Learn Sheffield Insight Report: SEND

Lead authors: Nick Whittaker and Kate Wilkinson

Published: February 2024

This Insight Report has been produced in response to a trail in the Sheffield Performance Analysis 2023. It seeks to respond to the questions:

- *How have children's special educational needs changed?*

- *Why have they changed and how can we use our insights to support improvements in children's experiences and outcomes?*

This paper is also, alongside the performance analysis, one of the supporting documents for the Learn Sheffield Independent Evaluation 2015-23, which can be found on the Learn Sheffield website: https://www.learnsheffield.co.uk/Projects/Learn-Sheffield-Evaluation.

Introduction:

- There was a 53% increase in the number of children in school settings in Sheffield with Education Health and Care [EHC] plans between 2018-19 and 2022-23. In the same period, the number of children with EHC plans in primary schools almost doubled. However, the proportion of children with EHC plans in school settings in Sheffield remained below the average for all local authorities in England. Between 2018-19 and 2022-23 the proportion of children with EHC plans in special schools in Sheffield decreased from 54.5% [2018-19] to 45.3% [2022-23].
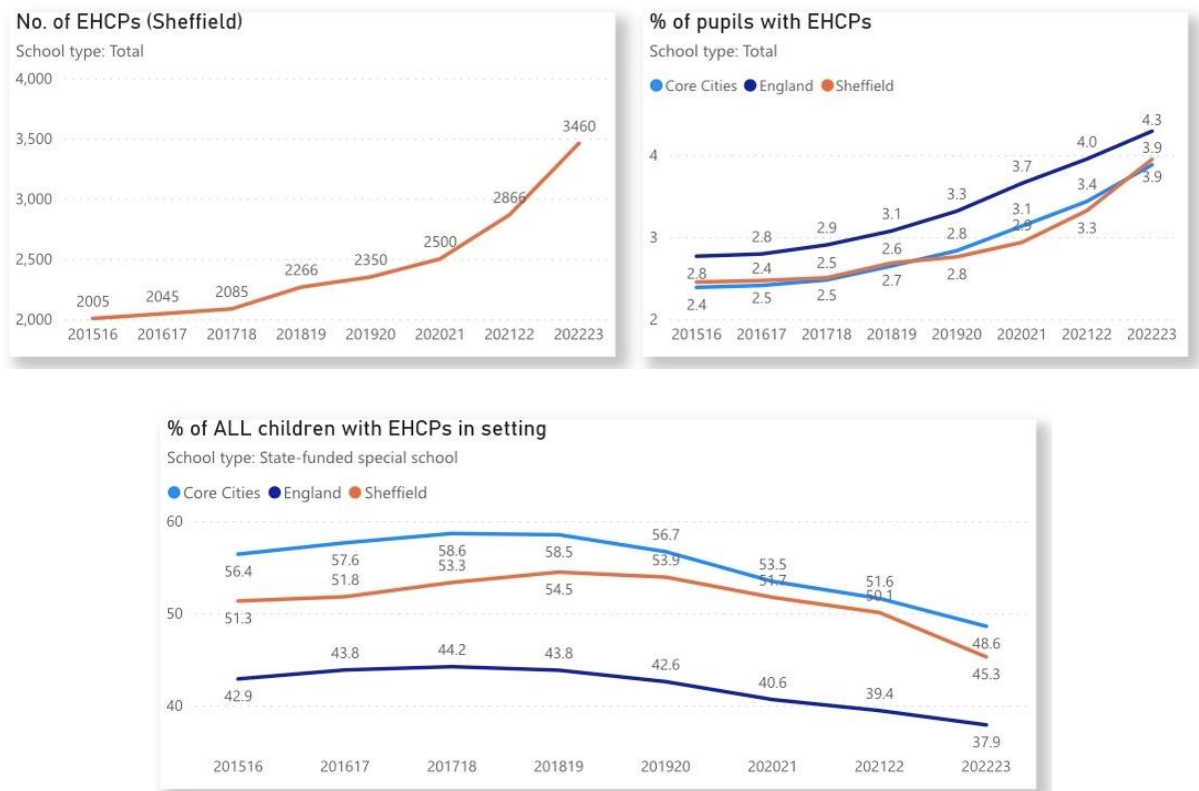
- The number of children in school settings in Sheffield receiving SEND support increased between 2018-19 and 2022-23. The rate of increase was higher in secondary schools than in primary schools. The proportion of children receiving SEND support in school settings remained well above the average for all local authorities in England. Almost 60% of children receiving SEND support were in primary schools in Sheffield in 2022-23.
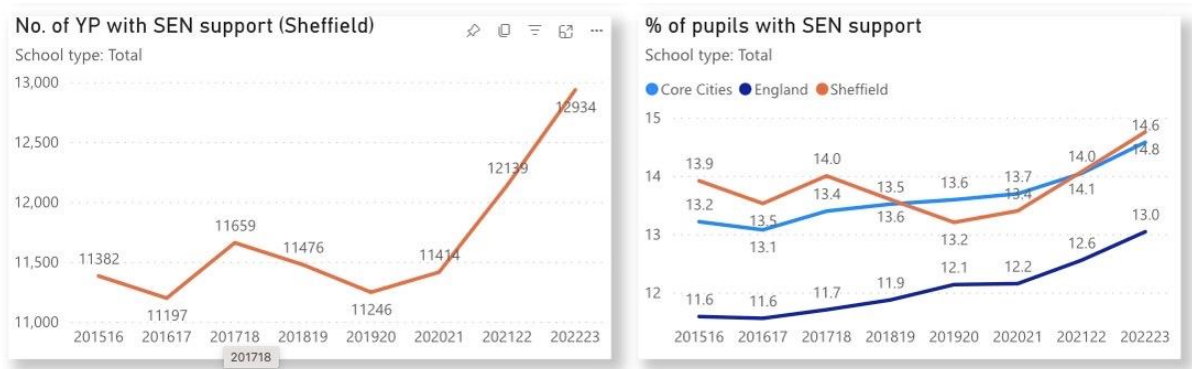
Speech, language and communication needs:

