

## **Speech, language and communication Needs assessment**

August 2019, updated January 2020

This needs assessment is primarily based on the 0-5 age group. Where possible, data has been included for under 25s as a part of work linked to our Special Educational Needs and Disability (SEND) needs assessment which is due to be published in 2019/20.

The two needs assessments should be considered in conjunction with each other

The updated version in 2020 reflects the priorities for action agreed by the Programme Board

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## Section 1: Introduction

The term speech, language and communication (SLC) needs encompasses a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, and using language socially.

SLC skills are pivotal to well-being from early years into adulthood. The consequences of unmet / unidentified needs continue to affect individuals across the life course. The impact is costly to the individual, the economy and to society. Providing early support to children and young people can reduce the likelihood of severe problems later in life, which nationally could cost an estimated £16.6bn a year<sup>1</sup>.

Children's language skills develop particularly quickly in the first three years of life. Children with poor language and communication have more educational, social and behavioural difficulties compared to other children<sup>2</sup>. They are more likely to be excluded from school and to be involved with the criminal justice system<sup>3</sup>. Research also suggests a link to problems with literacy, mental health and employment in adulthood<sup>4</sup> and there is evidence that poor language skills in adulthood are associated with poor health and poor self-management of chronic conditions<sup>5</sup>.

### Key point(s)

Providing early support to children and young people can reduce the likelihood of severe problems later in life. The estimated national cost of not meeting SLCN is £16.6bn a year.

In the Speech, Language and Communication Needs Assessment (SLCNA), we provide an understanding of factors that affect SLC needs, explore the wider determinants, and key challenges and opportunities across the system.

In the SLCNA, we have:

- described the problem and why it matters, including an outline of the national picture and an understanding of the cost implications
- highlighted unmet need
- used local data to better understand who is most affected, where inequalities exist, and where there may be intervention opportunities
- sought to understand local perspective and barriers / opportunities relating to SLC needs
- used best practice evidence to explore how Luton can better approach the issue of SLC needs to make a real difference to people's lives

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<sup>1</sup> Chowdury, H and Oppenheim, C (2015) Spending on late intervention: How we can do better for less Early Intervention Foundation in I CAN and Royal College of Speech and Language Therapists (2018) [Bercow: Ten Years On](#)

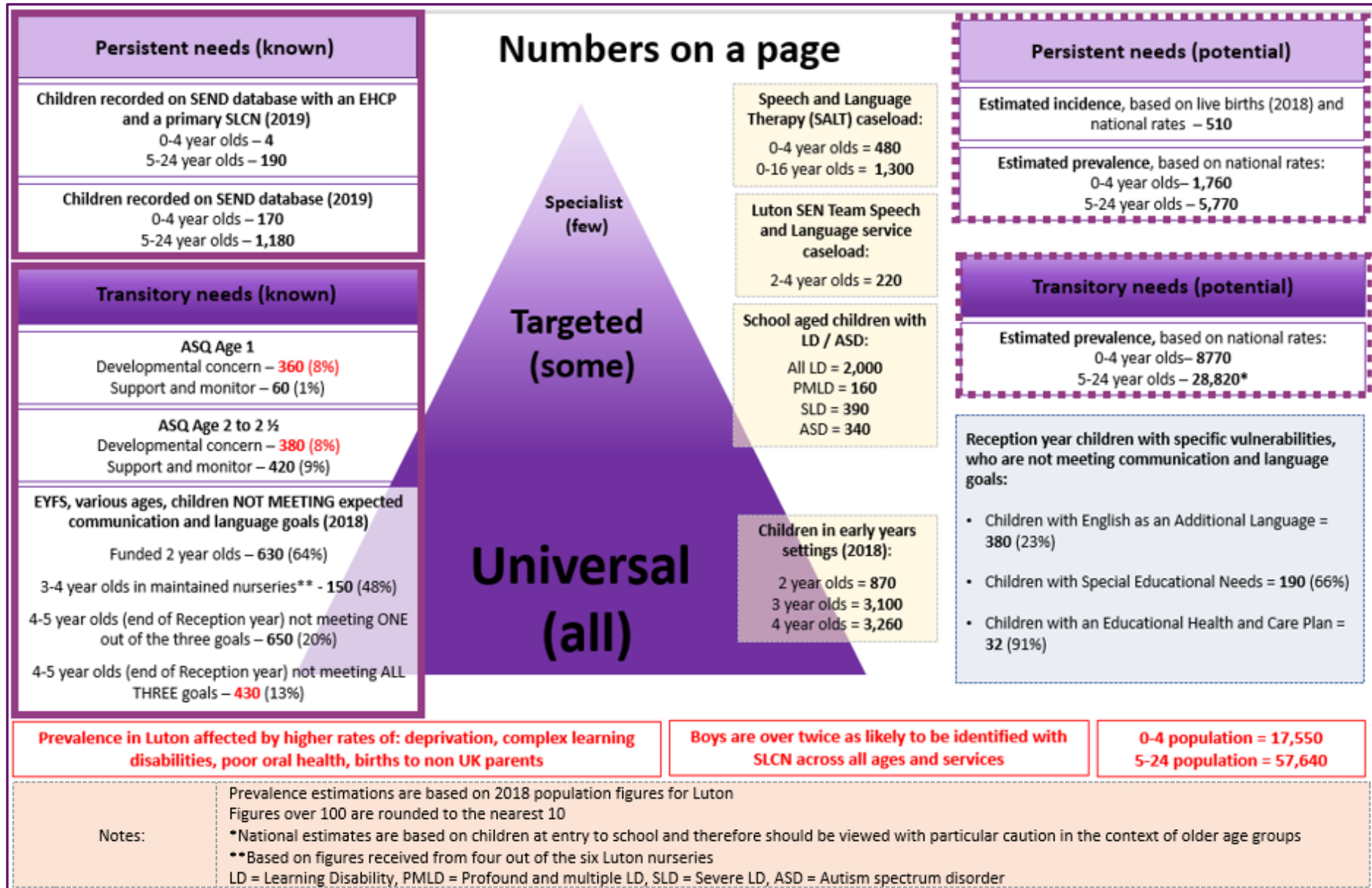
<sup>2</sup> I CAN and Royal College of Speech and Language Therapists (2018) [Bercow: Ten Years On](#)

<sup>3</sup> Ibid.

<sup>4</sup> All Party Parliamentary Group on Speech and Language Difficulties (2013) The links between speech, language and communication needs and social disadvantage, APPG on Speech and Language Difficulties

<sup>5</sup> Caird J et al (2011) Childhood Obesity and Educational Attainment: a systematic review EPPI- Centre Social Science Research Unit: Institute of Education, University of London in Kent Public Health Observatory (2017) Speech, Language and Communication

## Numbers on a page





## Agreed activity and ownership

Workstrand	Agreed activity ( <a href="#">Link to key finding – see pages 12-29</a> )	Who
<b>Strategy</b>	Prioritise SLCN and implement a systems change (1)	Talking Takes Off Partnership Board Children’s Commissioners Luton CCG/ PH SEND programme Board
<b>Commissioning</b>	Ensure equitable access to SLCN services for all Luton communities (15-18) Implement new communication and language pathways, which will ensure a systems approach in how early language support is offered in Luton (22) Prioritise SLCN and implement a systems change (1)	Children’s Commissioners Luton CCG/ PH Talking Takes Off Partnership Board SEND programme Board
<b>Workforce</b>	Improve the local understanding of SLCN in children with ASD (14) Raise awareness of the link between SLCN and oral health (21)	SEND Delivery Board / Business Intelligence Community Dental Service
<b>Leadership</b>	Ensure that early communication and language development is recognised as an important mitigation against poverty (9) Review the agreed approach to tackle the increased risk of congenital anomalies in some communities (14)	Children’s Trust Board Luton Health and Wellbeing Board Luton Council Corporate Leadership Team Public Health
<b>Community</b>	Listen and respond to the perceptions of need and the difficulties that families face (2)	Luton Parent Carer Forum Luton SEND development board All Service providers

Workstrand	Agreed activity ( <a href="#">Link to key finding – see pages 12-29</a> )	Who
<b>Services and Intervention</b>	<p><b>Access / take up of services</b> Ensure reach and appropriate early SLC intervention with children who have limited engagement with services <b>(3)</b></p> <p>Support early intervention and early learning opportunities <b>(7-8)</b></p>	<p>Talking Takes Off/ Communication work stream</p> <p>Early years Childcare service</p> <p>Luton SEND development board</p> <p>All services through use of new Early Years Toolkit and Talking Takes Off training</p>
	<p><b>Identification of need</b> Improve identification of SLCN in children with SEND, learning disability and Autism Spectrum Disorder (ASD) <b>(13-14)</b></p> <p>Ensure older children and young people are screened for SLCN, particularly children and young people in identified risk groups <b>(19-20)</b></p>	<p>SEND Delivery group</p> <p>All services using the new screening tool</p>
	<p><b>Provision of services</b> Encourage male involvement to advocate and support young boys' language development (dads / grandads / older brothers / volunteers / teaching staff) <b>(6)</b></p> <p>Capitalise on the diversity and richness of language in Luton to enhance children's language learning experiences <b>(15)</b></p> <p>Support children with transient English language difficulties, recognising potentially greater need in children who have recently arrived from abroad and minority groups such as Gypsy / Roma or Irish traveller children <b>(16-18)</b></p>	<p>Luton Education Service</p> <p>Early Years Settings and providers</p> <p>All Service providers</p> <p>Luton Cultural Education Partnership</p>

Workstrand	Agreed activity ( <a href="#">Link to key finding – see pages 12-29</a> )	Who
<b>Information and Data</b>	<p>Improve our collective understanding of need (4)</p> <p>Increase identification and reduce the gap between known and unknown need (5)</p> <p>Consider intelligence gaps in context of council intelligence priorities and other ongoing needs assessments (23)</p>	<p>Business Intelligence Team</p> <p>SEND programme board</p>

## Key findings and recommendations

Theme	No.	Key finding	Recommendation(s)
Costs to the individual and the nation	1	<p>Not meeting Speech, Language and Communication needs (SLCN) is costly to society and to individuals. Consequences are wide-ranging, but evidence shows links to the following:</p> <ul style="list-style-type: none"> <li>• SEN and associated costs</li> <li>• school exclusions</li> <li>• young people not in education, employment or training (NEET)</li> <li>• young people who offend or are criminally exploited</li> <li>• life chances</li> <li>• relationship difficulties</li> <li>• behavioural, emotional and social difficulties</li> <li>• intergenerational ('cycle of communication deprivation')</li> </ul> <p>Providing early support to children and young people can reduce the likelihood of severe problems later in life. The estimated national cost of not meeting SLCN is £16.6bn a year.</p> <p>National evidence, along with local needs analysis, suggests that SLCN should be placed at the heart of the Council's approach to reducing poverty in Luton</p>	<p><b>Prioritise SLCN and implement a systems change</b></p> <ul style="list-style-type: none"> <li>• ensure that speech, language and communication needs are prioritised, appropriately funded, and that a long-term strategy is adopted to reduce future costs</li> <li>• ensure that the importance of early communication and language skills are understood as a mitigation against poverty as part of the Luton Investment Framework (LIF), the Inclusive Growth Commission, and the priority council action of eradicating poverty by 2040</li> <li>• implement a systems change for improved identification, support and outcomes for children and young people with SLCN</li> <li>• ensure that communication and language is embedded as a priority in the local system following the one year funding from the Early Outcome Fund through the development of a sustainability plan</li> <li>• the sustainability plan should be overseen by Flying Start with development of support for operational communication champions via termly network meetings</li> <li>• include communication and language as a priority in the refreshed Children and Young People's Plan</li> </ul>

Theme	No.	Key finding	Recommendation(s)
Engagement with families	2	<p>The need to engage with, and listen to, parents / carers, children and young people is paramount. Engagement projects have highlighted some recurring themes that matter to children and parents.</p> <p>Children value:</p> <ul style="list-style-type: none"> <li>• social acceptance and emotional well-being</li> <li>• educational targets that reflect their interests and enthusiasm</li> </ul> <p>Parents value:</p> <ul style="list-style-type: none"> <li>• early signposting, early help and early diagnosis</li> <li>• help for young children</li> <li>• appropriate and supportive environments for children before, as well as after diagnosis</li> <li>• shorter waits for assessments and more opportunities to review</li> <li>• more engagement from / with services, feeling included in plans around their child's needs</li> <li>• a diagnosis for their child and a place at a resourced nursery</li> <li>• therapy for children with complex needs</li> </ul> <p>Lack of clarity about the use of the term SLCN was also identified as an issue that may impact upon provision.</p>	<p><b>Listen and respond to perceptions of need and the difficulties that families face</b></p> <ul style="list-style-type: none"> <li>• implement a system of support for families, ensuring a clear and coherent offer</li> <li>• understand and include the views of parents / carers, children and young people when planning services</li> <li>• agree the definition of SLCN that is understood by professionals and parents and that encompasses all children and young people with a need, and widely communicate the definition as part of the training offer to professionals</li> <li>• integrate any SLCN engagement and co-production with the SEND written statement of action</li> </ul>
	3	<p>There are some children who are harder to reach because 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</p>	<p><b>Ensure reach and appropriate early SLC intervention with children who have limited engagement with services</b></p> <ul style="list-style-type: none"> <li>• empower community and grass roots organisations, and develop SLCN champions from the voluntary sector</li> </ul>

			<ul style="list-style-type: none"><li>• ensure that messages and information are clear and accessible and embed in the communication and marketing plan, recognising the need for sustainable communication which is mindful of the needs of diverse communities</li><li>• embed opportunities to engage with communities who do not engage with mainstream services as part of the Communication Friendly Town work</li></ul>
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Theme	No.	Key finding	Recommendation(s)
<b>Incidence, prevalence and unmet need</b>	4	<p>Due to difficulties when applying estimates to heterogeneous populations, it is not possible to determine exact prevalence, although all methods explored in this assessment suggest notable numbers of affected children and young people when applied to Luton.</p> <p>This is not surprising given that there are a number of Luton characteristics that differ statistically from national averages and that are likely to affect SLCN prevalence. These include:</p> <ul style="list-style-type: none"> <li>• a younger population</li> <li>• a more diverse population</li> <li>• higher levels of deprivation</li> <li>• higher prevalence of some learning disabilities</li> <li>• poorer oral health in young children</li> <li>• higher rates of births to non-UK parents</li> </ul> <p>Based on national prevalence rates, there may be as many as 7,500 children and young people aged 0 to 24 in Luton with a persistent SLCN and 37,600 with a transitory SLCN.</p> <p>For children aged 0 to 4, there may be as many as 10,500 children in Luton who may have a transient SLCN need at some stage, or a long-term need.</p>	<p><b>Improve our collective understanding of need</b></p> <ul style="list-style-type: none"> <li>• improve data sharing between different services</li> <li>• as part of the Luton families' programme, review how the 'One Family, One View' workstream can support improved data collection</li> <li>• understand the value of developing the Citizens' Index project to support greater understanding of need at a local level</li> <li>• ensure that the audit of Educational Health Care Plans (EHCP) is used to further our understanding of SLCN</li> <li>• amend existing databases (in particular the SEND database) to capture SLCN in a separate data field</li> </ul>

