



Bath & North East  
Somerset Council

Improving People's Lives

# Strategic Evidence Base for Bath and North East Somerset

*Last Published: April-2025*



# Service Use

Early Help Services

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Community Provision

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EHCPs

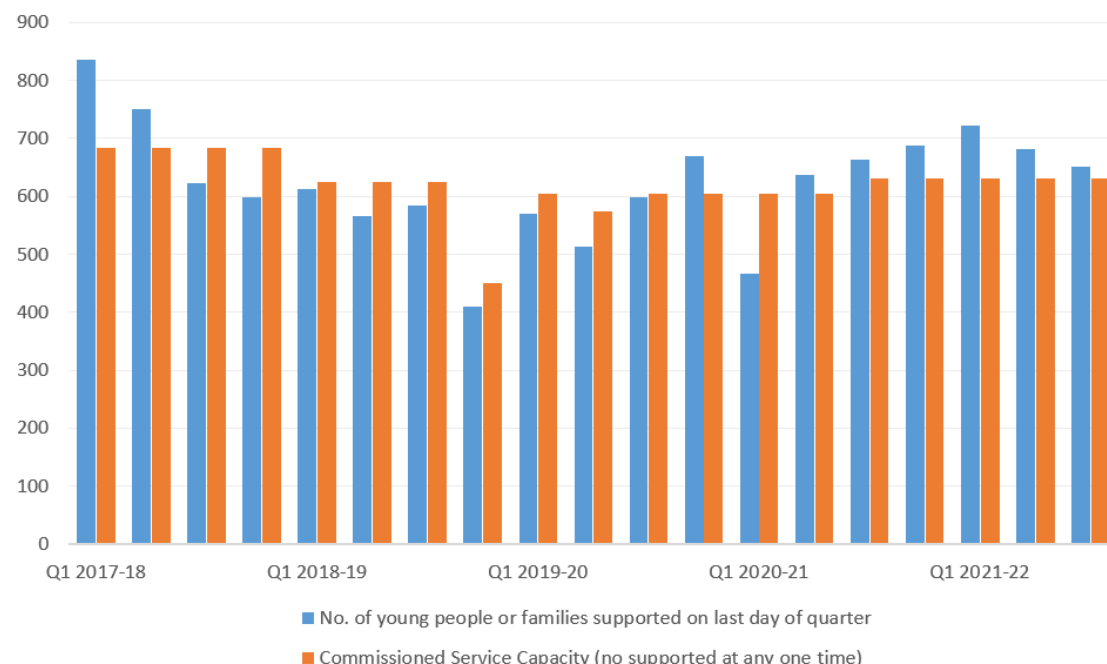
Adult Social Care  
Support

SEND: EHCPs by Age

Mental Health: CYP  
Service Demand

# Early Help Services

B&NES Early Help services - no. supported on last day of quarter and service capacity (Q1 17/18 to Q4 20/21)



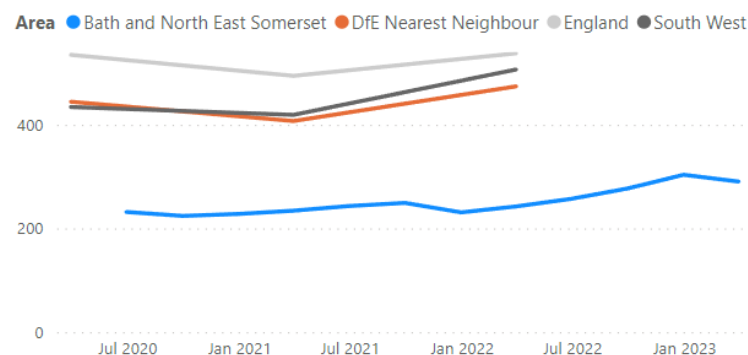
**Data notes:** Q4 18/19 and Q1 20/21 do not include data from Bright Start services and Q2 19/20 does not include data from Compass services so actual numbers supported for those 3 quarters will be higher than shown here.

**Services data source:** In-house Early Help and Targeted Support Dashboard. Data comprised of quarterly returns from service providers for Q1 2017-18 to Q3 2021-22.

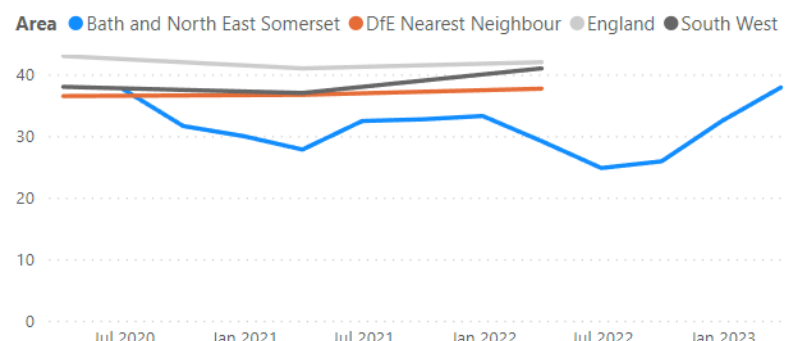
- [Early help](#) means providing support to potentially vulnerable children, young people and their families as soon as problems start to emerge. If they're facing certain challenges, or have complex needs which cannot be dealt with by universal services (for example, schools, health visitors, school nurses), they can be referred to Early Help services for support.
- Since Q1 2017-18, **53%** of all referrals to Early Help services have come from health visitors, primary schools or secondary schools.
- Early Help services have remained consistently **over-capacity** for the last 6 quarters (since Q2 2020/21).
- Referrals into services for the **very young (0-5) age group are predominantly male**. However, females have ~3x the number of referrals for ages 25+ (likely parents of referred children).
- The [Early Help Needs Assessment \(May 2020\)](#) identified that the burden of needs is not uniform across B&NES, with high needs likely to be experienced in **areas of highest deprivation**.
- A survey of Early Help professionals conducted for the needs assessment identified the most commonly occurring needs related to **behaviour**, **mental health**, **safeguarding** (often described as not meeting thresholds), **parenting** (capacity, support and skills) and **speech and language**. The breadth of the needs observed across the system span those relating to practical needs such as those stemming from finances and poverty, and more specific needs such as toileting.

