Luton

Phase one

Special Education Needs and Disabilities (SEND)

Needs Assessment
Review of 0 to 25 year olds in Luton
November 2020
Using data as at November 2019

Foreword

Understanding the needs of our SEND Children and Young People was identified as an area of development in our SEND Written Statement of Action (WSOA) July 2019. Inspectors stated that Leaders do not have a breadth of understanding about how children and young people are faring, and what they and their families want and need.

This piece of work has been undertaken by the Local Authority Business Intelligence Team working with SEND professionals across the system. Parents and children and young people's views were collated through surveys.

In this Phase One of this needs, assessment the focus has been on the following:

- Definitions, statutory duties and types of support including SENS and EHCP
- Luton population and demographics
- Overview of the Luton SEND population
- Special educational needs by age and settings
- What are the primary needs of children
- What are the other risk factors including long term health conditions
- Assessing and meeting the need of CYP with SEND

An Executive Summary document is available and a Infographical summary of the SEND JSNA is also available on the Luton Local Offer: Luton Local Offer

An accompanying Phase Two SEND Joint Strategic Needs Assessment sits along side phase One and focuses on the health and social care needs of SEND Children and Young People. This includes:

- Social and emotional health needs of children and young people with SEND
- Neurodevelopmental disorders
- Physical disabilities
- Short breaks
- Services for children 18 plus and transitions

These SEND Joint Strategic Needs Assessments will be used to inform commissioning decisions for SEND children and young people in Luton.

The recommendations identified as part of this work, will be reviewed by the SEND operational group and an action plan will support the implementation of these actions. This activity will be reported to the SEND Strategic Improvement Group (SSIG).

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Aim, Purpose and Scope

Aim and Purpose

Needs Assessments. A needs assessment is a tool to inform commissioning and service planning. The overall aim of the needs assessment is to identify and evidence the needs of a population, making recommendations to meet any unmet needs and ensure the most appropriate targeting of resources. They are collaborative and should involve an identification of need from a number of perspectives:

- From analysis of relative needs of different groups, which will include evidence from the local area in comparison to statistical neighbours, or between different groups of people (sometimes referred to as comparative need)
- From professional judgement about what is needed in the local area (sometimes referred to as normative need)
- From the feelings, requirements or expectations of local people and communities (sometimes referred to as felt or expressed need)

The Special Educational Needs and Disabilities (SEND) Needs Assessment aims to cover these requirements in relation to SEND. Specifically:

- To make evidence based recommendations to inform commissioning of SEND services.
- To make evidence based recommendations to inform the strategic approach to SEND, guiding the development of a SEND Strategy and to feed into the Ofsted written statement of action.
- To provide baseline measures and recommendations for outcomes to inform ongoing performance reviews and evaluations.
- To identify the relevant social and geographical elements of SEND; describing the contributing factors and wider determinants
- To identify the gaps and challenges in relation to SEND and to make recommendations in relation to these.

A later version of this report will also contribute towards these aims and requirements.

Scope

This report covers:

- Those defined as per the SEND Code of Practice 2015 (please see page 11 of the current report)
- Either children or young people residing in Luton and/or those attending Luton schools
- Those with or without an Education Health and Care (EHC) plan.
- Aged up to 25, where available. The report will note the ranges of data included within the analysis.

A second accompanying report is available which has a focus on the health and social care needs of SEND children and young people.

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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 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 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.
- 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.

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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. Special Educatonal Needs Assessment Team (SENAT) /Special Educational Needs Service/ /Educational Pyschologist 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 (16-25's)
8	Promote SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Service) to this age group (16-25's)
9	For 19-25's, 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 (e.g. Severe Learning Difficulty SLD vs Moderate Learning Difficulty MLD) need to be better defined towards a shared understanding of what each term means
12	Commit to working with Educational Pyschologists 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

	Overarching strategic recommendations
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 (e.g. 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. E.g. an agreed strategy across the authority
22	Further investigation into the types of children who are persistent absentees (e.g. if from a special school/Woodlands, there are many children who have medical needs and are life limited). Including those with reduced timetable and those with 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.

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Background

What are Special Educational Needs and Disabilities (SEND)?

The 'Special Educational Needs and Disability Code of Practice: 0 to 25 years' defines a SEND as:

"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." (*Department for Education (2015), Special educational needs and disabilities code of practice: 0 to 25 years)

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 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.' (UK government (2010), Equality Act 2010: guidance)

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 Equality 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'. People also need to think in advance about what disabled children and young people might need.

What are the types of Special Educational Needs and Disability?

Children and young people with special educational needs (SEN) all have learning difficulties or disabilities that make it harder for them to learn than most other children and young people of the same age. These children and young people may need extra or different help to others.

The following extract comes from the SEND code of practice[1] (page 97) and sets out the four broad areas of need and support when considering SEN:

Communication and interaction

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication.

The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

Children and young people with ASC, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

Cognition and learning

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication.

Through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

Specific learning difficulties (SPLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Social, emotional and mental health difficulties

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.

These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools.

Sensory and/or physical needs

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time.

Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties.

Information on how to provide services for deafblind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health.

Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

In practice, individual children or young people often have needs that cut across all these areas and their needs may change over time. For instance speech, language and communication needs can also be a feature of a number of other areas of SEN, and children and young people with an Autistic Spectrum Disorder (ASC) may have needs across all areas, including particular sensory requirements.

As previously stated, there is a considerable overlap between SEN and disabilities with a disability described in law 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.'

This would include, for example, physical disability, sensory impairments affecting sight and hearing, and long-term health conditions such as asthma, diabetes, cancer or epilepsy.

What is the statutory duty/activity in relation to SEND?

Luton's vision for children and young people with special educational needs and disabilities is the same as for all children and young people - that they achieve well in early years and at school to enable them to lead happy and fulfilled lives within a safe environment and where they have choice and control.

The Luton Local Offer provides information about local services, support and events for children and young people aged 0 to 25 years who have special educational needs or disabilities (SEND).

The Special Educational Needs Assessment Team (SENAT) role is to meet Luton's statutory duties under the relevant legislation and guidance. This includes the Education Act 1996, the Learning and Skills Act 2000, the Children and Families Act 2014, the Equality Act 2010, the Children's Act 1989 and 2004, the Health and Social Care Act 2012, the Care Act 2014, Chronically Sick and Disabled Persons Act 1970, and Working Together to Safeguard Children 2013.

The SEND Code of Practice 2015 sets out statutory guidance that the Local Authority, Children's Trust, education settings and health bodies must take account of in carrying out their respective duties for children and young people aged 0 to 25.

The Local Authority has a duty to identify, assess and make provision to meet the special educational and wider needs of children within its area and to monitor progress against outcomes. From September 2015, all new statutory assessments and Education and Health Care plans must

consider education, health and care needs, outcomes and appropriate provision. This does not mean that a child must have needs in all these areas but they will have special educational needs.

SENAT aims to provide a range of appropriate educational opportunities and additional resources for children and young people with special educational needs to enable their needs to be met in an inclusive setting.

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 maintained nursery, school or further education institution such as a college.

Many children and young people have SEN support needs 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 2015 the statutory assessment processes changed and statements od SEND were converted to 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 Education Health and Care 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 identified 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 identified through, the educational system.

There are a number of reasons for this including having a disability that doesn't require SEN support/EHC plan, no longer being involved in education or training (particularly for those aged over 16) and not being part of the education system in Luton (eg. 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.

These services vary and could either intervene when necessary (eg. Youth Offending) or 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 is important to note that the vast majority of individuals identified from these sources will already be captured through either SEN support or EHC plans.

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Luton population and demographics

Luton has particular demographic features that may affect special educational needs and disabilities (SEND). The context shown in this section will be used as appropriate throughout this needs assessment.

Up until 2016, the population in Luton continued to rise due to a combination of a high birth rate and a high migration rate, and some parts of the town are particularly densely populated. Between 2011 and 2016, the Luton population rose by 12,300.

More recently the population of Luton has fallen from 215,900 in 2016 to 214,100 in 2018. This is due to a slowing of both the birth rate and migration into town. (Mid-year population estimates, Office for National Statistics).

Luton has a younger than average population when compared with the national figure. Under 15s account for 24 per cent of the Luton population compared with 19 per cent nationally, while the total proportion of 0 to 25 year olds accounts for 35 per cent of Luton's population compared to 30 per cent for England.

There are currently 17,500 under 5's in Luton, though this has fallen from a peak of 18,100 in 2016. This may have an impact on provision going forward, however this fall is not seen in over 5', with small increases still being seen in the 5 to 24 age groups.

In 2018 there were a total of approximately 78,000 children and young people aged 0 to 25, and this is forecast to increase to 85,500 by 2031.

Luton is ethnically diverse, with approximately 55 per cent of the population being of Black and Minority Ethnic (BME) origin, although this is not evenly distributed across all age bands, which has implications for service delivery. (2011 Census, Office for National Statistics)

Luton's schools have particularly diverse populations, with long established South Asian communities and newer Eastern European and African groups. Luton is considered to be a super-diverse town with numerous different ethnic groups. This is reflected in schools, with 80 per cent of pupils from BME backgrounds. Luton is language-rich, and there are approximately 150 language and dialects spoken in Luton's schools.

Luton is relatively more deprived in comparison to other local authorities in England. Luton has four output areas in the top ten percent most deprived areas in the country ((Index of Mulitple Deprivation via Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government)

FIGURE 1). Two of these are in Farley ward, with one in each of Northwell and South wards. There is also considerable levels of deprivation in the wards of Biscot, High Town, Dallow and Lewsey. (Index of Mulitple Deprivation via Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government)

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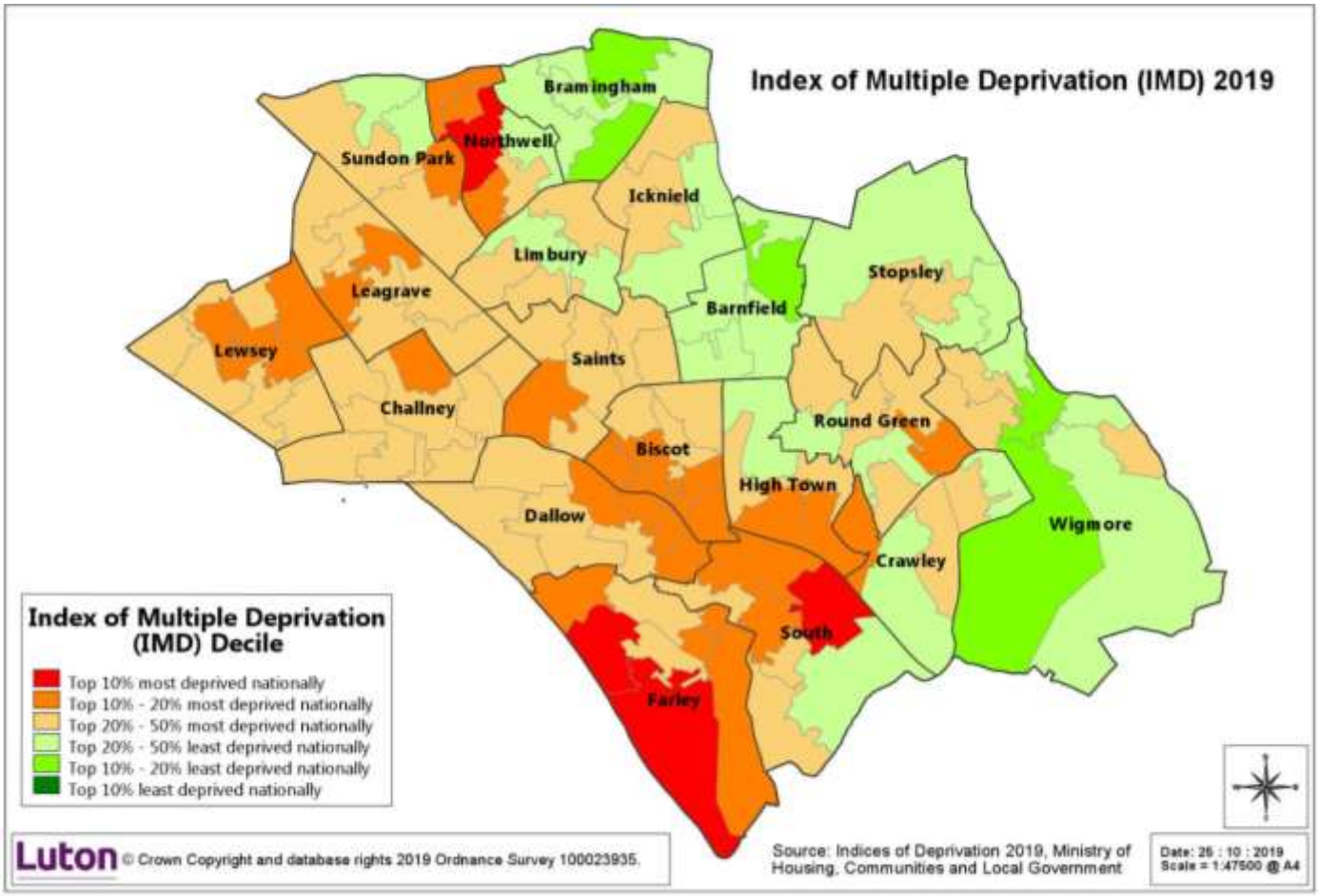
Figure 1: Index of Multiple Deprivation (IMD) in Luton, 2019



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

The link between SEND and socio-economic disadvantage is well documented and is a notable factor when considering levels of SEND in Luton. However, we know that the relationship between deprivation and outcomes is not linear or straightforward, and that this may be due to culturally influenced behaviours that protect some communities living in deprived areas. (Joseph Rowntree Foundation (2016) Special educational needs and their links to poverty)

Examples of this in Luton are breastfeeding rates, levels of teenage pregnancy rates and smoking prevalence, all of which are better than would be expected in Luton, given the deprivation in Luton. At a national level, these factors are strongly correlated with deprivation.

Overview of the Luton SEND population

Key findings:

- Luton has a similar proportion of school pupils receiving SEN support compared to England in 2019. The actual number in Luton equated to 4,800 in January 2019 with recent trends experienced in Luton also being reflected nationally.

- The rate of children and young people with an Education Health and Care (EHC) plan in Luton has increased rapidly in recent years, with a 54 per cent increase between 2015 and 2019. Of those attending Luton schools, this equates to 2.8 per cent of all pupils – below the England rate of 3.1 per cent - but following the same pattern and narrowing on the national rate. The latest figures (April 2019) inform that there are 1,685 EHC plans in Luton.

Estimating prevalence

- There are approximately 78,000 children and young people aged 0-25 in Luton
- There are approximately 6,400 children and young people aged 0-25 either with an EHC plan or receiving SEN support
- 15 per cent of the school population (primary and secondary) have special educational needs
- There are 1,685 children and young people for whom the local authority maintains a EHC plan (April 2019)

Obtaining an accurate overview of the total SEND population in Luton is extremely challenging because of the focus on a wide and diverse group of children and young people using definitions that are somewhat open to interpretation while using data sources that are often complex and incomplete.

There is also concern that SEND may be under-reported with the relevant authorities in the first instance.This section uses a range of different sources to provide an idea of the numbers of children and young people with SEND in Luton.

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Figure 2 shows the trend in the number of children requiring SEN support in Luton schools between 2009 and 2019. From a peak of just over 7,400 in 2010, there has been a steady decline to approximately 4,800 in 2019.

Note that this SEN support data is collected through the school census return, which at present does not include post-16 settings such as further education colleges, where pupils can also be identified as needing SEN support in line with the Code of Practice.

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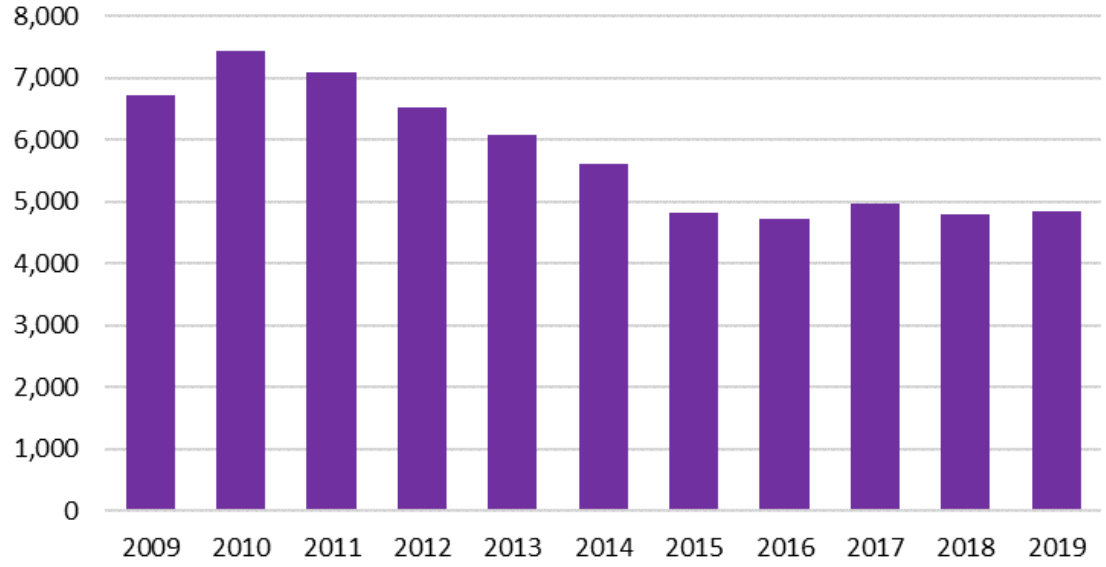
Figure 2: Chart showing numbers receiving SEN support in Luton schools, 2009-2019

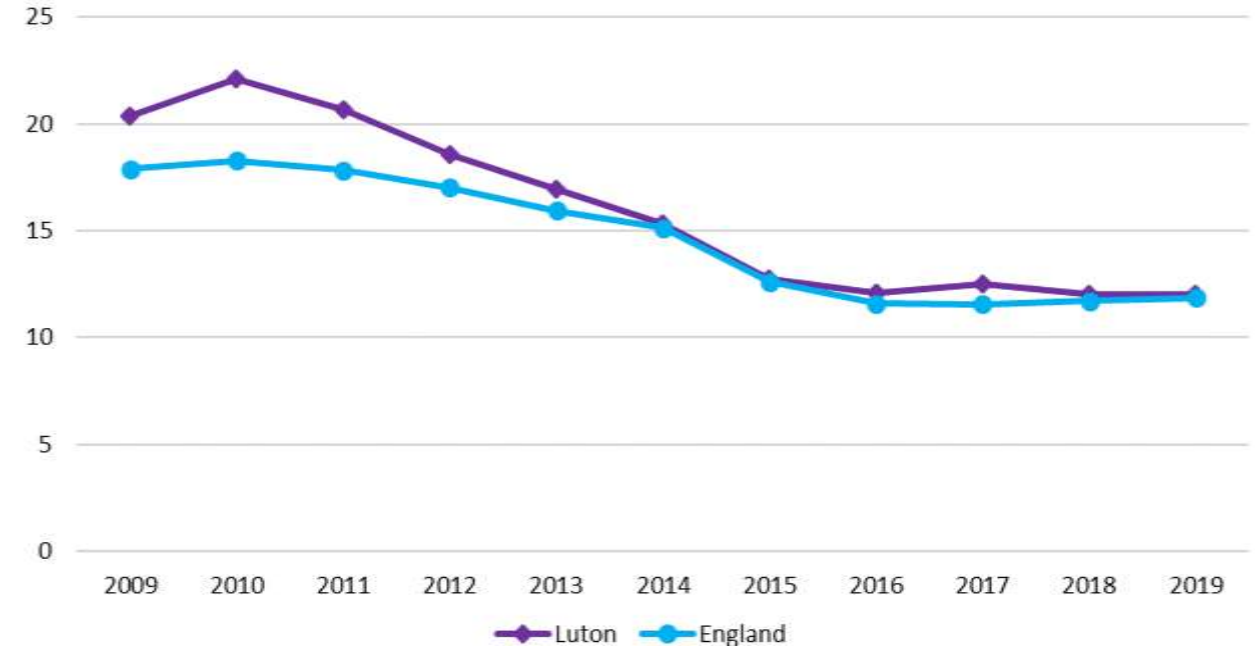


Source: Number of pupils with SEN support, Department for Education

Figure 3 looks at this same information, but now as a proportion of all school children and with a comparison to the England average rate. It can again be noted that there has been a steady decline in the rate of Luton children receiving SEN support from a peak of 22.1 per cent in 2010, however this has levelled off in recent years and was at 12 per cent in 2019.

The England rate has seen a similar trend, also experiencing a decline, but from a peak of 18.3 per cent in 2010 to 11.9 per cent in 2019. After many years of having a statistically significantly higher rate than the England average, Luton's rate has been statistically similar since 2014, with a slight increase in 2017.

Figure 3: Chart showing percentage receiving SEN support in Luton and England, 2009-2018



Source: Proportion of pupils with SEN support, Department for Education

The decline in the number and rate of children given SEN support at schools between 2010 and 2015 – which has been noted in both Luton and England – is linked to an Ofsted review in 2010. (Ofsted (2010), The special educational needs and disability review)

This found that a quarter of all children identified with SEN, and as many as half of all pupils identified with School Action, did not actually have SEN.

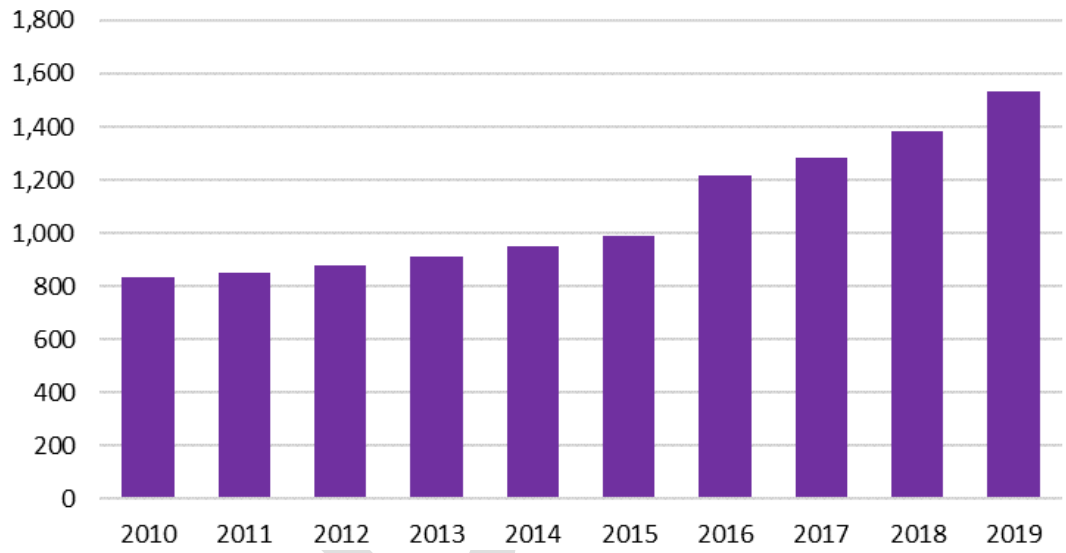
Many children were included who had low attainment and slow progress and their SEN provision was not required if schools focused on improving teaching to these individuals to meet their needs. The subsequent improved scrutiny and identification of need led to a decrease in those recorded as needing SEN support (Special Needs Jungle website (2015), Dropping SEN figures and the 'waiting room' category: the DFE replies).

The rate of SEN support has remained relatively stable since 2015, when the latest reforms were introduced replacing School Action/School Action Plus with SEN Support and statements of SEN with EHC plans.

Figure 4 focuses on the change in numbers of children and young people with a statement or EHC plan in Luton between 2010 and 2018 – note that this is no longer just referring to those attending schools.

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 4: Chart showing numbers receiving a statement or EHC plan in Luton, 2010-2019



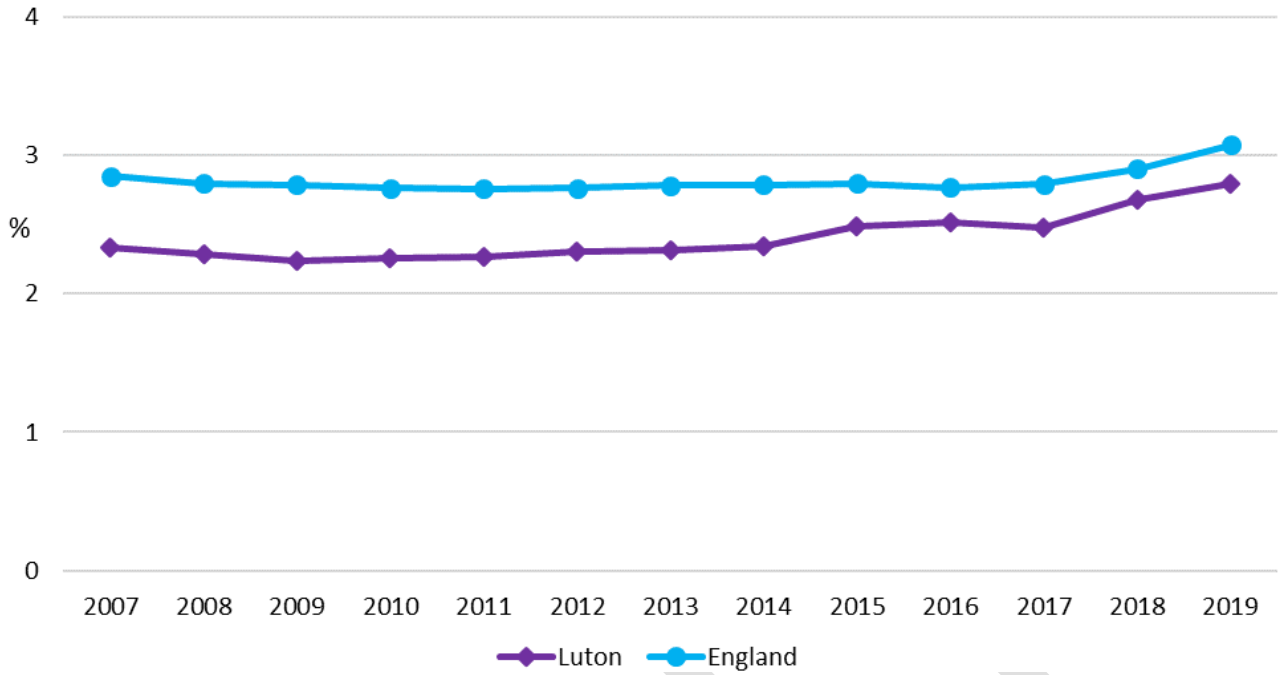
Source: Number of 0 to 25 year olds with statements/EHC plans, Department for Education

Figure 5 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/rates with EHC plans since 2015 are not clear, although it is not thought to be directly linked to the 2015 reforms that replaced statements with EHC plans.

