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## Executive Summary

# **What is the prevalence of primary and secondary types of Special Educational Needs (SEN) in the City of Sunderland?**

## **A national comparative analysis of school census data.**

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Commissioned by Together for Children, Sunderland

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## Executive summary

This report is a commission from Together for Children (TfC) to the University of Sunderland, School of Education. It presents the results from a series of descriptive and inferential analyses using Sunderland school census data from the years 2014-2019 and the publicly available data published by the Office for National Statistics (ONS) for England of the same years.

The purpose of this report and the analyses that will follow is to allow Together for Children (TfC) to better understand the demography of children with Special Educational Needs and Disability (SEND) in Sunderland and how they relate and compare to the national picture overall. Specifically, this research will examine the incidence rates of Social, Emotional and Mental Health (SEMH), Autism Spectrum Disorders (ASD), Moderate Learning Difficulties (MLD) and Specific Learning Difficulties (SpLD) alongside other areas of exceptionality.

Across the City of Sunderland, the total number of children and young people with Special Educational Needs and Disabilities (SEND) continues to rise year on year. Analysis of school census data is crucial as intelligence is necessary for effective planning and commissioning of services. This insight would also allow for anticipatory and timely implementation of training across a local area.

The key findings arising from the analysis of the school census data are illustrated below. They include the following headings overall SEN population, primary and secondary type of need (SEN), SEN by key stages, SEN by gender and comparisons of Sunderland rates to national. A combination of descriptive and inferential statistical analyses was employed and the main findings are as follows:

### Overall numbers of children in the SEN population in Sunderland

The number of children aged 3-18 years in Sunderland with SEN status has risen for the 5th consecutive year from 2014/15. As of 2018/19, approximately 15.94% of the total child population in Sunderland have an identified SEN.

### Primary type of need (SEN) in Sunderland (3-18 years)

In 2018/19 the four most prevalent primary type of need in Sunderland are Moderate Learning Difficulty (MLD) (1,477), Social Emotional Mental Health (SEMH) (1,356), Speech Language Communication Needs (SLCN) (1,295) and Autism Spectrum Disorder (ASD) (1,198).

ASD showed the highest increase from 2014/15, where 710 children were identified as having a diagnosis. In five years, this number has increased to 1,198 children in 2018/19.

Compared to the previous year in 2017/18, there is a reduction in the prevalence of SLCN and Specific Learning Difficulties (SpLD).

### Secondary type of need (SEN) in Sunderland (3-18 years)

Like primary type of need, the number of children with a secondary type of need has increased for the fifth consecutive year (albeit by a significantly smaller margin). In 2014/15, 1,346 children had a secondary type of need, in 2018/19 this figure rose to 1,748.

ASD saw the largest rise from 2014/15, where 67 children were identified as having a diagnosis. In five years, this figure has risen to 208 children in 2018/19. SLCN also increased by 156 children to 482 in 2018/19.

The number of children with SpLD in 2014/15 is similar to figures from 2018/19 (76 and 79 respectively); however, it represents a decrease in prevalence overall as the population size has increased.

### Primary type of need: SEN in Sunderland compared to England (5-18 years)

In Sunderland, the four most prevalent SEN are MLD (23.23%), SEMH (20.26%), SLCN (18.72%) and ASD (18.34%). Whereas nationally the four most prevalent SEN are MLD (21.61%), SLCN (21.15%), SEMH (16.58%), SpLD (12.64%).

## Key stage comparisons: SEN support in Sunderland compared to England (5-18 years)

The four most prevalent SEN in Early Years Foundation Stage (EYFS) in Sunderland are SLCN (52.07%), ASD (15.77%), SEMH (12.24%) and MLD (8.51%). Nationally, the most prevalent SEN in EYFS are SLCN (59.09%), SEMH (12.24%), MLD (7.77%) and ASD (6.72%). Of these types of SEN, Sunderland has significantly higher rates of ASD compared to national (+44 cases).

Key Stage 1 (KS1), the four most prevalent SEN in Sunderland are SLCN (38.37%), MLD (21.79%), SEMH (17.14%) and ASD (15.77%). Whereas nationally, the four most prevalent types of SEN are SLCN (40.69%), MLD (19.78%), SEMH (14.91%) and SpLD (5.60%). Similarly to EYFS, Sunderland has significantly higher rates of ASD compared to national (+61 cases).

Key Stage 2 (KS2) has the greatest proportion of SEN across key stages of Education in Sunderland. The four most prevalent needs are MLD (29.09%), SLCN (21.75%), SEMH (19.77%), and ASD (12.38%). Nationally the four most prevalent types of SEN follow a similar pattern of MLD (28.42%), SLCN (20.34%), SEMH (18.10%); however, SpLD (13.78%) ranks fourth in place of ASD. There are significantly higher rates in Sunderland of ASD (+155 cases) and lower rates of SpLD (-154 cases) and NSA (-62 cases).

In Key Stage 3 (KS3) in Sunderland the four most prevalent SEN are MLD (31.25%), SEMH (27.92%), ASD (12.25%) and SpLD (10.00%). Whereas nationally, MLD (26.11%), SpLD (21.57%), SEMH (19.62%) and SLCN (10.46%) are the most prevalent. Sunderland has significantly higher rates of SEMH (+99 cases), ASD (+63 cases) and MLD (+62 cases) and lower rates of SpLD (-139 cases).

