

Special educational needs and disability (SEND) needs assessment summary report

Phase one: review of 0 to 25 year olds in Luton

November 2020

Using data as at November 2019

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Executive summary

- Many of the findings in relation to special educational needs and disabilities (SEND) in Luton are relatively similar to England, or have followed similar patterns to the national picture in recent years. However some of the key differences, or aspects that are most interesting and worthy of further exploration, are as follows:
- There has been a rapid increase in Education Health and Care (EHC) plans experienced by both Luton and nationally since 2015. The factors responsible for this are not fully understood.
- Males are twice as likely as females to have a SEND in Luton – this follows the national pattern. Further understanding of exactly why this occurs, whether females are being offered appropriate screening/support and what the potential risk is for undiagnosed special needs and disabilities may be required.
- There is significant disparity in SEND across different ethnic groups in Luton, but the exact reasons for the variation across ethnicities is not clear. Further research may be necessary, including into the role of consanguinity (when the child has parents who are close blood relations) in Luton.
- Luton has notably lower rates of young people aged 20-25 with EHC plans than the England average. The reasons for this are not fully understood and need to be explored further.
- It is recognised that children suffering poverty or higher levels of deprivation are more likely to have SEND, however in Luton there is no clear pattern linking higher SEND rates to areas with the highest levels of child poverty. Some of the wards with the highest rates of child deprivation in Luton have the lowest rates of SEND. Reasons for the variation between wards are not known and may be worthy of further research.
- There was a 50 per cent increase in the proportion of school pupils in Luton with speech, language and communication needs (SLCN) identified as their primary need between 2015 and 2019, with other primary needs showing differing patterns. Consideration needs to be given as to how this might impact upon other needs as they become older and how it affects future provision and support.
- The primary needs of pupils attending special schools in Luton are different from those compared to the whole of England, though this may reflect the type of specialist provision available at special schools in Luton.
- Demand for resource-intensive EHC plans is forecast to continue to grow, and this will have an impact on funding and resourcing that needs to be factored into future plans. Projections based on the past five years' worth of data suggests that the number of EHC plans in Luton will experience a 60 per cent increase forecast between 2019 and 2025. Comparatively, the numbers of children receiving SEN support is forecast to remain relatively static. Note that there are limitations with projecting future demand, and caution needs to be applied to the figures provided.

Recommendations

Overarching strategic recommendations

1. Improve integration of pathways, processes and governance between education, health and social care.
2. To jointly commission integrated services for children with SEND including therapies.
3. Embed a meaningful approach to co-produce with children and young people with SEND and their families across health, education and social care.

Recommendations for information gaps

4. Develop a shared database across social care, education and health with shared definitions, codes and permissions that includes:
 - a. therapy data
 - b. SEND assessment team (SENAT) / SEND Service / Educational Psychologist Service / Post-16 and social care
 - c. regular training on the database (descriptors and codes)
 - d. develop a notification system from health/social care for the most complex – in place but needs to be embedded
5. Promote the disability register
6. Improve access to adult social care data
7. Enhance the Local Offer and pupil's voice for this age group (16 to 25)
8. Promote SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Service) to this age group (16 to 25)
9. For 19 to 25 year olds, need to reflect the preparing for adulthood (PFA) outcomes:
 - a. Employment
 - b. Independent living
 - c. Health
 - d. Gather data about why plans are ceasing to compare to statistical neighbours
 - e. Supported internships, destinations
10. Match school census data to SEND returns

Recommendations for identifying SEND

11. Terms and parameters such as severe learning difficulty (SLD) versus moderate learning difficulty (MLD) need to be better defined towards a shared understanding of what each term means
12. Commit to working with educational psychologists and special education support services doing training with schools on identification of primary need
13. Investigate whether the delay in diagnosis of Autistic Spectrum Conditions (ASC) through an initial diagnosis of Speech, Language and Communication Needs impacts on waiting times for diagnosis
14. Need to consider whether we should code children as primarily SLD or ASC when they have severe learning difficulties and autism with consistent, shared definitions

Recommendations for meeting needs

15. Specific training for women and girls with autism has been put in place as a traded package through special education needs service (SENS)
16. Investigate whether SEN families are poorer because they cannot work, for example someone needs to stay home to take care of the child, or is there a different association with deprivation
17. Encourage parents to register children on the disability register to take advantage of services
18. Investigate other transportation options for poorer families

Recommendations for educational outcomes

19. How can we review more effectively, the support provided in alternative provisions for children who have EHCP's?
20. Avoid the temptation to immediately leap to the conclusion that a child who has been excluded once cannot go to another mainstream school and needs a special school or alternative setting.
21. There needs to be a consistent way of management of behaviour across schools, for example an agreed strategy across the authority
22. Further investigation into the types of children who are persistent absentees, for example if from a special school or Woodlands, there are many children who have medical needs and are life limited – this includes those with:
 - a. reduced timetable
 - b. behaviour issues who are signed off
23. Continue to monitor exclusion rates via alternative provider census and also the SEN2 report
24. Review primary behaviour model and sustain new secondary inclusion model

Recommendations for educational provision

25. Continue and enhance levels of training for staff (e.g. EY, SLCN, autism, dyslexia, attachment, etc) and medical training
26. Keep range of specialist provision under review at mainstream schools
27. Monitor outreach work to determine what the special schools are offering including LZW and Richmond Hill
28. Resourced nurseries are full. Look at funding arrangements for private, voluntary and independent nurseries to determine if a new approach is needed

Background

What are special education needs and disabilities (SEND)?

The [Special Educational Needs and Disability Code of Practice: 0 to 25 years](#) (DfE 2015) definition of SEND is as follows.

“A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers.

For a child under two years of age, special educational provision means educational provision of any kind.”

Further explanation can also be offered to help define SEN:

“Special educational needs can affect a child or young person’s ability to learn. They may have one or more areas that affect their learning. Area of difficulties can relate to cognition and learning; speech, language and communication and interaction; social, emotional and/ or mental health, and physical and sensory needs.

It is important to note that there is a significant overlap between those with disabilities and those with SEN; although not all children with disabilities will have SEN and vice versa. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

The [Equality Act 2010 guidance](#) (UK government 2010) describes a disability as ‘a physical or mental impairment, which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.’

The disability definition may be considered quite a low threshold and covers more children than many people realise. Many of these children and young people may also suffer from multiple conditions.

The act requires that early years providers, schools, colleges, other educational settings and local authorities:

- must not directly or indirectly discriminate against, harass or victimise disabled children and young people
- must make reasonable adjustments, including the provision of extra aid services (for example, tactile signage or induction loops), so that disabled children and young people are not disadvantaged - this duty is known as ‘anticipatory’
- must think in advance about what disabled children and young people might need

What types of support are available for children with SEND?

SEN support

If a child has special educational needs they will be able to access help, called SEN support, from an early years setting such as a school or further education institution such as a college. Many children and young people have SEN support of some kind during their education and the support provided helps them succeed with some changes to their practice or additional support.

Note that in 2015, the School Action and School Action Plus categories were combined to form one category of SEN support.

Children and young people with more complex needs might instead need an Education, Health and Care Plan for some or all of their time in education and training.

Education Health and Care Plan (EHC plan)

From 2014 SEN statements and learning difficulty assessments were replaced by a single, simpler birth to 25 assessment process: education, health and care plans (EHC plan).

An EHC plan is for children and young people aged up to 25 who need more support than is available through SEN support. EHC plans identify educational, health and social needs, and set out the specific, additional support to meet those needs.

Parents, health workers, teachers, family friends and young people aged 16 to 25 can request an assessment for an EHC plan. If the EHC needs assessment shows that the special educational needs provision required is over and above what is available in the Local Offer, then the local authority will issue an EHC plan.

Children and young people not captured by EHC plans or SEN support

This needs assessment will also consider those who may not be picked up through neither SEN support nor EHC plans. This is particularly useful to try and capture those children and young people who consider themselves to have a disability but are either not involved with, or not picked up through, the educational system.

There are a number of reasons for this including:

- having a disability that doesn't require SEN support or EHC plan
- no longer being involved in education or training (particularly for those aged over 16)
- not being part of the education system in Luton (for example home schooling).

Sources of information for these children and young people include:

- those who have Blue Badges
- the council's register of children with disabilities
- the council's Children with Disabilities team
- those aged 18 to 25 in supported accommodation and Youth Offending Services (YOS)

These services vary and could either:

- intervene when necessary (such as YOS)
- allow people to electively register for their services, and then offer the necessary guidance and support to these children and young people (or their parents)

It's important to note that the vast majority of individuals identified from these sources will already be captured through either SEN support or EHC plans.

Increase in EHC plans

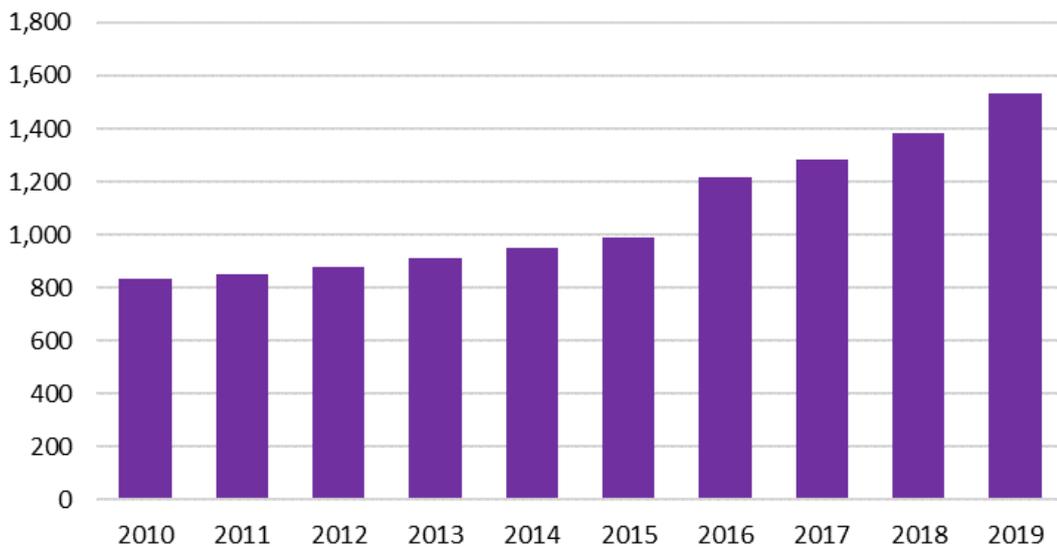
There's been a rapid increase in EHC plans experienced by both Luton and nationally since 2015. The factors responsible for this are not fully understood.

Figure 1 focuses on the change in numbers of children and young people with a statement or EHC plan in Luton between 2010 and 2018.

This demonstrates that there has been a steady increase in the number of plans in Luton schools, reaching 1,532 in January 2019 (though the latest internal figures suggest between 1,600 and 1,700).

EHC plans have seen an accelerating growth in recent years, increasing by nearly 11 per cent between 2018 and 2019, and increasing by 54 per cent since 2015. There were 163 new plans produced in 2018.

