



Shropshire
Council

Children and Young People Needs Assessment

Chapter 3: School-aged children
(aged 5-16)

2024-25

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Introduction

The JSNA provides a detailed understanding of the needs of children, young people and families in Shropshire to inform the direction and development of local services, with a view to reducing health inequalities through identification, prevention and early intervention.

Due to the vast scope of this product, Shropshire's Children and Young people JSNA is structured as a 'JSNA pack', comprising of individual chapters for each stage of the life course:

Core JSNA chapters

1. Population and context for children and young people
2. Maternity (pregnancy & birth)
3. Early Years (0-4 years)
4. School aged children (5-11 and 12-16 years)
5. Young people (16-19 years)

Since April 2013, Local Authorities have been responsible for commissioning public health services for school-aged children. This presents new opportunities for bringing together a robust approach for improving outcomes for young people across both health and local authority led services.

This report outlines several key indicators of children and young people's health and wellbeing in Shropshire (aged 5-16), including key health outcomes, measures of safety and welfare and wider health determinants. It is designed to support local discussions about key issues and challenges related to the health and wellbeing of children and young.

Objectives

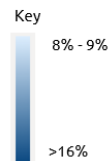
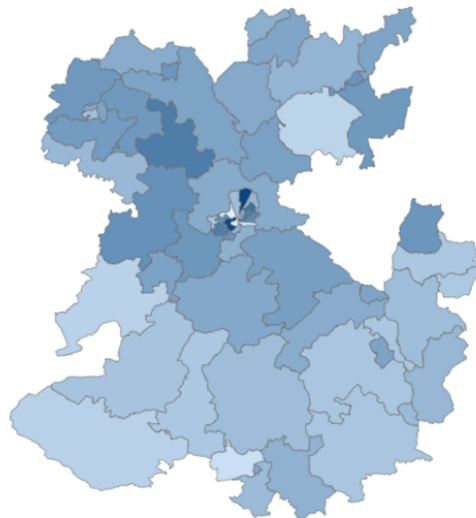
Given the broad range of needs and services for children aged 5-16, this report is not an in depth review of any one specific service, but instead aims to provide an overview.

The objectives of this chapter of the Children and Young People's needs assessment therefore are to include the following for 5-16 year olds:

- To describe the population profile of children and their families in Shropshire
- To identify risk factors that impact health outcomes
- To provide an overview of the wider determinants of health and their impact on children and their families.
- To identify relevant national guidance and local policy in relation to children aged 5 to 16.
- To provide an overview of their health and wellbeing
- To identify vulnerable children, and/or at risk groups
- To identify gaps, barriers, and unmet needs in current service provision
- To provide evidence-based recommendations to ensure that the needs of 5 to 16 year olds are met in Shropshire

Executive Summary

Shropshire's School-aged children (5-16)




Porthill and Harlescott have the highest proportion of children aged 5-16 (19%). **Sundorne** (16%), **Radbrook** (15%), **Underdale** (15%) and **Monkmoor** (15%) wards also have high proportion of 5-16-year-olds.

40,527
aged 5-16s
in 2021, a 2% fall
from 2011

12.5%
aged 5-16s
of Shropshire's
population

 **127** primary schools,
19 secondary and **4**
special schools

 **39,176** pupils aged
5-16

 **18.1%** pupils
eligible for free
school meals



Overall deprivation is low in Shropshire. However, **1,336** or **3.3%** of school-aged children aged 5-16s live in the top 5 most deprived areas (LSOAs) of Shropshire: Harlescott, Ludlow East, central Oswestry, Monkmoor and Meole Brace.


51% **49%**
Male Female


3.7%


**5-17s from
ethnic minority
groups in 2011,
1,673 children**


4,974

**Special
educational
needs** in Autumn 2024

 **19.9%** 10-11s
recorded as
overweight or
obese in
2023/24


 **53.4%** 5-16s met
the CMOs'
recommendation
for physical
activity in 2022-
23

 **67.4%** HPV
vaccine coverage
in 2022-23, lower
than benchmarked
goal of 90%


 **14.6%** 5-year-olds
have **visually
obvious decay** in
2021-22


 **656** 0-17s
looked after
children in
2022-23

 **Absenteeism in
secondary
schools** is
decreasing in
recent periods

 **Average
attainment
score** in 2022-23
was 44.3, in the
2nd worst
quintile in
England

 **120 hospital
admissions due
to dental carries**
in 2020/21 –
2022/23

 **Hospital
admissions for
self-harm** in 10-
14 years old
decreasing in
recent periods

 **89.3% MMR (2
doses) vaccine
coverage** in 2023-
24, lower than
benchmarked goal
of 90%

 **18 (12 per
100,000)** children
killed and
seriously injured
on England roads
in 2020-22

 **80 hospital
admissions (262
per 100,000)
due to asthma**
in 2022-23

Doing well (lower or better than the national average)

- Children in absolute and relative low-income families: although this is significantly lower than the national average, **Shropshire's proportion of children living in low-income families is increasing**. The [Marmot Review \(2010\)](#) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.
- **Prevalence of underweight (4-5 years)** is significantly lower than England's prevalence. There has been no significant change in Shropshire's prevalence in recent periods.
- Children **achieving the expected level in phonics screening check in Year 1** (6 years old) – Shropshire's proportion (78%) has increased in recent periods.
- Children with **free school meal status achieving the expected level in phonics screening check in Year 1** (6 years old) – Shropshire's proportion (65%) has increased in recent periods.
- The proportion of children aged 5-16 in Shropshire meeting the CMOs' recommendations for **physical activity is significantly higher** than England's and is also increasing.
- Hospital admissions due to **self-harm (10-14 years)** is significantly lower than England's average and decreasing.
- Visually **obvious tooth decay in 5 years olds** is significantly lower than England's average and is decreasing.
- At 5 years old, coverage for **MMR one dose** is higher than the benchmarked goal of 95%.
- **Admission rate for epilepsy** is significantly lower than England's rate. There has been no significant change in Shropshire's rate in the most recent period.
- Percentage of CYP **under 19 with eating disorders** seen within 4 weeks (routine) in Q3 2023/24 is above the national average at 86% but below the national ambition of 95%.

Areas for improvement (worse than the national average)

- **Hospital admissions for dental carries (0-5 years)** – Though this rate has decreased in recent periods, Shropshire's rate is significantly higher than the national rate (228.4 per 100,000 vs 178.8 per 100,000).
- Proportion of **children aged 4 to 5 years classified as living with obesity** in Shropshire has increased in recent periods.
- Proportion of **children aged 4 to 5 years classified as overweight** in Shropshire has increased in recent periods.
- Vaccination coverage for **MMR (two doses)** at 5 years old in Shropshire is lower than the benchmarked goal (90%) but higher than the national average (89.8% vs 84.5%).
- Though **admission rates for asthma (0-9 years)** is decreasing in recent periods, Shropshire's admission rate is significantly higher than the national rate (261.9 per 100,000 vs 154.7 per 100,000).

- Proportion of children aged **10 to 11 years classified as living with obesity** – though this proportion is lower than the national proportion (19.9% vs 22.1%), Shropshire's proportion is increasing and getting worse.
- Proportion of **children aged 10 to 11 years classified as overweight** in Shropshire has increased in recent periods.
- Percentage of school aged children with **social, emotional, and mental health needs** in Shropshire continues to increase, though latest value is lower than England's (2.9% vs 3.3%)
- Among 12 to 13 year olds, vaccine coverage for one dose of **HPV** is lower than the national average (67.4% vs 71.3%) and benchmarked goal of 90%.
- Among 14 to 15 year olds, vaccine coverage for one dose of **MenACWY** is lower than the national average (77% vs 79.2%) and benchmarked goal of 80%.
- **Free school meals eligibility (FSM)** – Though school-aged children estimated to be eligible for FSM is significantly lower than England's, Shropshire's proportion has seen an increase in recent periods
- **Children in relative low income families** (under 16s) – though this is lower than the national average (18.9% vs 19.8%), Shropshire is seeing an increase in the most recent time period.
- **Children in care** (0-18 years old): Shropshire's rate is higher than the national rate (111 per 10,000 vs 71 per 10,000 respectively) and is increasing over time.
- Though percentage of children **achieving 9-5 in English and Mathematics** in Shropshire has improved in recent periods, proportion is lower than England's (38.8% vs 46.2%). **Children on SEND Support achieving 9-5 in English and Mathematics** has decreased in recent periods and is lower than England's (9.6% vs 17.5%).
- **Average attainment score (including SEND) in children aged 14-16** has decreased in recent periods.
- **Suspensions and exclusions in primary and secondary schools (including SEND)** has decreased in recent periods.

Policy and Guidance

School Nursing

School nurses and their teams lead on delivering the 5-19 elements of the Healthy Child Programme in England. They are in a unique position to build trusting and enduring professional relationships with children and young people throughout their time in education to enable them to become confident and healthy adults. It is essential that young people in secondary education or college can have access to safe, confidential, and accessible services when they need health support and advice.

Working with parents and families and partner agencies, school nurses identify the most appropriate level of support and intervention for individual and population needs. Although school nurses provide leadership, they will need to work with partners to deliver a comprehensive programme of evidence-based interventions.

School nurses and their teams provide a crucial interface between children, young people and families, communities and schools having defined skills to support holistic assessment of the health and wellbeing needs of children and young people. They provide health promotion, prevention and early intervention approaches to support individual, community, and population health needs.

Using their skills with the wider health and care system and their trusted relationships with other partners helps to support and enable place based and whole school action to address health inequalities. Their involvement in delivering evidence-based interventions including HPV and other immunisation programmes in the teenage years, also provide opportunities for [health promotion](#) to support behaviour change.

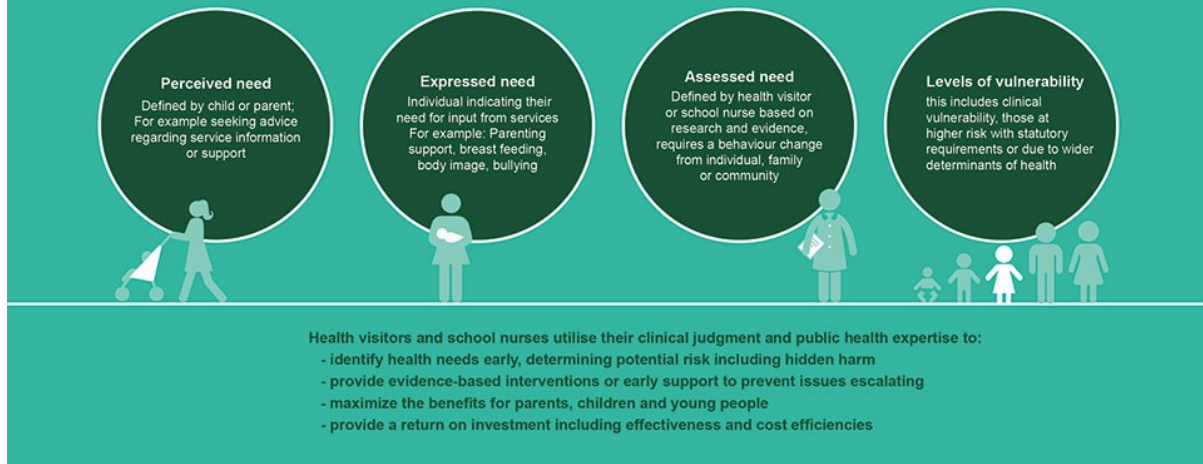
School nurses follow the “Universal in reach – Personalised in Response” delivery model which is based on four level of support depending on the needs of the child or young person and their family (see figure below) (see figure below). As shown in the figure below, safeguarding underpins all aspects of the model due to the key role school nurses play in keeping children safe and supporting local safeguarding arrangements, such as working closely with other key agencies.

All services and interventions should be personalised to respond to children and families’ needs across time. For most families most of their needs should be met by the universal offer, while more targeted and specialised evidence-based support will be provided as early as possible.

The universal reviews provide opportunity to support personalised or tailored interventions in response to individual or family need, using health visitors’ and school nurses’ specialist public health skills and clinical judgement to work with the child and family or young person to determine and address needs. They also work collaboratively with partners to deliver evidence-based interventions, protect children and keep them safe.

The figure below describes an approach to identify and meet ‘perceived, expressed and assessed need’ to improve outcomes, by defining the categories of perceived need, expressed need, assessed need and levels of vulnerability.

Health visitors and school nurses: Searching and identifying health & wellbeing needs

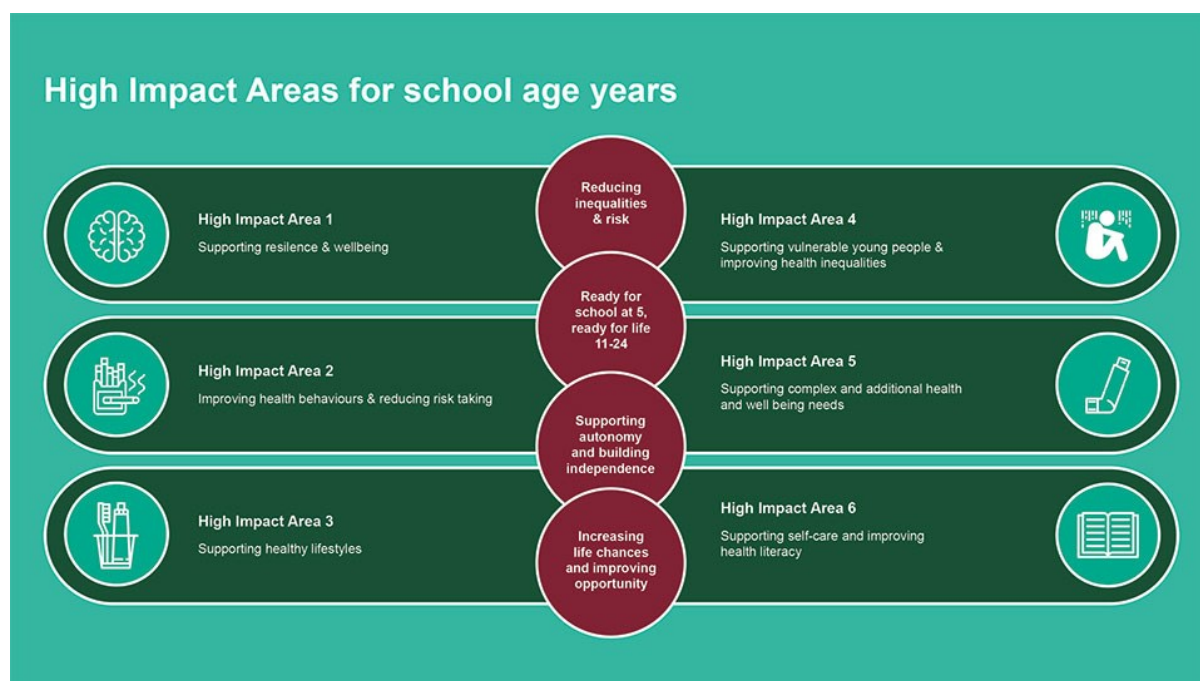


Due to wide range of issues covered by school nurses, they have been tasked with focusing on six broad impact areas where they can have significant impact on health and wellbeing and reducing inequalities. They are:

1. Supporting resilience and wellbeing
2. Improving health behaviours and reducing risk
3. Supporting healthy lifestyles
4. Reducing vulnerabilities and improving life chances
5. Supporting additional and complex health needs
6. Promoting self-care and health literacy

The figure below lists the 6 high impact areas and how they relate to the 4 aims for school age children and young people, namely to:

- reduce inequalities and risk
- ensure readiness for school at 5 and for life from 11 to 24
- support autonomy and independence
- increase life chances and opportunity



National Child Measurement Programme

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme¹.

It provides the data for the child excess weight indicators in the Public Health Outcomes Framework and is part of the government's approach to tackling child obesity.

The Office for Health Improvement and Disparities provides strategic leadership and support for this programme, and local authorities deliver the programme. In Shropshire this is undertaken by the school nursing service as part of the Public Health Nursing Service.

Measuring performance and outcomes

The Public Health Outcomes Framework and NHS Outcomes Framework clearly define a range of outcome measures that are significant to the school aged population. The figure below summarises those that apply to the 5-16 age group.

¹ [National child measurement programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/national-child-measurement-programme)

Table 1: Children and young people's outcomes

- Reducing the number of children in poverty
- Improving School readiness
- Reducing Pupil absence
- Reducing first time entrants to the youth justice system
- Reducing the number of 16-18 year olds not in education, employment or training
- Reducing under 18 conceptions
- Reducing excess weight in 4-5 and 10-11 year olds (all sub-indicators)
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
- Improving emotional wellbeing of looked-after children
- Reducing smoking prevalence – 15 year olds
- Reducing Self harm
- Chlamydia diagnoses (15-24 year olds)
- Improving population vaccination coverage (all sub-indicators)
- Reducing tooth decay in children aged 5

Population profile

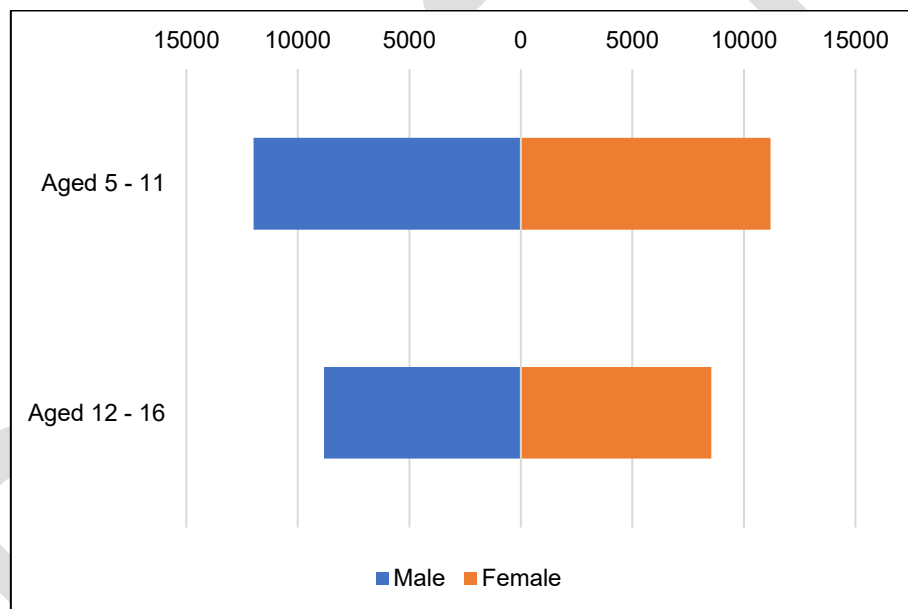
In 2021 in Shropshire, there were 23,171 children aged 5-11 year olds, of which 11,980 (52%) were males and 11,191 (48%) were females². This equates to 7% of Shropshire's total population.

In the same period, there were 17,356 children aged 12-16 year olds in Shropshire (which equates to 5% of Shropshire's total population), of which 8,825 (51%) were males and 8,531 (49%) were females.

The number of children aged 5-11 in Shropshire increased by 4%, from 22,343 in 2011 to 23,171 in 2021.

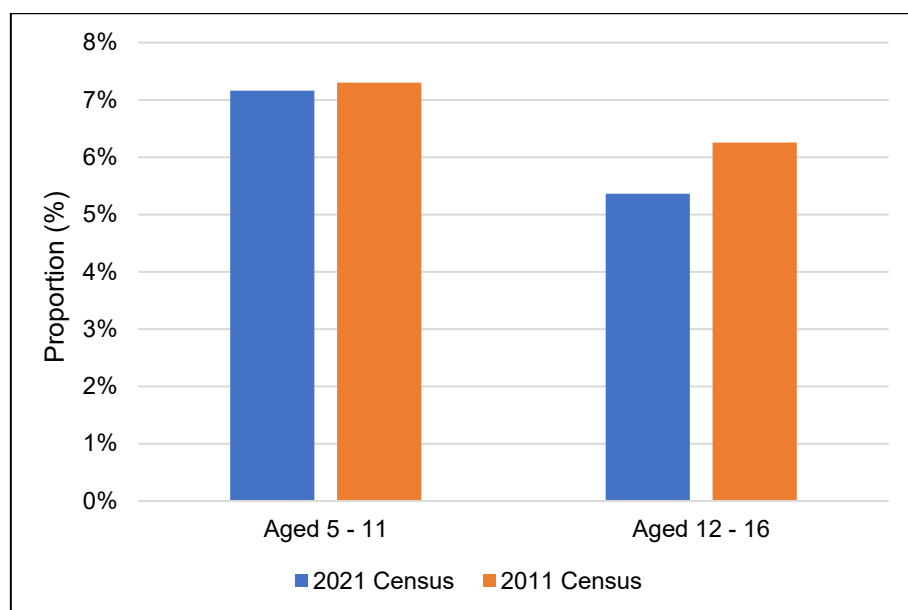
Children aged 12-16 saw a 9% decrease between 2011 (19,148) and 2021 (17,356) respectively.

Chart showing number of 5-16 year olds living in Shropshire by sex at birth. Source: [NOMIS](#), Census 2021



² [Nomis - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

Proportion of 5-16 year olds living in Shropshire by age groups. Source: [NOMIS](#), Census 2021



Future trends

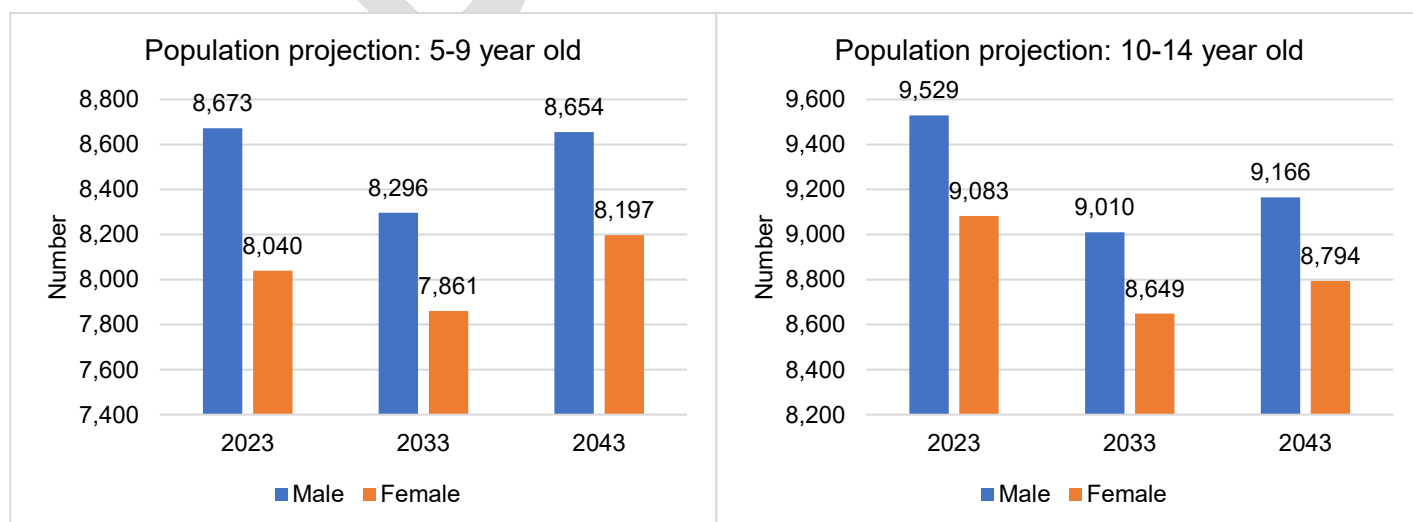
The Office for National Statistics (ONS) population projections predict that the 5 to 9 years population in Shropshire would decrease by 3.3% (decrease by 556 people aged 5 to 9, from 16,713 to 16,157) between 2023 and 2033 and increase by 0.8% between 2023 and 2043 (increase by 138 people aged 5 to 9, from 16,713 to 16,851)³.

The opposite trend is observed for children aged 10 to 14 years old, with a 5.1% decrease observed between 2023 and 2033 and a 3.5% decrease observed between 2023 and 2043.

When split by gender, both age groups show a decrease in population between 2023 and 2033, and an increase by 2043 as shown in the figure below.

Nationally, the population of both 5 to 9 and 10 to 14 age groups is predicted to fall between 2023 and 2033 by 7.5% and 8.7% respectively.

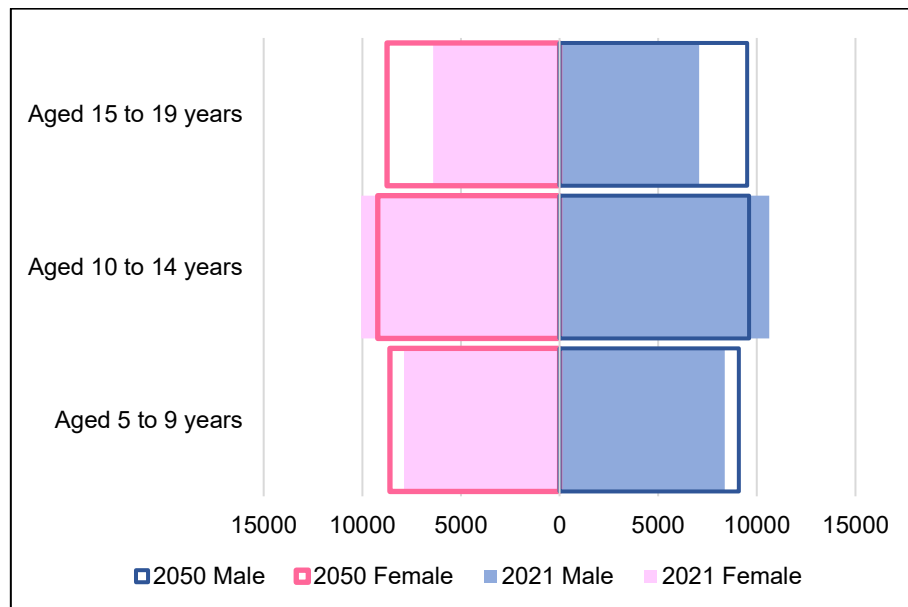
Chart showing ONS population projections for 5-9 and 10-14 year olds in Shropshire, 2023-2043. Source: [ONS](#)



2050 Projections

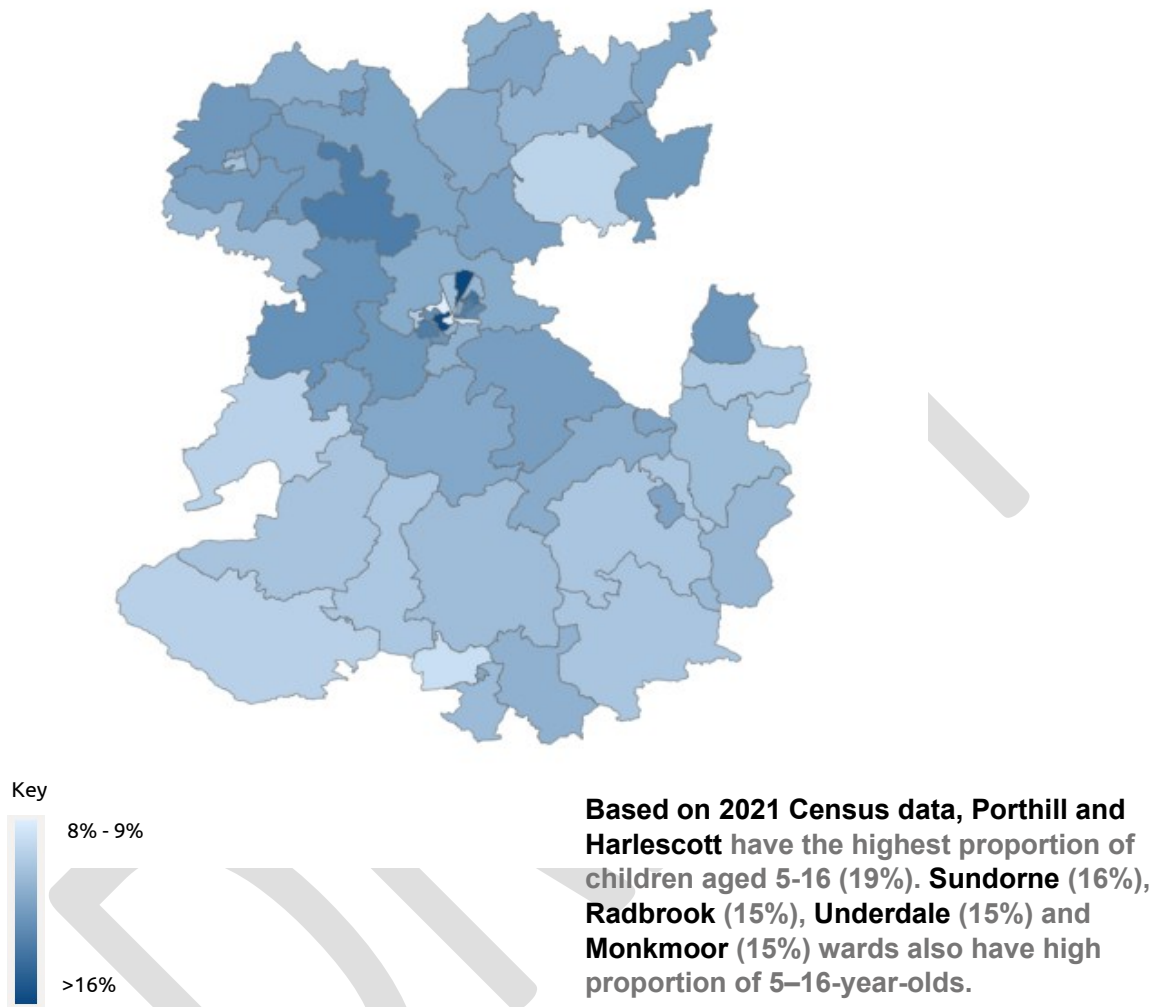
ONS population projection data shows that the population of those aged 5 to 9 is expected to increase by 9% by 2050. Both males and females within this age group are expected to see an increase. An opposite trend may be observed for children aged 10 to 14, where a 9% decrease in males and an 8% decrease in females is expected by 2050.

Chart showing 2050 population projections for 5-9 and 10-14 year olds in Shropshire.
Source: ONS



Where do 5-16 year olds live?

Map showing where population aged 5-16 years old live (%) by Ward, Shropshire. Source: [NOMIS](#).



School population

The School Census is a statutory requirement for all schools and provides information on the school, students, and their characteristics. Data is collected and reported for each of the three terms (autumn, spring, summer) and can be used to inform local needs and requirements.

On the Autumn 2023 Shropshire school census, there are just under 40,000 children who attend Shropshire local authority schools. 94% of children who attend Shropshire schools live in Shropshire, however, there are children who live in Telford and Wrekin, Cheshire East, Cheshire West and Central, Herefordshire, Malvern Hills, Newcastle under Lyme, Powys, South Staffordshire, Stafford, Wolverhampton, Wrexham and Wyre Forest.

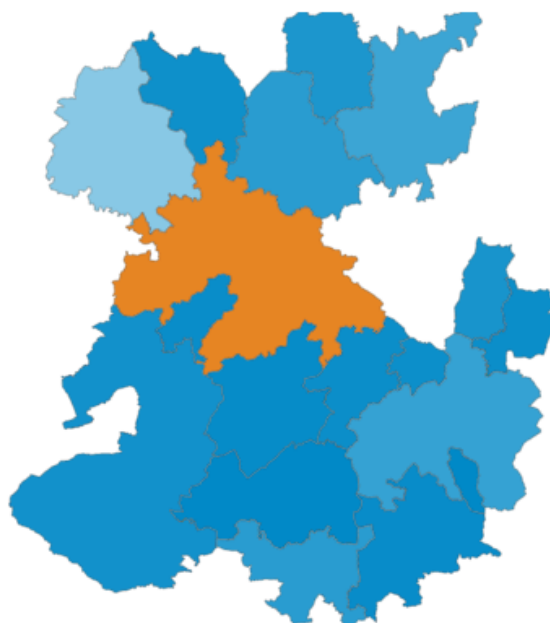
Primary schools

There are 22,806 primary school pupils in Shropshire, with 128 primary mainstream schools in Shropshire⁴. This has remained constant since 2020. Primary school pupil numbers have risen by just over 200 in the same period. Shrewsbury has the highest number of primary school pupils in Shropshire.

35.9% of primary schools in the place plan areas are academies. 46.3% of pupils attend a primary academy.

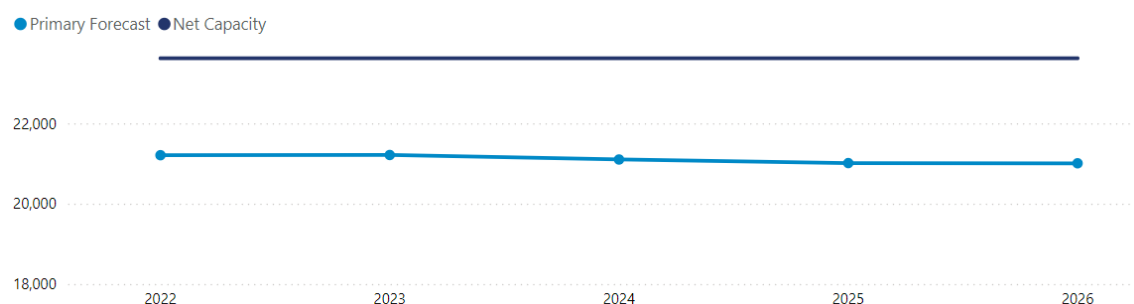
The forecast for primary pupils in the place plan area shows a 4% increase to the end of the forecast period (2026).

Number of primary school pupils in Shropshire by Place Plan Areas. Source: [Shropshire School Years Dashboard](#)



⁴ [Shropshire School Years Dashboard](#)

Forecast of primary school pupils in Shropshire. Source: [Shropshire School Years Dashboard](#)



Secondary schools

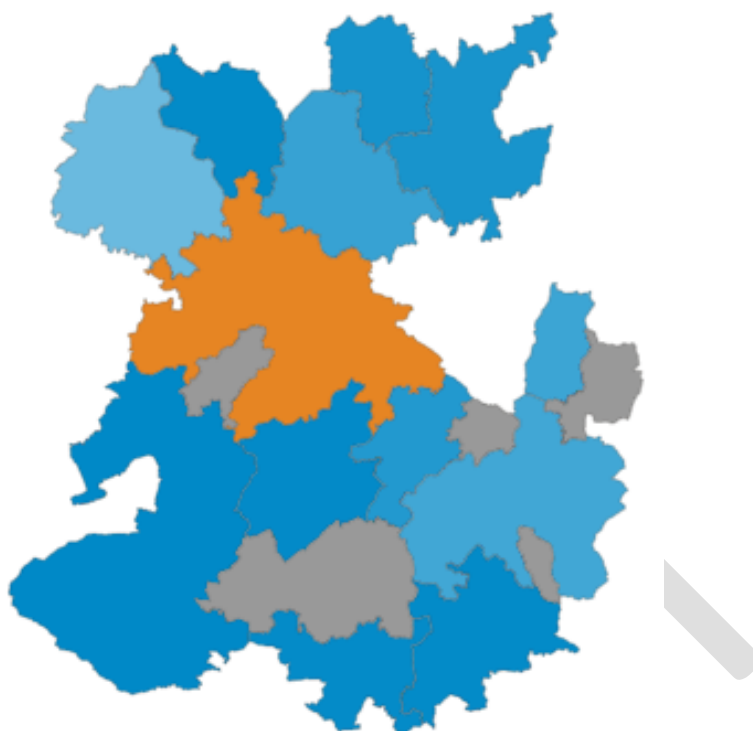
There are 16,370 secondary school pupils in Shropshire, with 20 secondary mainstream schools in Shropshire⁵. This has remained constant since 2017. Secondary school pupil numbers have risen by just over 400 in the same period. Shrewsbury has the highest number of secondary school pupils in Shropshire, with 4,492 pupils on roll.

95% of primary schools in the place plan areas are academies. 97% of pupils attend a primary academy.

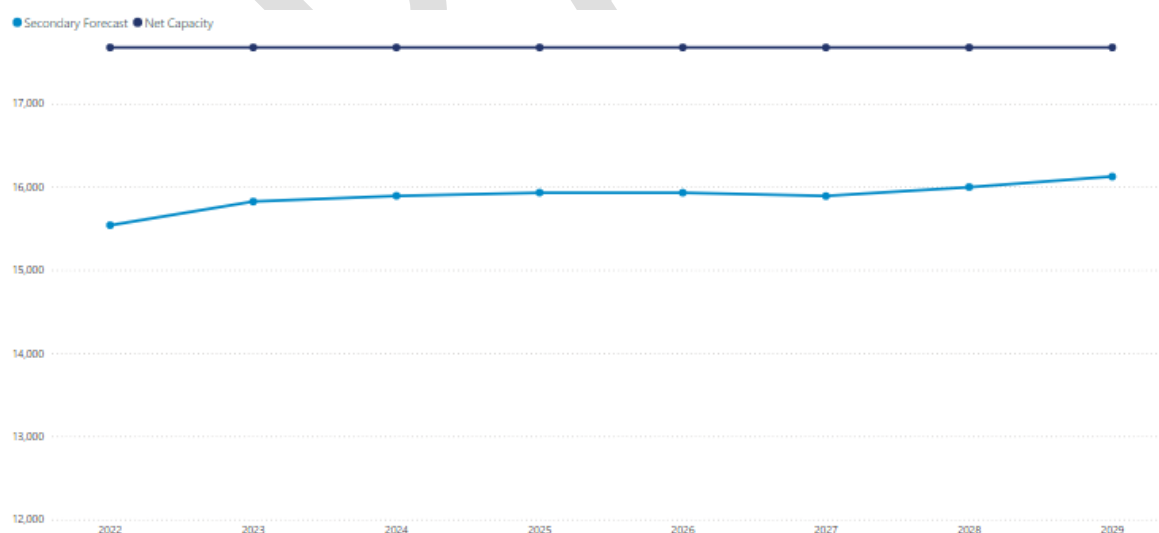
The forecast for primary pupils in the place plan area shows a 2% increase to the end of the forecast period (2026).