Figure 5: Chart showing percentage of school pupils receiving SEN statement or EHC plan in Luton and England, 2007-2019



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

Combining the figures together shows that there were a total of 5,962 SEN pupils attending schools in Luton in January 2019 when considering both SEN support and EHC plans – this equates to 14.8 per cent of all pupils compared to 14.9 per cent for the whole of England.

Note that when just focusing on state-funded primary, secondary and specialist schools, the numbers are 5,706 and 15 per cent. This figure of 15 per cent for Luton compares to 14.8 per cent for the whole of England average making Luton statistically similar to England in 2019.

Comparison to Luton's CIPFA nearest neighbours

Key findings:

- In 2018, Luton had a lower proportion of school pupils identified with any SEN compared to the average of its CIPFA nearest statistical neighbours. Luton's rate was statistically significantly higher compared to England in 2018, but was statistically similar in 2019.

- In 2018, the rate of school pupils with any SEN is statistically significantly higher (worse) for primary school pupils in Luton compared to England, but statistically similar to England's rate at secondary schools. For primary schools, Luton is similar to the nearest neighbour average, but at secondary level Luton has one of the lower rates and is below the CIPFA neighbour average.

- Although there is national guidance to follow, there is considerable variation within and between local authorities in terms of identifying and assessing pupils whom need SEN support. There is more consistency with EHCPs, but there is still variation. This may be due to misidentification of needs and underdiagnosis particulary in girls.

Luton's CIPFA nearest neighbours consist of a group of 16 statistically similar local authorities across England in terms of their demographics and living environments.

Figure 6 compares the rate of SEN for school age pupils for Luton and its CIPFA nearest neighbours (focusing on state-funded primary, secondary and specialist schools) in 2018. This shows that Luton had the eighth highest rate of SEN pupils out of its group of 16 statistical neighbours and at 15 per cent was slightly below the neighbours' aggregated average rate of 15.5 per cent.

There were four neighbours that performed statistically significantly higher and seven that were performing statistically significantly lower. This suggests that although Luton was performing statistically significantly worse (higher) than the national rate of 14.4 per cent, it was performing slightly better compared to areas with similar demographics and living environments.

Note that the equivalent chart is not yet available for the 2019 data mentioned previously.

Figure 6: Percentage of school pupils with special education needs (school age) – Luton and CIPFA neighbours, 2018

Lower than England | Similar to England | Higher than England | Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	1,168,144	14.4	14.4	14.5
Neighbours average	–	-	116,978	15.5*	-	-
Walsall	↓	14	6,614	13.2	12.9	13.5
Tameside	↓	15	4,897	13.5	13.1	13.8
Rochdale	↓	5	4,814	13.5	13.2	13.9
Peterborough	↓	9	5,200	14.1	13.7	14.5
Oldham	↓	2	6,284	14.4	14.1	14.7
Bolton	↓	11	7,216	14.4	14.1	14.7
Sandwell	↓	8	8,724	14.7	14.4	15.0
Leicester	↓	3	8,364	14.9	14.6	15.2
Luton	↓	-	5,658	15.0	14.6	15.3
Coventry	↓	1	8,886	16.0	15.7	16.3
Bradford	↓	4	16,275	16.4	16.2	16.7
Medway	↓	10	7,514	16.5	16.1	16.8
Wolverhampton	↓	13	7,333	16.6	16.3	17.0
Derby	↓	6	7,316	17.2	16.9	17.6
Blackburn with Darwen	–	7	4,820	18.1	17.6	18.5
Salford	↑	12	7,063	19.8	19.4	20.2

Source: Department for Education special educational needs statistics 2018, via PHE Fingertips

This information is also available separately for school pupils of primary school age and secondary school age (excluding special schools). Of most interest is that rate of school pupils with SEN is statistically significantly higher for primary school pupils in Luton, but statistically similar to England's rate at secondary schools.

Luton has 14.6 per cent of primary school pupils that were identified with a SEN in 2018 and sits in the middle amongst CIPFA similar authorities, but is statistically similar to the neighbours' average (14.8 per cent) and statistically higher than compared to the national rate (13.8 per cent). For secondary school pupils with SEN, Luton has the sixth lowest rate (12.5 per cent) out of the 16 similar authorities and is well below the neighbours' average (13.3 per cent) and statistically similar to the national average (12.3 per cent).

This informs that relative to other areas, Luton experiences higher rates of SEN at primary school age groups than at secondary school ages. This may be due early years and primary colleagues being more able to identify the needs of the children they are working with.

One point to consider is that thresholds may vary between different local authorities in terms of what and how they classify SEN. Although there is national guidance to follow, it is likely that there will be variation in the thresholds used to determine those that receive SEN support or an EHC plan, and therefore any comparisons should be made with caution.

A recent report from the Department for Education states that the rate of EHC plans across local authorities in England vary from 1 per cent of all school-age children (Newham) to 5.9 per cent (Torbay), although 80 per cent have rates of between 2.5 per cent and 4 per cent. There is also considerable variation between local authorities in the proportion of pupils identified as requiring SEN support, from 7.3 per cent (Havering) to 17.1 per cent (Blackpool).

The differences are thought to reflect differences in local approaches and in the characteristics of local authorities, with stakeholders responding to a consultation by saying that there were disparities and inconsistencies not only between, but also within, local areas in identifying and assessing pupils' needs, allocating funding and providing access to services (Department for Education (2019), Support for pupils with special educational needs and disabilities in England). Therefore, some caution is required when comparing rates across different authorities.

Estimating prevalence of disability in children and young people in Luton

Key finding:

- Obtaining an indication for the total number of children and young people with SEND is a complex process due to data gaps and lack of access to data, but a combination of local sources indicates that there are approximately 6,850 children and young people aged 0 to 25 in Luton with SEND. The majority of these were captured through SEN support and EHC plans.

As previously noted there is a considerable overlap between those with special education needs and those with disabilities. This section takes a slightly broader approach to disability and provides three estimates from different sources as the number of disabled children and young people cannot be taken from one single source as disability affects people differently and their needs vary accordingly.

These sources are not consistent between each other nor with the SEN support/EHC plan data above – for example, not all SEN children are considered to have disabilities and not all disabled children will have SEN. Consequently, this produces three disparate sets of results.

National Survey: The Family Resource Survey

The Family Resource Survey (FRS) (Department for Work and Pensions, Family Resources Survey 2017/18, Table 4.3) is an annual survey carried out by Government with a large sample of the British population and collects, amongst other things, information about disabilities within the UK population. Everyone classified as disabled in this survey would also be classified as disabled under the general definition of disability in the Equality Act, which has applied since 1st October 2010.

Some people who were classified as disabled and having rights under the Equality Act would not be captured by this definition, such as people with a long-standing illness or disability which is not currently affecting their day-to-day activities. However, given the strong parallels between SEN and disability this survey would be expected to capture many of those with SEND in Luton.

The FRS takes into account the sex and age of the population to recreate a sample that is representative of the population as a whole. The survey allows for an estimate of the national percentage of disability by age cohort, which can then be applied to Luton's population.

In the UK in 2017/18, 21 per cent of all people were considered disabled, but this varied considerably by age group with 8 per cent of children (0-15) considered disabled compared to 18 per cent of working age adults and 44 per cent of state pension aged adults.

The following table (Table 1) uses the national prevalence estimates for 2017/18 and applies these to the Luton 0 to 25 year old population for 2018 (ONS mid-year estimate). It calculates that, using this prevalence rate, there would be approximately 6,500 disabled 0 to 25 year olds in Luton.

This compares reasonable favourably with those figures shown above for SEN support/EHC plan, though is using a different methodology and a different population sub-set.

Table 1: National disability prevalence applied to Luton 0 to 25 population

Age group	National Prevalance		Applied to Luton population		
	Males	Females	Male	Female	Total
0-4	4%	3%	360	250	610
5-9	11%	6%	960	500	1460
10-14	11%	7%	850	500	1350
15-19	10%	13%	660	820	1480
20-14	11%	13%	730	820	1550
0-24			**3560**	**2890**	**6450**

Source: Family Resources Survey 2017/18, ONS mid-year population estimates 2018

Table 2 contains more detailed information about the types of impairment that disabled children had. These have been calculated by applying the national prevalence for children to the 0 to 25 age group disabled population in Luton estimated in Table 1 above.

Please note that respondents can be affected by more than one type of impairment and therefore, due to this reason, numbers may not add up with other prevalence tables. This shows that social/behavioural difficulties and learning disabilities are estimated to be the most prevalent impairments.

Table 2: Impairment types reported by disabled children applied to the 0 to 25 year old estimated disabled population for Luton

Impairment type	National prevalence for children	Applied to Luton 0-25 population
Mobility	19%	1,225
Stamina/breathing/fatigue	24%	1,550
Dexterity	11%	710
Mental health	23%	1,485
Memory	11%	710
Hearing	8%	515
Vision	9%	580
Learning	36%	2,320
Social/behavioural	43%	2,775
Other	18%	1,160

Source: Family Resources Survey 2017/18, ONS mid-year population estimates 2018

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Disability Living Allowance (DLA) claimants

Another source of useful information to help establish the detected prevalence of disability in children comes from the Disability Living Allowance (DLA) claims, from Department for Work and Pensions (DWP) data (Department for Work and Pensions data accessed via Nomis in August 2019). DLA is a social security benefit paid to eligible claimants (or parents/carers) who have personal care and/or mobility needs as a result of a mental or physical disability.

An advantage of using DLA figures to estimate levels of disability in an area is that recipients of the benefit will have had to give evidence of disability, usually by assessment. However, note that some people who may be entitled to it may not claim leading to a potential under-estimate of disability.

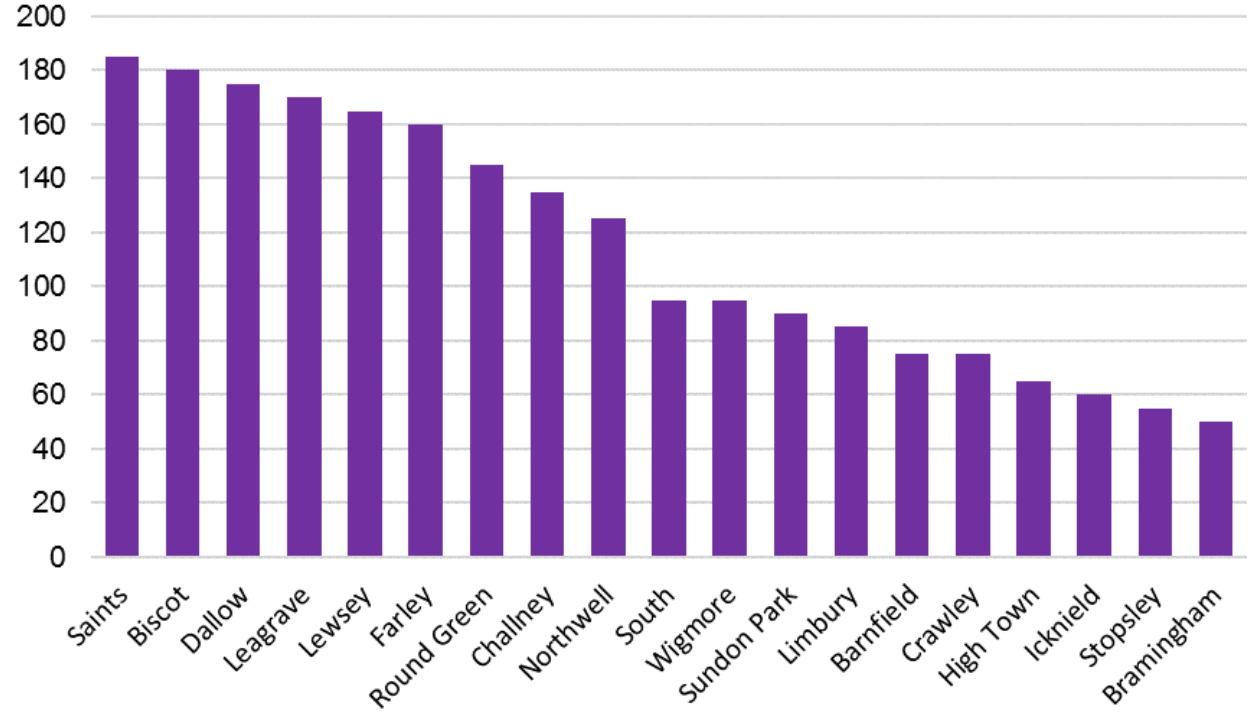
In November 2018, there were 2,150 children and young people aged under 25 in Luton claiming DLA as shown in Table 1. There were over twice as many males than females with over three quarters aged between five and fifteen. Figure 7 shows that nine of Luton's 19 wards had greater than 100 DLA recipients aged 0 to 25, with Saints and Biscot both having greater than 180.

Table 3: DLA claims for children and young people aged 0 to 25

Age	Male	Female	Total
Aged under 5	160	100	260
Aged 5 to under 11	600	260	860
Aged 11 to under 16	550	230	790
Aged 16-17	50	30	70
Aged 18 to 25	110	50	170
Total 0 to 25	**1,470**	**670**	**2,150**

Source: DWP via Nomis, November 2018 data. Numbers may not add due to rounding

Figure 7: DLA claimaints aged 0 to 25 by wards



Source: DWP via Nomis, November 2018 data

DLA information is also available on the type of disability that the children and young people suffer from. The leading cause is learning difficulties (1,100; 51 per cent), followed by hyperkinetic syndromes (ADHD - 230; 10.7 per cent) and behavioural disorder (100; 4.7 per cent).

2011 Census – limits on daily activities for children

Although this information is now considerably out of date, 2011 Census information (2011 Census, Office for National Statistics) is still useful as it provides an insight into the degree of severity of the illness and disability and the degree of participation in society.

The census includes information on the number of children and young people with long-term health problems or disabilities, which limits their daily activities. This is a very broad definition and is likely to include some but not all children with special educational needs as well as those with disabilities. Long-term is defined as 12 months or longer.

In 2011 there were 3,060 children and young people aged 0 to 25 with a limiting long-term health problem or disability in Luton. This represents 4.1 per cent of the 0 to 25 year old population in Luton, which is slightly lower than the regional (4.2 per cent) and national averages (4.3 per cent). Within Luton, there was wide variation from 5.1 per cent in Northwell ward to 2.7 per cent in Bramingham ward.

Single list cohort of SEND children and young people in Luton

To try and provide a more accurate picture of the numbers and characteristics of those children and young people in Luton with SEND, some bespoke research has been carried out. Data has been obtained from a number of sources from within Luton Borough Council to provide an understanding of the numbers of 0 to 25 year olds in Luton with SEND.

For each data source, it was requested that the child or young person's name was provided along with a date of birth to ensure that duplicates were removed. Further information was also obtained where possible to allow further analysis, including sex, home postcode, ethnicity and the primary need of their SEN/disability.

It is important to note that although this information provides a comprehensive understanding of the numbers of SEND children in Luton, it will not be completely inclusive because of various immovable issues.

These include being unable to obtain some data due to confidentiality clauses and data restrictions, shortcomings and known issues with regards to accessing some of the information in the databases, and that the most recent available data for different sources varies meaning that there will inevitably be some children who fall into those gaps.

Data for SEND children in Luton was obtained from the following sources:

- The January 2019 Luton school census
- List of children and young people with an EHC plan at 31 January 2019
- Children known to the Children with Disabilities Team from 1st April 2018 to 31st December 2018
- The Register of Disabled Children – February 2019
- Flying Start (early years' service) – February 2019
- Those living in Supported Accommodation (aged 18 to 25) – February 2019
- Children eligible to receive Blue Badges – Summer 2016
- Youth Offending Service – November 2018
- Home schooling – November 2018

Drawing together all of this data and removing any discrepancies and duplicates (children who are listed in two or more of these sources) results in a total of 6,854 children and young people aged 0 to 25 being identified with a SEND.

Note that this includes children who reside in Luton, those that are educated in Luton (but may live elsewhere), plus those who are funded by Luton (but may now live elsewhere and may not be educated in Luton). Note that only a small number – 219 – were identified as living outside the Luton boundaries.

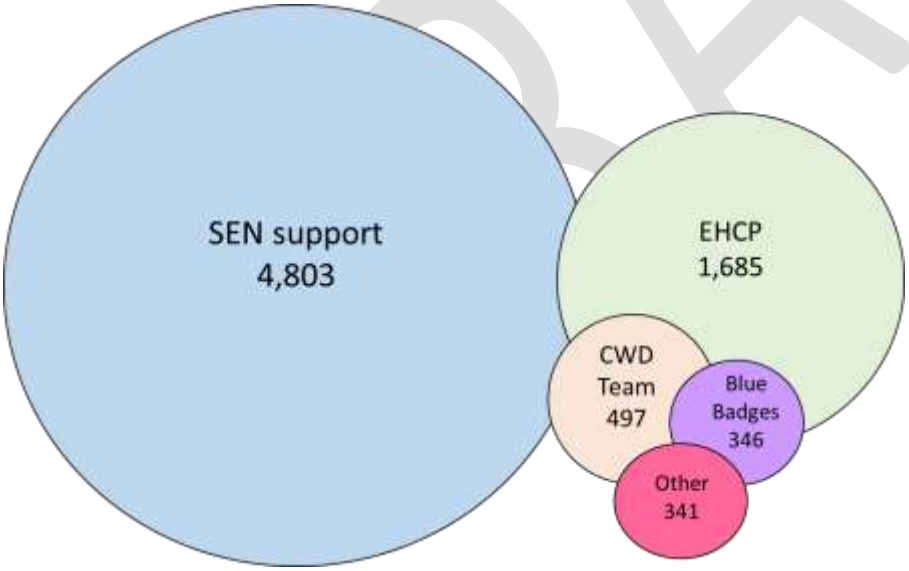
As stated previously, despite the range of sources used, the total numbers of children identified with a SEND is still likely to be an undercount because of the known problems with collecting data and other inevitable issues such as not all children with SEND having yet been identified or registered with the relevant authorities.

Figure 8 presents a Venn diagram expressing the numbers of identified children and the source of SEND data. Please note that the sizes and overlaps of the circles are only approximations and that for ease of viewing 'Blue Badges' and 'Others' do not attempt to overlap as they would in reality.

It should also be acknowledged that the totals for these circles sum up to 7,672 – this is because duplicates have not been removed, so this includes some double-counted children that have been removed from the 6,854 figure previously quoted.

Where possible, further detail was requested for the 6,854 children and young people in Luton who were identified as having a SEND. The exact information that was available varied between the different data sources and this section analyses these details.

Figure 8: Venn diagram of SEND children in Luton



Source: Luton Borough Council

Note that because this data is so specifically tailored towards Luton it is not possible to make direct comparisons to any other geographies.

Sex

Key findings:

4.1: 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).

4.2: 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 9 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 (Department for Education (2019), Special educational needs in England, January 2019), 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(Child Mind Institute, Why many autistic girls are overlooked).

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(Child Mind Institute, Why many autistic girls are overlooked).

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(Child Mind Institute, Why many autistic girls are overlooked). 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 9: Luton SEND information split by sex

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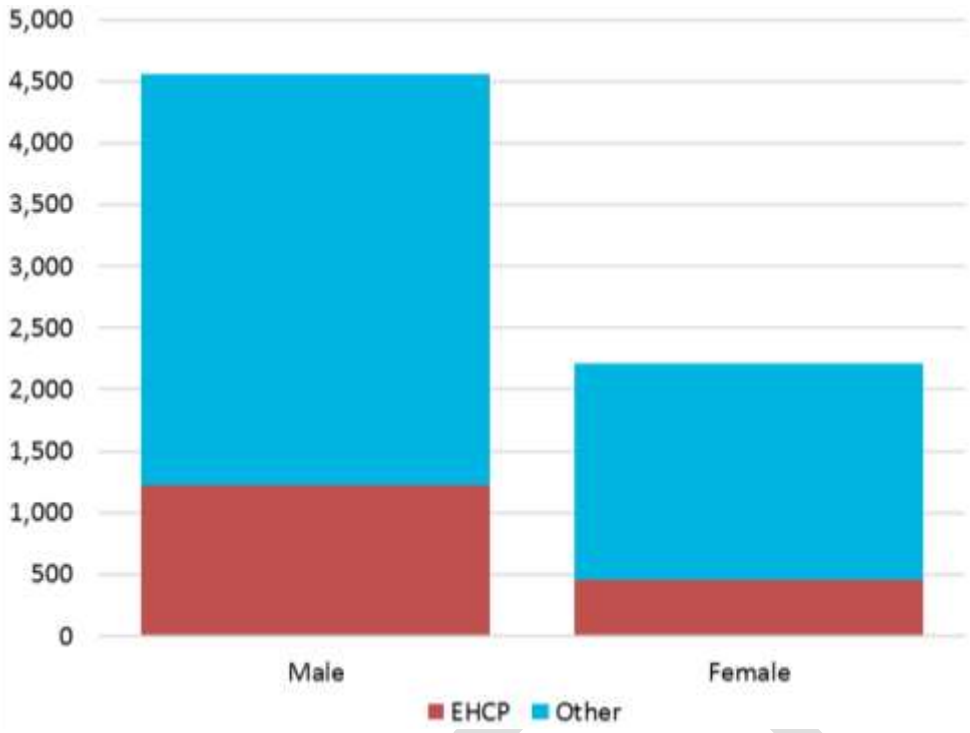


Source: Luton Borough Council

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).

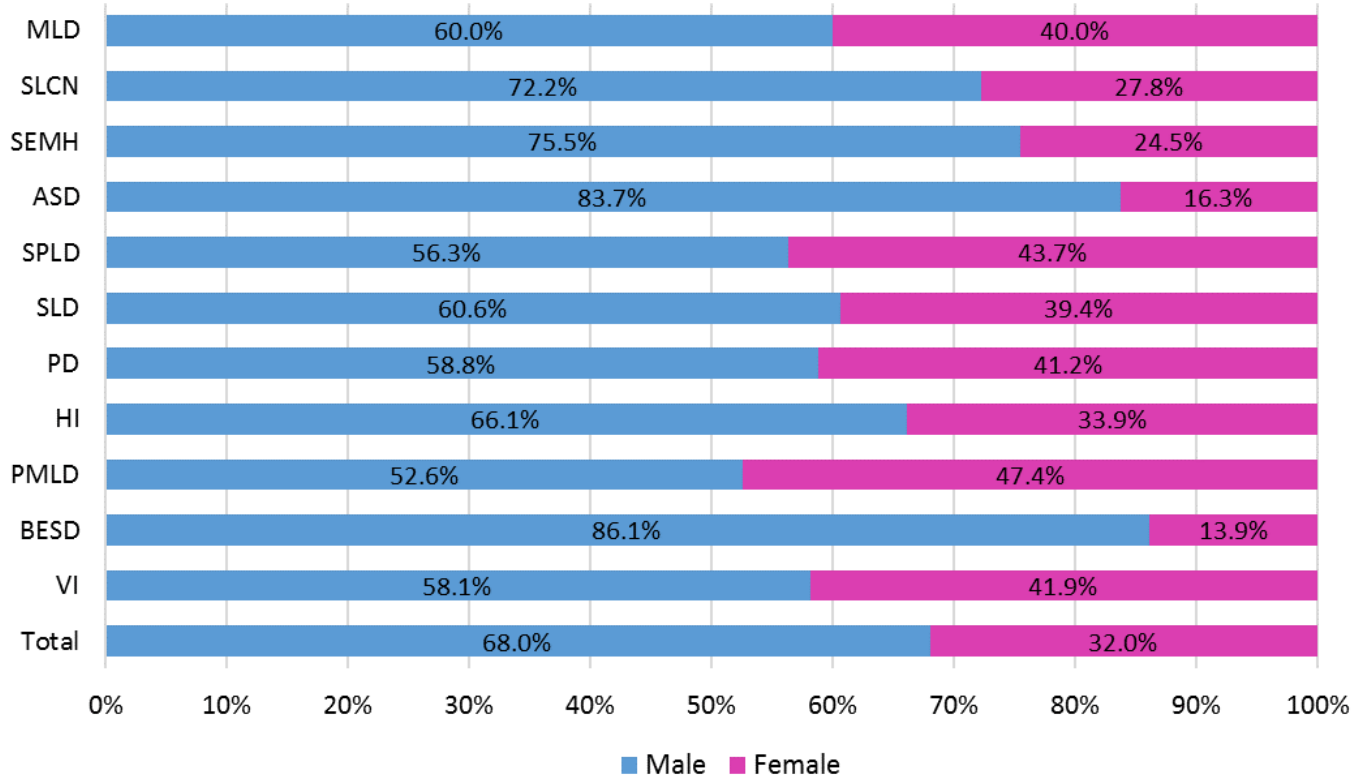
Note that the January 2019 school census for all pupils in Luton reported slightly more males than females, with males accounting for 51.3 per cent of all pupils. The 2018 mid-year population estimates also inform that 51.4 per cent of the 0 to 25 year old population in Luton is male.