# Children's Social Care - Trends

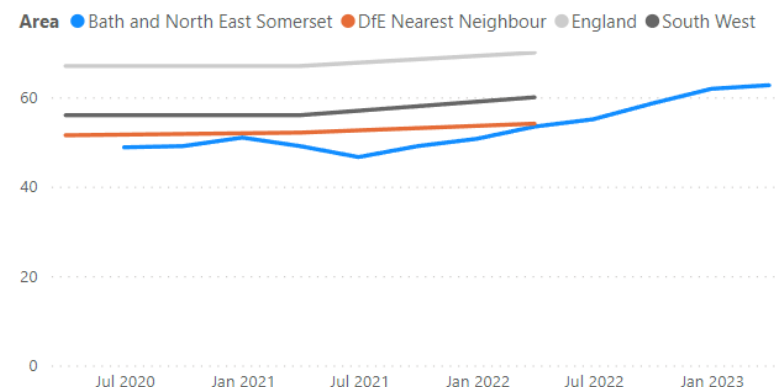
Referrals to Children's Social Care rate per 10,000 children aged <18



Children Subject to Open Child protection Plans rate per 10,000 children aged <18



Children Looked After rate per 10,000 children aged <18



- Referral rates have remained low compared to other local areas and national rates. This can in part be attributed to a sustained focus on ensuring cases are referred into [Early Help services](#). Threshold audits continue to demonstrate that need is being effectively identified.
- Child Protection Plan rates are subject to fluctuation in part due to the relatively small cohort size. However, recent trends have moved rates in line with statistical neighbours.
- Looked After Children rates had remained stable for several years. However, pressures associated with the Covid-19 pandemic and lockdowns have increased the volume and complexity of cases. More recent increases in numbers are associated with this complexity and an increase in unaccompanied asylum-seeking children, a pattern which is expected to be repeated nationally.

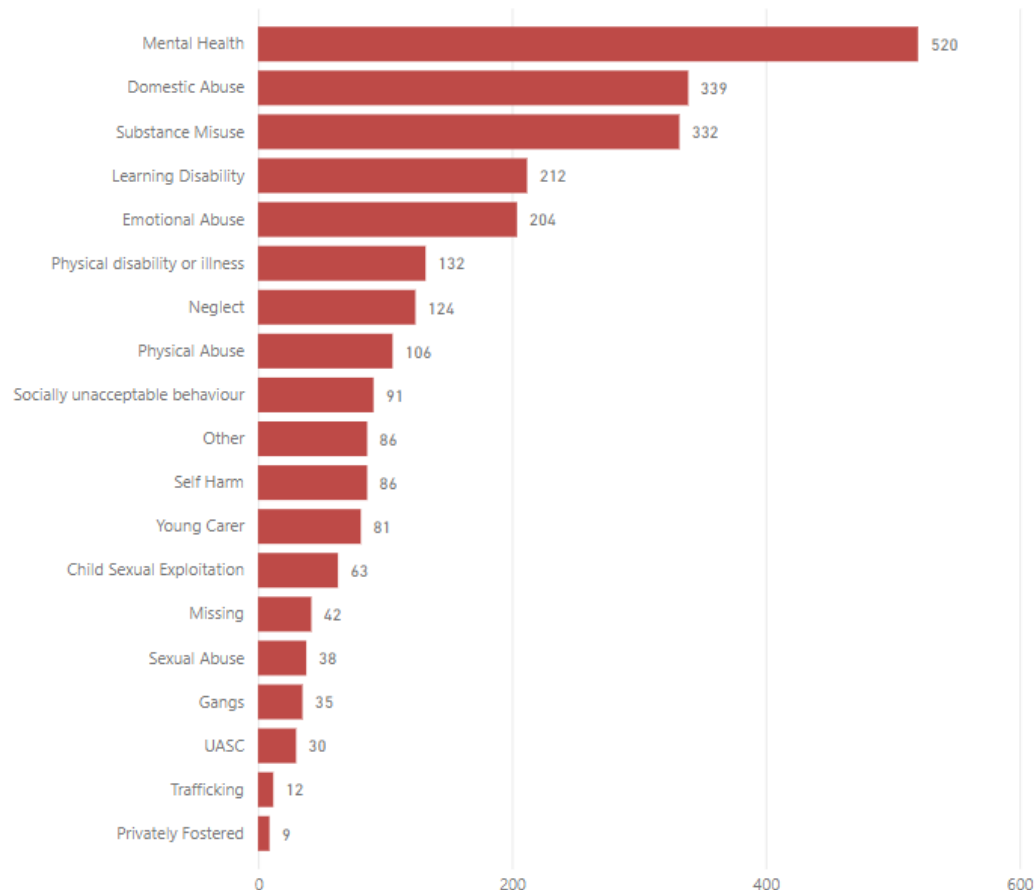
## Sources:

Historic and Benchmarking Data: Department for Education (2019-2022) [Child In Need Census and Children Looked After return](#), extracted from LG Inform (2022) *LGA Research: Children in Need and Care in Bath and North East Somerset*

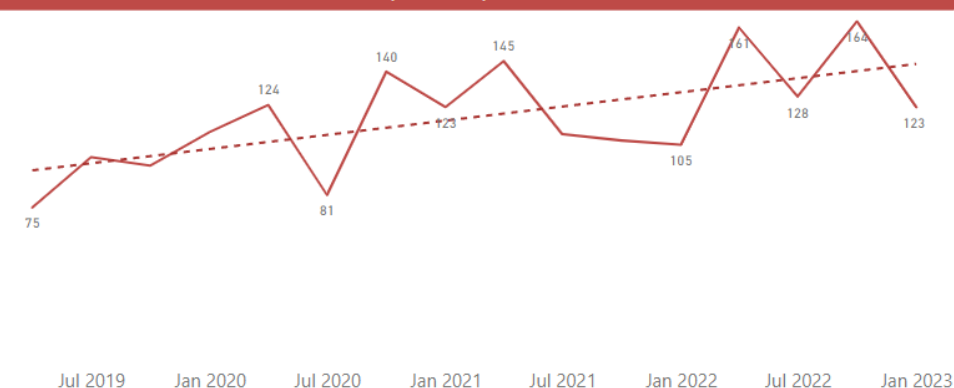
Current Financial Year Data: Local system reporting