Figure 1: chart showing numbers receiving a statement or EHC plan in Luton, 2010 to 2019



Source: Number of 0 to 25 year olds with statements or EHC plans, Department for Education

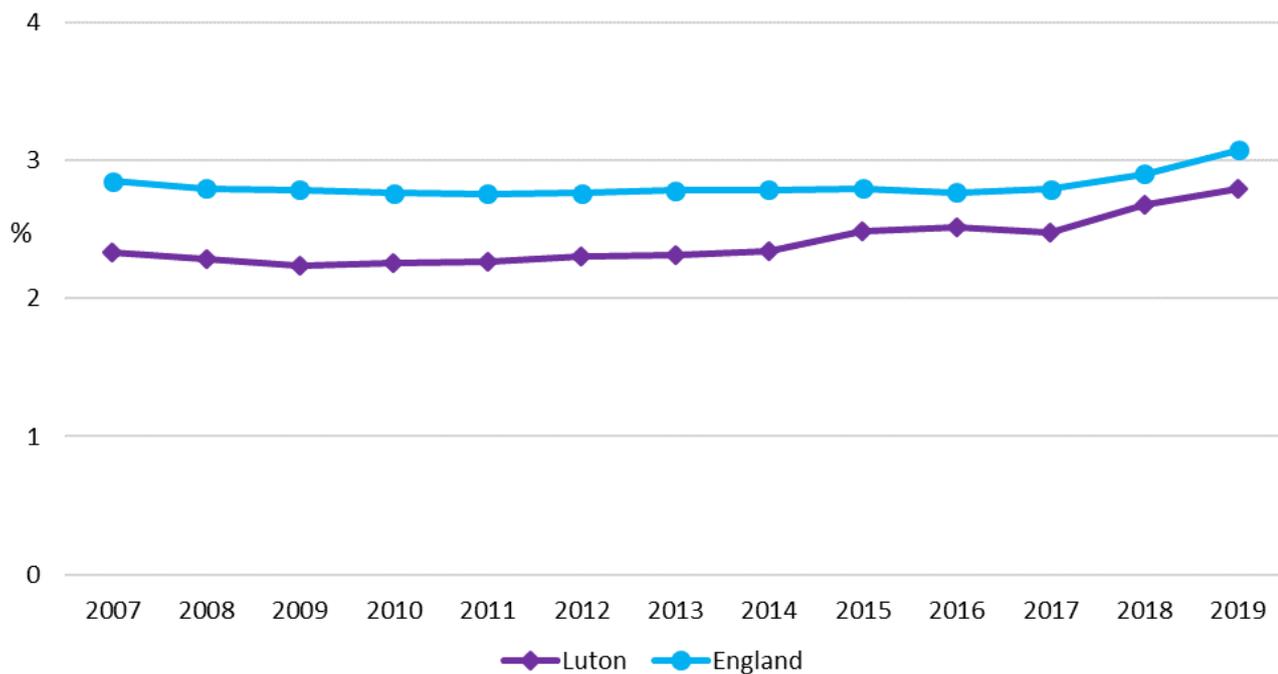
Figure 2 converts the number of EHC plans for school pupils in Luton as a proportion of all school children and includes the comparison to England.

Note that 1,122 of the EHC plans in 2019 are for those attending Luton schools.

Luton's rate has always been statistically significantly lower than the national figure throughout, despite the recent acceleration in Luton's number and rate of EHC plans and the narrowing gap compared to England, with 2.8 per cent of children in Luton schools having an EHC plan in 2019, compared to 3.1 per cent for England.

Luton's changes are broadly in line with what is being experienced at a national level. However, factors explaining the acceleration in numbers and rates with EHC plans since 2015 are not clear. It is however, not thought to be directly linked to the 2015 reforms that replaced statements of SEN with EHC plans.

Figure 2: Chart showing percentage of school pupils receiving SEN statement or EHC plan in Luton and England, 2007 to 2019



Source: Number of pupils with statements or EHC plans, Department for Education

Male to female ratio

Males are twice as likely as females to have a SEND in Luton – this follows the national pattern. Further understanding of exactly why this occurs, whether females are being offered appropriate screening/support and what the potential risk is for undiagnosed special needs and disabilities may be required.

Key findings

- Males are twice as likely as females are to receive support for a SEND in Luton - this follows the national pattern.
 Approximately 85 per cent of those with a primary need of behavioural, emotional and social difficulty (BESD) and ASC are male, though females are more evenly represented with physical disability (PD) and profound and multiple learning difficulty (PMLD).
- Despite females accounting for 42 per cent of children and young people with a visual impairment in Luton, only 22 per cent of those with an EHC plan for visual impairment are female.

Figure 3 shows that in Luton there are over twice as many males that have been identified as having SEND than females. This follows the national trend, which for school pupils nationally shows that 23 per cent of boys have a SEN, compared to 13 per cent of girls.

For EHC plans, 4.4 per cent of male school pupils and 1.7 per cent of females in England had a plan ([Special educational needs in England, January 2019 – DfE](#)), which is again very similar to Luton’s split of males and females with EHC plans.

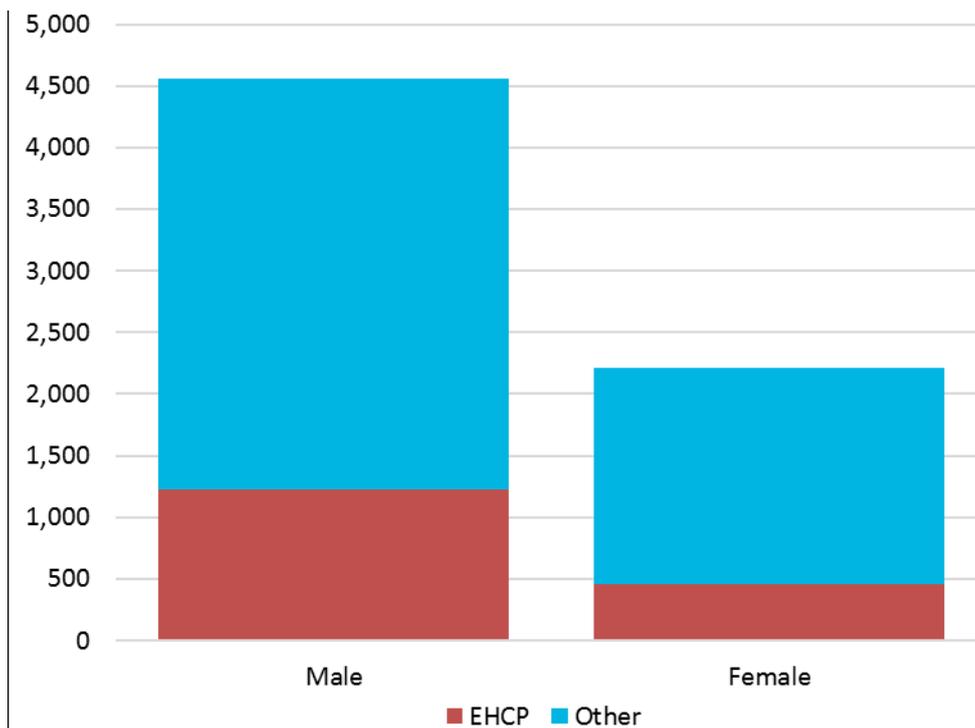
The exact reasons why SEND are more prevalent in males are unclear, although it is known that some conditions such as autism and ADHD are much more likely in boys. It is also thought that girls are better able to disguise and adapt to their needs, thus making it less likely that they will be identified and diagnosed ([Why many autistic girls are overlooked](#) - Child Mind Institute).

Boys are also more likely to display challenging behaviour compared to females (who may display the same condition in a more concealed manner), thus making it more likely that boys will be referred for further help and support ([Do boys have learning and attention issues more often than girls? - Understood.org](#)).

For those with undiagnosed cases there is concern that missing out on access to the relevant support and intervention may have a negative impact on their future outcomes ([When learning disabilities in adults go undiagnosed](#) – Read and Spell.com).

This risk may therefore be increased for females if diagnosis is not forthcoming. Consideration needs to be made as to whether females are being offered appropriate screening and support and what the potential risk is for any undiagnosed special needs and disabilities.

Figure 4: Luton SEND information split by sex



Source: Luton Council

Where recorded, the evidence shows that there is a greater gender imbalance in Luton between primary school aged children than secondary school age children (boys with SEND are 2.2 times more likely than girls at primary school and 1.9 times more likely at secondary school).

The data also shows that males are nearly 2.7 times more likely to have an EHC plan in Luton than females, with this even more likely for primary school age children than secondary school age children (2.8 times more likely at primary school, compared to 2.3 times at secondary school).

Note that the January 2019 school census for all pupils in Luton reported slightly more males than females, with males accounting for 51.3 per cent of all pupils. The 2018 mid-year population estimates also inform that 51.4 per cent of the 0 to 25 year old population in Luton is male.

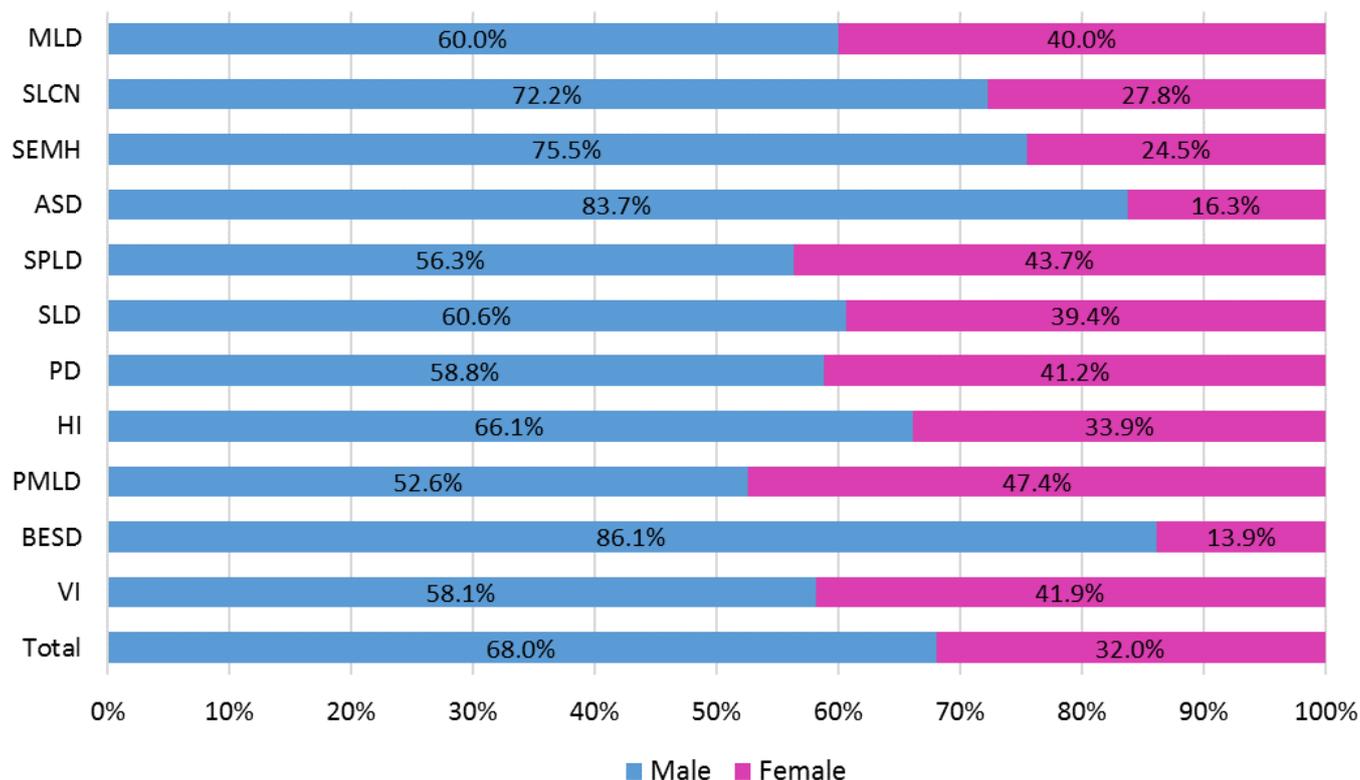
Figure 5: in terms of understanding whether any primary need is more associated with males or females, figure 5 analyses the primary needs for children and young people identified with a SEND in Luton, split by sex.