⁵ [Shropshire School Years Dashboard](#)

Number of secondary school pupils in Shropshire by Place Plan Areas. Source: [Shropshire School Years Dashboard](#)



Forecast of primary school pupils in Shropshire. Source: [Shropshire School Years Dashboard](#)



Key statistics

High level summary

The data below presents a range of performance and outcome monitoring measures relating to school aged children aged 5-11 and 12-16 years old and are in line with assessing outcomes and the success of the Healthy Child Programme⁶:

Primary school aged children

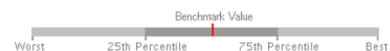


⁶ OHID Fingertips: [School-aged children](#)

Secondary school aged children

● Better 95% ● Similar ● Worse 95% ○ Not applicable Quintiles: Best ○ ○ ○ ○ Worst ○ Not applicable

Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better



Indicator	Period	Shropshire					England	
		Recent Trend	Count	Value	Value	Worst	Range	Best
Deprivation score (IMD 2019)	2019	—	-	17.2	21.7	45.0		5.8
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2022/23	⬇	1,170	67.4%	71.3%	22.9%		92.7%
Children in care	2022/23	—	656	111	71	191		26
Chlamydia detection rate per 100,000 aged 15 to 24	2023	➡	359	1,142	1,546	803		3,379
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2022/23	⬇	340	70.5	75.3	153.5		35.7
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2022/23	⬇	255	81.1	94.1	266.9		40.3
Average Attainment 8 score	2022/23	—	-	44.3	46.2	36.1		58.4
Average Attainment 8 score of children in care	2021/22	—	819	24.1	20.3	9.8		31.8
First time entrants to the youth justice system	2023	⬇	15	53.4	143.4	340.0		42.0
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	➡	468	7.9%	5.2%	15.2%		0.9%
Under 16s conception rate / 1,000	2021	➡	14	2.7	2.1	7.0		0.3
Under 18s conception rate / 1,000	2021	➡	65	12.5	13.1	31.5		1.1
Teenage mothers	2022/23	➡	-	*	0.6%*	1.9%		0.0%
Hospital admissions due to substance misuse (15 to 24 years)	2020/21 - 22/23	—	45	46.1	58.3	184.5		16.7
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	—	45	25.6	26.0	75.5		3.8
Children aged 11-15 killed or seriously injured in road traffic accidents	2020 - 22	—	9	17.2	30.6	109.2		0.0
Secondary school fixed period exclusions: rate per 100 pupils	2016/17	⬆	1,375	8.6%	9.4%	55.2%		3.0%
Persistent absentees - Secondary school	2021/22	⬆	4,957	31.4%	27.7%	40.9%		15.8%
Year 6 prevalence of underweight (10-11 yrs) New data	2023/24	➡	30	1.1%	1.7%	3.6%		0.5%
Year 6 prevalence of overweight (including obesity) (10-11 yrs) New data	2023/24	➡	890	34.0%	35.8%	45.5%		25.5%
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs) New data	2023/24	⬆	520	19.9%	22.1%	31.0%		13.3%
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2023	➡	359	1,142	1,546	803		3,379
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2023	➡	112	667	1,042	478		2,657
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2023	➡	240	1,637	1,962	984		4,777
Free school meals: % eligible	2022/23	⬆	7,222	18.1%	23.8%	43.0%		9.5%
School readiness: percentage of children achieving a good level of development at the end of Reception	2022/23	—	1,973	67.6%	67.2%	58.5%		75.6%
Pupil absence	2022/23	⬆	873,231	7.1%	7.4%	9.1%		5.9%
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2022/23	⬆	1,142	2.9%	3.3%	5.7%		1.6%
Pupils with special educational needs (SEN): % of school pupils with special educational needs	2022/23	⬆	7,524	16.7%	17.3%	22.4%		12.3%
Percentage of looked after children whose emotional wellbeing is a cause for concern	2022/23	➡	68	36.0%	40.0%	59.0%		20.0%
A&E attendances (under 18 years)	2022/23	—	23,580	400.8	467.5	1,095.1		228.6
Hospital admissions as a result of self-harm (10-24 years)	2022/23	⬇	105	216.4	319.0	1,058.4		89.0
Hospital admissions as a result of self-harm (15-19 yrs)	2022/23	➡	45	269.1	468.2	1,533.8		130.6
Hospital admissions as a result of self-harm (10-14 yrs)	2022/23	➡	30	169.6	251.2	730.3		38.6
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	—	45	25.6	26.0	75.5		3.8

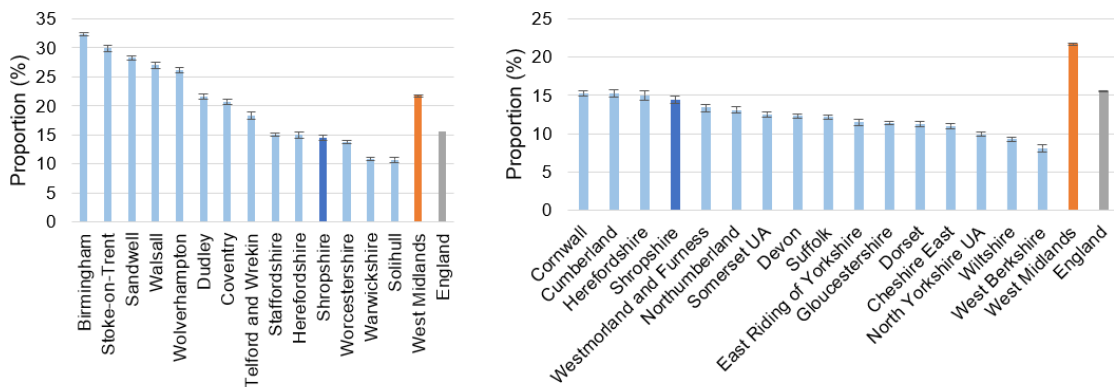
- **Children in absolute low-income families**

Absolute or relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year or in the reference year in comparison with incomes in 2010/11, respectively⁷. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.

In Shropshire in 2022-23, 14.4% of children and young people aged under 16 were estimated to be living in absolute low income families, equating to 7,464 children. This proportion was significantly lower than England's proportion of 15.6% and West Midlands proportion of 21.7%.

Shropshire's proportion ranks 4th lowest in the West Midlands region and 4th highest among its statistical neighbours.

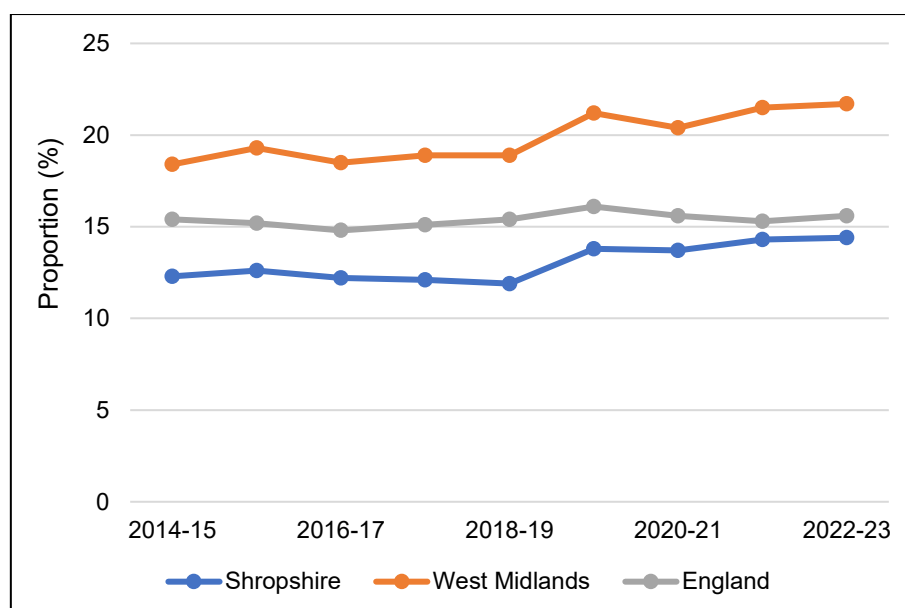
Percentage of children aged 0-15 in absolute low income families in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Shropshire's proportion decreased between 2014-15 and 2018-19, after which an increase continues to be observed as shown in the figure below. In recent periods, Shropshire's proportion is increasing in line with England's levels. Overall, the regional proportion has been increasing over time.

⁷ [Child and Maternal Health Profile](#). Fingertips, OHID

Percentage of children aged 0-15 in absolute low income families in Shropshire, including West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

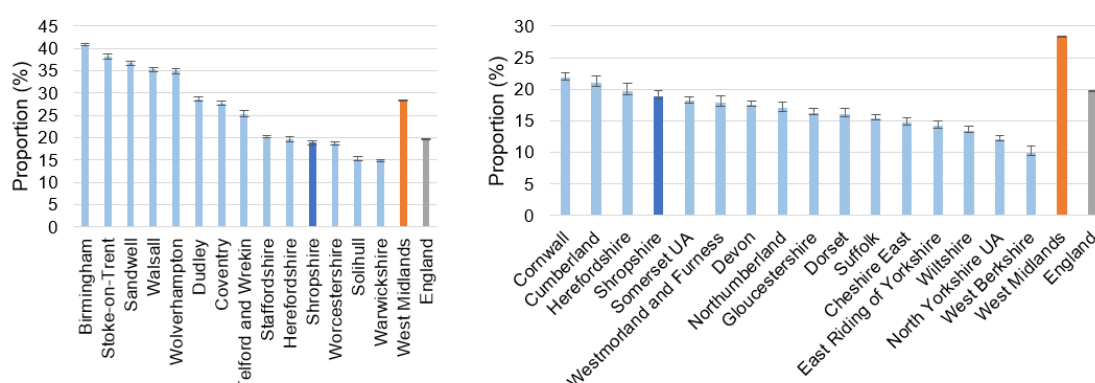


• Children in relative low income families

In Shropshire in 2022-23, 18.9% of children and young people aged under 16 were estimated to be living in relative low income families, equating to 9,786 children. This proportion was significantly lower than England's proportion of 19.8% and West Midlands proportion of 28.4%.

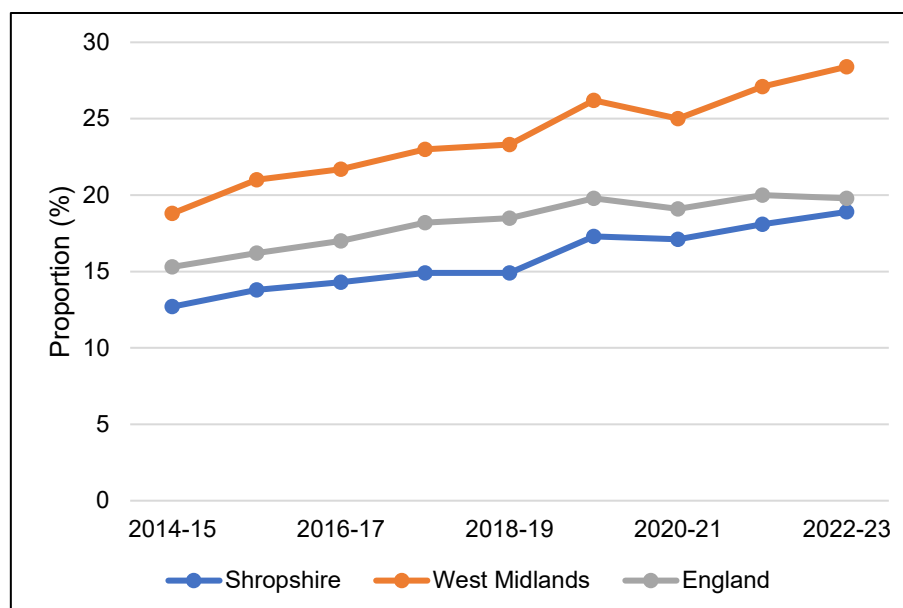
Shropshire's proportion ranks 4th lowest in the West Midlands region and 4th highest among its statistical neighbours.

Percentage of children aged 0-15 in relative low income families in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Shropshire's proportion increased from 2014-15 and continues to in line with regional and national trend as shown in the figure below.

Percentage of children aged 0-15 in relative low income families in Shropshire, including West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



• Free school meals

Income can have an adverse impact on the psychological functioning of mothers⁸. There is a strong association between the lack of control perceived by mothers from low income backgrounds and the social and emotional wellbeing of children which include the level of self-esteem and behavioural issues⁹. It has also been found that children and families from the lowest 20% of household income are three times more likely to have common mental health problems than those in the richest 20%.

In Shropshire in 2022-23, 18.1% of pupils were estimated to be eligible for free school meals equating to 7,222 pupils. This proportion was significantly lower than England (23.8%) and West Midlands (27.9%).

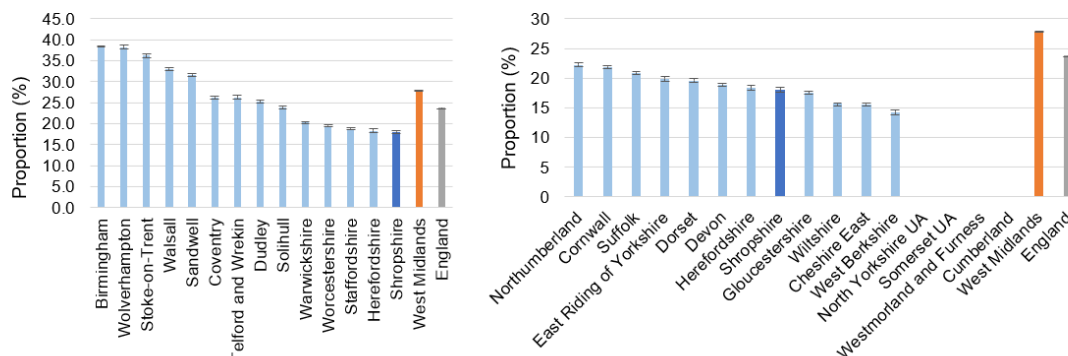
Shropshire's proportion ranks lowest in the West Midlands region and 8th highest among its statistical neighbours.

⁸ [Child and Maternal Health Profile](#). Fingertips, OHID

⁹ [Child and Maternal Health Profile](#). Fingertips, OHID

Percentage of pupils known to be eligible for free school meals in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons, 2022-23.

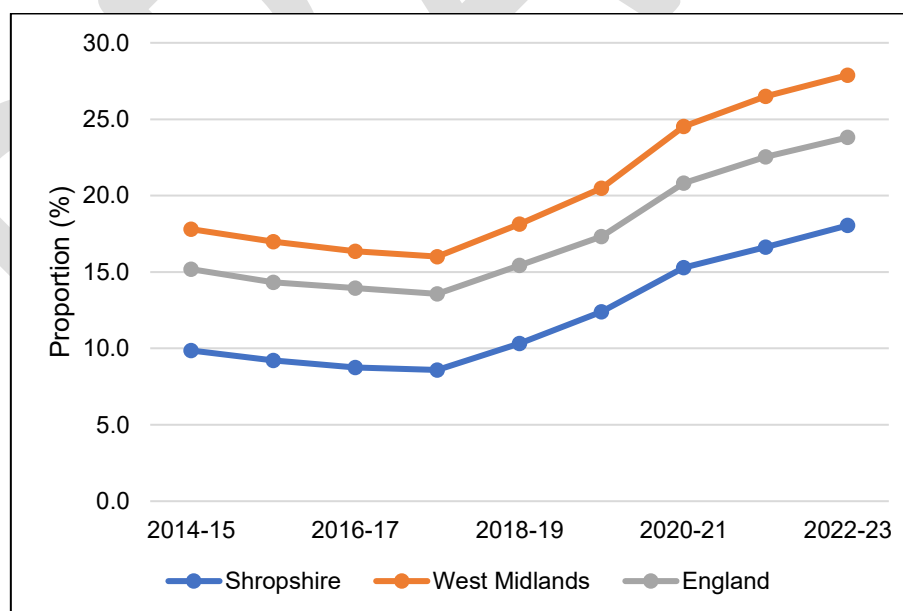
Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Proportion of pupils eligible for free school meals in Shropshire has increased steadily since 2014-15, in line with the regional and national trend as shown in the figure below.

Based on local data from Shropshire's autumn school census, proportion of pupils known to be eligible for FSM increases to 19.1% in Autumn 2024, this equates to 7,183 pupils.

Percentage of pupils known to be eligible for free school meals in Shropshire, including West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



SEND

Based on the Autumn 2024 school census data, 7,183 school-aged pupils in Shropshire were eligible for free school meals. This is 19.1% of Shropshire pupils.

Of the school-aged pupils eligible for free school meals,

- 21% were on SEN support
- 10% were on an Education, Health and Care Plan (EHCP)
- 31% were on SEND support (SEN support and EHCP)



Local data shows this proportion increases 2023-24; 19.1% of Shropshire pupils are eligible for free school meals.



Number of FSM eligible who are on SEN support = 1510; **21% of children eligible for FSM are on SEN support**

Number of FSM eligible who are on EHCP = 708; **10% of children eligible for FSM are on EHCP**

Number of FSM eligible who are on SEN support and EHCP = 2218; **31% of children eligible for FSM are on SEN support and EHCP**

DRAFT

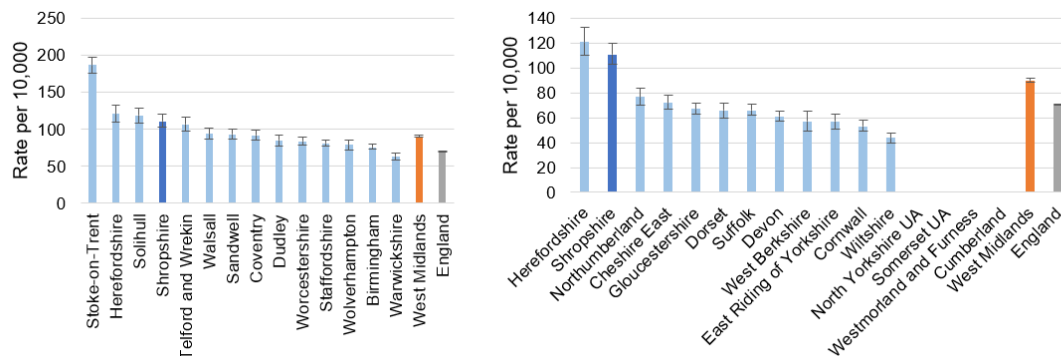
- **Children in care (0-17 years)**

Children and young people in care are among the most socially excluded children in England¹⁰. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

In Shropshire in 2022-23, there were 656 children in care, equating to a rate of 111 per 10,000 population aged under 18. This proportion was significantly higher than England's rate of 71 per 10,000 and West Midlands rate of 90 per 10,000.

Shropshire's rate ranks 4th highest in the West Midlands region and 2nd highest among its statistical neighbours.

Children looked after as of 31 March (rate per 10,000 population aged under 18 years) in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

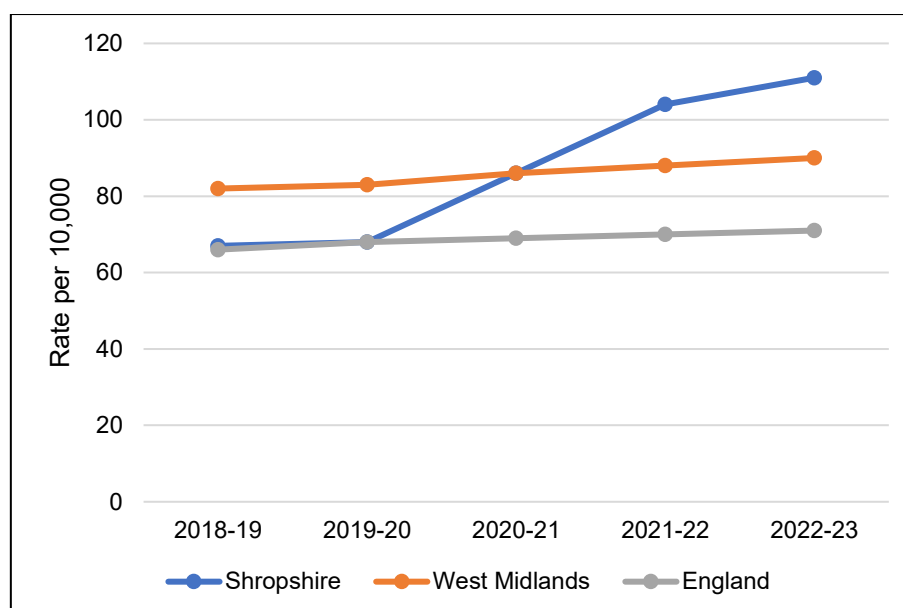


Shropshire's rate has increased since 2018-19, however regional and national trend remains stable as shown in the figure below.

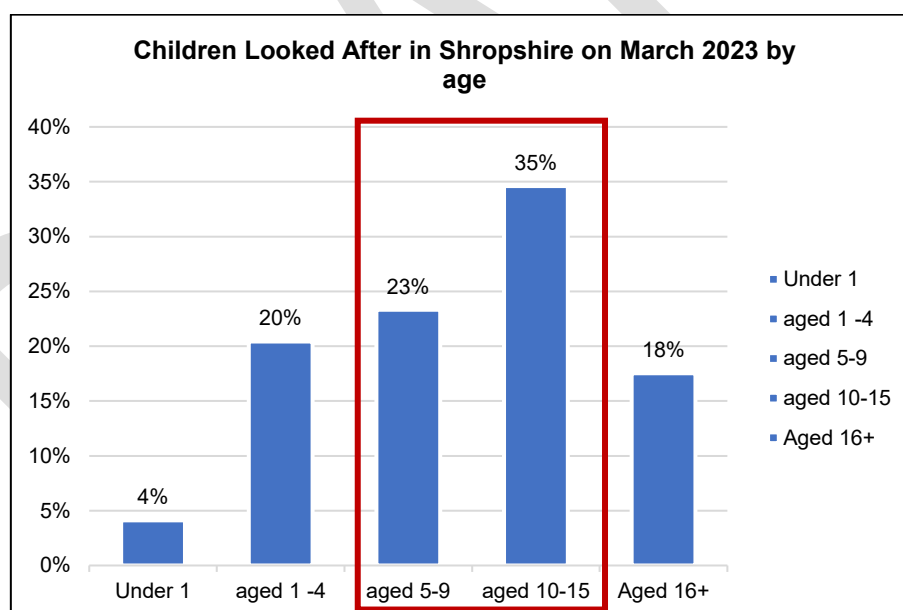
¹⁰ [Child and Maternal Health Profile](#). Fingertips, OHID

Children looked after as of 31 March (rate per 10,000 population aged under 18 years) in Shropshire, including West Midlands and England comparisons, 2018-19 to 2022-23.

Source: [Child and Maternal Health Profile](#), Fingertips, OHID



In 2023, there were 380 children looked after aged 5-15 years old, making up 58% of all children looked after in the county.



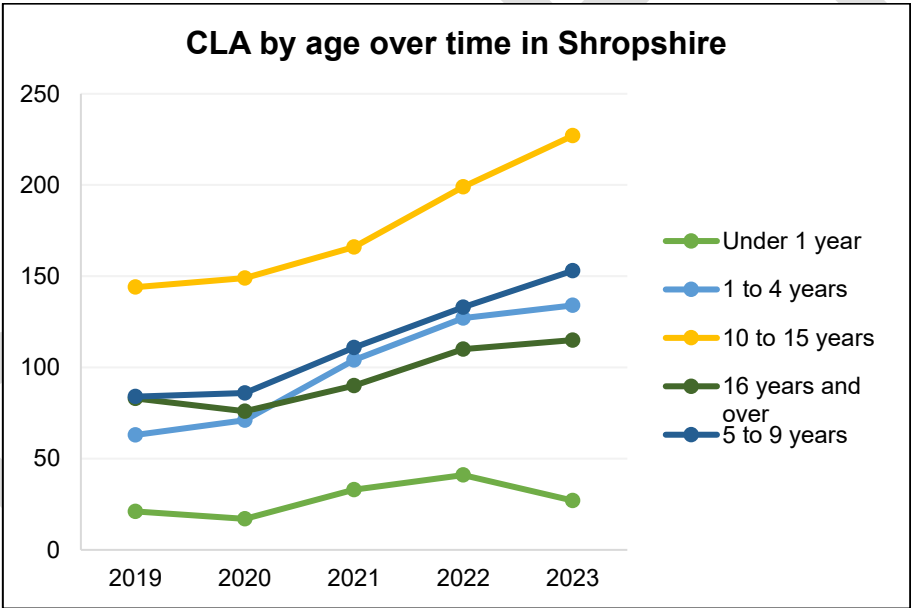
Published data showing the number of children looked after in each age group over time. Source: Education Statistics.

Children looked after on 31 March in each year						
Year	Under 1	aged 1-4	aged 5-9	aged 10-15	Aged 16+	Total
2019	21	63	84	144	83	395
2020	17	71	86	149	76	399
2021	33	104	111	166	90	504
2022	41	127	133	199	110	610
2023	27	134	153	227	115	656

Trends

There has been a steady rise among all age groups compared to 2022, particularly in those aged 5-15. Compared to England, in 2023, Shropshire had a higher proportion of looked after children in the 5-9 year old age groups, and a lower proportion in those aged 10 and over.

Published data showing the number of children looked after in each age group over time. Source: Education Statistics.



Local data Shropshire Children Services indicates that there was an increase in children in care in the period 2023-24, with 714 looked after children reported as of 31 March 2024. An increase in children looked after aged 5-15 was also observed in the period 2023-24, with 390 looked after children aged 5-15 in Shropshire as of 31 March 2024, making up 54% of all looked after children.

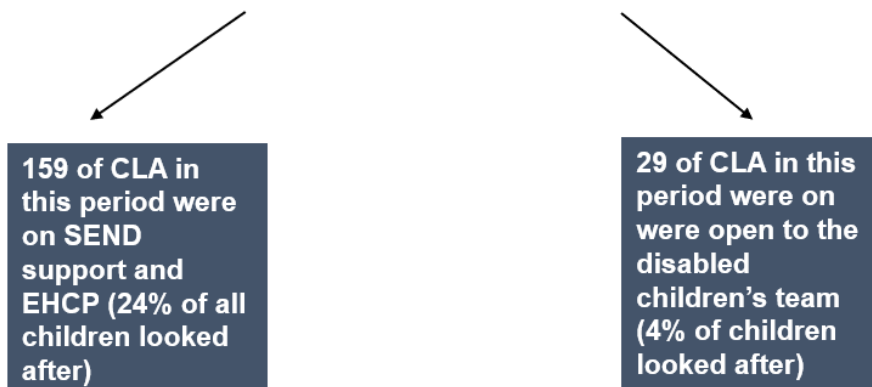
SEND

Of the children looked after in Shropshire in the period 2022-23,

- 4% were open to the disabled children's team
- 25% were on SEND support (SEN support and EHCP)



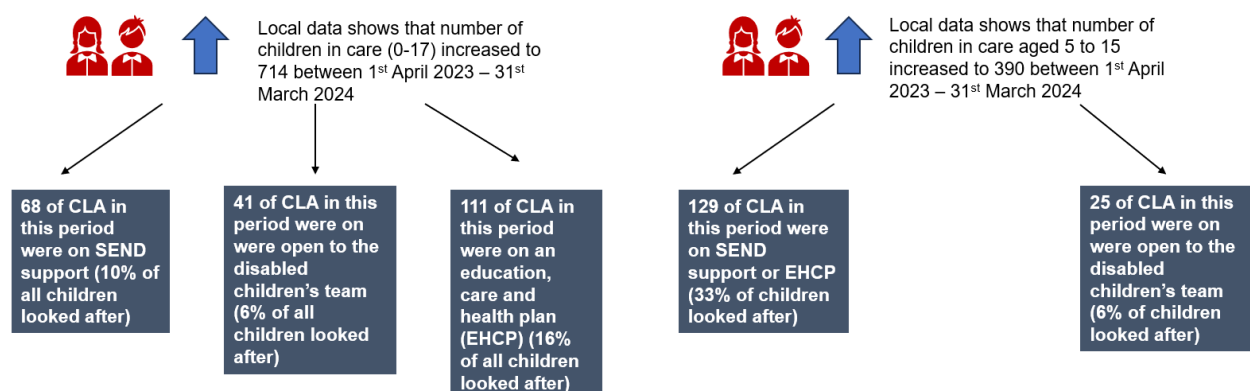
Of the 656 children in care between
1st April 2022 – 31st March 2023



188 of 656 children in care in Shropshire were on SEND support, EHCP or disabled (~29%)



Children in care (SEND)



220 of 714 children in care in Shropshire were on SEND support, EHCP or disabled (~31%)

154 of 390 children in care aged 5-15 in Shropshire were on SEND support, or disabled (~31%)

- **Prevalence of obesity (4-5 years)**

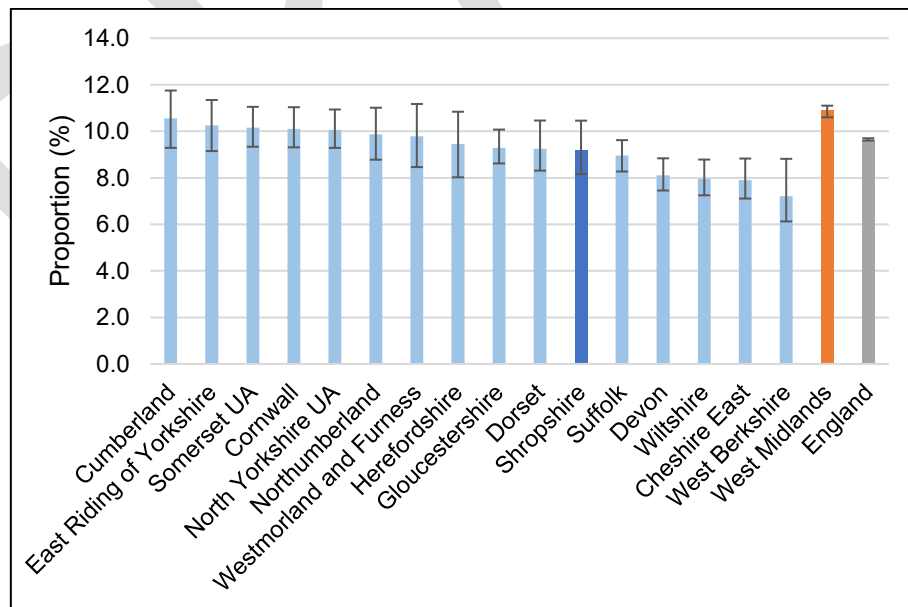
Overweight and obesity pose a significant threat to children's health. Health problems associated with being overweight or obese cost the country £5 billion per year, and the number of people with obesity is predicted to more than double in the next 40 years¹¹. There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age¹².

The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying¹³.

In the period 2023-24 (academic), 9.2% of children aged 4-5 years in Shropshire whose weight was recorded were reported as obese. In Shropshire, the proportion was not significantly different from England proportion of 9.6% and significantly lower than the West Midlands proportion of 10.9%.

The prevalence of obesity among 4-5 year olds in Shropshire in the period 2023-24 was 3rd lowest regionally and 6th highest among its statistical neighbours.

Proportion of children aged 4 to 5 years classified as living with obesity in Shropshire, with Statistical neighbours, West Midlands and England comparisons, 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

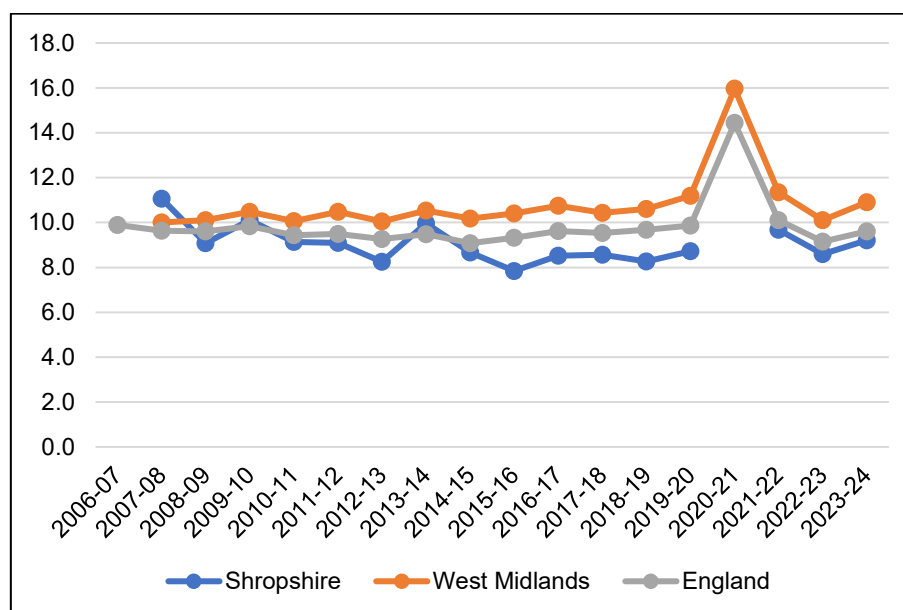


¹¹ [LG inform](#): Health and Wellbeing in Shropshire: A Focus on Children

¹² [Child and Maternal Health Profile](#). Fingertips, OHID

¹³ [Child and Maternal Health Profile](#). Fingertips, OHID

Proportion of children aged 4 to 5 years classified as living with obesity in Shropshire, with West Midlands and England comparisons, 2006-07 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

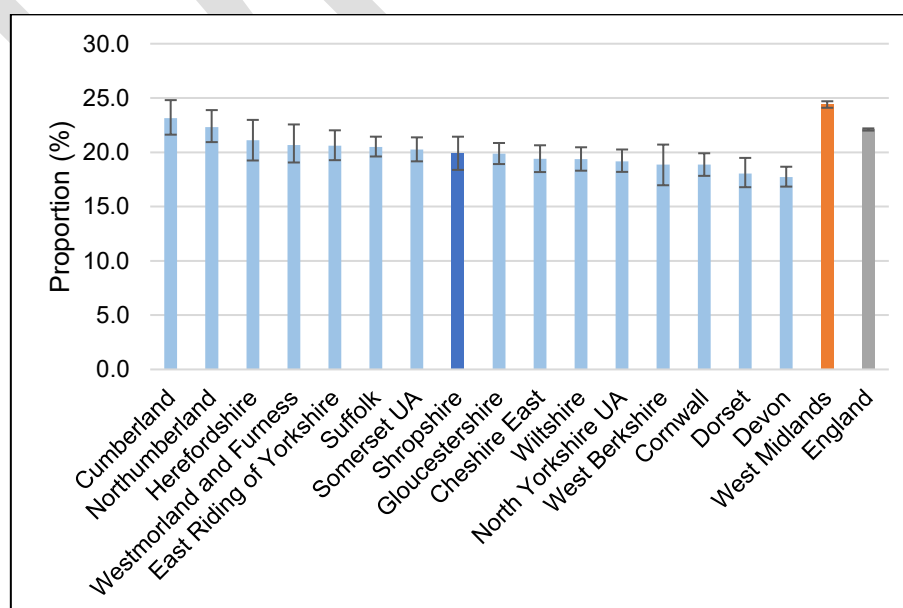


• Prevalence of obesity (10-11 years)

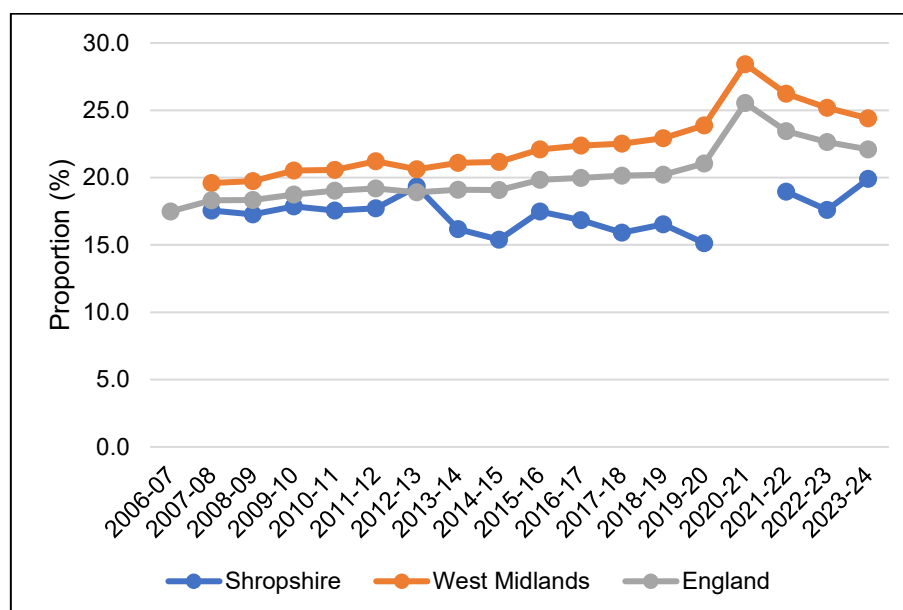
In the period 2023-24 (academic), 19.9% of children aged 10-11 years in Shropshire whose weight was recorded were reported as obese. Shropshire's proportion was significantly lower than England's proportion of 22.1% and West Midland's proportion of 24.4%.

The prevalence of obesity among 10-11 year olds in Shropshire in the period 2023-24 was 3rd lowest regionally and 8th highest among its statistical neighbours.

Proportion of children aged 10 to 11 years classified as living with obesity in Shropshire, with statistical neighbours, West Midlands and England comparisons, 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Proportion of children aged 10 to 11 years classified as living with obesity in Shropshire, with West Midlands and England comparisons, 2006-07 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

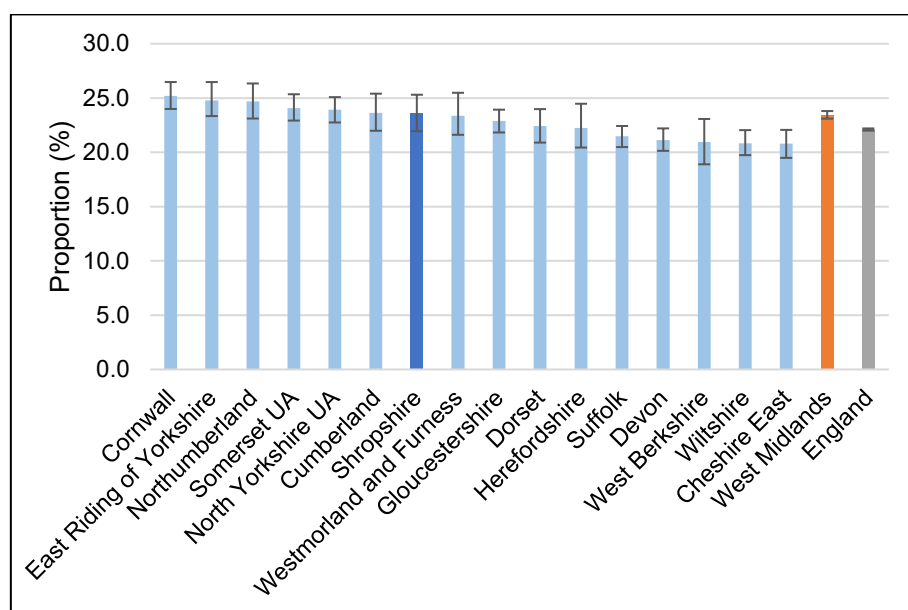


- Prevalence of overweight (4-5 years)**

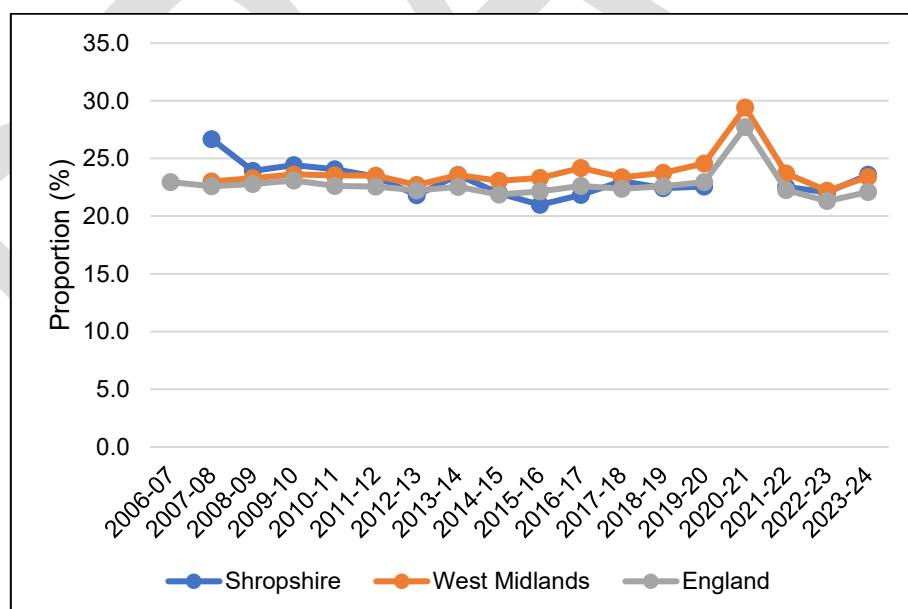
In the period 2023-24 (academic), 23.6% of children aged 4-5 years in Shropshire whose weight was recorded were reported as overweight. In Shropshire, this proportion was not significantly different from England proportion of 22.1% and West Midlands proportion of 23.4%.

The prevalence of overweight among 4-5 year olds in Shropshire in the period 2022-23 was 8th highest regionally and 7th highest among its statistical neighbours.

Proportion of children aged 4 to 5 years classified as overweight in Shropshire, with statistical neighbours, West Midlands and England comparisons, 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Proportion of children aged 4 to 5 years classified as overweight in Shropshire, with West Midlands and England comparisons, 2006-07 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

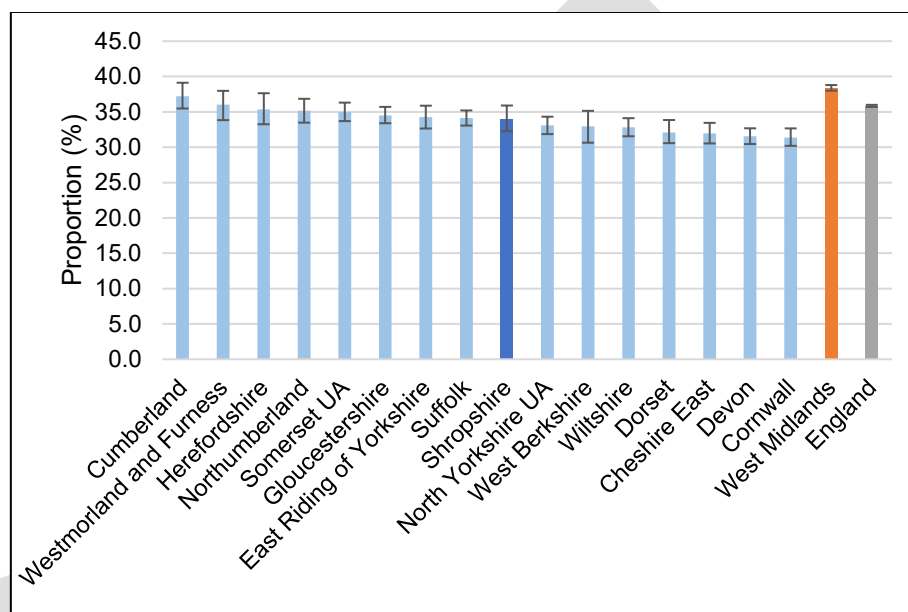


- **Prevalence of overweight (10-11 years)**

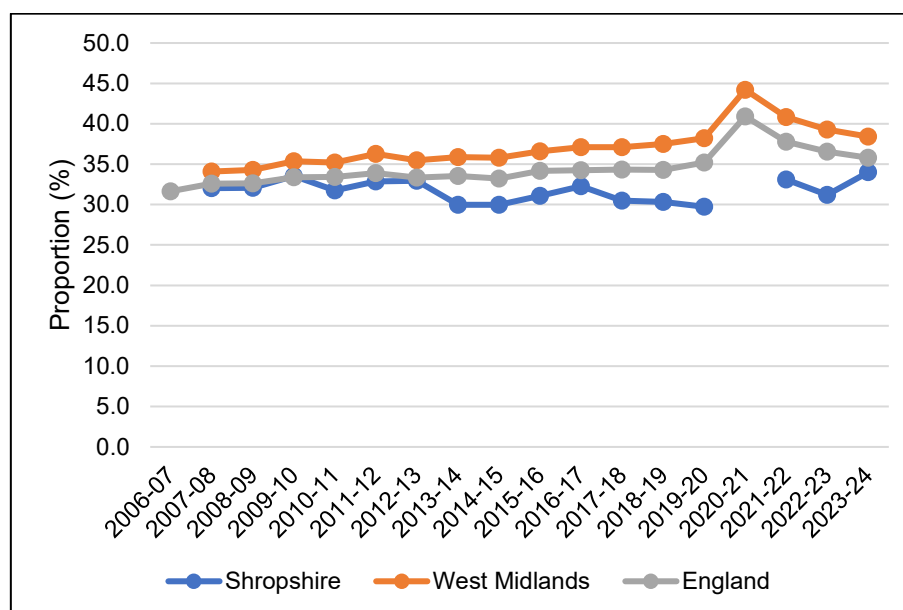
In the period 2023-24 (academic), 34% of children aged 10-11 years in Shropshire whose weight was recorded were reported as overweight. In Shropshire, this proportion was not significantly different from England's proportion of 35.8% but significantly lower than West Midlands proportion of 38.4%.