<p>5</p>	<p>It is difficult to distinguish between need that is recognised and may be being met, but is not recorded.</p> <p>There are notable gaps between prevalence based on national estimates and numbers of children for whom there is a recorded need. For example, the proportions of transitory need identified through ASQ (17 per cent) and end of EYFS (20 per cent) are much lower than national prevalence estimates (50 per cent).</p> <p>The potential gaps in the local understanding of need are as follows:</p> <p><b>0-4 year olds</b></p> <ul style="list-style-type: none"> <li>• children aged 0 to 4 with transitory needs – the gap is between 5,800 and 8,600 children</li> <li>• children aged 0-4 with persistent / complex needs – the gap may be up to 1,600 children</li> </ul> <p><b>0-24 year olds</b></p> <ul style="list-style-type: none"> <li>• children and young people aged 0-24 with transitory needs – the gap is between 17,300 and 27,600</li> <li>• children and young people aged 0-24 with persistent / complex needs – the gap may be up to 4,600 children and young people</li> </ul>	<p><b>Increase identification and reduce the gap between known and unknown need</b></p> <ul style="list-style-type: none"> <li>• develop appropriate screening tools for under-fives and for older children</li> <li>• develop training to raise awareness of SLCN and how to signpost to services as identified in pathways</li> <li>• deliver training widely, across the statutory, private, voluntary, independent and community sectors to ensure professionals understand normal development, when a need may be emerging</li> </ul>
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Theme	No.	Key finding	Recommendation(s)
<b>Gender</b>	6	<p>Gender has the strongest association with speech, language and communication need identification, with boys 2.6 times more likely to be identified than girls. Data from a number of local sources show that national patterns are replicated in Luton.</p> <p>Summer born boys are least likely to meet Early Years Foundation Stage (EYFS) communication and language goals with 35 per cent of this group not meeting expected levels.</p>	<p><b>Encourage male involvement to advocate and support young boys' language development (dads / grandads / older brothers / volunteers / teaching staff)</b></p> <ul style="list-style-type: none"> <li>• ensure that all settings are accessible and communication-friendly, understanding that boys and girls have different needs</li> <li>• 'Five to Thrive' to include a focus on fathers and other male relatives</li> <li>• develop a cohort of male role models and volunteers</li> <li>• take speech, language and communication activities to places where boys and men are engaging – such as sports venues, football clubs</li> <li>• raise awareness of the importance of inclusive language (eg “bring mum and dad along”)</li> <li>• ensure that fathers are explicitly invited to activities and that there are some for dads-only (or other male relatives)</li> <li>• raise awareness in older boys and young men in Luton education settings of the value that they could bring to boys by choosing a career in an early years setting</li> </ul>

Theme	No.	Key finding	Recommendation(s)
Educational outcomes	7	<p>National literature shows that outcomes over the life course are very poor for children and young people whose SLCN are not met. Data relating to Luton children highlights very clearly that early intervention is crucial.</p> <p>One way that this was explored this was through analysing the outcomes of the 2018 Key Stage 2 cohort<sup>6</sup> compared to their earlier achievements. This showed that over two thirds of children who did not achieve the communication and language goals at end of the EYFS, did not meet expected levels in Reading, Writing and Maths at end of Key Stage 2.</p>	<p><b>Support early intervention and early learning opportunities</b></p> <ul style="list-style-type: none"> <li>include a focus on the value of early education in the communication strategy, bearing in mind the need for sustainable communication</li> <li>use existing communication channels such as the schools newsletter</li> <li>ensure that the early years' workforce understand the importance of identifying and supporting SLCN, and have the appropriate skills and knowledge to do so – this will be supported by the Talking Takes Off universal offer and the operational communication champions role</li> <li>explore opportunities for family-based learning, and closer working between adult learning and early years</li> </ul> <p><b>Encourage parents to attend Luton nurseries, particularly disadvantaged children who we know are more likely to have SLCN</b></p> <ul style="list-style-type: none"> <li>actively promote the Time for Twos offer with the Talking Takes Off marketing</li> <li>ensure that ICAN volunteers actively promote the Time for Twos offer</li> </ul>
	8	<p>Evidence shows that children who attend early years' provision in Luton have much better outcomes than those who do not.</p> <p>Around a quarter of Luton two year olds access a funded place in an early years setting. This increases to 88 per cent at age three and 90 per cent at age four.</p> <p>Over two thirds of Luton two to three year olds who access a funded place in a pre-school early years setting do so at a PVI. Around a quarter of Luton two to three year olds attend a maintained nursery or a nursery class in a primary school.</p> <p>Take up of funded nursery places for two year olds is low nationally, and lower in Luton where only 60 per cent of those eligible take up places.</p>	

<sup>6</sup> Please note that backtracking is based ONLY on children for whom we have data at all three points (EYFS, Key Stage 1 and Key Stage 2). It is not, therefore, representative of pass rates at Key Stage 2 in 2018

Theme	No.	Key finding	Recommendation(s)
Geography, deprivation and population factors	9	<p>Deprivation is strongly correlated with SLCN, and local data has confirmed this link. Luton is one of ten local authority areas facing the highest levels of child poverty after housing costs. High rents and benefit cuts have particularly impacted on child poverty levels in Luton.</p> <p>Analysis for this assessment identified that children living in the most deprived areas have poorer outcomes compared to children living in other parts of Luton.</p> <p>Other proxy measures for deprivation such as families in receipt of free school meals and two year olds in funded nursery places also confirmed statistically significant differences in results, when compared with the rest of the Luton population, confirming poorer outcomes for children experiencing deprivation.</p> <p>Mosaic analysis also confirms the link between SLCN and what is known about deprivation in Luton, not necessarily highlighting the very poorest, but families struggling to make ends meet, including people in work in the lowest paid employment.</p>	<p><b>Ensure that early communication and language development is recognised as an important mitigation against poverty</b></p> <p><b>Develop a place-based SLCN approach, based on neighbourhood need, prioritising identified areas and locations of greater need</b></p> <ul style="list-style-type: none"> <li>• implement neighbourhood-based SLCN leads linked to the integrated neighbourhood model</li> <li>• develop a whole family approach to addressing needs and provide the appropriate wrap around support by services</li> <li>• increase support for families who are 'just about managing' and may not be in receipt of benefits or services working with the Early Help Team, and as part of the transformational work for early intervention and prevention</li> <li>• consider out of hours working / change to staff contracts to support the delivery of services at times that would support working parents, while balancing needs of staff with needs of families</li> <li>• work with early years' settings and schools in areas identified as having</li> </ul>
	10	<p>There is evidence of geographical influences on SLCN, which may assist in targeting resources effectively. Dallow, Farley and Northwell wards consistently appear as areas with higher SLCN. Other areas which are highlighted, but to a lesser degree, are Biscot, South, Saints and Sundon Park.</p>	
	11	<p>Schools attended by children living in Northwell ward and Dallow ward have high proportions of children not meeting expected levels in early communication and language goals. It may be worth considering these schools for targeted intervention, along with other schools identified with high levels of children not meeting early goals.</p>	
	12	<p>Mosaic provides information that helps us to understand the best methods to use when communicating with families. The two Mosaic groups with</p>	

	<p>statistically higher proportions of children not meeting expected levels are Family Basics and Urban Cohesion.</p> <p>Family Basics (higher proportions in Northwell, Farley, Leagrave and Lewsey wards), information relating to preferred methods of communication:</p> <ul style="list-style-type: none"> <li>• phone (SMS and mobile)</li> <li>• Facebook, twitter</li> <li>• newspaper types: Daily Star, Daily Mirror and Sun</li> <li>• low membership of organisations</li> </ul> <p>Urban Cohesion (higher proportions in Dallow, Biscot, Saints and Challney wards) information relating to preferred methods of communication:</p> <ul style="list-style-type: none"> <li>• email or post</li> <li>• Facebook, twitter</li> <li>• newspaper types: (Independent, Guardian, Daily Express, Daily Telegraph, Times, Daily Mirror)</li> <li>• very likely to belong to a religious organisation</li> </ul>	<p>high levels of children not meeting early learning goals, prioritising schools and settings in Dallow, Farley and Northwell</p> <ul style="list-style-type: none"> <li>• Flying Start children’s centres to develop a means of identifying families where there may be SLCN</li> <li>• Ensure the mosaic information informs the communication and marketing plan</li> </ul>
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Theme	No.	Key finding	Recommendation(s)
Special educational needs and disability (SEND)	13	<p>Overall, there are approximately 1,350 children and young people (aged 0-24) who have SLC recorded as their primary Special Educational Needs and Disability (SEND) need. It is likely that SLC is much more prevalent and when considered as a non-primary need.</p> <p>Between 2015 and 2019, there has been a marked increase in the number of children in the SEND database recorded as having SLCN as their primary need. While this may suggest that SLCN identification (or the need itself) has increased, there are concerns around accuracy of primary need diagnosis, which means that any interpretation of the change should be accepted with caution.</p> <p>Estimates based on the proportion of SEND children recorded on the dataset at the end of EYFS suggests that between 2,700 and 4,300 children and young people (up to the ages of 25) may have a SLCN as a primary or non-primary need.</p> <p>The current under five Special Educational Needs caseload is 224 children. Of the 1,685 children and young people (aged 0-24) with an EHCP in Luton, 186 have a primary need of SLCN. Five of this group were aged four<sup>7</sup>.</p> <p>The proportions of Luton children with SEN, and those with an EHCP, who are achieving expected levels in early communication and language goals are lower than national proportions.</p>	<p><b>Improve identification of SLCN in children with SEND, learning disability and Autism Spectrum Disorder (ASD)</b></p> <ul style="list-style-type: none"> <li>• create closer working between early help services and those providing help to children with developmental needs to streamline the support offered to parents</li> <li>• provide training in schools around identification of different SEND categories of need</li> <li>• work with local learning institutions to ensure appropriate skills for a SEND-related workforce that is fit for the future</li> </ul>
	14	<p>Two thousand Luton children are recorded as having a learning difficulty of some kind, ranging from moderate to profound and multiple. National studies suggest that all will have some additional needs relating to SLC.</p>	<p><b>Review the agreed approach to tackle the increased risk of congenital anomalies in some communities</b></p> <p>The agreed approach, as identified in the 2011 Annual Public Health Report<sup>9</sup>, was to:</p>

<sup>7</sup> there were no younger children with an EHCP and a primary need of SLC

<sup>9</sup> 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)

There are statistically higher numbers of children in Luton with severe and complex needs relating to a learning disability, which may affect the need for specialist speech, language and communication services.

The number of children with the most severe learning difficulties in Luton is up to three times higher than national averages, and is much higher compared to statistical neighbours. Some of the factors affecting higher prevalence are described in the 2011 Annual Public Health Report for Luton and it is understood to be influenced by consanguinity and the presence of congenital anomalies in children born to parents of Pakistani heritage<sup>8</sup>.

The rate of ASD in Luton is much lower in Luton compared nationally, which may suggest that there are Luton-specific factors creating lower prevalence, or that ASD is not being diagnosed effectively.

- *train health professionals to deliver consistent and evidence-based information that is not hampered by concerns regarding cultural sensitivities*
- *target community groups where consanguineous relationships are more common so that information is available before marriage and conception regarding associated risk, and engage the extended family in making decisions*
- *improve access to counselling and support services for parents in consanguineous marriages who have suffered a child death or have a child with a birth anomaly*

**Improve the local understanding of SLCN in children with ASD**

- explore SLCN in the context of ASD identification and diagnosis in the SEND needs assessment which is currently being completed, in particular to see if ASD is under-diagnosed in Luton

<sup>8</sup> 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)

Theme	No.	Key finding	Recommendation(s)
Ethnicity and EAL	15	<p>Any language delay will be present in the home language as well as English, and parents and other caregivers should speak to young children in their strongest language to support the social process of language acquisition.</p> <p>Luton is language-rich, and there are approximately 150 languages and dialects spoken in Luton's schools. Children with English as an additional language (EAL) are over-represented when considering SLCN, although gender remains the greater influencing factor, even amongst the over-represented EAL group.</p> <p>Children who have English as an additional language may experience short-term language difficulties, but speaking another language in addition to English is beneficial in the longer-term.</p> <p>. This was confirmed by local data, which showed that:</p> <ul style="list-style-type: none"> <li>• children with English as an Additional language (EAL) who are fluent, competent or developing competence in English are more likely to achieve a good level of development compared to children whose first language is English</li> <li>• EAL children who are fluent in English are most likely to achieve a good level of development</li> </ul>	<p><b>Capitalise on the diversity and richness of language in Luton to enhance children's language learning experiences</b></p> <p><b>Support children with transient English language difficulties, recognising potentially greater need in children who have recently arrived from abroad and minority groups such as Gypsy / Roma or Irish traveller children</b></p> <p><b>Ensure equitable access to SLCN services for all Luton communities</b></p> <ul style="list-style-type: none"> <li>• ensure key messages promote parents using their strongest language with their babies and children</li> <li>• ensure messages are shared with providers of adults' community learning to build into lessons with students of English for Speakers of Other Languages (ESOL)</li> <li>• consider how to help people to understand what they might need and how to access it, particularly new arrivals to the country</li> <li>• seek to improve our understanding of how to reach new arrivals or people with limited English by engaging with community groups and asking for their input as part of our engagement plan</li> <li>• develop the communication-friendly town project, ensuring it is responsive</li> </ul>
	16	<p>The data indicates specific needs within some Asian and White Other populations. Pakistani, Polish and Romanian children have the highest speech, language and communication needs compared to children of other ethnicities, but there are likely to be different underlying factors for this. It is likely that the higher need in Pakistani children is influenced by higher learning disability prevalence in this community, whereas the need in Polish and Romanian children may be more likely to be affected by their recency in the UK.</p>	



	White British children are over-represented in the Speech and Language Therapy (SALT) caseload, which may suggest inequitable access to services due to cultural factors or lack of information, particularly as White British children are shown as being statistically more likely to achieve expected levels in communication and language goals at the end of EYFS.	<p>to the needs of diverse communities, and varying levels of need at different stages of a person's life journey</p> <ul style="list-style-type: none"> <li>• work with the voluntary and community sector to ensure that key messages reach all parents, but particularly those from diverse communities</li> <li>• work with Luton Cultural Education Partnership to consider opportunities for celebrating cultural diversity, in particular reference to communication and language</li> </ul>
17	The proportion of children born to non-UK parents in Luton is high and statistically higher than England and all of its peers. 2,420 children are born in Luton each year that have at least one parent that was born in a non-UK country. This may mean that there are higher proportions of children requiring early services and interventions in Luton compared to national proportions.	
18	There are also high levels of needs of children in very small minority communities. Some of the data shows that Gypsy / Roma and Irish Traveller children have the poorest outcomes, although this is based on very low numbers of recorded children.	