The bottom row shows that for the whole of Luton 68 per cent of those identified are male and 32 per cent are female. The rows above this break down primary needs by sex and allow an understanding of which of these are more over or underrepresented.

Males are most overrepresented in the now obsolete category of behavioural, emotional and social difficulties (BESD) with 86.1 per cent of those diagnosed with this condition male, and for those with autistic spectrum disorder (ASC) 83.7 per cent are male.

Conditions with the greatest proportions of female children and young people are profound and multiple learning difficulty (PMLD: 47.4 per cent), specific learning difficulty (SPLD: 43.7 per cent female), and visual impairment (VI: 41.9 per cent).

Figure 5: Split of type of disability by sex for all SEND children and young people in Luton



Source: Luton Council

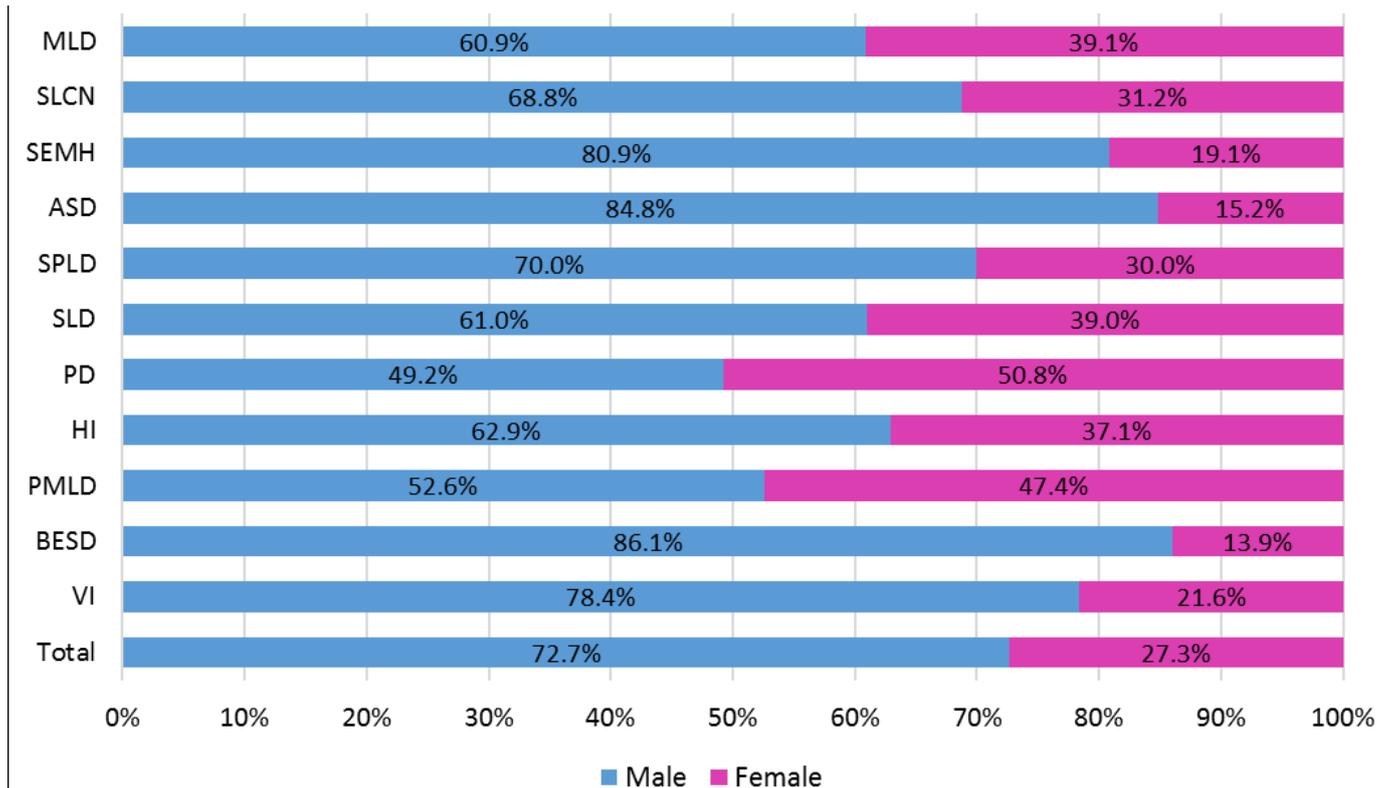
Figure 6 shows the equivalent chart and information for those children and young people with an EHC plan. The findings are broadly similar.

Males are even more likely to have an EHC plan (72.7 per cent are male) and BESD (86.1 per cent) and ASD (84.8 per cent) are again the two conditions most over-represented in males. The pattern is different for females, with physical disabilities now slightly more associated with females than males (50.8 per cent female).

It is also interesting to note that 41.9 per cent of all children and young people with SEND with a visual impairment are female, yet just 21.6 per cent of those with an EHC plan for visual impairment are female.

However this is based on relatively low numbers so the significance of this finding is not known. SPLD and SEMH also saw notable drops in the proportion of females between all children with SEND and just those with EHC plans, although physical disability saw a noteworthy increase.

Figure 6: Split of type of disability by sex for all EHC plan children and young people in Luton



Source: Luton Council

Disparity in SEND across different ethnic groups

There is significant disparity in SEND across different ethnic groups in Luton, but the exact reasons for the variation across ethnicities are not clear. Further research may be necessary, including into the role of consanguinity (when the child has parents who are close blood relations) in Luton.

Key findings

- The reasons for this disparity are thought to be numerous factors that can play an influence and can come from socio-economic, cultural and genetic characteristics. For example, among mothers of Pakistani ethnicity, the risk of a baby having a congenital anomaly (which has links to SEND) has been found to be almost double that of babies born to mothers with white British ethnicity.

Just under a third of congenital anomalies in children with Pakistani ethnicity have been attributed to consanguinity (when the child has parents who are close blood relations).

- ‘White British’ children and young people are very over-represented in the cohort of all those with a SEND, with ‘other Asian groups’, ‘Other white groups’ and ‘Asian Bangladeshi’ most underrepresented.
- When considering just those with EHC plans - those with the most serious needs - ‘Pakistani’ are the most overrepresented ethnic group, followed by ‘black’. ‘other white groups’ are very under-represented.
- The ‘white British’ and ‘Pakistani’ ethnic groups account for 55 per cent of all SEND children and young people in Luton, but show almost opposite pictures in terms of which primary needs are most over or under represented within each group. ‘White British’ are

overrepresented for ASC, SEMH, SPLD, physical disability (PD) and SLD whereas ‘Pakistani’ have overrepresentation for MLD, SLCN, SLD, hearing impairment (HI), visual impairment (VI) and profound and multiple learning difficulty (PMLD).

- Black children are highly overrepresented for ASC and this links in with known evidence that mothers of black ethnicity have a higher risk of having children with ASC.

There are many ways in which ethnicity might influence the risk of key SEND drivers such as child illness, low birth weight, stillbirth and infant death. While there appears to be an increased risk associated with some factors which are more common in some ethnic groups, there may be other factors such as:

- a supportive community
- higher rates of breastfeeding
- lower levels of smoking

These are also more common and reduce risk ([Pregnancy and early life: reducing stillbirth and infant death tool](#) (various sources compiled by Public Health England (2019)).

Among mothers of Pakistani ethnicity, the risk of a baby having a congenital anomaly has been found to be almost double that of babies born to mothers with white British ethnicity. Just under a third of congenital anomalies in children with Pakistani ethnicity have been attributed to consanguinity (when the child has parents who are close blood relations) ([Risk factors for congenital anomaly in a multi-ethnic birth cohort: an analysis of the Born in Bradford cohort](#) (The Lancet (2013)).

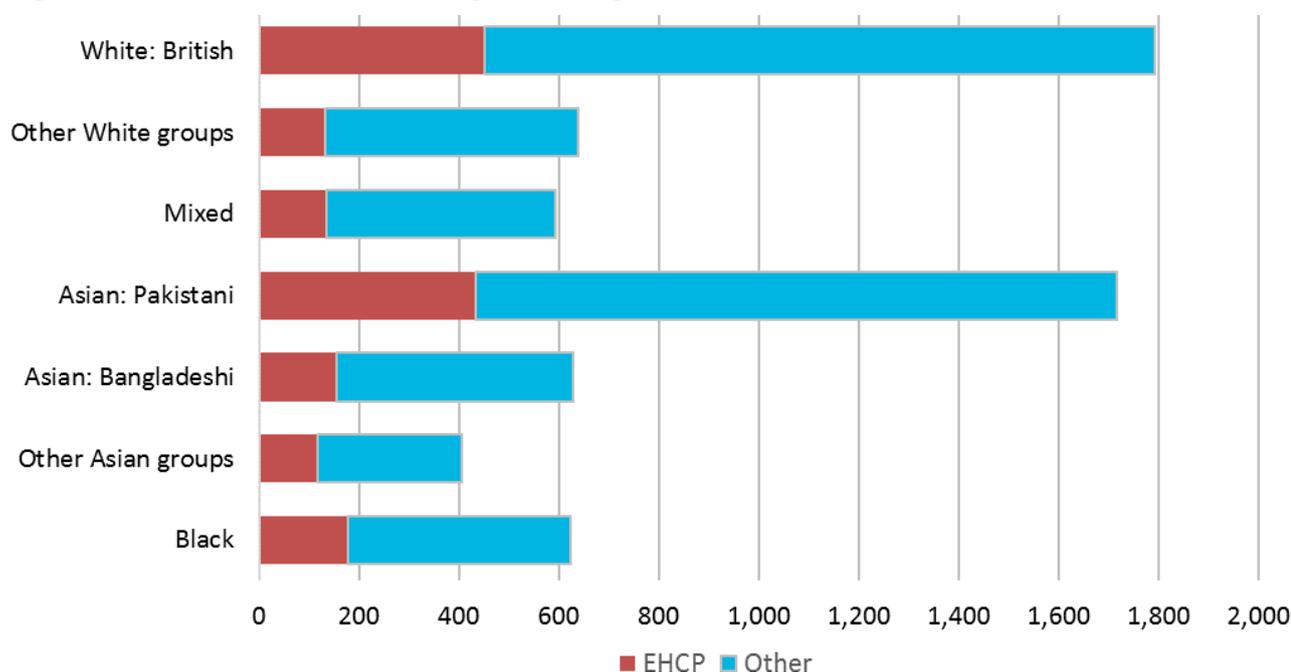
It is known that there is higher need in Pakistani children which is known to be at least partially influenced by higher learning disability prevalence in this community (Director of Public Health, NHS Luton and Luton Council (2011) Annual Public Health Report ‘The health of Luton’s ethnic and migrant communities and Luton JSNA (2015))

The latest information from the Luton school census informs that nearly 47 per cent of pupils are of Asian ethnicity, with just over 25 per cent from a Pakistani background. Twenty one per cent of school pupils are classified as ‘White British’.