The prevalence of overweight among 10-11 year olds in Shropshire in the period 2022-23 was the 3rd lowest regionally and 9th highest among its statistical neighbours.

Proportion of children aged 10 to 11 years classified as overweight in Shropshire, with statistical neighbours, West Midlands and England comparisons, 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Proportion of children aged 10 to 11 years classified as overweight in Shropshire, with West Midlands and England comparisons, 2006-07 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

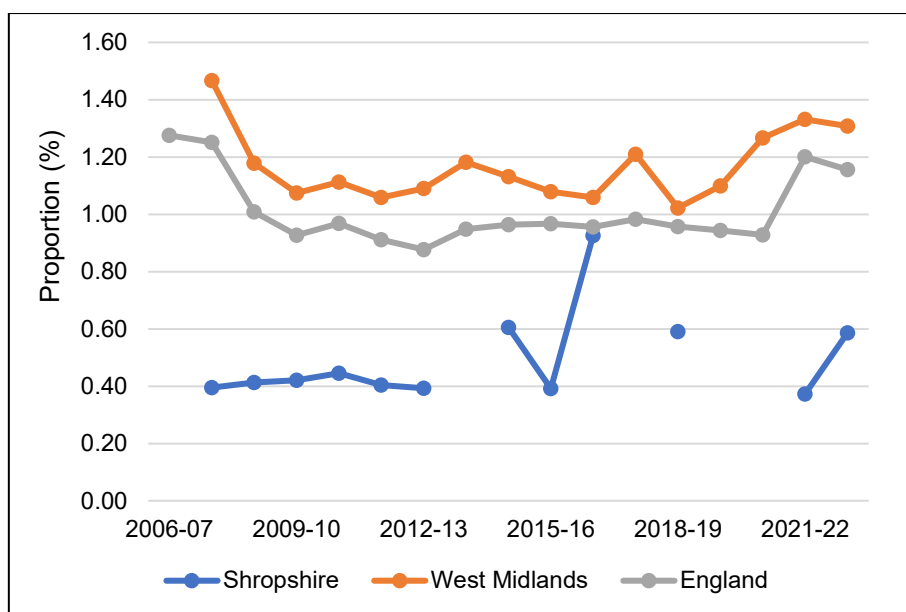


- **Prevalence of underweight (4-5 years)**

In the period 2022-23 (academic), less than 1% (0.6%) of children aged 4-5 years in Shropshire whose weight was recorded were reported as underweight. In Shropshire, this proportion was significantly lower than England's proportion of 1.2% and West Midlands proportion of 1.3%.me

The prevalence of underweight among 4-5 year olds in Shropshire in the period 2022-23 was lowest regionally and third lowest among its statistical neighbours.

Proportion of children aged 4 to 5 years classified as underweight in Shropshire, with West Midlands and England comparisons, 2006-07 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

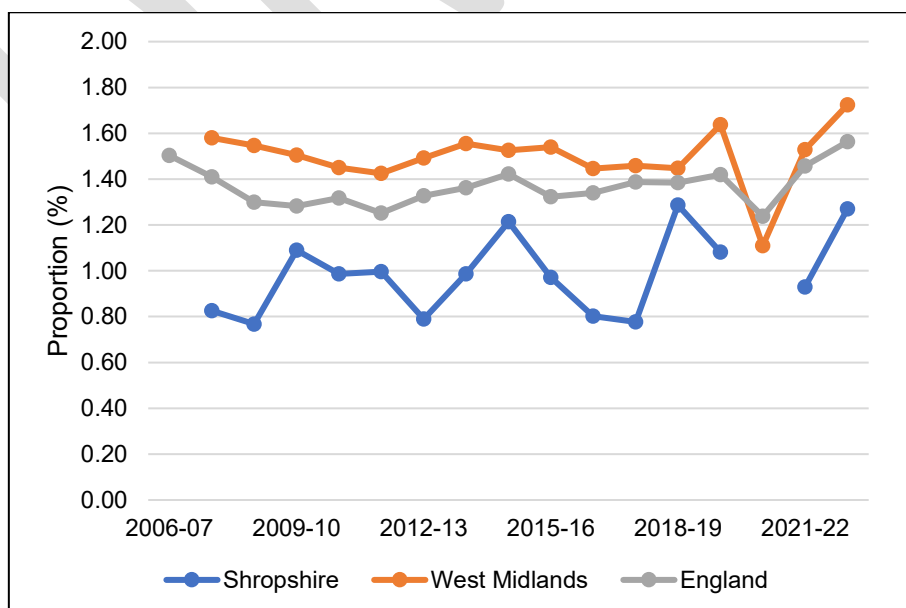


- Prevalence of underweight (10-11 years)

In the period 2022-23 (academic), 1.3% of children aged 10-11 years in Shropshire whose weight was recorded were reported as underweight. In Shropshire, this proportion was not significantly different from England's proportion of 1.3% and West Midlands proportion of 1.7%.

The prevalence of underweight among 10-11 year olds in Shropshire in the period 2022-23 was second lowest regionally and second lowest among its statistical neighbours.

Proportion of children aged 10 to 11 years classified as underweight in Shropshire, with West Midlands and England comparisons, 2006-07 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



- **Physical activity**

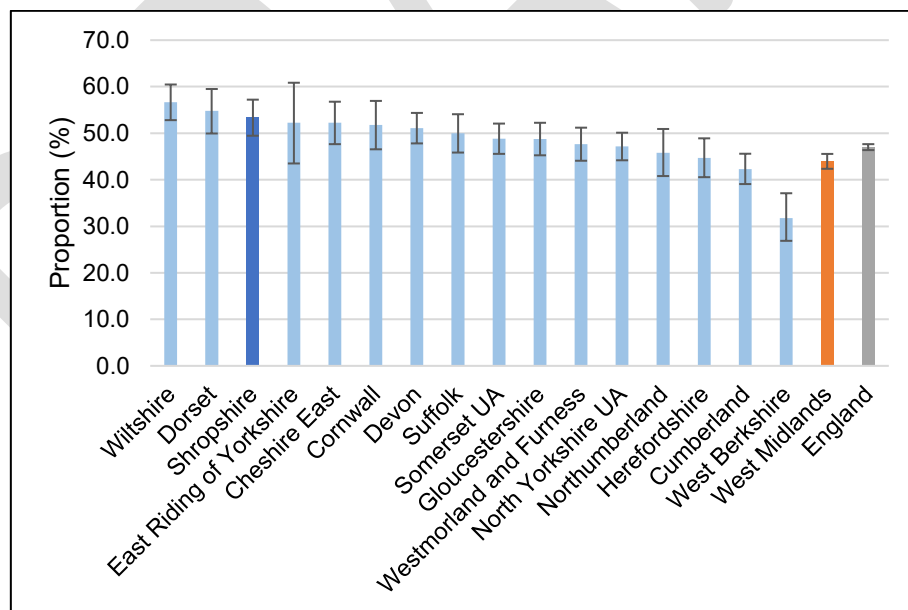
The UK Chief Medical Officer (CMO) recommendations for a child's physical activity are for an average of at least 60 minutes moderate-vigorous intensity activity per day across the week¹⁴. The evidence suggests, however, that a significant proportion of adolescents do not meet this minimum standard.

Regular moderate to vigorous physical activity (MVPA) improves health and fitness, strengthens muscles and bones, develops coordination, maintains healthy weight, improves sleep, makes you feel good, builds confidence and social skills and improves concentration and learning¹⁵.

The percentage of children (5 to 15) undertaking an average of at least 60 minutes of physical activity per day across the week is a Key Performance Indicator for the Government's sports strategy '[Sporting Future: A new strategy for an active nation](#)'.

In the period 2022-23, 53.4% of children aged 5-16 in Shropshire met the CMOs' recommendations for physical activity. This proportion was significantly higher than England's proportion of 47.0% and West Midlands proportion of 43.9%. This proportion was highest regionally and third highest among its statistical neighbours.

Percentage of children aged 5 to 16 years that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity in Shropshire, with statistical neighbours, West Midlands and England comparisons, 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

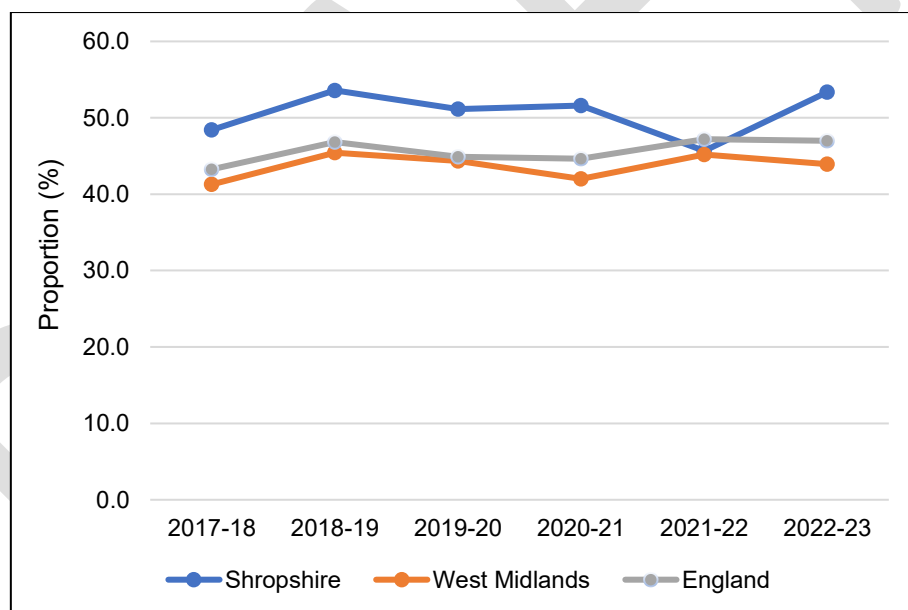


Shropshire's proportion increased between 2017-18 and 2020-21, after which a decrease was observed in 2021-22. An increase in children aged 5 to 16 years who met the CMOs recommendation was observed between 2021-22 and 2022-23 as shown in the figure below. Overall, the national proportion has been increasing over time however now remains steady.

¹⁴ [LG inform](#): Health and Wellbeing in Shropshire: A Focus on Children

¹⁵ [Child and Maternal Health Profile](#). Fingertips, OHID

Percentage of children aged 5 to 16 years that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity in Shropshire, with West Midlands and England comparisons, 2017-18 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

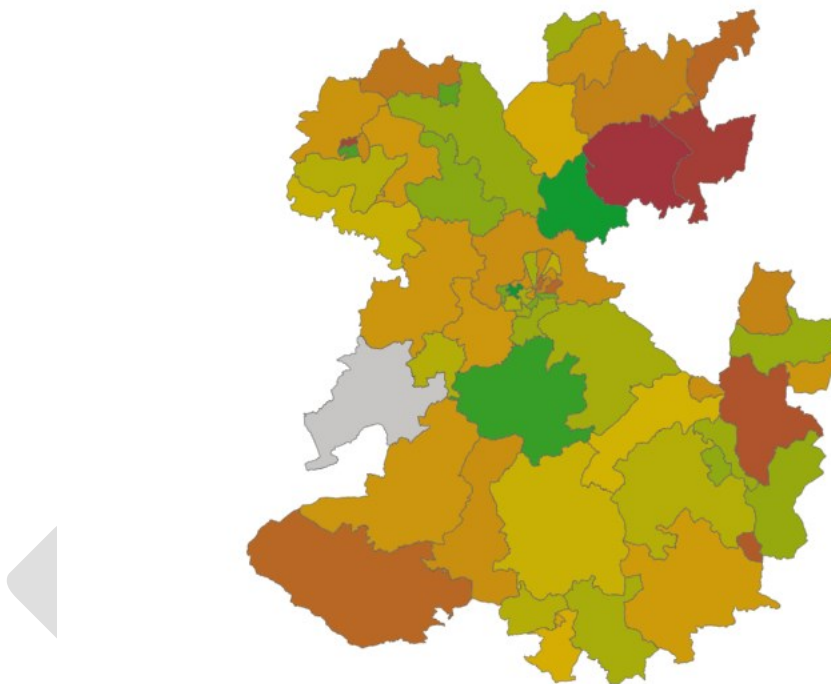


National Child Measurement Programme

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme. It provides the data for the child excess weight indicators in the Public Health Outcomes Framework and is part of the government's approach to tackling child obesity¹⁶.

Based on NCMP data collected between 2021-22 and 2023-24, Hodnet (29.4%), Cheswardine (28.6%) and Oswestry West (27.8%) had the highest proportion of children aged 10 to 11 who are obese (including sever obesity).

Percentage of children aged 10 to 11 who are obese (including sever obesity) by wards in Shropshire, 2021-22 to 2023-24

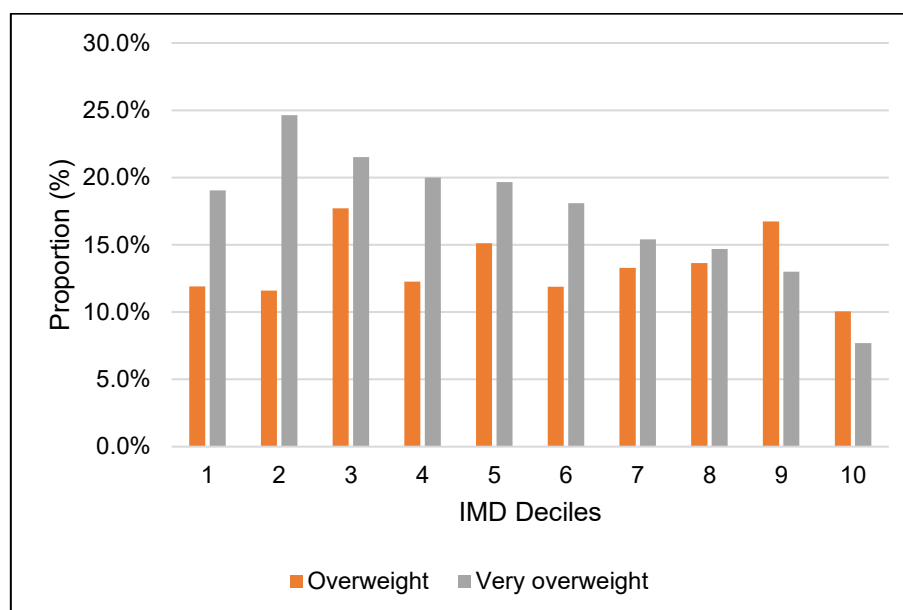


Based on NCMP data collected in 2022-23, a higher proportion of children in low deprivation areas are very overweight compared to those in higher deprivation areas.

This is based on the data we submitted to the NCMP tool, i.e. from Shropshire schools. Therefore, it contains pupils that live in other local authorities but attend Shropshire schools, but is missing those Shropshire residents that go to schools in other authorities

¹⁶ [National child measurement programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/national-child-measurement-programme)

Percentage of children aged 10 to 11 who were underweight, overweight and very overweight by IMD Deciles in Shropshire, 2022-23. Source: NCMP 2022/23 enhanced dataset for Shropshire Council



Children and young people with mental health disorders

In the period 2017-18, 5,501 children and young people aged 5 to 17 were estimated to have a mental health disorder. This includes emotional disorders, behavioural disorders, hyperactivity disorders, and autism spectrum, eating and other less common disorders.

Please note: There are concerns about the quality of the data of this indicator due to the data collection methods.

Findings from the fourth wave of the Mental Health of Children and Young People survey (MHCYP), conducted in 2023, revealed that 1 in 5 (20.3%) children and young people aged 8 to 16, in England, had a probable mental disorder. If this figure were applied to the population of Shropshire, it would equate to around 6,291 persons aged 8 to 16 (based on census 2021)¹⁷.

- ### Social, emotional, and mental health needs

The National Clinical Practice Guidelines published by the British Psychological Society state that children with learning or physical disabilities have a risk of developing a mental health problem compared to the national population.

In the period 2022-23, there were 1,142 school aged children in Shropshire with social, emotional, and mental health needs. This equates to 2.9% of Shropshire's school aged population. This includes primary, secondary, and special school pupils with Special Education Needs (SEN) where primary need is social, emotional, and mental health.

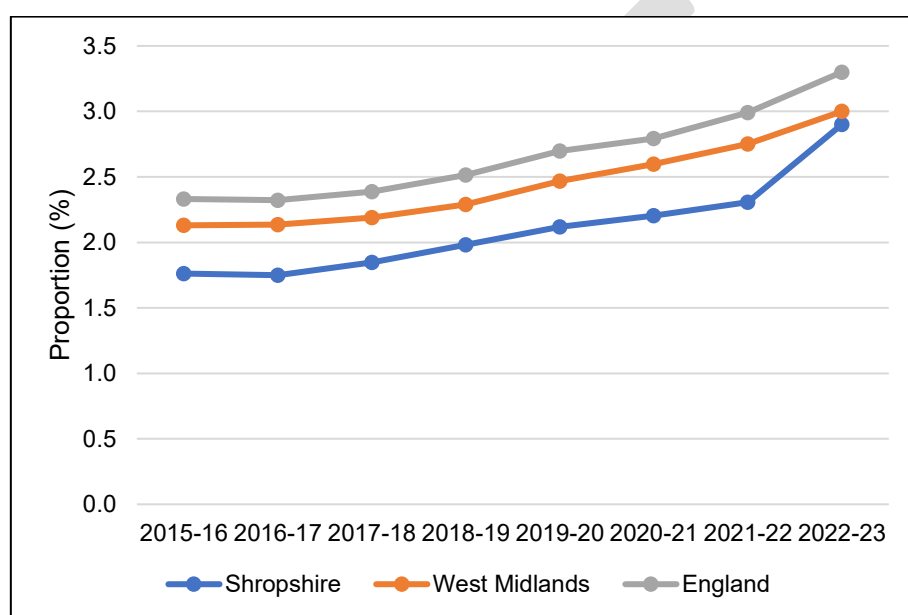
¹⁷ NHS England, November 2023, [Mental Health of Children and Young People in England](#), 2023: Wave 4 follow up to the 2017 survey.

This proportion is significantly lower than England's proportion of 3.3% but similar to West Midlands proportion of 3%. Shropshire's proportion was fourth lowest regionally and eight lowest among its statistical neighbours.

A higher proportion of males (4.1%) had a social, emotional, and mental health need compared to females (1.6%) in the period 2022-23.

Shropshire's proportion has increased steadily since 2015-16 and is getting worse. A similar trend was observed regionally and nationally.

Percentage of school aged children with social, emotional, and mental health needs in Shropshire, 2015-16 to 2022-23. Source: [Children and Young People's mental health and wellbeing](#), Fingertips, OHID

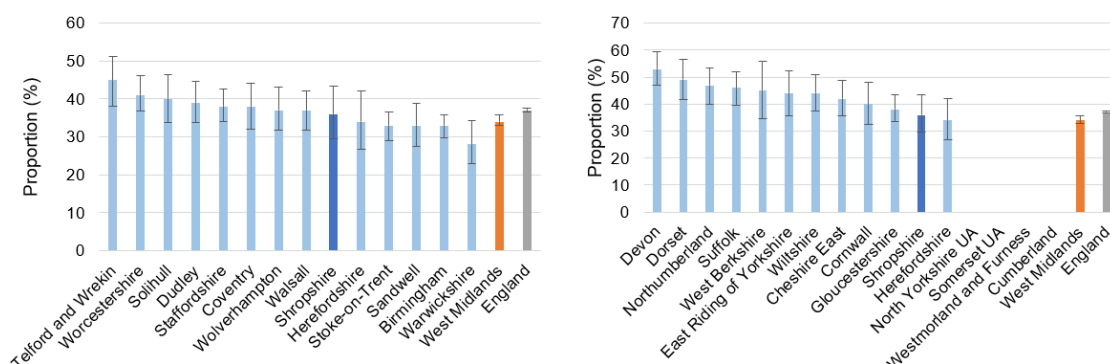


- **Looked after children whose emotional wellbeing is a cause of concern (5 to 16 years)**

In Shropshire in 2022-23, there were 68 looked after children aged 5 to 16 whose emotional wellbeing was a cause of concern. This equates to 36% of looked after children. This proportion was not significantly different from England's proportion of 40% and the West Midlands proportion of 36%.

Shropshire's proportion ranks 6th lowest in the West Midlands region and 2nd lowest among its statistical neighbours.

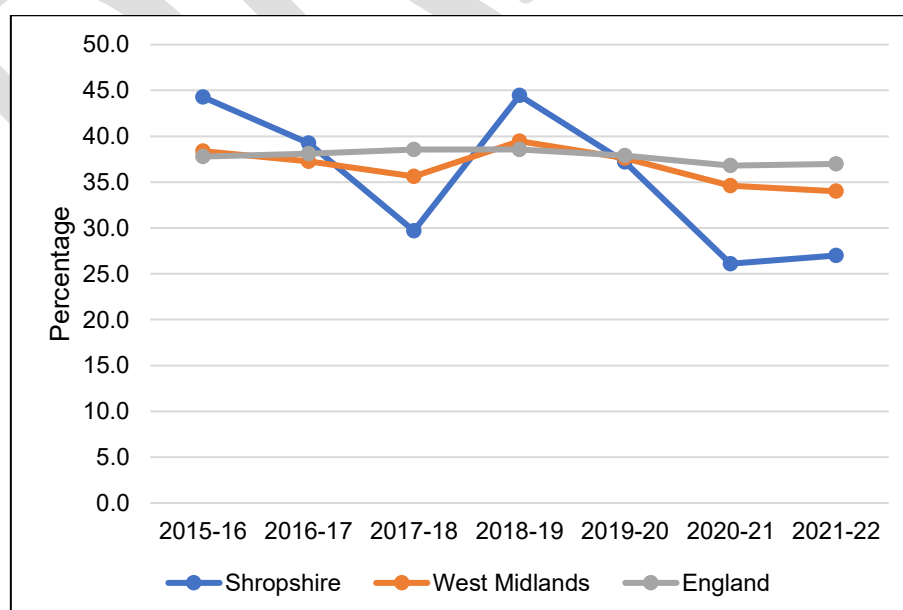
Percentage of looked after children whose emotional wellbeing is a cause of concern (5 to 16 years) in Shropshire, including statistical and regional neighbours, with West Midlands and England comparisons 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Percentage of looked after children whose emotional wellbeing is a cause of concern increased slightly between 2020-21 and 2021-22 despite a sharp decrease observed in previous periods (from 2018-19 to 2020-21). However, regional and national rates have been decreasing since 2018-19.

Recent local data indicates that in the 2023-24 there are 86 looked after children aged 5 to 16 whose emotional wellbeing was a cause of concern. This equates to 43% of looked after children in Shropshire.

Percentage of looked after children whose emotional wellbeing is a cause of concern (5 to 16 years) in Shropshire, including West Midlands and England comparisons, 2015-16 to 2021-22. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

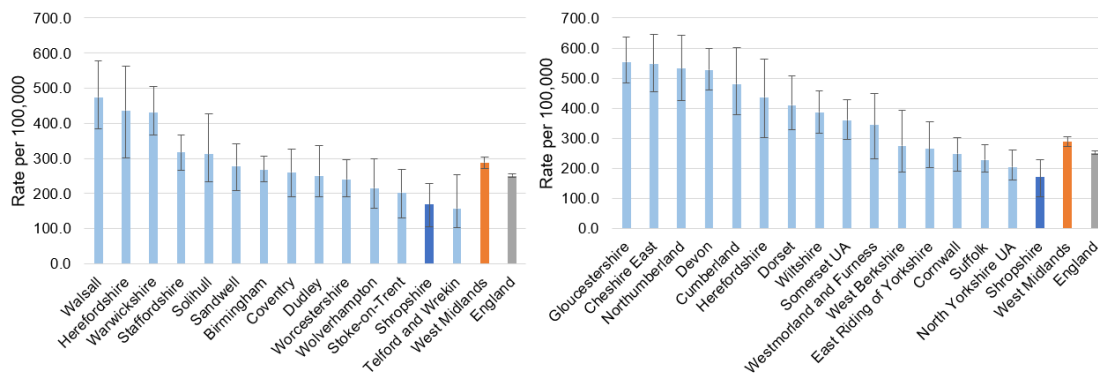


- **Hospital admissions due to self-harm – 10-14 years**

Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.

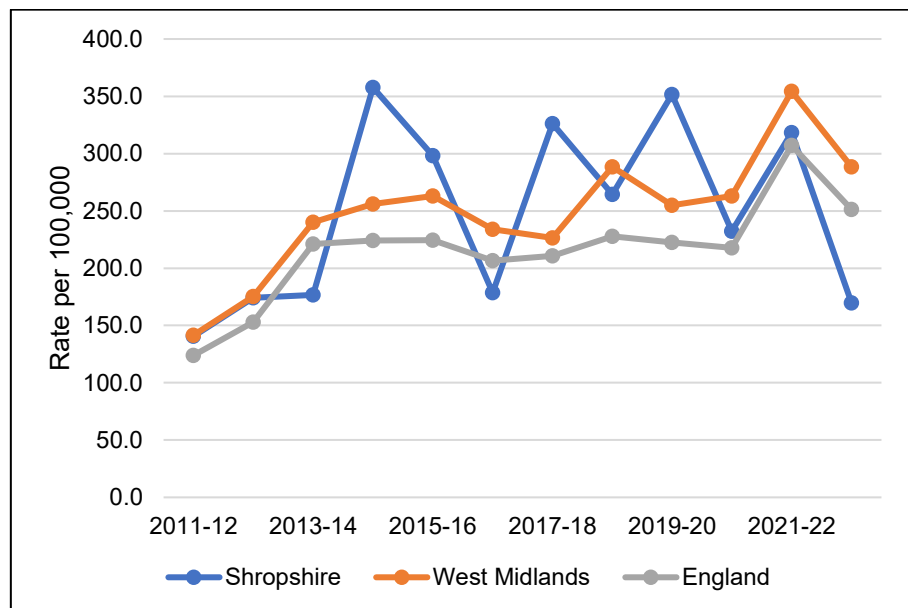
In Shropshire, the rate of hospital admissions for self-harm among children aged 10 to 14 was 169.6 per 100,000 in 2022-23. This rate was significantly lower than England's rate of 251.2 per 100,000 and West Midlands rate of 288.3 per 100,000. This rate was second lowest regionally and lowest among its statistical neighbours.

Hospital admissions due to self-harm among 10-14 years old (per 100,000) in Shropshire, with regional and statistical neighbours, West Midlands and England comparisons, 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Hospital admissions due to self-harm saw a sharp decline between the periods 2021-22 and 2022-23, after an increase was observed between 2020-21 and 2021-22. A similar trend was observed regionally and nationally.

Hospital admissions due to self-harm among 10-14 years old (per 100,000) in Shropshire, with regional and statistical neighbours, West Midlands and England comparisons, 2011-12 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Service access and utilisation

ICB level figures are encouraging, however, it should be noted that the “percentage of CYP under 19 with eating disorders seen within 4 weeks (routine)” in Q3 2023/24 was below the national ambition of 95%. Also, there has been a recent decline in persons with at least 2 contacts showing measurable improvement.

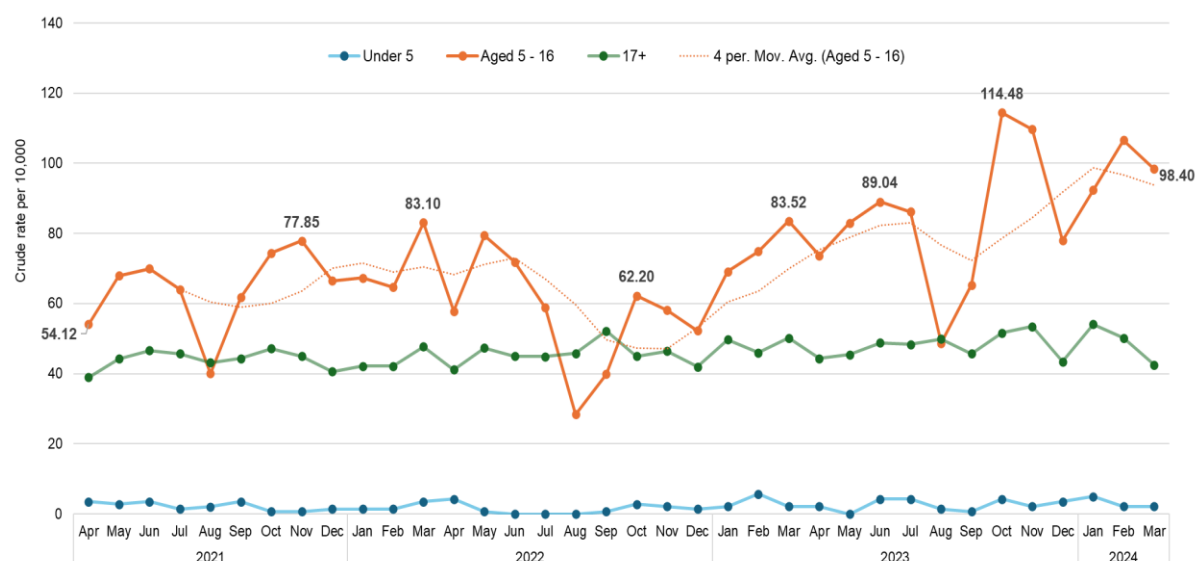
Mental health service metrics in Shropshire, Telford and Wrekin ICB with England comparisons.

Trend benchmark					
ICB metrics					
Metric	Period	ICB recent trend	Metric type	England	Shropshire, Telford and Wrekin ICB
Number of CYP under 18 accessing support by NHS funded community services (at least one contact) (rolling 12 months)	Q3 2023/24	↑	Count	749,833	5,675
% of CYP under 19 with eating disorders seen within 4 weeks (routine) - interim measure	Q3 2023/24	↑	Percentage	79.4%	86.0%
Number of bed days for CYP under 18 in Child and Adolescent Mental Health Services tier 4 wards ††	Q3 2023/24	↓	Count	63,318	481
Number of people aged 18 to 24 supported through NHS funded mental health (at least one contact) (rolling 12 months)	Q3 2023/24	↑	Count	228,683	1,730
Number of closed referrals for CYP under 18 with at least 2 contacts & self-rated perspective paired score showing measurable improvement	Q3 2023/24	↑	Count	6,627	70
Percentage of closed referrals for CYP under 18 with at least 2 contacts & self-rated perspective paired score showing measurable improvement	Q3 2023/24	↓	Percentage	46.6%	46.7%
Number of closed CYP referrals (0-17) with at least 2 contacts and any perspective paired score	Q3 2023/24	↑	Count	18,842	150
Percentage of closed CYP referrals (0-17) with at least 2 contacts and any perspective paired score	Q3 2023/24	↑	Percentage	20.3%	19.9%
CYP Mental Health ICB spend - excluding learning disabilities and eating disorders	2023/24 planned	↑	Spend	£1086.2m	£9.0m
CYP Mental Health ICB spend - eating disorders	2023/24 planned	↑	Spend	£95.9m	£1.0m

Nationally, the total number of new referrals to mental health services have been consistently increasing, with figures for March 2024 (435,131) found to be a 19% increase on those reported just four years ago in April 2021 (366,596). Similarly, the number of children and young people accessing mental health services, designed for those aged 18 or under who have had at least one direct contact, or indirect contact within the past 12-months has risen by 35% over this same period (April 2021 – 581,679 vs. March 2024 – 788,108).

Focusing on the local population, new referrals for school age children (ages 5 – 16) have followed the national picture, with the number of new referrals recorded in March 2024 (410), 87% above the number recorded in April 2021 (210). With trendline analysis, a drop in referrals was observed in August, possibility due to holidays, and an increase during each winter period, indicating a seasonality to this type of activity.

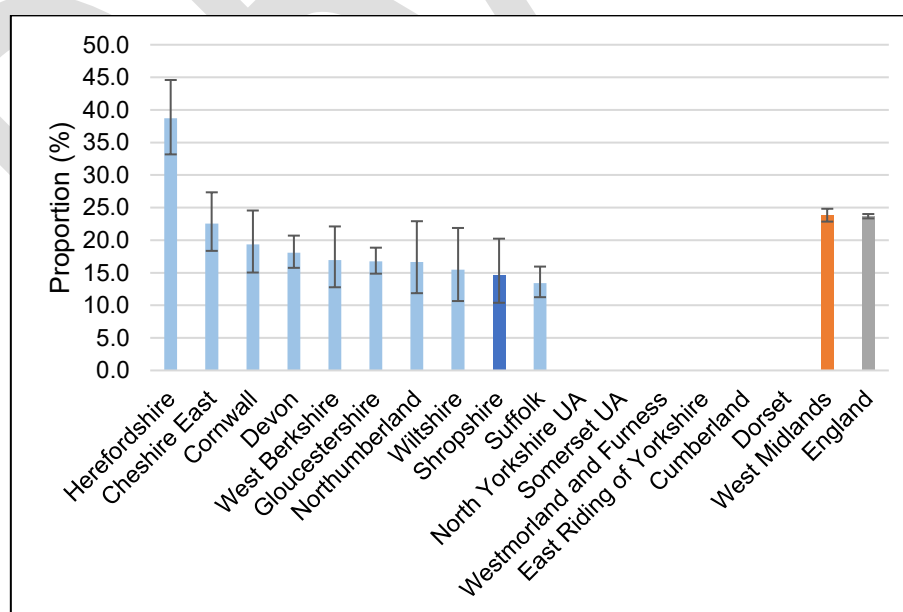
New referrals to mental health services, by age group (crude rate per 10,000 persons residing within Shropshire), April 2021 to March 2023.



- Visually obvious dental decay in 5 year olds

In Shropshire, 14.6% of 5 year old children have dental decay extending to the dentine layer which can be detected by visual observation. This proportion was significantly lower than England's proportion of 23.7% and West Midlands proportion of 23.8%. This proportion was lowest regionally and second lowest among its statistical neighbours.

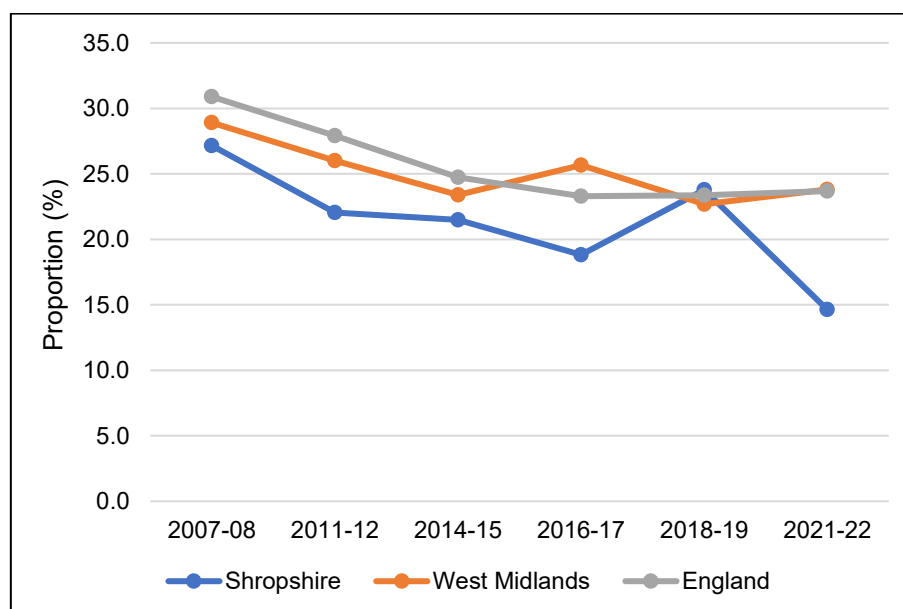
Percentage of 5 year olds with experience of visually obvious decay, with NHS England statistical neighbours, West Midlands and England comparisons 2021-22. Source: [Dental Services](#), Fingertips, OHID



Shropshire's proportion saw a decline between the periods 2007-08 and 2016-17, after which an increase was observed in 2018-19. A decrease in the proportion of 5 year olds

having visually obvious tooth decay was observed between 2018-19 and 2021-22 as shown in the figure below. Overall, the national and regional proportion has been decreasing over time however not as low as Shropshire's proportion.

Percentage of 5 year olds with experience of visually obvious decay, 2007-08 to 2021-22.
Source: [Dental Services](#), Fingertips, OHID



• Hospital admissions for dental carries (0-5 year olds)

Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK¹⁸. Tooth decay has become less common over the past two decades but is still a significant health and social problem¹⁹. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived areas, compared to affluent, communities²⁰. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.

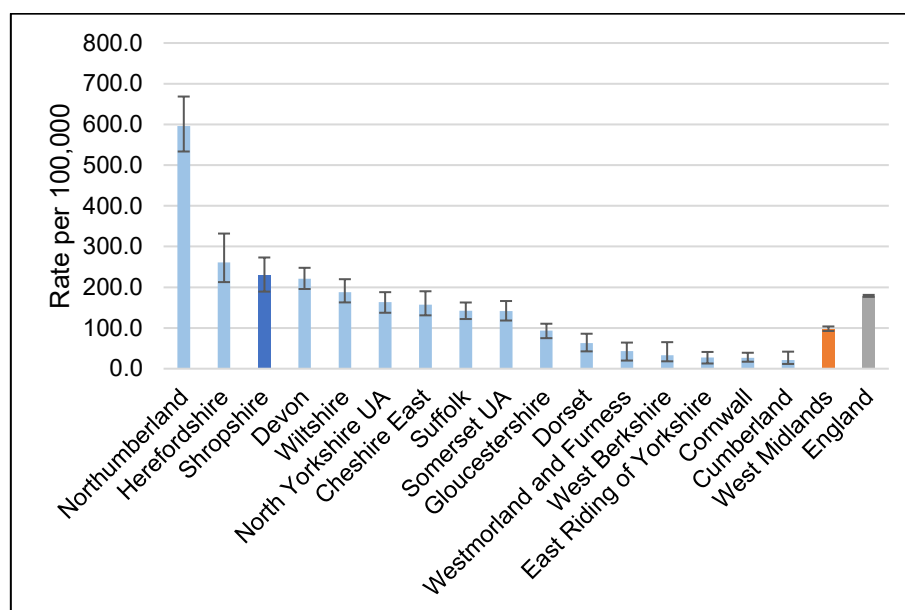
In Shropshire, there were 120 hospital admissions due to dental carries among 0-5 year olds. This equates to a rate of 228.4 per 100,000. This rate was significantly higher than England's rate of 178.8 per 100,000 and West Midlands rate of 98 per 100,000. This rate was fourth highest regionally and third highest among its statistical neighbours.