Theme	No.	Key finding	Recommendation(s)
Secondary education	19	During the transition from primary to secondary education, there appears to be a shifting focus from SLCN to the associated behaviours instead. From this point on, there are continued reductions in Luton children and young people recorded as having SLCN.	<p><b>Ensure older children and young people are screened for SLCN, particularly children and young people in identified risk groups</b></p> <ul style="list-style-type: none"> <li>• develop a screening tool for older children, ensuring that children with behavioural difficulties, particularly those that might lead to permanent exclusion or involvement with the criminal justice system, are properly screened for and supported with any SLCN</li> <li>• share the findings from this needs assessment with the Behaviour, Inclusion and Wellbeing Advisory Board (BIWAB) who should review and make further recommendations for action</li> </ul>
	20	<p>National evidence<sup>10</sup> tells us that many children and young people do not have their needs accurately identified or supported at secondary school. For various reasons, some may not have attended schools for long periods of time. The children who are of most concern are those who are absent from any educational setting or home schooling service, because this means it is not possible to identify and address any needs.</p> <p>Luton has statistically higher proportions of children excluded from secondary school and of 16-17 year olds not in education, employment or training when compared nationally and with similar areas. National evidence suggests that absence from school makes it harder to evidence a young person's need for support.</p>	

<sup>10</sup> Source: DfE 2014 SEN statistics in The Communication Trust (2014) [Doing justice to speech, language and communication needs](#)

Theme	No.	Key finding	Recommendation(s)
<b>Oral Health</b>	21	<p>There are oral health practices that impact adversely on speech and communication (eg use of dummies or bottles). Luton has much higher rates of dental caries compared to England. Early Childhood Caries is a particularly aggressive form of tooth decay that is associated with bottle use.</p> <p>Preventable tooth loss and decay have significant effects on a child's quality of life, including their confidence and self-esteem. Pain can affect speaking, and missing teeth can affect diction and appearance, which may cause children to avoid socialising and speaking.</p> <p>Three year old children in Luton have higher prevalence of dental decay experience, higher prevalence of missing teeth and dental sepsis, and greater severity of dental disease than the average child in England. Over a third of three year olds did not attend a dentist appointment during 2018/19.</p>	<p><b>Raise awareness of the link between SLCN and oral health</b></p> <ul style="list-style-type: none"> <li>• raise awareness of SLCN with Luton dental teams; especially the Starting Well practices</li> <li>• encourage dental teams to ask questions re dummy/bottle use, ie raise awareness of links with poor speech / diction / confidence rather than thinking tooth decay – signposting appropriately</li> <li>• adopt recording children's dentist details (alongside GP) on SALT assessment forms</li> <li>• raise awareness with community and professional groups of the links between prolonged dummy/bottle use and speech</li> </ul> <p><b>Improve dentist attendance</b></p> <ul style="list-style-type: none"> <li>• include key messages from the oral health needs assessment, particularly those around attending a dentist, in the SLCN communication strategy</li> </ul>

Theme	No.	Key finding	Recommendation(s)
Services	22	<p>Services are already in place that directly or indirectly impact on SLCN.</p> <p>Universal services include Bookstart, Cambridge Community Services (CCS) health visiting services, CCS hearing service, Luton Council Flying Start and children's centres, early years education and adult learning.</p> <p>Targeted and specialist services include the Flying Start children's centres' groups for parents with children with a developmental delay, CCS services at the Edwin Lobo Centre, Luton Special Educational Needs Service speech and language service and the Speech and Language Therapy Service (SALT).</p>	<p><b>Implement new communication and language pathways, which will ensure a systems approach in how early language support is offered in Luton</b></p> <ul style="list-style-type: none"> <li>• ensure pathways implementation is clear for all professionals and that services are based on needs</li> <li>• support the pathways with new screening tools</li> </ul>

Theme	No.	Key finding	Recommendation(s)
Intelligence gaps and data issues	23	<p>Luton council has good quality early years' data that contributed to a good understanding of local SLCN, particularly for early years' children. However, some gaps remain where the intelligence picture is less well developed.</p> <p>National data highlights some themes it has not been possible to explore in this assessment due to time and data constraints. There may be some opportunities for further analysis, but it is important to ensure that the intelligence yield justifies the work involved.</p> <p>Remaining gaps:</p> <ul style="list-style-type: none"> <li>• local understanding of the influence of SLCN on young people who offend or are criminally exploited</li> <li>• the continuing journey of older children who do poorly in early years, or whose needs were not identified or met when they were young, or those identified with behavioural difficulties in secondary education</li> <li>• intergenerational effects</li> <li>• children who are looked after</li> </ul>	<p><b>Consider intelligence gaps in context of council intelligence priorities and other ongoing needs assessments</b></p> <ul style="list-style-type: none"> <li>• work with partners to consider the intelligence yield vs the work involved in producing additional analysis on older children, particularly those identified as having behavioural difficulties in secondary education and young people who offend or are criminally exploited</li> <li>• support effective working between different professionals to ensure a holistic view of families through the development of the lead professional role</li> <li>• consider a case study approach to track the journey from early years to adulthood where needs are not met</li> <li>• include identified gaps, where possible, in the SEND needs assessment, which is currently being completed</li> </ul>
	24	<p>There were some data recording gaps, particularly in ethnicity fields, which had a large proportion of missing data and non-standardised entries.</p> <p>Some data fields had not been populated despite their inclusion for the purpose of tracking inequity in relation to educational / developmental outcomes. Of note here is the recording of children in Luton who are looked after and data relating to children identified as having Special Educational</p>	<p><b>Improve accuracy and consistency of data input</b></p> <p><b>Agree standardised recording practices, including use of mandatory data fields, to be used across all services</b></p> <ul style="list-style-type: none"> <li>• use of "16+" ethnicity classification</li> </ul>

	<p>Needs.</p> <p>It is important that data is recorded as fully as possible, and with entries that are useable for analysis by allowing for grouping. Gaps in data recording can skew the results of the analysis as well as potentially preventing us from identifying vulnerable groups of children.</p>	<ul style="list-style-type: none"> <li>• use Luton Advanced Tracking System (LATS) and other best data practices to agree protocols for data systems, including the use of mandatory fields</li> <li>• work with the school data project to improve recording of SLCN in school databases, using consistent classification categories</li> <li>• ensure that the work to expand the use of the Capita system within the council supports the development of standardised recording systems and mandatory fields to ensure improvement in data collection</li> </ul>
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## The national context

The production of this needs assessment is in line with national priorities, which place good early years education at the heart of government plans to increase social mobility. Every child should have opportunity to develop strong cognitive, social and emotional foundations, and narrowing the early years 'word gap' is the first, and foundational, life stage ambition of the national plan (Figure 1).<sup>11</sup>

Figure 1: Mind the Gap, Ambition 1

<p style="text-align: center;"><b>Close the word gap in the early years.</b></p>  <p>Children with strong foundations start school in a position to progress, but too many children fall behind early. We need to tackle development gaps, especially key early language and literacy skills.</p>	<p>By the age of three, disadvantaged children are, on average, almost a year and a half behind their more affluent peers in early language development. Vocabulary at age five is a key predictor of whether a child from a disadvantaged background is likely to succeed at school. And yet on average, by this age, disadvantaged children are significantly further behind in vocabulary than in any other area of cognitive development.</p>
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The early years provide a key window of opportunity to ensure disadvantaged children can enter school with the skills and language development they need to thrive. The government set out the following actions to begin to overcome three key challenges that can hold disadvantaged children back.

### **Challenge 1: Ensuring more disadvantaged children are able to experience a language rich early environment**

- identification of evidence-based home learning environment programmes that support early language development
- development of an effective early language assessment tool for health visitors and early years' practitioners to help to check children's early language development – including as part of the two year old check – ensuring that any delays can be picked up and the right early support put in place

### **Challenge 2: Improving the availability and take-up of high quality early years' provision by disadvantaged children and in challenging areas**

- as well as providing funding for nurseries, the government aims to identify and support parents to ensure that the most disadvantaged children are able to benefit from early education

<sup>11</sup> Department of Education (2017) [Unlocking Talent, Fulfilling Potential: A plan for improving social mobility through education](#)

### Challenge 3: Improving the quality of early years' provision in challenging areas by spreading best practice

- a partnership approach, beginning with the child's parents, carers and wider family, supported by local authorities, schools, health visitors and early years' practitioners
- an enhanced professional development offer for early years' practitioners is key so that all children are able to benefit from a language-rich early years environment, and where they learn vital social and communication skills.

In 2008, the Bercow Report<sup>12</sup> provided a comprehensive review of services for children and young people with speech, language and communication needs, with an updated report highlighting the continued concerns with unmet need.<sup>13</sup>

Bercow: Ten Years On (2018) reported on five key themes:

- communication is crucial to children's life chances, and yet awareness of its importance among the public and decision makers is not sufficient
- strategic system-wide approaches to supporting SLCN are rare; very often SLCN does not feature in national or local policies
- services are inaccessible and inequitable - too often support for children's SLCN is planned and funded based on the available resources, rather than what is needed, leading to an unacceptable level of variation across the country
- support that makes a difference is based on the evidence of what works
- too many children with SLCN are being missed, and are not getting the vital support they need

“The ability to communicate is fundamental to learning, to relationships and to life chances. More than 10 per cent of all children and young people, over 1.4 million in the UK, have communication difficulties. Too many are not getting the support they need”.

I CAN and Royal College of Speech and Language Therapists (2018) [Bercow: Ten Years On](#)

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<sup>12</sup> [Bercow Review of Services for Children and Young People \(0-19\) with Speech, Language and Communication Needs](#)

<sup>13</sup> I CAN and Royal College of Speech and Language Therapists (2018) [Bercow: Ten Years On](#)

## The local context

Luton is committed to giving every child a Flying Start and has invested in the early years through a range of primary prevention and early intervention programmes since 2015 as part of its Flying Start Programme. Flying Start has three primary outcomes namely improving outcomes in children's social and emotional development, communication and language development and in diet and nutrition.

In 2019, Luton successfully secured funding from the Department of Education through their Early Outcome Fund (EOF), which aims to narrow the word gap in young children as part of the government's Social Mobility Strategy<sup>14</sup>. In Luton, this programme of activity is known as Talking Takes Off. The funding has allowed Luton to focus on how to make a systems change in how it supports children to develop their communication and language skills.

After undertaking a detailed analysis of the systems strengths using the Early Intervention Foundation Maturity Matrix for Early Years Speech, Language and Communication, we identified that a key priority was to complete a detailed needs assessment to understand the SCLN of the population 0-5 years.

It is important to note that, while the EOF is specifically focused on the pregnancy to five age range, this needs assessment includes population estimates of prevalence for children and young people up to the age of 24. Where we have access to data for the older group, we have included this in specific sections.

The EOF programme is expected to allow Luton to make a systems change to how partner agencies in Luton support children and their parents to ensure they are able have the best start at school. The EOF programme allows Luton to have an intensive year of focus on the transformation of support for early communication development. There are two strategic aims:

- Luton is committed to ensuring significantly more children will, by their fifth birthday, have age-appropriate communication skills and will interact effectively with adults and children, resulting in better educational outcomes and improved employment opportunities
- Luton will provide a coordinated, needs-based response to identified communication difficulties and will support children to effectively communicate with their parents, teachers and carers

As part of the delivery of the EOF, Luton has committed to the following:

- reviewing the systems model of support for children and ensure it meets our local needs ; this work will include the development of appropriate screening tools and new pathways

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<sup>14</sup> Department for Education (2017) [Unlocking talent, fulfilling potential](#)



- the implementation of system-wide Communication Champions<sup>15</sup> to support, through leadership, the change we require in line with best practice identified in the 2008 Bercow Report<sup>16</sup>
- everyone has a role to play in supporting children's communication and language and a universal and targeted workforce approach will be delivered to staff working with families with young children
- to build on the principle of the local embedded approach of Five to Thrive as best practice model – Respond, Cuddle, Relax, Play and Talk
- the role of parents is vital in supporting early language development and we will support parents to achieve this important role and provide clear and user friendly information and guidance on how parents can best support their child's development
- we will focus attention on the most vulnerable to reduce inequalities, in particular those children who live in areas of deprivation, those known to early help or statutory children's services, or where parental health and wellbeing may impact on attachment
- all agencies will use opportunities to promote key early years communication messages
- all agencies will ensure environments which they can influence are communication friendly for the benefit of all children

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<sup>15</sup> To include Elected Members Communication Champions, Operational leads Communication Champions and Strategic Champions

<sup>16</sup> [Bercow Review of Services for Children and Young People \(0-19\) with Speech, Language and Communication Needs](#)

## Section 2: Incidence and prevalence

This section presents what we know about SLCN incidence and prevalence, including factors which mean that numbers in Luton are likely to be higher than some other parts of the country.

Estimating the number of children in a local area who may be experiencing speech, language and communication difficulties at a given time is problematic, and it is widely recognised that estimates should be used with caution. There is considerable variety in the methods of estimation, leading to a complex picture and the potential for under-identifying actual numbers<sup>17</sup>. Some of this is due to variation in the criteria used in studies to assess children with language disorders, which makes comparing one study with another difficult<sup>18</sup>. It must also be borne in mind that each child develops differently, and so a child experiencing problems at 18 months might not be experiencing them at three or five years and vice versa<sup>19</sup>. Interpretation of prevalence estimates is inherently complicated, and there is the potential for overlap between different estimates<sup>20</sup>.

We have explored a range of estimates that help us to understand how many children there are with SLCN in Luton. We have applied nationally recognised estimates across the different age groups, noting that this does not take into account age-specific differences, or differences known to be present in the Luton population. We have also used locally developed estimates to improve the intelligence picture.

### Definitions

I Can<sup>21</sup>, the communication charity, uses the following definitions of Speech, Language and Communication Needs, which are the ones we have used in this assessment:

#### Speech, Language and Communication Needs

“SLCN is an umbrella term. Children with SLCN may have difficulty with any or many aspects of communication. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say and using language socially”.

#### Persistent SLCN

“Around 10 per cent of all children have SLCN which may be complex and long-term. Seven per cent of young children may have SLCN as their main difficulty, others may have communication difficulties along with, or arising from other conditions, such as autism, learning disability or cerebral palsy. These children may have unusual or disordered speech, language and communication. They will need specialist support to reach their full potential”.

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<sup>17</sup> Public Health England (2019) Speech, language and communication needs assessment report for Luton

<sup>18</sup> McKean C., Law J., Morgan A., & Reilly S. Developmental Language Disorder. In (Ed.), The Oxford Handbook of psycholinguistics. : Oxford University Press

<sup>19</sup> Law J, Charlton J, Dockrell J, Gascoigne M, McKean C and Theakston A. Early Language Development: Needs, provision, and intervention for preschool children from socio-economically disadvantage backgrounds. 2017.

<sup>20</sup> Public Health England (2019) Speech, language and communication needs assessment report for Luton, accessed June 2019

<sup>21</sup> I Can [I Can Talk Series – Issue 7, Speech Language and Communication Needs and the Early Years](#)

## Poor or delayed language (transitory SLCN)

“There is a group of children who are starting school with SLCN who have poor language skills; inadequate for starting formal learning. These children may have a small vocabulary, be just starting to join words together, find it hard to listen and may sound like a much younger child. With the right support, they may catch up with their peers. In some areas, particularly areas of social disadvantage, this group may be upwards of 50 per cent of children at school entry”.

## Incidence

Estimates suggest that just over 500 Luton children are born each year who will have speech and language difficulties from birth defects and / or as a primary need (Table 1).

Table 1: Estimated incidence of speech and language difficulties (from birth defects and as primary need), Luton, 2017

Incidence	Source	Live Births (Luton, 2017)	Estimated incidence
Estimates show that 2-5% of live births are delayed or disordered. Of these, 6.4% may involve speech impairment	Broomfield & Dodd, 2004 (in Suffolk SLCNA)	3,432	11
14.6% of live births - primary speech and language difficulties - 3:1 male / female ratio	Broomfield & Dodd, 2004 (in Suffolk SLCNA)	3,432	501

Source: Estimation methodology based on Broomfield & Dodd, 2004 (in Suffolk SLCNA), Live Birth data from Office for National Statistics

## Prevalence

Nationally recognised estimates<sup>22</sup> are that:

- fifty per cent of children have transient difficulties that can be overcome with the right support
- ten per cent of all children will have long term (persistent) SLCN, with variation within and overlap between the different groups:
  - seven per cent of all children have persistent speech and language needs with no other condition
  - three per cent of children have persistent speech and language needs with another condition such as hearing , autism spectrum disorder, learning disability or a specific learning difficulty such as dyslexia
  - of those with persistent needs, one per cent have severe and complex SLCN, and cannot express their basic needs

Table 2 shows the national SLCN estimates applied to the local under fives and to the local 5-24 year olds.

<sup>22</sup> Estimates are widely published. See, for example: The Communication Trust (2014) [Factsheet for schools](#); Public Health England (2019) Speech, language and communication needs assessment report for Luton; The Communication Trust: [How many children have speech, language and communication needs](#)

Table 2: SLCN, estimated prevalence (based on 2018 population estimates)

Age	Total population	Transitory SCLN (50%)	Persistent SLCN with no other condition (7%)	Persistent SLCN with other condition (3%)	Persistent, severe and complex SLCN (1% of 'other conditions')	Total estimated need
Age 0-4	17,547	8,770	1,230	530	5	10,530
Age 5-24	57,638	28,820*	4,040	1,730	17	34,590

Estimates rounded to the nearest 10 and based on 2018 population estimates

\*National estimates are based on children at entry to school and therefore should be viewed with particular caution in the context of this older age group

Data from local sources suggests that Luton is identifying that between 17 per cent<sup>23</sup> and 20 per cent<sup>24</sup> of Luton children have SLCN. This is a lower proportion than national estimates would suggest, particularly given the makeup of the Luton population, but we have used these proportions to produce estimates of identified need. We recognise that this is a crude method and is particularly likely to produce over-estimations in the older age groups.