In Key Stage 4 (KS4) in Sunderland the four most prevalent SEN are MLD (28.38%), SEMH (26.91%), SpLD (17.21%) and ASD (12.21%). Nationally the four most prevalent types of SEN represent different proportions, with SpLD (24.95%), MLD (23.76%), SEMH (19.92%), and SLCN (8.78%). There are significantly higher rates in Sunderland of SEMH (+48 cases) and

ASD (+35 cases) and lower rates of SpLD (-53 cases). In Key Stage 5 (KS5) in Sunderland, the two most prevalent SEN categories are SEMH (27.91%), SpLD (25.58%). Nationally the ranking is reversed as SpLD (31.45%) and SEMH (16.74%) are the most prevalent.

## Key stage comparisons: SEN with EHCPs in Sunderland compared to England (5-16 years)

In 2018/19, 1,133 children in Sunderland have an EHCP, 2.4% of the entire child population. Nationally the percentage of children with an EHCP is 2.9%. The most prevalent needs in Sunderland are ASD (41.67%), SLD (20.83%) and PMLD (14.58%). Nationally these are ASD (33.94%), SLCN (18.68%) and SLD (13.34%).

KS1, the most prevalent needs in Sunderland are ASD (54.20%), SLD (11.45%) and SLCN (9.16%). Whereas nationally, ASD (34.09%), SLCN (19.41%) and SLD (12.98%) are the most prevalent. Furthermore, there are significantly higher rates of ASD (+26 cases) in this group and lower rates of SpLD (-13 cases) in Sunderland.

KS2, the most prevalent needs in Sunderland are ASD (49.54%), SEMH (13.68%) and SLD (13.68%) compared to ASD (28.77%), SLCN (16.91%), SEMH (13.22%) and SLD (11.98%) nationally. There are significantly higher rates of ASD compared to national (+68 cases) and lower rates of SLCN (-25 cases) and MLD (-22 cases) for this key stage.

KS3, the most prevalent needs in Sunderland are ASD (46.32%), SEMH (18.61%) and MLD (9.96%). Whereas nationally it is ASD (26.08%), SEMH (16.71%), MLD (15.08%) and SLCN (12.83%). In KS3, there are significantly higher rates of ASD (+47 cases) and lower rates of SpLD (-9 cases) compared to national data.

For KS4 in Sunderland, ASD (40%), SEMH (25.88%), and MLD (11.18%) are the most prevalent types of need. Nationally the most prevalent SEN are the same (with the addition of SLCN) however they represent different proportions ASD (24.96%), SEMH (17.58%), MLD (16.70%) and SLCN (12.23%). There are significantly higher rates of

ASD (+26 cases) in KS4 and lower rates of SpLD (-15 cases). In Sunderland, KS5 has the fewest children with EHCPs with ASD accounting for (58.49%) and SEMH (18.87%) the two most prevalent needs.

## **Gender comparisons (SEN Support children 5-18 years)**

Across the age phases and all SEN designations in Sunderland, for boys, there are significantly higher rates of ASD and SEMH, and lower rates of MLD, SpLD, HI and PD. The opposite trend is observed for girls in Sunderland, where there are higher rates of MLD, SpLD, HI and PD and lower rates of ASD and SEMH.

Compared to national data for boys, boys in Sunderland have significantly higher rates of ASD (+281 cases) and SEMH (+128 cases) and lower rates of SpLD (-255 cases) and NSA (-104 cases). When analysing girls with designated SEN support in Sunderland, compared to the national data for girls, there are significantly higher rates of SEMH (+78 cases), ASD (+74 cases) and MLD (+63 cases) and lower rates of SpLD (-143 cases) and NSA (-56 cases).

## **A note on the analysis**

It is important to consider that while comparisons to national rates are useful, the constituent local authorities that make up the national average will vary. Some local authority data will naturally fall above, below or similar to the national rates and are not necessarily cause for concern. This is true of Sunderland, however by benchmarking to the national rates, this report provides an evidence base for local policy development and cross-sectional provision planning for meeting the varying needs of children in Sunderland.

## Recommendations

**Recommendation 1:** Due to the significantly higher rates of ASD in Sunderland among girls and boys there needs to be an audit of local services to ensure adequate support systems exist for caregivers and children with ASD, from early years to adulthood. TfC and stakeholders from education, health and social care should explore whether training needs to be provided for all staff to ensure evidence-based approaches are being consistently applied in practice.

**Recommendation 2:** For TfC to carry out a sample audit of children identified with MLD to understand the range of needs and to determine how they are being identified and assessed. This should be followed by Citywide training to develop a shared understanding of the identification and assessment of MLD.

**Recommendation 3:** Due to the high prevalence of SLCN in Sunderland in the early years, the process and reporting arrangements for the two-year progress check needs to be audited to ensure they are robust and timely in identifying and sharing concerns with multi-disciplinary teams.

**Recommendation 4:** As there continues to be a year-on-year increase in some types of SEN such as SEMH and ASD, it is advised that school census data is used by services to proactively forecast and plan for the diverse and holistic needs of children with SEN across multi-disciplinary teams.

**Recommendation 5:** In light of the low rates of SpLD in females and males, TfC should evaluate the effectiveness and impact of arrangements for identifying and assessing SpLD across the age phases. This will allow them to understand if the low prevalence is due to children not being identified.

**Recommendation 6:** There is a low prevalence of 'SEN support but no specialist assessment of type of need' (NSA) across all age ranges in Sunderland. This could be indicative of the fast processes in place from when a concern is raised about a child's learning when a child receives an assessment. However, it could also be indicative of hesitance surrounding SEN identification. It is not possible based on the current analysis of data within this report to determine which explanation reflects Sunderland.

**National recommendation:** National guidance is needed for schools to provide a reliable and evidence-based definition of MLD with clear identification, assessment and approaches to supporting this group of children. Consideration needs to be given to whether this classification should continue or whether 'learning disability' as diagnosed by health services would be more useful.

**Sarah Martin-Denham**  
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