The significant changes in children's needs were considered by a group of education and health professionals at a workshop in November 2023. The group agreed to focus initially on children's speech, language and communication needs; to describe children's needs and how they have changed since 2018-19; to examine the reasons why they have changed and to identify possible actions and next steps.

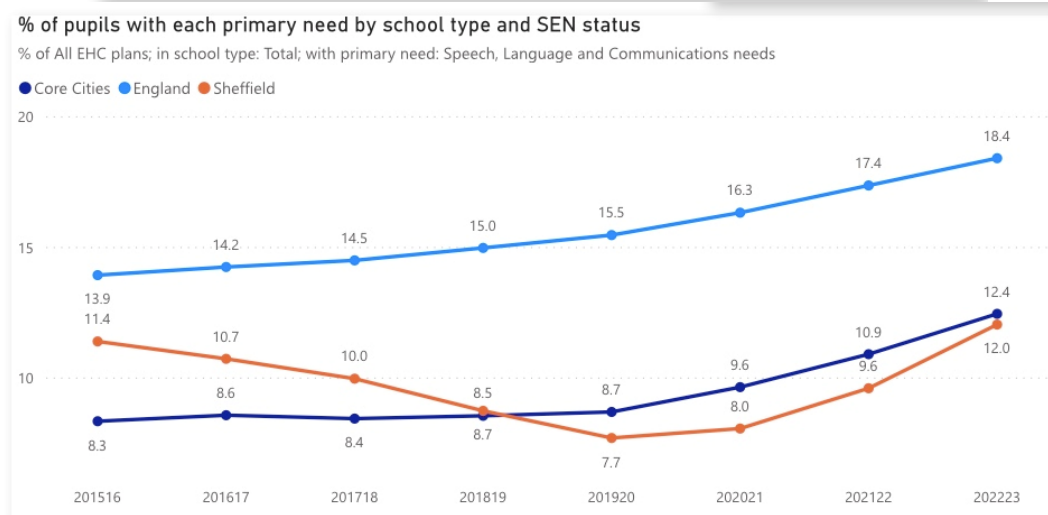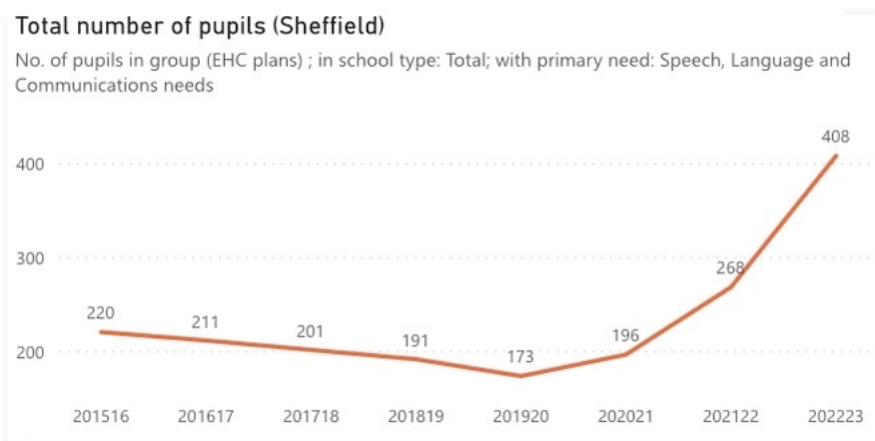- The highest incidence need in school settings in Sheffield is speech, language and communication [SLCN]. There was an 18% increase in the number of children in school settings with a main need of SLCN between 2018-19 and 2022-23 [from 3515 in 2018-19 to 4134 in 2022-23]. Approximately 80% [3340] of children with a main need of SLCN in school settings in Sheffield were in primary schools in the city in 2022-23.
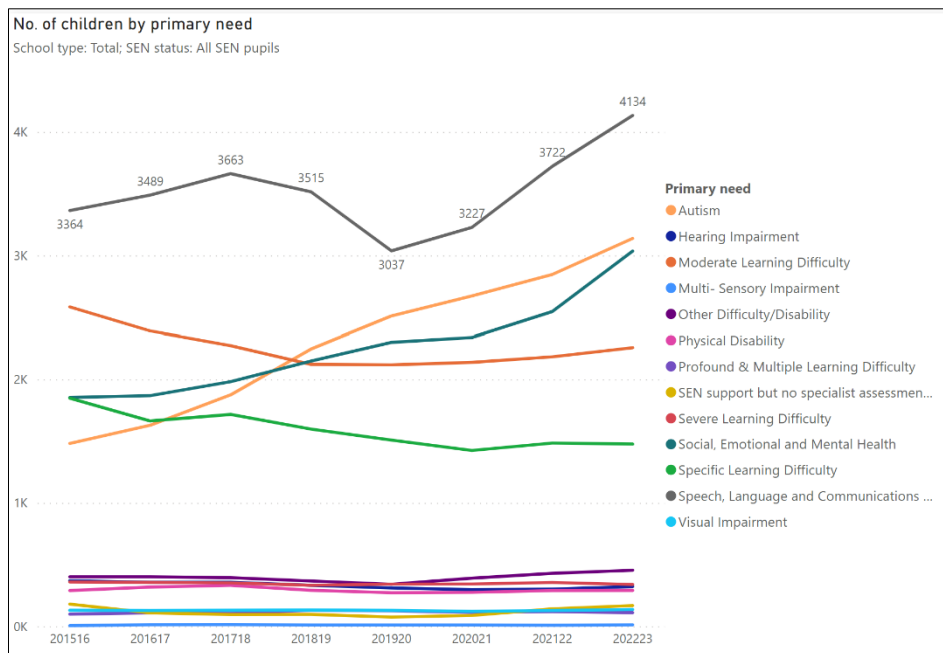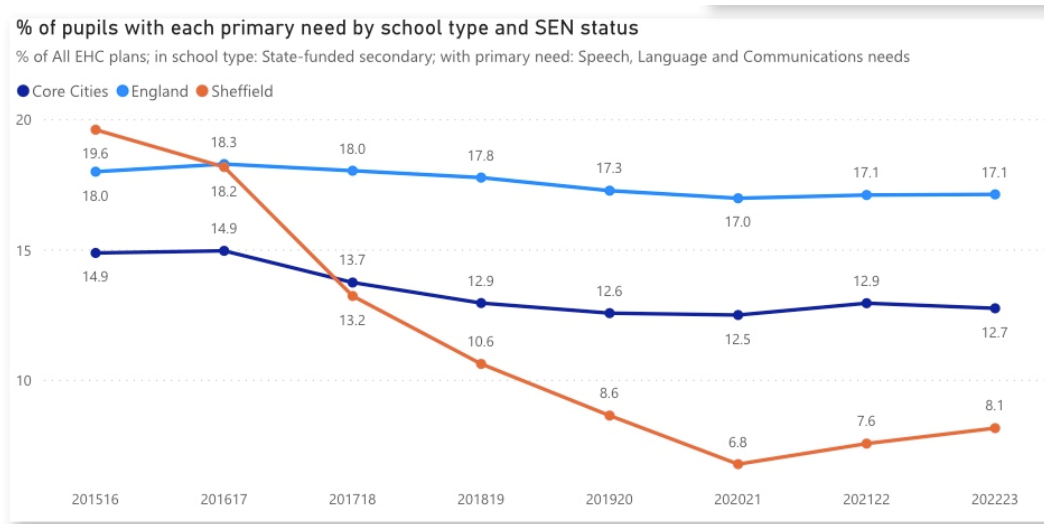
Primary need	201516	201617	201718	201819	201920	202021	202122	202223
Speech, Language and Communications needs	2766	2833	2990	2896	2438	2624	3032	3340
Moderate Learning Difficulty	1500	1418	1352	1316	1332	1262	1172	1196
Social, Emotional and Mental Health	877	914	986	1075	1066	1040	1109	1325
Autism	666	773	881	1091	1193	1158	1191	1210
Specific Learning Difficulty	690	608	618	597	586	539	557	580
Other Difficulty/Disability	279	252	260	225	185	195	210	215
Hearing Impairment	195	185	188	178	172	155	155	161
Physical Disability	133	159	168	176	159	151	152	134
SEN support but no specialist assessment of type of need	178	102	93	82	51	56	117	141
Visual Impairment	71	75	75	78	66	61	59	57
Severe Learning Difficulty	58	47	55	47	49	39	43	40
Profound & Multiple Learning Difficulty	8	12	10	11	16	18	27	21
Multi- Sensory Impairment	7	9	13	10	7	7	7	5
Total	**7428**	**7387**	**7689**	**7782**	**7320**	**7305**	**7831**	**8425**