¹⁸ [Dental Services](#). Fingertips, OHID

¹⁹ [Dental Services](#). Fingertips, OHID

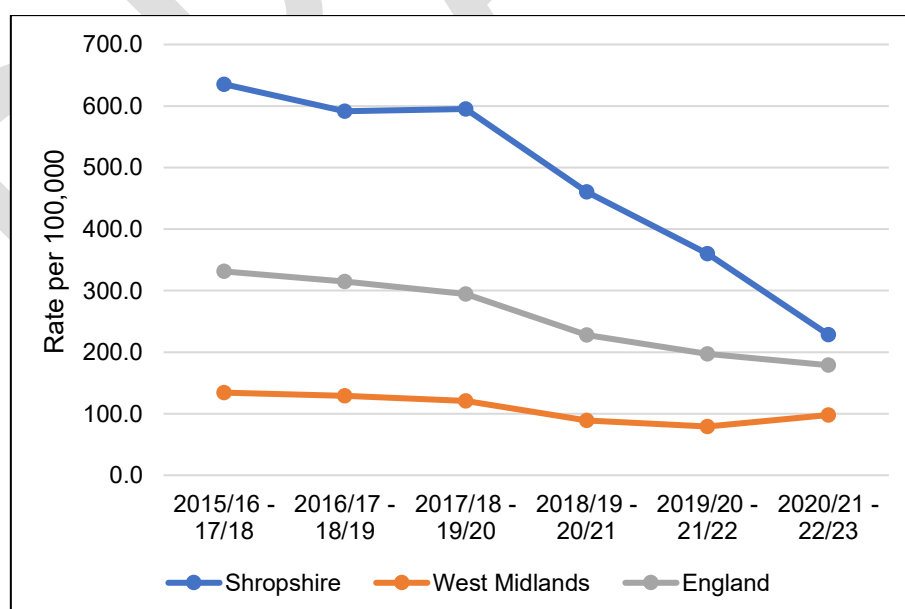
²⁰ [Dental Services](#). Fingertips, OHID

Hospital admissions (rate per 100,000 0-5 population) for dental carries among, with NHS England statistical neighbours, West Midlands and England comparisons 2020/21-22/23. Source: [Dental Services](#), Fingertips, OHID



Overall, Shropshire's rate has seen a steady decline since the period 2015/16 – 17/18 as shown in the figure below. National and regional rates has also been decreasing over time.

Hospital admissions (rate per 100,000 0-5 population) for dental carries in Shropshire, with West Midlands and England comparisons, 2015/16-17/18 to 2020/21-22/23. Source: [Dental Services](#), Fingertips, OHID



- **MMR – 1 dose (5 year olds)**

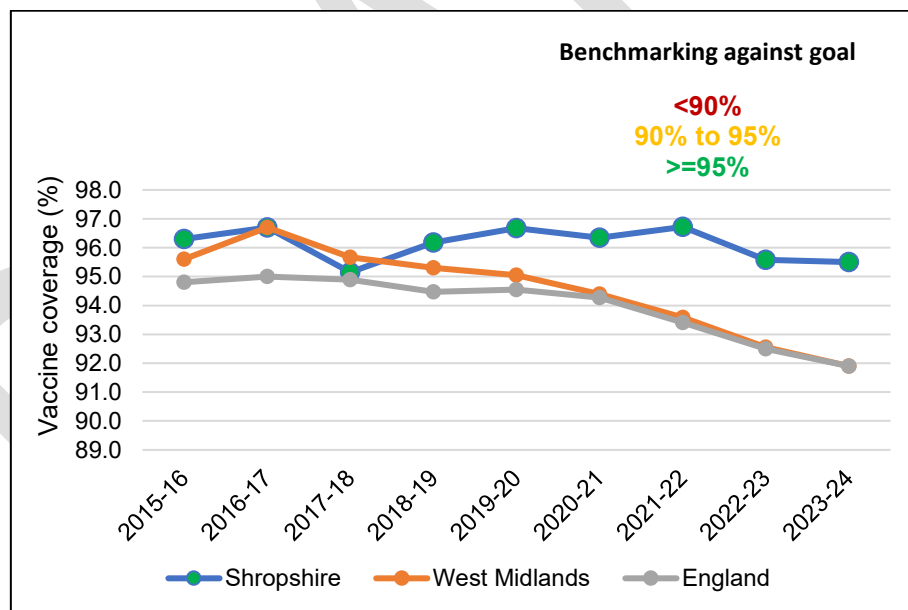
MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness²¹. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday²². They'll then have a booster dose before starting school, which is usually between three and five years of age.

At 5 years old, coverage for MMR one dose (95.5%) in Shropshire was higher than the benchmarked goal of 95%. This is higher than West Midlands and England's coverages of 93%. Shropshire's coverage was the 2nd highest in the West Midlands region and 7th highest among its statistical neighbours.

As shown in the figure below, MMR vaccine coverage for one dose in Shropshire saw an increase between 2017-18 and 2021-22 (from 95.2% to 96.7%), after which a decrease was seen between 2021-22 and 2022-23 (from 96.7% to 95.5%).

Vaccination coverage for MMR – One dose for children up to 5 years old, 2015-16 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



- **MMR – 2 doses (5 year olds)**

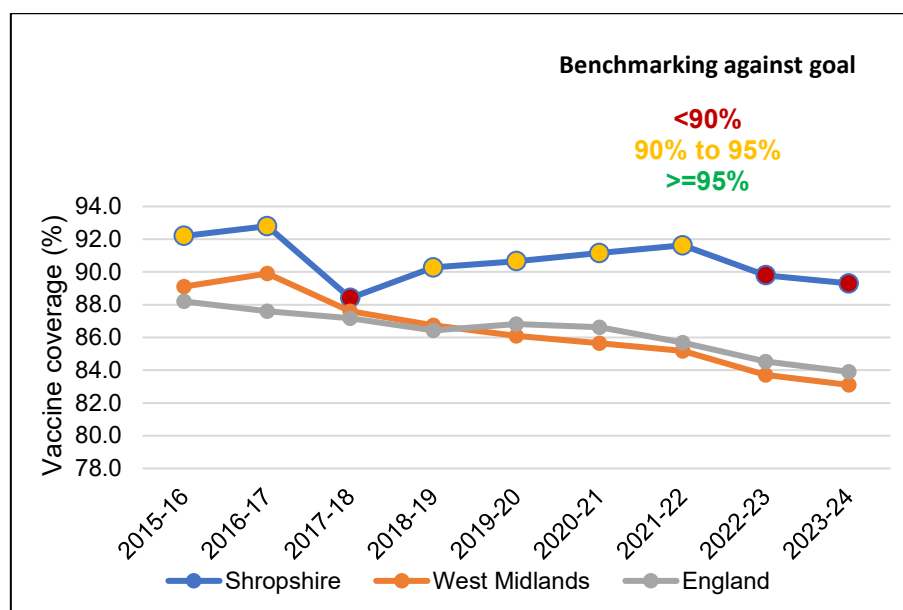
At 5 years old, coverage for MMR two doses (89.3%) in Shropshire was lower than the benchmarked goal of 90%. This is higher than West Midlands coverage of 83.1% and England's coverage of 83.9%. Shropshire's coverage was the 3rd highest in the West Midlands region and 6th lowest among its statistical neighbours.

As shown in the figure below, MMR vaccine coverage for two doses in Shropshire saw an increase between 2017-18 and 2021-22 (from 88.4% to 91.6%), after which a decrease was seen between 2021-22 and 2022-23 (from 91.6% to 89.3%).

²¹ [Child and Maternal Health Profile](#). Fingertips, OHID

²² [Child and Maternal Health Profile](#). Fingertips, OHID

Vaccination coverage for MMR – Two doses for children up to 5 years old, 2015-16 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



• HPV Vaccination coverage – 1 dose (12 to 13 year olds)

On the advice of the Joint Committee on Vaccination and Immunisation (JCVI), an HPV national vaccination programme was introduced in 2008, to protect adolescent females against cervical cancer²³. At that time, a 3 dose schedule was offered routinely to secondary school year 8 females (aged 12 to 13) alongside a catch up programme targeting females aged 13 to 18²⁴.

In September 2014, the programme changed to a 2 dose schedule based on evidence that showed that antibody response to 2 doses of HPV vaccine in adolescent females was as good as 3 doses. [Public Health England \(PHE\)](#) recommended the following:

- the first dose can be given at any time during school year 8
- the minimum time between the first and second dose should be 6 months
- for operational purposes a 12 month gap between the 2 doses is recommended, that is, the first HPV vaccine dose should be offered in year 8 (aged 12 to 13) and the second dose should be offered in year 9 (aged 13 to 14), as this reduces the number of HPV vaccination sessions required in school

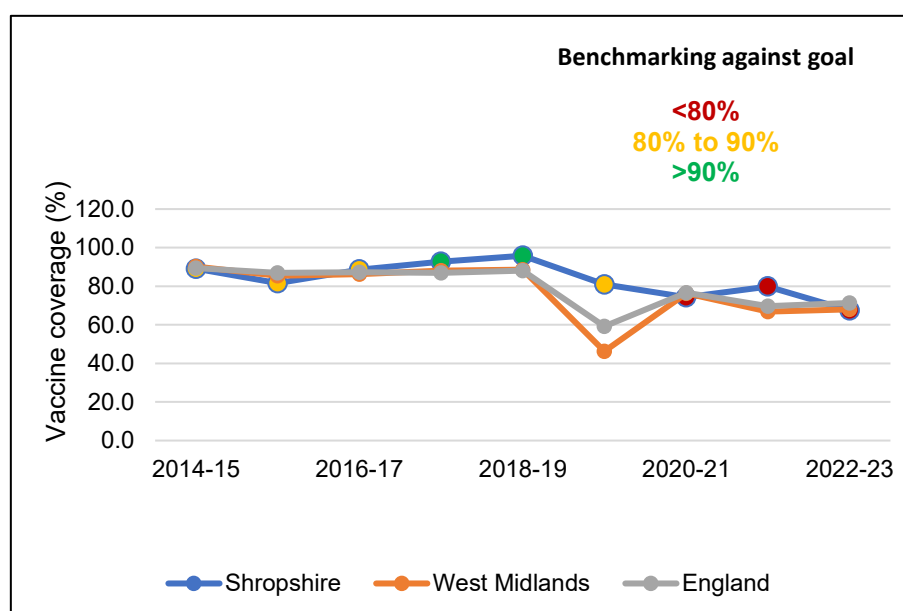
At 12 to 13 years old, vaccine coverage for one dose of HPV (67.4%) in Shropshire was lower than the benchmarked goal of 90% in 2022-23. This is similar to West Midlands coverage of 68.0% and significantly lower than England's coverage of 71.3%. Shropshire's coverage was the 6th highest in the West Midlands region and lowest among its statistical neighbours.

²³ [Child and Maternal Health Profile](#). Fingertips, OHID

²⁴ [Child and Maternal Health Profile](#). Fingertips, OHID

As shown in the figure below, HPV vaccine coverage for one dose in Shropshire saw a decrease between 2018-19 and 2021-22 (from 95.8% to 79.8%), after which a further decrease was seen between 2021-22 and 2022-23 (from 79.8% to 67.4%).

HPV vaccination coverage for one dose for females aged 12 to 13 years old, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



- Meningococcal ACWY vaccine coverage (MenACWY) (14 to 15 years)**

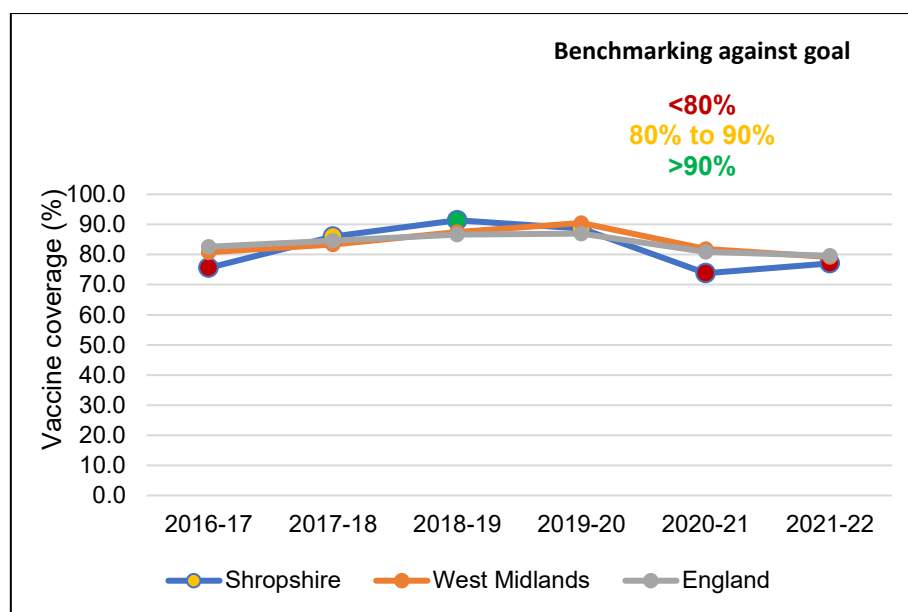
The MenACWY vaccination was introduced into the national immunisation programme in autumn 2015 to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (MenW) disease, which was declared a national incident. The MenACWY conjugate vaccine provides direct protection to the vaccinated cohort and, by reducing MenW carriage, will also provide indirect protection to unvaccinated children and adults. This follows advice from the Joint Committee on Vaccination and Immunisation (JCVI). It is routinely offered through schools in academic school Years 9 and 10 (rising 14 and rising 15 year olds)²⁵. The indicator measures local authority level MenACWY vaccine coverage for students at the end of school Year 10.

At 14 to 15 years old, vaccine coverage for one dose of MenACWY (77.1%) in Shropshire was lower than the benchmarked goal of 80% in 2021-22. This is significantly lower than West Midlands coverage of 79.2% and England's coverage of 79.6%. Shropshire's coverage was the 6th lowest in the West Midlands region and 6th lowest among its statistical neighbours.

As shown in the figure below, MenACWY vaccine coverage for one dose in Shropshire saw an increase between 2016-17 and 2018-19 (from 75.6% to 91.4%), after which a decrease was seen up to 2020-21. A slight uptick in vaccine coverage was observed between 2020-21 and 2021-22 as shown in the figure below.

MenACWY vaccination coverage for one dose for children aged 14 to 15 years old, 2016-17 to 2021-22. Source: [Public health profiles](#), Fingertips, OHID

²⁵ [Child and Maternal Health Profile](#). Fingertips, OHID

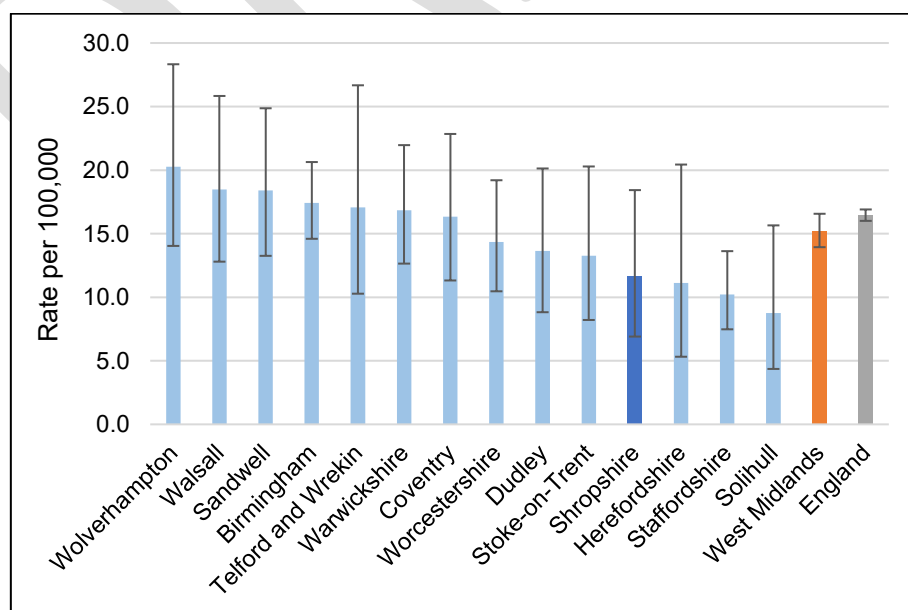


- Children killed and seriously injured (KSI)**

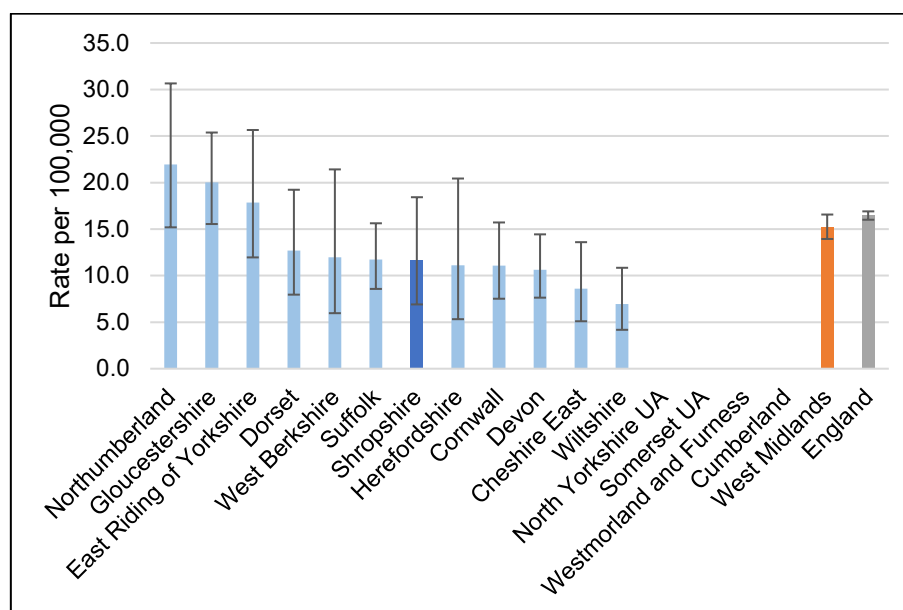
Road traffic collisions are a major cause of deaths in children and comprise higher proportions of accidental deaths as children get older. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.

In Shropshire, there were 18 children killed and seriously injured on England roads. This equates to a rate of 11.7 per 100,000. This rate was not significantly different from England's rate of 16.5 per 100,000 and West Midlands rate of 15.2 per 100,000. This rate was fourth lowest regionally and sixth lowest among its statistical neighbours.

Children killed and seriously injured (rate per 100,000) in Shropshire, with regional neighbours, West Midlands and England comparisons, 2020-22. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



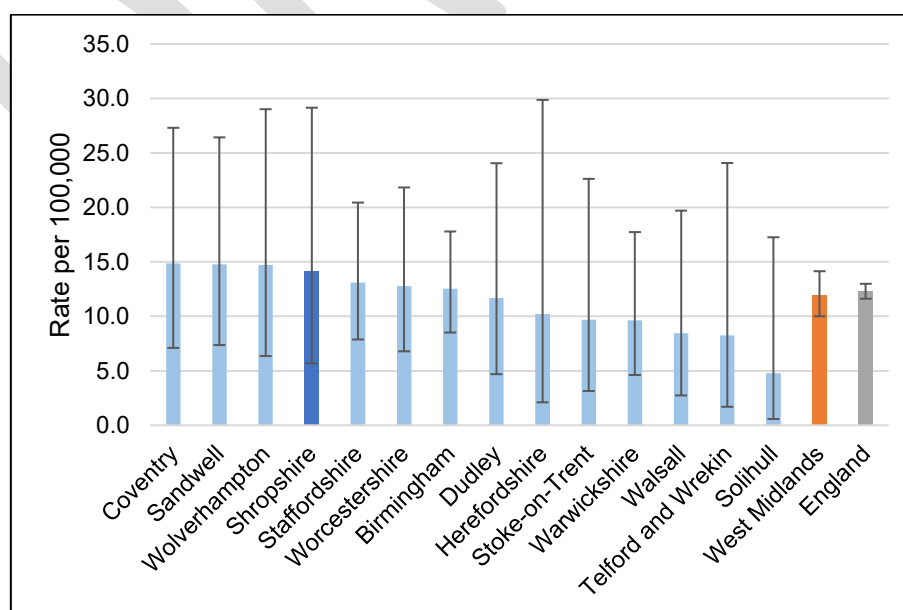
Children killed and seriously injured (rate per 100,000) in Shropshire, with statistical neighbours and West Midlands and England comparisons, 2020-22. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



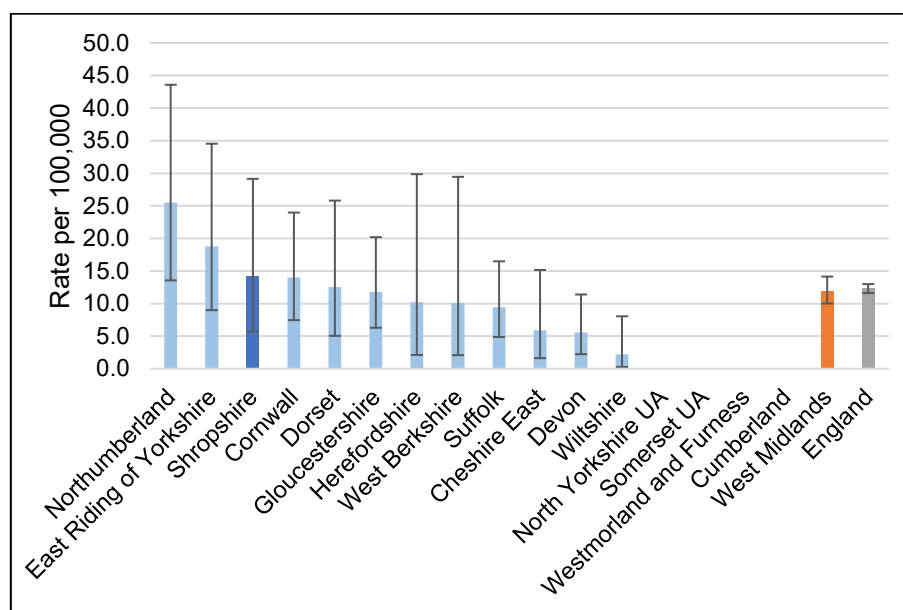
- Children aged 6 to 10 killed or seriously injured in road traffic accidents**

In Shropshire, there were 7 children aged 6 to 10 killed and seriously injured in road traffic accidents. This equates to a rate of 14.1 per 100,000. This rate was not significantly different from England's rate of 12.3 per 100,000 and West Midlands rate of 11.9 per 100,000. This rate was fourth highest regionally and third highest among its statistical neighbours.

Children killed and seriously injured in road traffic accidents (rate per 100,000) aged 6 to 10 in Shropshire, with regional neighbours, West Midlands and England comparisons, 2020-22. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



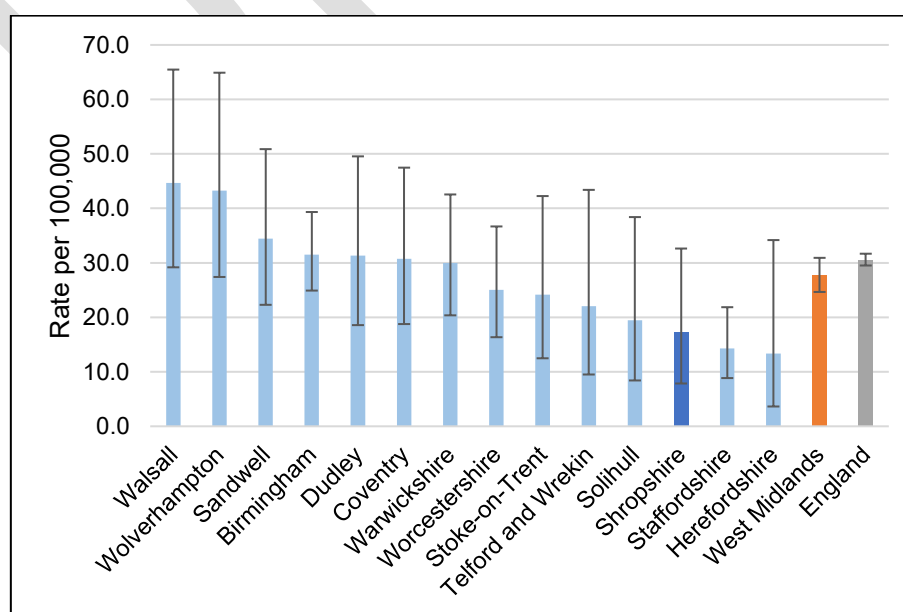
Children killed and seriously injured in road traffic accidents (rate per 100,000) aged 6 to 10 in Shropshire, with statistical neighbours and West Midlands and England comparisons, 2020-22. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



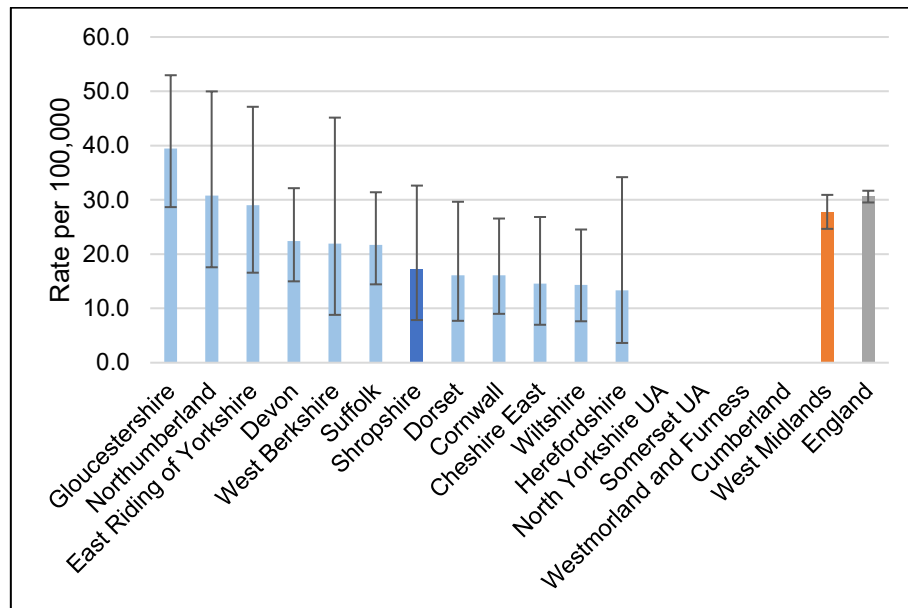
- Children aged 11 to 15 killed or seriously injured in road traffic accidents**

In Shropshire, there were 9 children aged 11 to 15 killed and seriously injured in road traffic accidents. This equates to a rate of 17.2 per 100,000. This rate was not significantly different from England's rate of 30.6 per 100,000 and West Midlands rate of 27.7 per 100,000. This rate was third lowest regionally and sixth lowest among its statistical neighbours.

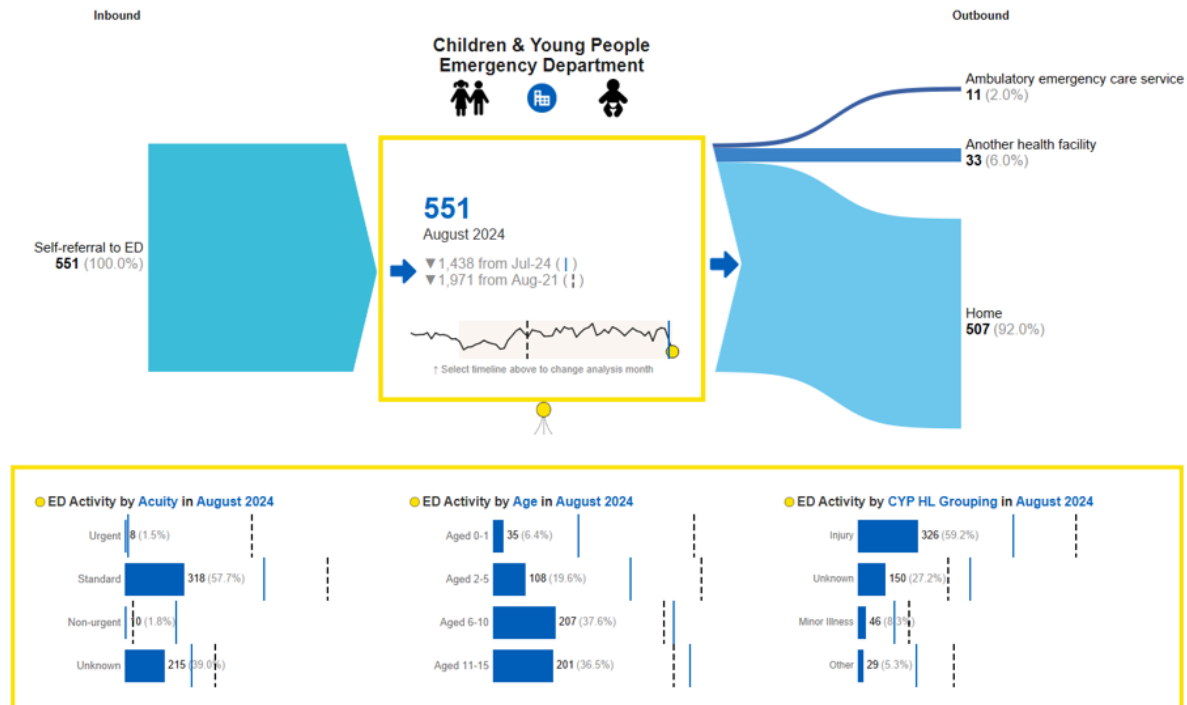
Children killed and seriously injured in road traffic accidents (rate per 100,000) aged 11 to 15 in Shropshire, with regional neighbours, West Midlands and England comparisons, 2020-22. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Children killed and seriously injured in road traffic accidents (rate per 100,000) aged 11 to 15 in Shropshire, with statistical neighbours, West Midlands and England comparisons, 2020-22. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



CYP Emergency Department Activity



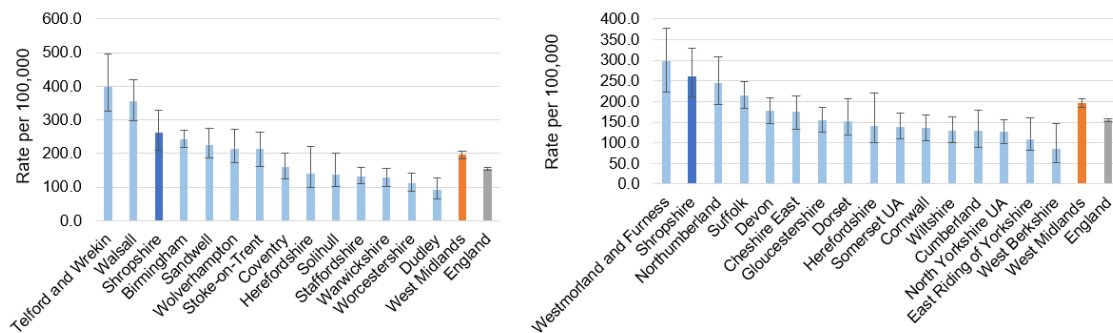
- In August 2024, there were 551 children aged 0-15 in the emergency department.
 - 100% were self-referral to the emergency department.
 - 37.6% and 36.5% of these children were aged 6-10 and 11-15 respectively.
 - Injury was the most common reason for entry into the emergency department – 326 CYPs (59.2%).
 - Further analysis on injury type shows that soft tissue injury or wound was the most common type of injury at 71%. When split further, sprain or ligament injury was the common type of soft tissue wound at 40%.

• Admissions for asthma – under 9 years

In Shropshire, the rate of admissions for asthma in children under 9 was 261.9 per 100,000 in 2022-23. This rate was significantly higher than England's rate of 154.7 per 100,000 and West Midlands rate of 195.7 per 100,000. This rate was third highest regionally and second highest among its statistical neighbours. Rate of admissions for asthma is higher in males (349 per 100,000) compared to females (169 per 100,000).

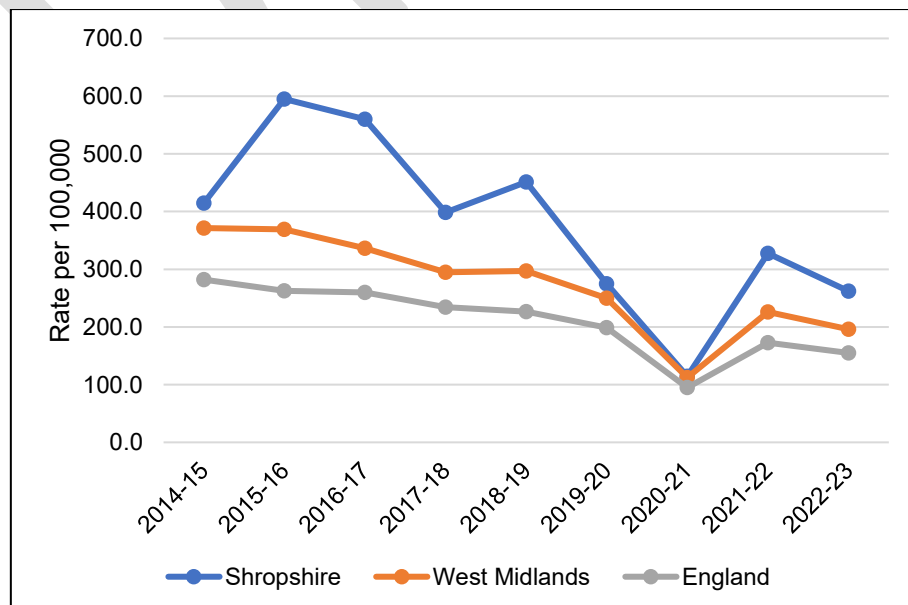
Rate of admissions (per 100,000) due to asthma in children under 9 in Shropshire, with regional and statistical neighbours, West Midlands and England comparisons, 2022-23.

Source: [Child and Maternal Health Profile](#), Fingertips, OHID



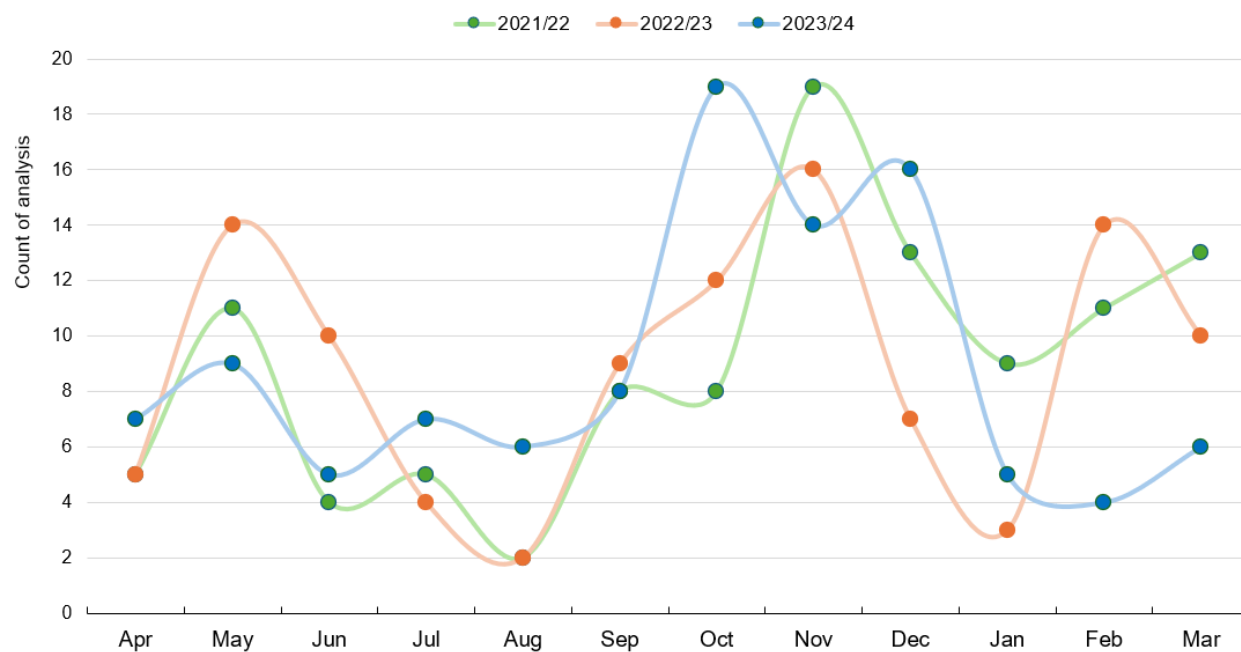
Rate of asthma admissions in children under 9 in Shropshire saw a steady decline between the periods 2015-16 and 2020-21, after which an increase was observed in 2021-22. In recent periods, a decrease in asthma admission rate was observed as shown in the figure below. A similar trend was observed regionally and nationally.

Rate of admissions (per 100,000) due to asthma in children under 9 in Shropshire, with West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Asthma admissions – deep dive analysis

Under 19 asthma admissions
April 2021 to March 2024

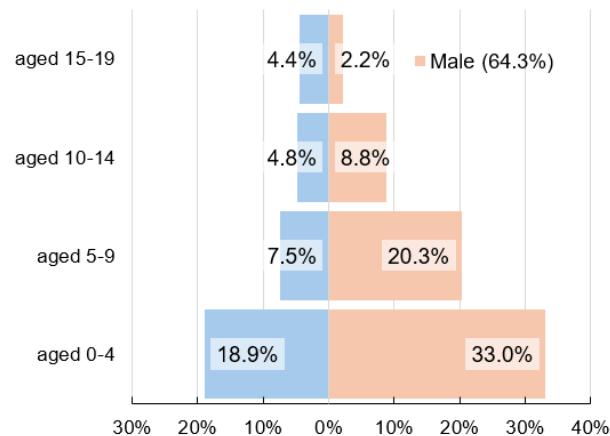


Admissions trend analysis hints towards a seasonality to asthma admissions with unplanned admissions peaking towards the end of autumn and beginning of winter each year.

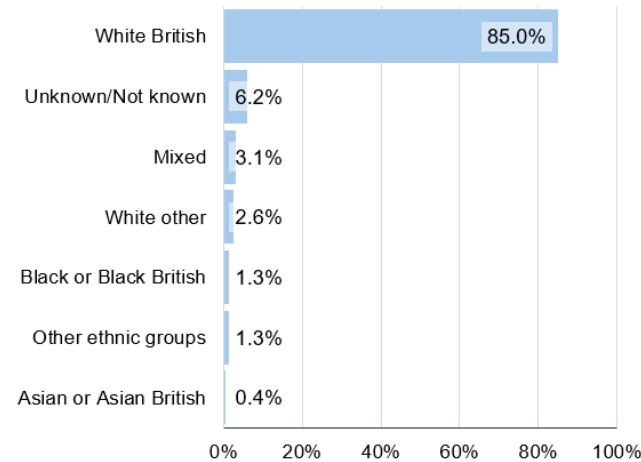
Source: Secondary Uses Services (SUS) Hospital activity data flow

Asthma admissions – deep dive analysis

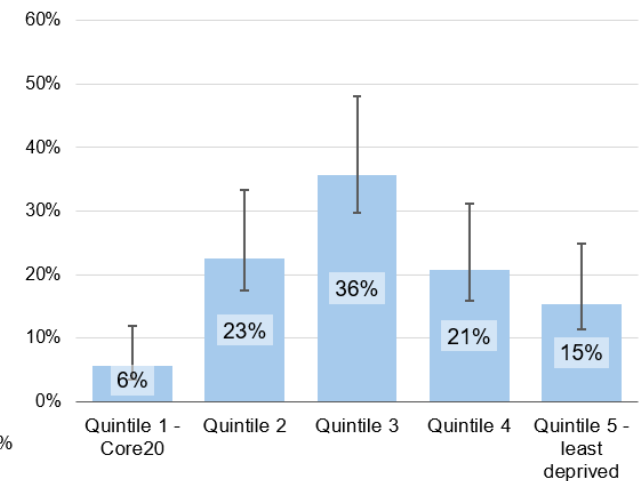
Under-19 Asthma patient population pyramid
April 2019 to March 2023



Proportion of patients, aged under 19, admitted for asthma
between April 2019 and March 2023, by ethnicity



Proportion of patients, aged under 19, admitted for
asthma between April 2019 and March 2023, by
deprivation quintile (IMD2019)



A deep dive analysis was carried out on asthma admissions. Analysis carried out on asthma admissions from April 2019 and March 2023, shows that majority of patients were **male, aged under 5** and from a **White British ethnic background**.

Social-economic analysis found that patients from the most deprived communities accounted for a statistically smaller proportion of patients than any other grouping, with a clear **slope towards neighbourhoods within the middle of the deprivation scale**. This may be reflective of the local population, with Shropshire known to have lower levels of deprived neighbourhoods than the national average.

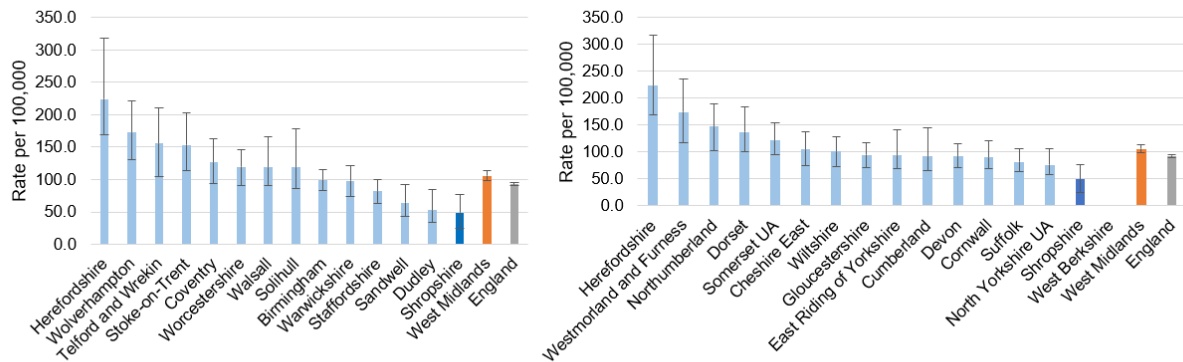
Source: Secondary Uses Services (SUS) Hospital activity data flow

- **Admissions for epilepsy – under 9 years**

In Shropshire, the rate of admissions for epilepsy in children under 9 was 49.1 per 100,000 in 2022-23. This rate was significantly lower than England's rate of 105.7 per 100,000 and West Midlands rate of 92.9 per 100,000. Shropshire's rate was lowest regionally and among its statistical neighbours.