# Children's Social Care – Need and Risk Factors

Factors - N factors identified across assessments



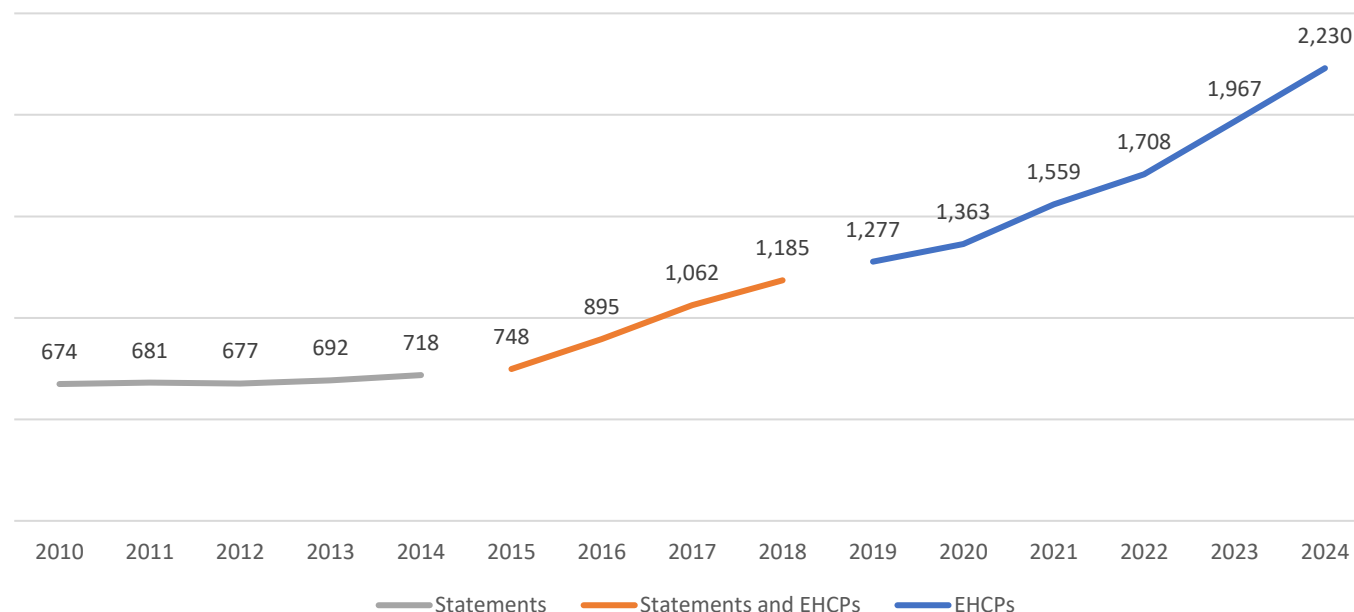
Social care Assessment Factors - Mental Health (n. Children)



- Assessment factors are captured at the point at which a child reaches the threshold for social care involvement.
- Multiple factors can be identified per case. Therefore, the chart presented relates to the number of children with each individual factor identified.
- As has remained a consistent trend over time, **mental health**, **domestic abuse** and **substance misuse** for child or family are the most common factors recorded, with 50% of cases recording one or more of these factors. This remains consistent with the findings of the [Munro review](#) in 2011.
- Mental health related factors have increased consistently over time, affecting both children and parents/family.

# SEND: Number with EHCPs

Number of Children & Young People with a SEN statement and Education, Health and Care Plan (EHCP)  
(B&NES maintained), 2010 to 2024



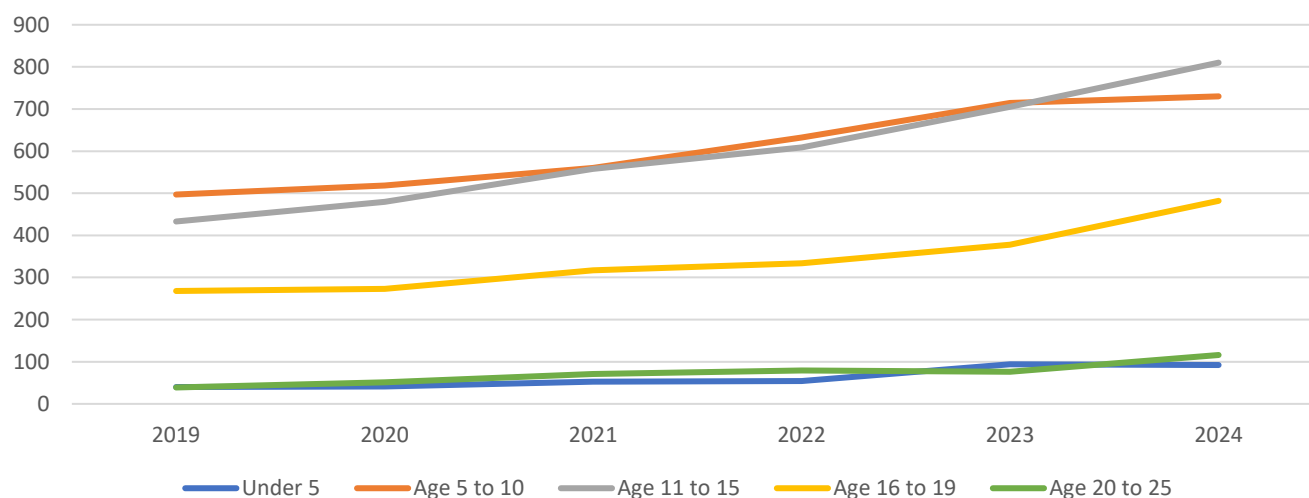
- Since the SEND reforms started to be implemented in 2014/15, there has been a year-on-year increase in the number of children and young people with an Education, Health and Care Plan (EHCP) [incl. SEN statement between 2015 and 2018].
- In January 2024 there were **2,230 children and young people with an EHCP** maintained by B&NES Council. This is over three times (3.1) the number of Statements in 2014 (718).
- The number of EHCPs (/Statements) in B&NES has increased by **12% per year between 2014 and 2024, on average**. This is higher compared to national and regional growth trend during the same period (9% national and 10% South West).
- The **annual growth rate is higher in B&NES between 2023 and 2024 (13%)** compared to national and regional (11% and 9% respectively).

**Definition:** Education, Health and Care Plans (EHCPs) have replaced Statements of Special Educational Needs and Learning Difficulty Assessments (2014 reforms). The EHCP is put together by professionals in education, health and social care to make sure children and young people with Special Educational Needs and Disability (SEND) have a package of support to help them through to adulthood (until they are 25). B&NES EHCPs refers to Plans where the Local Authority administers the Plan in line with the definition of the SEN2 return. By 1 April 2018 local authorities had to have transferred all children and young people with statements of SEN to the then new SEND system who met the criteria for an EHCP. Therefore, for the period 2015 to 2018 the numbers shown include both statements of SEN and EHCPs, i.e., transition period.

**Source:** [Department for Education, EHCPs](#), based on SEN2 data collection. The SEN2 Survey is a snapshot in January each year. From 2023, the data collection changed from aggregated figures at LA level to person level collection.