As shown in Table 3, the gap in our understanding of children aged 0 to 4 with a transitory SLCN could be anywhere from approximately 5,800 to 8,600 children. The gap in our understanding of children in this age group with a persistent / complex need, based on the number of children recorded on the SEND database is approximately 1,600 children. It is important to remember that these estimation methods are particularly problematic for older age groups, due to the fact that the estimated rates are based on children at time of school entry or earlier. However, for children and young people aged 5-24, these figures range from 17,290 to 27,640 for a transitory need and 4,600 for a persistent / complex need.

What is not clear, due to the ambiguous nature of the data, is how much of the gap can be explained as a data recording issue, and how much may be due to undiagnosed need.

<sup>23</sup> Ages and Stages Questionnaire 2018

<sup>24</sup> EYFS Reception year data 2018

Table 3: Comparison between recorded and expected need, by age group

Age group	Comparison method	National estimate*	Recorded need/ local estimation of need	Difference
Ages 0-4	Long term SLC need (0-4) (includes 'primary' and 'other conditions')(National estimate)   Children recorded on SEND database (Count)	1,760	168	1,592
	Transitory SLC need (0-4)(National estimate)   Children recorded on SEND database (Count)	8,770	168	8,602
	Transitory SLC need (0-4)(National estimate)   Percentage of children not meeting ASQ communication goals (17 per cent) multiplied by 0-4 population (Local estimate)	8,770	2983	5,787
Ages 5-24	Long term SLC need (5-24) (includes 'primary' and 'other conditions')(National estimate)   Children recorded on SEND database (Count)	5,770	1,178	4,592
	Transitory SLC need (5-24)(Estimate)   Children recorded on SEND database (Count)	28,820**	1,178	27,642
	Transitory SLC need (5-24)(National estimate)   Percentage of children not meeting expected levels in at least one communication and language goal at the end of the EYFS (20 per cent) multiplied by 5-24 population (Local estimate)	28,820**	11,528***	17,292

\*See Table 2 for methodology / proportions applied to produce these estimates

\*\* Estimates are based on children at entry to school or younger, and therefore should be viewed with particular caution in the context of this older age group

\*\*\*This is a particularly crude local estimate when applied to older children and young people

### Key point(s)

It is not possible to determine exact prevalence, although all methods explored in this assessment suggest notable numbers of affected children and young people when applied to Luton.

Based on national prevalence rates, there may be as many as 7,500 children and young people aged 0 to 24 in Luton with a persistent SLCN and 37,600 with a transitory SLCN.

For children aged 0 to 4, there may be as many as 10,500 children in Luton who may have a SLCN need at some stage. This need could be transient or long-term (persistent).

It is difficult to distinguish between need that is recognised and may be being met, but is not recorded. However, there are notable gaps between prevalence based on national estimates and numbers of children for whom we have recorded need.

The potential gaps in our understanding of need are as follows:

- children aged 0 to 4 with transitory needs – gap is between 5,800 and 8,600 children
- children aged 0-4 with persistent / complex needs – the gap may be up to 1,600 children
- children and young people aged 5-24 with transitory needs – the gap is between 17,300 and 27,600
- children and young people aged 5-24 with persistent / complex needs – the gap may be up to 4,600 children and young people

## Section 3: Characteristics of Luton that may influence prevalence

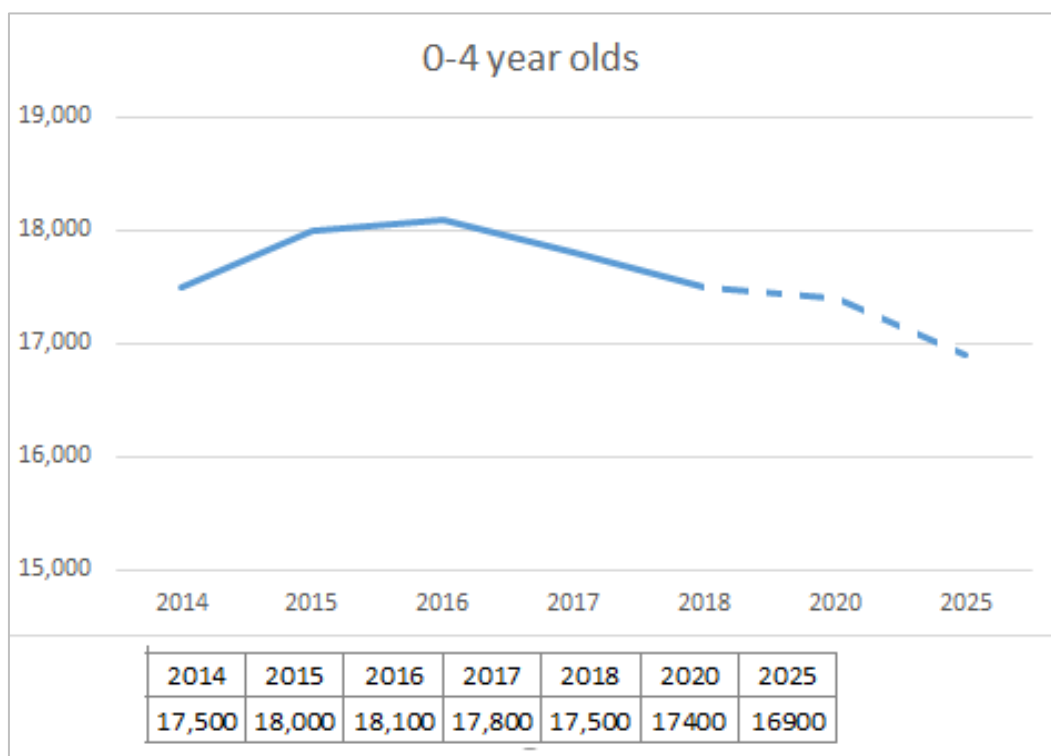
Luton has particular demographic features that may affect speech, language and communication needs and that suggest higher prevalence when compared nationally.

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 the birth rate and migration into the town<sup>25</sup>.

### Younger population

Luton has a younger than average population when compared nationally. Under 15s account for 24 per cent of the Luton population compared with 19 per cent nationally. Figure 2 shows that there are currently 17,500 under fives in Luton; this has fallen from a peak of 18,100 in 2016 and by 300 children compared to 2017. The dotted line in the chart shows the projected fall in under fives up to 2025. These falls are not seen in over fives; conversely, small increases are still being seen in the 5-24 age groups.

Figure 2: Number of 0-4 Year Olds in Luton 2014-2018



Source: Mid-year population estimates, Office for National Statistics, 2020 & 2025 data population projections, Business Intelligence, Luton Council

<sup>25</sup> Mid-year population estimates, Office for National Statistics

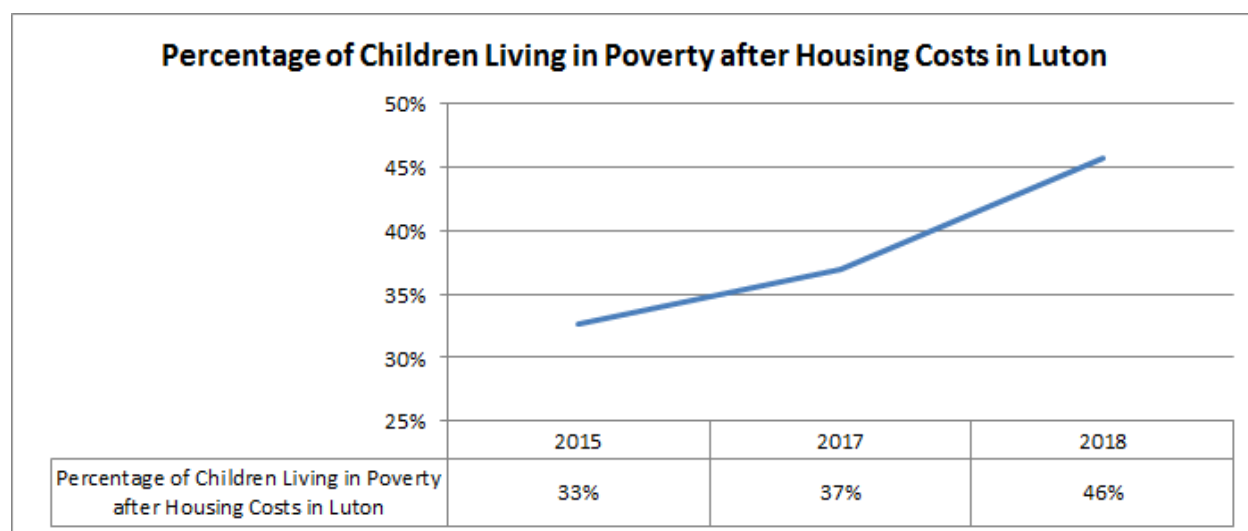
## Higher levels of deprivation

Luton is becoming relatively more deprived in comparison to other local authorities in England. Luton has nine output areas in the top ten percent most deprived areas in the country. Three of these are in Northwell ward, two each in Farley and South and one each in Biscot and Dallow wards<sup>26</sup>.

Research by the Centre for Research in Social Policy showed that almost half of children in Luton are living in poverty. Figure 3 shows that the proportion of children living in poverty after housing costs in Luton increased from 33 per cent in 2015 to 46 per cent in 2018. The UK figure for 2018 is 30 per cent. The increasing numbers of children living in poverty is being driven by increasing housing costs, low wages and welfare reform<sup>27</sup>.

Although earnings and employment<sup>28</sup> have been rising both locally and nationally, increasing property costs and more unstable low paid contracts in a casualised labour market, alongside welfare reform are putting pressure on family life.

Figure 3: Percentage of children living in poverty after housing costs in Luton 2015-2018



Source: Centre for Research in Social Policy, Loughborough University

## More diverse population

Luton is ethnically diverse, with approximately 55 per cent of the population being of Black and Minority Ethnic (BME) origin<sup>29</sup>, although this is not evenly distributed across all age bands, which has implications for service delivery. Luton's schools have particularly diverse populations, with long established South Asian communities and newer Eastern European and African groups. Luton is considered a super-diverse town with numerous different ethnic groups. This is reflected in schools, with 79 per cent of pupils from BME backgrounds<sup>30</sup>. Luton is language-rich, and there are approximately 150 language and dialects spoken in Luton's schools<sup>31</sup>.

<sup>26</sup> 2015 Indices of Multiple Deprivation, Communities & Local Government

<sup>27</sup> Centre for Research in Social Policy, Loughborough University

<sup>28</sup> Labour Market Survey & Annual Survey of Hours & Earnings, Office for National Statistics

<sup>29</sup> 2011 Census, Office for National Statistics

<sup>30</sup> Schools, Pupils & Their Characteristics, Department for Education, 2018

<sup>31</sup> Luton Schools Census, Luton Council 2019

## Higher prevalence of some learning disabilities and Special Educational Needs

Figures published by the Communication Trust<sup>32</sup> show that at least three per cent of all children have SLCN linked with other conditions, including those with hearing impairment, ASD, specific learning difficulties, such as dyslexia and general learning needs. The majority of children with Special Educational Needs (SEN) have some degree of SLCN, and need support in order to learn and to communicate to the best of their ability. Of these children, an estimated one per cent have the most severe and complex SLCN which prevent them from expressing their basic needs<sup>33</sup>.

This section explores likely prevalence in Luton of Learning Disability (LD), Autism Spectrum Disorder (ASD) and Special Educational Needs (SEN).

### Learning Disability and Autism Spectrum Disorder

The estimated prevalence rate for children with LD is 2.5 per cent of the population. In Luton, this would suggest that 1,500 children have a learning disability (based on 2018 population estimates).

The National Autism Society<sup>34</sup> cite a prevalence rate for ASD of 1.1 per cent of the population and estimate that between 44 per cent and 52 per cent of people with ASD will also have LD<sup>35</sup>. In Luton, this would suggest that 659 children have ASD, with at least half of these also having LD (again based on 2018 population estimates).

Children and young people with ASD are likely to have particular difficulties with social interaction and may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.<sup>36</sup>

Schools report on the numbers of children with LD and ASD, and an overview of this information is shown in Figure 4. This reporting shows that Luton has statistically higher rates of children with Learning Disability when compared to England. Compared nationally and to its CIPFA<sup>37</sup> neighbours, Luton has particularly high rates of children with severe LD and with profound and multiple LD. Luton has statistically lower rates of ASD when compared with England.

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<sup>32</sup> The Communication Trust (2014) [Factsheet for schools](#)

<sup>33</sup> Lindsay, G., et al (2008) Effective and Efficient Use of Resources in Services for Children and Young People with Speech, Language and Communication Needs DCSF Research Report RW05 in The Communication Trust (2014) [Factsheet for schools](#)

<sup>34</sup> National Autistic Society (Accessed 2018) [Autism facts and history](#)

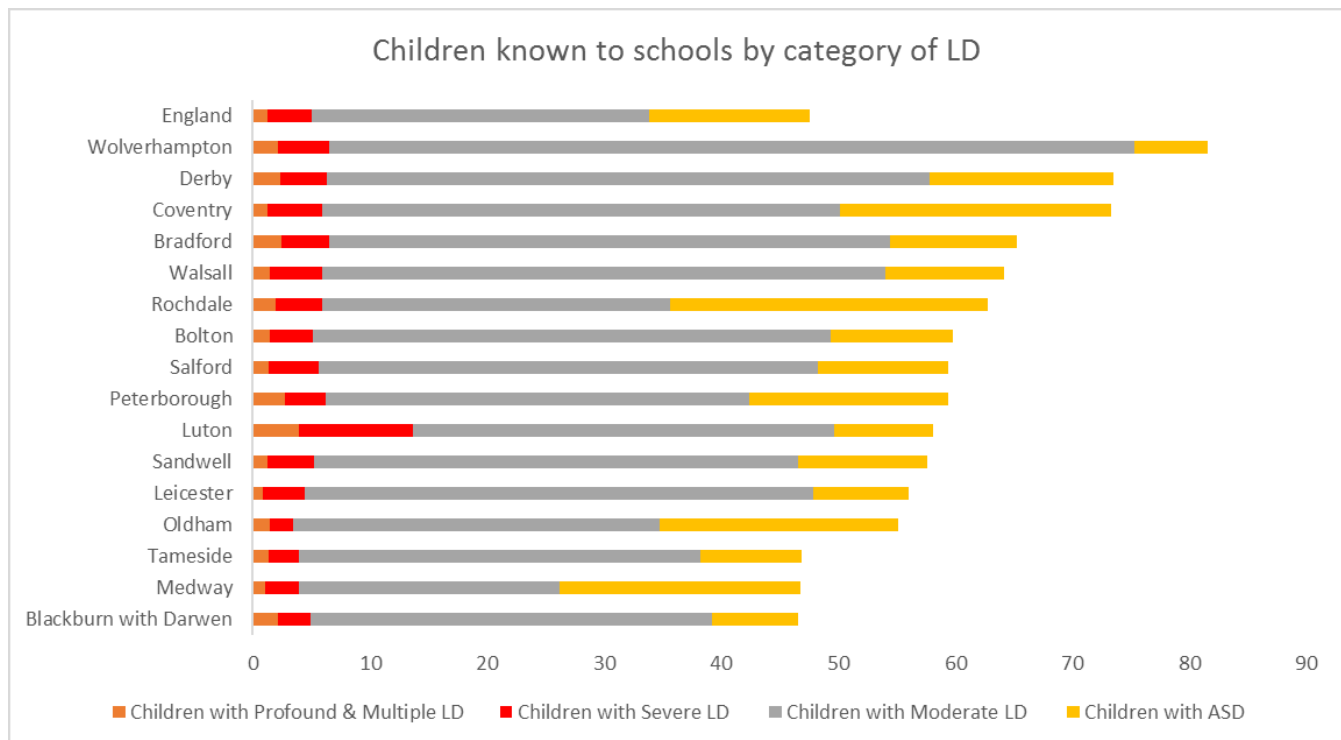
<sup>35</sup> Research findings on the proportion of autistic people who also have learning disabilities (IQ less than 70) vary considerably as they are affected by the method of case finding and the sample size.