In terms of understanding whether any primary need is more associated with males or females, Figure 10 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 10: Split of type of disability by sex for all SEND children and young people in Luton



Source: Luton Borough Council

Figure 11 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 ASC (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.

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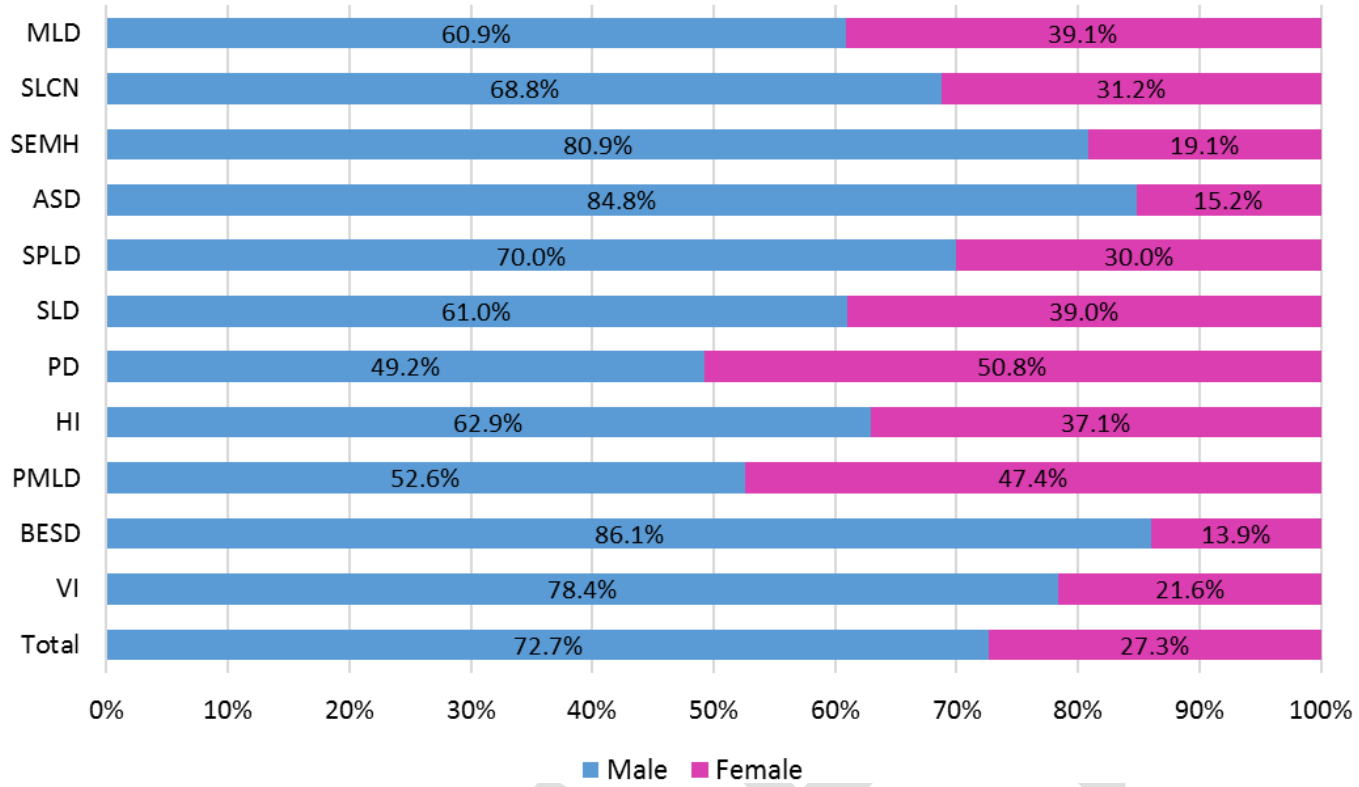
Figure 11: Split of type of disability by sex for all EHC plan children and young people in Luton



Source: Luton Borough Council

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Ethnicity

Key findings:

- There is significant disparity in SEND across different ethnic groupings in Luton, but the exact reasons for the variation across ethnicities are not clear. There 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 is significant disparity in SEND across different ethnic groupings, but the exact reasons for the variation across ethnicities are not clear. There are thought to be numerous factors that can play an influence and can come from socio-economic, cultural and genetic characteristics.

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 or lower levels of smoking, which are also more common and reduce risk (Various sources compiled by Public Health England (2019), Pregnancy and early life: reducing stillbirth and infant death tool).

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)(The Lancet (2013), Risk factors for congenital anomaly in a multi-ethnic birth cohort: an analysis of the Born in Bradford cohort). 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 Borough Council (2011) Annual Public Health Report 'The health of Luton's ethnic and migrant communities and Luton JSNA (2015)).

Local data on births by ethnicity is not available, but the 2011 Census showed that 44.6 per cent of the Luton population was 'White British', with 'Asian/Asian British' accounting for 30 per cent

(Pakistani = 14.4 per cent), Black/Black British at 9.8 per cent, Other White groups (including Irish and Eastern European) 10.1 per cent and all remaining groups (including mixed ethnicities) accounting for 5.5 per cent (2011 Census, Office for National Statistics).

Evidence suggests that the proportion of births by 'Asian/Asian British' in Luton is now likely to be significantly higher than 30 per cent. 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 12 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.

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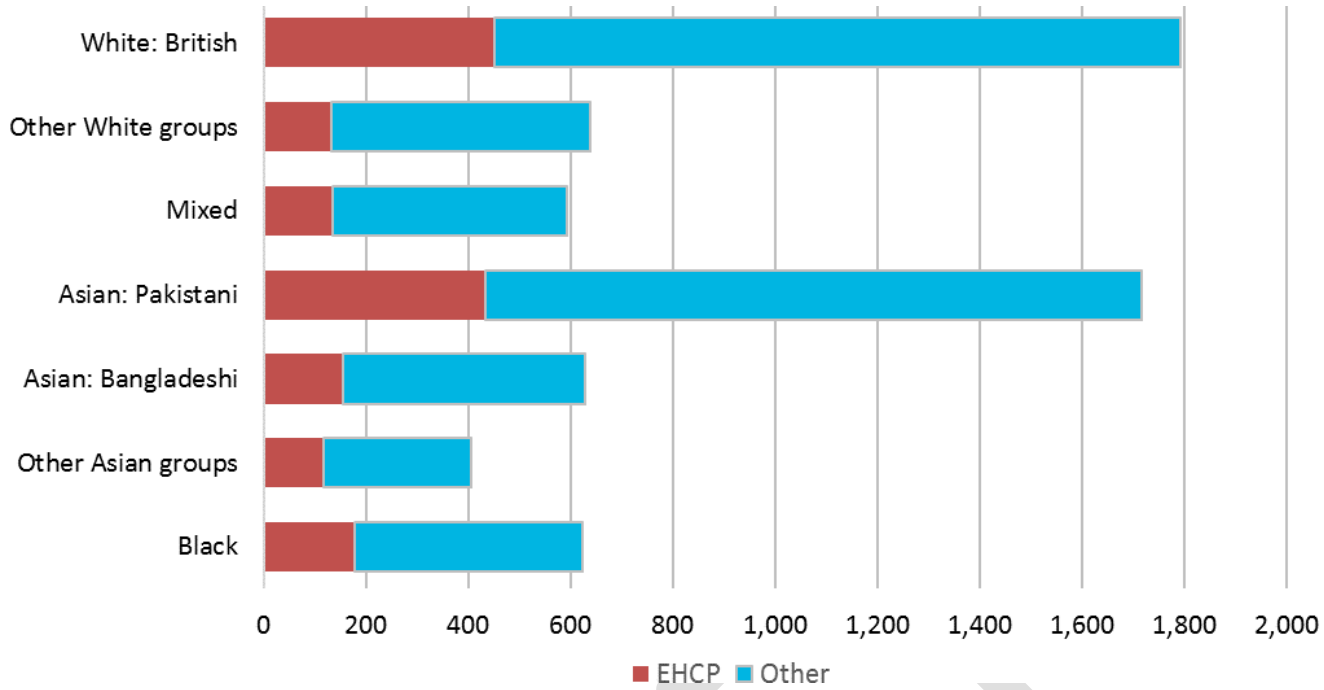
Figure 12: Children with SEND by ethnicity



Source: Luton Borough Council

Figure 12 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 and 'Other White groups' 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 13 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.

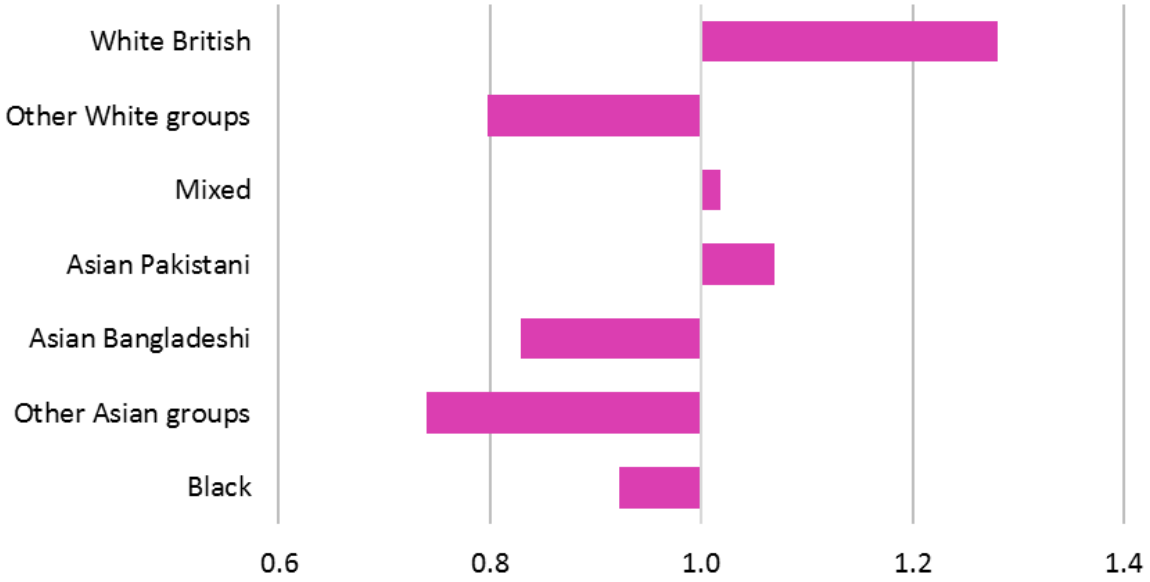
This shows that 'White British' and 'Pakistani' are the two most over-represented groups for those in the SEND cohort of school age, with 'Other Asian groups', 'Other white groups' and 'Bangladeshi' the most under-represented.

Figure 12 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 13) 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' account 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 13: Index of children from the school census with SEND by broad ethnic groupings

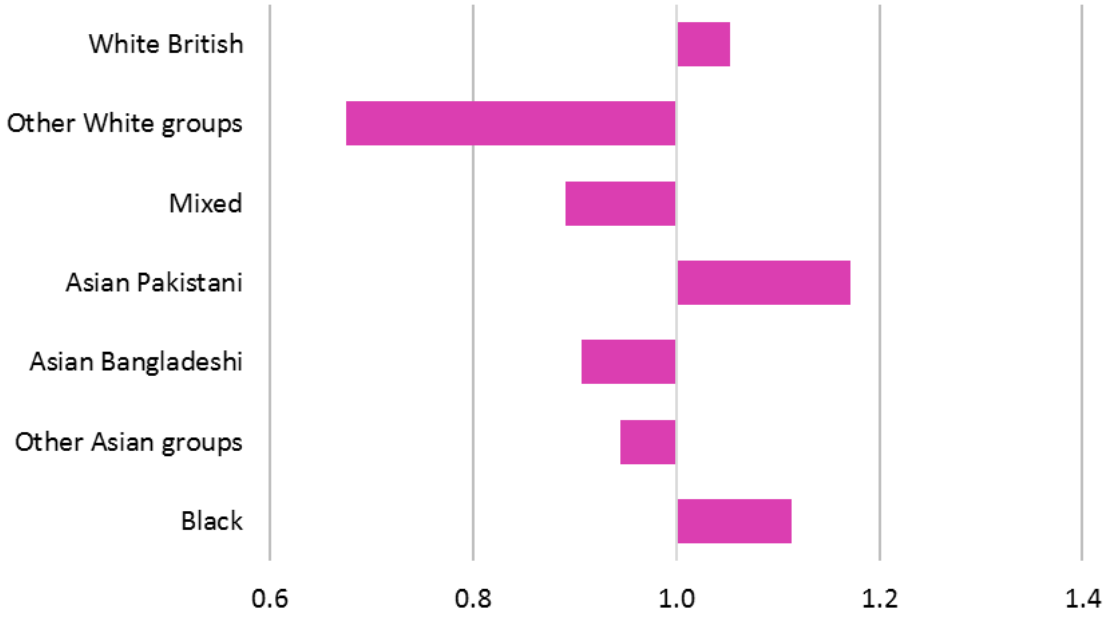


Source: Luton Borough Council and 2019 school census

Figure 14 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 13. '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 14: Index of children from the school census with an EHC plan by broad ethnic groupings



Source: Luton Borough 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.

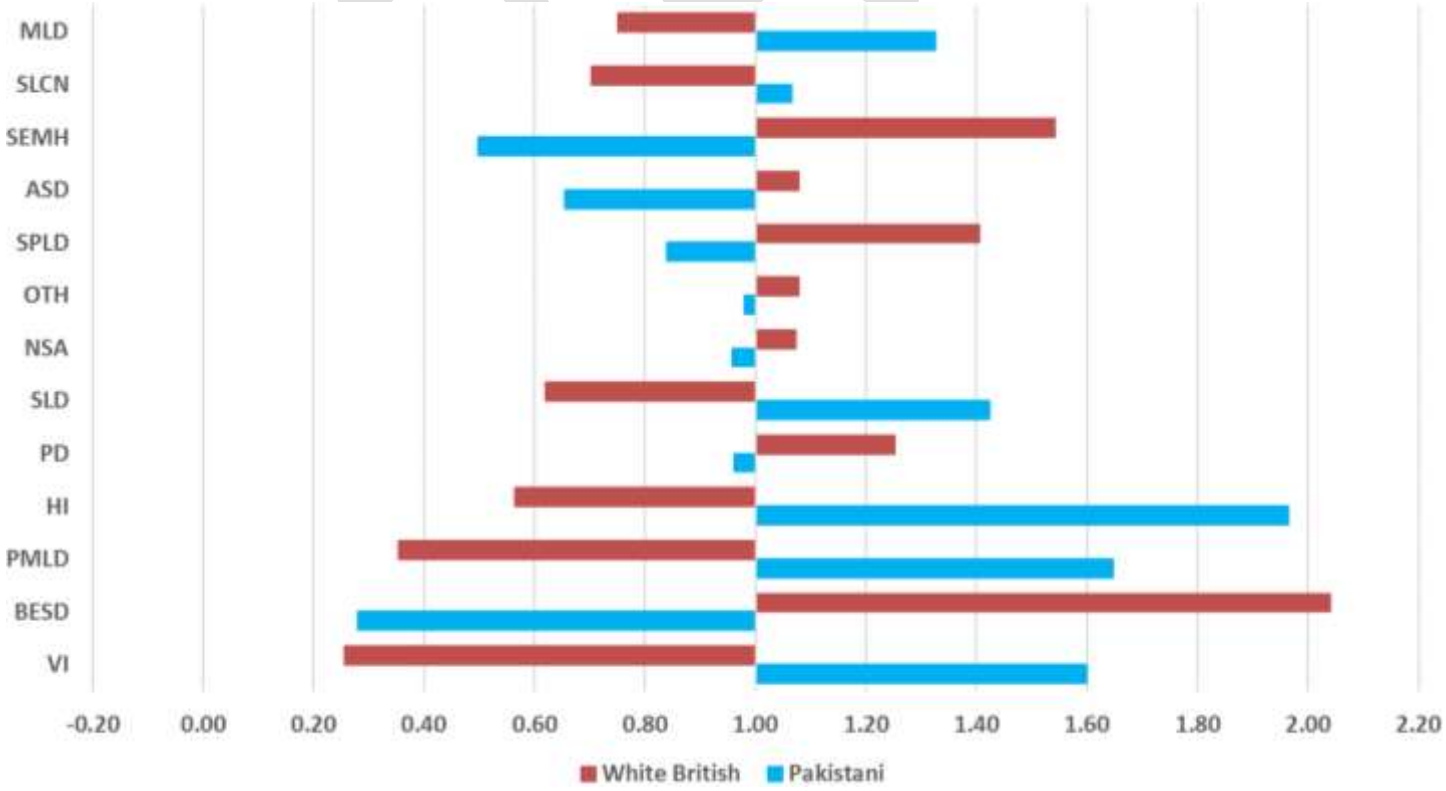
Unfortunately, the exact numbers are not known, but in the 2011 Census there were slightly more than twice as many White British 16 to 24 year olds in Luton than there were Pakistani (2011 Census, Office for National Statistics). Evidence such as recent school censuses would indicate that these figures 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 15 below analyses children and young people of White British and Pakistani ethnicity – who make up 55 per cent of all SEND children – and 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 15: Index of White British and Pakistani ethnicities against primary need classifications for all SEND children



Source: Luton Borough Council

In total, White British children account for nearly 28 per cent of all children in Luton with SEND identified, yet they account for 57 per cent of those diagnosed with BESD (though recall that

BESD is no longer used as a primary need classification), 52 per cent of SLD, 43 per cent of SEMH, 39 per cent of SPLD and 35 per cent of PD.

In addition to MLD (21 per cent) and SLCN (19.6 per cent), White British children are also under-represented for PMLD (10 per cent), HI (16 per cent) and VI (8 per cent) – although these three are all based on low numbers.

Pakistani children and young people account for nearly 27 per cent of all SEND cases in Luton and are very over-represented for both sensory conditions HI and VI (53 per cent and 43 per cent respectively), for PMLD (44 per cent), SLD (38 per cent) and MLD (36 per cent).

In addition to ASC (17.5 per cent), Pakistani children are also under-represented for the two primary needs most linked to behaviour and emotional wellbeing - BESD (8 per cent) and SEMH (13 per cent).

Perhaps the most notable observation from Figure 15 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 (Keen, Reid and Arnone (2010), Autism, ethnicity and maternal immigration). 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) and 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), and 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 recency 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.

Age

Key findings:

- Luton has a higher proportion of children aged five to ten on EHC plans compared to England, but a much lower rate of 20 to 25 year olds. This 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.

-A further suggestion is that Children who are identified early in life, tend to have the most obvious/complex needs. Young people who are idenitified later on, tend to have more subtle difficulties and collecting evidence for an EHC needs assessment becomes progressively more difficult for settings.

Figure 16 below breaks down those individuals identified in Luton with a SEND by single year of age (at 31 January 2019). It highlights that those of school age – particularly aged between 5 and 15 - have the greatest numbers, with a peak at age nine with approximately 660 children. Given that the school census acts as the dominant source for this SEND dataset it is no surprise that school age children have the greatest numbers.

For those of a very young age – 0 to 3 – the numbers increase at each age group and this will reflect both SEND characteristics becoming more apparent in children as they grow, and parents registering these conditions with the relevant body when necessary.

Beyond the age of 15 the numbers drop rapidly – this may reflect not just the departure from schooling (particularly given that the school census is the dominant source of information), but also young adults who no longer register their need or disability.

Beyond the age of 20, fewer than 50 individuals in Luton are being identified with a SEND for each age group.

Figure 16: Luton SEND information broken into single year of age

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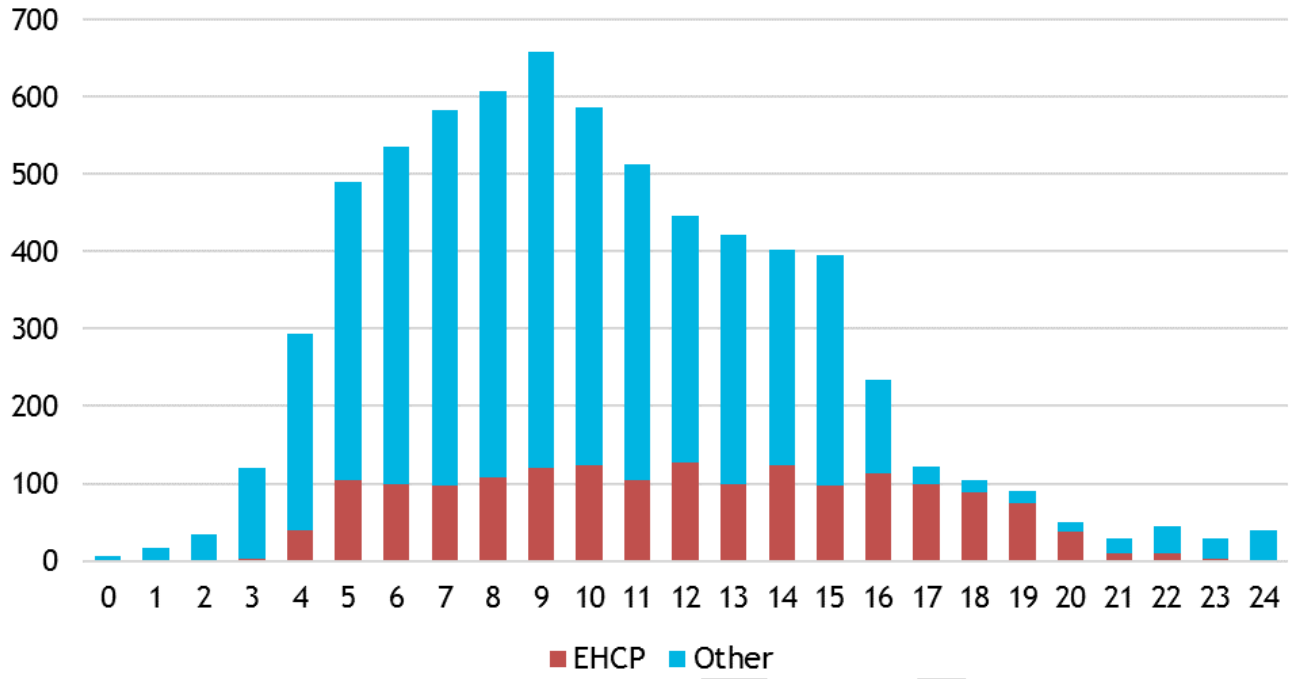


Source: Luton Borough Council

The numbers of children and young people with an EHC plan is also charted in Figure 16 above. The numbers are consistently around 100 to 120 per age group between the ages of five and fifteen - however, these account for only a small proportion of all SEND children at these age groups.

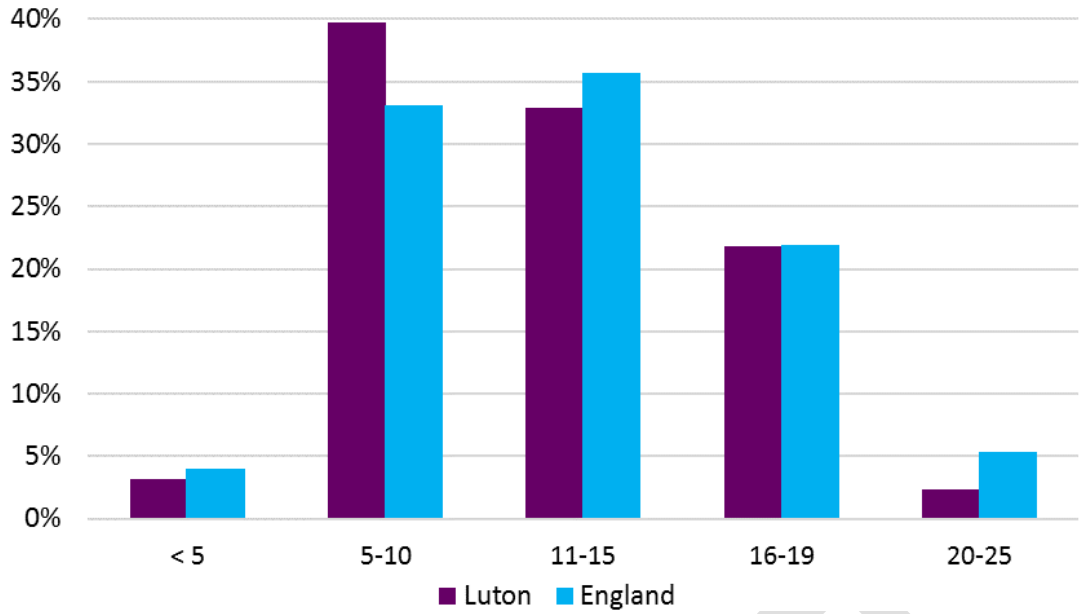
However, from ages 16 to 20 those with an EHC plan account for a much greater proportion of those identified with a SEND – this will largely reflect that SEN support is no longer provided after the child has competed schooling. The numbers are also falling for EHC plans after the age of 16, and this reflects that individuals are no longer eligible once they leave education or training, which will start to occur after they turn 16.

Figure 17 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 Department for Education 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. This 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.

A further suggestion is that Children who are identified early in life, tend to have the most obvious/complex needs. Young people who are idenitified later on, tend to have more subtle difficulties and collecting evidence for an EHC needs assessment becomes progressively more difficult for settings.

Figure 17: Children and young people with EHC plans by age range for Luton and England, 2019



Deprivation

Key findings:

- The Centre for Research in Social Policy recently showed that in Luton the proportion of children living in poverty after housing costs increased from 33 per cent in 2015 to 46 per cent in 2018. The UK figure for 2018 is 30 per cent. There are well documented but complex links between poverty and SEND children, driven by the exposure to a range of risk factors that can have an impact on both physical and mental wellbeing. An increase in the rate of children living in poverty suggests there may be a subsequent increase in the number of children experiencing SEND.

- Despite relatively high rates of deprivation in Luton, the evidence identifies 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.