# SEND: EHCPs by Age

Number of Children & Young People with an EHCP  
(B&NES maintained), 2019 to 2024



Prevalence rate of EHCP per 1,000 population, 2024

Age Group	B&NES (No.)	B&NES	England
Under 5	92	10.4	8.7
Age 5 to 10	730	59.9	46.3
Age 11 to 15	810	73.4	58.9

- The **increase** in children and young people with an Education, Health and Care Plan (EHCP) between 2019 and 2024 has been **seen across all age groups**.
- Between 2023 and 2024** though, the **increase in the number of children and young people with an EHCP** in B&NES is **almost entirely accounted for by an increase in older children and young people – 95% of the increase** from 1,967 to 2,230 EHCPs **coming from those aged between 11 and 25**.
- School aged children account for 69% of all EHCPs** within B&NES (**730** 5- to 10-year-olds; and **810** 11- to 15-year-olds in January 2024). The comparable figure for England is also 69%.
- Prevalence of EHCPs in the population is highest in the 11- to 15-year-old population:** 73.4 per 1,000 in B&NES (compared to 58.9 per 1,000 in England).
- If our **local prevalence rates** for those under the age of 16 **were to reduce to national levels**, we would expect to see around 340 fewer EHCPs in B&NES as follows:
  - Under 5: 15
  - Age 5 to 10: 166
  - Age 11 to 15: 160

**Definition:** Education, Health and Care Plans (EHCPs) are put together by professionals in education, health and social care to make sure children and young people with Special Educational Needs and Disability (SEND) have a package of support to help them through to adulthood (until they are 25). B&NES EHCPs refers to Plans where the Local Authority administers the Plan in line with the definition of the SEN2 return.

**Note:** Prevalence per 1,000 population figures have been calculated using ONS mid-2023 population estimates. Prevalence for older age groups – 16 to 19 and 20 to 25 – have not been calculated due to our high Higher Education student numbers.

**Source:** [Department for Education, EHCPs](#), based on SEN2 data collection. The SEN2 Survey is a snapshot in January each year. From 2023, the data collection changed from aggregated figures at LA level to person level collection.

# SEND: EHCPs by Gender & Ethnicity

**Number of children and young people with an Education, Health and Care Plan (EHCP) by gender, B&NES maintained, January 2024**

Gender	No.	B&NES %	England %
Female	743	33	29
Male	1,487	67	71
<b>Total</b>	<b>2,230</b>	<b>100</b>	<b>100</b>

**Number of children and young people with an Education, Health and Care Plan (EHCP) by ethnicity, B&NES maintained, January 2024**

Ethnicity (major cat.)	No.	B&NES %	England %
White	1,926	88.1	
Mixed/Multiple ethnic groups	175	8.0	
Asian/Asian British	41	1.9	
Black/African/Caribbean/Black British	26	1.2	
Other ethnic group	19	0.9	
<b>Total</b>	<b>2,187</b>	<b>100</b>	
<i>Unknown</i>	<i>43</i>	<i>1.9</i>	<i>9.4</i>

## Gender

- As at **January 2024**, **males** accounted for **67%** [1,487 | 2,230] of children and young people with an Education, Health and Care Plan (EHCP) maintained by B&NES Council. The comparable percentage for **England was slightly higher, at 71%**.
- As at **January 2024**, **females** accounted for **33%** [743 | 2,230] of children and young people with an Education, Health and Care Plan (EHCP) maintained by B&NES Council. The comparable percentage for **England was slightly lower, at 29%**.

## Ethnicity

- Coverage** of recorded ethnicity in B&NES is significantly better compared to national (98.1% vs. 90.6% respectively with an unknown ethnicity recorded for January 2024 EHCP cohorts).
- As at January 2024 **around 1 in 9 (11.9%)** children and young people with an EHCP with a known recorded **ethnicity** in B&NES had a classification of **non-White**. This is in line with the Census 2021 figure for those aged 24 and under in B&NES (12.2%).\*

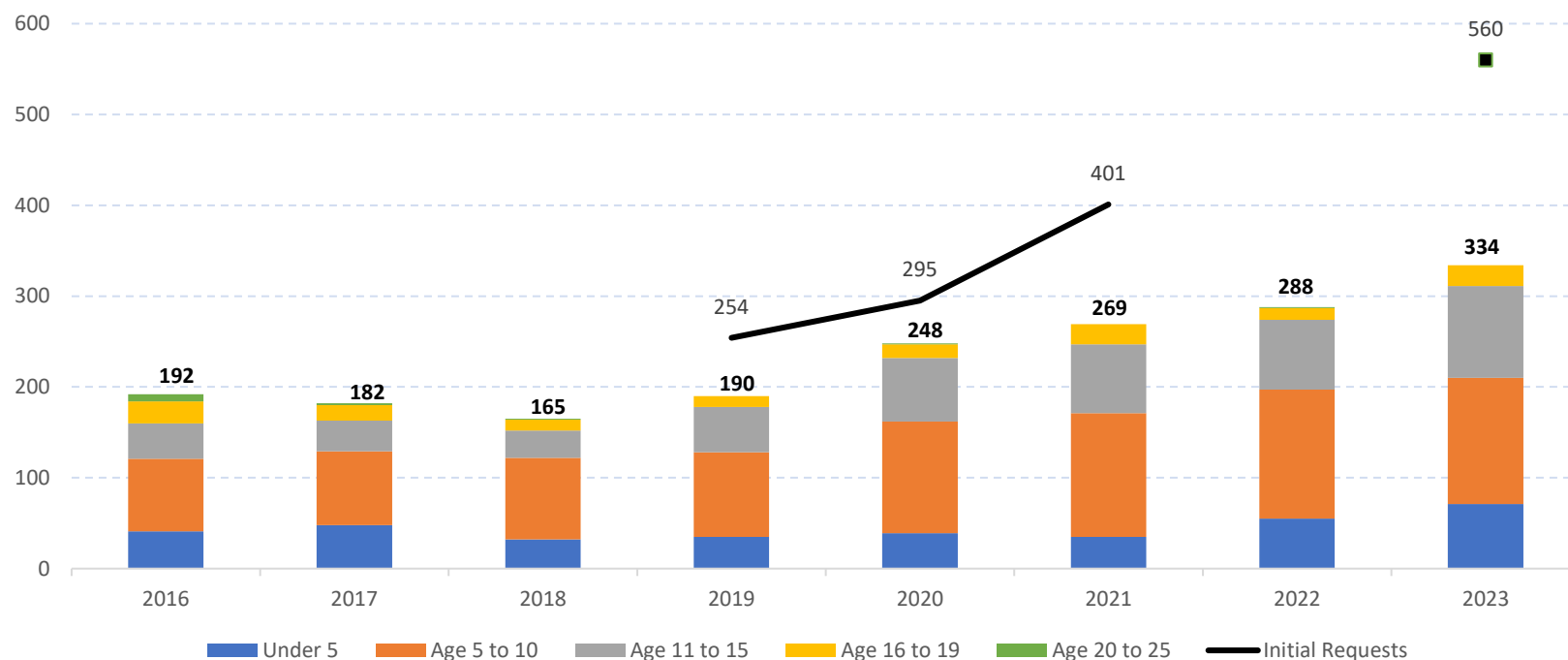
**Definition:** Education, Health and Care Plans (EHCPs) are put together by professionals in education, health and social care to make sure children and young people with Special Educational Needs and Disability (SEND) have a package of support to help them through to adulthood (until they are 25). B&NES EHCPs refers to Plans where the Local Authority administers the Plan in line with the definition of the SEN2 return.