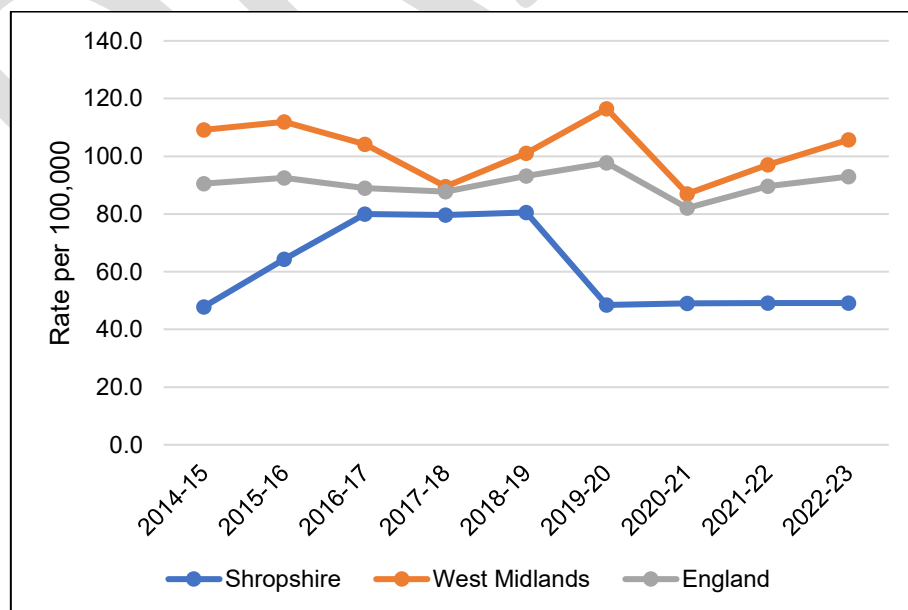
Rate of admissions (per 100,000) due to epilepsy in children under 9 in Shropshire, with regional and statistical neighbours, West Midlands and England comparisons, 2022-23.

Source: [Child and Maternal Health Profile](#), Fingertips, OHID



In recent periods (from 2019-20 to 2022-23), rate of epilepsy admissions in children under 9 in Shropshire has remained steady. An opposite trend was observed regionally and nationally, where an increase in rates was observed between 2020-21 and 2022-23 as shown in the figure below.

Rate of admissions (per 100,000) due to epilepsy in children under 9 in Shropshire, with West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

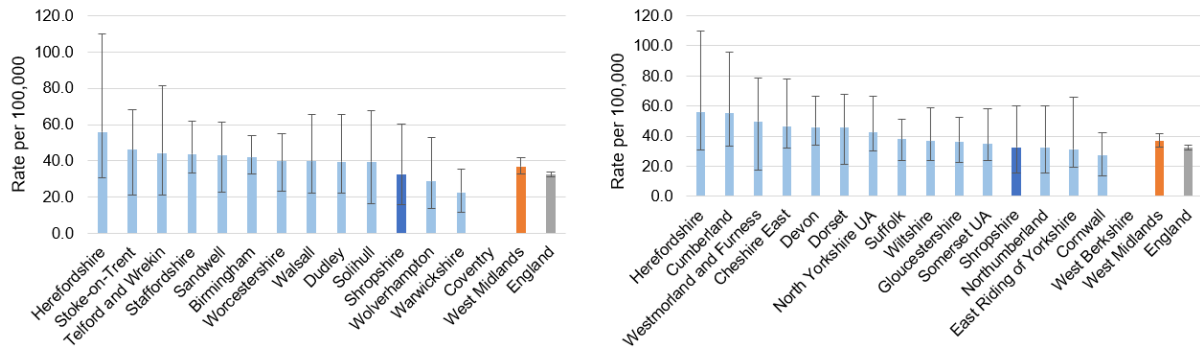


- **Admissions for diabetes – under 9 years**

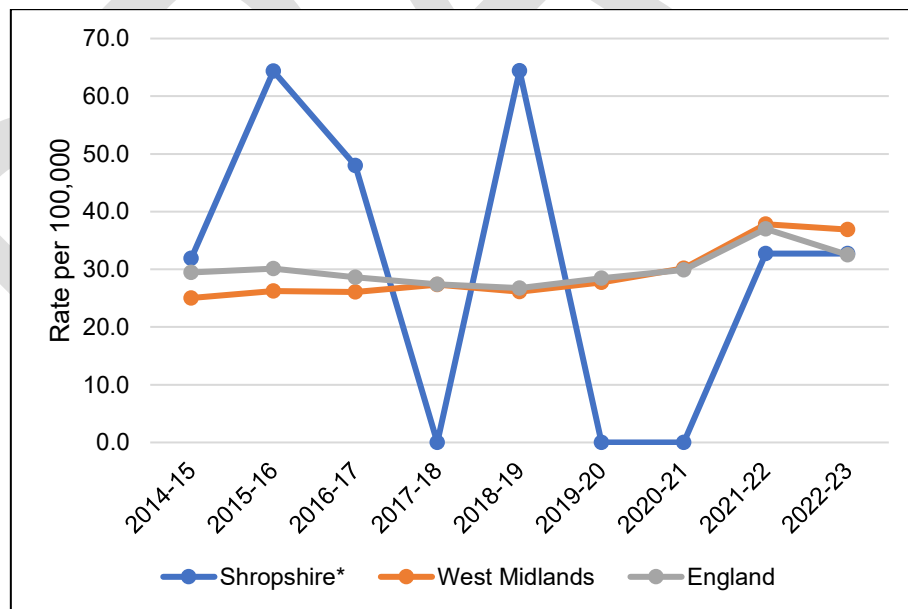
In Shropshire, the rate of admissions for diabetes in children under 9 was 32.7 per 100,000 in 2022-23. This rate was not significantly different to England's rate of 32.5 per 100,000 and West Midlands rate of 36.9 per 100,000. This rate was third lowest regionally and fourth lowest among its statistical neighbours.

Rate of admissions (per 100,000) due to diabetes in children under 9 in Shropshire, with regional and statistical neighbours, West Midlands and England comparisons, 2022-23.

Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Rate of admissions (per 100,000) due to diabetes in children under 9 in Shropshire, with West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



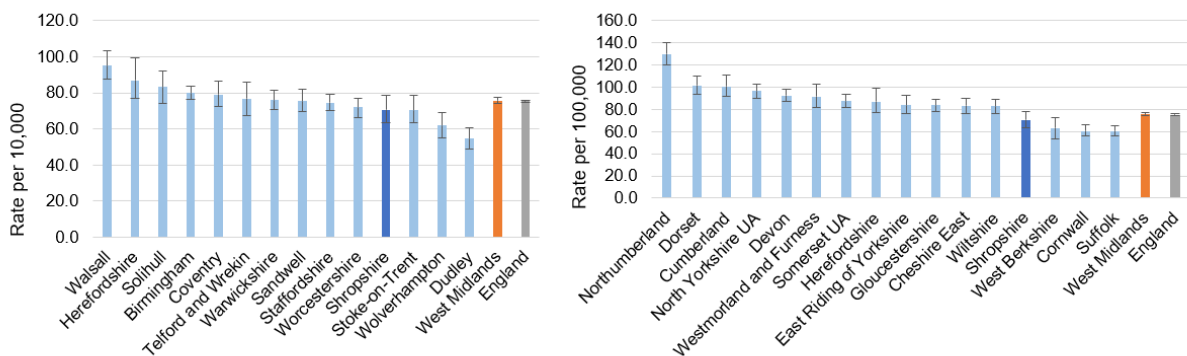
*Rates not presented on graph for 2017-18, 2019-20 and 2020-21. Value was suppressed for disclosure control due to small counts.

- **Hospital admissions caused by unintentional and deliberate injuries (0-14 years old)**

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people²⁶. They are also a source of long term health issues, including mental health related to experience(s).

In Shropshire, the rate of hospital admissions caused by unintentional and deliberate injuries among children aged 10 to 14 was 70.5 per 10,000 in 2022-23. This rate was not significantly different to England's rate of 75.3 per 10,000 and West Midlands rate of 75.7 per 10,000. This rate was fourth lowest regionally and lowest among its statistical neighbours.

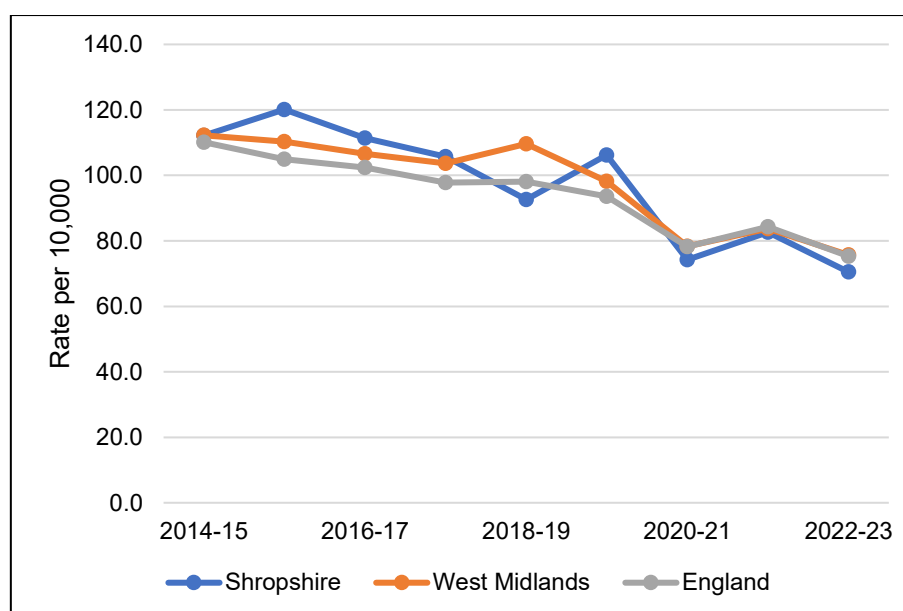
Hospital admissions caused by unintentional and deliberate injuries in children under 15 years old (per 10,000) in Shropshire, with regional and statistical neighbours, West Midlands and England comparisons, 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Hospital admissions caused by unintentional and deliberate injuries has seen a continuous decline since 2019-20. A similar trend was observed regionally and nationally.

²⁶ [Child and Maternal Health Profile](#). Fingertips, OHID

Hospital admissions caused by unintentional and deliberate injuries in children under 15 old (per 10,000) in Shropshire, with regional and statistical neighbours, West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



School readiness – Early Years Foundation Stage

School readiness is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

In the period 2023-24,

- 68% of Shropshire pupils achieved the expected level of development (GLD) at the end of reception. This equates to 1,908 pupils and is higher than what was observed in 2023 (67.2%). Since 2022-23, proportion of pupils achieving good level development has increased in Shropshire. A similar trend was observed nationally. Shropshire's proportion was similar to England's and West Midlands proportion of 68% and 66%.
- 70% of Shropshire pupils achieved the expected level of development in communication, language and literacy skills at the end of reception. This equates to 1,961 pupils. Since 2022-23, proportion of pupils in Shropshire achieving this has increased in Shropshire. A similar trend was observed nationally. Shropshire's proportion was similar to England's and West Midlands proportion of 69.2% and 67.5%.

Please note: 2022 and 2023 data is non-comparable to earlier years due to EYFS reforms introduced.

Free school meals

% achieving GLD

Of those eligible for free school meals, 47.1% achieved the expected level of development at the end of reception in the period 2023-24; this equates to 168 pupils. This is lower than non-FSM pupils at 71.7%. This proportion is in comparison to England's of 51.5% and West Midlands proportion of 53.9%. Shropshire's proportion has increased in recent periods.

% achieving expected level in communication, language and literacy

Of those eligible for free school meals, 49% achieved the expected level in communication, language and literacy in the period 2023-24; this equates to 175 pupils. This is lower than non-FSM pupils at 73.6%. This proportion is in comparison to England's of 52.9% and West Midlands proportion of 55%. Shropshire's proportion has decreased in recent periods.

SEND

% achieving GLD

Of those pupils on SEND (SEN Support and EHCP), 22.6% achieved the expected level of development at the end of reception in the period 2023-24; this equates to 70 pupils. This proportion is in comparison to England's of 19.8% and West Midlands proportion of 19.0%. Shropshire's proportion has increased in recent periods.

When split by pupils SEN support and pupils on an Education, Health Care Plan (EHCP), 31% of pupils receiving SEN support achieved the expected level of development at the end of reception in the period 2023-24 while 4% of pupils on an EHCP achieved this.

Looking at trends, proportion achieving GLD among pupils on EHCP has decreased in recent periods compared to those on SEN support where an increase has been observed in recent periods.

% achieving expected level in communication, language and literacy

Of those pupils on SEND (SEN Support and EHCP), 25.1% achieved the expected level in communication, language and literacy in the period 2023-24. This proportion is in comparison to England's of 21.9% and West Midlands proportion of 20.5%. Shropshire's proportion has increased in recent periods.

When split by pupils SEN support and pupils on an Education, Health Care Plan (EHCP), 34.7% of pupils receiving SEN support achieved the expected level in communication, language and literacy in the period 2023-24 while 4% of pupils on an EHCP achieved this.

Looking at trends, proportion achieving the expected level in communication, language and literacy among pupils on EHCP has decreased in recent periods compared to those on SEN support where an increase has been observed in recent periods.

Children Looked After

20% of children looked achieved the expected level of development at the end of reception in the period 2023-24.

Early Years Foundation Stage outcomes. Source: Shropshire Education Services, [Early years foundation stage profile](#)

Outcomes						Latest Benchmark 2024				National Ranking (1 being highest, 152 lowest)		
EYFSP - % achieving GLD	2019*	2022	2023	2024	Trend (2022-2024)	Shropshire	National	Statistical Neighbour	West Mid	2022	2023	2024
All Pupils	72.6	64.3	67.2	68.0		68.0	67.7	68.8	66.2	62	54	74
National	71.8	63.4	65.6	67.7						91	119	127
Free School Meals (FSM)	54.0	46.0	46.1	47.1		47.1	51.5	48.6	53.9	88	56	85
Non Free School Meals (Non FSM)	75.0	67.0	71.1	71.7		71.7	72.0	72.6	70.6	60	34	34
SEND (SEN Support & EHCP)	27.0	18.5	21.1	22.2		22.2	19.8	18.9	22.0	29	28	63
EHCP	7.0	5.0	5.6	4.0		4.0	3.8	4.8	2.2	68	42	22
SEN Support	31.0	22.8	26.3	30.6		30.6	24.9	27.6	23.5	90	71	103
Non SEND	77.0	68.6	72.6	74.4		74.4	75.6	76.3	74.9	No published comparators		
Shropshire CLA (903 Data - no SFR published)	40.0	41.7	40.7	20.0		20.0				No published comparators		
Shropshire CLA (all children)						No published comparators						
* 2022 and 2023 data is non comparative to earlier years due to EYF5 reforms introduced in Sept 21												
EYFSP - % Com, Lang & Lit	2019*	2022	2023	2024	Trend (2022-2024)	Shropshire	National	Statistical Neighbour	West Mid	2023	2023	2024
All Pupils	No published LA data for this indicator prior to 2022	67.4	69.6	69.9		69.9	69.2	70.8	67.5	69	61	64
National		67.1	68.8	69.2						111	121	120
Free School Meals (FSM)		48.6	49.1	49.0		49.0	52.9	50.5	55.0	101	77	79
Non Free School Meals (Non FSM)		70.1	73.3	73.6		73.6	73.5	74.7	71.8	58	42	33
SEND (SEN Support & EHCP)		22.5	24.6	25.1		25.1	21.9	24.6	20.5	32	18	78
EHCP		6.7	8.5	4.0		4.0	4.8	5.6	2.8	57	49	19
SEN Support		27.5	30.0	34.7		34.7	27.6	30.8	25.4	104	90	97
Non SEND		71.6	74.9	76.2		76.2	77.0	78.3	76.1	No published comparators		
Shropshire CLA (Nexus 903 Data - not published)	not in nexus but coming soon				*	No published comparators				No published comparators		
Shropshire CLA (all children)	not in nexus but coming soon					No published comparators				No published comparators		

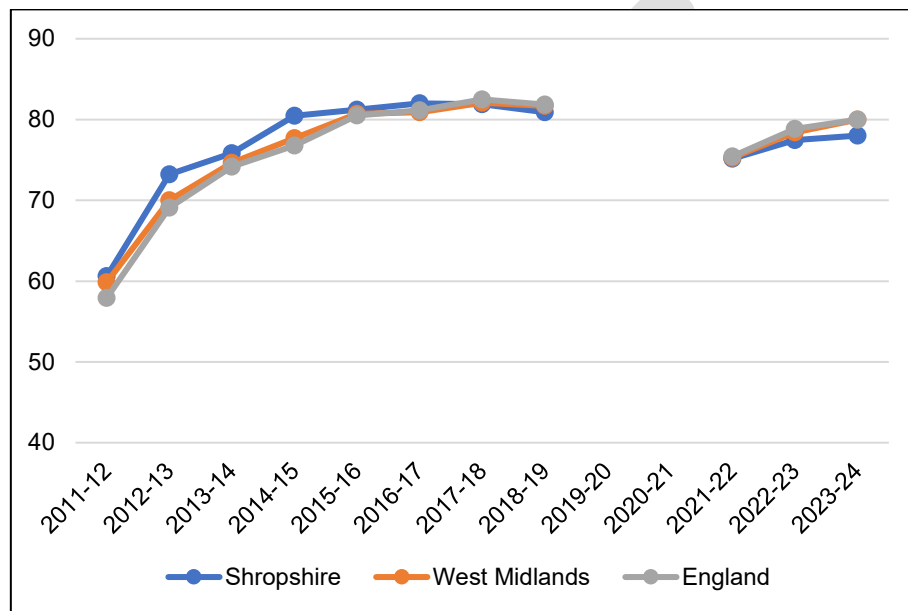
* 2022 and 2023 data is non-comparative to earlier years due to EYES reforms introduced in Sept 21

- **Expected level in the phonics screening check in Year 1**

In the period 2023-24, 78.0% of pupils in Year 1 achieved the expected level in phonics screening check. This proportion is in comparison to England's and West Midlands proportion of 80.0%. Nationally, Shropshire's proportion was ranked 117.

The percentage of children achieving the expected level in phonics screening check in Year 1 has improved in recent periods as shown in the figure below.

Proportion of Year 1 pupils achieving expected level in phonics screening check in Shropshire, with West Midlands and England comparisons, 2014-15 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



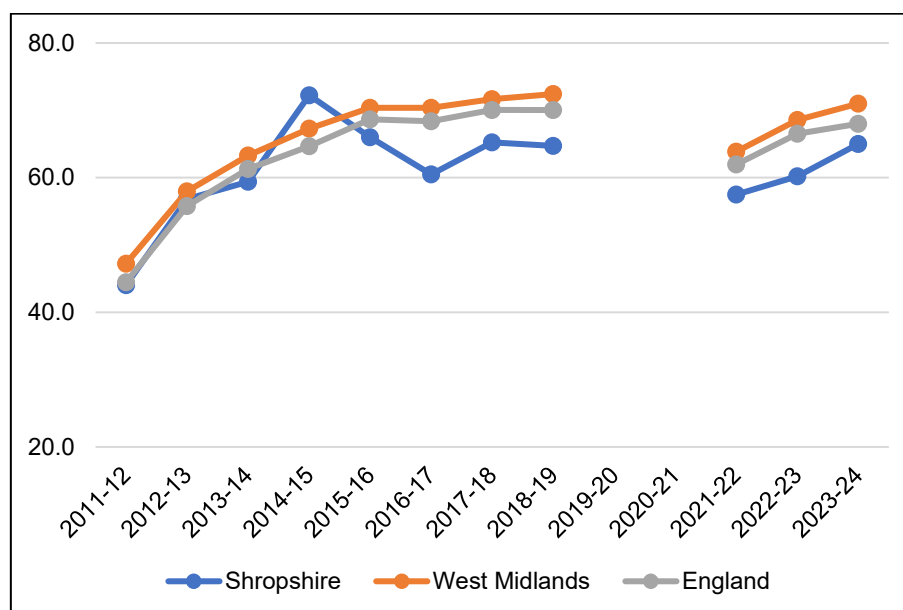
*Data not available for 2019-20 and 2020-21 due to the pandemic

Free school meals

Of those eligible for free school meals, 65.0% achieved the expected level in phonics screening check in Year 1 in the period 2023-24. This proportion is in comparison to England's of 68.0% and West Midlands proportion of 71.0%. Nationally, Shropshire proportion was ranked 107.

The percentage of children eligible for free school meals achieving the expected level in phonics screening check in Year 1 has been increasing since 2016-17 (where the Shropshire's proportion was 60.5%).

Proportion of Year 1 pupils with free school meal status achieving expected level in phonics screening check in Shropshire, with West Midlands and England comparisons, 2014-15 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



*Data not available for 2019-20 and 2020-21 due to the pandemic

SEND

37% of the SEND school population achieved the expected level in phonics screening check in Year 1 in the period 2023-24. This is in comparison with England's proportion of 44.4% and West Midlands proportion of 43%. Nationally, Shropshire's proportion was ranked 140

When split by pupils SEN support and pupils on an Education, Health Care Plan (EHCP), 42% of pupils receiving SEN support achieved the expected level in phonics screening check in Year 1 while 21% of pupils on an EHCP achieved this.

Children Looked After

50% of children looked after achieved the expected level in phonics screening check in Year 1 in the period 2022-23.

Expected level in phonics screening check in Year 1. Source: Shropshire's Education Services, [Phonics screening check attainment](#)

Outcomes						Latest Benchmark 2024				National Ranking (1 being highest, 152 lowest)		
KS1 - Year 1 Phonics	2019	2022	2023	2024	Trend	Shropshire	2024 National	2024 Statistical Neighbour	2024 West Mid	2022	2023	2024
All Pupils	81.0	75.0	77.0	78.0		78.0	80.0	81.0	80.0	78	108	117
National	82.0	75.0	79.0	80.0						110	137	107
Free School Meals (FSM)	65.0	58.0	60.0	65.0		65.0	68.0	66.0	71.0	78	119	128
Non Free School Meals (Non FSM)	83.0	79.0	80.0	81.0		81.0	84.0	84.0	83.0	106	137	144
SEND (SEN Support & EHCP)	43.0	35.0	36.0	37.0		37.0	44.0	45.0	43.0	99	114	57
EHCP	22.0	15.0	14.0	21.0		21.0	20.0	19.0	15.0	115	143	144
SEN Support	49.0	39.0	41.0	42.0		42.0	52.0	51.0	51.0	92	112	119
Non SEND	86.0	81.0	84.0	86.0		86.0	88.0	89.0	88.0	No published comparators		
CLA (Nexus 903 Data - not published)	87.5	58.8	50.0							No published comparators		
CLA (all children)						No published comparators				No published comparators		

KS2 Outcomes

These statistics cover attainment in assessments taken by pupils in Shropshire at the end of year 6, when most are age 11. These pupils experienced disruption to their learning during the pandemic, particularly at the end of year 2 and in year 3.

- In **reading**, 74% of pupils met the expected standard, unchanged since 2022.
- In **maths**, 70% of pupils met the expected standard, up from 68% in 2022.
- In **writing**, 70% of pupils met the expected standard, up from 66% in 2022.
- In all of **reading, writing and maths**, 57% of pupils met the expected standard, down from 58% in 2023.
- In **reading**, the average scaled score is 105, unchanged since 2023.
- In **maths**, the average scaled score is 103, unchanged since 2022.

Data is not available for 2020 and 2021 as assessments were cancelled in these years due to the COVID-19 pandemic.

KS2 Outcomes. Source: Shropshire's Education Services, [Key Stage 2 attainment](#)

Outcomes						Latest Benchmark 2024				National Ranking (1 being highest, 152 lowest)		
KS2 - RWM EXS+	2019	2022	2023	2024	Trend	Shropshire	2024 National	2024 Statistical Neighbour	2024 West Mid	2022	2023	2024
All Pupils	65.0	54.0	58.0	57.0		57.0	60.0	57.0	59.0	134	95	118
National	65.0	59.0	60.0	60.0								
Disadvantage	47.0	34.0	39.0	40.0		40.0	45.0	38.0	47.0	141	113	111
Non Disadvantage	71.0	61.0	63.0	63.0		63.0	67.0	63.0	66.0	135	120	124
SEND (SEN Support & EHCP)	22.0	13.0	18.0	18.0		18.0	21.0	19.0	19.0	138	102	119
EHCP	14.0	7.0	8.0	7.0		7.0	9.0	7.0	7.0	62	64	90
SEN Support	23.0	14.0	20.0	21.0		21.0	26.0	22.0	22.0	144	111	118
Non SEND	75.0	65.0	68.0	68.0		68.0	71.0	69.0	71.0	129	104	117
Shropshire CLA (Nexus 903 Data - not published)	25.0	42.0	39.1	13.0		13.0				9	tbc	tbc
Shropshire CLA (all children)						No published comparators				No published comparators		

KS2 - Reading EXS	2019	2022	2023	2024	Trend
All Pupils	75.0	74.0	74.0	74.0	
National	74.0	75.0	73.0	74.0	
Disadvantage	60.0	57.0	59.0	61.0	
Non Disadvantage	80.0	79.0	79.0	79.0	
SEND (SEN Support & EHCP)	38.0	38.0	38.0	42.0	
EHCP	24.0	15.0	14.0	20.0	
SEN Support	41.0	42.0	42.0	48.0	
Non SEND	83.0	83.0	84.0	83.0	
Shropshire CLA (Nexus 903 Data - not published)	50.0	58.6	54.2	47.8	
Shropshire CLA (all children)					

Shropshire	2024 National	2024 Statistical Neighbour	2024 West Mid
74.0	74.0	74.0	73.0
61.0	62.0	59.0	63.0
79.0	79.0	79.0	78.0
42.0	41.0	41.0	37.0
20.0	19.0	19.0	15.0
48.0	48.0	47.0	43.0
83.0	84.0	84.0	83.0
47.8			
No published comparators			

2022	2023	2024
88	59	71
129	84	75
96	72	75
61	78	61
79	114	57
92	100	64
100	47	84
No published comparators		

KS2 - Writing EXS	2019	2022	2023	2024	Trend
All Pupils	79.0	66.0	70.0	70.0	
National	79.0	70.0	72.0	72.0	
Disadvantage	65.0	47.0	52.0	55.0	
Non Disadvantage	84.0	72.0	75.0	76.0	
SEND (SEN Support & EHCP)	32.0	21.0	26.0	28.0	
EHCP	18.0	12.0	9.0	13.0	
SEN Support	34.0	22.0	29.0	32.0	
Non SEND	90.0	77.0	81.0	82.0	
Shropshire CLA (Nexus 903 Data - not published)	50.0	55.2	43.5	43.5	
Shropshire CLA (all children)					

Shropshire	2024 National	2024 Statistical Neighbour	2024 West Mid
70.0	72.0	70.0	71.0
55.0	58.0	54.0	61.0
76.0	77.0	76.0	77.0
28.0	30.0	28.0	28.0
13.0	12.0	11.0	9.0
32.0	36.0	33.0	33.0
82.0	83.0	83.0	83.0
43.5			
No published comparators			

2022	2023	2024
127	102	98
141	124	102
132	124	97
135	108	93
39	108	50
143	122	110
134	116	100
No published comparators		

KS2 - Maths EXS	2019	2022	2023	2024	Trend
All Pupils	79.0	68.0	70.0	70.0	
National	79.0	72.0	73.0	73.0	
Disadvantage	63.0	49.0	52.0	55.0	
Non Disadvantage	83.0	74.0	76.0	75.0	
SEND (SEN Support & EHCP)	41.0	29.0	35.0	35.0	
EHCP	24.0	13.0	14.0	17.0	
SEN Support	44.0	32.0	38.0	39.0	
Non SEND	87.0	78.0	80.0	80.0	
Shropshire CLA (Nexus 903 Data - not published)	50.0	53.6	37.5	21.7	
Shropshire CLA (all children)					










Shropshire	2024 National	2024 Statistical Neighbour	2024 West Mid
70.0	73.0	70.0	72.0
55.0	59.0	52.0	61.0
75.0	79.0	75.0	78.0
35.0	37.0	34.0	34.0
17.0	17.0	15.0	13.0
39.0	44.0	40.0	40.0
80.0	83.0	81.0	82.0
21.7			
No published comparators			

2022	2023	2024
121	123	116
137	130	102
132	130	135
133	88	101
85	102	70
140	120	121
121	121	121
No published comparators		

KS2 - Average Scaled Score in Reading	2019	2022	2023	2024	Trend
All Pupils	105	104	105	105	
National	104	105	105	105	
Disadvantage	102	101	102	103	
Non Disadvantage	106	105	106	106	
SEND (SEN Support & EHCP)	98	97	99	99	
EHCP	98	96	99	98	
SEN Support	98	97	99	100	
Non SEND	106	106	107	106	
Shropshire CLA (Nexus 903 Data - not published)	99	101	99	101	
Shropshire CLA (all children)					

Shropshire	National	Statistical Neighbour	West Mid
105	105	105	105
103	103	102	103
106	106	106	106
99	99	99	98
98	98	97	97
100	100	100	99
106	107	107	106
101			
No published comparators			

2022	2023	2024
99	52	47
113	70	32
105	56	53
105	68	74
49	16	45
114	75	47
58	22	76
tbc	tbc	tbc
No published comparators		

KS2 - Average Scaled Score in Maths	2019	2022	2023	2024	Trend	Shropshire	National	Statistical Neighbour	West Mid	2022	2023	2024
All Pupils	105	103	103	103		103	104	103	104	94	118	122
National	105	104	104	104						138	108	117
Disadvantage	102	99	100	100		100	101	100	102	111	131	135
Non Disadvantage	106	104	104	104		104	106	104	105	119	90	111
SEND (SEN Support & EHCP)	99	96	97	97		97	98	97	97	43	31	69
EHCP	98	96	97	96		96	97	95	96	128	101	127
SEN Support	99	96	97	97		97	99	98	98	118	78	86
Non SEND	106	104	105	105		105	106	105	105	tdc	tdc	tdc
Shropshire CLA (Nexus 903 Data - not published)	97	101	97	97		97				No published comparators		
Shropshire CLA (all children)						No published comparators				No published comparators		

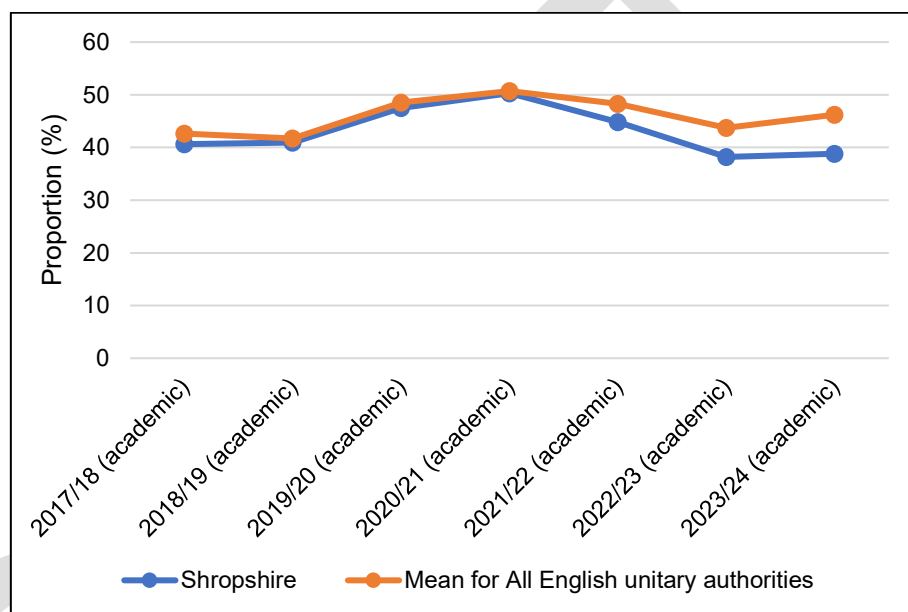
KS4 Educational attainment

Educational attainment is influenced by both the quality of education that children receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing, and other material resources. These are related to health and health inequalities²⁷.

In Shropshire in 2023-24, 38.8% of pupils achieved grades 9-5 in both English and Maths at Key Stage 4 (KS4). This is below the England average of 46.2%.

Proportion achieving 9-5 in English and Mathematics in Shropshire, with mean for All England unitary authorities comparison, 2017-18 (academic) to 2023-24 (academic).

Source: [Key Stage 4 performance](#)

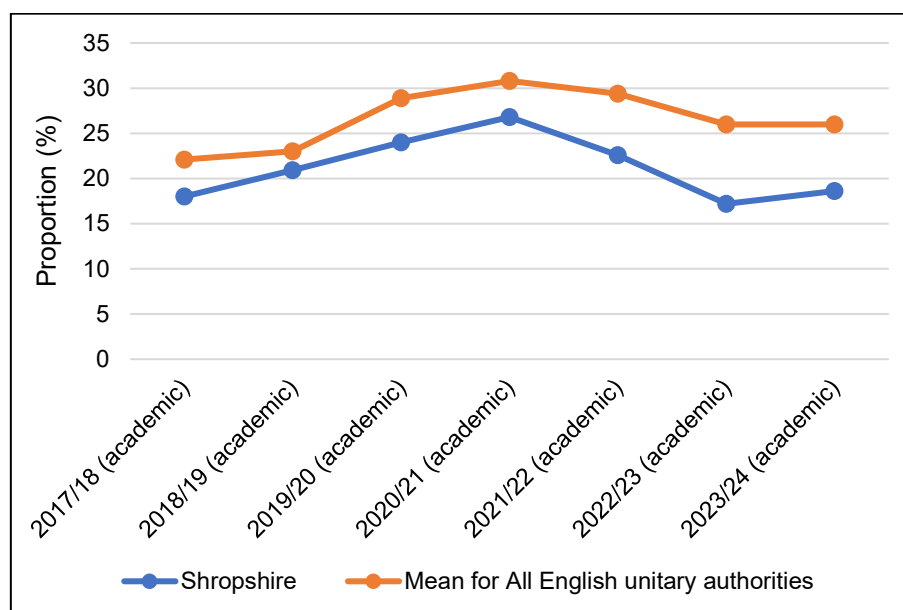


Free school meals

Of those pupils eligible for free school meals (FSM) 18.6% achieved grades 9-5 in both English and Maths at KS4. This compares to a national figure of 26%.

²⁷ [LG inform](#): Health and Wellbeing in Shropshire: A Focus on Children

Proportion achieving 9-5 in English and Mathematics – children known to be eligible for free school meals in Shropshire, with mean for All England unitary authorities comparison, 2017-18 (academic) to 2022-23 (academic). Source: [Key Stage 4 performance](#)



SEND

9.6% of the SEND school population achieved 9-5 in English and Mathematics in the period 2023/24. This is in comparison with England's proportion of 17.5% and West Midlands proportion of 15.2%. When split by pupils SEN support and pupils on an Education, Health Care Plan (EHCP), 10.4% of pupils receiving SEN support achieved the expected level in phonics screening check in Year 1 while 7.5% of pupils on an EHCP achieved this.

Children Looked After

4.2% of children looked after achieved the expected level in phonics screening check in Year 1 in the period 2022-23.

Proportion achieving 9-5 in English and Mathematics. Source: [Key Stage 4 performance](#)

Outcomes						Latest Benchmark 2024				National Ranking (1 being highest, 152 lowest)		
KS4 (9 to 5) in English and Maths	2021	2022	2023	2024	Trend	Shropshire	National	Statistical Neighbour	West Midlands	2022	2023	2024
All Pupils	50.3	44.8	38.2	38.8		38.8	46.2	43.4	42.4	118	128	127
National	51.9	50.0	45.5	46.2								
Disadvantage	31.0	22.4	18.2	18.4		18.4	26.0	21.1	25.7	134	136	142
Non Disadvantage	55.4	50.1	42.9	43.9		43.9	53.4	49.2	49.8	133	144	141
SEND (SEN Support & EHCP)	12.4	14.9	12.1	9.6		9.6	17.5	15.4	15.2	99	130	149
EHCP	14.4	9.9	5.7	7.5		7.5	7.0	5.8	5.2	27	81	63
SEN Support	11.3	17.0	14.3	10.4		10.4	21.6	18.9	18.5	119	130	149
Non SEND	55.7	49.3	42.4	43.5		43.5	52.3	49.9	48.3	128	136	134
CLA (based on published 903 - Nexus where published statistics are suppressed)	16.7	11.8	4.2			0.0				Unable to provide rank as suppressed figures in DfE publication		
Shropshire CLA (all children)						No published comparators				No published comparators		

Data Source: published DfE statistics

In 2020 and 2021, all GCSEs in England have been reformed and use the new 9 to 1 grading system (rather than A*-G). Year on year comparisons will be limited until these qualifications are consistently included from 2020 onwards. However, results for 2020 and 2021 are not comparable with earlier years due to the cancellation of exams (due to COVID-19) and the changes to the way GCSE grades were awarded and results for 2022 are not comparable with previous years due to the changes relating to grading assessments

Average attainment score

Children's education and development of skills are important for their own wellbeing and for that of the nation as a whole. Learning ensures that children develop the knowledge and understanding, skills, capabilities, and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Children with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources²⁸.

Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances.

In Shropshire, the average attainment score in the period 2023-24 was 43.5. This is lower than England's score of 46.1 and West Midlands score of 44.5.

Please note: 2020 and 2021 data should not be directly compared to attainment data from previous years for the purposes of measuring changes in student performance.

SEND

In Shropshire, the average attainment score among pupils with SEN support in the period 2023-24 was 25.6. This is in comparison with England's average of 27.8 and West Midlands average of 27.1. When split by pupils SEN support and pupils on an Education, Health Care Plan (EHCP), average attainment score in pupils receiving SEN support was 28.6 and average score in pupils with EHCP was 17.8.

Children Looked After

The average attainment score among pupils who are categorised as Children Looked After in the period 2022-23 was 18.9. This is in comparison with England's average of 19.8 and West Midlands average of 21.0.

²⁸ [Child and Maternal Health Profile](#). Fingertips, OHID

Average attainment Score in Shropshire. Source: [Key Stage 4 performance](#)

Outcomes						Latest Benchmark 2024				National Ranking (1 being highest, 152 lowest)		
KS4 - Attainment 8	2021	2022	2023	2024	Trend	Shropshire	National	Statistical Neighbour	West Midlands	2022	2023	2024
All Pupils	49.9	47.2	44.0	43.5		43.5	46.1	44.8	44.5	97	114	112
National	50.9	48.9	46.4	46.1								
Disadvantage	39.6	35.1	33.0	31.9		31.9	34.7	32.1	35.1	108	97	112
Non Disadvantage	52.6	50.1	46.6	46.4		46.4	50.2	48.2	48.6	116	138	131
SEND (SEN Support & EHCP)	29.5	28.6	27.4	25.6		25.6	27.8	27.0	27.1	85	80	107
EHCP	22.9	19.2	18.3	17.8		17.8	14.2	13.7	12.2	17	18	27
SEN Support	33.4	32.6	30.6	28.6		28.6	33.1	31.9	32.0	107	114	134
Non SEND	52.9	50.0	46.7	46.3		46.3	50.0	49.0	48.3	115	128	130
Shropshire CLA (based on published 903 - Nexus where published statistics are suppressed)	28.9	24.1	18.9			0.0				28	tbc	
Shropshire CLA (all children)						No published comparators				No published comparators		

- **Absenteeism**

Improving attendance in schools is crucial to ensuring that every child can meet their potential²⁹. In 2015-16, the threshold for persistent absentees changed from 15% to 10%. For 2014-15 data the DfE published the previous 15% methodology as well as the then proposed 10%, hence this indicator begins in 2014-15³⁰.

Primary Schools

In Shropshire, 14.2% of primary school enrolments were classed as persistent absentees in the period 2023-24. This is lower than England's proportion of 15.1%. and West Midlands proportion of 17.7%. Absenteeism in primary schools saw a decrease between 2021-22 and 2022-23, a slight increase was observed in recent periods (between 2022-23 and 2023-24).

An opposite trend was observed nationally where the proportion of persistently absent primary school pupils continues to decrease.