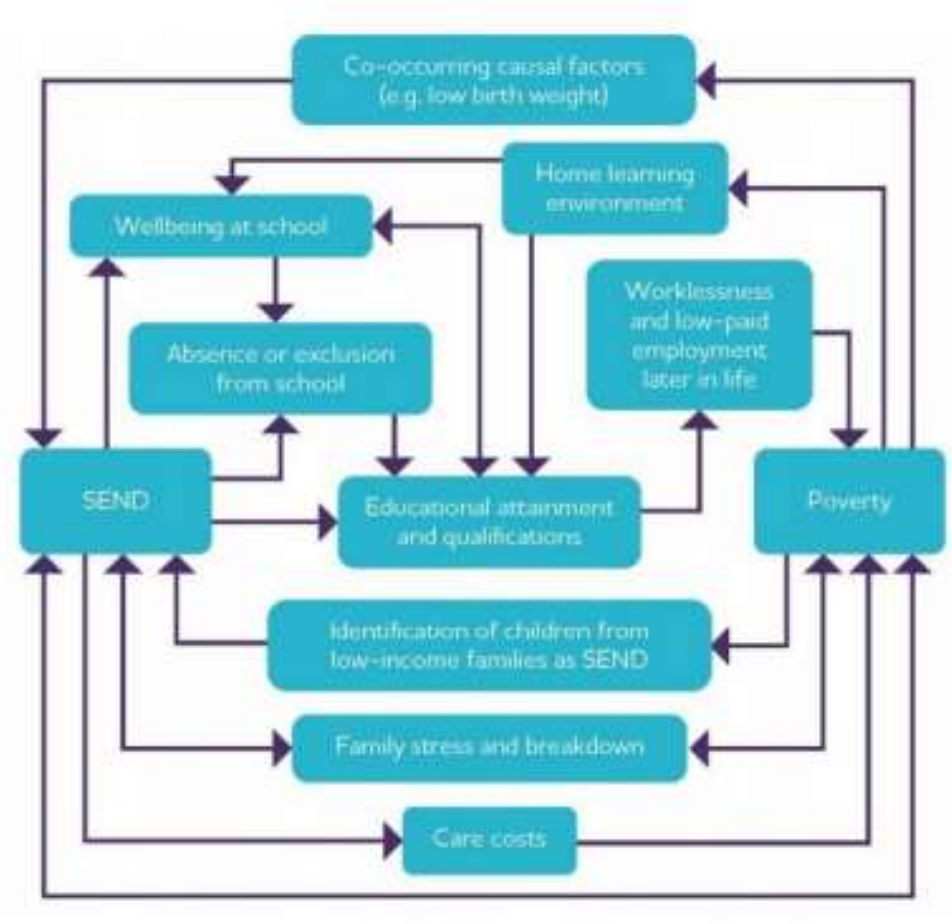
Source: Children and young people with an EHC plan by age group 2019, Department for Education

Children who live in poverty are exposed to a range of risks that can have a serious impact on their physical and mental health and put them at risk of poor outcomes compared to children that are more affluent. 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 (Figure 18). 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.

Figure 18 The links between SEND and poverty

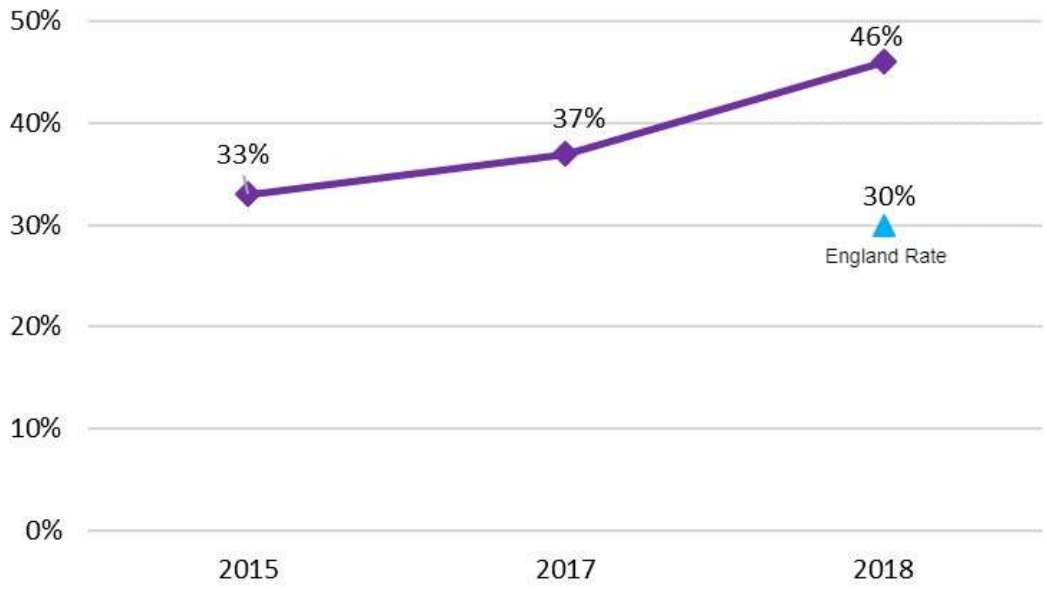


Source: Joseph Rowntree Foundation report, February 2016

Research by the Centre for Research in Social Policy showed that almost half of children in Luton are living in poverty. Figure 19**Error! Reference source not found.** shows that the proportion o f 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(Centre for Research in Social Policy, Loughborough University).

Although earnings and employment have been increasing both locally and nationally, increasing property costs, an increasing number of unstable low paid contracts in a casualised labour market alongside welfare reform are putting pressure on family life(Labour Market Survey & Annual Survey of Hours & Earnings, Office for National Statistics).

Figure 19: Percentage of Children Living in Poverty after Housing Costs in Luton 2015 and 2017-18



Source: Centre for Research in Social Policy, Loughborough Universitycx

Note: Information for 2016 is not available for this chart

Figure 20 shows the ward location for those identified with a SEND who reside in Luton. Three wards stand out as having particularly high numbers – Dallow, Saints and Biscot – and they also have the highest numbers for EHC plans, along with Farley. The wards of Bramingham, Stopsley and Barnfield have the fewest numbers of children and young people with a SEND and – along with High Town – the lowest numbers for EHC plans.

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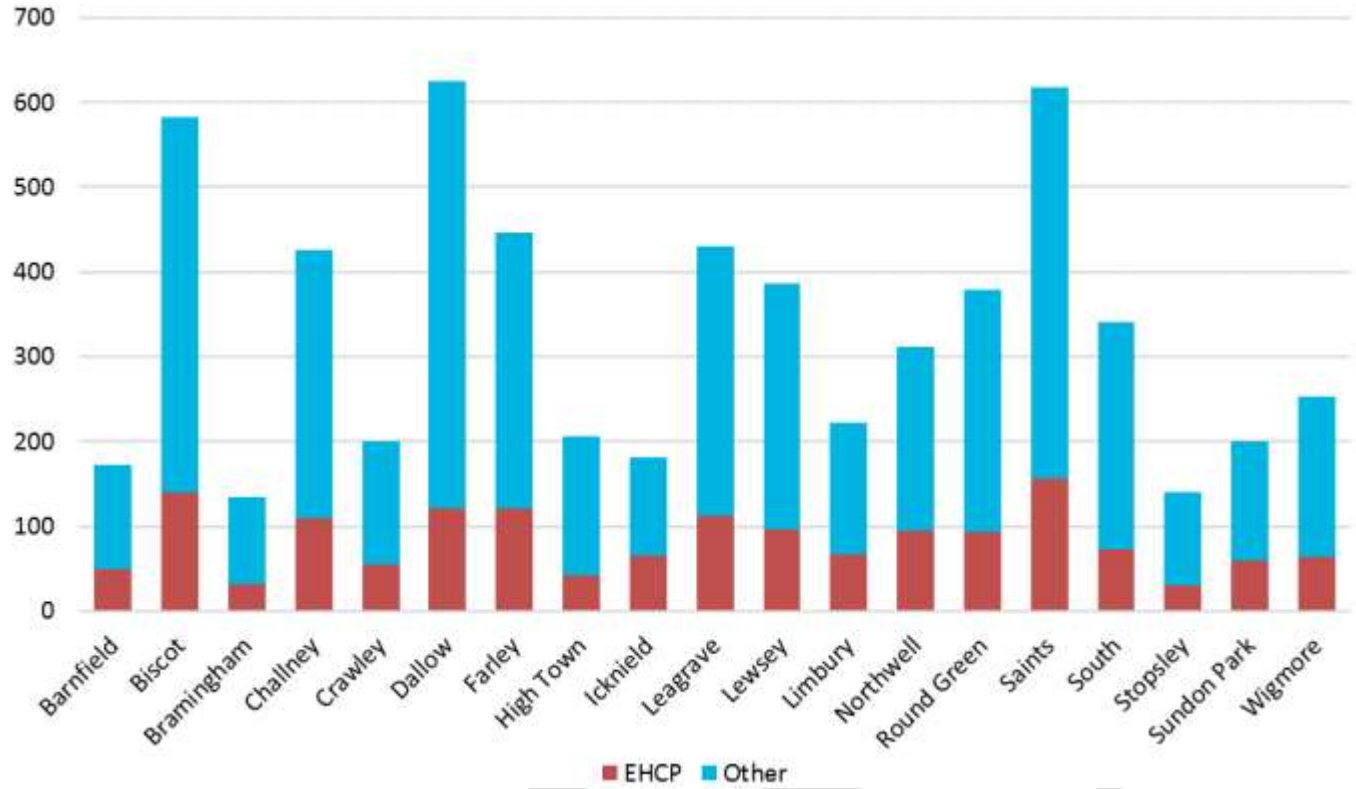
Figure 20: Luton SEND numbers broken into ward of residence



Source: Luton Borough Council

Of more use is to analyse this based on the proportion of total 0 to 25 year olds who reside in each ward, as shown in Figure 21. This shows that for Northwell and Leagrave 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 22).

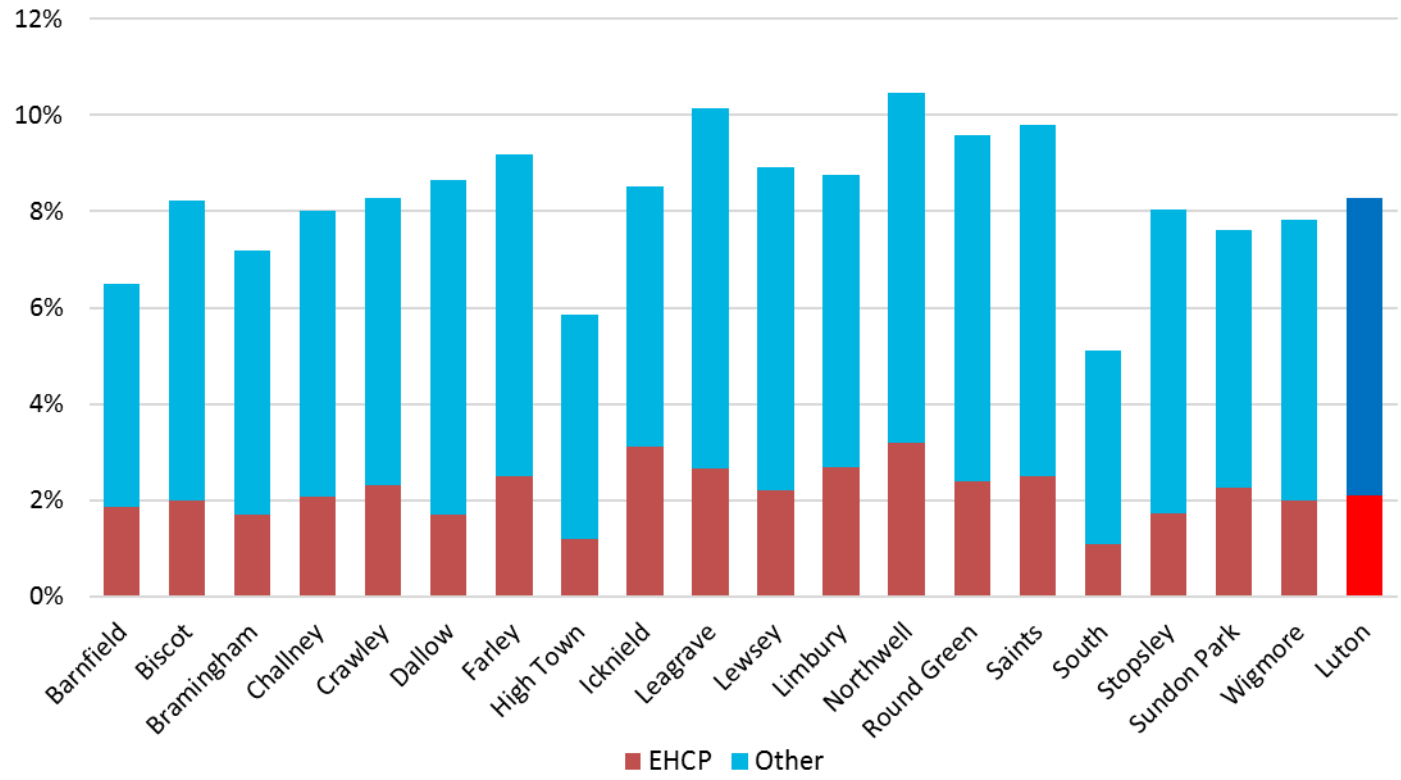
Areas with the lowest rates of child poverty in Luton – such as Bramingham, Barnfield, Crawley and Wigmore – are low in number of children with a SEND (Figure 20 above) and are low-to-average for the rate of children with a SEND.

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 is 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.

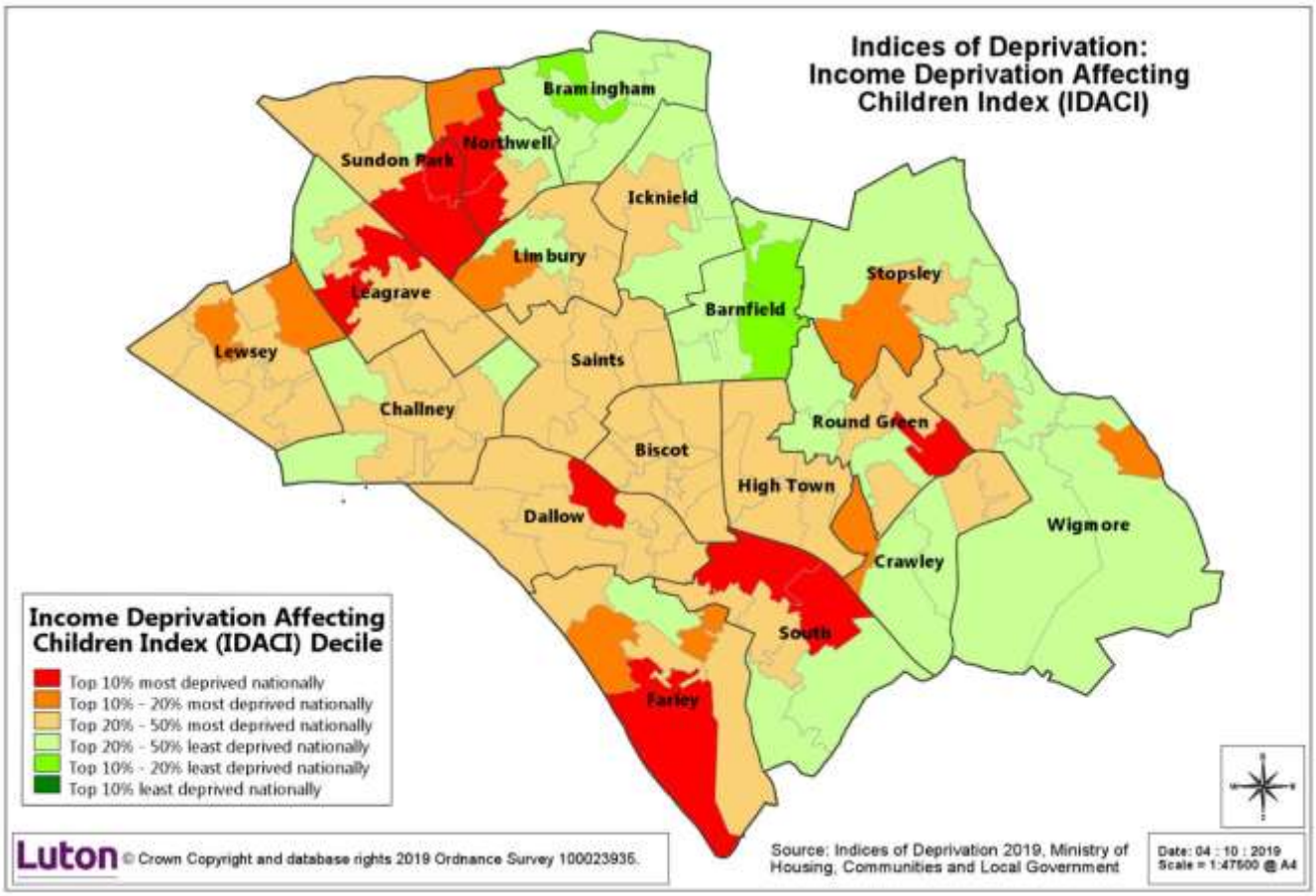
It might be worth considering the impact Traded Services has had on the uptake of centrally provided LA support services to academies. There has been reduction of buyback for non-statutory education support services. Equitability is impacted by decisions to buy back services.

Figure 21: Luton SEND information broken into ward of residence as a proportion of total 0 to 25 population



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

Figure 22: Income Deprivation Affecting Children, 2019



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

What are the primary needs of children and young people with SEND in Luton?

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.

Primary needs by SEN support and EHC plan

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 23 below. Please note this only refers to the 'primary need' as children may contend with multiple conditions.

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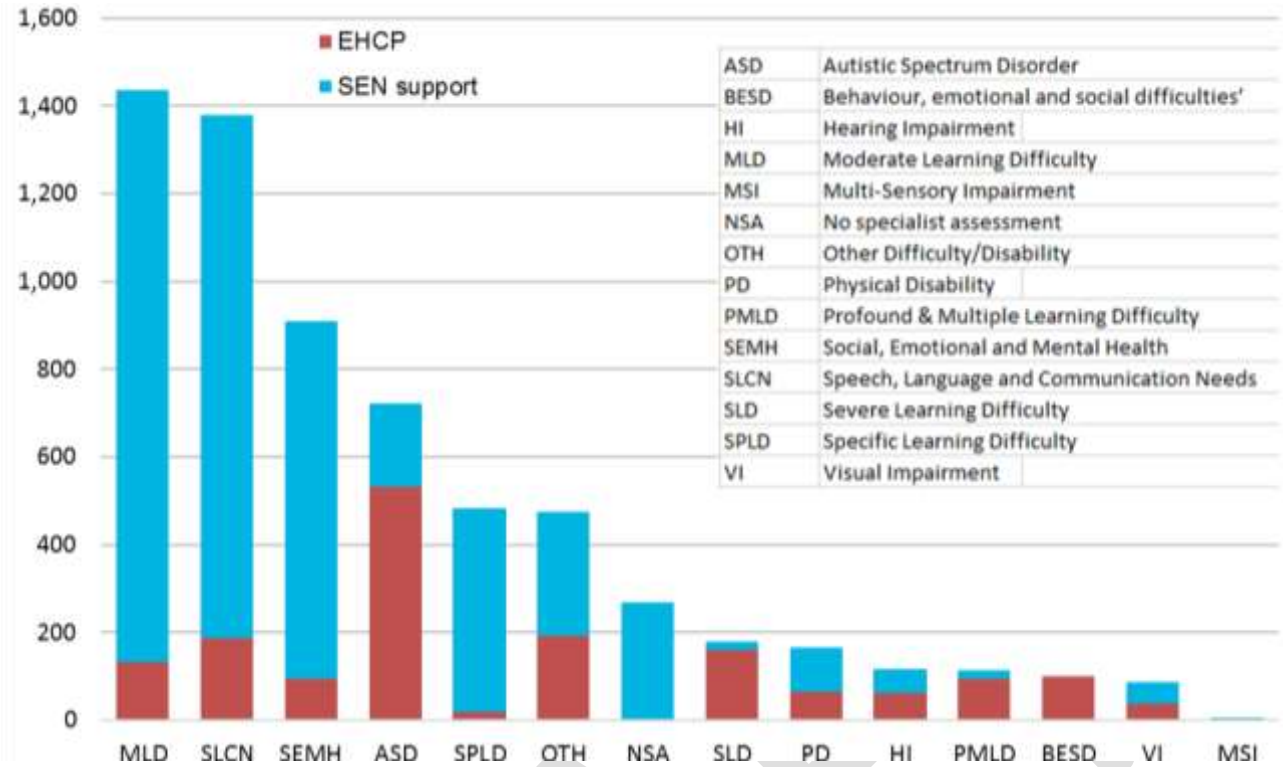
Figure 23: Children and young people in Luton by primary need for SEN support and EHC plan, 2019



Source: Luton Borough 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.

Children with MLD experience difficulty following the national curriculum despite receiving extra help and intervention. This developmental delay results in attainments that are below the expected standards in most areas of the curriculum - generally at or below the second percentile - particularly in literacy and numeracy skills.

Children with MLD do not find learning and communicating easy and may display challenging behaviour if their needs are not fully recognised and understood(Good schools guide, Moderate learning difficulties). There can often be a crossover between MLD, autistic spectrum disorder (ASC) and speech learning and communication needs (SLCN) where children and young people can find it difficult to listen, understand and communicate with others.

There is also a strong link between SLCN and ASC, which both fall under the 'communication and interaction' broad area of need, with all children with ASC recognised as also having SLCN, and there can often be a blurring in respect of which of these conditions a child may experience(The Communication Trust (2010), 'Don't get me wrong – Information for supporing children and young people with speech, language and communication needs').

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/disablilities (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 23 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 23 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) and 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 – though note that those who have primary need of BESD would not automatically be re-classified as SEMH. BESD still exists here because these children and young people have not yet been diagnosed with an alternate need.

Figure 23 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 (Department for Education, Special educational needs in England: January 2019). 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. This could be due to the person recording on the school census is not always the SENCO and if unsure they may default to the category of MLD.

Primary need trends over time

Data from the Department for Education (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 23, the breakdown of primary needs is broadly similar (Figure 24). Note that this only includes children attending schools in Luton.

Figure 24 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).

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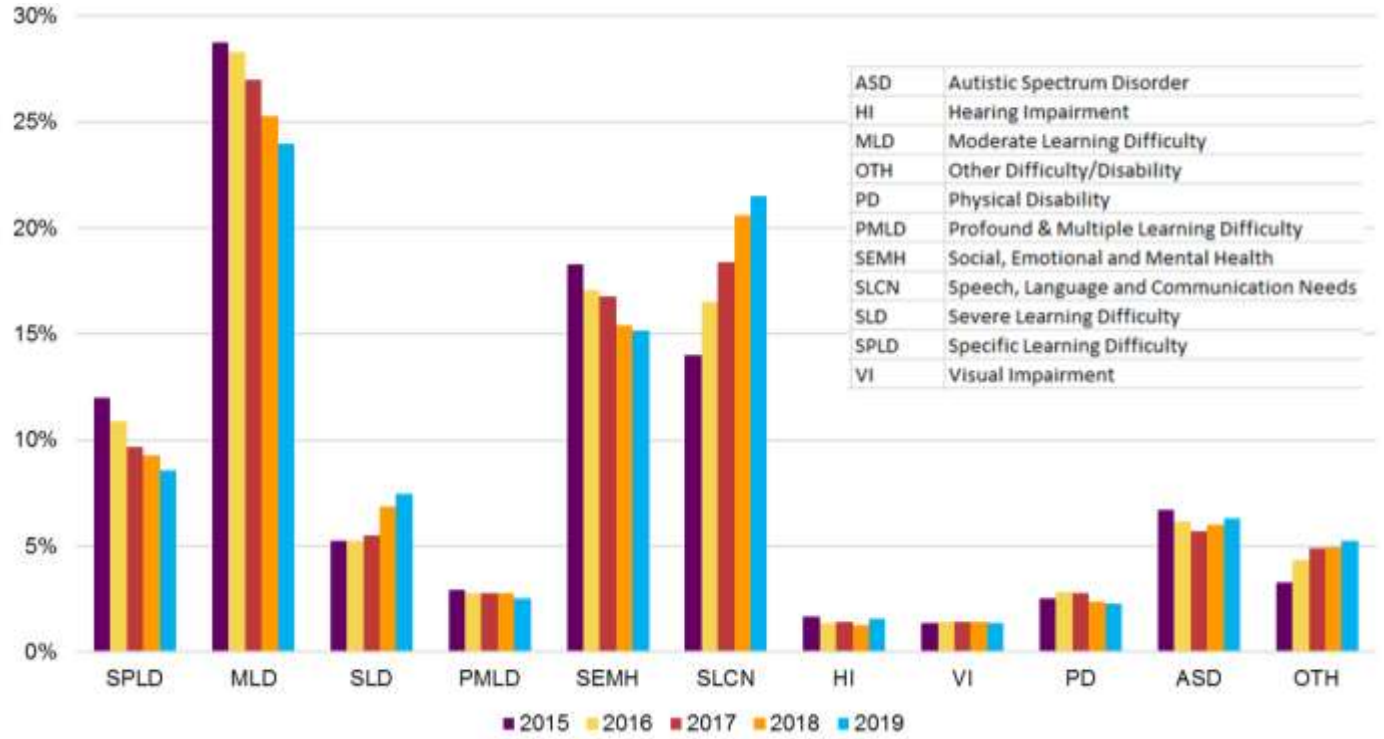
Figure 24: Primary need of school pupils with SEN in Luton, 2015 to 2019



Source: Pupils with special educational needs by primary type of need, Department for Education

The reasons for the recent increase of SLCN diagnoses in Luton could be linked to better identification of this need in younger people, linked to focused training about SLCN but 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(Department for Education (2010), The transitions between categories of special educational needs of pupils with Speech, Language and Communication Needs (SLCN) and Autism Spectrum Disorder (ASC) as they progress through the education system).