Numbers of pupils in primary schools [primary need] 2015-16 to 2022-23

- The number of children with an EHC plan with a main need of SLCN doubled between 2018-19 and 2022-23 [from 191 in 2018-19 to 408 in 2022-23]. However, the proportions of children with an EHC plan who have a main need of SLCN is well below the average for all local authorities in England and significantly below in secondary schools [8.1% in secondary schools in Sheffield compared to 17.1% for all local authorities in England in 2022-23].

Total number of pupils (Sheffield)

No. of pupils in group (EHC plans) ; in school type: Total; with primary need: Speech, Language and Communications needs

% of pupils with each primary need by school type and SEN status

% of All EHC plans; in school type: Total; with primary need: Speech, Language and Communications needs

% of pupils with each primary need by school type and SEN status

% of All EHC plans; in school type: State-funded secondary; with primary need: Speech, Language and Communications needs

● Core Cities ● England ● Sheffield

	201516	201617	201718	201819	201920	202021	202122	202223
England	18.3	18.3	18.0	17.8	17.3	17.0	17.1	17.1
Sheffield	19.6	18.2	13.7	10.6	8.6	6.8	7.6	8.1
Core Cities	14.9	14.9	13.2	12.9	12.6	12.5	12.9	12.7
	18.0							

- There is wide variation in the proportions of children with a main need of SLCN across Localities A–G in the city. The highest proportion of children with SEND with a main need of SLCN was in Locality C [37.5% in 2022-23] and the lowest was in Locality G [17.6% in 2022-23]. The highest number of children with a main need of SLCN was in Locality B [740 in primary schools and 159 in secondary schools in 2022-23].