**Sources:** [Department for Education, EHCPs](#), based on SEN2 data collection. The SEN2 Survey is a snapshot in January each year. From 2023, the data collection changed from aggregated figures at LA level to person level collection. B&NES non-White figure of 12.2% for aged 24 and under is from the 2021 Census (ONS). (\*) [NOMIS](#) (Table RM032 'Ethnic group by sex and age').



# SEND: Initial Requests and newly issued EHCPs

Number of Children and Young People with new Education, Health and Care Plans (EHCPs) 2016 to 2023 and Number of Initial Requests (B&NES maintained) 2019 to 2023



- There were **334** children and young people with new Education, Health and Care Plans (EHCPs) opened during **2023** in B&NES, the **highest number since at least 2016**.
- After a decline in the number of children and young people with newly issued EHCPs between 2016 and 2018, **numbers increased every year from 190 during 2019 to 334 newly opened EHCPs during 2023**, representing a **76% increase** over the period in newly opened EHCPs between 2019 and 2023.
- This increase in newly issued EHCPs needs to be seen alongside a **larger recent increase in requests for EHCPs** – from 254 during 2019 to 560 during 2023 (**representing a 2.2-fold increase**).
- While the annual **number of new EHCPs** being issued to **primary school age children (aged 5 to 10)** has **levelled off** (from 142 during 2022 to 139 during 2023), the number of new EHCPs issued to **secondary age children and young people (aged 11 to 15)** has **continued to increase** (from 77 during 2022 to 101 during 2023).
- The **number of under 5s** issued with a new EHCP is at an **eight-year high** (71 during 2023).

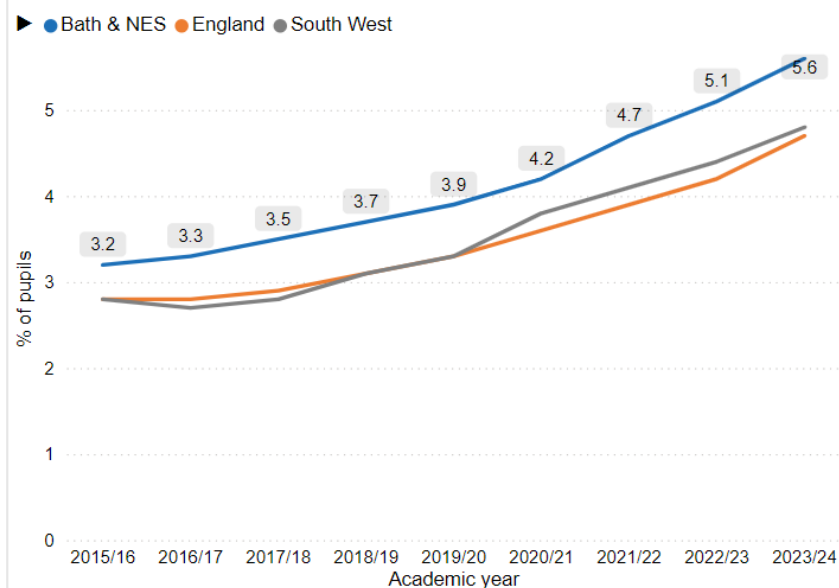
**Definition:** Education, Health and Care Plans (EHCPs) have replaced Statements of Special Educational Needs and Learning Difficulty Assessments (2014 reforms). The EHCP is put together by professionals in education, health and social care to make sure children and young people with Special Educational Needs and Disability (SEND) have a package of support to help them through to adulthood (until they are 25). B&NES EHCPs refers to Plans where the Local Authority administers the Plan in line with the definition of the SEN2 return. Initial requests are defined in DfE's [Special Educational Needs Person Level Survey 2024: Guide](#).

**Sources:** [Department for Education, EHCPs](#), based on SEN2 data collection. The SEN2 Survey is a snapshot in January each year. From 2023, the data collection changed from aggregated figures at LA level to person level collection. The annual number of initial requests for an EHCP during 2019, 2020, 2021 and 2023 are from the 2024 DfE published source.

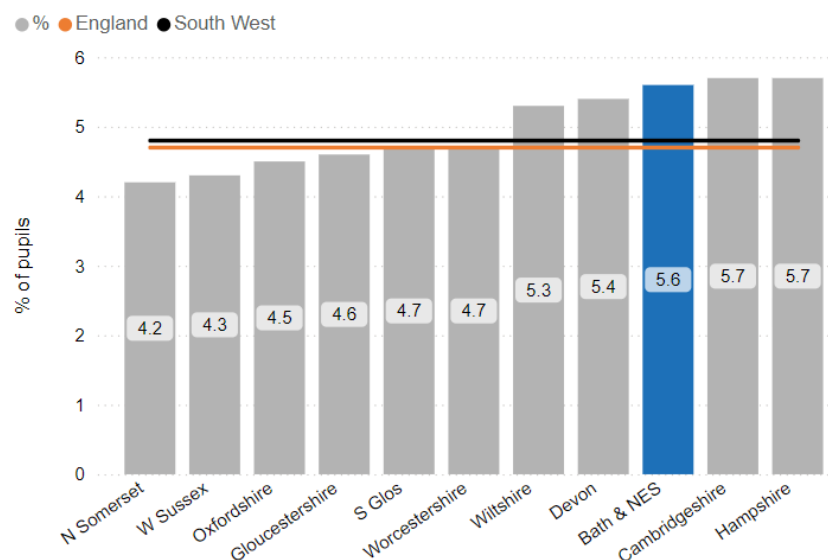
**Note:** Number of initial requests excluded for 2022 due to known issues with the 2023 SEN2 Return data set.

## Benchmarking B&NES' performance: % of pupils with Statements or EHC Plans (all schools)

% of pupils with statements or EHC plans (all schools): B&NES compared to national and regional rates



% of pupils with statements or EHC plans (all schools): B&NES compared to Children's Services Near Neighbours 2023/24



### National & Regional comparison:

- Growth in the B&NES rate of pupils with a Statement or EHCP since 2018/19 is higher than the increase seen nationally (B&NES: 3.7% to 5.6% | 1.9 percentage point increase; England: 3.1% to 4.7% | 1.6 percentage point increase).