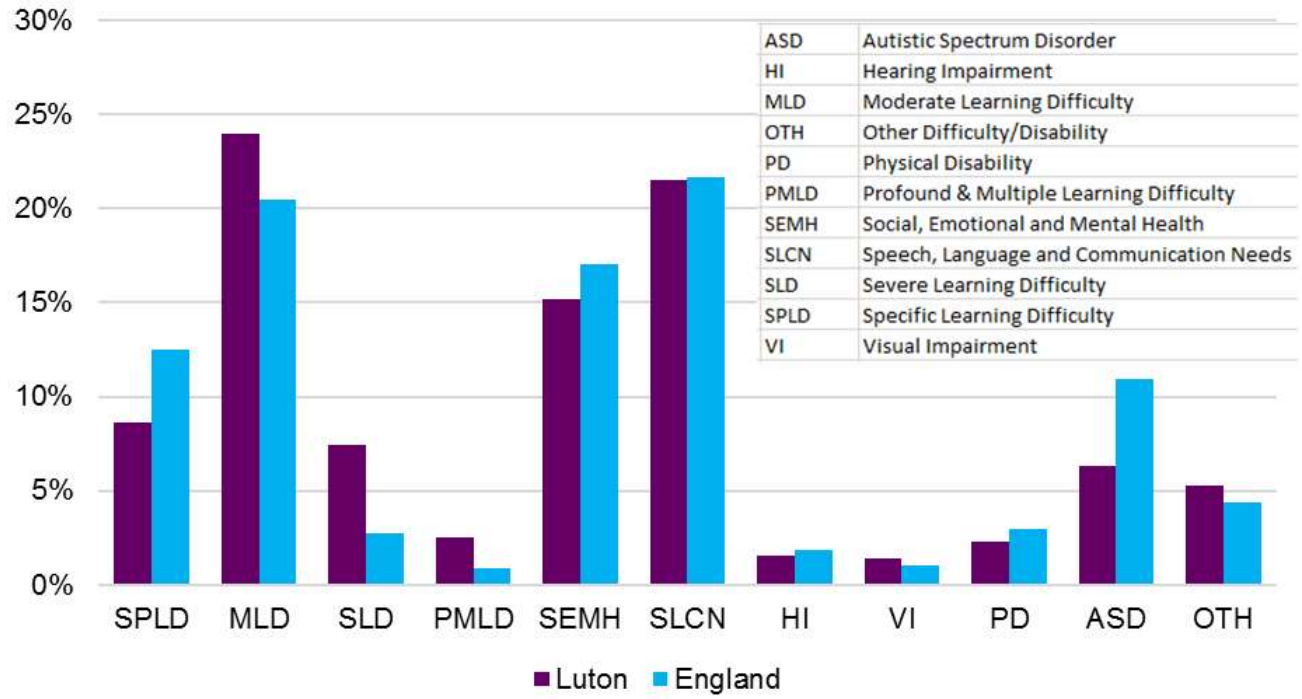
As previously mentioned, there are also links to ASC as all children with ASC have SLCN and could be misdiagnosed due to some similar traits(The Communication Trust (2010), Don't Get Me Wrong – Information for supporting children and young people with speech, language and communication needs). This increase 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 25 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 25: 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, Department for Education

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 4 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 (Moderate Learning Difficulties), not that 10.3 per cent of those with MLD are aged 0 to 4 years old.

However, the final column does indicate that 50.5 per cent of all children with SEND in Luton are aged between 5 and 10 years old, and helps add context that the vast majority of identified children with SEND are aged between 5 and 15. Table 4 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 4: 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 Borough Council

Moderate Learning Difficulty (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 - though note these age groups do account for 82 per cent of all SEND children and younger people.

Speech, Learning and Communication Needs (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. This change in age profile may be due to a variety of reasons including some of the children will go on to receive a diagnosis of autism, some will effectively catch up and then in the older age groups, the schools often change the emphasis from SLCN to behaviour issues.

Autistic Spectrum Disorder (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 – but this again reflects that 82 per cent of SEND children and young people are between 5 and 15 years of age.

Another interesting finding is that Specific Learning Difficulties (SPLD) are more frequent in 11 to 15 year olds than the other groups. 7.5 per cent of all SEND children have SPLD, but this increases to 13.4 per cent for those aged 11 to 15, and 55 per cent of all children with SPLD fall into this age group. SEMH shows a similar picture, although in terms of numbers there are still slightly more children aged 5 to 10 years old.

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Special educational needs in education

Early years

Early years education plays a vital role in both potentially preventing SEN and preparing children who have SEND to be ready for school and therefore later educational attainment (Shaw B, Bernardes E, Trethewey A, Menzies L. Special educational needs and their links to poverty. Available at: (link to jrf article)).

What do we know locally?

Health visiting: All children benefit from new born ante-natal screening with health visiting picking up blood spot tests for new arrivals. The tests identify nine conditions at a very early stage. All antenatal clients are contacted for a visit within 28-36 weeks of their pregnancy. Mothers and their partners are also recommended to attend antenatal classes "Bump to Babe", which consists of three two hour sessions, at around 25 weeks pregnant.

All parents/carers of new babies will be sent a text message at 5 weeks, in which we recommend parents/ carers then book their routine 6-8 week appointment and immunisations with their GP and to attend their local child health clinic for health visiting advice and support.

The Healthy Child Programme is an early intervention and prevention public health programme delivered by the 0-19 Children's Service within Luton which consists of interventions such as screening, health and development reviews, health promotion, and advice to children, young people and their parents/guardians or carers.

The programme includes(Cambridgeshire Community Services. Available at: (link to Cambridgeshire Community Services)):

- Antenatal contacts
- New birth visits by day 14
- 6-8 week maternal mental health assessments
- 1 year development assessments
- 2 year development assessment
- School entry reviews
- National Child Measurement Programme
- Universal health promotion
- Advice, signposting and referrals to other agencies
- Progressive packages of care

2 year olds: There are 1,000 children aged 2 that are benefitting from funded early education in Luton. Of these, 0 have an EHC plan and 22 are receiving SEN support (2.2%) (Figure 26). Whilst Luton has 0 children with an EHC plan, the percentage of children receiving SEN support is similar to the East of England (2.1%) and national (2.7%) averages.

3 & 4 year olds: There are 6,600 children aged 3 and 4 that are benefitting from funded early education in Luton. Of these, 28 have an EHC plan (0.4%) and 380 are receiving SEN support (5.8%). Luton (5.8%) is higher than the East of England (4.6%) and similar to the national average (5.4%) of children with SEN support.

In Luton is it rare for a child to receive an EHCP under age 4. However this does not mean there are less children with severe and complex needs. These children are identified and funded through the Early Years Panel.

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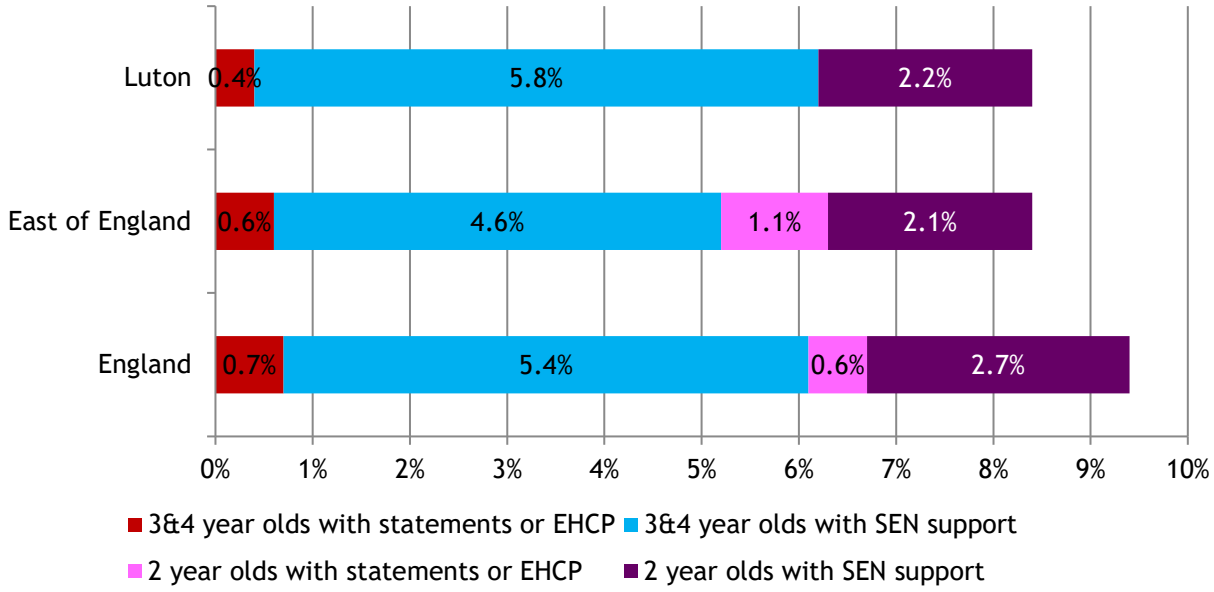
Figure 26: Percentage of 2, 3, and 4 year old children benefitting from funded early education, with special educational needs, 2017



Source: DfE Statistics – [Provision for children under 5 years of age in England]

Early years referrals for SEND assessment

The Edwin Lobo Centre is a base for the Community Paediatric Service providing specialist secondary care services for children living in Luton and Central Bedfordshire presenting with developmental, physical and learning disabilities (Edwin Lobo. Available at: [(link to Luton directory)).]

The medical assessments undertaken by the centre include Multi Disciplinary Reviews, One to One consultation, Medical Investigation diagnosis and multi-agency management of children with developmental disorders or delays. They also provide statutory advice to education on children and young people with special educational needs (SEN) as well as performing adoption and child protection medicals.

Referrals to the centre can be made via any health professional, school or GP. In 2018-2020, in children under the age of five, the most common reasons for referral were ASC (63.5%) and developmental delay (29.4%). The majority of referrals for early years support for SEND (Categories include: ADHD, ASC, developmental assessment, developmental delay, dyspraxia, hearing problem, learning difficulty, motor development, neuro disability and speech delay) by Edwin Lobo were made by health visitors (30% of referrals), followed by nursery schools (26% of referrals), as shown in Figure 27.

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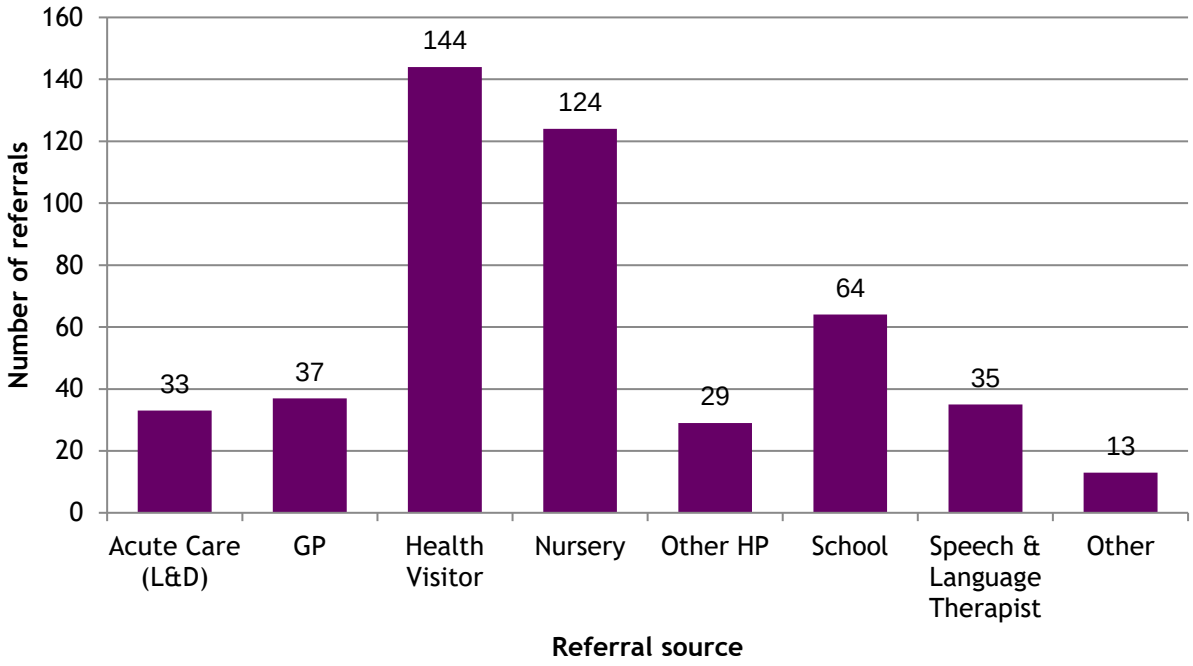
Figure 27: Number of referrals by referrer



Source: CCS 0-19 service, referrals between March 2018 and Feb 2020

School years

The best school or educational setting for a child depends on their needs. Most children with SEND, including those with EHC plans, will attend a mainstream school, college or university. Children with more specialist needs may benefit from a more specialist setting.

Key findings:

- In January 2019, 9.6 per cent of all Luton pupils with either SEN support or an EHC plan attended a special school – slightly below the England rate of 10.3 per cent.

- For Luton pupils with an EHC plan at state funded schools, 52 per cent attended a mainstream primary or secondary school, with the remaining 48 per cent at a state funded special school. This is almost identical to the England split.

- For those in Luton receiving SEN support, only 0.5 per cent attended a special school, with 68.4 per cent at primary schools and 31.1 per cent at secondary schools.

- For all those aged 0 to 25 with EHC plans, Luton has similar proportions to England for those attending mainstream and special schools respectively. However in Luton a much greater proportion of those in special schools were at LA maintained special schools compared to England – with a reciprocal lower rate in those attending 'other' special schools.

- 60.1 per cent of children and young people in Luton receiving a new EHC plan in 2018 were attending an LA maintained mainstream school with just 5.5 per cent at a mainstream academy. These figures differ notably from England (40 per cent and 23.9 per cent respectively).

- Those with a new EHC plan in 2018 in Luton are much less likely to attend a special school (either LA maintained or 'other') than those who already have an existing EHC plan (18.4 per cent compared to 39.5 per cent). These rates are similar to the England pattern and reflect that it may take some time to arrange a new placement at a special school.

- 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.

School provision of SEN

In 2019, information from the Department for Education shows approximately 5,700 pupils in state funded schools in Luton with either an EHC plan (1,100) or receiving SEN support (4,600).

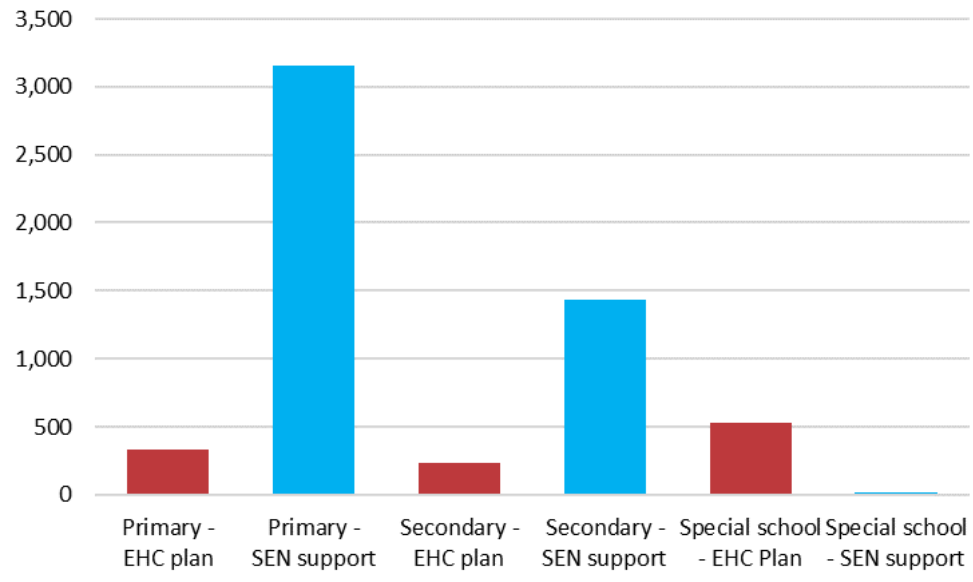
Figure 28 shows the breakdown of school pupils with EHC plans and SEN support across different school types and concludes that 9.6 per cent of all pupils at state funded schools in Luton with either SEN support or an EHC plan attended a special school in January 2019.

This accounts for 550 pupils out of approximately 5,700 and is slightly below the England rate of 10.3 per cent. 61.1 per cent (3,500 pupils) attended a primary school with the remaining 29.2 per cent (1,700 pupils) at secondary schools.

For just those school pupils with an EHC plan, 52 per cent attended a mainstream primary or secondary school, with the remaining 48 per cent at a state funded special school. For those with SEN support, just 0.5 per cent were at special schools with 68.4 per cent at primary schools and 31.1 per cent at secondary schools.

In total, 14.9 per cent of all pupils at state funded primary schools in Luton have either SEN support or an EHC plan, compared to 11.7 per cent at secondary schools. All of those at special schools in Luton have special educational needs.

Figure 28: State-funded primary, secondary and special schools: number of pupils with special educational needs, based on where the pupil attends school in Luton, January 2019



Source: Special educational needs in England, 2019, Department for Education

The Department for Education makes further information available about the placement of all children and young people aged 0 to 25 with EHC plans (not just those at school). Figure 29, below, highlights that in January 2019 nearly 35 per cent of those in Luton attended a special school that is LA maintained, with a further 5 per cent attending any other type of special school (such as academies/independent schools).

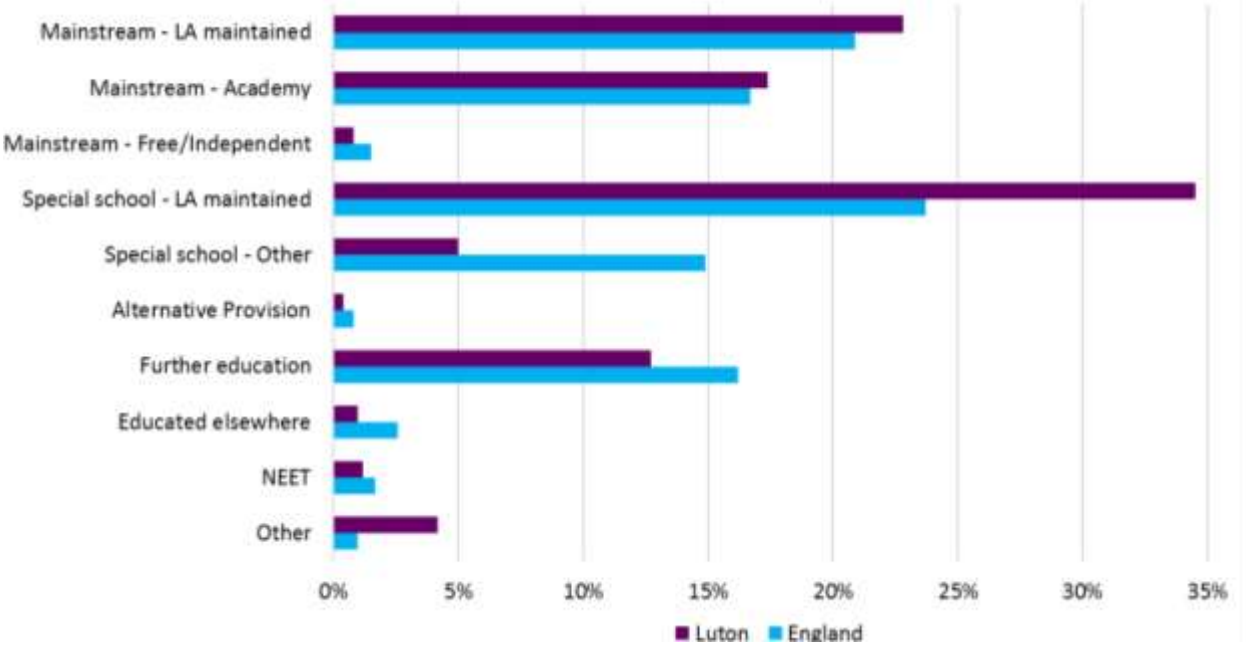
However, a higher combined total attended a mainstream school – either LA maintained, an academy or an independent or free school. In total 41 per cent of children and young people in Luton with an EHC plan attend a mainstream school, compared to the total of 39.5 per cent attending a special school.

It can also be noted that these overall totals are similar to the national rate – with the major difference being that Luton has a higher rate attending special schools that are LA maintained and a lower rate at other types of special school.

This is not unexpected due to the fact that all three special schools in Luton are LA maintained, and children would have to go out of Luton to attend other types of special schools. Overall, 39.1 per cent of EHC plan pupils in England attend mainstream schools compared to 41.1 per cent in Luton, and 38.6 per cent attend special schools in England, against 39.5 per cent in Luton.

It is also apparent that Luton has a lower rate for those in further education; though this may partially reflect that Luton has a lower proportion of children aged 20 to 25 with EHC plans than the national average (see Figure 17).

Figure 29: Placement of all children and young people with an EHC plan in Luton and England, 2019



Source: Placement of children and young people with an EHC plan 2018, Department for Education

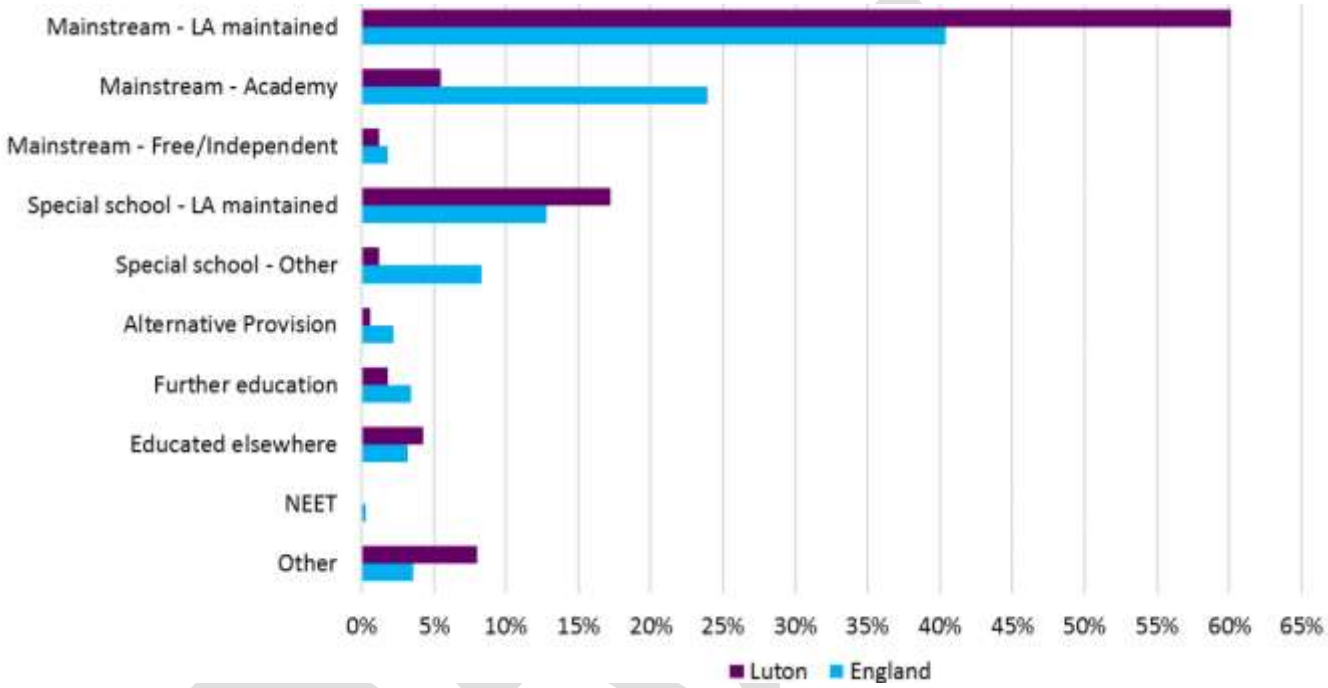
When just considering those 163 children and young people who obtained a new EHC plan in 2018, the picture is slightly different in terms of their placement. Figure 30, below, shows a major difference when compared to England between those in an LA maintained school and those in a mainstream academy, with just 5.5 per cent at a mainstream academy in Luton compared to 23.9 per cent in England – although the combined totals are very similar for all mainstream schooling (66.9 per cent for Luton, 66.1 per cent for England).

The totals for special schools are also similar with 18.4 per cent for Luton and 21.1 per cent for England, though Luton pupils are again more likely to be at special schools maintained by the local authority.

Figure 30 also shows that in Luton only 18.4 per cent of children with new EHC plans were attending a special school of any type (compared to 39.5 per cent of all children with an EHC plans – Figure 29), with 66.9 per cent attending any mainstream school (compared to 41.1 per cent of all children with an EHC plan in Luton – Figure 29).