Figure 7 shows the Luton breakdown of all children and young people with SEND aged 0 to 25 by broad ethnic groupings. It highlights that those identified as being ‘White British’ had the greatest numbers at about 1,800, followed closely by ‘Pakistani’ with approximately 1,700.

‘Other white groups’, ‘Bangladeshi’, ‘black’ and ‘mixed’ ethnic groups all had around 600 children and young people with SEND, and ‘Other Asian groups’ had approximately 400.

Figure 7: children with SEND by ethnicity



Source: Luton Council

Figure 7 also splits children and young people into whether they have an EHC plan. All of the ethnic groups have a relatively similar split in terms of the proportion of total SEND children and young people having an EHC plan – with:

- ‘black’ having the highest rate of EHC plans at 29 per cent
- ‘other white groups’ (mainly Eastern European ethnicities) having the lowest at 21 per cent

In terms of actual numbers with an EHC plan, ‘white British’ (450) again leads ‘Pakistani’ (430).

Further comparisons allow an understanding of whether particular ethnic groupings are more or less likely to be affected by SEND and its associated characteristics.

Figure 7 calculates an index in which the ethnic groups are shown as either under-represented (to the left of the axis) or over-represented (to the right of the axis) for those pupils attending Luton maintained schools in the single list of children and young people with SEND compared to data on ethnicity from the 2019 Luton school census.

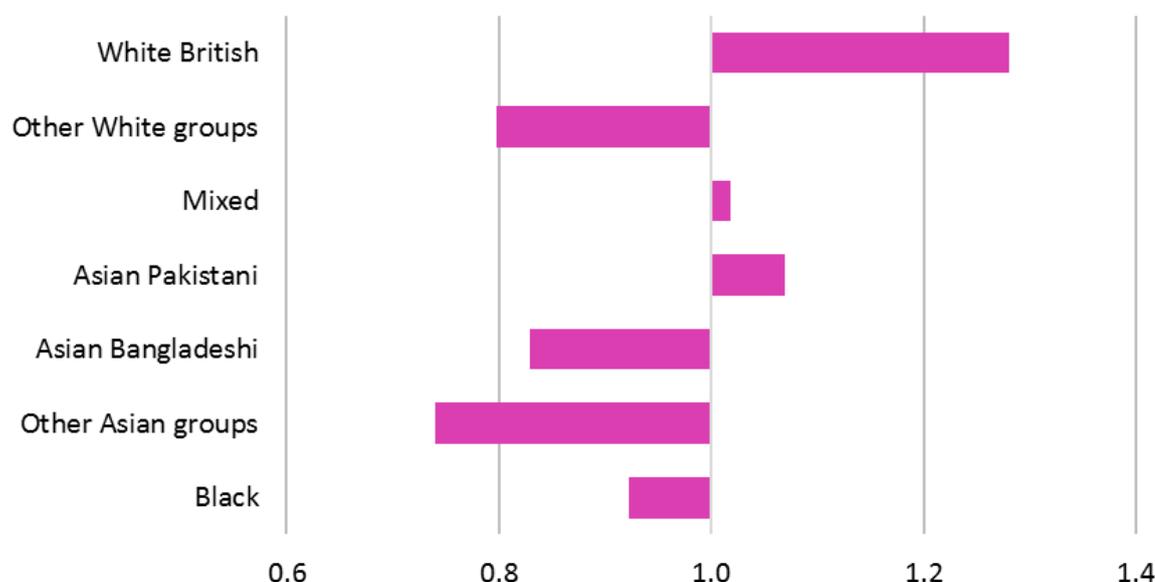
This shows that ‘white British’ and ‘Pakistani’ are the two most over-represented groups for those in the SEND cohort of school age, with ‘other Asian groups’, ‘other white groups’ and ‘Bangladeshi’ the most under-represented.

Figure 7 previously showed that ‘white British’ and ‘Pakistani’ had the highest numbers of children and young people with SEND (with approximately 1,700 to 1,800), and the index (Figure 8) informs that as a proportion of the total ethnic population those from a white British background are more likely to have a SEND.

To add context to this, ‘white British’ accounts for 26.7 per cent of all identified children with SEND who are of school age, with the school census informing that ‘white British’ account for 20.9 per cent of all school students in Luton.

Therefore white British are over-represented in this SEND cohort compared to their share of the Luton school census. In contrast, ‘other Asian groups’ account for 6.4 per cent of SEND and 8.7 per cent of all Luton school pupils and are therefore under-represented in the SEND cohort compared to what might be expected based upon their share in the school census.

Figure 8: Index of children from the school census with SEND by broad ethnic groupings



Source: Luton Council and 2019 school census

Figure 8 shows the same form of chart, but this time just for those with an EHC plan. ‘Pakistani’ are the most over-represented group, with ‘black’ following, having been under-represented in Figure 7.

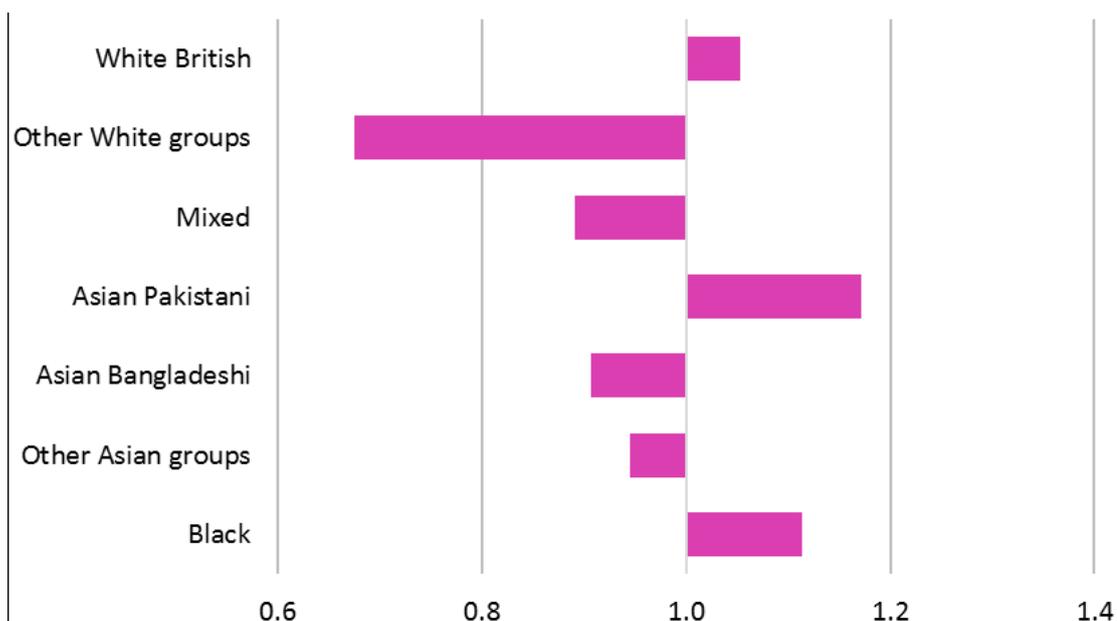
'White British' are now only moderately over-represented, having been comfortably the most over-represented above.

'Other white' groups are the most under-represented for EHC plans – accounting for 8.5 per cent of EHC plans, but 12.6 per cent of Luton school pupils.

'Other Asian' and 'Bangladeshi' ethnicities are more represented with regards to EHC plans than for overall SEND, though are still under-represented for EHC plans.

'Mixed' ethnicity have seen the opposite picture, having been moderately over-represented for all SEND children, but under-represented for EHC plans.

Figure 8: Index of children from the school census with an EHC plan by broad ethnic groupings



Source: Luton Council and 2019 school census

Whilst the above charts focus on those attending school, for those in Luton aged between 16 and 25 with an EHC plan there are nearly twice as many who are of 'white British' ethnicity compared to Pakistani.

This occurs despite the total numbers of EHC plans being fairly even between these two ethnic groups for the whole of the 0 to 25 population in Luton. However it will largely be explained by the fact that there are likely to be more young people aged 16 to 25 in Luton who are white British.

Unfortunately, the exact numbers are not known, but in the 2011 census there were slightly more than twice as many white British 16 to 24 year olds in Luton than there were Pakistani (2011 Census, Office for National Statistics). Evidence such as recent school censuses would indicate that these figures will have narrowed since 2011, but it is not known to what extent.

Focusing upon all those children with a SEND and evaluating their ethnicity against their primary needs reveals some interesting patterns. Figure 9 below analyses children and young people of white British and Pakistani ethnicity, who make up 55 per cent of all SEND children.

It also calculates an index in which the primary needs are shown as either under-represented (to the left of the axis) or over-represented (to the right of the axis) compared to the total proportion of white British and Pakistani children identified in the SEND cohort.

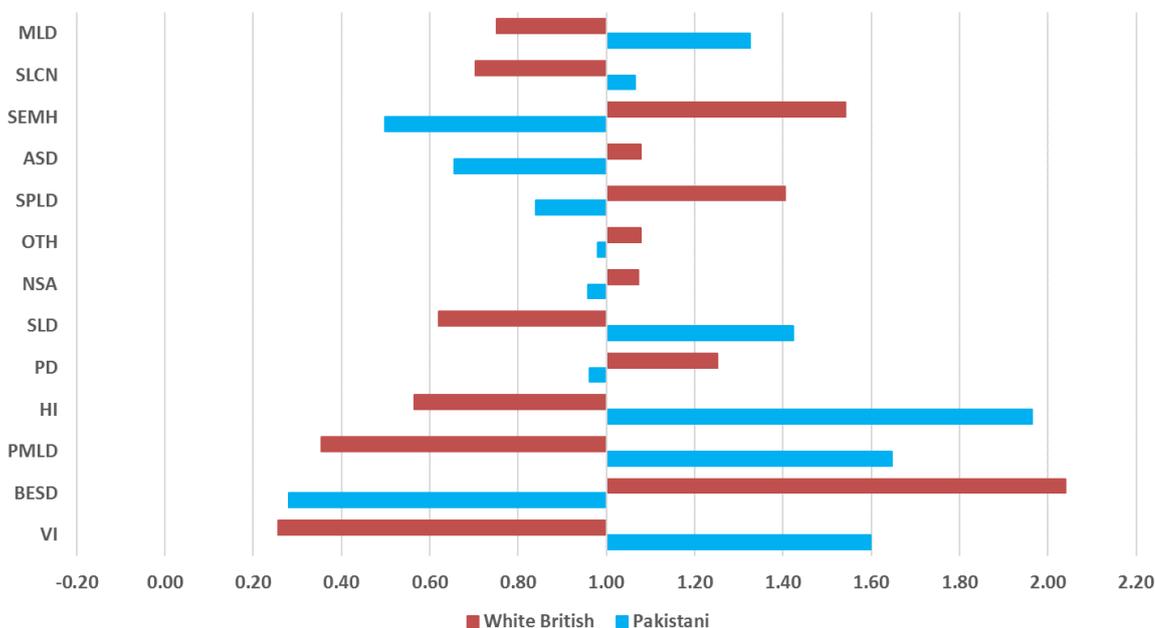
For example, 35.5 per cent of all children with MLD are of Pakistani ethnicity compared to the 26.8 per cent of all children with SEND who identify as Pakistani. Therefore Pakistani are overrepresented for MLD to a ratio of 1.32.