### Children's Services Near Neighbours comparison:

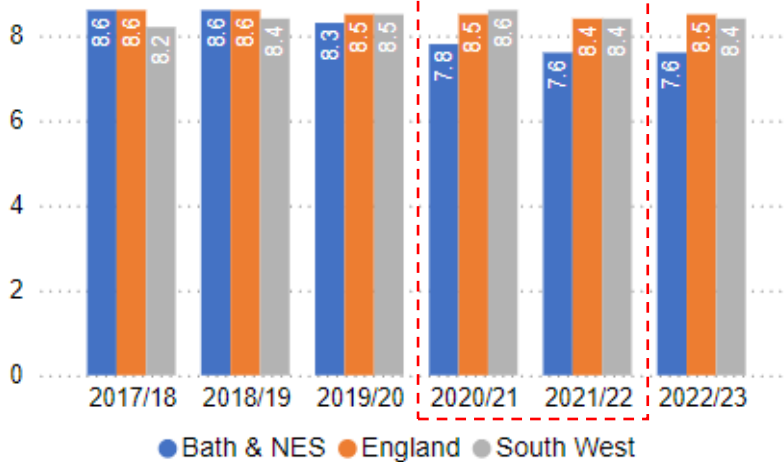
- In 2023/24, B&NES is the **third highest** area with 5.6% of pupils in all schools with an EHCP.
- The B&NES rate of 5.6% is nearly 1 percentage point **higher** than the national and regional rates (4.7% and 4.8% respectively) in 2023/24.

**Definition:** Education, Health and Care Plans (EHCPs) have replaced Statements of Special Educational Needs and Learning Difficulty Assessments. The Plan is put together by professionals in education, health and social care to make sure children with SEND have a package of support to help them through to adulthood (until they are 25). Schools include state-funded nursery schools, state-funded primary, state-funded secondary schools, state-funded alternative provision schools, state-funded special schools, and non-maintained special schools (*independent schools are excluded*). This will include pupils who attend B&NES schools and are not B&NES residents; and exclude some B&NES residents who are not attending B&NES schools.

**Primary Source:** [Department for Education](#) **Secondary Source:** [LGIinform](#)

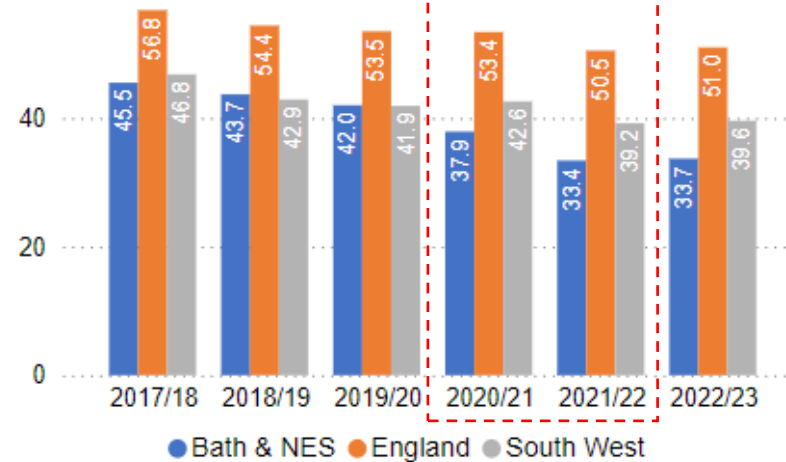
# Adult Social Care Support

Adult Social Care service users (18-64) in long term services per 1,000 population



See Data Quality notes

Adult Social Care service users (65+) in long term services per 1,000 population



See Data Quality notes

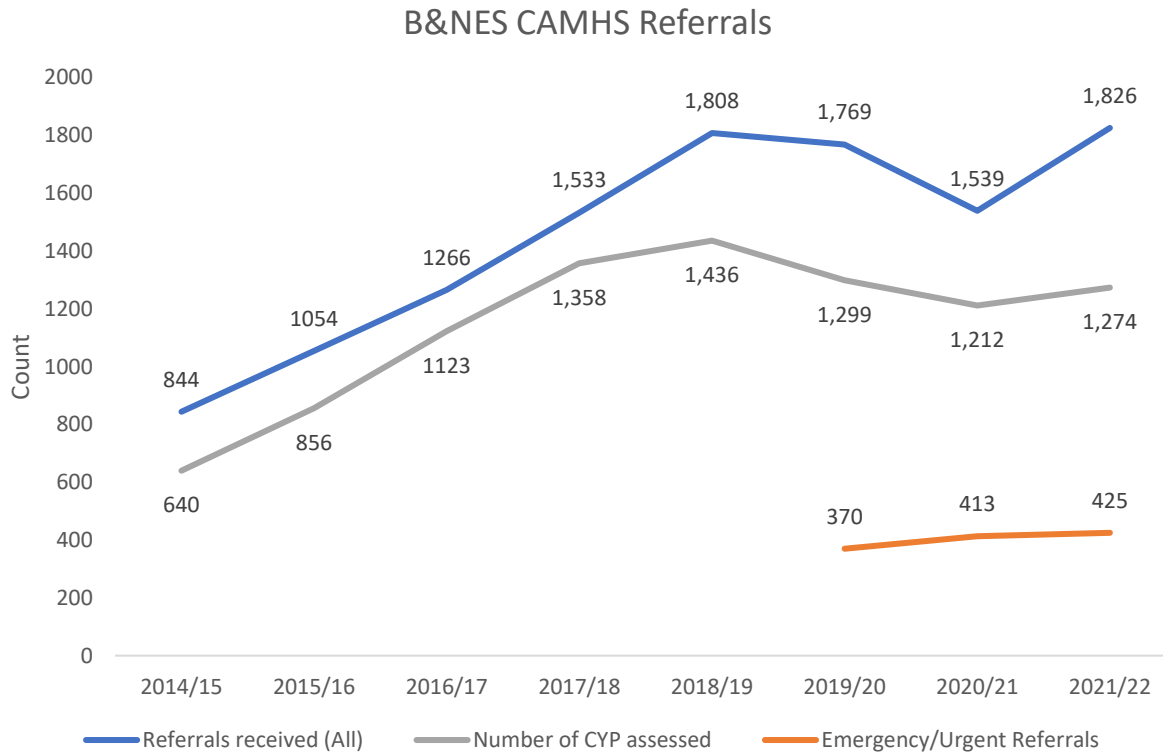
- The number of **people supported by Adult Social Care (ASC)** per 1,000 – a proxy for demand for ASC services – reduced overall for B&NES between 2019/20 and 2022/23 in both the 18-64 (8%) and 65+ (20%) age groups. The national rate saw a lower level of reduction over the same period for the 65+ age group at 5%, while the 18-64 national rate held its 2019/20 level. In B&NES, there was no growth between 2021/22 and 2022/23 for 18–64-year-olds, while the 65+ group saw a <1% growth.
- As noted in the Data Quality comments, 2020/21 and 2021/22 results are not directly comparable to previous years. While B&NES saw a greater reduction in service users relative to the national rate, it is unclear how consistently local authorities counted people who were subject to Covid-related health funding in the statutory social care return. Further, it is unclear how similar funding arrangements in 2022/23 are to those in effect pre-COVID, so direct comparisons between these periods may not be appropriate.
- B&NES continues to have a lower rate of service users relative to the national average in older adults (65+), and the variance has increased. B&NES was in line with the regional rate prior to the pandemic but has been lower in the past three years.
- The percentage of ASC service users **supported in care homes for over 65s** increased to 0.3% above its pre-COVID (2019/20) levels in 2021/22, to 51.8%. The national rate remained just below 38% for that same period, as B&NES supports a proportionately higher number of people in a care home setting.