<sup>36</sup> [thecomunicationtrust.org.uk](http://thecomunicationtrust.org.uk)

<sup>37</sup> CIPFA – The Chartered Institute of Public Finance and Accountancy. CIPFA neighbours are designated using a range of information, which enables comparison of local authority areas that are statistically similar



Figure 4: Children known to schools by learning disability categories, rates per 1,000 pupils, Luton compared with England and peers, 2018



Source: PHE fingertips: Learning Disability Profiles, accessed June 2019 (total pupils in state funded primary, secondary and special schools)

Data is based on schools reporting to the Department for Education about all children who have special educational needs re specific difficulties (like dyslexia), moderate learning difficulties<sup>38</sup>, severe learning difficulties<sup>39</sup>, profound and multiple learning difficulties<sup>40</sup> and children with ASD<sup>41</sup>.

In 2018, schools recorded approximately 2,000 children with LD and 340 children with ASD in Luton. The following are of note:

Luton’s rate of children with severe LD is 2.5 times higher than the national rate. The Luton rate is 9.7 children per 1,000 pupils compared to 3.7 per 1,000 pupils in England. The Luton rate relates to 387 children and is a rise of 67 children compared to the previous year.

The rate of children with profound and multiple LD in Luton is three times higher than England. The Luton rate is four children per 1,000 pupils, compared to 1.3 per 1,000 pupils in England. The Luton rate relates to 158 children, and levels are stable compared to the previous year.

<sup>38</sup> These children have difficulty in all areas of learning. They may have speech and language delay.

<sup>39</sup> These children have serious difficulty in participating in ordinary school programs without support. Many have limited communications and self-help skills.

<sup>40</sup> These children have very severe difficulty in learning combined with physical or sensory disabilities. They require a high level of adult support for both learning and personal care needs.

<sup>41</sup> These children have a combination of difficulties with verbal communication, interacting with other children or adults. They often also have particular focus on specific interests and find it difficult to engage in other subjects.

Some of these factors are described in the 2011 Public Health Annual Report for Luton, which showed the influence of consanguinity and that the higher number of children with some learning disabilities in Luton is at least partially influenced by the presence of congenital anomalies in children born to parents of Pakistani heritage<sup>42</sup>.

The rate of children with ASD is over one and a half times lower than England. The Luton rate is 8.5 children per 1,000 pupils, compared to 13.7 per 1,000 pupils in England. The Luton rate relates to 339 children and is a small increase (nine children) compared to the previous year.

#### **Key point(s)**

Two thousand Luton children are recorded as having a learning difficulty of some kind, ranging from moderate to profound and multiple. National studies suggest that all will have some experience of SLCN.

The number of children with the most severe learning difficulties in Luton is up to three times higher than national averages, and is much higher in Luton compared to statistical neighbours. Previous work shows that this is influenced by consanguinity and the presence of congenital anomalies in children born to parents of Pakistani heritage. Nearly 400 children have a severe learning disability and 160 have profound and multiple learning disability.

The rate of ASD is much lower in Luton compared nationally, which may suggest that there are Luton specific factors creating lower prevalence or that ASD is not being diagnosed effectively.

#### **Special Educational Needs (SEN)**

Data collated by Public Health England (PHE) shows that fifteen per cent (n=5,700) of Luton children and young people are recorded as having SEN. Local data shows that there may be nearly 7,000 children and young people in Luton with SEND in 2019. The variation in figures can at least partially be explained by the use of slightly different categories<sup>43</sup> and the fact that the Luton data covers all children and young people aged 0-24, in comparison to the PHE data, which only covers school pupils<sup>44</sup>.

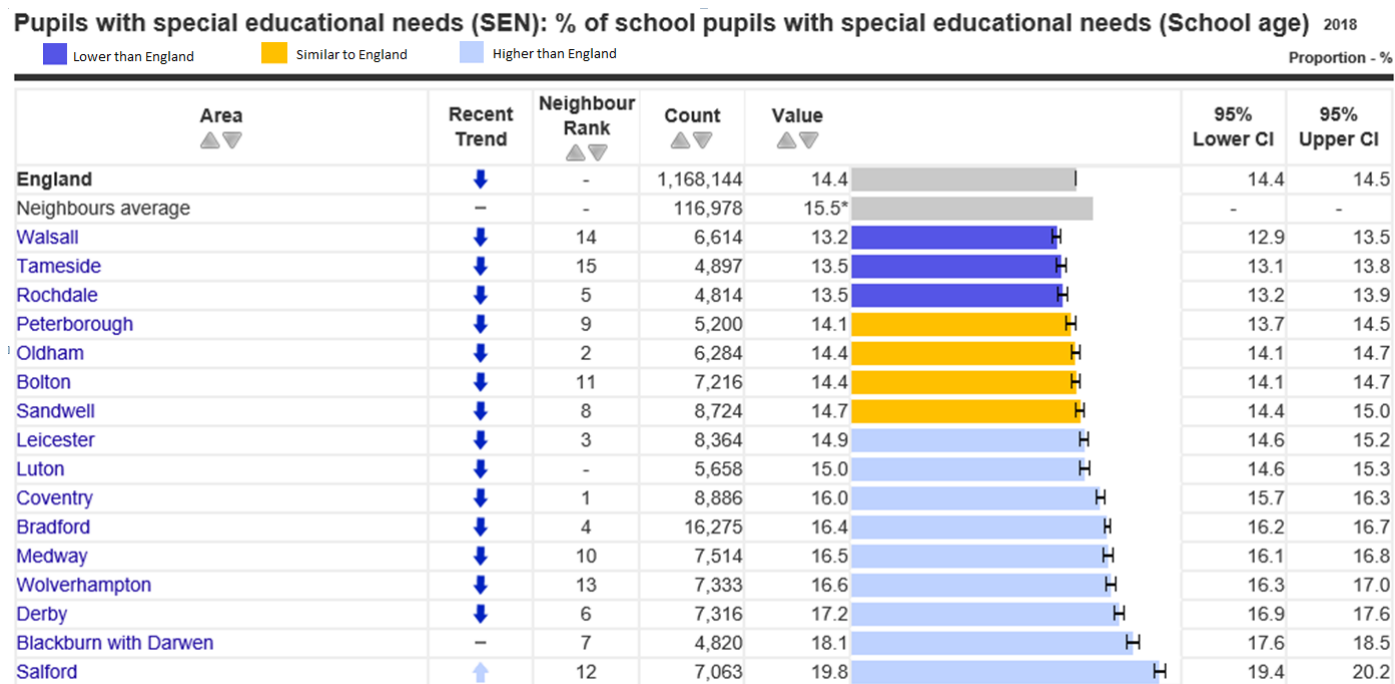
Figure 5 shows the proportion of pupils with SEN in Luton. It shows that Luton has a statistically higher proportion when compared to England, but is slightly below the average when compared to its CIPFA neighbours.

<sup>42</sup> 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)

<sup>43</sup> Data is being compiled from various sources for the SEND needs assessment with the aim of providing a comprehensive understanding of need in Luton. Note the inclusion of children with Special Educational Needs **and Disability** (SEND) in this category, as opposed to the SEN category used by PHE

<sup>44</sup> All pupils at state funded primary, secondary and special schools

Figure 5: Pupils with SEN, Luton compared with England and CIPFA neighbours, 2018



Source: Public Health England fingertips (based on Department for Education special educational needs statistics), 2018 (based on total pupils in state funded primary, secondary and special schools)

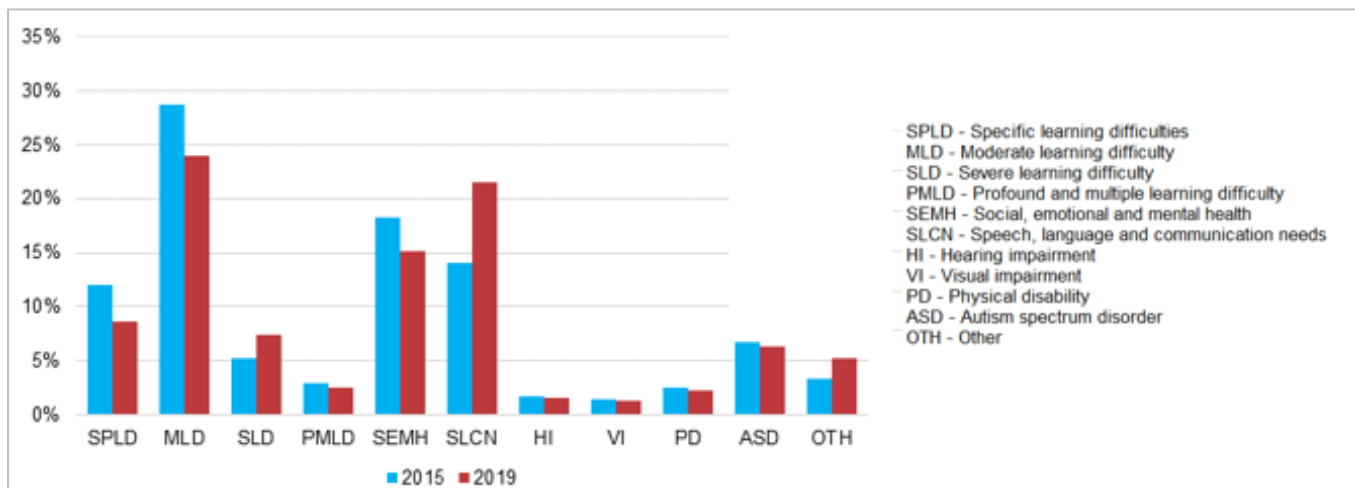
### SLCN as a primary SEND need

The Luton SEND data shows that there are 1,350 children and young people (aged 0-24) who have SLCN recorded as their primary SEND need. This represents 21 per cent of the SEND children for whom a need is known (n=6,443).

Figure 6 shows the shift between 2015 and 2019 in terms of the primary need for all children with special educational needs at Luton schools. As a proportion of all SEN cases in Luton, SLCN has increased by 50 per cent between 2015 and 2019 – from 14 per cent to 21 per cent of children. This compares to a national shift from 18 per cent to 21 per cent.

While it may appear that SLCN identification (or the need itself) has increased, there are concerns around accuracy of primary need diagnosis from schools which means that any interpretation of the change should be accepted with caution.

Figure 6: SEN categories of need by primary need showing change in proportion when 2015 is compared with 2019



Source: Pupils with special educational needs by primary type of need, Department for Education, 2019, includes SEN support and EHCPs

Of the 1,685 children and young people (aged 0-24) with an EHCP in Luton, 186 have a primary need of SLCN. Five of this group were aged four, but there were no younger children recorded in this group<sup>45</sup>.

### SLCN as a non-primary SEND need

It is likely that SLCN is much more prevalent when considered as a non-primary need, but we cannot determine this from the available data. Instead, we can apply estimates based on the proportion of children recorded for the reception year Early Years Foundation Stage (EYFS) dataset who are known to require SEN support. We have used two proportions to provide an estimated range of children and young people in Luton who are recorded in the SEND database, and who may have a need relating to SLC:

- the proportion of reception year EYFS<sup>46</sup> children who require SEN support and who did not achieve the expected level in communication and language (66 per cent)
- the proportion of reception year EYFS children who require SEN support and who are recorded as having a SLCN (41 per cent)

Applying these estimates suggests that between 2,700 and 4,400 children and young people recorded on the Luton SEND database may have a SLCN.

#### Key point(s)

There are 1,350 children and young people (aged 0-24) who have SLC recorded as their primary Special Educational Needs and Disability (SEND) need. It is likely that SLC is much more prevalent when considered as a non-primary need.

Between 2015 and 2019, there has been a marked increase in the number of children in the SEND database recorded as having SLCN as their primary need. While this may suggest that SLCN identification (or the need itself) has increased, there are concerns around accuracy of primary need diagnosis from schools which means that any interpretation of the change should be accepted with caution.

<sup>45</sup> there were no younger children with an EHCP and a primary need of SLC

<sup>46</sup> end of the EYFS

Estimates based on the proportion of SEND children recorded on the EYFS dataset suggests that between 2,700 and 4,300 children and young people recorded on the Luton SEND database may have a SLCN as a primary or non-primary need.

The current under five Special Educational Needs caseload is 224 children.

Of the 1,685 children and young people (aged 0-24) with an EHCP in Luton, 186 have a primary need of SLCN. Five of this group were aged four<sup>47</sup>.

The proportions of Luton children with SEN, and those with an EHCP, who are achieving expected levels in early communication and language goals are lower than national proportions.

## Poor experience of oral health

### How oral health influences speech, language and communication<sup>48</sup>

A healthy functioning mouth and freedom from pain and disfigurement enables children to speak, sing, eat and smile with confidence. There are oral health practices that impact adversely on speech and communication. For example, baby babble - experimenting with sounds - is reduced when a baby/young child has a dummy in the mouth during the day; this can impact on their speech and social development.

Bottles and dummies are also linked with tooth decay if babies frequently consume flavoured drinks or dummies are dipped into sugary substances. This is known as Early Childhood Caries, an aggressive form of tooth decay that is both painful and disfiguring, often requiring early dental treatment such as extractions. The 2017 survey data showed that Luton has a significantly higher proportion of incisor caries (13 per cent) compared to England (5 per cent).

Studies suggest that children experiencing dental disorders such as preventable tooth loss and decay have a significant effect on a child's quality of life. Studies further reveal the profound impact on their confidence and self-esteem. Pain can affect speaking, swallowing, eating and sleeping; missing teeth can affect diction and appearance, leading children to avoid socialising and speaking.

### Key findings from Luton's Oral Health Needs Assessment

The Oral Health Needs Assessment for Luton in 2019 showed that three year old children in Luton have higher prevalence of dental decay experience, higher prevalence of missing teeth and dental sepsis, and greater severity of dental disease than the average child in England.

In Luton by the age of three, one in five children have experience of dental decay and one in 10 children have dental decay affecting incisor teeth (2013 three year old children's dental survey data). Three year old children, with experience of dental decay have, on average, over three teeth affected by dental decay.

In the Luton 2017 five year old children's dental survey, Saints ward had the highest level of missing teeth. Saints, Challney and Dallow wards have the highest prevalence of dental

<sup>47</sup> there were no younger children with an EHCP and a primary need of SLC

<sup>48</sup> Sue Jordan, Assistant Director Oral Health Improvement, Community Dental Service CIC

decay experience<sup>49</sup>. During 2018/19, 35 per cent of children aged three did not attend a dentist appointment,<sup>50</sup> which could mean that children who are experiencing problems are not treated, potentially causing pain, impacting on confidence and affecting their communication.

The numbers of children under five who require general anaesthetic to treat oral health problems is decreasing, from 210 in 2013/14 to 138 in 2017/18. During 2017/18, the wards with the highest numbers of under-fives requiring dental treatment with general anaesthetic were Biscot (21), Challney (21), Saints (17) and Dallow (14). All the other wards had less than ten children requiring a general anaesthetic<sup>51</sup>. There is some crossover with the wards identified as having high proportions of children with SLCN, but not exact alignment. This is likely to be because there are different underlying factors influencing poor dental health.

### Key point(s)

There are oral health practices that impact adversely on speech and communication (eg use of dummies or bottles). Luton has much higher rates of incisor caries compared to England. This is a particularly aggressive form of tooth decay that is associated with bottle use.

Preventable tooth loss and decay have significant effects on a child's quality of life, including their confidence and self-esteem. Pain can affect speaking, and missing teeth can affect diction and appearance, which may cause children to avoid socialising and speaking.

Three year old children in Luton have higher prevalence of dental decay experience, higher prevalence of missing teeth and dental sepsis, and greater severity of dental disease than the average child in England. Over a third of three year olds did not attend a dentist appointment during 2018/19.