Secondary Schools

In Shropshire, 36.8% of secondary school enrolments were classed as persistent absentees in the period 2023-24. This is higher than England's proportion of 26.1%. and West Midlands proportion of 27.4%. Absenteeism in secondary schools saw a decrease between 2021-22 and 2022-23, a sharp increase was observed in recent periods (between 2022-23 and 2023-24).

An opposite trend was observed nationally where the proportion of persistently absent secondary school pupils continues to decrease.

²⁹ [LG inform](#): Health and Wellbeing in Shropshire: A Focus on Children

³⁰ [Child and Maternal Health Profile](#). Fingertips, OHID

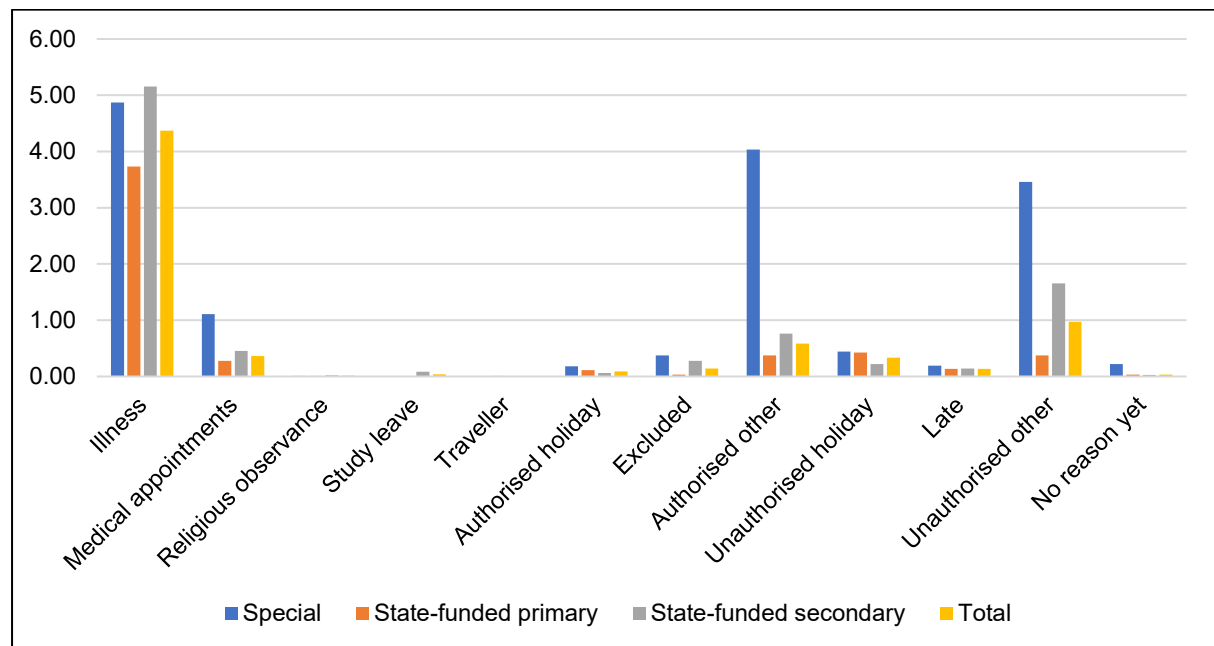
Proportion of secondary school enrolments classed as persistent absentees in Shropshire, 2023-24. Source: [DfE Statistical Release](#), December 2024

Attendance						Latest Benchmark 2023 published date (not portal)				National Ranking (1 being highest, 152 lowest)		
Primary School Persistently Absent (10% or more missed) (Full Academic Year)	2022	2023	* 2023-2024 (Full year on DfE Portal (via Wonde)	* 2024-2025 (Year to date on DfE Portal (via Wonde)	Trend	Shropshire	National	Statistical Neighbour	West Midlands	2021	2022	2023
All Pupils	17.1	13.9	14.2	14.6		14.2	15.1	15.1	17.7	11	69	28
National	17.7	16.2	15.1	awaiting DfE								
Free School Meals (eligible in the last 6 years (FSM6)	32.3	28.6	28.8	26.9		28.8	29.3	29.8	29.3	22	107	68
Non Free School Meals (not eligible in the last 6 years (FSM6)	13.0	9.9	10.7	12.0		10.7	10.9	10.7	11.7	26	92	47
SEND (SEN Support & EHCP)	26.6	22.7				0.0	25.7	24.9	26.8	13	80	24
EHCP	35.7	29.8	32.0	29.0		32.0	31.0	31.9	33.0	61	129	71
SEN Support	25.4	21.8	21.3	18.8		21.3	24.8	23.5	26.0	15	68	25
Non SEND	15.1	12.0	13.0	13.3		13.0	13.9	12.7	15.4	17	66	34
Shropshire CLA (based on published 903)	10.1					0.0				57	47	
Shropshire CLA (all children)						No published comparators				No published comparators		

Secondary School Persistently Absent (10% or more missed) (Full Academic Year)	2022	2023	* 2023-2024 (Full year on DfE Portal (via Wonde)	* 2024-2025 (Year to date on DfE Portal (via Wonde)	Trend	Shropshire	National	Statistical Neighbour	West Midlands	2021	2022	2023
All Pupils	31.4	26.9	36.8	20.7		36.8	26.1	27.7	27.4	83	126	87
National	27.7	26.5	26.1	awaiting DfE								
Free School Meals (eligible in the last 6 years (FSM6)	53.5	47.6	55.5	37.8		55.5	43.8	48.4	42.7	114	145	104
Non Free School Meals (not eligible in the last 6 years (FSM6)	25.5	21.1	32.3	16.4		32.3	19.5	21.4	19.7	111	143	121
SEND (SEN Support & EHCP)	41.1	37.6				0.0	39.1	39.5	39.2	90	102	59
EHCP	41.4	38.6	51.7	38.5		51.7	39.1	41.0	39.8	91	105	79
SEN Support	41.1	37.5	43.9	29.5		43.9	39.0	39.4	39.1	63	102	58
Non SEND	29.6	24.6	34.0	17.9		34.0	23.8	24.7	24.7	91	131	91
Shropshire CLA (based on published 903)	28.3					0.0				83	109	
Shropshire CLA (all children)						No published comparators				No published comparators		

Further analysis showed that illness was the top reason for absenteeism in both primary and secondary school, with 3.7 per 100 primary students and 5.1 per 100 secondary students reporting this as shown in the figure below.

Proportion of secondary school enrolments classed as persistent absentees in Shropshire, by school type and reason for absenteeism, 2022-23. Source: [DfE Statistical Release](#) September 2024



Suspensions in primary and secondary schools

The suspension rate for primary schools in Shropshire in the academic year 2022-23 was 1.75 per 100 pupils, while that of secondary schools was 22.83 per 100 pupils in the same academic year. These values are in comparison with England's rate of 1.81 per 100 pupils and 18.9 per 100 pupils respectively.

However, in the autumn term 2023, suspension rate was 0.79 per 100 pupils and 10.04 per 100 pupils respectively.

Further analysis shows that persistent disruptive behaviour was the top reason for suspensions in primary and secondary schools (48.6 per 100 pupils) in the academic year 2022-23. Verbal abuse or threatening behaviour against an adult and physical assault against a pupil were also top reasons for suspension (16.3 and 12.3 per pupils respectively).

Suspension rate in primary and secondary schools in Shropshire. Source: [Suspensions and permanent exclusions in England](#)

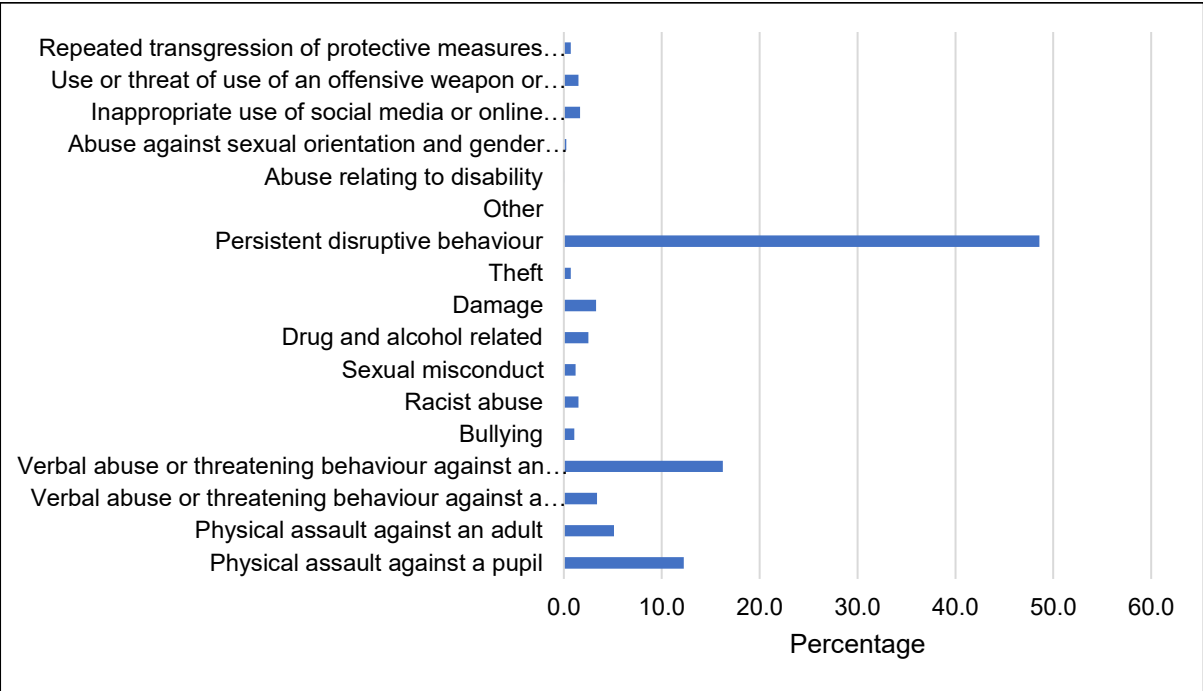
Exclusions						Latest Benchmark 'Full Year' 2022/23				National Ranking (1 being highest, 152 lowest)		
Primary School Suspension Rate (Full Academic Year)						Shropshire	National	Statistical Neighbour	West Midlands	2021	2022	2023
All Pupils	2021*	2022	2023	Autumn Term 2023	Trend	1.75	1.81	2.34	1.81	71	92	85
National	0.99	1.42	1.81	0.83						77	111	106
Free School Meals (FSM)	2.23	4.42	5.21	2.46		5.21	4.43	6.36	3.91	96	86	93
Non Free School Meals (Non FSM)	0.60	0.75	0.98	0.43		0.98	0.99	1.39	0.98	86	85	103
SEND (SEN Support & EHCP)	5.03	6.82	10.03	4.43		10.03	9.10	12.20	8.76	49	76	130
EHCP	6.15	11.40	23.28	9.91		23.28	16.40	23.50	18.83	106	88	98
SEN Support	4.88	6.20	8.02	3.37		8.02	7.73	9.70	7.39	76	131	48
Non SEND	0.22	0.48	0.29	0.13		0.29	0.42	0.45	0.47			
Secondary School Suspension Rate (Full Academic Year)						Shropshire	National	Statistical Neighbour	West Midlands	2021	2022	2023
All Pupils	2021*	2022	2023	Autumn Term 2023	Trend	22.83	18.90	19.42	17.20	105	112	104
National	8.48	13.96	18.90	8.19						118	115	110
Free School Meals (FSM)	28.00	42.21	58.30	27.15		58.30	45.58	51.37	36.25	116	129	128
Non Free School Meals (Non FSM)	7.05	12.46	15.45	6.16		15.45	11.06	12.39	10.31	94	110	117
SEND (SEN Support & EHCP)	24.15	44.41	62.50	24.51		62.50	47.70	53.00	40.90	83	112	134
EHCP	26.07	46.24	72.35	27.09		72.35	47.17	52.96	41.15	91	110	113
SEN Support	23.69	44.04	60.84	24.04		60.84	47.82	49.51	40.90	117	115	100
Non SEND	7.90	12.72	16.07	7.38		16.07	13.90	13.38	12.96			

SEND

4.43 per 100 SEND primary school pupils were suspended in Autumn 2023. When split by pupils SEN support and pupils on an Education, Health Care Plan (EHCP), 3.4 per 100 primary school pupils receiving SEN support were suspended while 10 per 100 primary school pupils on an EHCP were suspended in Autumn 2023.

24.5 per 100 SEND secondary school population were suspended in Autumn 2023. When split by pupils SEN support and pupils on an Education, Health Care Plan (EHCP), 24 per 100 secondary school pupils receiving SEN support were suspended while 27 per 100 secondary school pupils on EHCP were suspended in Autumn 2023.

Reasons for suspension in primary and secondary schools in Shropshire, 2022-23.
Source: [DfE Statistical Release](#) July 2024 (Shropshire Education Data Overview, Business Improvement)



Exclusions in primary and secondary schools

The exclusion rate for primary schools in Shropshire in the academic year 2022-23 was 0.07 per 100 pupils, while that of secondary schools was 0.35 per 100 pupils in the same academic year.

However, in the autumn term 2023, exclusion rate was 0.01 per 100 pupils and 0.15 per 100 pupils respectively.

Further analysis shows that persistent disruptive behaviour was the top reason for suspensions in primary and secondary schools (47 per 100 pupils) in the academic year 2022-23. Physical assault against an adult and verbal abuse or threatening behaviour against an adult or a pupil were also top reasons for suspension (20.6 and 10.8 per pupils respectively).

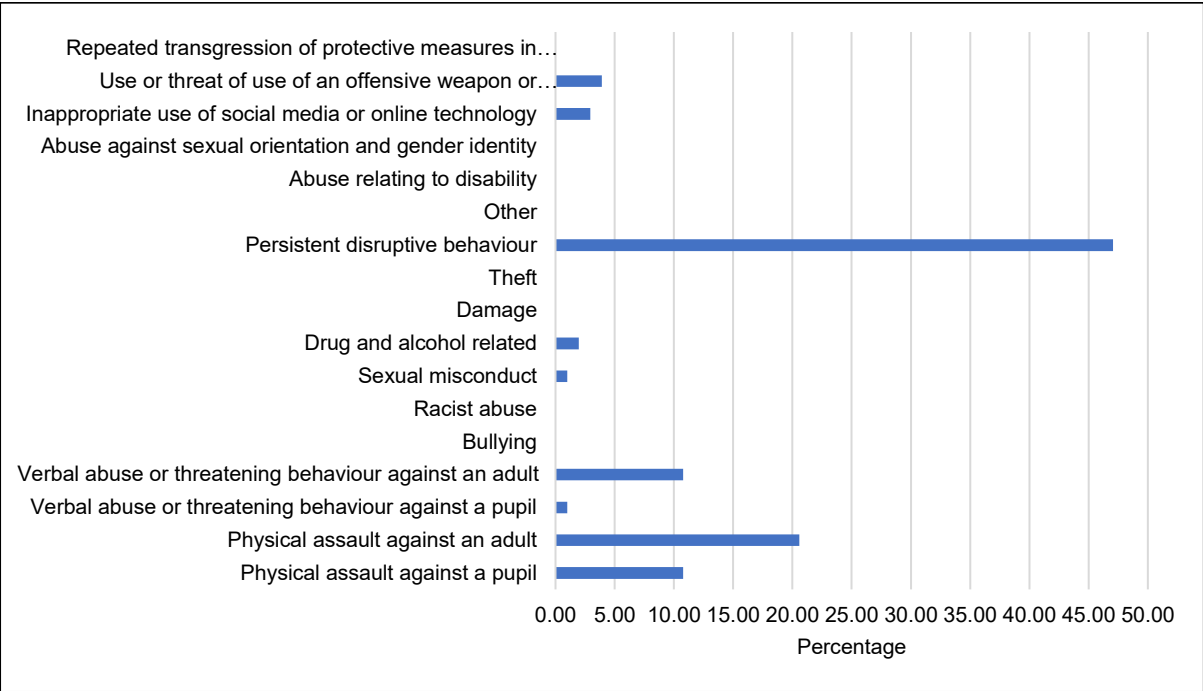
Exclusion rate in primary and secondary schools in Shropshire. Source: [Suspensions and permanent exclusions in England](#)

Exclusions						Latest Benchmark 'Full Year' 2022/23				National Ranking (1 being highest, 152 lowest)		
Primary School Permanent Exclusion Rate (Full Academic Year)						Shropshire	National	Statistical Neighbour	West Midlands	2021	2022	2023
All Pupils	2021*	2022	2023	Autumn Term 2023	Trend	0.07	0.03	0.04	0.04	119	86	119
National	0.01	0.02	0.03	0.01						108	101	114
Free School Meals (FSM)	0.03	0.05	0.32	0.05		0.32	0.07	0.13	0.10	135	82	68
Non Free School Meals (Non FSM)	0.01	0.01	0.02	0.01		0.02	0.01	0.02	0.02	129	78	120
SEND (SEN Support & EHCP)	0.10	0.06	0.47	0.06		0.47	0.14	0.22	0.23	1	1	69
EHCP	0.00	0.00	0.67	-		0.67	0.20	0.37	0.30	134	87	113
SEN Support	0.11	0.07	0.44	0.07		0.44	0.13	0.19	0.22	1	115	25
Non SEND	0.00	0.01	0.01	0.01		0.01	0.00	0.00	0.01			
Secondary School Permanent Exclusion Rate (Full Academic Year)						Shropshire	National	Statistical Neighbour	West Midlands	2021	2022	2023
All Pupils	2021*	2022	2023	Autumn Term 2023	Trend	0.35	0.22	0.26	0.28	128	131	121
National	0.10	0.16	0.22	0.10						134	114	129
Free School Meals (FSM)	0.58	0.64	0.98	0.46		0.98	0.60	0.80	0.65	133	150	130
Non Free School Meals (Non FSM)	0.12	0.24	0.22	0.08		0.22	0.11	0.14	0.14	51	137	133
SEND (SEN Support & EHCP)	0.20	0.91	1.29	0.39		1.29	0.66	0.77	0.76	1	122	77
EHCP	0.00	0.54	0.84	0.25		0.84	0.41	0.53	0.40	61	138	131
SEN Support	0.24	0.98	1.36	0.41		1.36	0.71	0.83	0.81	146	133	100
Non SEND	0.18	0.20	0.19	0.11		0.19	0.15	0.16	0.19			

2022-23 full year statistics latest publication 18 July 2024. Autumn 2023 term published 21 November 2024

1. For 2019/20 and 2020/21, while suspensions and permanent exclusions were possible throughout the academic year, pandemic restrictions will have had an impact on the numbers presented and caution should be taken when comparing across years.

Reasons for exclusion in primary and secondary schools in Shropshire, 2023. Source: [DfE Statistical Release](#) July 2024 (Shropshire Education Data Overview, Business Improvement)



Children aged 5-16 with SEND

Based on Autumn 2024 Shropshire school census, 4,974 pupils required SEN support (this is 13% of Shropshire's pupils), and 1,930 pupils have an education, health, and care plan.

Number of pupils receiving SEN support and who have an education, health and care plan.

Source: Autumn 2024 Shropshire school census

SEN Provision	Number of pupils	% of pupils
No Special Educational Need	32,166	82%
SEN Support	4,974	13%
Education, Health and Care Plan	1,930	5%
Grand Total	39,070	100%

SEN Provision by Year group in Shropshire schools. Source: Autumn 2024 Shropshire school census

SEN Provision by Year Group	Education, Health and Care Plan	SEN Support	No Special Education Need
E2	0%	0%	100%
N1	0%	1%	99%
N2	1%	4%	95%
R	4%	5%	90%
1	5%	9%	86%
2	5%	12%	83%
3	5%	14%	81%
4	5%	16%	80%
5	6%	17%	78%
6	6%	18%	77%
7	5%	17%	77%
8	5%	15%	80%
9	5%	13%	82%
10	5%	13%	82%
11	5%	11%	84%
12	7%	5%	89%
13	5%	6%	89%
14	100%	0%	0%
All Pupils	5%	13%	82%

Please see the [Special Educational Needs and Disability \(SEND\) for 0-25 year olds JSNA here](#) for data and intelligence relating to this group.

Vulnerable children

Drugs and Alcohol

Information on Parents/carers and families in substance misuse services can be found in the Population and Context Chapter of this JSNA. Please refer to the chapter for more information.

Shropshire's published Drugs and Alcohol Needs Assessment provides more detailed information here [Drug and Alcohol Needs Assessment](#).

Domestic abuse

Information on Parents/carers and families in substance misuse services can be found in the Population and Context Chapter of this JSNA. Please refer to the chapter for more information.

In 2022, Shropshire's Domestic Abuse Needs Assessment was published, including a section on children and young people. For more information, please see the main report [here](#).

Child Benefits

See Population and Context chapter – Child Benefits section for detail.

In Shropshire, there were 31,970 children aged 5 to 15 for whom benefit was received in August 2023, equating to 63% of all children for whom benefit is received in the county. This is a small decrease compared to the previous year of less than 2% (equating to 445 children).

Total number of children for whom benefit is received by age group, West Midlands Local Authorities, August 2023.

Area Name	Children: Under 5	Children: 5 to 10	Children: 11 to 15	Children: 16 and over	Total number of children
Herefordshire, County of	6,635	10,190	9,220	4,610	30,655
Shropshire	11,260	16,780	15,190	7,530	50,760
Stoke-on-Trent	13,515	19,320	17,120	7,910	57,860
Telford and Wrekin	8,860	13,055	11,750	5,745	39,415
Staffordshire	35,530	50,880	44,850	22,300	153,560
Warwickshire	22,720	33,185	29,530	14,285	99,720
Birmingham	58,830	90,140	80,550	42,140	271,660
Coventry	15,970	23,990	21,645	10,390	71,995
Dudley	15,170	21,740	18,815	9,490	65,215
Sandwell	18,060	27,170	24,410	12,420	82,060
Solihull	7,800	12,390	11,295	5,755	37,240
Walsall	15,150	22,185	19,385	9,730	66,445
Wolverhampton	13,555	20,465	18,195	9,090	61,305
Worcestershire	22,640	33,605	30,120	15,250	101,610
Area Name	Children: Under 5	Children: 5 to 10	Children: 11 to 15	Children: 16 and over	Total number of children
Herefordshire, County of	22%	33%	30%	15%	30,655
Shropshire	22%	33%	30%	15%	50,760
Stoke-on-Trent	23%	33%	30%	14%	57,860
Telford and Wrekin	22%	33%	30%	15%	39,415
Staffordshire	23%	33%	29%	15%	153,560
Warwickshire	23%	33%	30%	14%	99,720
Birmingham	22%	33%	30%	16%	271,660
Coventry	22%	33%	30%	14%	71,995
Dudley	23%	33%	29%	15%	65,215
Sandwell	22%	33%	30%	15%	82,060
Solihull	21%	33%	30%	15%	37,240
Walsall	23%	33%	29%	15%	66,445
Wolverhampton	22%	33%	30%	15%	61,305
Worcestershire	22%	33%	30%	15%	101,610

Total number of children for whom benefit is received by age group, Shropshire, August 2022 to 2023.

Shropshire	Aug-22	Aug-23
Children: Under 5	11,650	11,260
Children: 5 to 10	17,270	16,780
Children: 11 to 15	15,145	15,190
Children: 16 and over	7,700	7,530

Outcomes for Children in Need (including Looked after Children)

Data is up to 31st March 2022. At this time in Shropshire, there were 1,928 children in need (CIN) aged under 18.

Social Care group	Definition
CIN	Children in need
CINO	children in need, excluding children on a child protection plan and children looked after. This includes children on child in need plans as well as other types of plan or arrangements.
CPPO	children on a child protection plan, excluding children looked after.
CLA	children looked after (excludes children who are in respite care in their most recent episode during the reporting year).

The outcome measures include:

- type of school attended
- special educational needs
- educational attainment (Key Stage 1, Key Stage 2 and Key Stage 4) and progress (Key Stage 2 and Key Stage 4)
- destinations from school
- absence from school
- suspensions and permanent exclusions from school
- free school meal eligibility

School Type

Type of school for children in need (excluding children on a child protection plan and children looked after), children on a child protection plan (excluding children looked after) and children looked after as of 31st March 2022

As of 31 st March 2022	England	England	England	Shropshire	Shropshire	Shropshire
Social care group	CINO	CLA	CPPO	CINO	CLA	CPPO
Total number of pupils	135290	38550	29260	649	260	131
Total number of pupils in state-funded primary schools	59280	14840	16970	244	139	82
Total number of pupils in state-funded secondary schools	49360	18270	10440	c	99	c
Total number of pupils in special schools	24810	4880	1310	206	c	c
Total number of pupils in pupil referral units	1840	560	550	c	c	0

'c' denotes confidential

Absence (six half terms)

Percentage of absentees and permanent absentees by social care group and school type in Shropshire and England as of 31st March 2022

England	Social care group at 31 st March 2022	Total	State-funded secondary	State-funded primary	Special	Pupil referral unit
Overall absence %	CINO	16.4	23	10.6	14.7	45.2
	CPPO	19.5	27.7	12.5	24.8	51.9
	CLA	7.8	9.4	4.3	10	34.1
Persistent absentees %	CINO	48.5	61.9	37.1	42.3	87.8
	CPPO	56.2	69.2	45.2	59.3	91.2
	CLA	19.1	24.1	8.3	26	67.7
Shropshire	Social care group at 31 st March 2022	Total	State-funded secondary	State-funded primary	Special	Pupil referral unit
Overall absence %	CINO	14.2	21.2	9.2	c	c
	CPPO	14.9	c	8.8	c	Z

	CLA	8	9.3	4.8	c	c
Persistent absentees %	CINO	41.1	58.2	28.1	c	c
	CPPO	41.7	c	29.9	c	z
	CLA	21.1	28.3	10.1	c	c

'c' to protect confidentiality; 'z' for not applicable

Free School Meals

Number and percentage of pupils eligible for free school meals by social care group and school type in Shropshire and England as of 31st March 2022

2021/22	England	England	Shropshire	Shropshire
Social care group as of 31 st March	CINO	CPPO	CINO	CPPO
Number of pupils	139320	29710	682	131
Number of pupils with free school meal eligibility	81790	22420	312	92
% of pupils with free school meal eligibility	58.7	75.5	45.7	70.2

Key Stage 2

Percentage of pupils meeting the expected level of standard in Key Stage 2 by social care group in Shropshire and England as of 31st March 2022

2021/22	England	England	England	Shropshire	Shropshire	Shropshire
Social care group of 31 st March	CINO	CLA	CPPO	CINO	CLA	CPPO
% of pupils meeting the expected standard in reading	45	52	48	35	58	85
% of pupils meeting the expected standard in writing TA	38	42	40	31	55	c
% of pupils meeting the expected standard in maths	39	44	41	37	52	54
% of pupils meeting the expected standard in reading, writing and maths (combined)	28	31	28	25	42	c

% of pupils meeting the expected standard in grammar, punctuation and spelling	41	47	43	43	61	69
% of pupils meeting the expected standard in science TA	47	54	49	41	65	54

'c' to protect confidentiality

Key Stage 4

Percentage of pupils meeting the expected level of standard in Key Stage 4 by social care group in Shropshire and England as of 31st March 2022

2021/22	England	England	England	Shropshire	Shropshire	Shropshire
Social care group of 31 st March	CINO	CLA	CPPO	CINO	CLA	CPPO
% of pupils achieving grades 5 or above in English and mathematics GCSEs	13.1	11	x	10.3	C	x
% of pupils achieving grades 4 or above in English and mathematics GCSEs	23.4	22.1	x	19.1	29.4	x
% of pupils entering the English Baccalaureate	12.2	x	x	13.2	x	x

Suspensions and permanent exclusions

Percentage of pupils suspended and permanently excluded by social care group in Shropshire and England as of 31st March 2022

2021/22	England	England	England	Shropshire	Shropshire	Shropshire
Social care group of 31 st March	CINO	CLA	CPPO	CINO	CLA	CPPO
% of pupils permanently excluded	0.38	0.03	0.55	0	c	c
% of pupils with one or more suspension	8.73	9.8	10.85	9.34	8.25	8.7

'c' to protect confidentiality

Vulnerable families with 5-16 year olds

Locally collated list of metrics grouped into criteria relating to the Supporting Families Framework was used to identify vulnerable children and their families in Shropshire, the common problems families face and to measure the impact of the Supporting Families programme.

For more information on the metrics and Supporting Families Framework, please see [Early Years \(0-4\) Chapter](#)

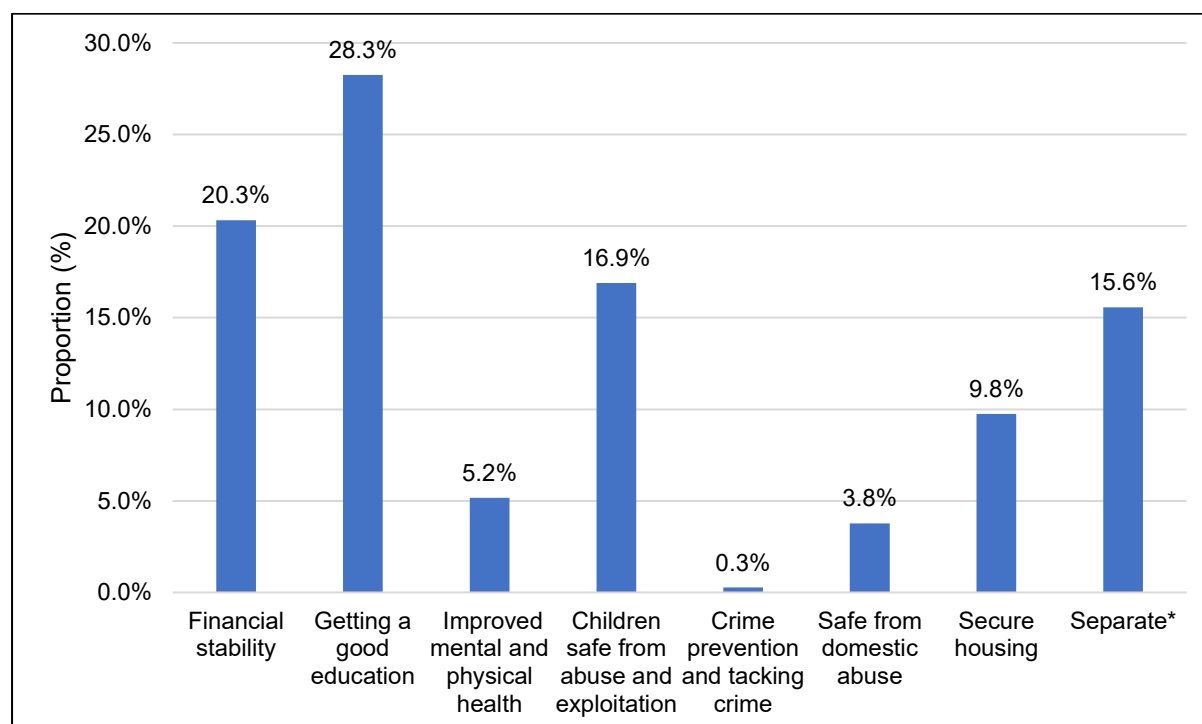
What are the most common problems our families with 5-16 year olds face?

Data was filtered to identify the number of 5-16 year olds for each metric. In Shropshire, there were 69,275 records of activity in total:

- Of these 69,275 records, getting a good education was the most common problem families with 5-16 year olds were facing with 28.3% reporting this.
- Financial stability was identified in 20% of all records
- Child abuse and exploitation were identified in 17% of all records, indicating this as another common issue

Note, one child can have records across multiple metrics.

Most common problems faced by families with 5 to 16 year olds in Shropshire. Source: Supporting Families Framework



Percentage of children in contact with services over the last 12 months across Shropshire . Source: Supporting Families Framework

Category	Description	5	6	7	8	9	10	11	12	13	14	15	16	Total
Children safe from abuse and exploitation	Child Criminal Exploitation or at risk of	0%	0%	0%	0%	1%	2%	2%	5%	11%	18%	28%	33%	100%
Children safe from abuse and exploitation	Child has a S47 Assessment	7%	11%	9%	6%	8%	8%	8%	10%	7%	11%	10%	8%	100%
Children safe from abuse and exploitation	Child Looked After Episode	7%	10%	7%	7%	8%	10%	7%	7%	10%	8%	8%	10%	100%
Children safe from abuse and exploitation	Child Missing from Home or Care Episode	0%	0%	0%	0%	0%	2%	0%	3%	9%	32%	20%	33%	100%
Children safe from abuse and exploitation	Child on a Child Protection Plan	8%	9%	11%	5%	9%	9%	9%	11%	7%	8%	7%	7%	100%
Children safe from abuse and exploitation	Child Sexual Exploitation or at risk of	0%	0%	0%	0%	1%	1%	5%	12%	8%	21%	27%	26%	100%
Children safe from abuse and exploitation	CIN Plan	4%	8%	7%	5%	6%	8%	11%	12%	8%	7%	10%	13%	100%
Children safe from abuse and exploitation	Early Help Episode of support (with consent)	8%	7%	8%	9%	8%	8%	9%	9%	9%	9%	9%	9%	100%
Children safe from abuse and exploitation	Open case on LCS - open referral and CIN at national level.	7%	8%	8%	7%	7%	8%	9%	9%	8%	9%	10%	10%	100%
Children safe from abuse and exploitation	Closed when services are closed.	7%	8%	8%	7%	7%	8%	9%	9%	8%	9%	10%	10%	100%
Crime prevention and tackling crime	Accused and convicted of Crime Incident	0%	0%	0%	0%	0%	0%	0%	8%	15%	23%	8%	46%	100%
Crime prevention and tackling crime	Self-reported issues with crime recorded on Housing Application Form. Question is: Do you or anyone else in the household have a Criminal Conviction/ ASBO or a Conviction for a sexual offence?	16%	16%	8%	5%	10%	7%	7%	8%	3%	5%	8%	5%	100%
Crime prevention and tackling crime	Youth Offending Service Involvement	0%	0%	0%	0%	0%	0%	0%	0%	17%	33%	33%	17%	100%
Financial stability	Child has free school meals	0%	0%	2%	6%	9%	8%	10%	15%	16%	10%	12%	10%	100%
Financial stability	Self-reported financial issues recorded on Housing Application Form. Question is: Are you or anyone else in the household in Debt, have Debts or Loans or is either Unemployed, Unable to work or Neither of the potential household members are employed.	10%	11%	10%	8%	8%	9%	8%	9%	7%	6%	7%	6%	100%
Getting a good education	Child Elective Home Education	2%	4%	5%	5%	4%	5%	7%	10%	13%	13%	15%	16%	100%
Getting a good education	Child has had an exclusion from school	0%	1%	2%	2%	2%	3%	3%	7%	15%	21%	23%	22%	100%
Getting a good education	Child has more than 10% absence	2%	6%	5%	5%	5%	6%	6%	7%	12%	15%	15%	15%	100%
Getting a good education	Child recorded on Liquid Logic as having Special Educational Needs	2%	5%	7%	6%	8%	9%	8%	11%	10%	9%	12%	12%	100%
Getting a good education	Primary Special Educational Need recorded	5%	6%	7%	9%	10%	10%	10%	10%	9%	9%	8%	7%	100%
Getting a good education	Secondary Special Educational Need recorded	4%	5%	6%	8%	9%	11%	11%	13%	11%	9%	8%	5%	100%
Getting a good education	Child Missing Education	4%	5%	6%	7%	9%	7%	7%	10%	10%	12%	12%	10%	100%
Improved mental and physical health	Adult social care: Contains all those who've been identified as living with a physical disability. Also includes those with mental health needs.	0%	0%	50%	0%	0%	0%	0%	0%	50%	0%	0%	0%	100%
Improved mental and physical health	Adult Social Care: Contains data of living conditions that have identified risks to the service users wellbeing. Also includes data regarding the service user being potentially violent.	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%
Improved mental and physical health	Contains details of those who have been submitted to adult social care for a care assessment.	0%	0%	2%	0%	0%	0%	0%	2%	2%	0%	4%	91%	100%
Improved mental and physical health	Self-reported health issues recorded on Housing Application Form. Question is: Do you or anyone else in the household identify as having a Medical Condition, Mental Health Issues or is receiving Medical Benefits	9%	10%	10%	9%	8%	9%	9%	9%	8%	7%	7%	7%	100%
Safe from domestic abuse	A crimed incident involving emotional, physical & financial domestic abuse. Includes all victim/suspect type roles associated with each crimed incident. Where blame cannot be apportioned all parties recorded against the offence (including dependants of the nominals involved in the DA incident) will be recorded as an involved party.	10%	10%	8%	6%	9%	8%	9%	9%	9%	8%	6%	8%	100%
Safe from domestic abuse	Child recorded on Liquid Logic as having Domestic Violence	8%	8%	9%	8%	8%	8%	9%	9%	9%	8%	8%	9%	100%
Secure housing	Is homeless (gained from the Housing register application)	10%	12%	10%	9%	8%	8%	8%	9%	7%	5%	8%	7%	100%
Secure housing	On Housing Register	9%	10%	9%	9%	9%	9%	8%	8%	8%	7%	7%	6%	100%
Secure housing	On the Emergency Accommodation list	6%	11%	11%	7%	12%	4%	10%	10%	10%	9%	8%	4%	100%
Separate	Contacts	7%	6%	7%	8%	8%	8%	8%	9%	9%	10%	10%	10%	100%
Total		5%	6%	7%	7%	8%	8%	8%	10%	10%	10%	11%	10%	100%

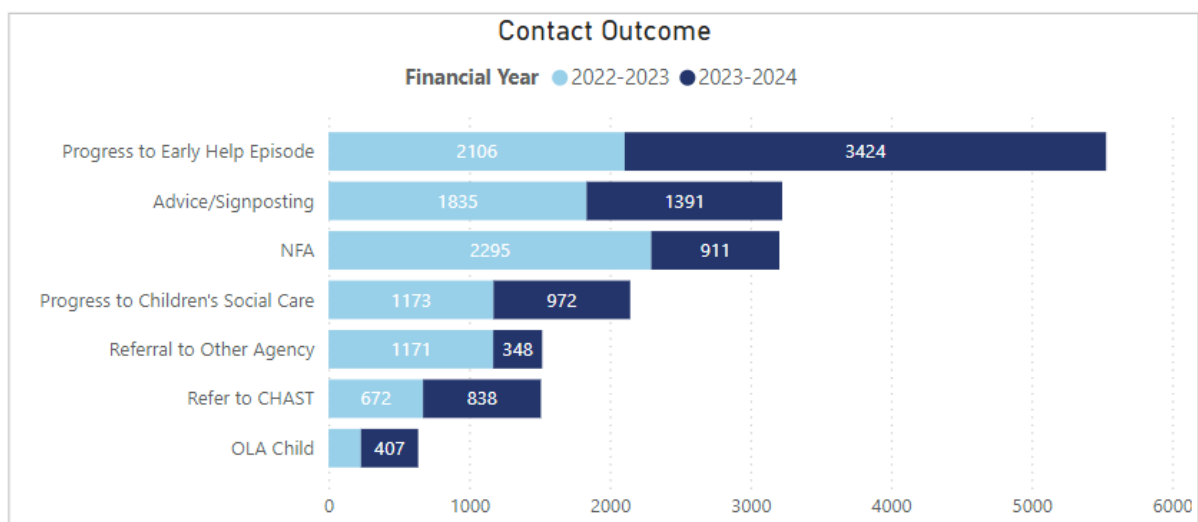
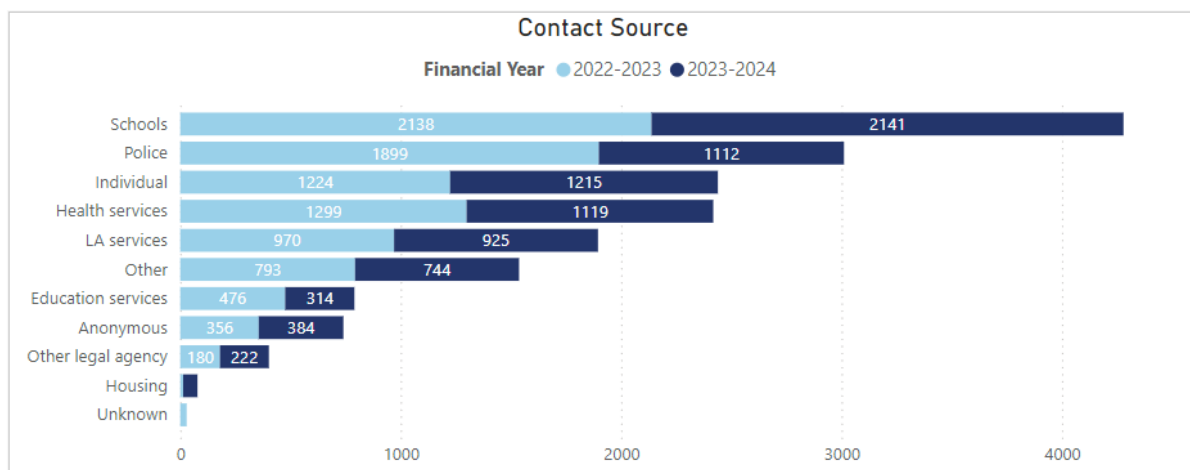
Social care contacts and referrals

Contacts

In Shropshire in 2023-24, there were 8,241 Children's Social Care contacts of children aged 5 to 16, a fall of 1,136 contacts compared to the previous year. There were monthly variations in the number of social care contacts, with the highest contacts observed in June (862 social care contacts) and lowest observed in August (524 social care contacts).