## Data Quality and References

**Source:** [Adult Social Care Activity & Finance Report](#), NHS Digital (including data from the statutory social care activity return, known as the [SALT return](#))

2020/21 SALT data was counted on a different basis to previous years. New funding arrangements for people needing out-of-hospital care during the Covid-19 pandemic response meant that some people on interim health funding packages, who in previous years may have been counted as ASC funded, were not included in the SALT return. Councils' approaches to counting these packages may also have varied, as guidance for completing the statutory return was limited. This difference applied to 2021/22 data in part as well. Results for 2022/23 are not impacted by the same issues, but may not be directly comparable with pre-pandemic years.

# Mental Health – Children & Young People Service Demand



**Source:** Oxford Health Foundation Trust (OHFT) internal data for B&NES

Inappropriate referrals are those **not** deemed to be for mental health issues after initial discussions. These are offered advice and signposting by the Getting Advice team.

<sup>1</sup> Annual median wait times quoted are for all BSW provided services for B&NES, including urgent and emergency referrals.

Getting Help is a service within CAMHS designed for children & young people who need a short intervention (usually 6 sessions). Getting More Help is designed for those needing a more intensive treatment (usually 12 sessions). Getting More Help also includes specialist support such as the Eating Disorders service

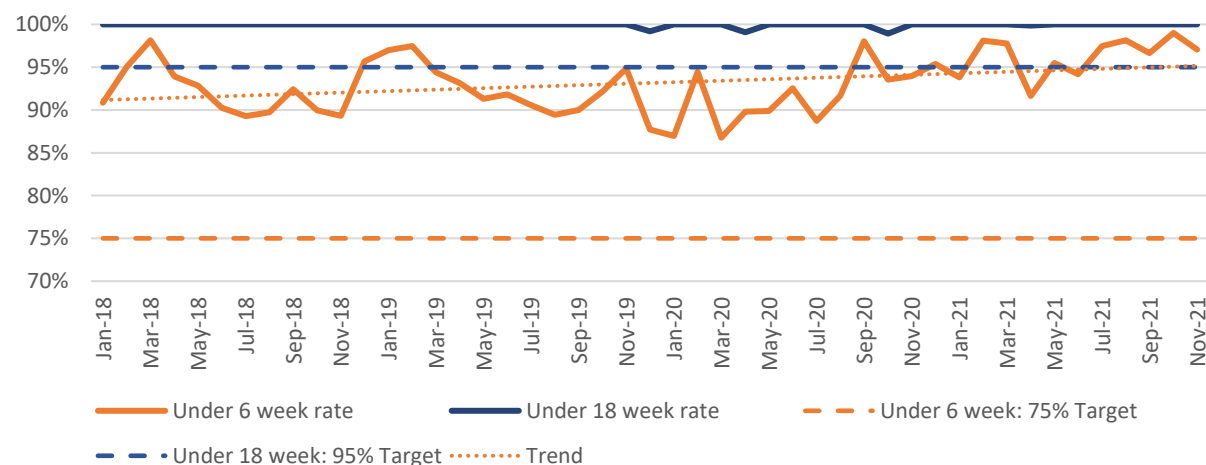
- **Referrals** to CAMHS more than **doubled** from 844 in 2014/15 to 1,808 in 2018/19. Referrals decreased in 2020/21 to 1,539 which is primarily thought to be due to the pandemic but have since **increased to pre-pandemic levels** in 2021/22 (1,826). The percentage of **inappropriate referrals** decreased in 2016/17 and 2017/18 to around 10% but have since increased, with 30% of referrals deemed inappropriate in 2021/22. The median wait time<sup>1</sup> decreased from 20 days in 2019/20 to 11 days in 2021/21. This increased slightly to 13 days in 2021/22.
- **Emergency/Urgent referrals** have increased from 370 in 2019/20 to 413 in 2020/21 and 425 in 2021/22 (a 15% increase during the period).
- **Waiting times** for the **Getting Help** service have **worsened** in recent years. The percentage of GH routine referrals seen within 4 weeks has **decreased from 69% in 2018/19 to 35% in 2021/22**. The percentage of GH routine referrals seen within 8 weeks has **decreased from 99% in 2018/19 to 45% in 2021/22**. The rise in waiting times has been the result of staffing shortages and challenges in recruiting with a high vacancy rate since mid-2020. This has improved so a reduction in waiting times has been seen more recently. The average waiting time from Apr to Oct '21 was 85 days, with a maximum of 101 days. From Nov '21 to Jan '22 this reduced to an average of 71 days.
- **Waiting times** for the **Getting More Help** service have **improved** in recent years. The percentage of GMH routine referrals seen within 4 weeks was similar in 2018/19 and 2019/20 (40% and 37% respectively) and has **increased to 56% in 2020/21 and 60% in 2021/22**. The percentage of GMH routine referrals seen within 8 weeks increased from 71% in 2018/19 to 78% in 2019/20 and 77% in 2020/21 but has decreased to 63% in 2021/22. The percentage of GMH urgent referrals has remained at 100% seen within 4 weeks since 2018/19.