## Higher rates of births to non-UK parents

There are high proportions of Luton children born to non-UK parents, which may impact on the larger pool of children who require some targeted language support for a period of time.

Figure 7 shows the number of live births where one or both parents were born in a non-UK country (as reported when the birth was registered) expressed as a proportion of all live births. It shows that the proportion in Luton is high, and statistically higher than England and all of its CIPFA neighbours. Two and a half thousand children born in Luton each year have at least one parent that was born in a non-UK country. While there is a slight upward trend, this is not statistically higher than in earlier years.

<sup>49</sup> Public Health England: National Dental Epidemiology Programme for England: Oral health survey of five year old children 2017

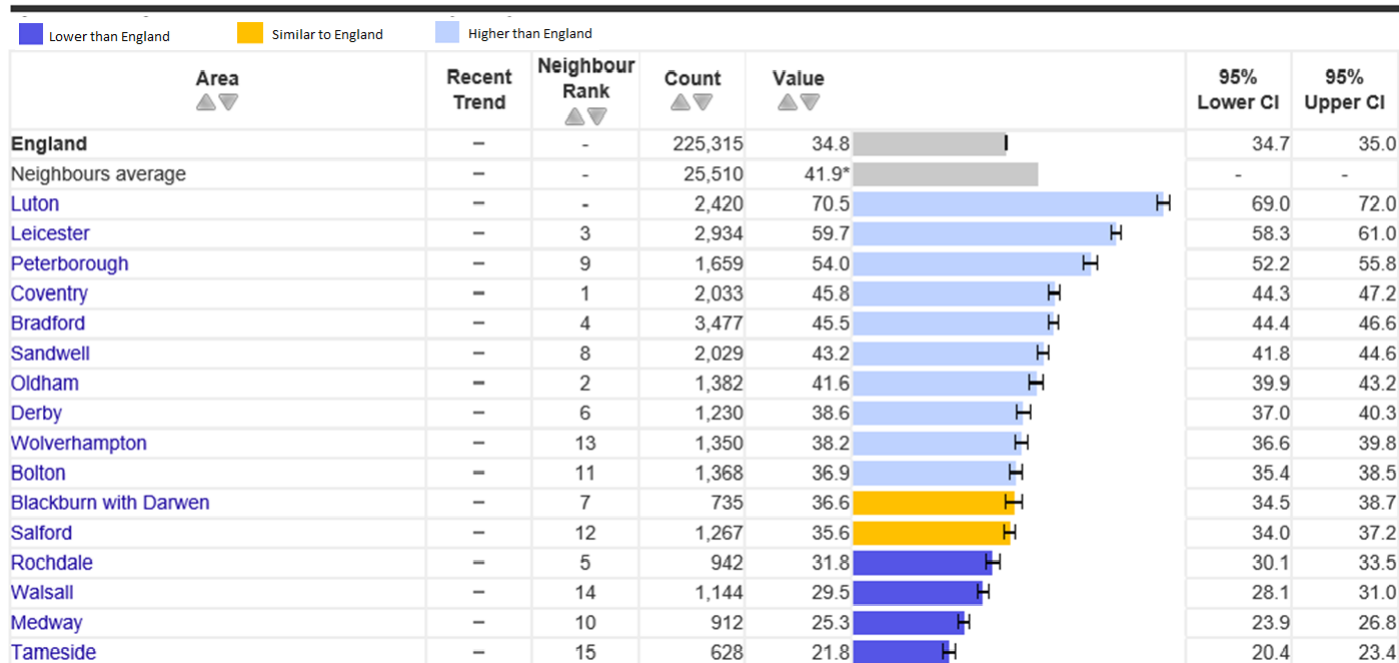
<sup>50</sup> NHS Business Services Authority Dental Insight

<sup>51</sup> Ibid.

Figure 7: Proportion of live births that are to non-UK parents, Luton 2017, showing comparison to CIPFA neighbours

**Births to non-UK parents: % of live births** 2017

Proportion - %



Source: PHE fingertips (based on office for national statistics data)

Table 4 helps us to understand where non-UK born mothers of Luton children are from. The majority (1,200) are from other EU countries, followed by the Middle East and Asia (1,000).

Table 4: Live births (numbers): country of birth of mother and area of usual residence, 2017

Live births to non-UK-born mothers						
Total	Percentage of all live births	Mother's country of birth				
		EU	Rest of Europe (non EU)	Middle East and Asia	Africa	Rest of World <sup>52</sup>
2,045	59.6	1,249	80	1,027	231	45

Source: Office for National Statistics

**Key point(s)**

There are a number of Luton characteristics that differ statistically from national averages, and which are likely to affect SLCN prevalence. All suggest that Luton would have higher SLCN compared to the national average. These include:

- younger population
- more diverse population
- higher levels of deprivation
- higher prevalence of some learning disabilities
- poorer oral health in young children
- higher rates of births to non-UK parents

<sup>52</sup> Includes The Americas and the Caribbean and Antarctica and Oceania



## Section 4: Services that support SLCN in Luton

Talking Takes Off are working with a range of partners to develop new SLCN pathways. Figure 8 shows a broad view of the service mapping exercise that has been carried out. It is followed by a detailed description of the universal, targeted and specialist SLCN support services as they currently operate.

Figure 8: Current Luton services by needs (broad view)

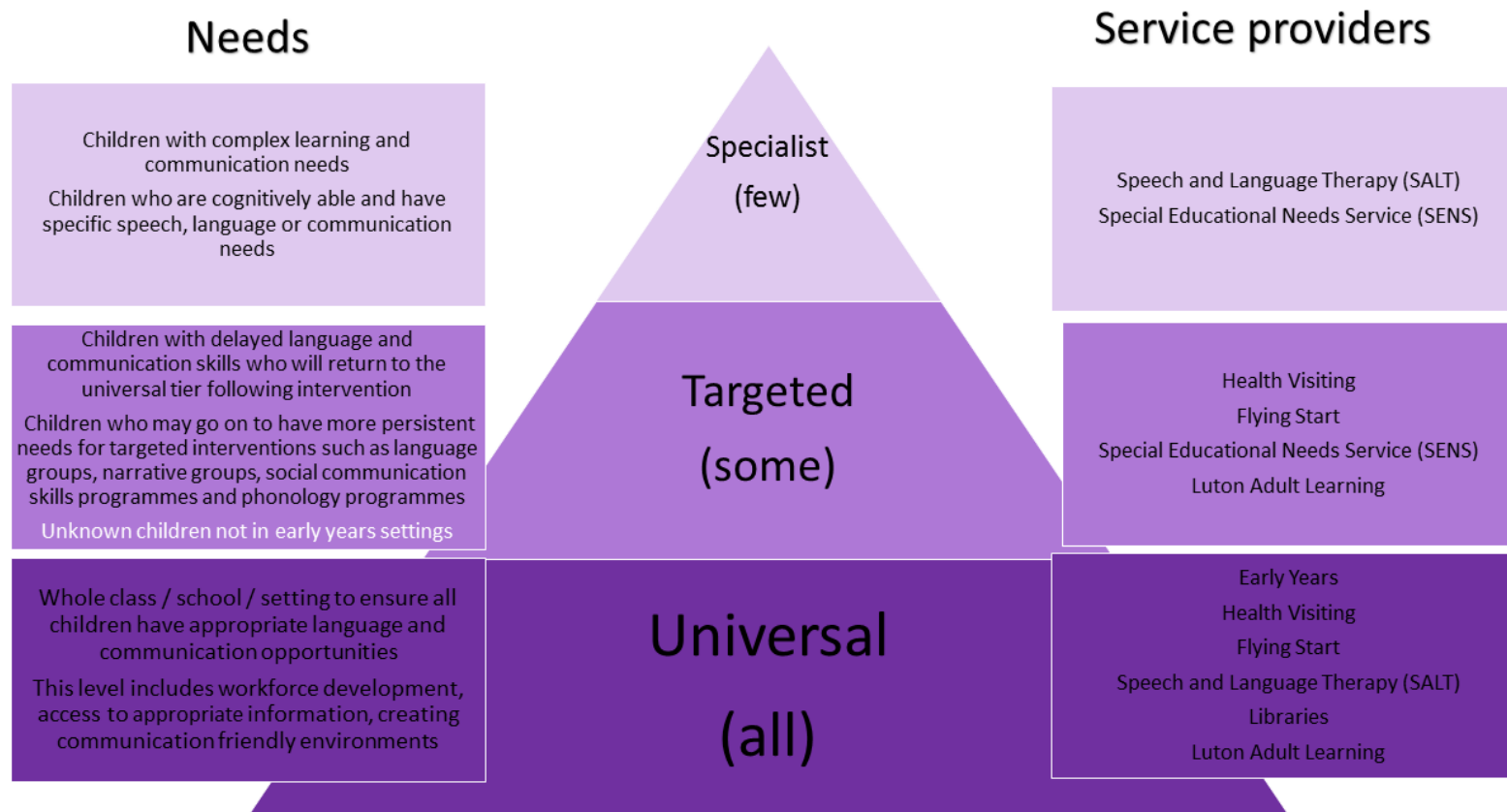


Diagram adapted from the principles of [The Balanced System](#)<sup>™</sup>, combined with information from the Speech, Language and Communication mapping exercise, Luton 2019



## Universal services

### Bookstart

Bookstart is delivered by the Luton Cultural Trust library service on behalf of the Bookstart charity. Every child in England is entitled to a free Bookstart pack at certain points in their development and additional dual language books and resources can be added where available, and on request. In Luton:

- Bookstart Baby Pack - provided through the Health Visiting service between 10 days and 4 months for every baby, including babies and their families if they are in the neonatal intensive care unit
- Bookstart Book Shine, Book Touch or Book Star Packs - for every child under three who is deaf, blind or has a motor delay
- Bookstart Treasure Pack - delivered through early years' settings for every three to four year old
- Bookstart Book Shine, Book Touch and Book Star Packs - for every three to five year old who is deaf, blind or has a motor delay, delivered by the Outreach Sensory Team and local schools
- Booktime pack - for every child in a reception or foundation class in a Luton infant or primary school
- a free Bookstart Rhyme Time and Story Time is delivered weekly in our libraries in term-time for babies and toddlers, encouraging parents to read and rhyme

### Cambridge Community Services - hearing service

This service screens infants in the first four weeks of life to ensure early detection of mild, moderate, severe and profound permanent childhood hearing impairment. The majority of babies are screened prior to discharge from the hospitals. If this is not the case, or if babies are born at home, the parents are given an appointment for a community clinic. In some circumstances, at the discretion of the programme co-ordinator, screening may be undertaken on a home visit.

Infants identified with a permanent childhood hearing impairment are referred to hospital based diagnostic services for further investigation. Children who have a risk factor(s) for permanent childhood hearing impairment, but have had clear responses with screening tests, are identified and referred to the appropriate Audiology services for follow up at eight months of age.

### Cambridge Community Services – health visiting service

The service provides support to parents on their child's development, which is available via Child Health Clinic, the duty desk and website. The service conducts child development checks at mandated times using the Ages and Stages Questionnaire (ASQ) at key milestones in the child's development. If the child does not meet expected milestones for communication and language at the check completed for two and a half year olds, they will be referred to either the SALT service, or to the nursery nurse for support and monitor.

### Flying Start and children's centres provided by the local authority

Flying Start has three high level outcomes, one of which is to support children's communication and language development. The programme supports a range of interventions, including the

delivery of ICAN volunteers who are trained to deliver key messages to parents in the community around the importance of early language development. In addition, the Sign 4 Little Talkers and Sign 4 Big Feelings programme is funded for delivery in early years' settings.

The children's centres provide a core offer to families in Luton working across four neighbourhood areas. The children's centres offer a range of free services for parents at a universal level. These included the Pregnancy Club and Bump to Babe sessions, both of which stress the importance of talking to your bump in pregnancy.

Post-delivery, and for early years, there are Five to Thrive workshops. These have a focus on babies' brain development and the importance of playing and chatting with your child. Other sessions, including Baby Talk, Stay and Play, Messy Play and Play and Learn are also available.

From September 2019 new services will be running in the Children's Centre and the Stay and Play sessions will be strengthened with signing for children and parents.

### **Community Dental Service**

The Healthy Smiles is an early intervention programme to create a tooth-friendly environment to help reduce the oral health inequalities and its social implications, for children under 5 years old. Community Dental Services is commissioned to deliver its Healthy Smiles (HS) and Healthy Smiles + (HS+), which incorporates daily supervised tooth brushing, in early years settings of Luton with the greatest need. Training is free to settings. Accreditation for settings, which adopt HS Standards, is awarded to demonstrate good practice and consistent quality across Luton to help reduce tooth decay and its associated treatment needs.

### **Early years settings**

All three and four year olds are eligible for 15 hours of term-time funding. Funding is also available for the 40 per cent most disadvantaged two year olds. In Luton, we have around 900 children who access two year old funded places in our pre-schools, nurseries, childminders and maintained nursery schools. Locally we have named our focused work to support two year olds as 'Time for Twos'.

As shown elsewhere in this assessment<sup>53</sup>, we know that children who attend early years provision in Luton have much better outcomes than those who do not. DfE statistics for Dec 2018 show that the number of Luton early years settings judged to good or better was above national figures, and the proportion judged to be outstanding is almost in line with national. Part of the work of the Early Years' team has been to support providers to achieve and maintain high quality standards through support visits, network meetings, continued professional development (CPD), newsletters, targeted projects and interventions.

In Luton we are data rich; in addition to the statutory Early Years Foundation Stage (EYFS) data, we collect learning and development data for our funded two year olds from our providers. Working in partnership with Fletcher Blake<sup>54</sup>, the early years team have developed software called

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<sup>53</sup> See Section 6 "Educational Outcomes"

<sup>54</sup> [www.fletcherblake.co.uk](http://www.fletcherblake.co.uk)

Luton Advanced Tracking System (LATS) . The software, which is funded by Flying Start for Luton providers, allows recording of outcomes for children and generation of a range of reports to analyse progress and outcomes.

Data from LATS is used to support individual settings, track the impact of local targeted projects, as well as local involvement in national projects such as REAL, REAM, AFA Tracking for Success, Sound Communities etc. The data is used to provide an evidence base that supports planning and timely provision of family support and engagement. Local projects include the Sign 4 projects, Sound Communities, Talking Takes Off, Flying Start children's centre interventions etc. The interventions using Sign 4 have been researched independently by the University of Bedfordshire, and show the positive impact in the focused areas of Communication and Language and Personal, Social and Emotional development.

### **Luton Adult Learning**

Luton Adult Learning supports parents to speak English and improve their skills and, by doing so, support their children's learning. The service run both Family Learning sessions and English for speakers of other languages (ESOL) classes, including Learning together through play, Talk Make & Learn, Family Language, Story sacks and Be a better me Family Learning course.

### **Targeted and specialist services**

#### **Luton Council - Flying Start Children's Centre**

The Flying Start children's centres, provided by the council run a weekly Opportunity group for parents with children with developmental delay, which is well received by parents with a child with development delay or SEND. From September 2019 a second Opportunity group will be starting – which will mean there will be two weekly sessions including one at Denbigh primary school and one at the Edwin Lobo Centre.

From September 2019, a Time for Twos six-week communication and language programme will be offered as a targeted session following the two to two and a half year old development check where there are identified concerns. Parents will also be signposted to attend by the Speech and Language Therapy (SALT) Single Point of Access if they do not meet the criteria for SALT services.

In each of the four children's centre neighbourhoods, there are family workers who have enhanced skills and knowledge of SEND and who support families to access services and support. They work closely with colleagues who run the Multi-Disciplinary Assessment (MDA) clinic and will run the Opportunity groups and the MDA workshops.

#### **Cambridge Community Services – Edwin Lobo Centre**

A six-week workshop is available to provide support and strategies to families while waiting for their MDA appointment. One of the sessions is focused on Talk and Play. The programme, which is delivered collaboratively with Flying Start, Cambridge Community Services (CCS) and maintained nurseries is currently delivered in community settings and is being evaluated.