Alternatively, white British account for 21 per cent of all MLD, but make up 27 per cent of all SEND children, and are therefore underrepresented for MLD to a ratio of 0.77.

Note that the primary needs on the left-hand axis are listed in order of prevalence in SEND children in Luton.

Although some of those needs towards the bottom have greater proportional over or under-representation it should be noted that these are based on lower numbers and are therefore more prone to erratic patterns. Therefore, much of the focus is on the top part of the chart, although there are still interesting observations that can be made on the lower part.

Figure 91: Index of White British and Pakistani ethnicities against primary need classifications for all SEND children



Source: Luton Council

Perhaps the most notable observation from Figure 9 is that for each primary need the two ethnicities have almost opposite patterns in terms of their representation. Bearing in mind that these groups 'only' account for 55 per cent of all SEND children this would not necessarily be expected to occur repeatedly.

A second observation is that the two ethnicities shown have different patterns for SLCN and ASC. This is interesting because of the strong links between the two needs.

White British are underrepresented for SLCN, accounting for just 19.6 per cent of all SLCN, but account for 30.1 per cent of ASC, and Pakistani account for 28.6 per cent of SLCN but just 17.5 per cent of ASC.

This could be due to the fact that when a child's primary language is other than English, it can take longer to distinguish between a speech and language need and possible ASC.

There are also some interesting results concerning some of the other ethnic groupings and the primary needs associated with each. For example, black children are highly over-represented for ASC - 14.5 per cent of school pupils with ASC in Luton are black - but this group only account for 9.8 per cent of all SEND pupils in Luton.

This links in with known evidence that mothers of black ethnicity are at a significantly higher risk of having children with ASC than compared with white mothers ([Autism, ethnicity and maternal immigration](#) (Keen, Reid and Arnone (2010)).

This same report actually finds that all mothers born outside Europe had a significantly higher risk of having a child with ASC compared with those born in the UK, with the highest risk observed for those from the Caribbean.

It should be noted that unfortunately the set of data used for the analysis in Luton only covers ethnic grouping, with no information on the country of birth of the children or their mothers.

However, it does lead to the extra consideration that immigration links into an additional risk factor for SEND prevalence in children and young people.

Further findings between ethnic grouping and primary needs are:

- 'other white' being over-represented for SLCN (12.9 per cent of SLCN from 9.9 per cent of all Luton SEND pupils)
- other Asian groups also being over-represented for SLCN (9 per cent from 6.4 per cent)
- mixed ethnicity children being highly over-represented for SEMH (14.1 per cent from 9.2 per cent)
- Bangladeshi being particularly under-represented with SEMH (5.4 per cent from 10 per cent of all SEND children)

Reasons to explain these findings are not fully known, though there are likely to be different influencing underlying factors. For example, with Pakistani children it is likely that the higher need in SLCN is influenced by higher learning disability prevalence in this community.

Whereas the need in Polish and Romanian children (who are dominant in the 'other white group') may be more likely to be affected by their recent arrival in the UK.

There are also some children who are harder to reach because their parents are new to the country, or have no / limited engagement with services. This group is likely to be particularly vulnerable and at greater risk of having unidentified needs.

Further research may be required to aid understanding of the disparity in SEND between different ethnic groupings, including into the role of consanguinity and an understanding of the experiences of those who have recently arrived in the UK.

Lower than average rates

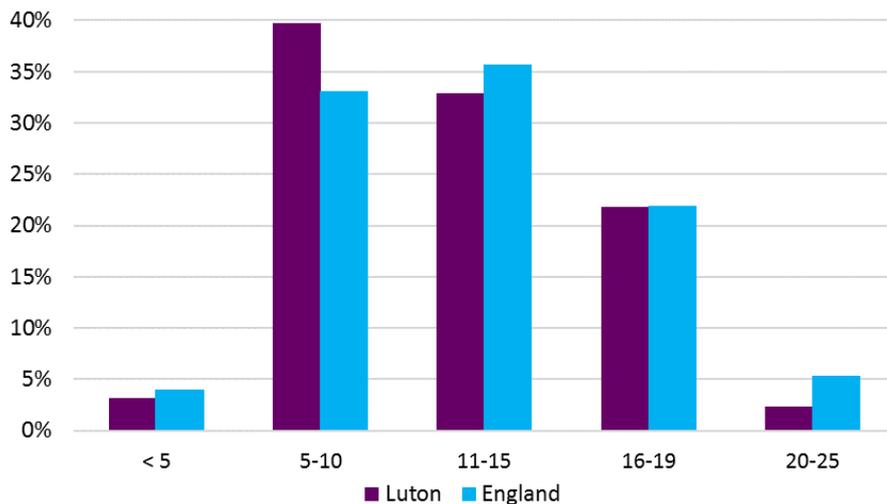
Luton has notably lower rates of young people aged 20-25 with EHC plans than the England average. The reasons for this are not fully understood and need to be explored further.

Figure 10 below compares the proportion of children and young people with an EHC plan in Luton and England that fall into the different age range groups. This information comes from the DfE and is slightly different to that above, but it highlights that Luton has a significantly lower proportion of EHC plans (2.3 per cent) for those aged 20 to 25 compared to England (5.3 per cent).

It also demonstrates that Luton has a notably higher rate for those aged five to ten - these account for nearly 40 per cent of Luton's plans compared to 33 per cent for England.

The reasons for this are not fully understood and need to be explored further, but it may be a consequence of strong identification at a younger age that helps reduce the need for further support as they become older, or it could be linked to greater focus on younger age groups and a subsequent lack of emphasis, support or provision for older age groups.

Figure 10: Children and young people with EHC plans by age range for Luton and England, 2019



Source: Children and young people with an EHC plan by age group 2019, Department for Education

Links between SEND and poverty and deprivation

It's recognised that children suffering poverty or higher levels of deprivation are more likely to experience a SEND. However in Luton there is no clear pattern linking higher SEND rates to areas with the highest levels of child poverty.

Some of the wards with the highest rates of child deprivation in Luton have the lowest rates of SEND. Reasons for the variation between wards are not known and may be worthy of further research.

Children who live in poverty are exposed to a range of risks compared to children that are more affluent that can have a serious impact on their physical and mental health and put them at risk of poor outcomes

Child poverty means growing up in a household with low income. Income poverty and material deprivation is therefore at the heart of tackling child poverty, however this is just the core of a series of complex issues and outcomes, which harm children's development.

There is a strong link between low income and higher rates of SEND prevalence. Children identified as having SEND are more likely to both experience poverty and have lower educational outcomes, each of which increases the risk of experiencing poverty as an adult. It should also be noted that families raising a disabled child experience higher costs than those raising a non-disabled child, with some estimates suggesting it could be up to three times more expensive.

Research by the [Centre for Research in Social Policy](#) (Loughborough University) showed that almost half of children in Luton are living in poverty. The proportion of children living in poverty after housing costs in Luton increased from 33 per cent in 2015 to 46 per cent in 2018.

The UK figure for 2018 is 30 per cent. The increasing numbers of children living in poverty is being driven by increasing housing costs, low wages and welfare reform.

Figure 11 shows that for Northwell and Leagrave wards, greater than 10 per cent of their 0 to 25 year old population have a SEND, with Saints and Round Green also approaching 10 per cent.

High Town and South stand out as having particularly low rates. This is interesting because the wards with both the highest and lowest rates of SEND (Northwell and South) include areas with particularly high levels of children living in poverty (see Figure 12).

Areas with the lowest rates of child poverty in Luton, such as Bramingham, Barnfield, Crawley and Wigmore, are low in number of children with a SEND and are low-to-average for the rate of children with a SEND.

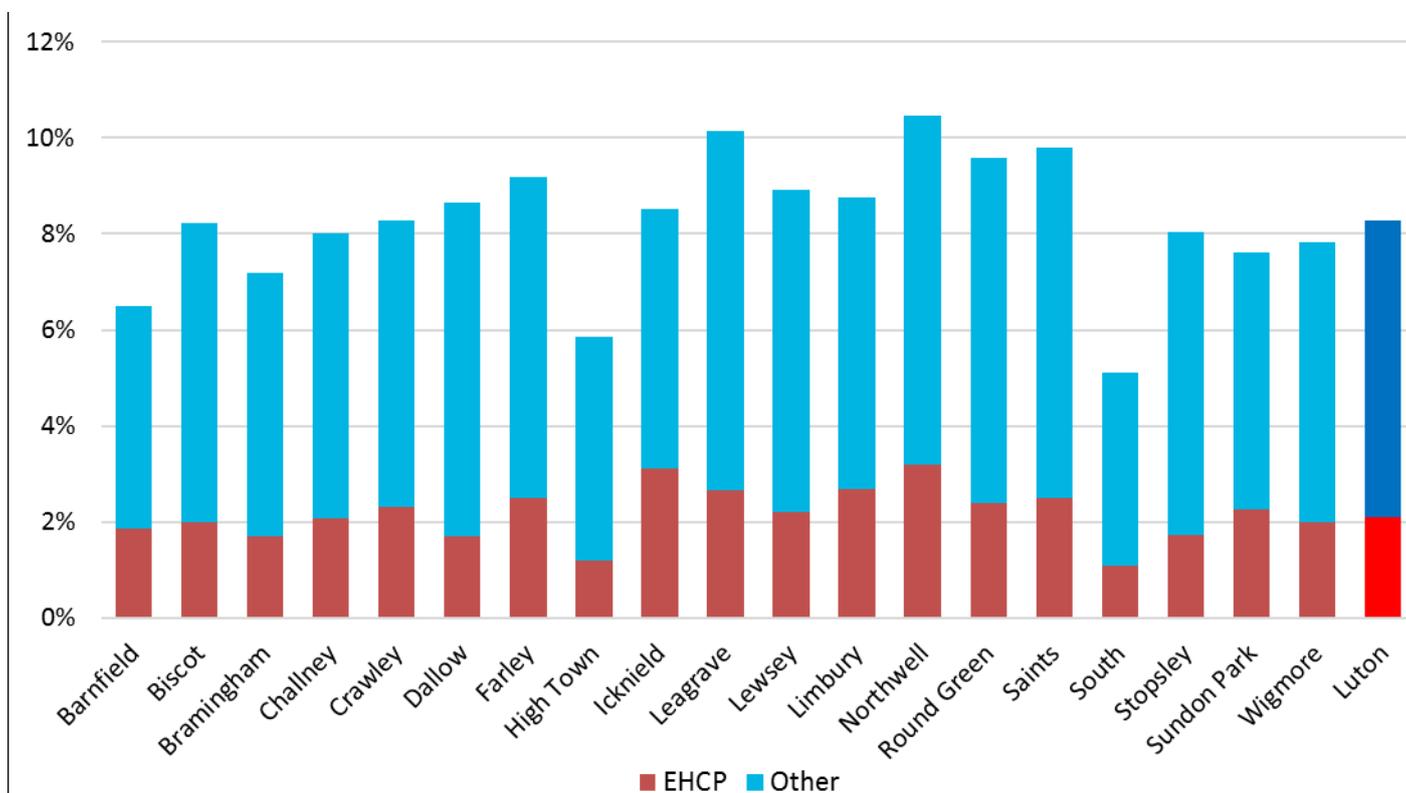
Note that there is considerable variation by ward in terms of the rate of children and young people aged 0 to 25 years old with an EHC plan, ranging from 1.1 per cent of the total in South ward to 3.2 per cent in Northwell.