These rates are similar to the national pattern and it may reflect that in Luton families and children are offered an inclusive education in a mainstream setting and some parents express a preference for this, particulay at the primary level

Figure 30: Placement of children and young people with a new EHC plan in Luton & England, 2018

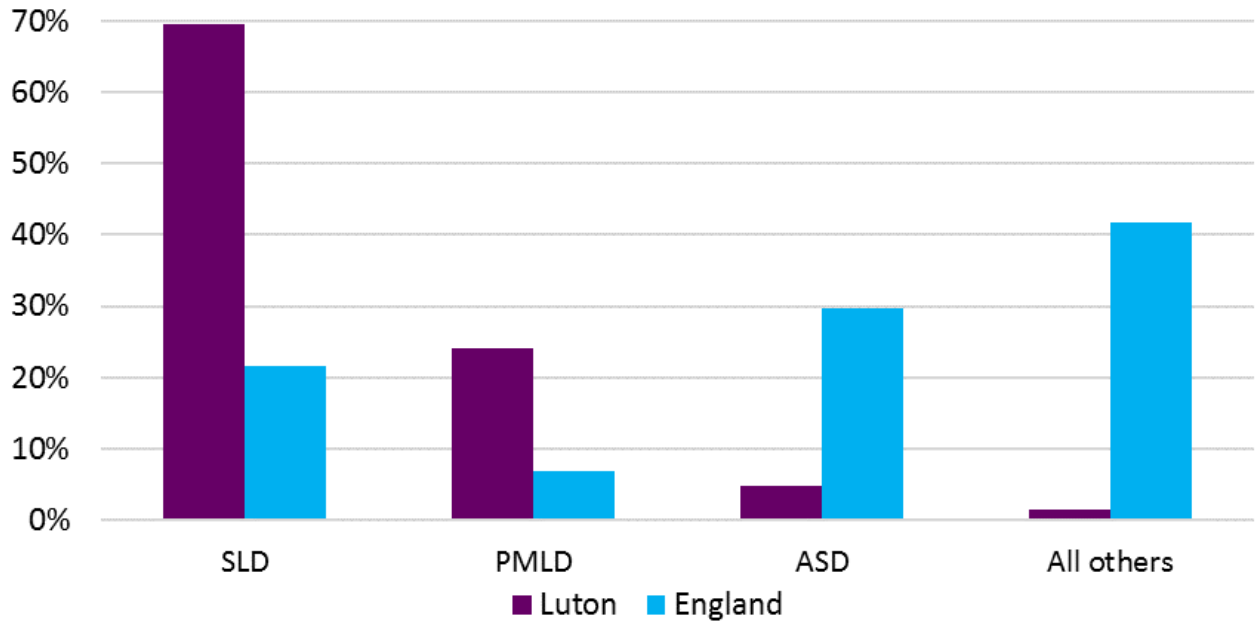


Source: Placement of children and young people with an EHC plan 2018, Department for Education

Types of SEN needs locally

Figure 31 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 31: 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, Department for Education

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 23, 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. Two of Luton's secondary schools and one primary have specialist provision for ASC, other authorities may not have this provisioin. Or that 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 Special Educational Needs Service has an Austism Spectrum team to support schools and settings to help schools meet the needs of children and remove the barriers to learning.

Impact on educational attainment for children and young people with SEND

The SEND code of Practice states that children with complex needs and disabilities should also be included in the aim to achieve ambitious standards. Nationally, fewer pupils with SEN support and a statement/EHC plan are achieving the expected standard for reading writing and mathematics at key stage 2 compared to pupils with no identified SEN.

Key findings:

- Children with an EHC plan or those on SEN support have lower educational outcomes in Luton compared to those with no SEN; this pattern is also reflected in England and Luton's statistical neighbours.

- Luton pupils generally have lower attainment than England for each set of children (those with no SEN, those on SEN support, those with a statement/EHC plan), although the gap is often narrowest (or sometimes better than the England level) for those children with a statement/EHC plan. In 2017/18, 9% of children with a statement/EHCP reached expected reading, writing and maths levels at key stage 2 (this decreased to 3% in 2018/19).

- In 2016/17, Luton's rate of children and young people with an EHC plan who were in a sustained education, employment or training destination at age 17 was at 94 per cent, above the national and statistical neighbour rates and equal with the Luton rate for those with no SEN. This is a positive outcome; however, the rate for those on SEN support was at 85 per cent – slightly below England (88%) and the statistical neighbours (87%).

Progress and achievement for children and young people with SEND is generally below those of their peers at all stages of formal education, with worse outcomes for those on EHC plans than for those with SEN support. Although there is some variation, Luton performs less well than England and generally similar to its CIPFA statistical neighbours.

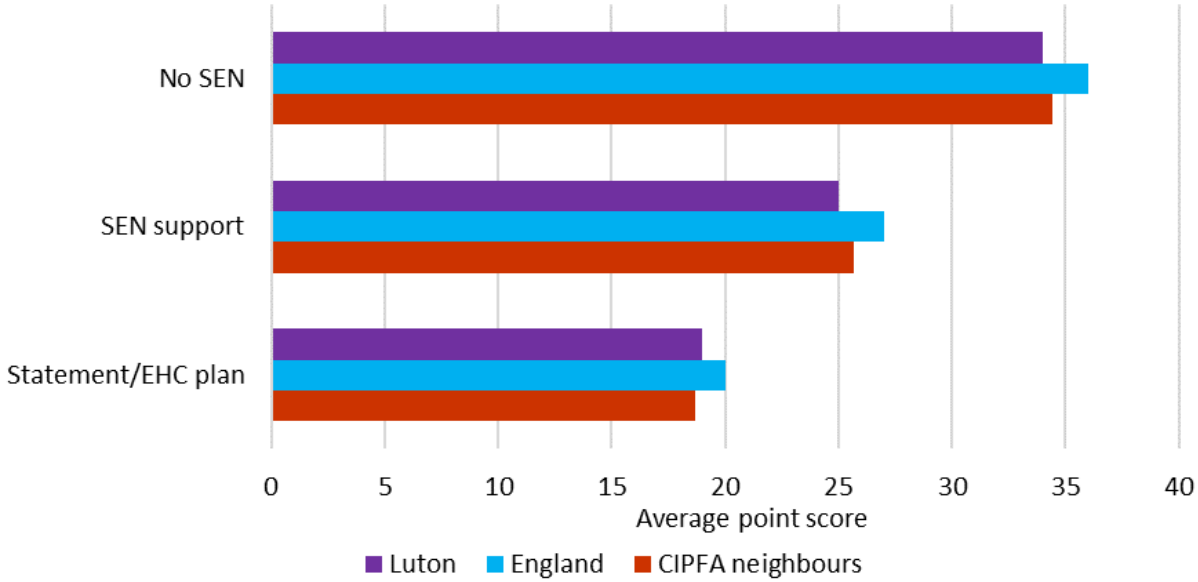
Information on the educational performance of children and young people is available at several stages throughout their schooling. Much of this can be broken down to allow comparisons in the performance between children with SEND and those without SEND, and also comparisons to national and statistical neighbour averages.

Impact on educational attainment – The Early Years Foundation Stage Profile

Achievement data for five year olds is collected as part of The Early Years Foundation Stage Profile (EYFSP) (Department for Education. Early years foundation stage profile: 2020 handbook). This is a teacher assessment of children's development at the end of the academic year in which the child turns five and assesses the child's attainment in relation to the 17 early learning goal descriptors (ELGs).

Evidence is gathered and reviewed and a judgement is made to say whether the child's learning and development is expected, emerging, or exceeding. Therefore, the minimum score is 17 points and the maximum possible score is 51 points. Figure 32 shows the average points score for 2017/18, broken down for children with no SEN, those on SEN support and those on a statement/EHC plan for Luton, England and Luton's CIPFA nearest neighbours.

Figure 32: Average point score across all early learning goals, 2017/18



Source: Department for Education

It can be clearly noted that children on a statement or EHC plan score fewer points than those on SEN support or those with no SEN – with those with no SEN scoring the highest average. Luton has a lower average points score than England for each of the measures, but is near to its CIPFA nearest neighbours' average. It scores slightly higher for those with a statement/EHC plan, but is slightly lower than its statistical neighbours for SEN support and no SEN.

The gap between Luton and England is narrowest for those children with a statement or EHC plan. The pattern shown in Figure 32 has not changed significantly over the past few years with the trends and gaps experienced remaining roughly the same. However it should be noted that for all three areas the score achieved for those with no SEN has increased by a couple of points over the past five or six years, but the score for those with an EHC plan has remained much more static.

Further information about five year old children is available for those who are achieving a good level of development. Unfortunately, full Luton data is not available as its figures are suppressed due to low numbers for those with a statement or EHC plan. However, the information that is accessible (Table 5) shows the same pattern as Figure 32 in regards to those with no SEN having the highest rates of children with a good level of development, and those with a statement/EHC plan having the lowest rates.

Luton has lower rates than England, but is similar to the statistical neighbours' group.

Table 5: Percentage of five-year-old children with 'Good level of development' in the prime areas of learning, 2017/18

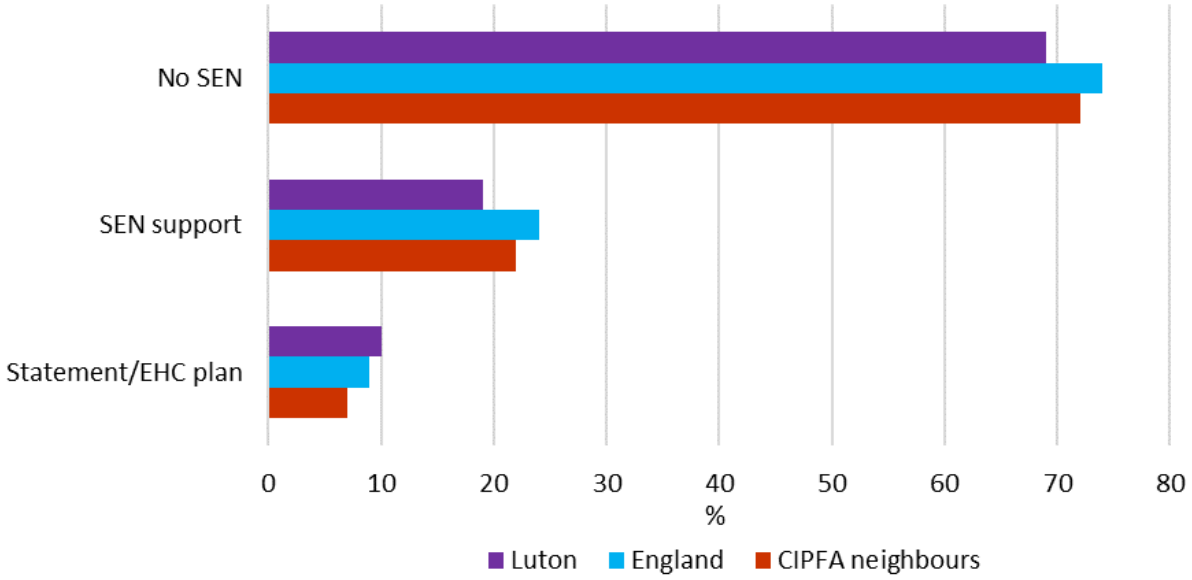
	No SEN	SEN support	Statement/ EHC plan
Luton	75	24	N/A
England	77	28	5
CIPFA neighbours	74	26	7

Source: Department for Education

Impact on educational attainment – Key Stage 2 and 4

For slightly older children, all year 6 pupils (aged about 11) in state funded primary schools are required to take part in key stage 2 (KS2) national curriculum assessments. The tests are designed to show the proportion reaching at least the expected level in reading, writing and mathematics at KS2.

Figure 33: Percentage reaching expected level in reading, writing and maths at key stage 2



Source: Department for Education

Figure 33 again shows that those with no SEN have a much higher rate reaching the expected standards than those with a statement/EHC plan or SEN support. Ten per cent of pupils with statements of SEN or EHC plans and 19 per cent of pupils on SEN support in Luton achieved at least the expected level in reading, writing and mathematics at KS2.

However, this is an improvement on the previous year for both pupils with statements (4 per cent) and for pupils with SEN support (18 per cent). In 2017/18 Luton achieved higher than the national and statistical neighbour averages for those with a statement/EHC plan, although Luton had been lower than both in the previous year.

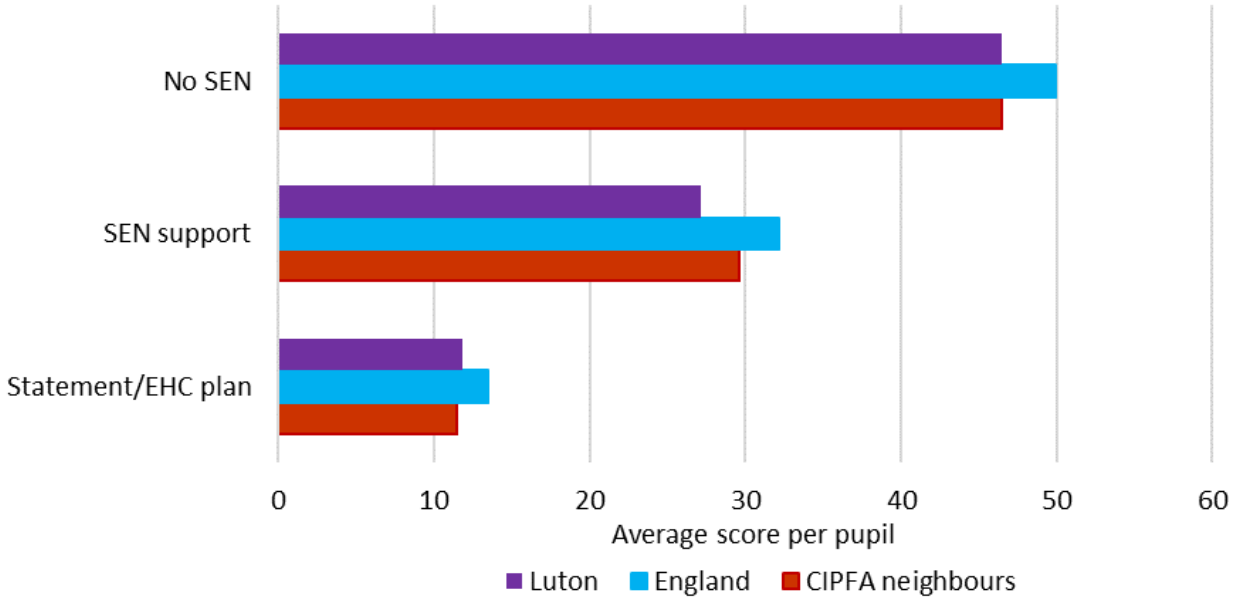
Luton was also lower than both for SEN support in 2017/18 and the previous year. For children with no SEN, 69 per cent achieved the expected standard, an increase from 63 per cent in 2016/17; however Luton remains below the national and statistical neighbour averages.

Key Stage 4 covers children aged between 11 and 16, to GCSE. Educational attainment here is measured by the recently introduced Attainment 8 score which is a measure of a pupil's average grade across a set suite of eight subjects (including English and maths), with a higher score reflecting better results.

Figure 34 below shows that the outcomes show similar patterns to the previous stages of education. Luton remains below the national average for each of the groups of pupils, and is similar to the statistical neighbours apart from SEN support when it is notably lower (27.1 points for Luton against 29.6 for statistical neighbours).

Compared to the previous year the score for 'No SEN' and SEN support have remained static, but the score for those with a statement or EHC plan has increased from 9.7 to 11.8 for Luton.

Figure 34: Average Attainment 8 score, 2017/18



Source: Department for Education

Transition years and outcomes post 16

Children with SEND do less well on a range of outcomes that affect their long term future; academic performance is lower, exclusion and absence rates are higher, higher numbers go on to be not in education, employment or training (NEET) or in youth custody(Royal Borough of Kensington and Chelsea. Children and Young People with Special Educational Needs and Disabilities – JSNA).

Participation in education or training is important for young people's outcomes, but Ofsted have reported weaknesses in transition planning for young people with SEND(OFSTED. The special educational needs and disability review) . The Children and Families Act 2014 put new duties on the further education sector to support young people with SEND (with or without an EHC Plan / Statement) in further education up to age 25. Guidance for further education providers has been produced by the Department for Education(DfE. SEND: guide for further education providers).

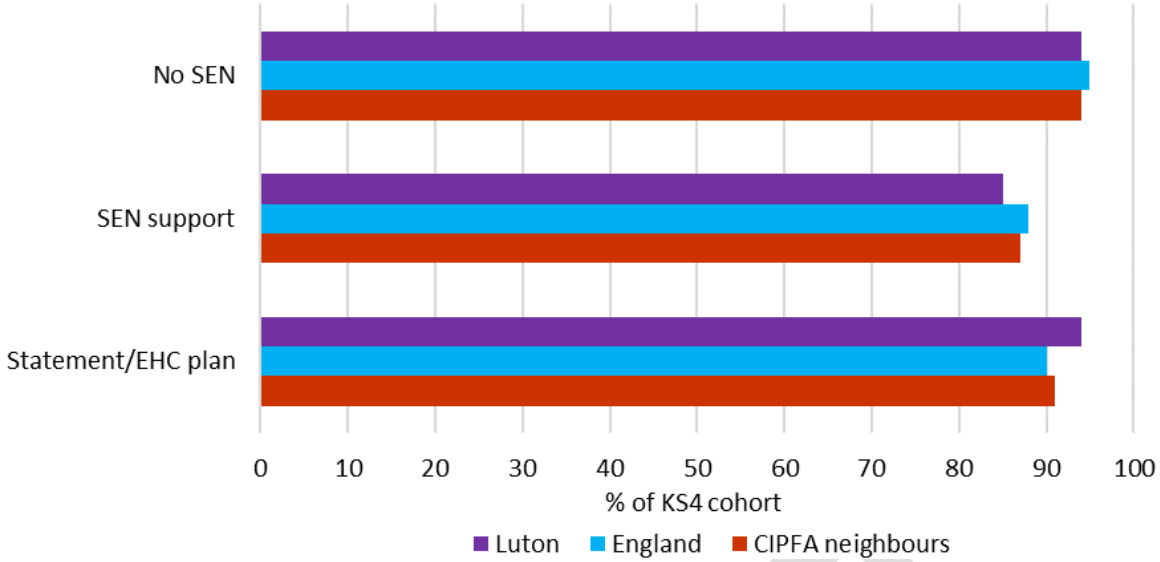
Employment and further education rates for people with SEND are below the average for their age group.

Figure 35 shows the percentage of the Key Stage 4 (KS4) SEN cohort in a sustained education, employment or training destination at age 17 in 2016/17. To be included in this measure, young people have to show sustained participation in education, training or employment destinations in all of the first two terms of the year after they completed Key Stage 4.

In Luton, 94 per cent of the KS4 cohort with a statement/EHC plan were in education, employment or training at 17, this compares positively to the previous period of 83 per cent and is greater than both the England (90 per cent) and statistical neighbour (91 per cent) averages. Ninety-four per cent is also the rate for all those in Luton without a SEN – England is fractionally higher at 95 per cent.

However, SEN support is lower for all of the areas with the Luton rate at 85 per cent, below England (88%) and the statistical neighbours (87%). Therefore it is very positive that those with a statement or EHC plan are continuing their participation in education, employment or training and making a positive transition into adulthood, but support for those on SEN support may be lacking slightly.

Figure 35: Percentage of KS4 cohort in education, employment or training, 2016/17



Source: Department for Education

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Attendance and Exclusions

Key findings:

- 26.2 per cent of Luton pupils with an EHC plan were persistent absentees in 2017/18 – above the rate for SEN support (17.6 per cent) and those with no SEN (10.6 per cent). The rates and pattern are similar to England and the statistical neighbours.

- For fixed period exclusions, Luton had approximately half the rate of its statistical neighbours and the England average rate for those pupils with a statement or EHC plan (7.2 per cent in Luton in 2017/18). This is very positive news and continues an improving trend that Luton has experienced in recent years.

- However, the fixed period exclusion rate for pupils in Luton with SEN support is considerably higher at 12.2 per cent in 2017/18 - though this is still slightly lower than the two comparator areas. The Luton figure has dropped since 2016/17 (15 per cent), however the general trend over the past five years has been increasing.

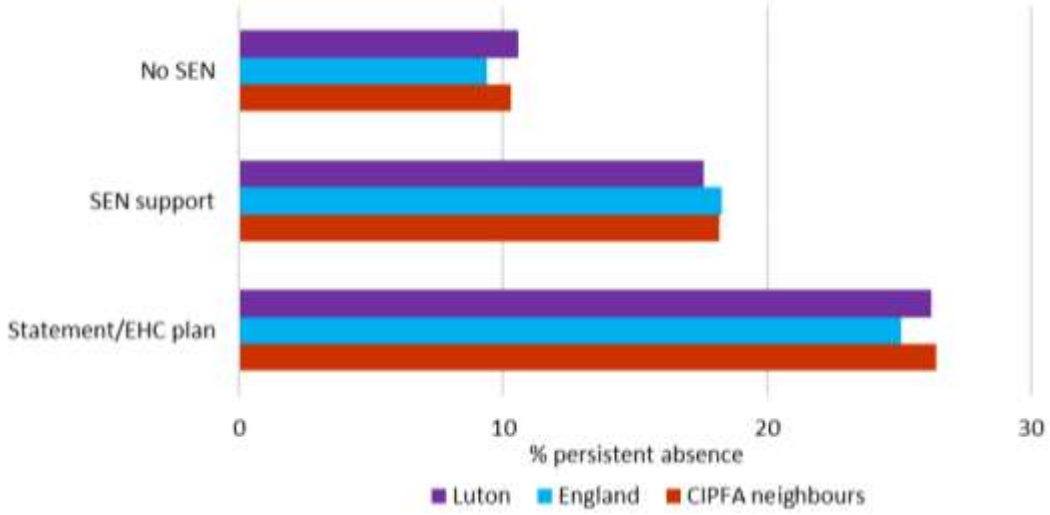
- Permanent exclusion rates in Luton are higher than in England for all groups, although all rates are very low. Permanent exclusion rates are highest for those children on SEN support. There is a general upward trend in the rate of fixed-period exclusions, albeit at a very gradual pace.

- Luton has many of the traits that make exclusions more likely, with national findings identifying they are more likely for boys, children of Black Caribbean ethnicity and those on free school meals (low-income families). Across England, pupils with SEMH are most likely to be excluded permanently – accounting for over half of all exclusions for pupils with a SEN despite accounting for just 17 per cent of SEN pupils – with persistent disruptive behaviour the primary reason for exclusion for both SEMH pupils and all pupils with a SEN.

Figure 36 shows the proportion of SEN students with a statement or EHC plan who are defined as persistent absentees. Persistent absence covers pupils who have missed 10 per cent or more of school sessions through authorised or unauthorised absence, with a session counting as half a day – either morning or afternoon.

In Luton in 2017/18, 26.2 per cent of pupils with statements or EHC plans were persistent absentees, very similar to the rates for England (25.1 per cent) and statistical neighbours (26.4 per cent).

Figure 36: Persistent absentees as a percentage of all pupils, 2017/18



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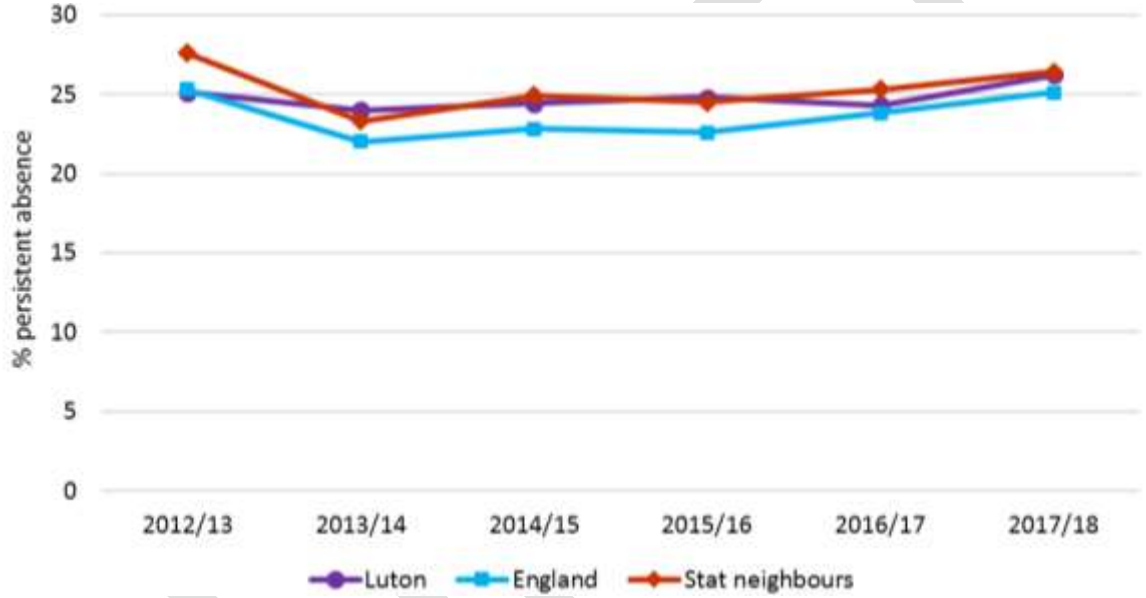
Source: Department for Education, Pupil Absence in Schools in England

Figure 36 also shows that children with a statement or EHC plan are more likely to be persistent absentees than those on SEN support or those with no identified SEN. There are numerous possible factors behind this including transportation issues (often there is difficulty in getting to special schools located far from home), illness or health issues (including emotional/mental health) being more likely in pupils with SEN, or pupils having deteriorating attendance as they feel they are not making sufficient progress and therefore becoming disaffected from their learning environment (Department for Schools, Families and Children (2009), Guidance on the attendance of pupils with special educational needs (SEN)).

Persistent absence rates for those with a statement or EHC plan have remained fairly static in recent years as Figure 37 demonstrates below, with Luton having slightly higher rates of persistent absence than England since 2013/14, but with a rate that has generally been similar to its statistical neighbours.