From Autumn 2019 a new Special Education Needs and Disability Facilitator for the early years' will be working to support families where there are needs identified from the two year old

development check. This is funded by Flying Start, and should assist to provide a more co-ordinated services for families, and will support if early communication needs are identified.

### **Luton Special Educational Needs Service**

The local authority Special Educational Needs Service in Luton<sup>55</sup> provides a speech and language service which is primarily for two to 16 year olds, although there may be some reach up to 25 years old. The service consists of a one WTE SLCN officer working in early years' settings, and a new jointly funded speech and language post for pre-diagnosis Autism spectrum. There are also SEN advisors for early years who work with all private, voluntary and independent settings.

This service aims to know every child in a setting with a severe need, and children with severe to complex needs who are not in settings. The latter depends on submission of a notification form by other professionals such as health visitors and GPs and can be patchy, although the shortfalls are believed to be reducing. Although the gap in children known to the education service is getting smaller, there are still a few children slipping through the gap. These are mainly children of families arriving from abroad and children of parents who are not engaging with any services, or who have limited engagement.

The service offers the following for settings / children and their families:

- observation/ assessment of referred child in their setting
- discussion with setting and staff regarding practical strategies to help referred child access learning
- support in setting targets for referred child's individual education plan
- support when planning for referred child's move to school or to their next school
- training for staff in referred child's setting if requested
- liaison with the speech and language therapy service and health services
- advice on developing referred child's early language skills at home.

The Special Educational Needs Service creates and deliver training/support opportunities / resources and provide individualised advice to Luton staff / and parents in order to improve their capacity in supporting the needs of children and young people with special educational needs. This improved practice removes or negates barriers to learning and makes a significant impact on the social and emotional development, communication and language development and learning of children/young people with SEND.' Training areas include:

### **SLCN**

- development and support of speech, language & communication needs (SLCN's)
- selective mutism
- speech, language and communication Difficulties
- bi-lingualism in early childhood

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<sup>55</sup> All data and information in this section has been provided by Tracey Spence, Special Educational Needs Service, Luton Council, 2019

## ASD

- autism: “Can you see it my way?”, “The world through my eyes”, “Girls and young woman”, “Managing the challenge”, “SEX”

## Early years

- portage
- behaviour
- new Senco training

The current under five caseload of children, for whom specialist services have been provided in relation to developmental delay, problems with comprehension, selective mutism or delayed SLC is 224, with 69 per cent being boys. A range of languages are spoken by children on the SEN caseload, with English (47 per cent), Urdu (16 per cent) and Bengali (11 per cent) featuring most highly.

The Education Service commissions SALT at the hearing impairment provisions at Icknield Primary, Icknield High, Lady Zia Werner and Richmond Hill special schools.

## Luton Speech and Language Therapy Service (SALT)

NHS speech and language therapy services<sup>56</sup> aim to improve speech, language and communication skills in children and young people, recognising that these skills develop in everyday situations throughout the day at home and school. The service aims to work in partnership with parents and carers, education settings and a range of other professionals. The team works with children and young people up to the age of 16 years (up to 19 years in specialist education) who have a difficulty with communication or swallowing.

The service is provided in a number of ways, depending on need. This may be, for example: individual or group treatment, support and advice in nursery or school, parent/carer workshops and drop-in information clinics. Children are seen for speech delay / disorder, language delay/disorder, communication disorder, eating/drinking and dysphagia and fluency (stammering).

The Paediatric NHS Speech and Language Therapy (SALT) service<sup>57</sup> in Luton is funded solely by the CCG, with the exception of one new jointly commissioned post (CCG and local authority) for special schools. There are two teams, the Community Clinic team who see children aged 0–16 and the Special Needs team, based at Redgrave Gardens, Luton (the Edwin Lobo Centre) who see 0-5 year olds who have additional involvement from services looking at developmental delay/disorders, feeding difficulties and also work in special schools. The Special Needs team are commissioned to work with children living in South Bedfordshire, as well as those in Luton. There is also one SALT who works with the Youth Offending Service (YOS) team.

At the time of writing, there are a total of three SALTs covering the Luton community clinic caseload, who work over 1.8 whole time equivalent for 840 children (1WTE for 600 school aged children, 0.8 WTE for 240 preschool children). There are currently two vacancies in this team, 1

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<sup>56</sup> <http://www.centralbedfordshire.gov.uk/children/sen-disability/speech-language-therapy/overview.aspx>

<sup>57</sup> See Appendix 1 for more information

whole time equivalent lead for school aged children and 1 whole time equivalent working across preschool and school aged children.

There are three SALTs working over 1.9 WTE for the Special Needs Team covering South Bedfordshire and Luton. These teams are currently assisted by two SALT Support Practitioners who both work 0.6 WTE.

The entire Luton paediatric caseload is currently at 1,300 children. The service has recently been redesigned reflecting more creative thinking about provision offered; this will include increasing support practitioner time. When fully staffed with the current levels of commissioning, we would have 6.75 whole time equivalent SALT and 1.8 WTE SALT Support Practitioners.

Analysis of the SALT 0-4 year old caseload showed the following (see also Table 5):

- caseload of 483, 70 per cent are boys
- Biscot has the highest proportion of referrals
- referrals from Northwell appear low compared to the patterns of need we have found in this needs assessment
- particularly high health visitor referrals in Round Green
- parents in some areas of high need are less likely to self / parent refer
- White British children and Pakistani children<sup>58</sup> are over-represented
- The higher referrals for Pakistani children is likely to at least partly reflect higher learning disability prevalence in this community
- the reasons for higher proportions of White British children in the SALT caseload, but given that the data from the end of the EYFS showed White children as under-represented, this may suggest societal / cultural factors creating inequity in how people are able to access services

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<sup>58</sup> this is likely to at least partly reflect higher learning disability prevalence in this community as well as the fact that there is a large Pakistani community in Luton

Table 5: SALT caseload by ward and referrer, May 2019

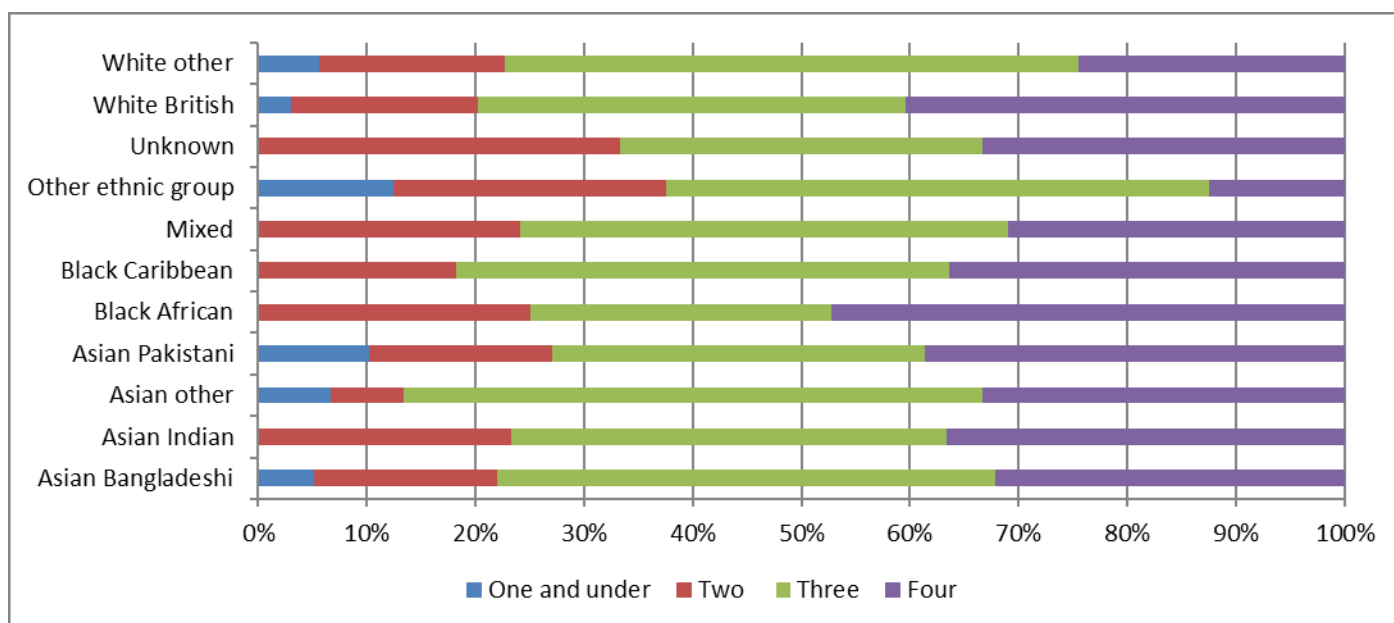
Ward	Biscot	Dallow	Round Green	Leagrave	Saints	South	Farley	Challney	Northwell	Hightown	Crawley	Sundon Park	Lewsey	Icknield	Limbury	Wigmore	N/A	Barnfield	Bramingham	Stopsley	Total	% by referral
Carer	15	10	10	11	5	9	8	6	9	3	7	6	6	7	5	3	4	1	4	1	130	27
Community Nurse	6	2	1	3	3	0	1	2	2	2	1			1	1	1	1	1	1		29	6
Consultant	5	1		2	2	1	1					1			1					1	15	3
Educational Staff	13	11	6	5	10	10	8	7	7	4	6	2	4	2	4	6	4	3		2	114	24
GP	3	1	2	2		1		1		1	3									2	16	3
Health Visitor	8	7	13	7	4	5	4	2	5	6	1	4	3	1			1	1	2	2	76	16
Hospital	3	1	1		3	1	2	3	2	2		1	2		1	1		2	1		26	5
Other	1		1		3		1	1		1		1		1		1				1	12	3
Parent	7	8	3	2	3	6	6	5		3	1	3	2	2	1	1	2	3	1	2	61	13
Self-referral		1																			1	0
Transfer In		1		1											1						3	1
<b>Total</b>	<b>61</b>	<b>43</b>	<b>37</b>	<b>33</b>	<b>33</b>	<b>33</b>	<b>31</b>	<b>27</b>	<b>25</b>	<b>22</b>	<b>19</b>	<b>18</b>	<b>17</b>	<b>14</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>11</b>	<b>11</b>	<b>9</b>	<b>483</b>	
<b>% by ward</b>	<b>13</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>100</b>	

Source: NHS Speech and Language Therapy caseload data, May 2019

Generally, most SALT referrals are for children aged three or four (Figure 9). However, for children falling into the categories Pakistani and ‘Other Ethnic Group’ there are notable proportions of referrals made when the child is one and under, suggesting that children in these groups are born with conditions where they may have difficulties with drinking, swallowing and early play and communication skills.

Referral at the age of three to four would suggest the child requires support with primary SLC, such as stammering, as well as speech, language and communication difficulties that are secondary to other conditions such as learning difficulties and hearing problems.

Figure 9: SALT referrals by age and ethnicity, May 2019

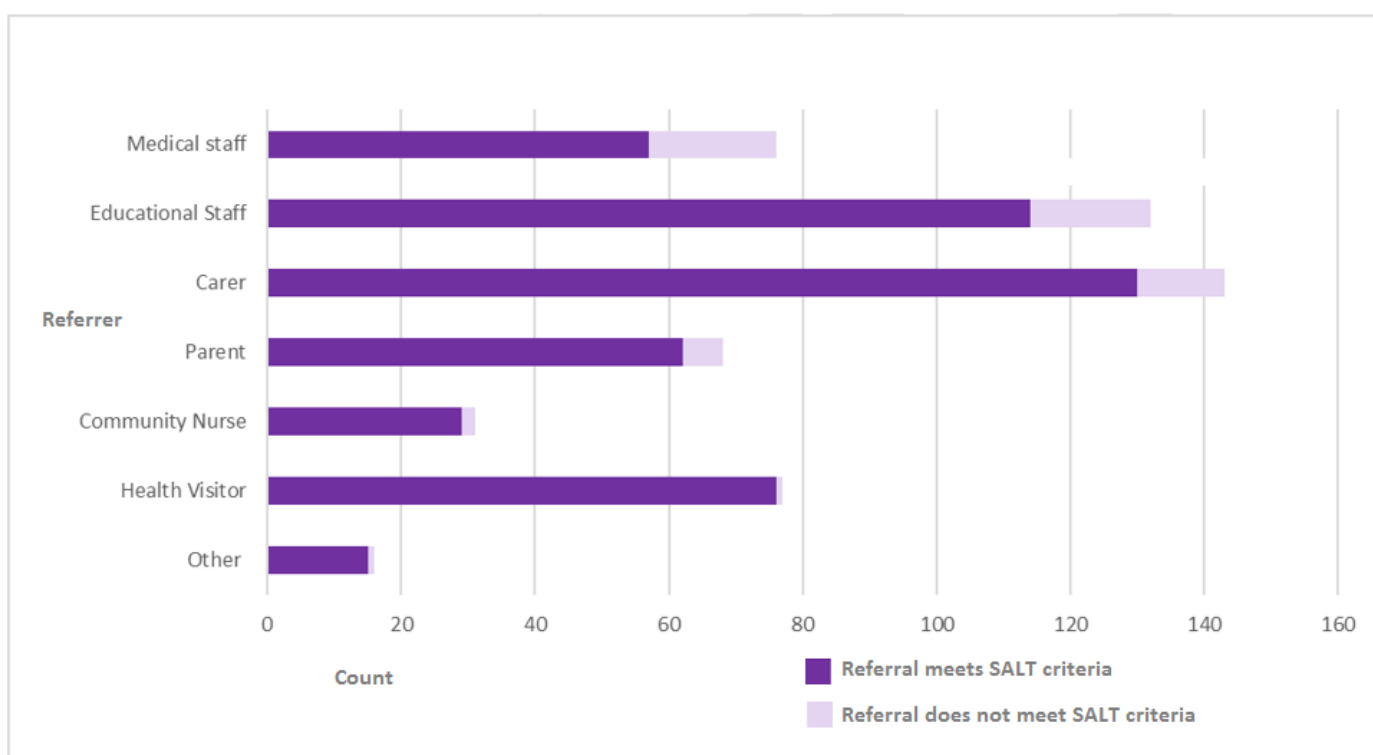


Source: NHS Speech and Language Therapy caseload data, May 2019

Figure 10 shows the referrals that did not meet SALT criteria and highlights the following:

- eleven per cent of referrals did not meet the criteria
- health visitors and community nurses were most likely to make referrals that met the SALT criteria
- medical staff (GPs, hospitals and consultants) were least likely to make referrals that met the SALT criteria
- parents / carers made the most referrals, and most met the criteria
- most professional referrals were made by educational staff and, again, most met the criteria

Figure 10: Referrals to SALT by referrer and status



Source: NHS Speech and Language Therapy caseload data, May 2019

### Key point(s)

White British children and Pakistani children are over-represented in the SALT caseload data. The higher referrals for Pakistani children is likely to at least partly reflect higher learning disability prevalence in this community. The reasons for higher proportions of White British children in the SALT caseload are not clear, but given that the data at the end of the EYFS showed White children as under-represented, this may suggest societal / cultural factors creating inequity in how people are able to access services.

While the proportion of referral meeting SALT criteria is high, there is variation by referring agency, suggesting the need for education around SLCN pathways

### Key point(s)



Services are already in place in Luton that directly or indirectly impact on SLCN. These span a range of services, some of which are statutory requirements, some locally developed in response to emerging need.

Universal services include Bookstart, Cambridge Community Services (CCS) health visiting services, CCS hearing service, Luton Council Flying Start and children's centres, early years education and adult learning.

Targeted and specialist services include the Flying Start children's centres' groups for parents with children with a developmental delay, CCS services at the Edwin Lobo Centre, Luton Special Educational Needs Service speech and language service and the Speech and Language Therapy Service (SALT).