There's also a widespread difference in the proportion of EHC plans relative to all children with SEND, fluctuating from 19.4 per cent in Dallow to 36.5 per cent in Icknield ward.

Reasons for the variation between wards are not known and may be worthy of further research. It may be linked to the effectiveness of SEND services in different school catchments and/or the accessibility and equitable provision of more centralised SEND services across the whole of Luton.

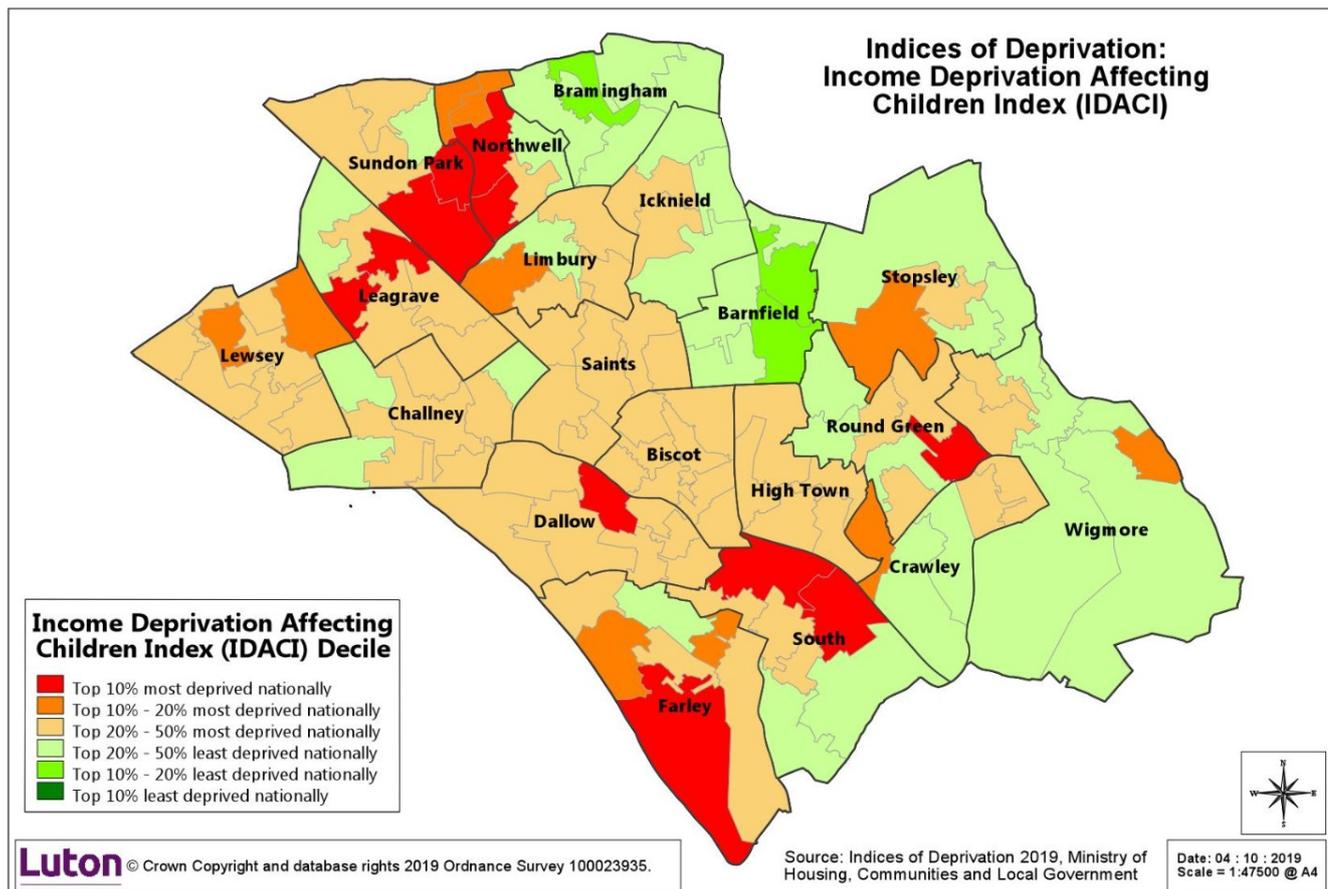
It might be worth considering the impact Traded Services has had on the uptake of centrally provided local authority support services to academies. There's been reduction of buyback for non-statutory education support services. Equitability is impacted by decisions to buy back services.

Figure 11: Luton SEND information broken into ward of residence as a proportion of total 0 to 25 population



Source: Luton Council and 2017 mid-year population estimates, ONS

Figure 12: Income deprivation affecting children, 2019



Source: English Indices of Deprivation 2019, Source: English Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government

Increase in primary need of speech, language and communication needs (SLCN)

There was a 50 per cent increase in the proportion of school pupils in Luton with a SLCN between 2015 and 2019, with other primary needs showing differing patterns. Consideration needs to be given as to how this might impact upon other needs as they become older and how it affects future provision and support.

Key findings

- When only considering those with EHC plans nearly one third of those in Luton have a primary need of autistic spectrum disorder (ASC).
- When looking at information available about all children and young people with SEN support and EHC plans in Luton, the leading primary needs are moderate learning difficulties (MLD) and speech, learning and communication needs (SLCN) - each with approximately 1,400 individuals. These are followed by social, emotional and mental health (SEMH; ~900) and ASC (~700).
- Between 2015 and 2019 the proportion of school pupils in Luton with a SEND primary need of SLCN increased by 50 per cent, but the rates for specific learning difficulties (SPLD), MLD and SEMH all experienced notable decreases.

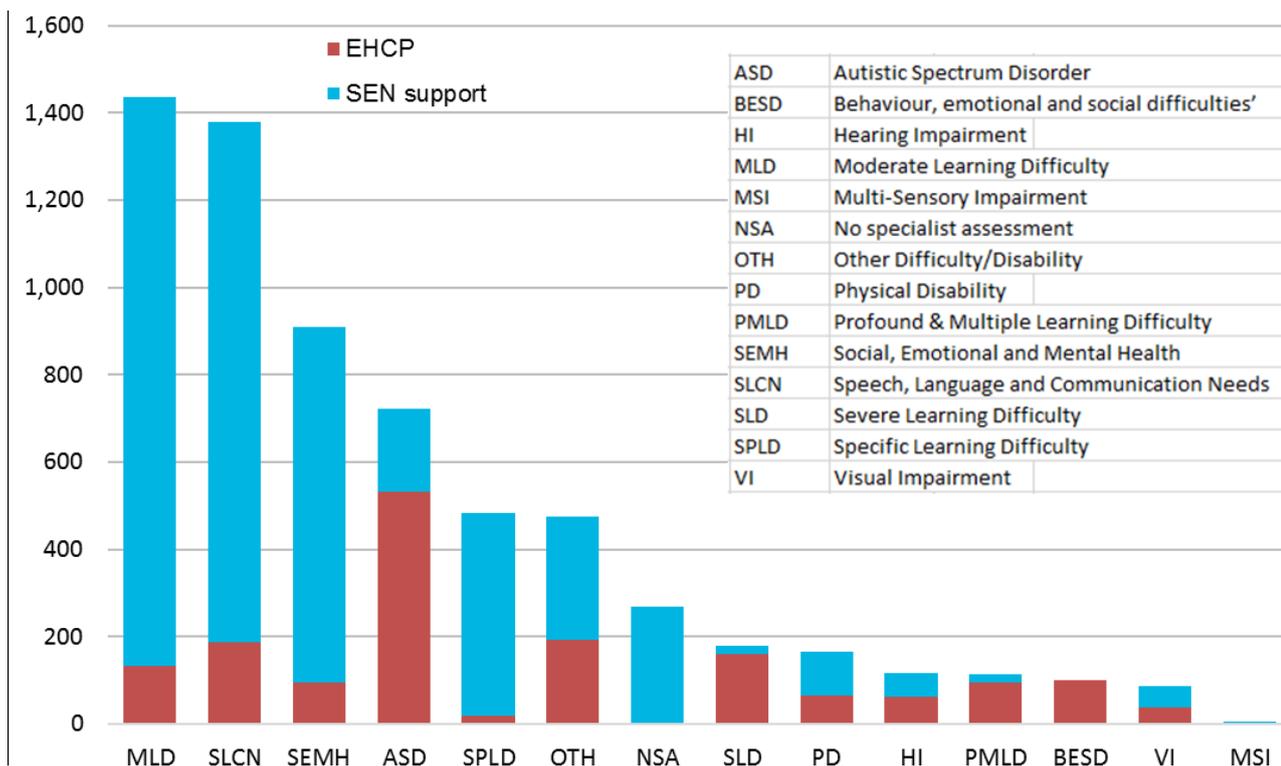
- ASC has remained relatively static (SEN support and EHCP) in Luton since 2015, whilst it has increased in England from 9 per cent to 11 per cent of all pupils with SEND.
- Compared to England, the proportion of pupils with SEND (SEN support and EHCP) attending Luton schools with ASC is significantly lower (6.3 per cent against 11 per cent for England); however MLD and severe learning difficulties (SLD) are both notably higher in Luton than England. This does not take into account children who live in Luton but are educated in schools outside of Luton.
- In Luton, SLCN becomes less prevalent as a proportion of all SEND cases as children and young people get older – this is contrary to ASC, which becomes more prevalent in the older age groups.

There are strong links between these two needs so this may partially reflect a change of diagnosis as their conditions become more apparent. Also of interest is that SPLD and SEMH have greater prevalence in 11 to 15 year olds than in other age ranges.

- There are some concerns with regards to the accuracy and consistency of recording the primary needs for children with SEN support.

The January 2019 school census and the list of children and young people with an EHC plan also supplied further detail regarding the 'type' of disability that young people have been classified with, and this is presented in figure 13 below. Please note this only refers to the 'primary need' as children may contend with multiple conditions.