Figure 37: SEN pupils with a statement or EHC plan defined as persistent absentees, 2012/13 to 2017/18



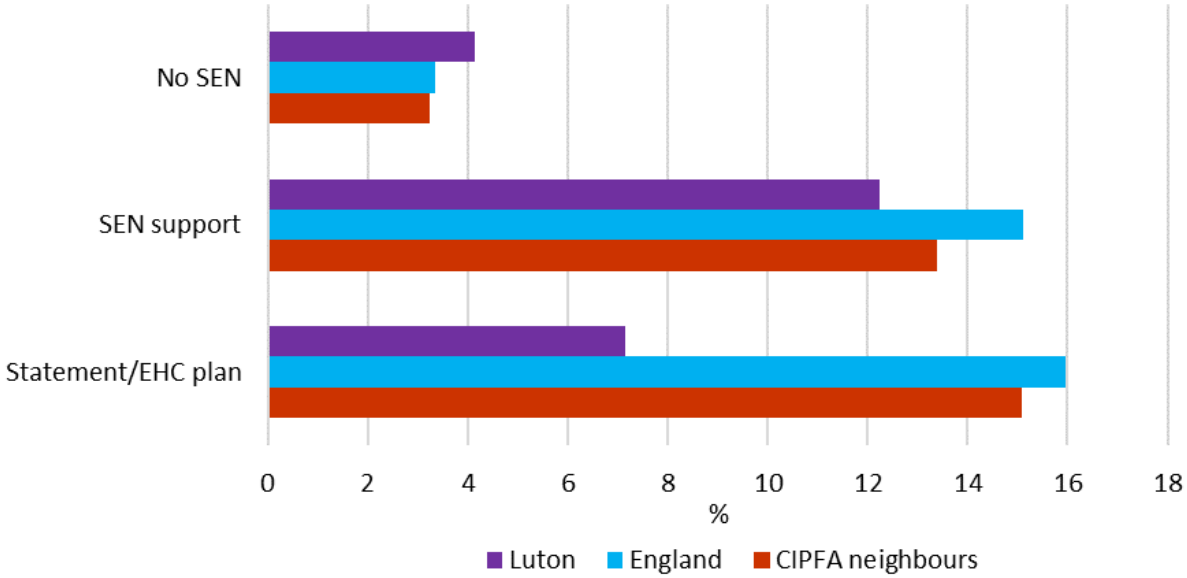
Source: Department for Education, Pupil Absence in Schools in England

Fixed period exclusion refers to a pupil who is excluded from a school for a set period of time. A fixed period exclusion can involve a part of the school day and it does not have to be for a continuous period. A pupil may be excluded for one or more fixed periods up to a maximum of 45 school days in a single academic year.

Figure 38 shows that for 2017/18 the rate of fixed period exclusions for those with a statement/EHC plan in Luton (7.2 per cent) was less than half of the rates experienced in England or across statistical neighbours. The fixed period exclusion rate was also lower in Luton for those with SEN support when compared to England and the statistical neighbours, though at 12.2 per cent it is still notably higher than the equivalent Luton figure for those on a statement/EHC plan.

For those children with no SEN, Luton was higher than the comparators; this therefore is positive news that those children in Luton with a SEND are less likely to experience a fixed period exclusion than their peers elsewhere. At a national level, pupils with a statement/EHC plan or those on SEN support are approximately five times more likely to experience a fixed period exclusion than those with no SEN.

Figure 38: Fixed period exclusions from schools for pupils, 2017/18



Source: Department for Education

However, the question remains as to why Luton has a higher rate for SEN support fixed period exclusions than those on a statement/EHC plan when this is not the case in either of England or the statistical neighbour average – although the difference between the SEN support and statement/EHC plan groups are fairly similar for each of England and the neighbours.

One possible explanation could be that Luton has the correct specialist care in place for those on a statement/EHC plan and therefore the school can better cater to their needs, thus making an exclusion less likely.

For example, if a higher proportion of SEND children are sent to a special school that is better able to adapt to a child's needs then they are less likely to be excluded than if a child is in a mainstream school that may lack the specialist skills that could aid the child.

Figure 39 compares the recent trend for fixed period exclusion rates for pupils with a statement/EHC plan for Luton, England and Luton's statistical neighbour group and shows that there has been a gradual decrease in the fixed period exclusion rate in Luton in recent years and that the rate has always been significantly lower than the comparators.

Note that the trend for SEN support is slightly more erratic, with Luton slightly above the England and statistical neighbour rates in 2016/17, but slightly lower for every other year since 2012/13. Each area has experienced a gradual upward trend in its fixed period exclusion rate.

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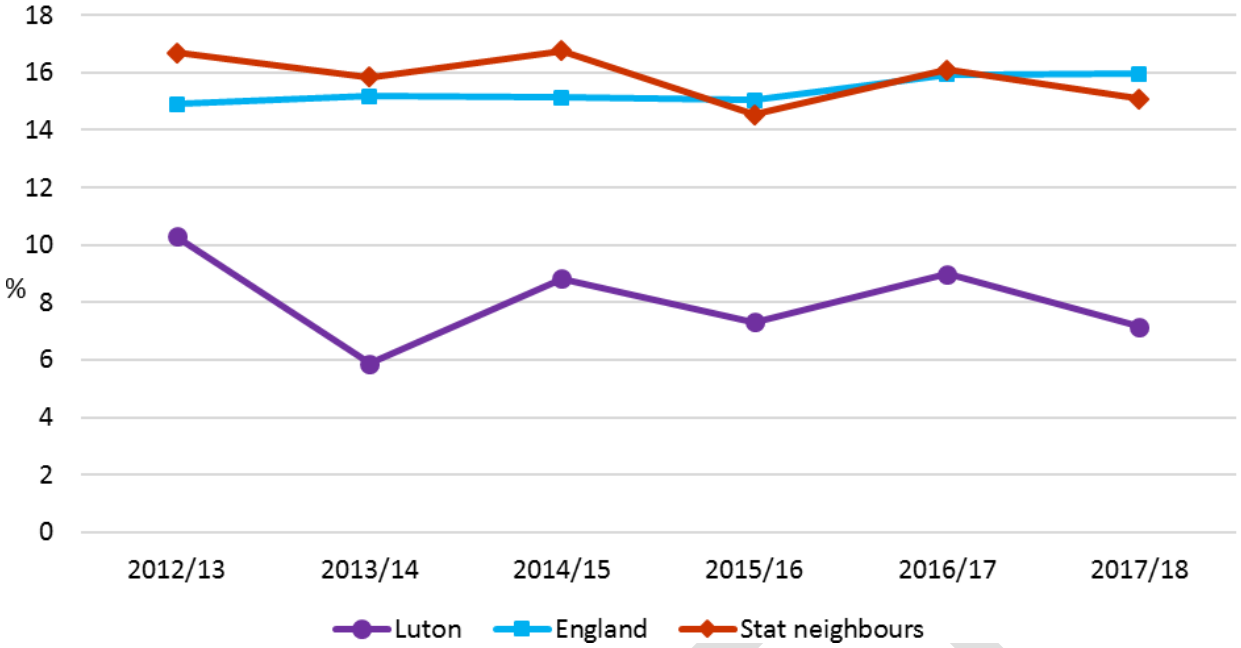
Figure 39: Fixed period exclusion rates for pupils with a statement/EHC plan, 2012/13 to 2017/18



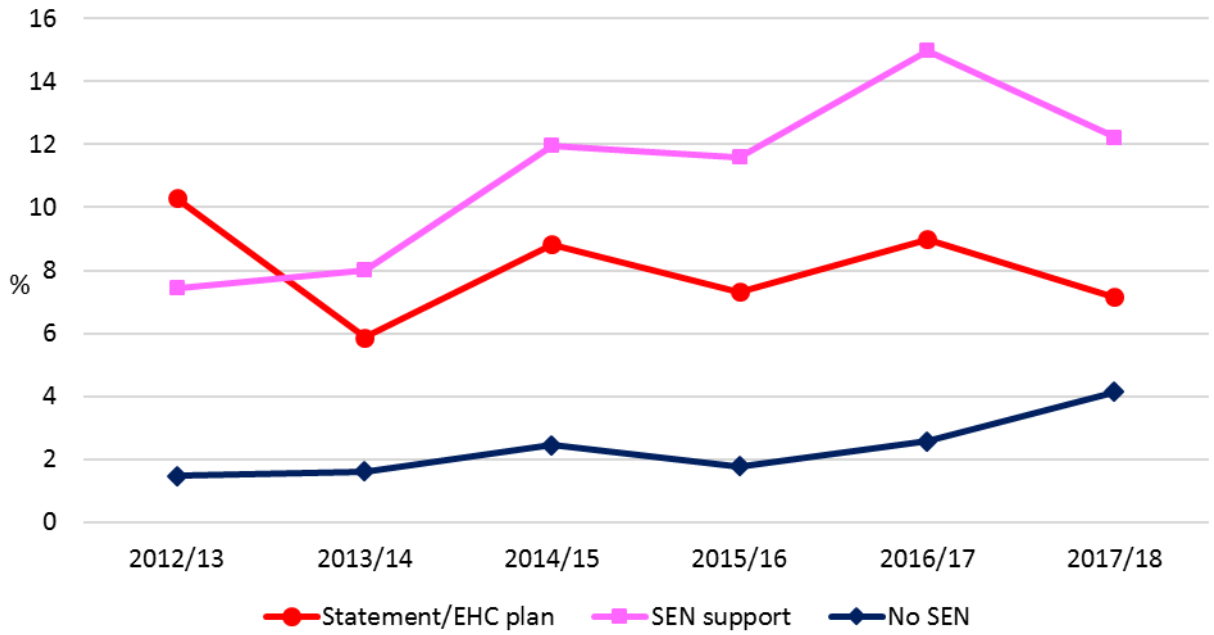
Source: Department for Education

Figure 40 depicts the recent trend for each of the SEN categories in Luton and highlights that the rate for fixed period exclusions for those with a statement/EHC plan (in red) has seen a gradually decreasing trend.

This is the opposite to pupils with no SEN which has experienced a steady increase and those on SEN support which has seen a doubling in its rate between 2012/13 and 2016/17, before a drop to 2017/18.

Note that the recent trends for England and the statistical neighbour group show a steady increase in the fixed period exclusion rate for SEN support, but without the drop experienced by Luton in 2017/18. All areas have experienced a recent upturn in the fixed period exclusion rate for pupils with no SEN.

Figure 40: Fixed period exclusion rates in Luton, 2012/13 to 2017/18

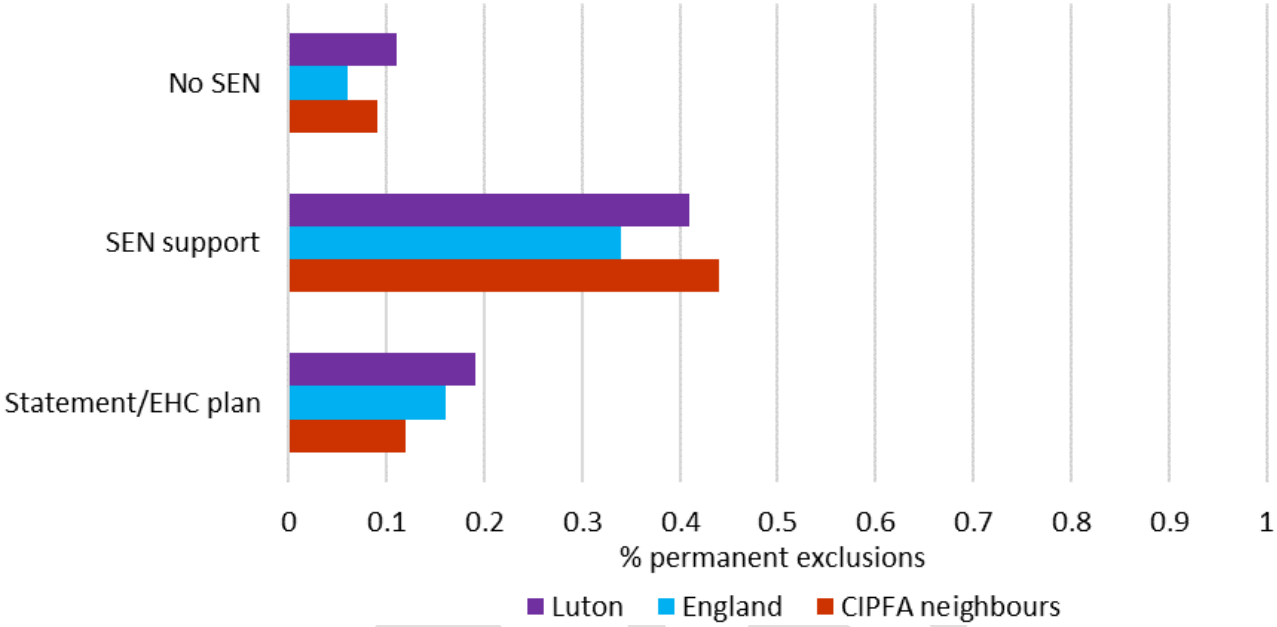


Source: Department for Education

Data is also available on permanent exclusions (a pupil who is excluded and their name removed from the school register), although the rates are very low across all categories compared to fixed period exclusions as shown in Figure 41.

Like with fixed period exclusions, pupils on SEN support have the highest rates of permanent exclusions, with Luton's rate of 0.41 per cent sitting below the statistical neighbour average (0.44 per cent) and the England rate (0.34 per cent). Luton has higher rates than either of the comparators for both those with a statement/EHC plan (0.19 per cent) and for those with no SEN (0.11).

Figure 41: Permanent exclusion rates from school for pupils, 2017/18



Source: Department for Education

Complete historic data is not available, but there appears to be a general upward trend in the proportion of exclusions for each area and group, albeit at a very gradual rate. There are a number of theories as to why permanent exclusion rates are increasing, including financial pressures meaning that fewer teaching assistants are available to help control the more difficult or disruptive students(Special Needs Jungle website (2018), Exclusions 2018: Children with SEND six times more likely to be excluded).

At a national level, pupils on SEN support are nearly six times more likely to experience a permanent period exclusion than those with no SEN, with those on a statement/EHC plan approximately three time more likely than those with no SEN.

Evidence for the whole of England looking at fixed period and permanent exclusions of SEN pupils SEN finds that those with SEMH account for well over half of all exclusions, despite only accounting for approximately 17 per cent of all SEN pupils.

The primary reason for exclusion for all SEN pupils are 'persistent disruptive behaviour' (30 per cent of all SEN exclusions) followed by 'verbal abuse/threatening behaviour against an adult', 'Other', 'Physical assault against a pupil' and 'Physical assault against an adult' (all 13 per cent to 16 per cent) (Department for education, Permanent and fixed period exclusions in England 2017 to 2018 (August 2019), National Tables).

Note that a recent government review on school exclusions aims to reduce rates by introducing a range of recommendations, particularly looking to offer more support to vulnerable children including those with SEND (Timpsons review of school exclusion, May 2019).

Further evidence from the Department for Education shows that at the national level exclusions are more likely for boys, children of Black Caribbean ethnicity and those on free school meals (low income families) (Department for education, A profile of pupil exclusions in England.). Luton is overrepresented with these characteristics, particularly concerning having higher levels of poverty/low income families and having a higher proportion of Black Caribbean children than the national average(2011 Census, Office for National Statistics).

What other risk factors are associated with SEND?

Key findings:

- Long-term health coniditons in childhood can have a significant impact on overall life chances and can influence the prevalence of special educational needs and disabilities for children, and their subsequent outcomes. Recent evidene shows that Luton has statistically significant higher rates of asthma and epilepsy in children and young people than the national averages.

- Luton has a statistically significantly higher rate of women who were obese in early pregnancy when compared to the England rate, and a slightly higher rate than the national average for smoking at the time of delivery. These are both considered risk factors in pregnancy that link to SEND in children.

- The maternal factors of low birth weight and premature births are both linked to higher risk of developmental problems, learning impairments and chronic health issues. In 2016, 9.3 per cent of all babies born in Luton were of low birth weight (under 2,500 grams) which is statistically significantly worse than the national average of 7.3 per cent. Between 2015 and 2017 Luton's rate of premature births was slightly higher than the national average, but was statistically similar.

In addition to the risk factors previously covered regarding ethnicity and child poverty, evidence shows that there are a number of risks that can influence the prevalence of special educational needs and disabilities for children, and their subsequent outcomes. These cover both health-related factors (for both children and mothers) and social-related factors.

Long-term health conditions

Poor health in childhood and adolescence can have a significant impact on overall life chances. A significant percentage of local children and young people have a long term physical health condition, illness or disability (Royal Borough of Kenginston and Chelsea. Children and Young People with special educational needs and disabilities - JSNA). We also know that many children and young people who have SEN also have a disability. This can impact on their education, general health and wellbeing.

Asthma, type 1 diabeters and epilepsy are the most common long-term physical health conditions in children nationally and in Luton.[58] The majority of children diagnosed with these conditions will not require special educational provision. However, in some instances there may be an overlap between students with SEN and students with a medical condition, as listed above, and may require special educational provision.

Asthma

In 2018/19, there were 216.9 hospital admissions in Luton for asthma (in children under 19 years of age) per 100,000 population(Public Health England via Fingertips website, Child and Maternal Health – long term conditions and complex health needs). This is significantly worse than the East of England (140.3) and national (178.4) rates.

In 2016/17, for children aged 0 to 9, the rate was 258.7 per 100,000 population – this is similar to the East of England (228.7) and national (255.8) rates.

In children aged 10-18, the rate was 149.0 per 100,000 population – this is worse than the East of England region (100.7) and similar to the national (137.6) rate.

Pollution can trigger asthma symptoms. A recent study named Luton as having the highest number of deaths from air pollution in the East of England (MacKenzie A, Whyatt J, Barnes M, Davies G, Hewitt C. Urban form strongly mediates the allometric scaling of airshed pollution concentrations. *Environ Res Let* 2019;14(12).). More than one in 18 deaths in the town are related to long term exposure to air pollution, according to new estimates in Centre for Cities' annual study of the UK's major urban areas.

Diabetes

In 2016/17, there were 63.7 hospital admissions for diabetes (in children under 19 years of age) per 100,000 population. This is similar to the East of England (61.7) and national (55.1) rates.

In children aged 0 to 9, the rate was 63.2 per 100,000 population – this is significantly worse than the East of England region (31.7) and national (28.2) rates.

In children aged 10-18, the rate was 64.4 per 100,000 population – this is better than the East of England region (98.3) and similar to the national rate (88.1).

Type 1 Diabetes is a serious chronic condition, mostly diagnosed in childhood. It can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills (Diabetes.org. Looking after a child with diabetes in school). Some children with Type 1 diabetes will have an EHC plan or statement of special education needs in place in order to meet their needs. The level of support required for children with Type 1 diabetes will differ depending on their experience (Diabetes UK. Diabetes in schools – responsibilities of SENCOs/ Additional Needs Coordinators/ Inclusion Managers. (link to diabetes.org) (accessed 28 June 2018)).

Epilepsy

Epilepsy is one of the most common neurological disorders. It can be caused by infections that can damage the brain such as meningitis, problems during birth that cause a baby to be deprived of oxygen, or some parts of the brain not developing properly. In many cases however, no cause is found.

There are many clinical manifestations, ranging from otherwise well children with occasional seizures, to children with complex medical co-morbidities and considerable disability. Epilepsy is more common in people with learning or intellectual disabilities, and in the most socially deprived areas compared to the least socially deprived (Joint Epilepsy Council of the UK and Ireland. Epilepsy prevalence, incidence and other statistics). Epilepsy is a very individual condition, therefore how it affects a child's education can vary (Epilepsy Society: School, education and epilepsy (link to Epilepsey society) (accessed 28 June 2018)).

In 2016/17, Luton has much higher rates of admissions for epilepsy among children and young people aged 19 years and under than the East of England region and England as a whole.

Table 6: Admissions for epilepsy, per 100,000 population

	Luton	East of England	England
19 years and under	132.5	75.7	72.1
0 to 9 years old	143.7	93.6	87.6
10 to 19 years old	116.8	53.8	53.0

Source: PHE. Fingertips data, 2016/17

The rate of admissions for epilepsy in children and young people in all age categories is significantly worse than in the East of England region and England as a whole.

Pre-natal and post-natal factors

The prevalence of special educational needs and disability and the overall health of a child can be influenced by a range of issues including pre-natal factors (eg. smoking during pregnancy or mother becoming ill during pregnancy), post-natal factors (eg. breastfeeding), inheriting certain genes, and an illness or injury in early childhood. These can influence the physical and mental health of the child and have an impact on their future outcomes. Sometimes there is no known cause.

Maternal age

Maternal age is a pre-determinant of low birth weight and pre-term births, with those at the lower and upper ends of the maternal age range having a higher prevalence of low birth weight and/or pre-term birth, and other conditions that may influence the child's development and link to SEND.

Despite the declining number of teenage pregnancies, teenagers remain the group at highest risk of unplanned pregnancy. Outcomes for young parents and their children are still disproportionately poor, contributing to inter-generational inequity with higher rates of infant mortality, low birth weight and poor maternal mental health/emotional wellbeing, amongst other adverse outcomes.

Teenage parents and their children are also at increased risk of A&E admissions for accidents and living in poverty, which are both alternate factors linked to higher rates of SEND(Public Health England (PHE), various information taken from the Fingertips website)(Local Government Association (2018), Good progress but more to do: Teenage pregnancy and young parents).

In 2017/18 there were 20 women aged under 18 who gave birth in Luton, this is equivalent to 0.6 per cent of all live birth in Luton. This rate has been on a gradual decline in recent years and is statistically similar to the national rate (0.7 per cent) which has followed the same pattern (Hospital Episode Statistics via PHE England Fingertips website, Teenage mothers 2017/18).

Having a baby at a later age can bring advantages in terms of a more established home life and economic position. However, there are also some biological factors that become more common with age and are associated with higher risks. The risks of birth complications, congenital anomalies and stillbirth increase with age.

Advanced maternal age is also linked to a number of conditions in children that can lead to special educational needs and disabilities, such as Down's Syndrome (Medical News Today (2017), Pregnancy after 35: What are the risks?).

There have been increasing numbers and rates of births to mothers aged both 35 and older (666 births, 21.6 per cent in 2017/18) and 40 and over (141 births, 4.1 per cent in 2017). Each of these are statistically similar to the national rates, which have also seen recent increases in numbers and rates of births to mothers of these age groups (Hospital Episode Statistics via PHE England Fingertips website, Percentage of deliveries to women aged 35 years or above).

Maternal weight

Maternal obesity has been shown to increase the risk of stillbirths, neonatal death pre-term births and congenital abnormalities including: spina bifida, cardiovascular anomalies, septal anomalies, cleft lip and palate, and limb reduction anomalies.

In 2017, 53.4 per cent of women in Luton were obese in early pregnancy - 1,785 women. This is a statistically worse (higher) rate than the national rate.

Smoking

Smoking is the single biggest modifiable risk factor for poor birth outcomes(Public Health England (2018), Making the Case for Preconception Care).

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. It can cause a range of serious health problems, including lower birth weight, pre-term birth and placental complications, all of which could lead to disabilities.

There are also further complications through smoking including an increased risk of miscarriage, stillbirth, and sudden unexpected death in infancy (NHS Digital via PHE England Fingertips website, Smoking status at time of delivery).

In 2017/18, 11.5 per cent of mothers in Luton were smoking at the time of delivery. This was slightly higher than – though statistically similar to - national figure (10.8 per cent). The proportion of mothers smoking at the time of delivery has gradually decreased in recent years, from a high of 15.5 per cent in 2010/11(NHS Digital via PHE England Fingertips website, Smoking status at time of delivery).

Substance and alcohol misuse

Research shows substance and alcohol misuse during pregnancy increases the risk of maternal and infant ill health and death, developmental problems and disabilities(World Health Organisation, Substance use in pregnancy). There is very little information regarding the number or rate of women who continue to misuse substances or alcohol during pregnancy, however it is a significant risk that adversely affects the healthy mental and physical wellbeing of children.

Premature births

Premature babies are defined as those born with less than 37 weeks gestation. Premature babies are at increased risk of learning impairments, chronic health issues and behavioural and psychological problems amongst many others(Mayo Clinic, Premature births – symptoms and causes), however medical advancements in recent years have vastly improved survival rates and outcomes for premature babies.

There is substantial evidence that smoking during pregnancy and exposure to second-hand-smoke can lead to premature birth among many other adverse health effects including complications during labour, low birth-weight at full term and increased risk of miscarriage and stillbirth (The Lancet (2014): Effect of smoke-free legislation on perinatal and child health).

For the period 2015-17 there were 84.6 premature babies born per 1,000 births, slightly higher than the national rate of 80.6, although statistically similar. Luton's rate is below many of its statistical neighbours, though is statistically similar to their average.

The rate of premature births in Luton has gradually increased in recent years, and this has also been reflected in England over the past five years or so (ONS via PHE England Fingertips website, Premature births (less than 37 weeks gestation)).

Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and can have serious consequences for health in later life (Public Health England Fingertips website, Low birth weight of term babies - definition). A high proportion of low birth weight births could indicate lifestyle issues of the mother, including some of those aforementioned.

Low birth weight has been defined as weight at birth of less than 2,500 grams. For term babies in Luton (those born after 37 weeks) in 2017, 3.96 per cent were classified as low birth weight (Table 7). This is statistically significantly higher than the national rate of 2.82 per cent, and is also slightly higher (but statistically similar) to its statistical neighbours.

Luton has experienced an erratic trend in recent years, though has seen a gradual improvement (ONS via PHE England Fingertips website, Low birth weight of term babies).

For all babies born in 2016 (including those born prematurely), 9.3 per cent in Luton were of low birthweight compared to 7.3 per cent for England. This is also statistically worse than England and similar to the statistical neighbours, but Luton has experienced a flat trend (ONS via PHE England Fingertips website, Low birth weight of all babies).

Table 7: Percentage of births who are of low birth weight (<2,500 grams) for Luton and England

Year	Luton		England	
	Term babies	All babies	Term babies	All babies
2011	5.30%	9.60%	2.84%	7.40%
2012	4.99%	9.50%	2.80%	7.30%
2013	3.92%	8.50%	2.82%	7.40%
2014	4.48%	9.70%	2.86%	7.40%
2015	3.61%	8.70%	2.77%	7.40%
2016	4.01%	9.30%	2.79%	7.30%
2017	3.96%	n/a	2.82%	n/a

Source: Office for National Statistics via PHE Fingertips

Breastfeeding

There is evidence that breastfeeding has positive health benefits for both mother and baby in the short and longer term. Breast milk provides the ideal nutrition for infants in the first stages of life and studies have shown that breastfeeding is associated with lower levels of child obesity and reduces illness in young children, with health benefits for the infant (NICE guidance (2014), Maternal and child nutrition). Some studies have shown an increased risk of poorer cognitive development and behavioural problems in children who were not breastfed (UNICEF (2012), Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK).

