 years and under were identified as providing any amount of unpaid care in Suffolk, equivalent to 1.0% of the entire 0-15 Suffolk population on census data in 2021. An additional 2,801 16 to 24 year olds provided any amount of unpaid care each week in Suffolk on census day 2021, equivalent to 4.1% of the entire 16 to 24 year old population in Suffolk. 291 children aged 0-15 and 1,189 young people (aged 16-24) in Suffolk regularly provided 20 hours or more of care a week at the last census ([Office for National Statistics](#) 2023).

The 2023/24 School Census records 2,223 pupils in Suffolk as being young carers. Compared to England, Suffolk has statistically significantly higher percentages of children recorded as young carers in state-funded primary, secondary and special schools (Figure 18).

Figure 20: Pupils who are young carers (%) by school type, Suffolk and England, 2024



Includes state-funded nursery, primary, secondary, alternative provision (AP) schools and special schools, and non-maintained special schools. Does not include independent schools
 The young carer indicator identifies those children identified as a young carer either by the school (including where the pupil self declares) or by parent or guardian
 Source: [DfE education statistics: young carers](#), 2024