Figure 13: Children and young people in Luton by primary need for SEN support and EHC plan, 2019



Source: Luton Council

This shows that the Luton dataset identifies moderate learning difficulties (MLD) as the most prevalent condition for children and young people in Luton, with speech, learning and communication needs (SLCN) not far behind, both with around 1,400 children and young people.

Other conditions in Luton that had over 400 recorded children are social, emotional and mental health issues (SEMH), autistic spectrum disorder (ASC), specific learning difficulties (SPLD) and other difficulties/disabilities (OTH). Other categories with notable numbers of children and young people in Luton include severe learning difficulties (SLD), physical disabilities (PD), hearing impairments (HI), those with profound and multiple learning difficulties (PMLD), visual impairments (VI) and behavioural, emotional and social difficulties (BESD).

Further analysis can be made by breaking down Figure 13 into those conditions which are associated with those receiving SEN support and those with an EHC plan.

Given the nature and requirements of EHC plans, children with these are more likely to suffer from more serious conditions than those who receive SEN support.

Figure 13 shows that overall there are considerably more children with SEN support than EHC plans, but there are a number of conditions that are more associated with having an EHC plan. These include:

- autistic spectrum disorders (ASC)
- severe learning difficulties (SLD)
- profound and multiple learning difficulties (PMLD)

Behavioural, emotional and social difficulties (BESD) are entirely associated with those with an EHC plan because this category actually no longer exists in the code of practice guidance. It has since been superseded by SEMH.

Note that those who have primary need of BESD would not automatically be reclassified as SEMH. BESD still exists here because these children and young people have not yet been diagnosed with an alternate need.

Figure 13 also informs that ASC has the highest number and rate of children and young people with an EHC plan, with nearly one in three children with (31.6 per cent) EHC plans having this diagnosis, compared to just 4 per cent of all those with SEN support.

ASC is also the most common primary need for all children with an EHC plan nationally, with 29 per cent having this need in 2019 ([Special educational needs in England: January 2019](#), DfE). Of those who have SEN support but no EHC plan, 27 per cent have a primary need of MLD, with 25 per cent having SLCN.

Please note that there are concerns around the accuracy of primary need diagnosis from schools, which means that any interpretations should be accepted with caution.

This is particularly noted where pupils appear on both the school census and the list of children and young people with EHC plans. In approximately half of cases the primary need differs between the two sources. Where this has occurred this analysis had used the primary need as identified through the EHC plan.

Primary need trends over time

Data from the DfE based upon school census returns provides information on primary need for school pupils in Luton and how these have changed over time and compare to the national figures - this is for both SEN support and EHC plans.

Although based upon a different source, and including only a subset of those included in figure 14, the breakdown of primary needs is broadly similar. Note that this only includes children attending schools in Luton.

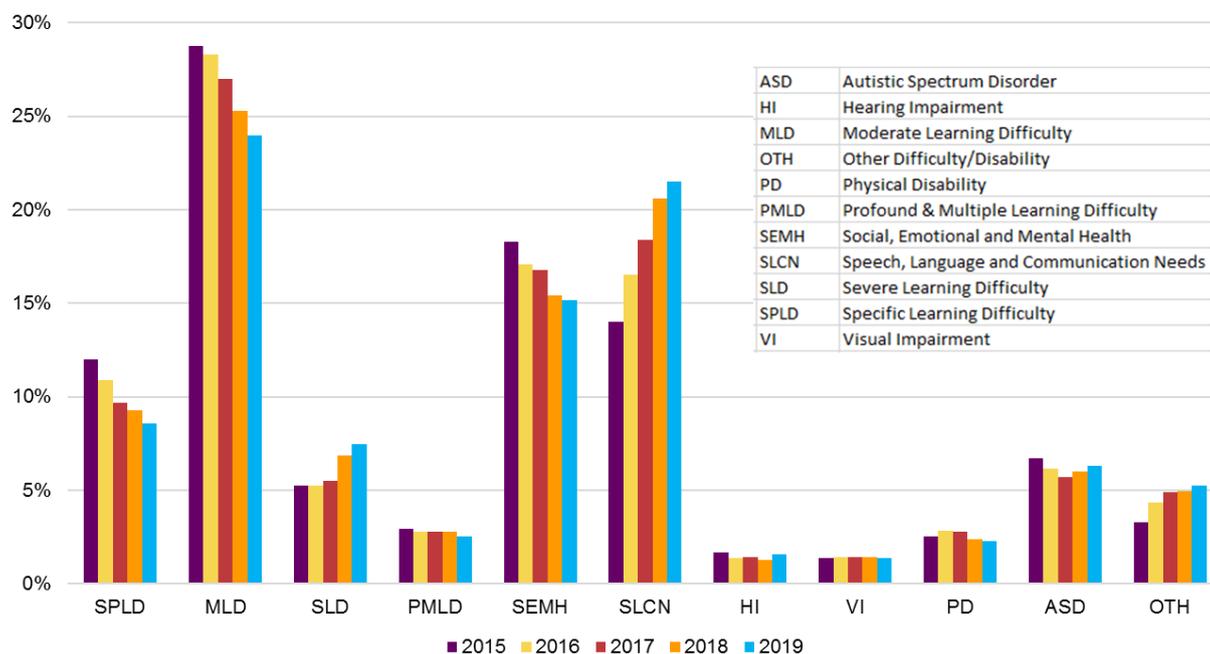
Figure 14 shows that between 2015 and 2019 the proportion of all SEN children and young people with a primary need of SLCN attending Luton schools has increased by over 50 per cent, from 14 per cent to 21.5 per cent.

MLD remains the dominant need at 24 per cent in 2019, though this has decreased from 28.7 per cent in 2015.

SPLD has also decreased (12 per cent to 8.6 per cent), but SLD has increased from 5.2 per cent to 7.4 per cent.

ASC has seen some variation, but is relatively unchanged between 2015 and 2019 (6.7 per cent to 6.3 per cent).

Figure 14: Primary need of school pupils with SEN in Luton, 2015 to 2019



Source: Pupils with special educational needs by primary type of need, DfE

The reasons for the recent increase of SLCN diagnoses in Luton could be linked to better identification of this need in younger people, but it is also linked to multifactorial reasons and is particularly linked to:

- deprivation
- levels of social learning in the home

The factors for the decline in the other primary needs, and whether these are directly linked, are not known.

Research has identified that there are links for those who are diagnosed with SLCN at a young age and shifting primary need classification as they get older. Evidence informs that the most common groups to shift to from SLCN are to MLD and SPLD ([The transitions between categories of special educational needs of pupils with Speech, Language and Communication Needs \(SLCN\) and Autism Spectrum Disorder \(ASD\) as they progress through the education system](#), DfE).

As previously mentioned, there are also links to ASC as all children with ASC have SLCN and could be misdiagnosed due to some similar traits ([Don't Get Me Wrong – Information for supporting children and young people with speech, language and communication needs](#), The Communication Trust (2010))

This increase in SLCN, and its links to other primary needs, may have a bearing on requirements for future service provision.

Primary need comparison between Luton and England

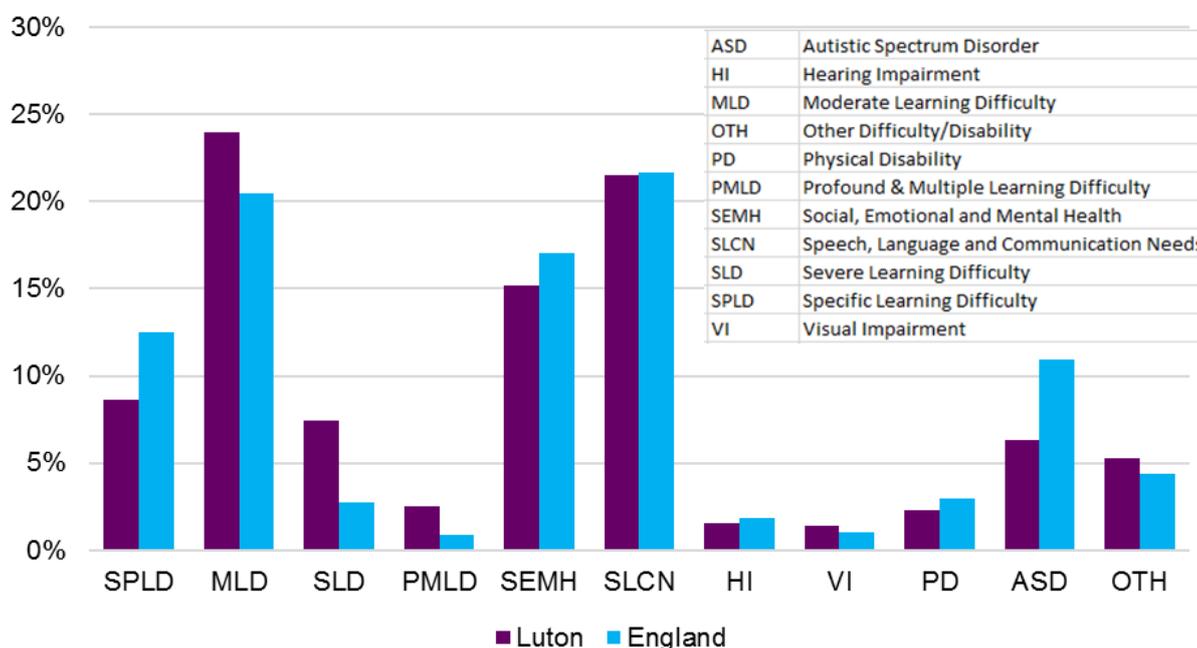
Figure 15 compares the proportions of primary needs for school pupils attending Luton schools and for schools across the whole of England in 2019.

Luton has higher rates than England for three of the 'learning difficulty' needs (MLD, SLD and PMLD) but lower rates of ASC, SPLD and SEMH.

ASC is perhaps most noteworthy here because whilst the Luton rate has remained relatively static between 2015 and 2019 (at 6.3 per cent in 2019), England has experienced an increase from 9 per cent to 11 per cent.

SLD has seen the opposite trend with a falling rate for England (3.2 per cent to 2.7 per cent between 2015 and 2019) whilst the Luton rate has increased (5.2 per cent to 7.4 per cent).

Figure 15: Primary need of school pupils with SEN attending school in Luton and England in 2019



Source: Pupils with special educational needs by primary type of need, DfE

Primary need by age

Some interesting patterns are revealed by analysing those children with a SEND and focusing upon their age and linking to their primary need. Note that this analysis uses the complete single cohort for Luton, including all those with an EHC plan and SEN support.

Table 1 provides a snapshot of children and young people across each of the age ranges and the proportion that have each of the primary needs listed. For example it shows that:

- 10.3 per cent of 0 to 4 year olds with a SEND have a special need of MLD (note that 10.3 per cent of those with MLD are aged 0 to 4 years old.)
- 50.5 per cent of all children with SEND in Luton are aged between 5 and 10 years old – it helps add context that the vast majority of identified children with SEND are aged between 5 and 15

Table 1 only shows selected primary needs, but these account for over 75 per cent of all children with a SEND. It is difficult to draw conclusions from the other primary need groups because they include some very small numbers.