The latest figures for breastfeeding prevalence at six to eight weeks after birth (2017/18) inform that 58.9 per cent are breastfeed – this is statistically significantly higher than the England average rate of 42.7 per cent Luton is also statistically higher than the average for its statistical neighbours and its rate has been improving in recent years (PHE National Child and Maternal Health Intelligence Network via PHE Fingertips website, Breastfeeding prevalence at 6-8 weeks after birth).

Maternal mental health

Maternal mental health issues can have a fundamental effect on the woman herself and on the future development of her infant, particularly when combined with any socio-economic disadvantage.

Following birth, maternal health problems, especially maternal mental health problems such as depression, can also negatively impact children's development, leading to delayed cognitive and linguistic skills in the infant, impaired emotional development and risk for behavioural problems in later life (Muzik M & Borovska S (2010), Perinatal depression: implications for child mental health).

No specific information is collected locally for this condition, however the WHO estimate that approximately 13 per cent of mothers suffer from mental disorders in the antenatal or postnatal period, suggesting somewhere in the region of 450 to 500 babies are born each year in Luton with a mother who may have a mental health issue (World Health Organisation, Maternal mental health).

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Injuries to children and young people

Injuries to children and young people can lead to ongoing medical problems, including physical disability, leading to the requirement for special educational needs. They are also a source of long-term health issues, including mental health related experiences.

In 2017/18 there were 501 hospital admissions caused by unintentional and deliberate injuries in young people aged 0 to 14 and 380 in those aged 15-24. These admission rates were both statistically similar to both the England and statistical neighbour averages for each age range (Hospital Episode Statistics via PHE Fingertips website, Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years))(Hospital Episode Statistics via PHE Fingertips website, Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)).

Social factors and social care

Social factors can also contribute to the prevalence of disability and/or special educational needs, and influence the outcomes of those children affected and the support they require.

A cohort of children and young people with physical and learning disabilities are likely to be in receipt of care services from the local authority in addition to support with education and health.

Continuing care packages for children are available when a child or young person (under the age of 18) has needs arising from a disability, accident or illness that cannot be met by existing universal or specialist health services alone, such as cancer or congenital heart disease.

Where a child or young person has a special educational need or disability, which will often be the case, the CCG and local authority should endeavour to coordinate the assessment and continuing care package as part of the EHC plan (Department for Education. 0 to 25 SEND code of practice: a guide for health professionals).

The needs may be so complex that they are not able to be met close to the young person's home, and so a residential placement may be required. The CCG that is responsible for the young person will assess and determine their level of need.

A multi-agency understanding of a child's needs is important – for example if they have continuing care needs they may well also have special educational needs. The assessment process for an EHC plan and continuing care should be similar, and some may need a health intervention or a social care intervention. Personal health budgets can be used where requested by the child of their family.

Looked After Children

Looked after children are those that come into the care of the local authority. They come from a range of backgrounds, are more likely to have experienced a range of issues including abuse and violence, and are also more likely to go missing than their peers. They may often display behavioural problems and may struggle to form secure relationships because of their negative life experiences (NICE guidance, Looked-after children and young people) (NSPCC Learning, Legislation, policy and guidance on looked after children).

As a consequence there is higher prevalence of special educational needs amongst looked after children than the child population as a whole (Department for Education (2018), Promoting the education of looked-after children and previously looked-after children). Luton's rate of looked after children (67 per 10,000 in 2017/18) is similar to the national rate (64 per 10,000) (Department for Education via LG Inform website, Children looked after rate per 10,000, children aged under 18).

In 2017/18, 25.5 per cent of Luton's school age looked after children had an EHC plan (compared to 26.5 per cent for England), a further 33.5 per cent had SEN without a statement (compared to 29 per cent for England) and 41 per cent of looked after children in Luton did not have any form of SEN (Department for Education via LG Inform website, Looked after children with statement of SEN or EHC plan).

Gypsy and Travellers

Children who are from Gypsy, Roma and Traveller (GRT) backgrounds are five times more likely to be excluded from school than other children, three times more likely than White British children to have Special Educational Needs and have the lowest educational attainment of all groups of children.

There are a number of reasons behind this including their highly mobile lifestyle leading to a shortfall in adequate provision, a poor family history of formal education, families lacking adequate information about education and healthcare, or schools failing to respond appropriately to cultural difference (University of Brighton, Working with Gypsy, Roma and Traveller (GRT) pupils) (University of Brighton, Working with Gypsy, Roma and Traveller (GRT) pupils).

According to the 2019 school census, there were approximately 250 children from GRT backgrounds who attended schools in Luton (Luton Schools Census, Luton Council 2019).

Unaccompanied Asylum Seeking Children

There were 27 unaccompanied asylum seeking children looked after in Luton in 2018 (UK government via PHE Fingertips website, Unaccompanied Asylum Seeking Children looked after: count). These children are likely to have experienced a range of issues, with particularly strong concerns about their emotional wellbeing and mental health. In addition, some of these children may never have had access to education in their past and may not speak English as a first language (UK government via PHE Fingertips website, Unaccompanied Asylum Seeking Children looked after: count).

Therefore, there is likely to be a strong relationship between this cohort of children and the requirement for special educational needs provision.

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Assessing and meeting the needs of children and young people with SEND

Parents and carers of children with complex needs

Being a parent of a child with a special educational need or a disability or long term condition raises a particular set of challenges and needs. It can affect family and social relationships and increase feelings of being overwhelmed, isolated and lacking support.(Royal Borough of Kensington and Chelsea. Children and Young People with special educational needs and siabilities - JSNA) (McGuire, 2004: Mothers of children with disabilities: occupational concerns and solutions. OTJR-Occupational Participation and Health 2004;24(2):54–63;) (Resch, et al., 2010: Giving parents a voice: a qualitative study of the challenges experienced by parents of children with disabilities. Rehabilitation Psychology 2010;55(2):139–50) (Strunk, 2010: Respite care for families of special needs children: a systematic review. Journal of Developmental and Physical Disabilities 2010;22(6):615–30).

It is a lifelong life-changing experience for a parent, with many parents having to adjust to the changing needs of their child as they grow older.

Parents of children with complex needs often demonstrate poor mental well-being and show signs of psychological distress such as depression, anxiety, or stress. Some parents describe being physical and emotionally overburdened, manifesting as chronic fatigue (Smith J, Cheater F, Bekker H. Parents' experiences of living with a child with a long-term condition: a rapid structured review of the literature).

The pressure to meet the child's need whilst maintaining family functioning is evident, and these demands on the parent or carers time tend to decrease their resources and energy available for other activities such as paid employment, social activities, and hobbies (Cheshire et al., 2010: The psychosocial well-being of parents of children with cerebral palsy: a comparison study. Disability and Rehabilitation 2010;32: 1673–7).

Family and social relationships can be strained, and parents can be left feeling overwhelmed and isolated. Furthermore, parents often feel that they are continually at odds with professionals to ensure that the needs of their child are met, often leading to them not feeling supported.

If a child has challenging behaviour, this can make social activities difficult, a problem made worse by a lack of understanding in the community of the underlying condition. Parents can feel stigmatized and as a result, they may restrict social activities or may socialise only with other families whose children have a similar diagnosis. In some cases families may be excluded from social gatherings by others.

As the care of children with long-term conditions is provided at home, parents and carers must, by necessity, become experts in their child's condition and in the local health and care systems and interventions. This can cause the parents to lose the feeling of being the child's parent, and turn into a carer instead.

Locally

In 2019, Luton Council carried out a consultation survey among parents/carers who had a child with SEND. The following highlights the key findings from the 74 responses:

- 56% of respondents reported that their children attended a mainstream school, followed by a special school (27%)
- 59% reported that their child's special education needs or disability was first identified by themselves
- 58% reported that when their child was first identified as having a need, they received an assessment

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    - Most assessments were conducted by the Edwin Lobo Centre.
    - For those who did not receive an assessment, the most common reasons were: 1) schools refused to refer the child; 2) delay getting the referral due to high burden; 3) refusal by Luton Council
- 51% of respondents reported that they were able to access support to meet their child's needs following their assessment
    - For those that were not able to access support, the most common reasons were: 1) long waiting lists; 2) didn't meet threshold for support in learning; 3) lack of communication between services; and 4) too young for currently available services
- 92% of respondents who had a child with complex needs reported that they did not use after school clubs (including after school care club). The most common reason was that were are none available for children with complex needs
- 93% of respondents who had a child with challenging behaviour reported that they did not use after school clubs or leisure activities. The most common reason was that were were not aware of any.
- 78% of respondents reported that they were not able to access short-breaks and/or respite support when they needed it. Common reasons were:
    - None available or offered
    - Not enough information on how to apply for them
    - Waiting lists are too long

SEND survey – child/young person

Along with the parent/carer survey, Luton Council conducted two surveys among children and young people with SEND: one for children 5-11 years of age and one for children/young people 11-25 years of age. The following highlights the key findings:

Children 5-11 years of age (5 respondents)

- 60% of respondents reported it was very important to them to have a say about things that happened to them
- 100% of respondents reported that they wanted to do as much for themselves as possible
- 80% reported that being safe and healthy is very important to them
- 100% of respondents wanted to make friends and take part in fun activities in their free time
- 100% of respondents wanted to be able to learn and wanted the choice to do further learning
- 100% of respondents reported it was quite or very important to be able to work or volunteer
- 80% of respondents reported that they felt happy.

Children/young persons 11-25 years (13 respondents)

- 50% of respondents reported that they attended college
- 92% of respondents reported that it was important or very important to them to have a say about things that happened to them
- 70% of respondents reported that it was important or very important to them to do as much for themselves as possible
- 69% of respondents reported it was very important for them to be safe
- 62% of respondents reported that it was very important to them to be healthy

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- 93% of respondents reported it was important or very important to them to make friends and take part in fun activities in their free time
- 85% of respondents reported it was important or very important to them to be able to learn and want the choice to do further learning
- 85% of respondents reported it was important or very important to them to be able to work or volunteer
- When asked, “what are your hopes for the future? What would you like to be able to do in the next two years?” the majority of respondents reported go to university or college
- 75% of respondents considered it most important for their families and themselves to be involved in the decision making process about the services they access from start to finish

Key themes identified from these surveys include:

1. The support which children and young people receive from community services is variable
2. The Early Years pathway needs further development and there needs to be more options for younger children
3. There needs to be better communication and collaboration between the services involved in SEN services (Council, social care, health)
4. Short-breaks/respite is not available to a lot of families who need to use it
5. Both parents/carers and children/young people with SEND find it very important that they are involved in the process of decision making from start to end

In response to this feedback the Local Authority have begun to address some of these issues through:

- Children under 5 years with special needs are supported through Childrens’ Centres. Those with complex to profound needs are supported by Lady Zia Wernher Special School (Little Seeds). Parents can seek placements at the authority’s resourced nurseries who specialize in SEND and/or in PVIs (Private, Voluntary and Independent nurseries) where funding and support services support the setting to meet the child’s needs. This is captured in the Early Years pathway.
- Children who are identified with complex to profound SEND by professionals are reported to the LA using the Early Years Pathway Notification system. The appropriate educational support is identified and actioned by SENS.
- This pathway is currently under review pending the undecided future of the Childrens’ Centres in Luton.
- Where families are supported, Portage principles are applied ie. a collaborative approach led by the family’s goals for their child.
- WE are piloting a SEND early years facilator’s post in the Child Development Centre providing support to parents on the NDD pathway.
- The Local Authority have developed a closer working relationship with the Bedfordshire and Luton Community Foundation and Autism Bedfordshire (community short breaks provider) to ensure that there is a continuum of short breaks on offer; from those accessed directly by parents, to those commissioned and run by the Local Authority.
- Data supplied to the Local Authroity by the Consortia going forward will enable the Local Authority to more accurately know where the gaps in provision exist.

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Projections of SEN in Luton

- Projections based on the past five year's worth of data suggests that the number of EHC plans in Luton will continue to grow at a rapid pace, with a projected 60 per cent increase between 2019 and 2025. This may have implications on meeting demand and on funding extra plans given how resource intensive the plans can be.

- Comparatively, the numbers of children receiving SEN support at schools is forecast to remain relatively static, perhaps seeing a small drop.

This section provides projections through to 2025 for the numbers of young children with EHC plans (for those aged 0 to 25), those with EHC plans who are at Luton schools, and for those who receive SEN support at Luton schools. 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 forwarded 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 ibetween 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

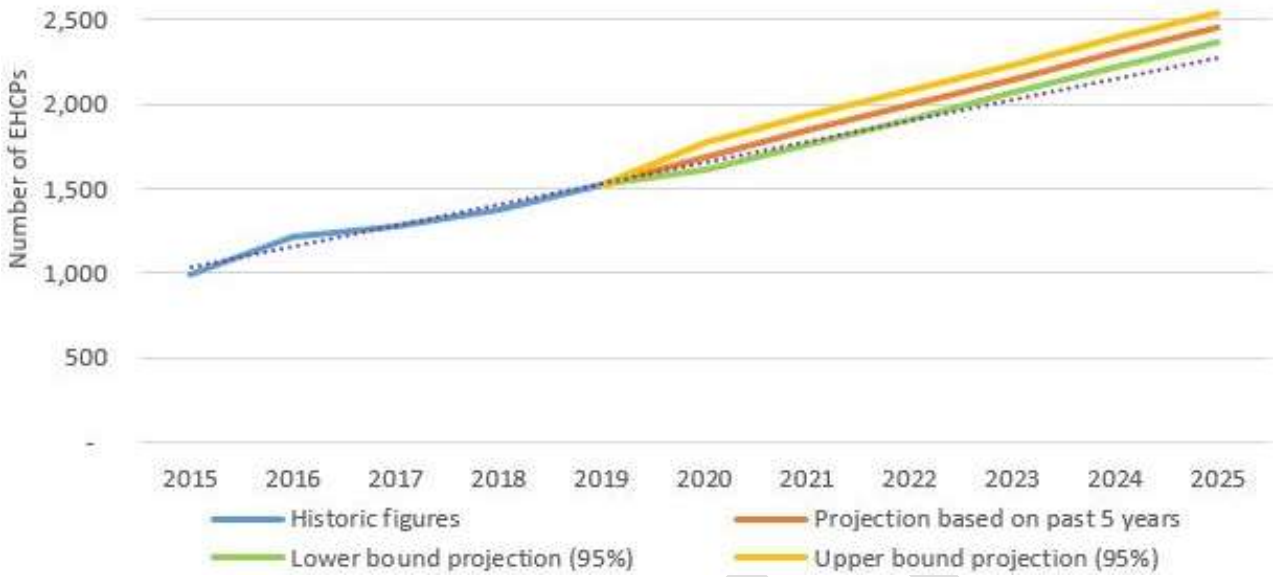
It has previously been highlighted that there has been a 54% increase in EHC plans between 2015 and 2019, and the information shows that EHC plans are projected to grow by approximately 60 per cent up to 2025, reaching about 2,450 plans. This is very notable growth and may have implications on future funding requirements and meeting demand given how resource intensive the plans can be.

Table 8: Education, Health and Care Plan numbers and projections, 2015-2025

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						
Projection: 5 yrs					1,532	1,692	1,847	2,000	2,153	2,303	2,453
Lower bound (95%)					1,532	1,610	1,764	1,916	2,068	2,218	2,367
Upper bound (95%)					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 42: All EHCPs numbers and projections, 2015-2025



Source: Business Intelligence, Luton Council

EHC plan projections – those attending Luton schools

These figures only consider those who attend a Luton maintained school, and the figures between 2015 and 2019 showed a 20 per cent increase – much lower than the rate of increase for all EHC plans of 0 to 25 year olds in Luton. The projections show an increase of approximately 18 per cent through to 2025, which equates to an increase of approximately 200 EHC plans in schools.

Table 9: School EHCPs numbers and projections, 2015-2025

All EHCP	Historic Figures					Projections					
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Historic figures	939	979	983	1,069	1,122						
Projection: 5 yrs					1,122	1,146	1,189	1,229	1,257	1,289	1,319
Lower bound (95%)					1,122	1,105	1,147	1,187	1,215	1,247	1,277
Upper bound (95%)					1,122	1,188	1,231	1,271	1,299	1,331	1,361

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

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

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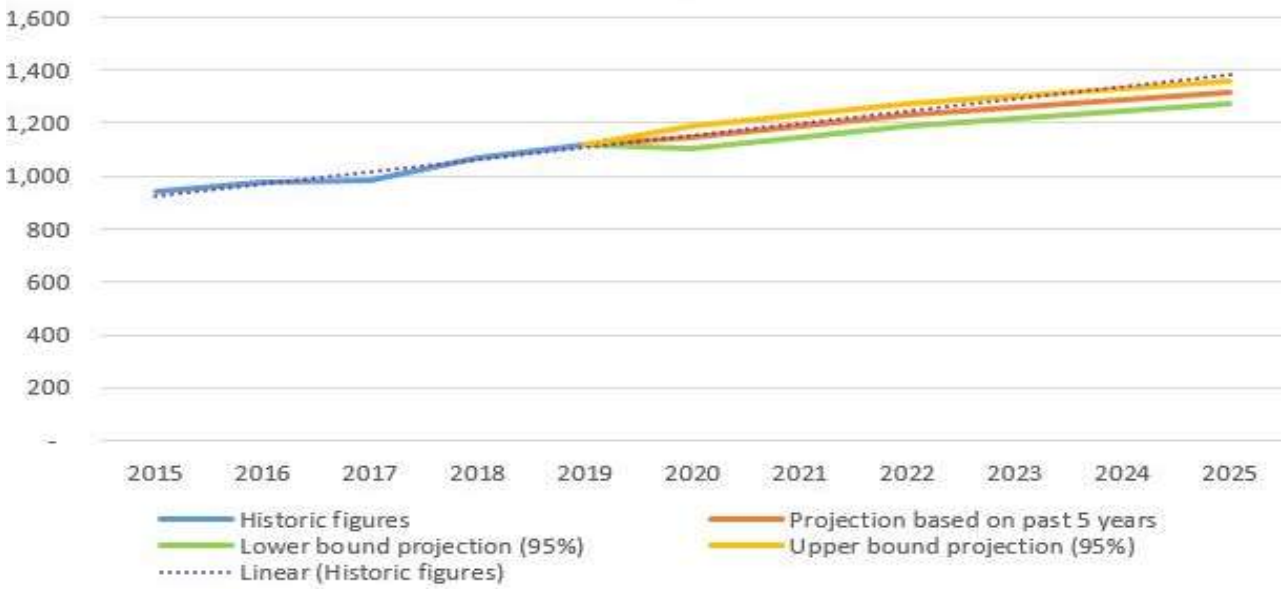
Figure 43: School EHCPs numbers and projections, 2015-2025



Source: Business Intelligence, Luton Council

SEN support

The number of children receiving SEN support in schools has remained fairly static between 2015 and 2019. Based on these past rates, and applying this to the forecast number of total pupils, the projection suggests that there will be a small drop in the number requiring SEN support through to 2025.

Table 10: SEN support numbers and projections, 2015-2025

All EHCP	Historic Figures					Projections					
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Historic figures	4,821	4,707	4,962	4,795	4,840						
Projection: 5 yrs					4,840	4,805	4,790	4,758	4,682	4,619	4,549
Lower bound (95%)					4,840	4,703	4,687	4,654	4,578	4,514	4,444
Upper bound (95%)					4,840	4,907	4,893	4,863	4,786	4,724	4,654

Source: Historic figures – Department for Education; Projections - Business Intelligence, Luton Council
Note: projections in red based on the past 5 years' trend

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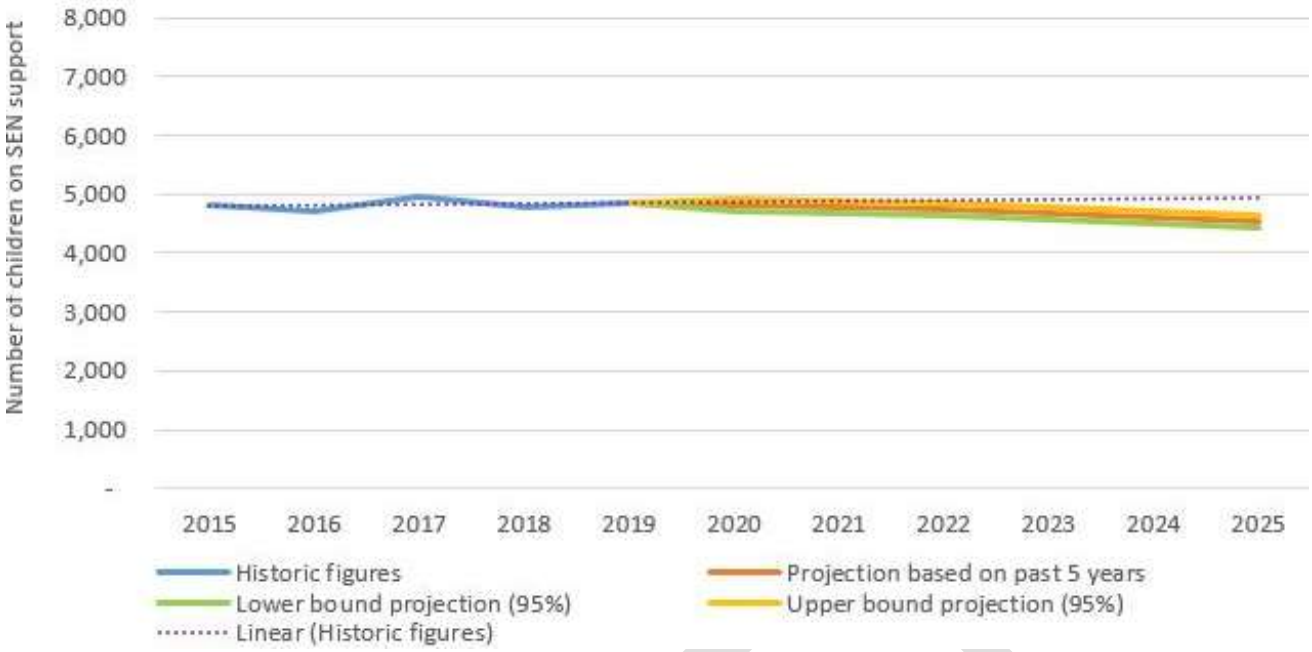
Figure 44: SEN support, 2015-2025



Source: Business Intelligence, Luton Council

Projection methodology

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

School EHC plans only includes those in Luton schools.

SEN support figures cover SEN support pupils in Luton schools.

The school EHC plan and SEN support projections take a 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/SEN support, 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.

The total EHCP projections uses the same method with the trend rate applied to the forecast population of total 0-25 year olds.

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.

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Appendices

Appendix 1: Engagement

Launch event: Stakeholder Workshop, March 2020

A workshop was held on 13 March with professionals from the Local Authorities' Special Educational Needs and Disabilities team. Stakeholders reviewed the key findings from the Needs Assessment and made recommendations to improve services.

Appendix 2: Services

Children and young people receive specialist support linked to their special educational needs and/or disability. Where a statement or Education, Health and Care Plan is in place, the provision will be specified.

Due to the cross-over between education, social care and health needs, many of the services outlined are jointly funded by the local authority and Central London clinical commissioning group. There are joint transformational activities taking place that consider the overall pot of funding for the service and collaboratively design future system approaches.

A Local Offer gives children and young people with special educational needs or disabilities, and their families, information about what support services the local authority think will be available in their local area. Every local authority is responsible for writing a Local Offer and making sure it is available for everyone to see.

You can access Luton's local offer here

Some of the services listed are provided by the council, but others come from external organisations such as health services, voluntary sector organisations, or businesses.

Appendix 3: Guidance

Nice Guidelines

- NG43 – Transition from children's to adults' services for young people using health or social care services
- NG11 – Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- NG93 – Learning disabilities and behaviour that challenges: service design and delivery
- CG170 - Autism spectrum disorder in under 19s: support and management
- NG87 - Attention deficit hyperactivity disorder: diagnosis and management
- CG158 - Antisocial behaviour and conduct disorders in children and young people: recognition and management
- NG54 - Mental health problems in people with learning disabilities: prevention, assessment and management

Key guidance

The government sets our a range of guidance materials for schools, colleges and children's services in providing for children and young people with SEND. This is encapsulated in the SEND Code of Practice for 0 to 25 years, however specific guides are also provided for schools, social care professionals, parents etc. Further guidance is given on subjects such as supported

internships, short breaks, and education for children who cannot attend school. Early years provision and the identification of SEND, as it applies to children under primary school age, is discussed in the Early Years guide and statutory framework.

The Learning Disability Transition Pathway Competency Framework was developed by Health Education England and published in October 2016. It is aimed at service providers and addresses the needs of young people with learning disabilities as they move from children's to adults' services

List of acronyms

A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
ASC	Autism Spectrum Conditions
BESD	Behavioural, Emotional and Social Difficulties
BME	Black and Minority Ethnic
CIPFA	Chartered Institute of Public Finance and Accountancy
CWD	Children With Disabilities
DLA	Disability Living Allowance
EHC (P)	Education, Health and Care (Plan)
EYFS	Early Years Foundation Stage
FRS	Family Resources Survey
GRT	Gypsy and Roma Travellers
HI	Hearing Impairment
IMD	Index of Multiple Deprivation
KS (1/2/3/4)	Key Stage (1/2/3/4)
LA	Local Authority
LSOA	Lower Super Output Area
MLD	Moderate Learning Difficulty
MSI	Multi-Sensory Impairment
NEET	Not in Education, Employment or Training
NSA	No Specialist Assessment
ONS	Office for National Statistics
OTH	Other Disability/Difficulty
PD	Physical Disability
PHE	Public Health England
PMLD	Profound and Multiple Learning Difficulty
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulty
SPLD	Specific Learning Difficulty
VI	Visual Impairment
WHO	World Health Organisation

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