The highest number of contacts were from schools in 2023-24, this is a slight increase of from what was observed in 2022-23. The second highest number of contacts in 2023-24 were from individuals at 1,215 contacts; a decrease from what was observed in 2022-23. In terms of the outcome of social care contacts, progress to Early Help Episode was the highest at 3,424, a 62% increase from what was observed in 2022-23.

Dashboard showing Children's social care contacts for 5 to 16 year olds. Source: Shropshire Children's services



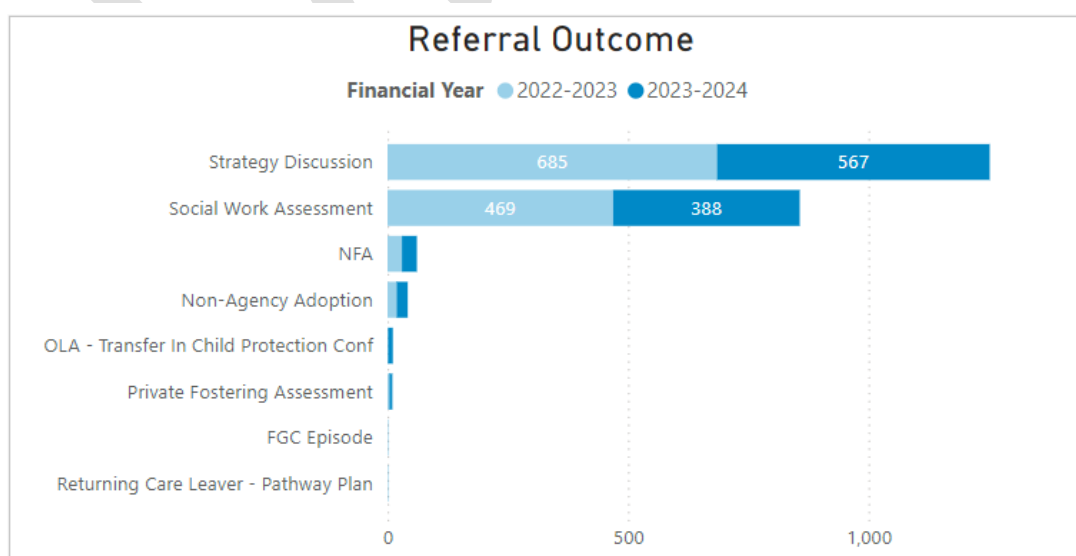
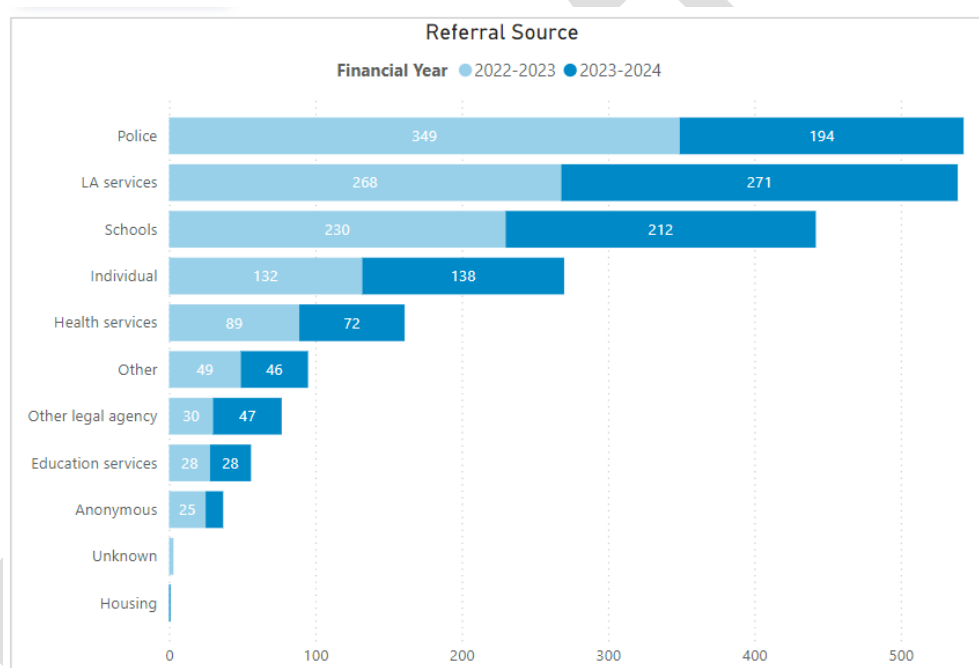
Referrals

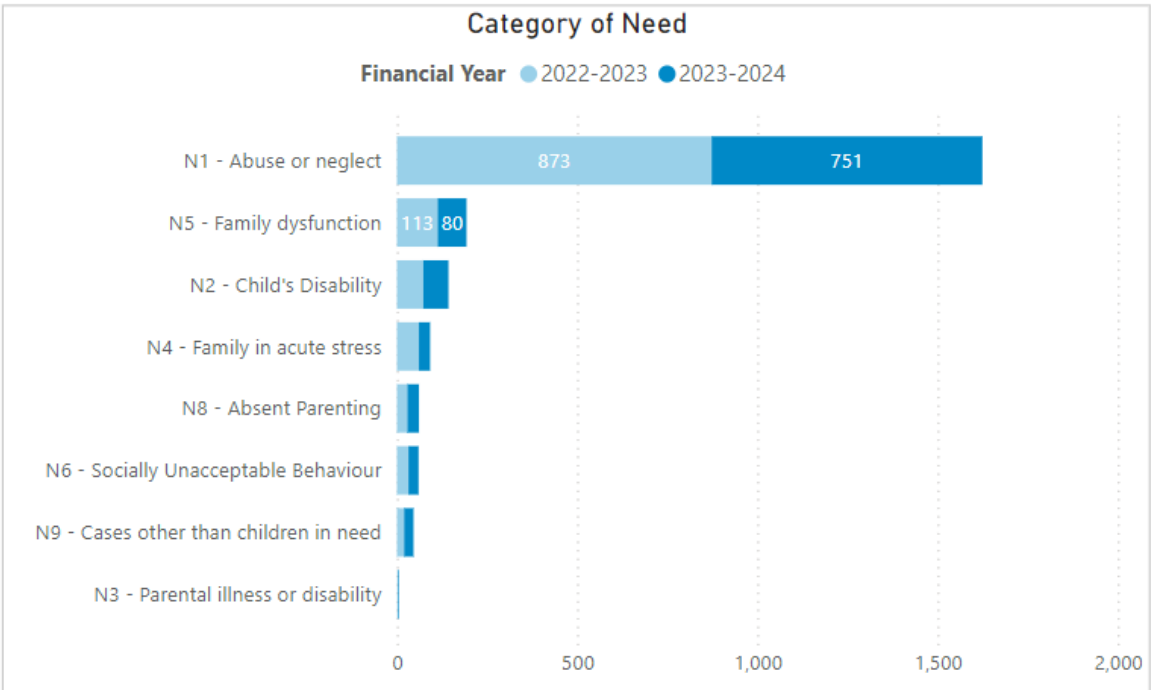
In Shropshire in 2023-24, there were 1,021 Children's Social Care referrals of children aged 5 to 16, a fall of 182 contacts compared to the previous year. There were monthly variations in the number of social care referrals, with the highest referrals observed in February (127 social care referrals) and lowest observed in November (56 social care contacts).

The highest number of referrals were from LA services in 2023-24, this is a slight increase of from what was observed in 2022-23. The second highest number of referrals in 2023-24 were from schools at 212 referrals; an 8% decrease from what was observed in 2022-23.

Within LA services referrals, internal social care made the most referrals in 2023-24; this is a large fall from what was observed in 2022-23. In terms of the outcome of social care referrals, strategy discussion and social work assessment were the highest.

Dashboard showing Children's social care referrals for 5 to 16 year olds. Source: Shropshire Children's services





Youth Service Survey

Shropshire Council's Youth Support Team provides support through working on the streets, interacting with young people, and running arranged sessions in schools. There are 11 youth workers across the county, serving over 28,000 young people aged 11–18.

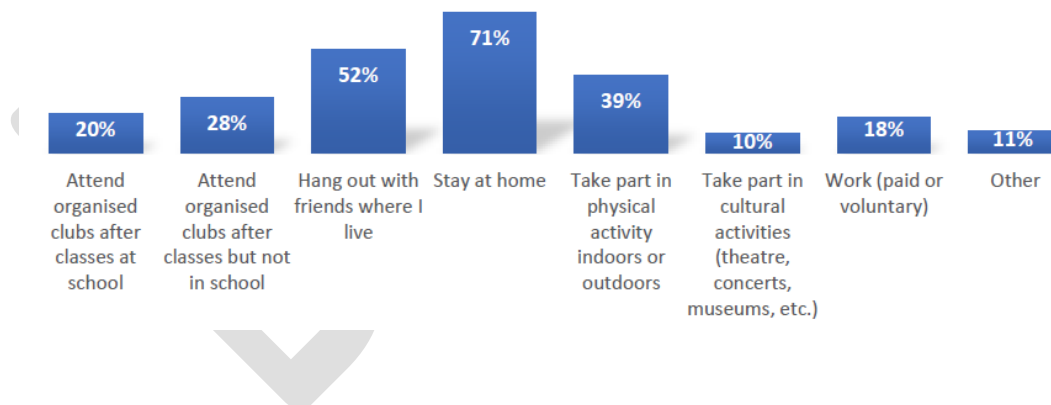
This survey run using Survey Monkey with paper options, conducted between 7th November and 8th December 2023, built on the findings of a survey in 2022 of 459 young people. Where possible and appropriate, comparisons have been made between the 2022 and 2023 survey results.

1,873 young people from around the county answered the survey. The majority of respondents (59%) were pre-GCSE students in years 7-9, with a large minority of respondents (35%) in years 10-11. Female identified young people made up a small majority of the respondents (52%) while male identified young people made up 43%. 1% of respondents identified as Transgender and 1% as Non-binary.

Consistent with the ethnic makeup of Shropshire, the vast majority of respondents identify as white with British, Irish or Welsh background. A smaller percentage identify as white from other backgrounds, and only 6% identify as being from mixed or other ethnic backgrounds. The large majority (86%) of respondents said that they do not have a longstanding illness or disability that limits their daily activity, but 8% of respondents did identify as having a disability.

When asked what respondents like to do in their spare time outside of education/training, a majority of respondents said they stay at home (71%) and a majority also said they hang out with friends (52%). Organised clubs (either in school or outside of school) and taking part in physical activity were also mentioned by large proportion of respondents.

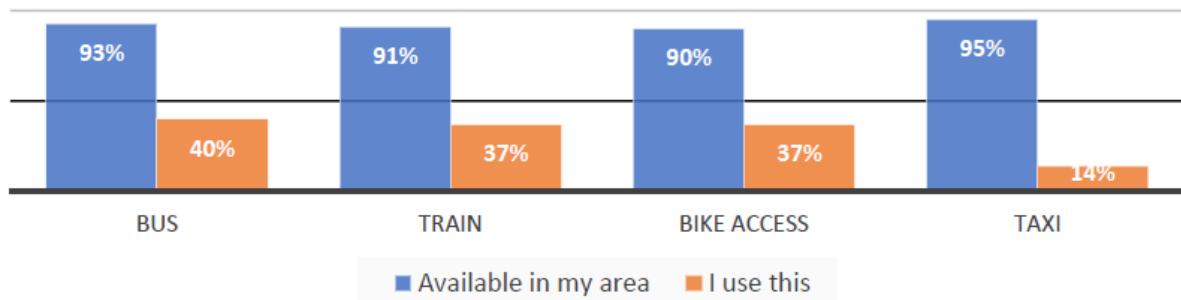
Respondent Use of Spare Time. Source: Youth Survey, 2024



Use of transport and services

The vast majority of respondents said that all forms of transport are available in their area. Bus was the most common form of transport used by respondents, with 40% reporting that they use this method. Both train and bike use were equally popular among respondents.

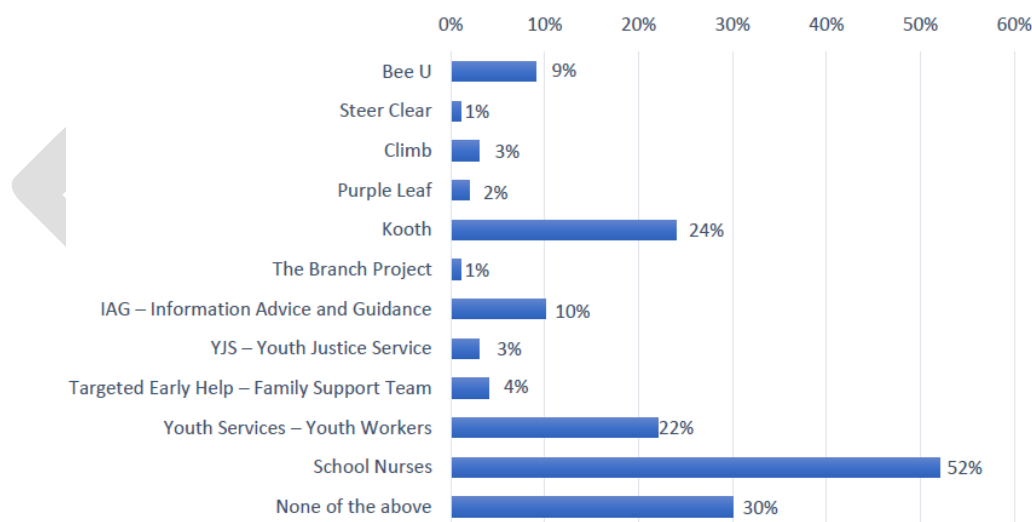
Access to and Use of Transport. Source: Youth Survey, 2024



Awareness of youth services

Respondents' knowledge of services was fairly low overall, with 30% of respondents saying "none of these" are services they are aware of being available in their area. School nurses (52%) were the only service a majority of respondents were aware of being available in their area. There was an awareness among a sizeable minority of Kooth (24%) and Youth Service Workers (22%). 30% of respondents said that they were not aware of any of the services listed as being available in their area.

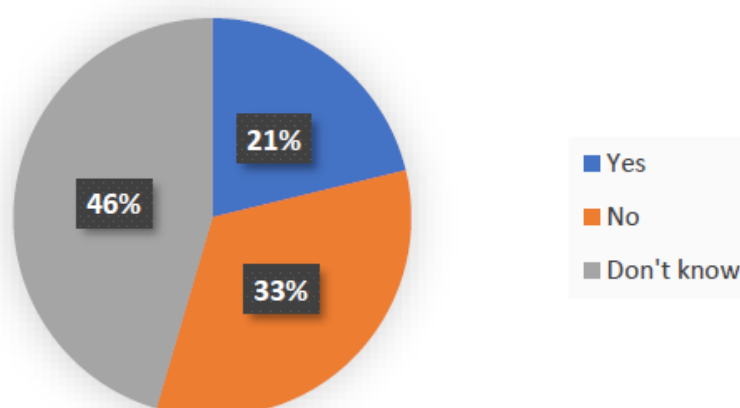
Knowledge of available youth services. Source: Youth Survey, 2024



Interest in using youth services

When respondents were asked whether they would use a support service for young people were it available in their area, a majority either said they did not know or that they would not use one. Only 21% of respondents said that they would use a support service for young people.

Interest in youth services. Source: Youth Survey, 2024



An additional survey question also asked young people to offer comments to explain their answers, and 425 did so. These responses were grouped into themes and are detailed in table below. 27% said that they don't need youth support services, or they simply wouldn't use them. 7% said that they would likely not go because they would find it too uncomfortable or awkward to use such a service, and 2% said that they preferred to find their support from parents, family or friends. A further 19% said that they are not sure what a support service is or could offer them.

Table 6: Comments on Potential Use of Youth Services	Count	%
Don't need it/wouldn't go	123	27%
Too uncomfortable/awkward/don't trust/don't like talking to strangers	33	7%
Had bad previous experience with support service	17	4%
If needed/it depends	72	16%
Want support but it isn't available/appropriate for my situation/it's not available	20	4%
Would use if available/would be beneficial/already use what's here	74	16%
Don't know / not sure what a support service can do	84	19%
Prefer to talk to parents/family/friends	11	2%
Other	16	4%

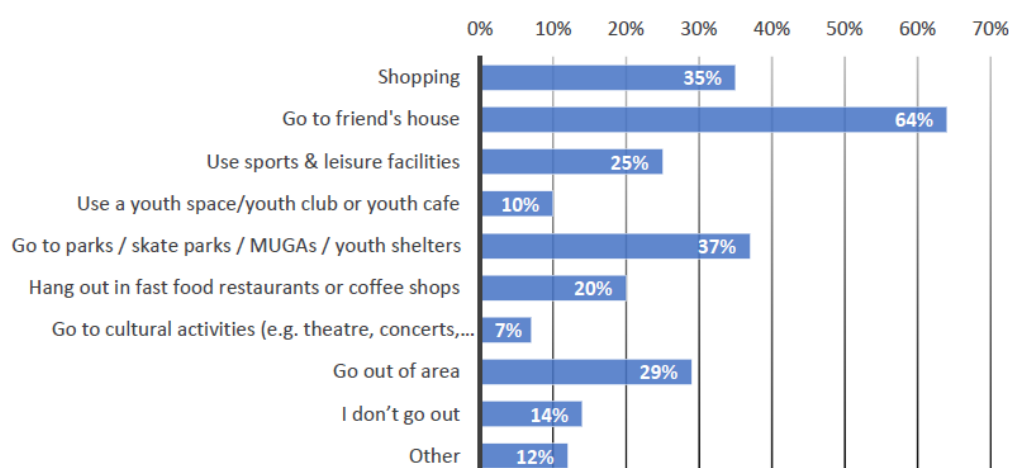
Opportunities, activities, and facilities

Young people were asked whether they felt there are enough opportunities in their area for young people. While a majority (57%) of respondents said that yes, there are enough opportunities, 43% do not feel that there are enough opportunities.

While not entirely falling into an even divide between more rural and more built-up areas, it was generally the most rural areas of the county where a majority of respondents were more likely to say that there are not enough opportunities for young people where they live. Cleobury Mortimer, Craven Arms, Ludlow, Market Drayton, Much Wenlock and Whitchurch all had majorities of respondents saying that there are not enough opportunities for young people in their area.

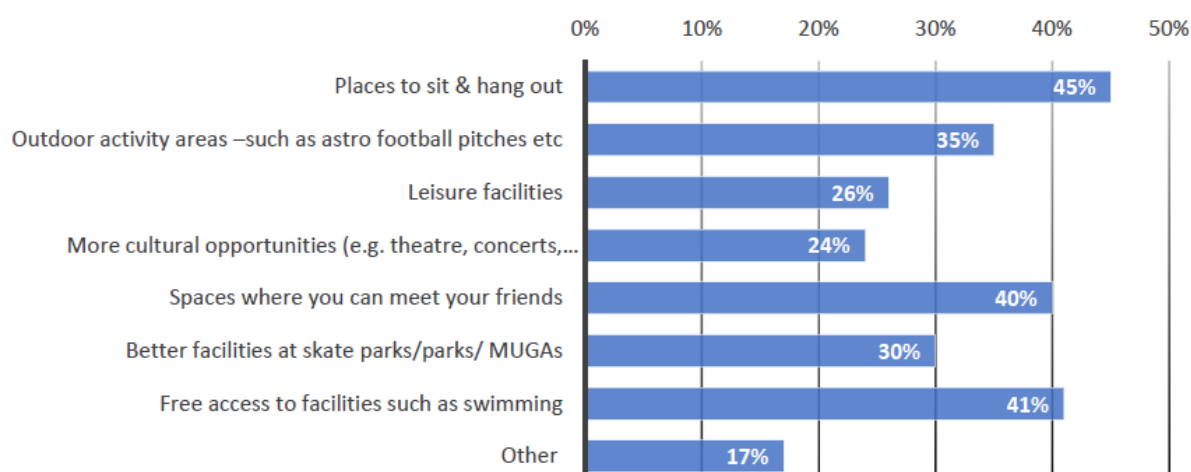
When asked whether there is enough for young people to do where they live, respondents were most likely to say "no" (49%) or that they "don't know" (18%). Only 33% of survey respondents feel that there is enough to do for young people where they live. Going to a friend's house was the most popular response, with a majority of 64% saying that they do this.

Activities Respondents Do Within Their Area. Source: Youth Survey, 2024



Places to sit and hang out, as well as spaces where you can meet your friends were popular facilities among respondents, 45% and 40% respectively. Free access to facilities such as swimming was also popular with 41% of respondents.

Facilities Respondents Would Like in their Area. Source: Youth Survey, 2024



What respondents like about where they live

A large minority of respondents (40%) liked their location precisely because it is rural, citing the quiet or the beauty of where they live as positives. 13% also noted that their community is a positive aspect of where they live, and 11% said that they like living near friends and family. 11% of respondents (likely those in more built up areas) said that they like the restaurants and shops available nearby and 9% said they think there are good facilities for young people where they live.

What young people like about where they live. Source: Youth Survey, 2024

Table 11: What Young People Like About Where They Live	Count	%
Access to the great outdoors / outdoor activities / animals (e.g., walking, horse riding, etc)	94	6%
Rural, quiet, and beautiful location	618	40%
Facilities for young people (e.g., cinema, skate park, football stadium)	141	9%
Restaurants, shops and shopping	164	11%
Being able to see my friends and family	111	7%
The community / where I live / feel safe	207	13%
Close to school	24	2%
Able to get to places easily / good transport	62	4%
Nothing / don't know	65	4%
Local history/architecture	19	1%
Other	45	3%

13% of respondents (174) said that what they don't like about where they live is that there is generally nothing to do or that it's boring. Similarly, 10% of respondents said more specifically that there are not things or facilities for young people where they live, and 9% said that what they don't like is that they live far away from people they want to be around such as friends or family, or that they feel isolated. 6% said that poor transport is an issue, and 8% said that there are not enough shops or restaurants where they live. All of these themes might be related to the rural nature of the county, over which young people have little control.

Things to improve

About half of survey respondents (51%) said that there are things they would like to improve about where they live. There was a very wide variety of suggestions for improvements to the area from young people. However, more shops and activities were some of the suggestions with the most support (19% and 23% respectively). Improvements to public areas such as lighting/toilets (13%), as well as parks (11%) and transportation (7%) were also popular suggestions.

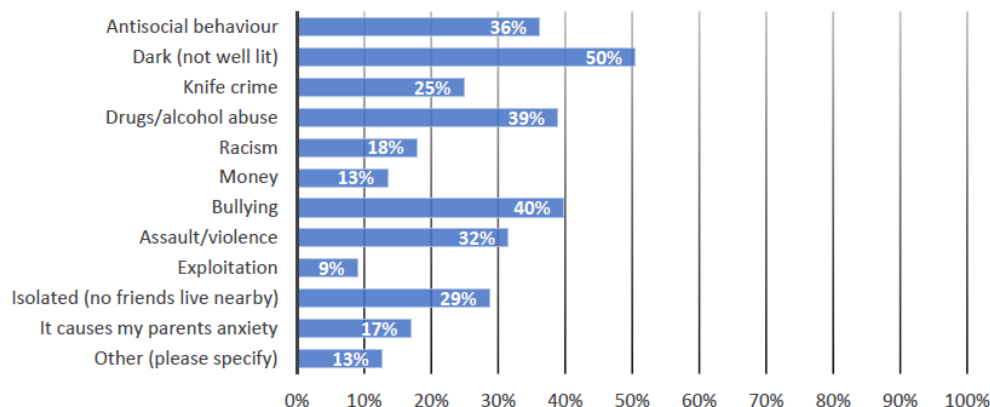
What young people don't like about where they live. Source: Youth Survey, 2024

Table 12: What Young People Don't Like About Where They Live	Count	%
Nothing to do / boring / everything	174	13%
Crime / antisocial behaviour / litter / not feeling safe	181	13%
Live far away from my friends / family / feel lonely / isolated	128	9%
Other people / other children / neighbours, etc	107	8%
No shops/ restaurants near to where I live	109	8%
Not enough facilities / things for young people to do	144	10%
Poor transport / reliance on the car / can't get to where I want to go	87	6%
Weather / flooding / cold	63	5%
Nothing/ don't know / I'm happy	149	11%
State of the roads / traffic issues	102	7%
Don't like the nature/farms/history/architecture nearby	35	3%
Internet/phone limitations	12	1%
Too small/lack of diversity	14	1%
Noisy/crowded	17	1%
Lack of job/educational opportunities	7	1%
Other	48	3%

Worries about safety

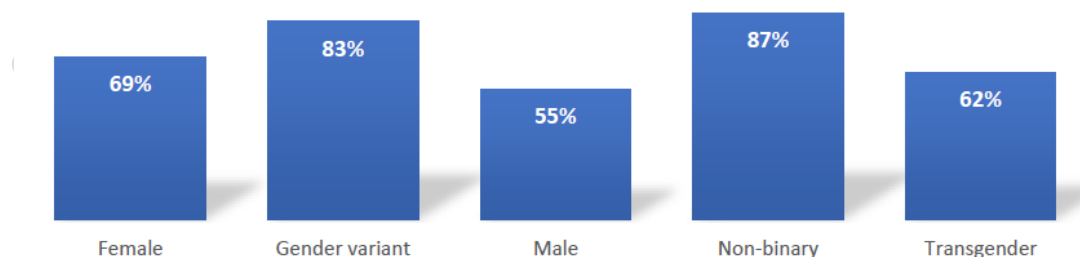
A majority of young people (63%) either agreed with this statement or said that they “sometimes” agreed. Only 37% of young people disagreed, indicating that they always feel safe in their community. Areas not being well lit, concerns about bullying, drug/alcohol use, and antisocial behaviour were the top areas for concern among young people about going out in their communities. Worryingly, nearly a third of respondents said they were concerned about assault and a quarter reported being concerned about knife crime.

What young people don’t like about where they live. Source: Youth Survey, 2024



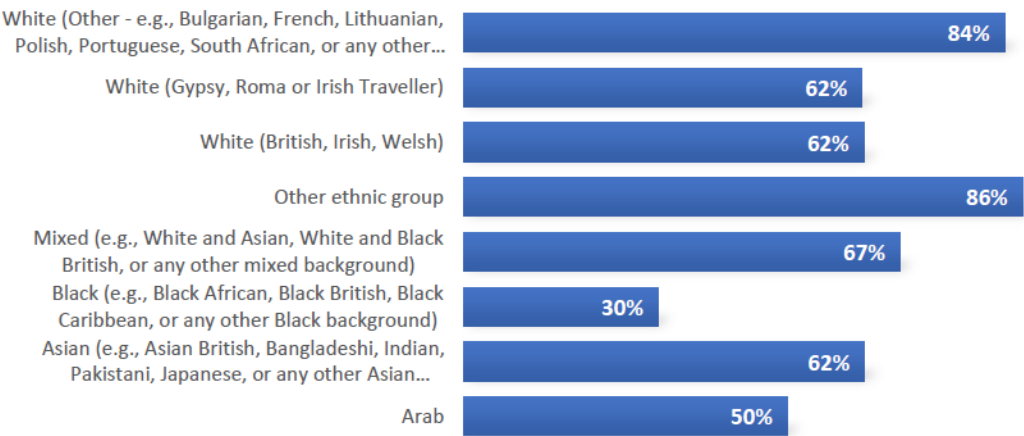
A majority (55%) of respondents identifying as male said that they either felt unsafe or “sometimes” felt unsafe in their community. However, 69% respondents identifying as female reported these feelings, and respondents identifying as non-binary, transgender or gender variant were also more likely than those identifying as male to say that they felt unsafe or sometimes felt unsafe.

Feeling Safe in The Community - By Gender Identity. Source: Youth Survey, 2024



“Other ethnic groups” and “other white” ethnic groups report feeling unsafe or sometimes unsafe at higher percentages of their population compared to other groups.

Feeling Safe in The Community - By Ethnicity. Source: Youth Survey, 2024



Voluntary sector

Case Study: Shropshire Youth Association

This year's impact data / reporting

We try to live our values and this is a summary of the impact we have made



To keep Young People at the heart of everything we do...



9862

young people weekly, have out of school activities that supports their positive Social Emotional Mental Health. (This includes 2655 Scouts and 1817 Girl Guides).

We have supported the sector to open

451 sessions of youth activity / work a week.

Trained and supported **193 young leaders**

(Under 18), equipping them with the skills and confidence to be leaders in the future.

Raised awareness of the dangers of alcohol and vaping to

870

primary school children and used the data to inform Shropshire Councils policy working group on Vaping.

Be Inclusive & Working Together...

Created provision for **239 young people with SEND** to have leisure time activity with **16** attending SYA's bespoke provision.

Delivered **HAF projects** in **5** locations for young people on free School meals.

Given Young People a voice through **local youth forums**, events and representation through the **Members of Youth Parliament**.

Running **2** bespoke **LGBTQI+ youth groups**

for 24 young people and helping another 13 in mainstream clubs

Running **91** Health Champion initiatives ranging from assemblies to social action projects.



Sustained and developed the leadership in the sector...

Delivered **36** training courses to **220** people, ensuring that safety and quality are maintained for our young people

Undertaken **267** **DBS checks** for new and renewing leaders to safeguard our young people from inappropriate adults.

Supported **1165** adult committee members to ensure that there is has good governance in the sector (Includes over 400 Scout and Girl Guide Volunteers).

2018 volunteers gave **313,695 hours of time** to the youth sector. The financial value of these hours calculated on Youth worker rates is **£7,200,818.90**.

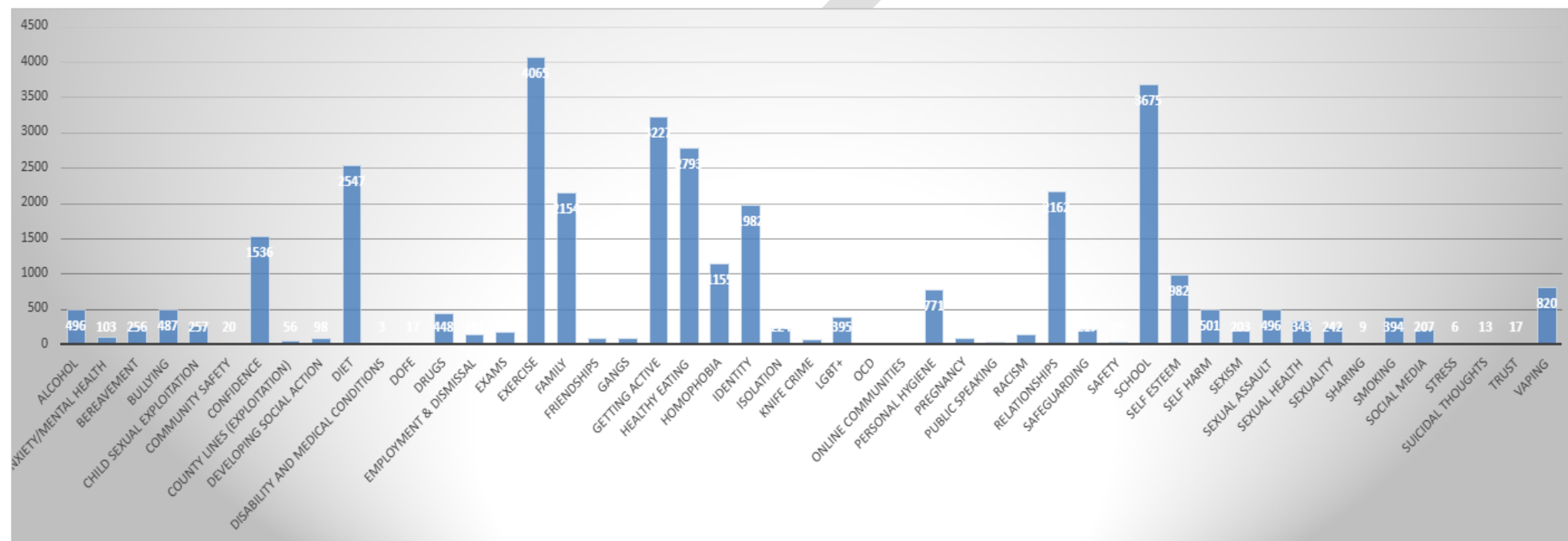
For more information, please visit: <https://www.sya.org.uk/>

Shropshire Youth Association (SYA) supports and delivers youth clubs, groups and organisations across Shropshire and Telford & Wrekin, providing children and young people with life changing opportunities. SYA runs the following youth clubs:

- Commissioned clubs – Fully staffed by SYA
- Partnered clubs – community development model where SYA provides one paid qualified youth worker to work alongside 2 volunteers from the community.
- Voluntary Clubs - Infrastructure support is offered including safeguarding checks and training, Youth work training, access to templated policies, procedures and operational forms, mentoring visits and an equipment offer.
- Time to Talk – a mental health project based in schools.
- Local and county youth forums, young leader training and supporting members of Youth Parliament

In 2023/24, 5,390 children and young people (CYP) attend clubs weekly across Shropshire, Telford & Wrekin, an increase of 17.25% on last year (These figures DO NOT include 2655 Scouts and 1817 Girl Guides).

Discussion subjects among children and young people enrolled to SYA clubs across Shropshire and Telford & Wrekin, 2023/24 Source: SYA Club Intervention Data



Safer Spaces Project

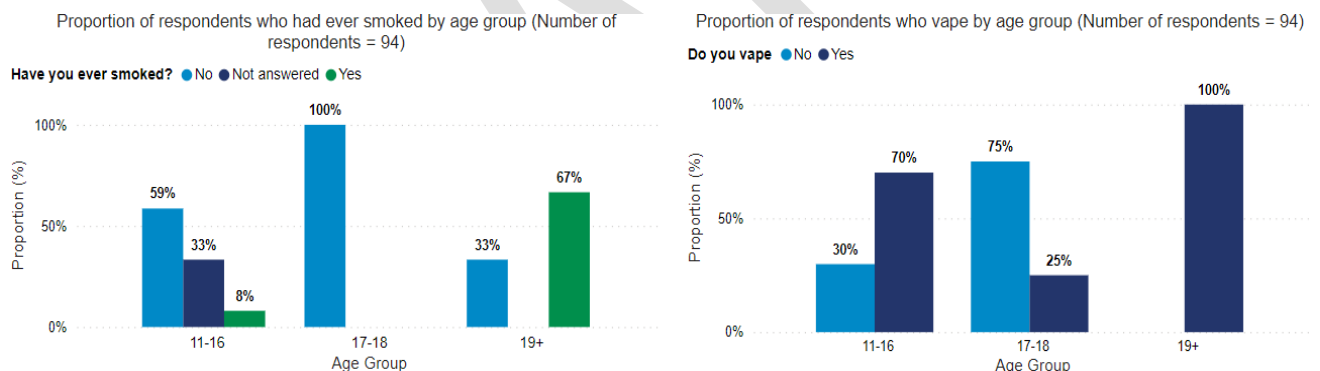
The Safer Spaces project aims to dig deeper into the links between domestic abuse and exploitation, substance misuse, poor mental health or young people's criminal activity. It also aims to evidence these links in a way that is accessible to all to enable the co-production of services for the Youth Offer and create safe spaces to enable young people to thrive and become adults free from exploitation.

As part of the Safer Spaces project which ran for 10 months, children and young people were asked about vape use. The youth vaping survey ran for 3 months and consisted of data being collated through face to face discussions with young people in community and school based settings.

Responses to the youth vaping survey were collected from September to December 2023. In total, 94 responses were received. Of these respondents, 89% were White British, 27% were aged 11-13 and 66% were aged 14-16.

Vape and Cigarette use

When asked if they have ever smoked a cigarette, 8% of young people aged 11-16 said they had. All of the respondents who had ever smoked a cigarette reported that they had vaped. A higher proportion of males (71%) reported that they had vaped compared to females (63%). 13% of respondents aged 11-16 reported that they had vaped in school, with more males reporting to have done this compared to females.



Reasons for vaping

Majority of respondents indicated that they started vaping to manage stress at home and school. Vaping is usually often marketed as a less harmful alternative to quit smoking. Respondents flagged that they started vaping in an attempt to quit smoking. Peer pressure and the appeal of the flavour of vapes were also reasons why respondents started vaping. Below are some responses from the respondents during the focus group:

"I am a carer for my mum, so it helps me cope with stress"

"My friends vape so I wanted to try"

"Helps with stress at school and at home"

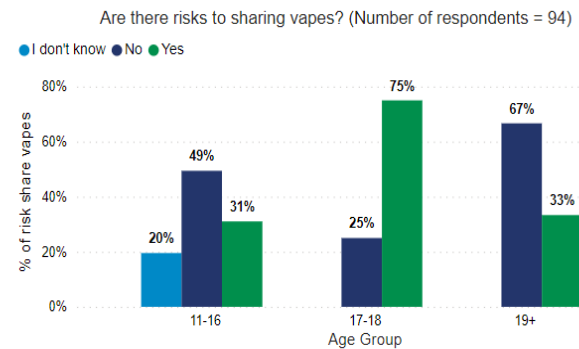
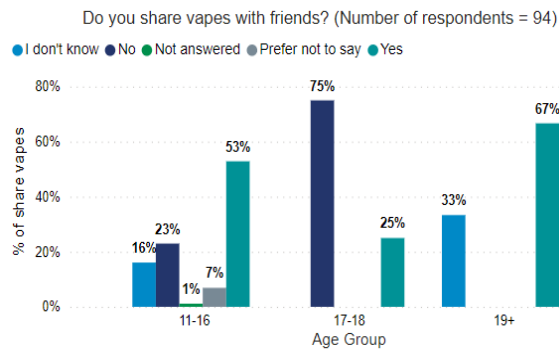
"I was trying to stop smoking fags"

"The flavours, they taste nice"

"Everyone else does it"

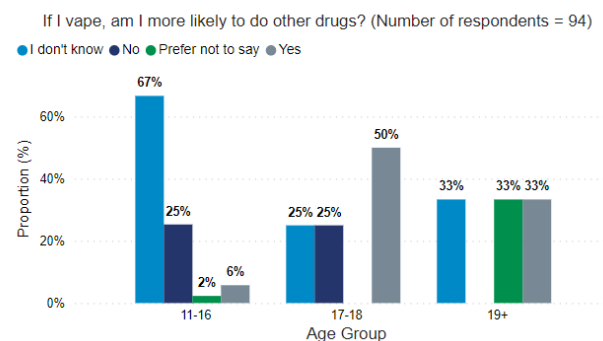
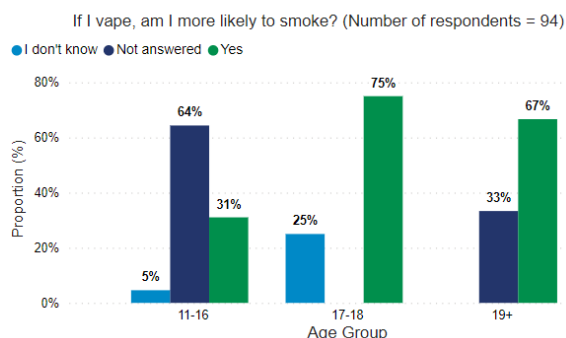
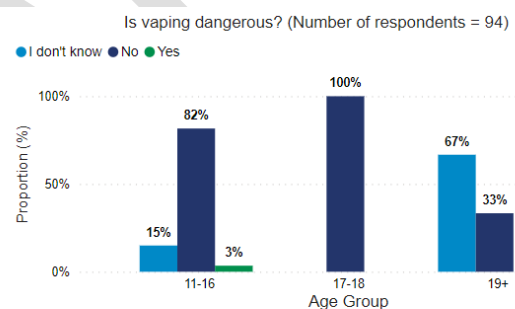
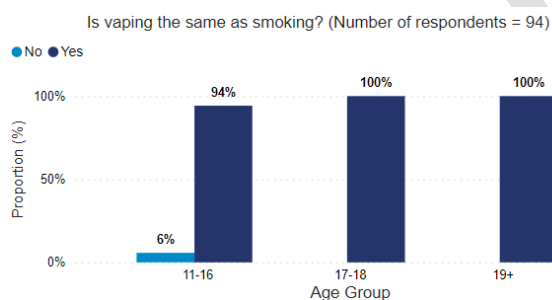
Vaping with friends

When asked if they shared vapes with friends, 53% of young people aged 11-16 reported that they had. Generally, 31% of 11-16 year olds reported that there are risks associated with sharing vapes. However, of those who were reported to have shared vapes with friends, only 7% said there are risks to sharing vapes.