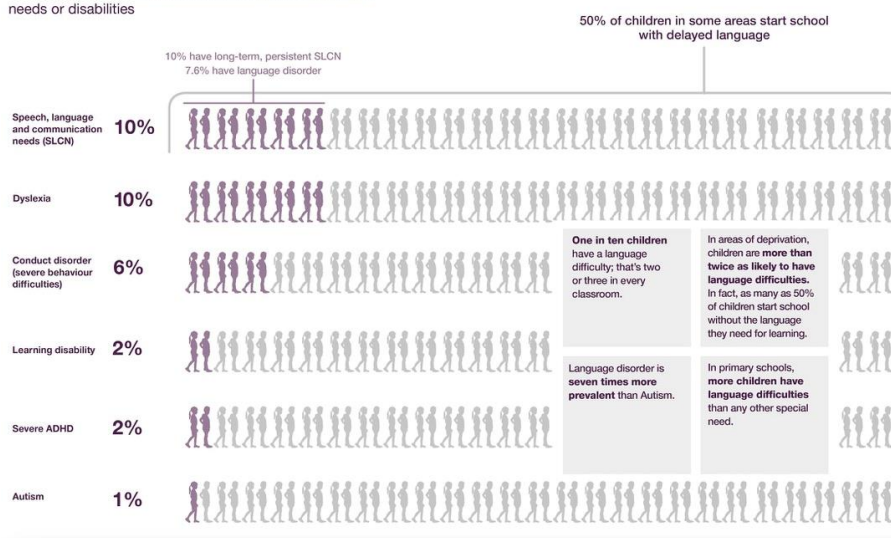| Exam year	Autism	Hearing Impairment	Moderate Learning Difficulty	Multi-Sensory Impairment	Non specific assessment (only used for children at SEN support)	Other Difficulty / Disability	Physical Disability	Profound and Multiple Learning Difficulty	Severe Learning Difficulty	Social, Emotional and Mental Health	Specific Learning Difficulty	Speech, Language and Communication Needs	Visual Impairment	Total
2020/21														
A	17.4%	2.1%	17.7%	0.1%	0.5%	1.9%	2.0%	0.1%	0.3%	21.2%	12.9%	23.0%	0.9%	100.0%
B	13.4%	3.5%	20.1%	0.1%	0.8%	2.0%	1.7%	0.1%	0.4%	19.5%	7.8%	29.9%	0.8%	100.0%
C	13.3%	1.9%	21.5%	0.1%	0.6%	1.9%	1.4%	0.1%	0.4%	20.4%	5.5%	32.1%	0.8%	100.0%
D	18.1%	1.8%	16.4%		1.1%	4.2%	2.1%	0.2%	0.3%	18.0%	10.7%	26.4%	0.8%	100.0%
E	18.6%	2.2%	13.2%	0.1%	1.1%	5.2%	2.0%	0.4%	0.4%	21.4%	11.4%	22.7%	1.4%	100.0%
F	21.4%	3.1%	16.8%	0.2%	0.4%	3.3%	2.0%	0.1%	1.3%	12.2%	17.5%	20.2%	1.5%	100.0%
G	20.4%	1.5%	19.9%	0.1%	1.0%	3.4%	2.4%	0.3%	0.9%	14.0%	17.9%	17.6%	0.7%	100.0%
2021/22														
A	17.2%	2.3%	16.3%	0.1%	3.7%	1.5%	1.8%	0.3%	0.4%	21.0%	13.2%	21.6%	0.7%	100.0%
B	13.9%	3.2%	18.0%	0.1%	0.5%	2.0%	1.9%	0.1%	0.5%	18.6%	7.7%	32.8%	0.8%	100.0%
C	12.5%	1.7%	21.7%	0.1%	0.7%	1.8%	1.4%	0.1%	0.5%	18.2%	5.2%	35.5%	0.7%	100.0%
D	18.4%	1.8%	15.2%		1.3%	3.6%	2.1%	0.3%	0.2%	20.3%	10.7%	25.2%	0.9%	100.0%
E	18.4%	1.9%	11.9%		0.9%	6.2%	1.6%	0.4%	0.5%	20.2%	11.1%	25.9%	1.0%	100.0%
F	20.6%	2.9%	17.0%	0.2%	0.2%	3.7%	1.6%	0.2%	1.0%	13.6%	15.6%	21.9%	1.7%	100.0%
G	20.3%	1.7%	18.7%	0.1%	0.5%	4.0%	2.1%	0.2%	0.8%	14.9%	18.2%	17.6%	0.7%	100.0%
2022/23														
A	17.4%	1.8%	16.6%	0.1%	3.4%	1.4%	1.1%	0.2%	0.3%	24.5%	10.1%	22.6%	0.6%	100.0%
B	13.2%	3.1%	16.7%	0.1%	0.9%	1.2%	1.8%	0.1%	0.6%	19.6%	8.1%	33.6%	0.9%	100.0%
C	11.3%	1.9%	20.0%	0.1%	0.7%	1.7%	1.4%	0.1%	0.4%	20.3%	4.1%	37.5%	0.6%	100.0%
D	16.9%	1.9%	15.9%		1.3%	3.6%	1.8%	0.2%	0.2%	22.7%	9.5%	25.1%	0.9%	100.0%
E	18.7%	2.1%	12.2%		1.8%	4.5%	1.2%	0.2%	0.3%	24.0%	9.6%	24.7%	0.7%	100.0%
F	20.0%	2.7%	14.7%	0.1%	0.2%	4.1%	1.6%	0.2%	1.1%	15.9%	16.1%	21.6%	1.8%	100.0%
G	21.3%	1.6%	17.1%		0.3%	6.1%	2.2%	0.2%	0.8%	16.5%	15.8%	17.6%	0.6%	100.0%

Summary of findings:

- An increasing number of school-age children in Sheffield have long-term, persistent speech, language and communication needs [SLCN], many with developmental or complex language disorders. Although SLCN is the highest incidence need in Sheffield, the prevalence is significantly lower than known levels nationally[1,2].