# Mental Health – IAPT Service Demand

	2018/19	2019/20	2020/21	2021/22 (YTD (Apr-Nov '21)
The number of people who have been referred for psychological therapies	4,728	4,353	3,434	2,888
The number of people who have entered psychological therapies	3,746	3,592	2,942	2,471
% of people completed treatment waiting under 6 weeks from referral to first treatment	93%	91%	94%	94%
% of people completed treatment waiting under 18 weeks from referral to first treatment	100%	99.9%	99.8%	100%

IAPT Waiting Times



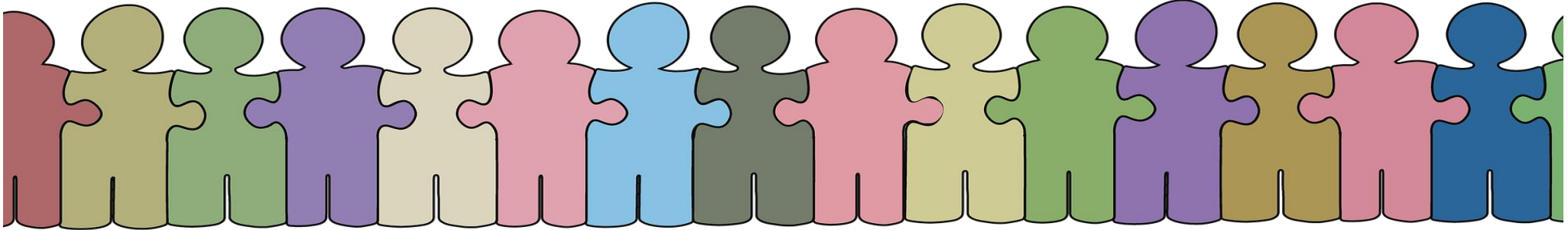
- The number of people who have been referred for psychological therapies has decreased since 2018/19. Following lockdowns in 2020/21, referrals increased in 2021/22 with 2,888 in the period Apr-Nov '21. This is a 39% increase on referrals compared to the same period in 2020 and a 5% decrease on the same period in 2019.
- The number of referrals entering treatment have shown annual decreases since 2018/19. 2,471 have entered psychological therapies in the period Apr-Nov 2021, a 36% increase on the same period in the 2020 (1,815) and a similar number to the same period in 2019 (2,457).
- The percentage of people completing treatment waiting under 6 weeks from referral to first treatment has generally shown an increasing trend since April 2020 with a rate of 94% in 2020/21 and 94% for YTD 2021/22. This is above the 75% national target. The under 18-week rate has consistently been between 99%-100%, again above the 95% national target.

## IAPT – Improving Access to Psychological Therapies

Waiting time data shows the percentage of people who completed treatment waiting under 6/18 weeks from referral to first treatment. Higher percentages are better.

**Data source:** IAPT service use data provided by Avon and Wiltshire Mental Health Partnership (AWP)

# Mental Health – B&NES Community Provision



## Children & Young People:

- **Kooth** saw increased demand in 2020/21 during the height of the pandemic but this has decreased in 2021/22 with new registrations falling from 1,356 in 2020/21 to 948 in 2021/22 and total logins falling from 13,563 in 2020/21 to 7,769 in 2021/22. The majority of users are female (~70%) and new registrations identifying as coming from BAME backgrounds have increased recently. The top four presenting issues in both 2020/21 and 2021/22 were: anxiety/stress, self-harm, family relationships and suicide ideation (suicidal thoughts). *Source: Kooth Q4 reports 2019/20 and 2020/21*
- **Off the Record** (OTR) saw their highest ever demand in 2020/21 with a 40% increase in referrals from the previous year. Data for 2021/22 is not yet available. OTR work with significantly more females (78%) than males (22%) and have also noted increasing numbers of BAME and LGBTQ young people accessing services. *Source: OTR Impact Report 2021*
- **Bath MIND** provision also saw increased demand at the height of the pandemic (“two to four fold increases”). *Source: CEO Bath Mind*

## Adults:

- **Breathing Space** (Place of Calm provision provided by Bath MIND) has seen increases in referrals each quarter as the service has become more well-known. Other Bath Mind provision also saw increased demand at the height of the pandemic (two to four fold increases). As with other **Community provision**, the main presenting needs are depression and anxiety disorders. There has also been a slight increase in anxiety as a mental health need post-pandemic lockdowns. *Source: Senior Commissioning Manager, HCRG Care Group*

# Access to NHS Dentistry: ‘Dental Deserts’

**20 Clinical Commissioning Groups (CCGs) in England with the lowest number of NHS dentists per 100,000 people (April 2020 – June 2021)**

Area	NHS dentists (per 100,000 population)
North Lincolnshire CCG	32
North East Lincolnshire CCG	37
East Riding of Yorkshire CCG	37
Lincolnshire CCG	38
Norfolk & Waveney CCG	38
North Staffordshire CCG	40
Portsmouth CCG	42
Halton CCG	42
Stoke on Trent CCG	43
NE London CCG	43
West Essex CCG	44
Bath and North East Somerset, Swindon and Wiltshire CCG	44
Thurrock CCG	44
Kent and Medway CCG	45
Hampshire, Southampton and Isle of Wight CCG	45
Northamptonshire CCG	45
Cambridgeshire and Peterborough CCG	45
Kernow CCG	45
Birmingham and Solihull CCG	46
Coventry and Warwickshire CCG	46

- An NHS FOI [publication](#) indicates **over 2,000 dentists** left the profession in England between March 2021 and March 2022.
- It is estimated that for every average full-time dentist leaving the NHS who is not replaced, approximately **2,000 patients may miss out on care**.
- Beyond the immediate impact on dental health, routine dental check-ups are a vital first line of defence against **mouth cancers** and **type-two diabetes**.
- Nationally, only a third of adults – and less than half of English children – have [access to an NHS dentist](#).
- [Research by Healthwatch](#) in 2021 revealed some people face a three-year waiting list to see an NHS dentist.
- **B&NES, Swindon and Wiltshire (BSW) CCG** ranks 12<sup>th</sup> worst of all English CCG areas for numbers of NHS dentists, with 44 per 100,000 people (see table opposite) from April 2020 to June 2021.
- In BSW, **33% of adults** were seen in the previous 24 months and **44% of children** were seen in the previous 12 months (April 2020 to June 2021). Nationally these figures are 36% for adults and 43% for children.
- [Recent BBC research](#) found that 8 in 10 NHS dental practices in the UK were not accepting new adult patients, and 9 in 10 were not accepting children (under 16s). Of the 23 NHS dental practices in B&NE's, 96% were not taking new adult patients.
- The [ADG propose a six-point plan](#) to tackle the issue of access to NHS dental provision nationally:
  1. Increase the number of training places in the UK
  2. Continued recognition of EU trained dentists
  3. Recognition of overseas qualifications
  4. Simplify and speed up the process for dentists to get an NHS “performer number”
  5. Allow more dental care professionals (DCPs) to initiate treatments
  6. Dental system reform with new ways of working to retain staff in the NHS