Vaping as a segue to smoking and doing drugs

During the focus group, 94% of respondents aged 11-16 agreed that vaping is the same as smoking. Of those who think vaping is the same as smoking, 33% said one is more likely to smoke and 6% said one is likely to do other drugs if they vape. 37% of respondents aged 11-16 reported that vapes are addictive, with only 10% agreeing that it helps people quit smoking.



Motivations for vaping

Majority of respondents in the focus group flagged being bored as a motivation for vaping. Peer pressure can be a major motivator for vaping; respondents cited that they vaped because everyone does it and some cited that they vaped to get a boys attention.

The appeal of the flavour of vapes was another major motivator. Due to the increasing trendy vapes sold, respondents saw vapes as an accessory which matches their outfits and flagged this as a motivator for vaping.

Stress from school was cited as motivator among respondents and a number of respondents indicated that they vaped because of the nicotine rush they feel when they vaped.

Parents vaping was another motivator, some respondents mentioned that their parents vape hence they are able to access these easily.

Based on responses collected at the focus group, it is evident that vaping poses a significant threat to young people. Below are some concerns and behaviours raised by respondents surrounding its use:

- Reusing vapes

Young people interviewed indicated that they have seen others picking up vapes off the floor, washing and reusing the vapes. Using discarded vapes poses several health risks and there is a need for better awareness and education on the dangers of this behaviour.

- Accessibility of vapes

The focus group stressed the need for stricter regulations and laws with regards to the ease at which they can access vapes. It was highlighted that there should be stricter rules particularly with regards to vaping in school and communities at large. They feel it can be a getaway to other drug use and substance abuse.

- Peer pressure

The focus group agreed that vaping can be used as a tool for peer pressure and involvement in crime.

- Marketing

Restricting the marketing and availability of bright coloured and sweet flavour vapes and shifting the focus of vapes as a means of smoking cessation rather than a recreational activity was highlighted in the focus group. Focus group felt that making this a priority would help reduce the negative impact of vaping on young people.

- Research

The need for more research on the negative impact of vaping particularly on mental health was highlighted. The focus group felt that there is not enough research in relation to the negative impact of vaping and that if it they continue to be as easily accessible and advertised to a young market, that the health and mental health implications for people in the future will be extensive.

Stakeholder engagement

We asked stakeholders to work with us to identify and provide us with the relevant data, intelligence, and evidence to inform the JSNA:

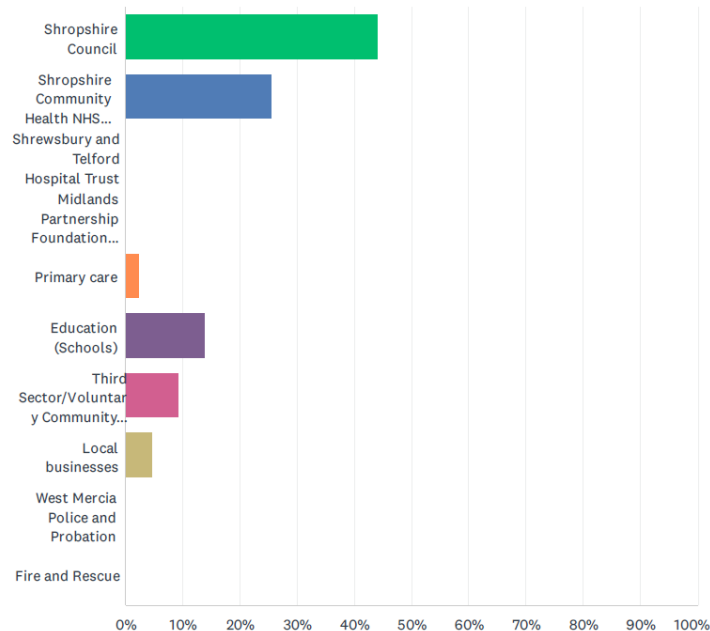
- To identify subjects which should be spotlighted and explored in more depth (Spotlight JSNAs)
- To inform us of your outreach and engagement work with children, young people, and families in Shropshire
- To provide their views on key opportunities, challenges, and assets to be included in the JSNA
- Once developed, to use the Children and Young Peoples JSNA to inform service development and delivery

We engaged stakeholders and professionals using an online questionnaire through the SurveyMonkey platform. The questionnaire was developed to capture the views of all services and organisations working with children aged 5-16.

Responses were collected between May 2023 and June 2023. In total, 46 responses were received. Almost half (44%) of respondents were Shropshire Council employees, 26% were Shropshire Community Health NHS Trust employees, 21% were from 'Other' organisations (e.g. NHS Shropshire Telford & Wrekin ICB and Town Councils) and 9% from Third Sector/Voluntary Community Sector Enterprises/Charities.

Q1 Which organisation do you work for?

Answered: 43 Skipped: 3



Which service area do you work in?

Of the 17 responses from Shropshire Council, majority were from the Early Help service. 24 stakeholders from outside Shropshire Council also responded, up to half (46%) of which were from the Shropshire Community Health NHS Trust. Of the responses from Shropshire Community Health NHS Trust, 45% were from Public Health Nursing service.

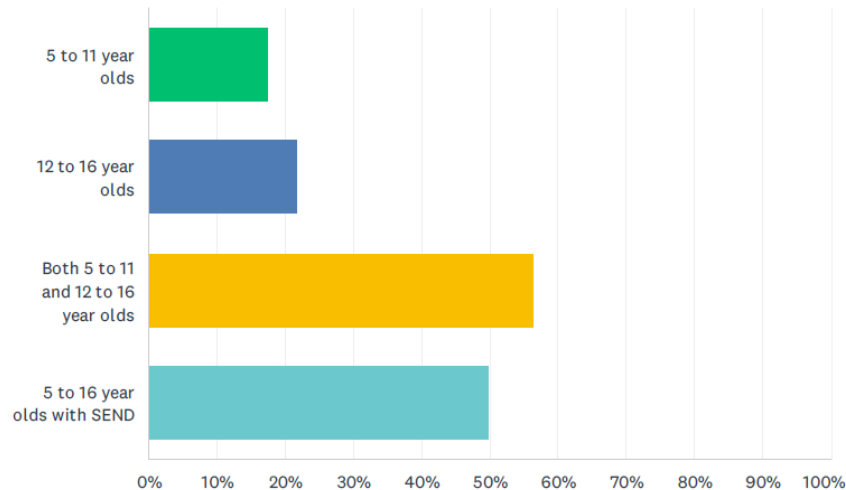
Organisation and Service area	Number of respondents
Shropshire Council	17
Children's Placement Service	1
Children's Social Care	1
CYP Social Prescribing	2
Early Help	8
Education Access	3
Youth Outreach Work	2
Shropshire Community Health NHS Trust	11
Children's therapy services	3
NHS Healthcare	1
Paediatrics	1
Public health nursing	5
Public health	1
Education (Schools)	6
Safeguarding	1
Education	4
Primary Education (SENCO)	1
Other (please specify)	3
Children's charity	1
Education	1
ICB Commissioning and Transformation - DCO	1
Third Sector/Voluntary Community Sector Enterprises/Charities	4
Social care	1
Support group	1
Voluntary community hub	1
Youth Work	1
Primary Care	1
General Practice	1
Local businesses	2
Other - Parent	1
Recruitment	1
Total	44

Age group stakeholders work with

Majority of stakeholders (56%) reported that they work with both 5 to 11 and 12 to 16 year olds. 50% of stakeholders work with 5 to 16 year olds who need SEND support.

Q3 Which age group do you work with?

Answered: 46 Skipped: 0



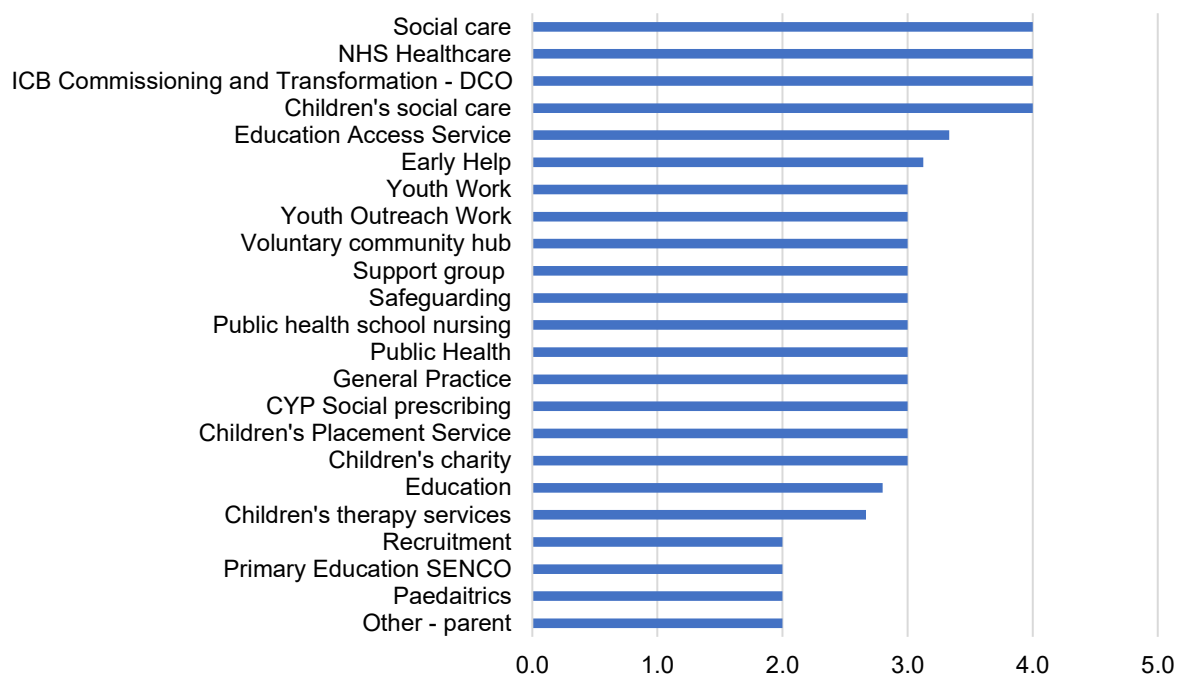
Collectively supporting families to meet the needs of children aged 5 to 16

Across the system, respondents rated Shropshire collectively supporting the needs of children aged 5 to 16 at 3.0, where 1 was not at all and 5 was extremely well.

Some service areas felt that the system is collectively supporting the needs of children aged 5 to 16 very well (average rating of 4), for example: Social Care, NHS Healthcare, Children's social care.

Other respondents such as those working in service areas of Youth work, Safeguarding, Public health nursing, General practice, CYP Social prescribing, Children's placement service, reported a fair rating with an average rating of 3.

Average score: On a scale of 1-5, how do you feel that services in Shropshire are collectively supporting children aged 5 to 16? (where 1 = not at all and 5 = extremely well)



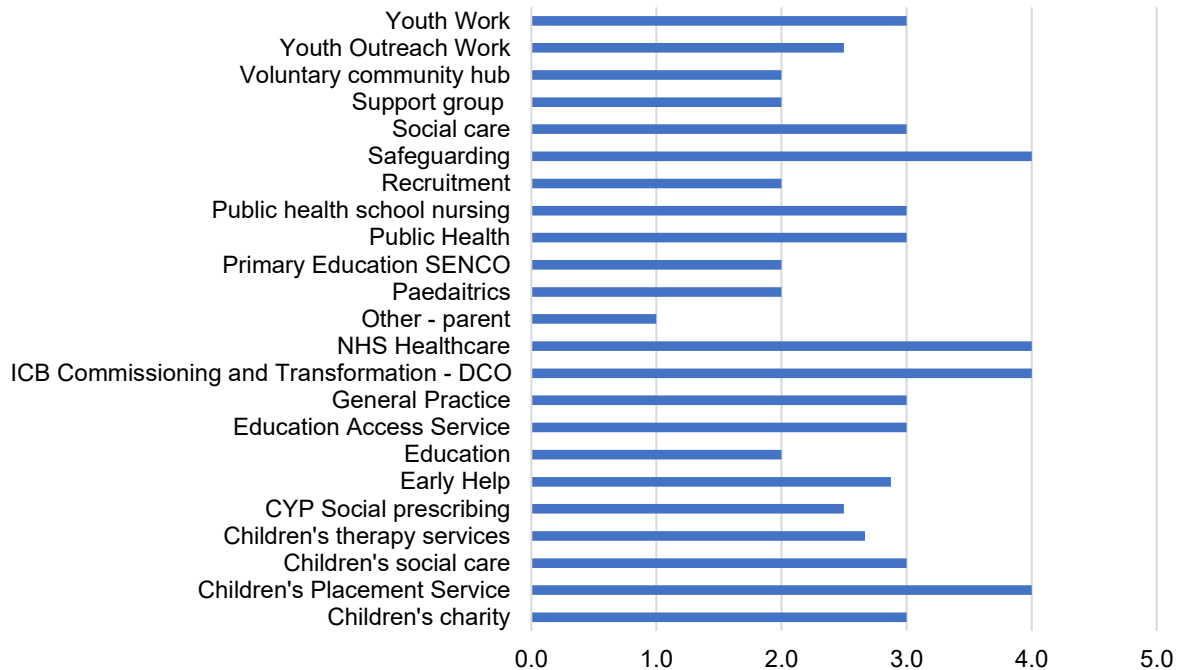
Collectively supporting families to meet the needs of children aged 5 to 16 with SEND

Across the system, respondents rated Shropshire collectively supporting the needs of children aged 5 to 16 at 3.0, where 1 was not at all and 5 was extremely well.

Some service areas felt that the system is collectively supporting the needs of children aged 5 to 16 very well (average rating of 4), for example: Safeguarding, NHS healthcare, Children's placement service.

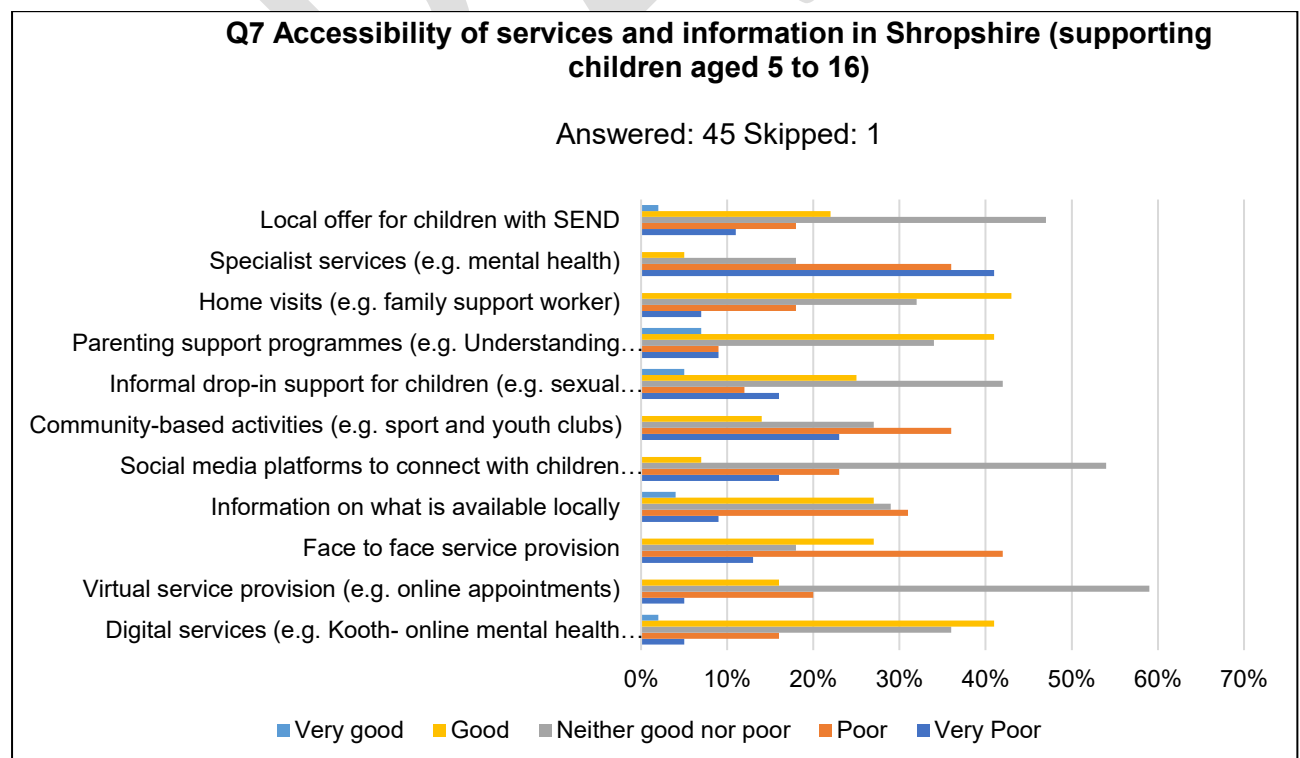
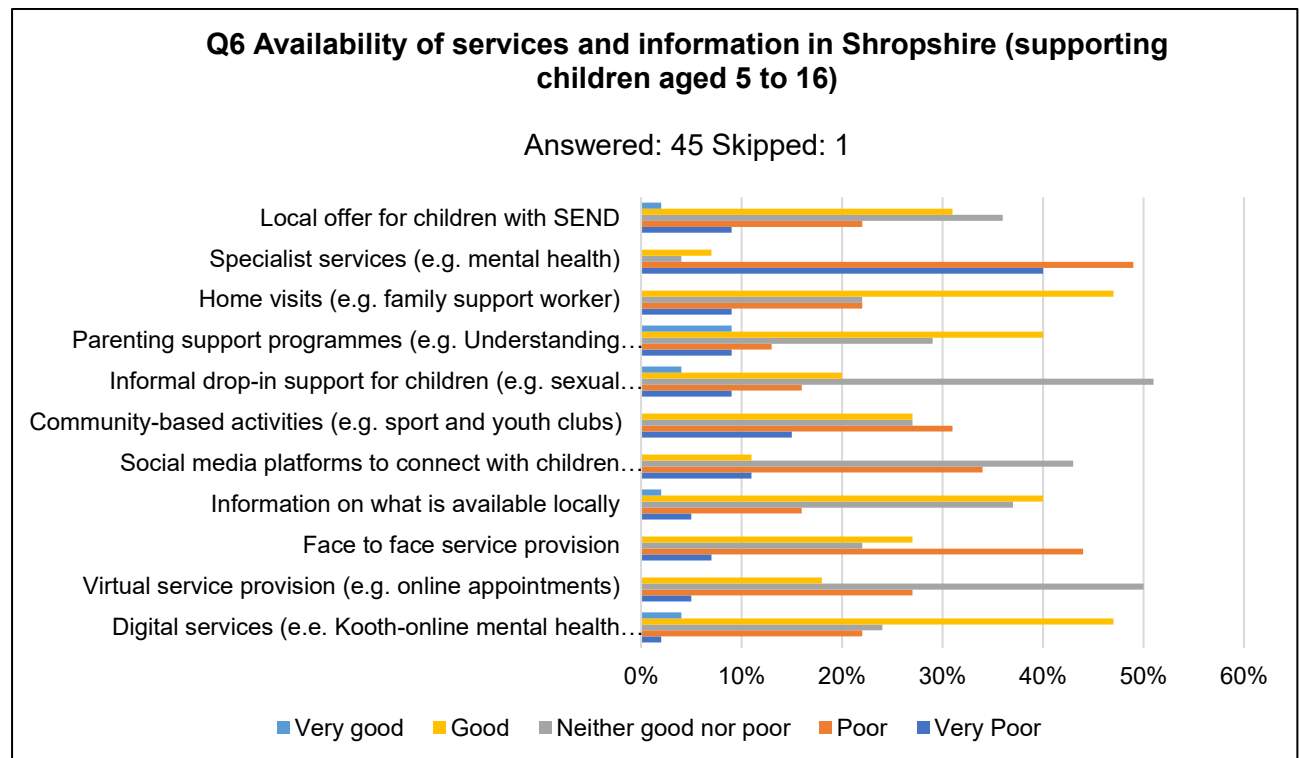
Other respondents such as those working in service areas of Youth work, Social care, Public health school nursing, General practice, Education Access Service, reported a fair rating with an average rating of 3. While those working in service areas of Paediatrics, Primary education (SENCO), education reported a room for improvement with an average rating of 2.

Average score: On a scale of 1-5, how do you feel that services in Shropshire are collectively supporting children aged 5 to 16 with SEND? (where 1 = not at all and 5 = extremely well)



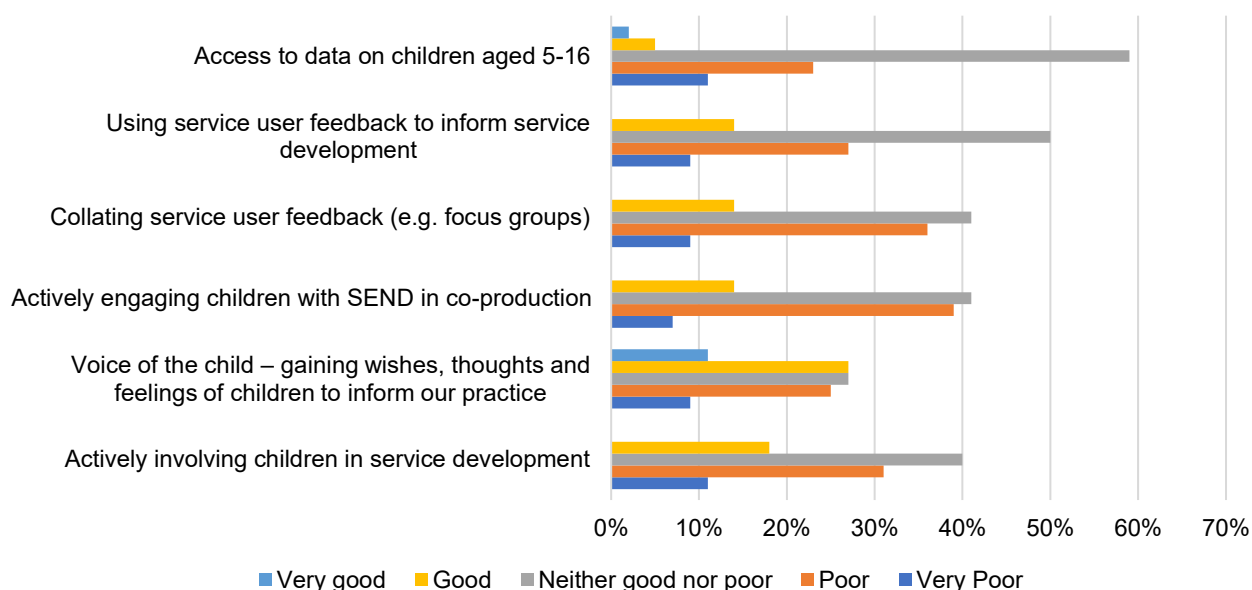
Areas doing well or areas for improvement in Shropshire:

The below charts indicate how respondents feel we are doing around the availability and accessibility of services and information; engagement and co-production and organisational development and partnership working.



Q8 Engagement and co-production

Answered: 45 Skipped: 1



Q9 Organisational development and partnership working

Answered: 44 Skipped: 2



	Availability of services and information				
	Very Poor	Poor	Neither good nor poor	Good	Very good
Digital services (e.g. Kooth-online mental health support, text services)	2%	22%	24%	47%	4%
Virtual service provision (e.g. online appointments)	5%	27%	50%	18%	0%
Face to face service provision	7%	44%	22%	27%	0%
Information on what is available locally	5%	16%	37%	40%	2%
Social media platforms to connect with children (e.g. Facebook, TikTok, Twitter)	11%	34%	43%	11%	0%
Community-based activities (e.g. sport and youth clubs)	15%	31%	27%	27%	0%
Informal drop-in support for children (e.g. sexual health and/or CHAT health)	9%	16%	51%	20%	4%
Parenting support programmes (e.g. Understanding your child with SEND)	9%	13%	29%	40%	9%
Home visits (e.g. family support worker)	9%	22%	22%	47%	0%
Specialist services (e.g. mental health)	40%	49%	4%	7%	0%
Local offer for children with SEND	9%	22%	36%	31%	2%
	Accessibility of services and information				
	Very Poor	Poor	Neither good nor poor	Good	Very good
Digital services (e.g. Kooth- online mental health support, text services)	5%	16%	36%	41%	2%
Virtual service provision (e.g. online appointments)	5%	20%	59%	16%	0%
Face to face service provision	13%	42%	18%	27%	0%
Information on what is available locally	9%	31%	29%	27%	4%
Social media platforms to connect with children (e.g. Facebook, TikTok, Twitter)	16%	23%	54%	7%	0%
Community-based activities (e.g. sport and youth clubs)	23%	36%	27%	14%	0%
Informal drop-in support for children (e.g. sexual health and/or CHAT health)	16%	12%	42%	25%	5%
Parenting support programmes (e.g. Understanding your child with SEND)	9%	9%	34%	41%	7%
Home visits (e.g. family support worker)	7%	18%	32%	43%	0%
Specialist services (e.g. mental health)	41%	36%	18%	5%	0%
Local offer for children with SEND	11%	18%	47%	22%	2%
	Engagement and co-production				
	Very Poor	Poor	Neither good nor poor	Good	Very good
Actively involving children in service development	11%	31%	40%	18%	0%
Voice of the child – gaining wishes, thoughts, and feelings of children to inform our practice	9%	25%	27%	27%	11%
Actively engaging children with SEND in co-production	7%	39%	41%	14%	0%
Collating service user feedback (e.g. focus groups)	9%	36%	41%	14%	0%
Using service user feedback to inform service development	9%	27%	50%	14%	0%
Access to data on children aged 5-16	11%	23%	59%	5%	2%
	Organisational development and partnership working				
	Very Poor	Poor	Neither good nor poor	Good	Very good
Partnership working	11%	18%	39%	32%	0%
Communication across services	14%	32%	36%	18%	0%
Sharing of information between agencies (e.g. multiagency meetings)	14%	18%	36%	32%	0%
Co-location of services/professionals to provide multiagency support)	11%	34%	39%	16%	0%
Accessibility to spaces where children and young people are e.g., via schools	9%	25%	39%	27%	0%
Integrated services	9%	25%	50%	16%	0%
Continued professional development	9%	11%	36%	41%	2%
Supervision for workforce	5%	7%	42%	39%	7%
Using data to inform service planning and delivery	7%	16%	48%	29%	0%

Availability of services and information

47% of respondents felt that there is good availability of digital services such as Kooth online mental health support in Shropshire. Two in five respondents reported that there is a good availability of information on what is available locally and parenting support programmes.

Areas of need are also highlighted, for example: 40% of respondents felt that there is a very poor availability of specialist services such as mental health services and a further 49% felt availability was “poor”.

44% of respondents also reported that there is a poor availability of face to face service provision. Community based activities such as sport and youth clubs was also highlighted as poor.

Accessibility of services and information

41% of respondents felt that there is good accessibility to parenting support programmes. However, 41% of respondents feel that there is very poor accessibility to specialist services such as mental health services and another 42% feel that there is poor accessibility to face to face service provision. One in five respondents feel that there is very poor accessibility to virtual service provision such as online appointments.

Engagement and co-production

39% of respondents reported poor co-production with parents in actively engaging children with SEND. 38% reported poor co-production with regards to collating service user feedback. Access to data on children aged 5 to 16 was also considered poor by respondents. More than one in five respondents reported good co-production with parents with the voice of the child.

Organisational development and partnership working

More than one third (34%) of respondents felt that co-location of services is “poor” and 32% reported communication across services as “poor”. On the other hand, 41% reported good continuous professional development and a further 32% reporting good partnership working.

Gaps in the service provision for children aged 5-16, including those with SEND

A word cloud visualizing the gaps in service provision for children aged 5-16, including those with SEND. The words are arranged in a cluster, with 'Specialist care' and 'Mental health' being the most prominent. Other significant words include 'SEND support', 'Safe youth spaces', 'Long waiting times', 'Lack of funding', 'Poor communication', 'Support for parents carers', 'Poor access rurality', 'Lack of community facilities', 'ASD assessment', 'Youth services', and 'Poor transport services'.

Specialist care
Mental health
SEND support
Safe youth spaces
Long waiting times
Lack of funding
Poor communication
Support for parents carers
Poor access rurality
Lack of community facilities
ASD assessment
Youth services
Poor transport services

Some detailed responses:

"Emotional and mental health support is still lagging behind, not enough provision to match community need. Only schools can refer into trail blazer project, often do not know who else is working with a child or young person and school often send multiple referrals to different organizations for the same problems/child YP"

"Huge gaps in availability and access to support to children in mainstream schools with SEND. Assessment and diagnosis pathways are horrendous, and many families struggle to get any support as they fail to meet strict criteria for early help until at crisis level"

"Accessibility to services where services are not provided in school, for example BEAM operates in Telford and Shrewsbury but those in the South have no access beyond virtual and most prefer an open of face to face. Accessibility through transport to youth provision is poor due to lack of affordable, accessible transport. There is a lack of provision for activities in general for young people. Youth services have been reduced overtime and there is little to fill this gap. Community projects would massively benefit at a local level"

"Mental Health and Wellbeing services are not good enough in Shropshire. Feedback we have received from parents about the Beam Drop-in service is it is difficult to access if you don't have a car. It can be difficult to take your child out of school to attend them. If your child is anxious or has SEND then waiting at drop ins with no guarantee of being seen is not ideal. Some of the sessions are very busy so you don't feel like you have much privacy. You may not see the same person each time you go so it is hard to build up a relationship of trust. In Wrexham, they have counsellors who provide 1:1 session in schools that children and families can self-refer to. The waiting time for Autism/ADHD assessments seems to be getting worse. My son has been referred to BeeU for an ADHD assessment and it looks like we may be waiting years. I enquired about going privately with the company that had the local NHS contract for adult ADHD assessments, and they said they are now also operating a waiting list because they have become overwhelmed with people wanting assessments. I am also worried about what support my son will be able to access after diagnosis"

Areas doing well in the service provision for children aged 5-16, including those with SEND



Some detailed responses:

"The EHCNA process appears to be improved and there is a positive feeling about going for an EHCP. Outcomes are now more specific and are more easily costed. LA development days are allowing SENDCos to have an input into future guidance"

“Good resources and support available for mental health services and exploitation”

“Expansion of SEND training and having a designated person to speak with for guidance”

“I'm really happy to see the Youth Work Team back up and running and getting out in the community. I'm also excited about the Children's Social Prescribing Service being available in schools. I am happy to see the regular Early Help drop ins starting to happen across the county”

Current key challenges for children aged 5-16, including those with SEND in Shropshire



Some detailed responses:

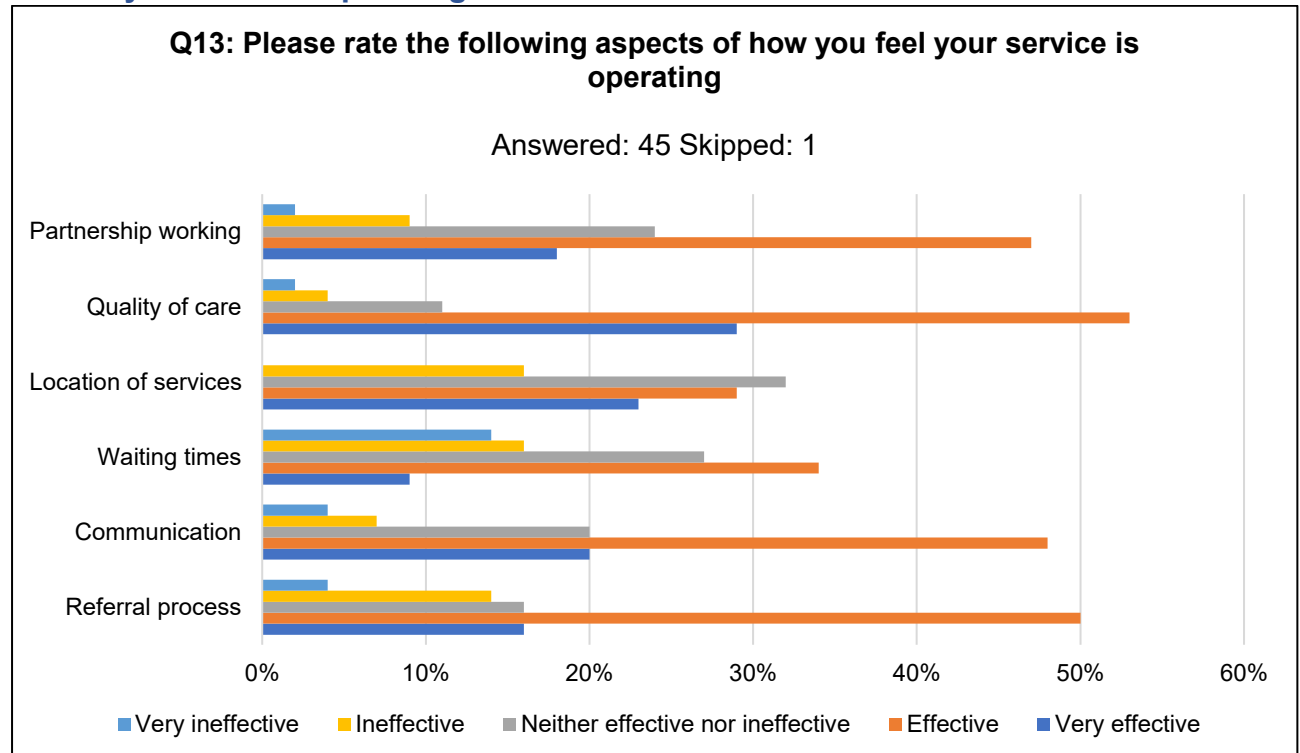
“I think that the biggest area in which these services fall down on is lack of resources, with little in the way of funding and resources spread thinly over a wide area”

“Mental health of young people and carers, especially risk of self-harm accessing emotional wellbeing support and managing escalating concerns providing adequate respite for those families with CYP with SEND due to workforce capacity”

“Mental health would form the highest percentage of current work, this can go from low level anxiety to self-harm and suicidal thoughts and actions, this is not limited to SEND. Isolation is also a key challenge, and some young people are now struggling to access social integration including school”

“Mental health and wellbeing for children and their parent/carers seem to be a massive challenge. Dental health - a lot of people are struggling to find an NHS dentist”

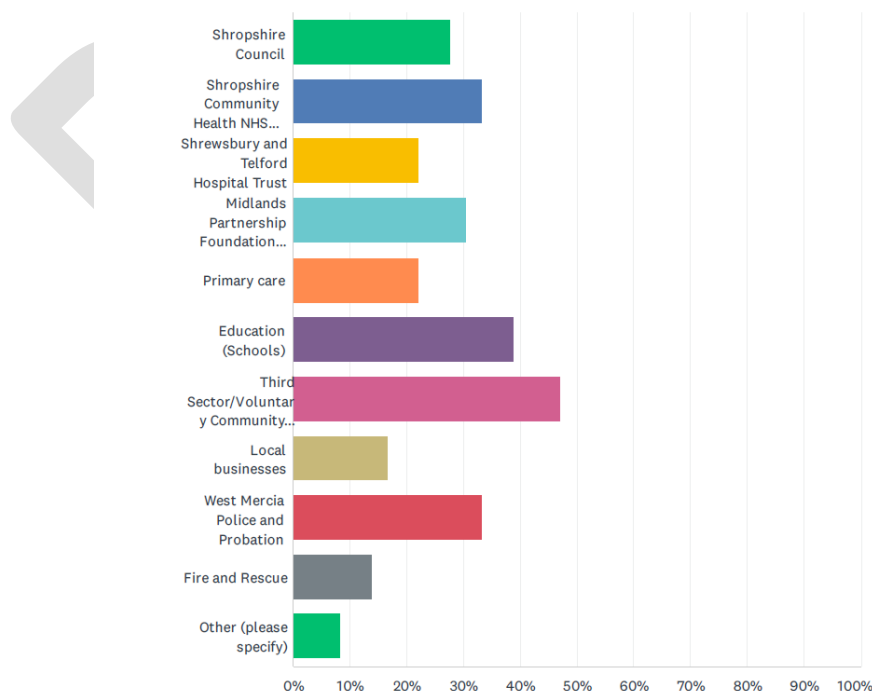
How is your service operating?



Partnership working opportunities

Q17 Which service areas would you like to work more closely with?

Answered: 36 Skipped: 10



Recommendations

Recommendations are based on the [Areas of Need](#)

1. To continue to promote the **cost-of-living** support and support for health and wellbeing through all services to ensure all local offers are accessible to people that need it most
2. To continue to increase and demonstrate the uptake and effectiveness of **Early Help at level 2 and level 3** to reduce the demand for statutory children's social care leading to reductions in the numbers of children becoming looked after.
3. To monitor the delivery of the **MMR** vaccination Action Plan and ensure the delivery of the 3-pronged approach through STW vaccination bid (data cleansing, health educator role and pop-up vaccination clinics in areas of low uptake).
4. To monitor and increase the number of **HPV** vaccinations and ensure delivery of the 3-pronged approach through STW vaccination bid
5. To reduce the number of admissions to hospital for **dental caries** through promoting uptake of the brighter brushes scheme and working with NHS England to increase NHS dental provision in areas of deprivation.
6. To continue to monitor and deliver the 'Too much blue' campaign, GP audits of blue inhaler prescriptions and increase uptake of **asthma** reviews
7. To task Education Partnership Board school subgroup to explore collaborative approaches to school support or challenge and engage with DfE RISE initiative and Shropshire CEO forum.
8. To continue to review and further improve our prevention offer for **social, emotional and mental health needs** to school aged children through the roll out of the iThrive model, to include consideration of young people with SEND and those on educational healthcare plans.
9. To increase vaccine coverage for one dose of **MenACWY utilising learning from the approaches taken as part of MMR and HPV vaccination bid.**
10. To further reduce the **rates of permanent exclusions and suspensions** and increase capacity and access to good quality alternative provision to enable all children and young people to receive a suitable full-time education that meets their individual needs.
11. To develop and deliver actions within the Tackling Drugs and Alcohol multi-agency action plan to **reduce the impacts of substance use**, promote **enhanced stop smoking service** and review evidence and share information regarding underage **vaping with services** and teams that work with young people so that our service offer for young people continues to strengthen.
12. To increase the number of children and young people who are **within healthy weight measurement** by developing recommendations outlined in Healthier Weight Strategy.

13. CYP universal services continue to improve data collection and monitoring of offers for **CYP with SEND** to ensure **universal provision meets their needs and supports early identification and prevention**, and reporting of this is aligned to the SEND & AP Strategy and Partnership Board.
14. Action plans in relation to the **CYP JSNA to be aligned with SEND JSNA Action Plans** to maximise impact of the most important priorities and avoid duplication.
15. To increase awareness **of road safety** including new driver awareness and continue to keep road safety a priority in child mortality work.
16. Although **Female Genital Mutilation** has not been highlighted as a concern in Shropshire, we will continue to raise awareness and monitor levels working with our midwifery and obstetric colleagues, developing actions as required.
17. Through partnership working we will continue to identify and support **children at risk of exploitation** and work collaboratively as a partnership to reduce exposure to exploitation.
18. Through partners promote the free safe and well visits to members of the community that would benefit from this service.

Appendix

Universal youth work statutory requirement

Information on the universal youth work statutory requirement can be found [here](#).

National Youth Work Curriculum

Information on the universal youth work statutory requirement can be found [here](#).

Market Drayton Community Profile for young people

YOUNG PERSONS VOICE

Young people indicate to youth workers that there are aspects of Market Drayton that they enjoy accessing for example the skate park and 'Nature' in the summer. However, a large majority of young people who engage with Youth Workers state that there is not a lot for them to do in the community. A challenge that seems to regularly be highlighted for the young people we work with is lack of money to engage in specific activities in the community.

Young People who have been spoken to have minimal knowledge to such aspects such as the wards that Market Drayton are split into, who the councillor is for their area

Market Drayton has several initiatives aimed at supporting young people in the community. Here are some key points:

1. **Wellbeing Drop-ins and Workshops:** The Shropshire Youth Association runs the Heads Up Project, offering weekly wellbeing drop-ins for young people in school years 7 to 11. These sessions provide one-on-one chats with youth workers to discuss worries, mental health issues, and coping strategies¹.
2. **Community-led Town Plan:** Market Drayton's Town Plan includes objectives to create a supportive environment for young people. The plan emphasizes education, lifelong learning, and recreational activities. It aims to make the town a friendly and inclusive place, with a strong sense of community².
3. **Demographics:** The town has a relatively young population, with 30% under 25 years old. This demographic focus is reflected in the community's efforts to provide relevant services and support².
4. Weekly Youth Projects aimed at Young People from 11-19 such as Youth Sessions run by SYA, Detached Sessions ran by the council
5. A large range of sports facilities for young people to engage in however cost can be an issue

For more information, please see [Market Drayton Community Profile for Young People](#)

END OF REPORT

Produced by Shropshire's Public Health Intelligence Team.