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[1] The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study; Journal of Child Psychology and Psychiatry; and Development and disadvantage: implications for early years; International Journal of Language and Communication Disorders.

[2] Talking about a generation; current policy, evidence and practice for speech, language and communication; iCan and The Communication Trust; February 2017.

The scale of the problem

Percentage of children in the UK with special educational needs or disabilities

50% of children in some areas start school with delayed language

10% have long-term, persistent SLCN
7.6% have language disorder

Speech, language and communication needs (SLCN)	10%	
Dyslexia	10%	
Conduct disorder (severe behaviour difficulties)	6%	
Learning disability	2%	
Severe ADHD	2%	
Autism	1%	

One in ten children have a language difficulty; that's two or three in every classroom.

In areas of deprivation, children are **more than twice as likely to have language difficulties**. In fact, as many as 50% of children start school without the language they need for learning.

Language disorder is **seven times more prevalent** than Autism.

In primary schools, **more children have language difficulties** than any other special need.

- A high and increasing number of school-age children have delayed language development. The incidence of delayed language development [locally and nationally] correlates strongly with indicators of poverty and disadvantage. However, the impact of other vulnerability factors on children's language development, such as ethnicity, gender and first language, is less well evidenced or researched locally and nationally.

Root causes:

The group of local education and health professionals considered the causes and root causes of children's changing needs at a second workshop in January 2024. Their discussion highlighted:

- Arrangements for identifying and assessing speech, language and communication needs are not always timely or effective. The identification and assessment of long-term, persistent speech and language disorders and delayed language development are inaccurate and inconsistent.
- The increase in speech, language and communication needs cannot be attributed solely to the Covid pandemic, as several of the trends identified in this report pre-date the pandemic. However, changes during the period of Covid restrictions, such as a decrease in face-to-face contacts between children, families and professionals, impacted on the quality and timeliness of identification and assessment of speech, language and communication needs.
- The mandated two-year development checks are neither joined-up or effective and, as a result, young children's needs increase before they are identified or assessed.
- There is no embedded system-wide approach to working in a person-centred way. EHC plans are generally over-specified, focusing too much on the actions of a small group of professionals rather than on how everyone will work together to achieve ambitious co-produced outcomes for the child and family.
- Education and health professionals do not have a clear or sufficiently detailed construct of speech, language and communication progression. This is a barrier to early identification of delayed language development and long-term, persistent speech and language disorders.
- Poverty and disadvantage are impacting significantly on many children's speech, language and communication development. The importance of play and children's early language development in the family and in the community are not well enough understood or prioritised.
- Children's speech, language and communication development is not prioritised enough in children's early education and in the primary and secondary school curriculum. Factors relating to the physical and psychological environment of schools, such as opportunities for movement, physical

development and creative play, opportunities to work and learn outdoors and restrictions on children's receptive and expressive communication in the structured and un-structured parts of the school day are impacting on their speech, language and communication development.

- Changes in the use of technologies are impacting significantly on children's social communication and speech and language development. Fewer children and families are accessing outdoor spaces and parks in the city.
- Accountability systems, such as school and local area inspection, are a barrier to children's speech, language and communication development having primacy in the education, and health system.
- The arrangements for commissioning and providing universal, targeted and specialist speech, language and communication support are not strategically or operationally coherent.

<u>Next steps:</u>

We believe that speech, language and communication development is generative ie. it has a significant and amplifying effect on all areas of children's learning and development, their experiences during childhood and their outcomes and life-chances.

We therefore propose that the local area's improvement strategy should prioritise:

- Working together to create a model of progression[3] for children's speech, language and communication development in the 0–5 age range and through primary and secondary education.
- Developing and embedding person-centred values and practices in the way education, health and care professionals work together and interact with children and families.
- Working together to create a balanced system[4] that better supports children's speech, language and communication development [perinatally, in the 1–5 year age range and through primary and secondary education] in families, schools and communities.
- Working with children, families and a wide group of professionals to develop a better understanding of children's speech, language and communication needs in the 0–5 age range and the impact of vulnerability factors [such as poverty and disadvantage, gender, ethnicity and first language] on children's speech, language and communication development.

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[3] A detailed description of how children and young people acquire and develop knowledge, skills and understanding in speech, language and communication.

[4] A balanced system is an approach to supporting children and people with a range of needs that focuses on universal, targeted and specialist services and how they are commissioned and provided for children, young people and families.