Table 1: Age and selected primary needs of SEND children and young people in Luton, 2019

Age	MLD	SLCN	ASC	SEMH	SPLD	Proportion of Luton SEND children in this age range
0 to 4	10.3%	44.4%	16.7%	6.3%	4%	6.9%
5 to 10	27.3%	28.4%	9.6%	13.4%	5.4%	50.5%
11 to 15	22.2%	11.9%	12%	19.9%	13.4%	31.8%
16 to 19	12.3%	8.9%	18.6%	10.8%	5.5%	8.1%
20 to 25	11.7%	6.7%	28.3%	0%	0%	2.8%
Total	22.3%	21.4%	11.2%	14.1%	7.5%	

Source: Luton Council

MLD is the primary need accounting for the highest proportion of all SEND children and young people, at 22.3 per cent. Just over one quarter of children aged between 5 and 15 had MLD as their primary need, with lower proportions for the youngest and older age groups.

Those in the five to ten and 11 to 15 age brackets account for nearly 93 per cent of all MLD cases.

Note though that these age groups do account for 82 per cent of all SEND children and younger people.

SLCN account for 21.4 per cent of all primary needs and is dominated by the younger age groups. Just over 44 per cent of those aged 0 to 4 have SLCN as their primary need, with it also accounting for 28.4 per cent of 5 to 9 year olds.

This continues to drop as the age groups rise, with less than nine per cent of those aged 16 to 19 having this as their primary need

It should be noted that in terms of actual numbers, two thirds of children with SLCN are aged between 5 and 10.

ASC accounts for 18.6 per cent of those aged 16 to 19 and 28.3 per cent of those aged between 20 and 25 making ASC the leading primary need for those in the older age ranges.

Despite accounting for a higher proportion of those in the older age ranges, note that in terms of numbers there are still far more children in the younger age groups that have ASC. This again reflects that 82 per cent of SEND children and young people are between 5 and 15 years of age.

Primary needs in special schools

The primary needs of pupils attending special schools in Luton are very different from those compared to the whole of England, though this may reflect the type of specialist provision available at special schools in Luton.

Key findings

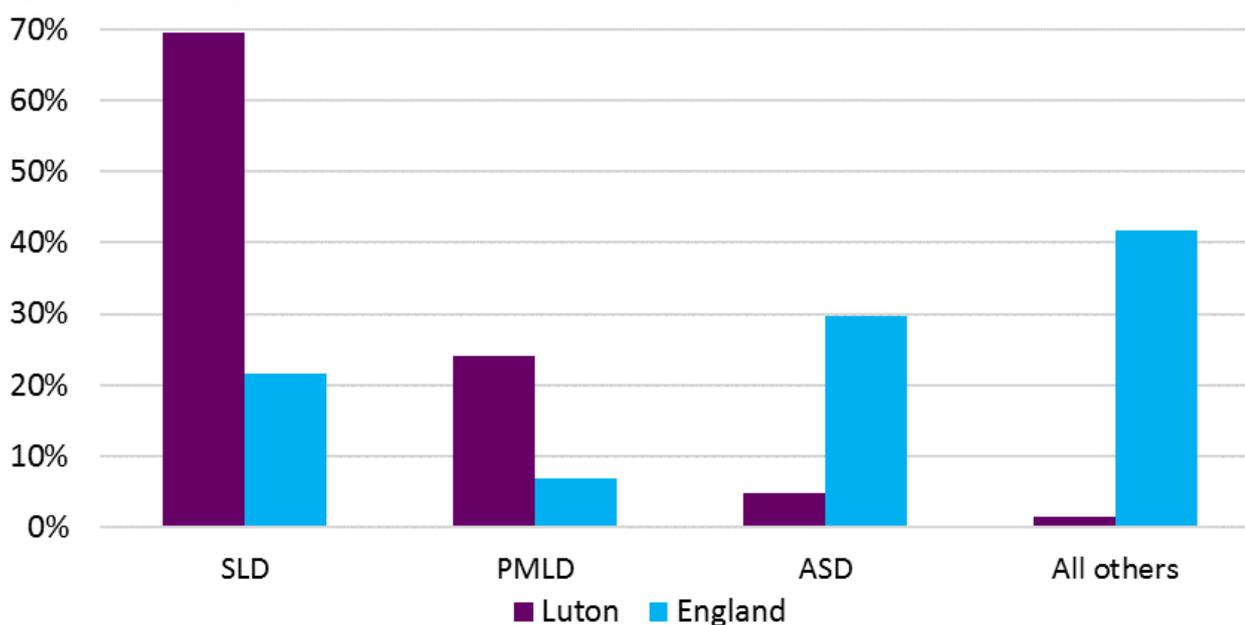
- Seventy per cent of pupils attending special schools in Luton have a primary need of SLD, with a further 24 per cent having PMLD. These two primary needs account for 28.5 per cent of special school pupils for England, with ASC at 29.8 per cent for the whole of England and at just 4.7 per cent for Luton.

Figure 16 shows the primary needs most associated with children and young people attending special schools in Luton in January 2019.

SLD and PMLD account for 94 per cent of pupils in special schools in Luton, but the figures are very different from England where these two primary needs account for 28.5 per cent.

For England as a whole, ASC accounts for 29.8 per cent of special school pupils, but is just 4.7 per cent in Luton.

Figure 16: Primary needs for SEN support/EHC plan pupils at special schools in Luton and England, January 2019



Source: Special schools: Pupils with special educational needs by primary type of need, January 2019, DfE

Given that special schools are almost exclusively used by those with EHC plans in Luton, this provides a very different picture than what might be expected having seen the breakdown of primary needs for all EHC plans in Luton in Figure 13, where ASC accounts for nearly one third.

This may reflect that:

- mainstream schools in Luton can cater for many of the most frequent primary needs, such as ASC
- children with certain needs have to go outside the authority to attend a school that can meet their requirements

It may also reflect particular primary needs that Luton's special schools have particular expertise in. Furthermore the SEN service has an Autism Spectrum team to support schools and settings to help schools meet the needs of children and remove the barriers to learning.

Demand for EHC plans is growing

Demand for EHC plans is forecast to continue to grow, and this will have an impact on funding and resourcing that needs to be factored into future plans.

Projections based on the past five years' worth of data suggests that the number of EHC plans in Luton will experience a 60 per cent increase forecast between 2019 and 2025.

Comparatively, the numbers of children receiving SEN support is forecast to remain relatively static. Note that there are limitations with projecting future demand, and caution needs to be applied to the figures provided.

Projecting the numbers of future SEN is important for understanding possible trends and in planning for the future provision of services and funding to match demand.

Assumptions have to be made that the recent trend will continue because we cannot be sure what will happen going forward, for example whether guidelines or national policy will change.

Further information on the methodology is provided below, but essentially the rate of young people with each of the support packages is calculated for each year between 2015 and 2019. With these rates trended forward through to 2025 and applied to the forecast population of the relevant age group for each year. Please bear in mind the limitations of this methodology and use the figures with caution.

Although a single figure is provided for the projections, the information also shows a more realistic range that the projection is likely to fall between should the trend continue based on the observed pattern seen between 2015 and 2019. This is indicated by the upper and lower bound figures.

EHC plan projections – all those aged 0 to 25

It's previously been highlighted that there has been a 54% increase in EHC plans between 2015 and 2019, and the information shows that EHC plans are projected to grow by approximately 60 per cent up to 2025, reaching about 2,450 plans.

This is very notable growth and may have implications on future funding requirements and meeting demand given how resource intensive the plans can be.

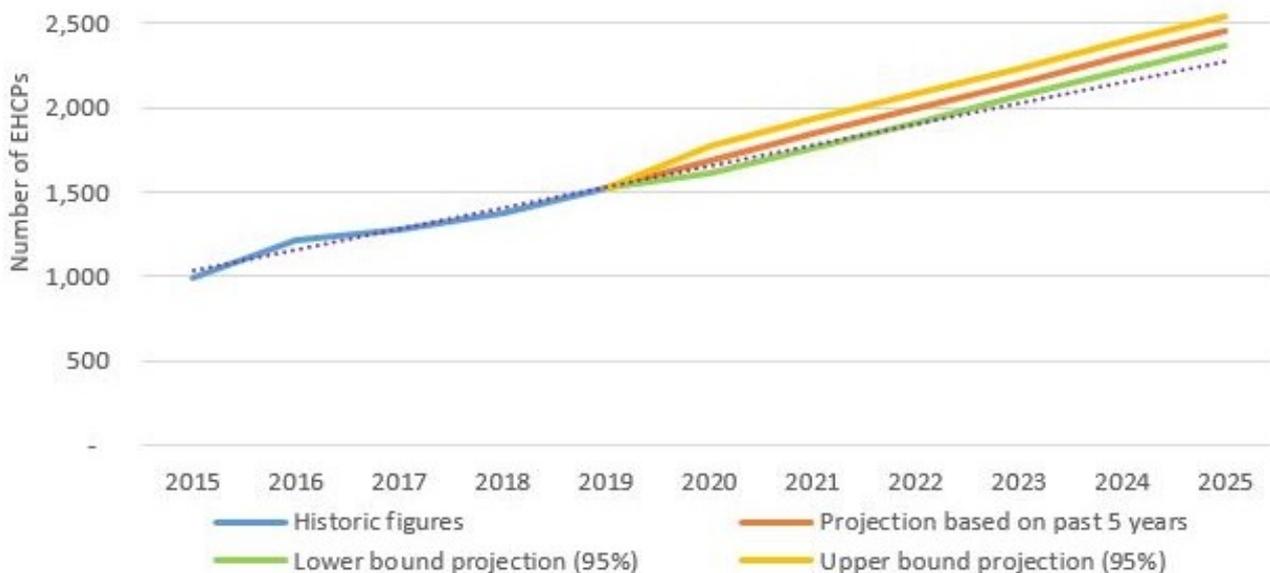
Table 2: Education, Health and Care Plan numbers and projections, 2015 to 2025

All EHCP	Historic Figures					Projections					
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Historic figures	992	1,215	1,281	1,383	1,532	n/a	n/a	n/a	n/a	n/a	n/a
Projection: 5 yrs	n/a	n/a	n/a	n/a	1,532	1,692	1,847	2,000	2,153	2,303	2,453
Lower bound (95%)	n/a	n/a	n/a	n/a	1,532	1,610	1,764	1,916	2,068	2,218	2,367
Upper bound (95%)	n/a	n/a	n/a	n/a	1,532	1,775	1,930	2,085	2,237	2,389	2,539

Source: Historic figures – Department for Education; Projections - Business Intelligence, Luton Council

Note: projections in red based on the past 5 years' trend

Figure 17: All EHCPs numbers and projections, 2015-2025



Source: Business Intelligence, Luton Council

Projection methodology

All EHC plans include everybody with a plan up to the age of 25.

The projections take the five year trend (2015 to 2019) of the ratio between the number of pupils in Luton’s schools and the number of pupils with EHC plans, and a linear trend projection is applied to the rates. This trend rate is then applied to the projected population of the relevant age group for each year through to 2025.

As stated previously, assumptions have to be made that the pattern experienced in recent years will continue. It is hard to know whether this is realistic, and therefore the figures provided will need to be treated with caution.