## Section 5: Local reporting

Statutory measurement and reporting processes recognise speech, language and communication as essential to early development. In this section, we have used this data to develop an understanding of the number of children affected by speech, language and communication issues. We have also used the data in later sections of this assessment to explore personal characteristics, such as gender, ethnicity and other demographic factors to develop the intelligence picture that will help us to better target interventions.

### Ages and Stages Questionnaire

The Ages and Stages Questionnaire (ASQ) is completed by parents and health visitors or other early years practitioner<sup>59</sup> to review the developmental stage of children at specific ages. Each ASQ covers a specific age range, usually no more than a few months, designed to ensure the scores / ratings are appropriate for the child's exact age.

The ASQ covers five areas and has scores and ratings dependent on the child's age and expected levels of development:

- communication
- gross motor
- fine motor
- problem solving
- personal and social

The child gets a score from zero to 60 for each of the areas which is rated in regards to the child's expected level of development in the following categories:

- **on schedule** – no further action needed
- **support and monitor**
  - health visitor / early years' practitioner gives advice and support and will continue to monitor and review
  - health visitor / early years' practitioner directs to local services such as Children's Centres, and suggests resources and activities a parent can do to help
- **developmental concern** – health visitor will make a referral to another service, for example Speech & Language therapy, Audiology etc

### One year old ASQ check

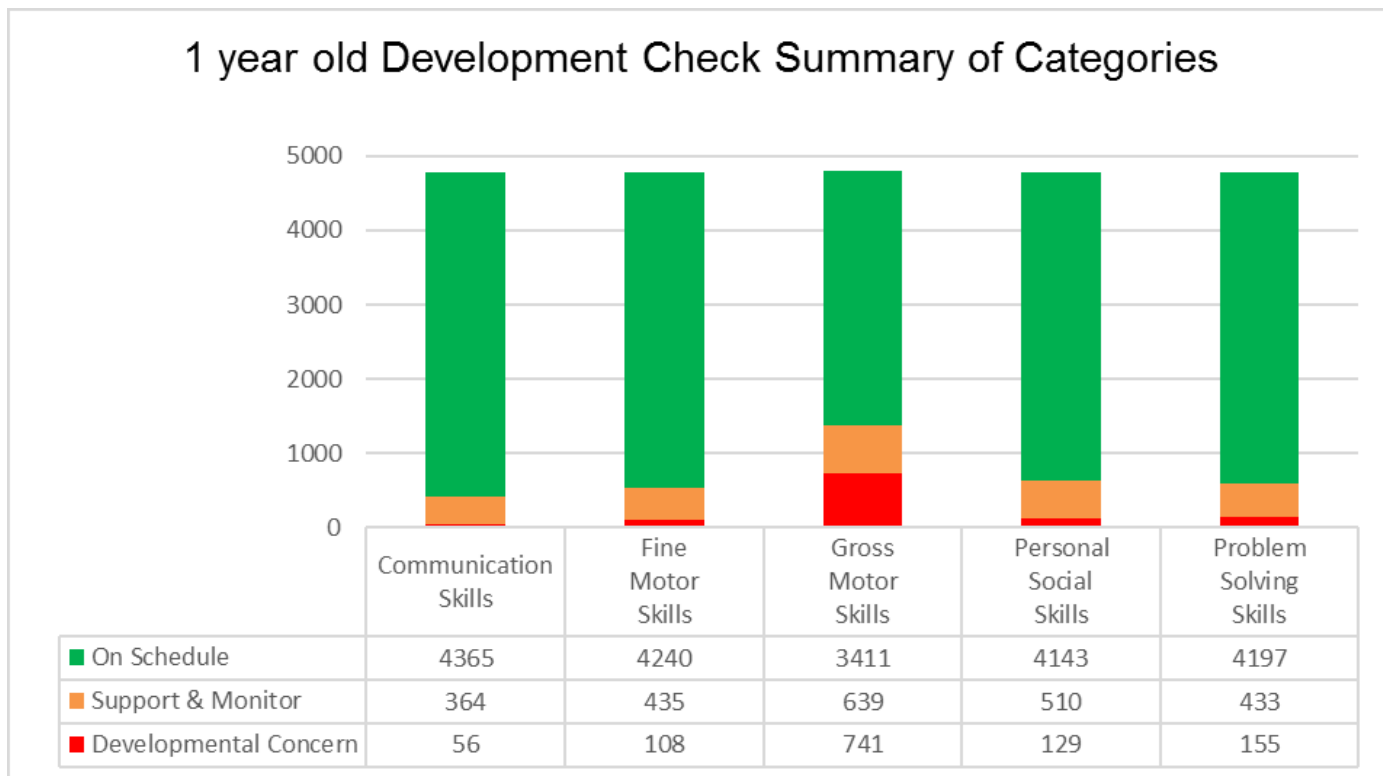
The one year old development check is completed using the 9, 10 or 12 month ASQ tool. During 2017/18 and 2018/19, 4,785 ASQs were completed at a one year old check. We have used the data over a two-year period to provide greater coverage.

Figure 11 shows a summary of the five categories of the ASQ and the scores attained by the children. At this point gross motor is the highest concern, and communication skills are the lowest.

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<sup>59</sup> The parent initially fills in the form and then the health visitor or other early years practitioner goes through it with the parent. It is done in the family home by the practitioner with the child present so that the practitioner can discuss the parent's responses and view the child's behaviours, identifying any mismatch.

Figure 11: One year old development check data – summary of five categories



Source: Cambridge Community Services, Ages & Stages Questionnaire Data, 2017/18 and 2018/19

In the communication skills category one per cent of children (n=56) were identified with developmental concerns, 8 per cent (n=364) as support and monitor, and the majority (91 per cent, n=4,365) were on schedule<sup>60</sup>.

**Two to two and a half year old ASQ check**

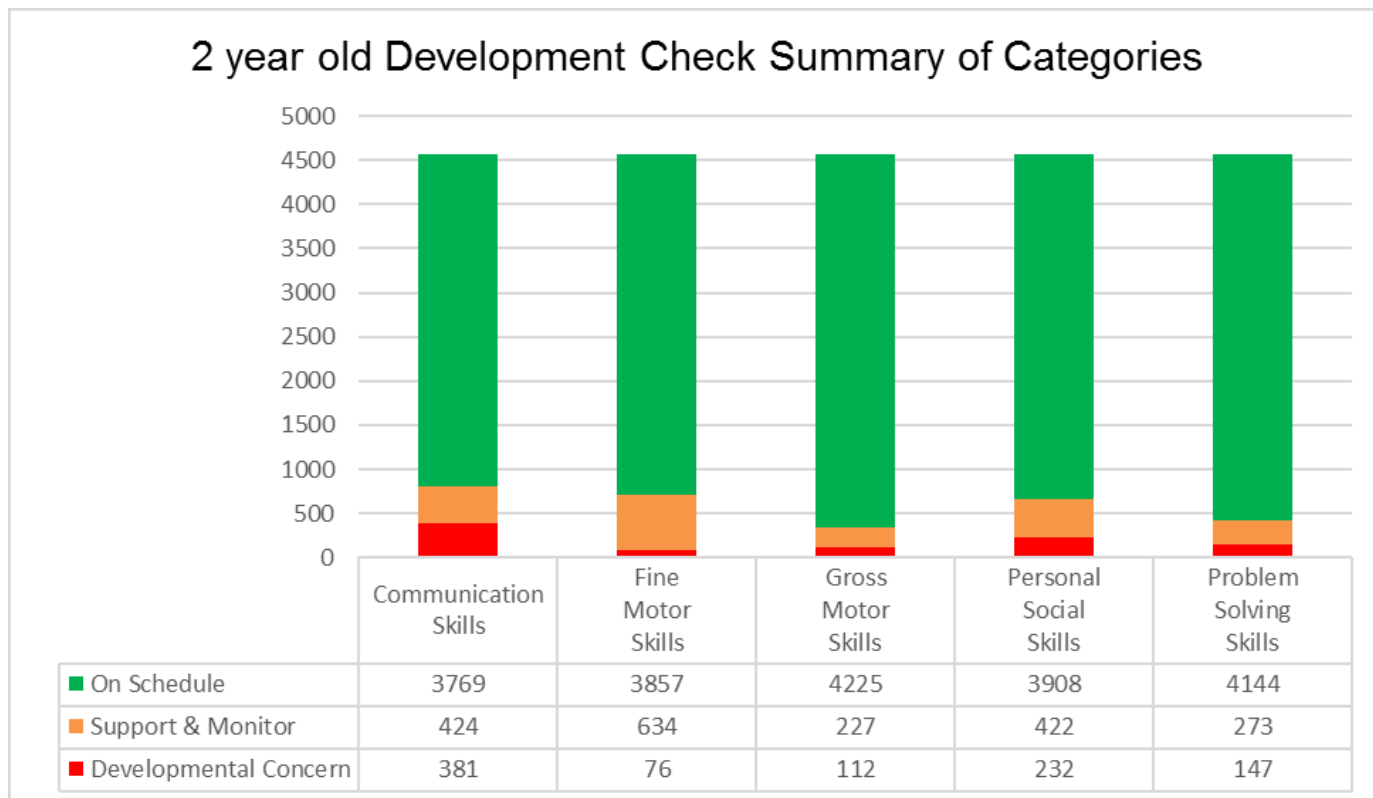
The two to two and a half year old development check is completed using the 24, 27 or 30 month ASQ tool. During 2017/18 and 2018/19, 4,574 ASQs were completed in this age range. The data is reliable and covers 82 per cent of Luton children who have been invited for a check. Again, we have used the data over a two-year period to provide greater coverage.

The categories of concern have reversed from the one year development check – gross motor now has the largest number of children on schedule<sup>61</sup>, whilst communication skills now has the lowest (Figure 12).

<sup>60</sup> Due to the small concern at this development check with the communication skills category the decision was taken not to further examine the ethnicity, home area or mosaic data for this group.

<sup>61</sup> It is worth noting that the large group of children with support and monitor on the fine motor skills category is anecdotally reported as being due to a task where the child has to thread a needle – most children have never attempted this before so this causes an increase of scores in that range.

Figure 12: Two year old development check data – summary of all five categories



Source: Cambridge Community Services, Ages & Stages Questionnaire Data, 2017/18 and 2018/19

At this point in the communication skills category, 8 per cent (n=381) children were in the developmental concern rating, 9 per cent (n=424) in support and monitor and 82 per cent (n=3,800) were on schedule.

England data is currently only available for 2017/18 full year – and shows 89 per cent of children were on schedule in communication skills. In the same period, 87 per cent of Luton children were on schedule. It should be noted, however, that this was the first year of ASQ data submission and only 78 / 150 local authorities submitted data, which may have affected the accuracy of the England figure.

### Early Years Foundation stage

The Early Years Foundation Stage (EYFS) framework sets standards for the learning, development and care for children from birth to five years olds. Each area of the curriculum has an early learning goal, which is the level that a child is expected to achieve by the end of each stage in order to meet the expected standard for their age.

Early learning goals cover seven key areas of learning for early years’ students, one of which is communication and language, which is the one we focus on throughout this assessment. Within this goal, children are assessed by:

**Listening and attention** - children listen attentively in a range of situations. They listen to stories, accurately anticipating key events and respond to what they hear with relevant comments, questions or actions. They give their attention to what others say and respond appropriately, while engaged in another activity.

**Understanding** - children follow instructions involving several ideas or actions. They answer ‘how’ and ‘why’ questions about their experiences and in response to stories or events

**Speaking** - children express themselves effectively, showing awareness of listeners’ needs. They use past, present and future forms accurately when talking about events that have happened or are to happen in the future. They develop their own narratives and explanations by connecting ideas or events.

The sections that follow set out the EYFS outcomes for pre-school and reception year children. The sections cover data on two year olds with funded nursery places, three to four year olds in maintained nurseries, four to five year olds at the end of reception year, and four to five year olds with SEN at the end of reception year.

### **Pre-school funded childcare schemes**

For pre-school children, there are currently three separate government funded childcare schemes that offer free childcare for children aged two, three and four. Each of the free childcare schemes has different eligibility rules:

- fifteen hours’ free childcare for two year olds available for families in receipt of low-income benefits
- fifteen hours’ free childcare for all three and four year olds
- an additional 15 hours’ free childcare for three and four year olds, available for families working above 16 hours at national minimum wage and earning below £100,000 per year

In order to be eligible for free childcare for a two year old, which in Luton is known as Time for Twos, the carer must either be in receipt of a qualifying benefit (e.g. income support, job seekers allowance, state pension credit etc) or the two year old child must fit into one of the categories of children who have additional needs:

- looked after by a local council
- have a current statement of special education needs (SEN) or an education, health and care plan (EHCP)
- in receipt of Disability Living Allowance
- have left care under a special guardianship order, child arrangements order or adoption order

### **Two year olds with funded nursery places**

Data<sup>62</sup> relating to the two year olds with funded nursery places helps us to understand the relationship between social deprivation and SLCN. In Luton, at the end of 2018, there were nearly a thousand two year olds in receipt of free childcare. This equates to around a third of a ‘year group’, based on known numbers of reception year children<sup>63</sup>.

Table 6 shows the outcomes for funded two year olds, broken down by the three goals. The average proportion of funded children who did not meet expected levels in communication and language across all three goals is 64 per cent, which suggests that learning outcomes are poor for children who are socially disadvantaged.

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<sup>62</sup> Data is recorded on a local system called LATS

<sup>63</sup> The EYFS data for 2018 showed that there were approximately 3,200 reception year children in Luton

Table 6: Funded two year olds meeting expected levels in Communication and Language, autumn 2018

Attainment in Communication and Language	Listening and Attention		Understanding		Speaking	
	Count	Percent	Count	Percent	Count	Percent
<b>Not meeting expected levels</b>	<b>577</b>	<b>58.6</b>	<b>628</b>	<b>63.8</b>	<b>680</b>	<b>69.1</b>
<b>Meeting expected levels</b>	<b>263</b>	<b>26.7</b>	<b>212</b>	<b>21.5</b>	<b>161</b>	<b>16.4</b>
SEN	26	2.6	28	2.8	28	2.8
N/A	118	12.0	116	11.8	115	11.7
<b>Total</b>	<b>984</b>	<b>100</b>	<b>984</b>	<b>100</b>	<b>984</b>	<b>100</b>

Source: Luton Advanced Tracking System (LATS), autumn 2018

### Three to four year olds in maintained nurseries

Maintained Nursery Schools (MNS) were set up to provide early education and childcare to disadvantaged children in the most deprived areas of England. Although MNS are early education providers, they are legally constituted as schools. Like maintained schools, they have a head teacher, governing body, delegated budget and at least one teacher with qualified teacher status, but they differ from schools in having a dedicated head teacher who is an early years' specialist. MNS tend to have more children with SEN than other early years settings.<sup>64</sup>

We have used the data from MNS because it is one of a number of data sources that help us to understand SLCN in children who are disadvantaged or who have other SEN. This work should not be taken out of context, recognising the greater need of some children in MNS compared to children in other settings.

Table 7 shows the outcomes for the three to four year olds in four Luton MNS<sup>65</sup>, broken down by the three early learning goals. The average proportion of children in this group who did not meet expected levels in communication and language across all three goals is 50 per cent. This is a higher proportion than seen for the funded two year olds, which may suggest the positive impact of attending a MNS for additional hours over a longer period of time. It could also be due to the change in eligibility criteria for funded education at the age of three, which means that more children access education leading to different cohort characteristics, or because maintained nurseries are effectively targeting SCLN and helping children to make progress and also identifying children requiring additional support.

Table 7: Children at four maintained nursery schools\* meeting expected levels in Communication and Language, funded children, summer 2019

Attainment in Communication and Language at four Luton maintained nurseries (Chapel Street, Gill Blowers, Hart Hill and Rothesay)*	Listening and Attention		Understanding		Speaking	
	Count	Percent	Count	Percent	Count	Percent
<b>Not meeting expected levels</b>	<b>146</b>	<b>46.9</b>	<b>149</b>	<b>47.9</b>	<b>169</b>	<b>54.3</b>
<b>Meeting expected levels</b>	<b>124</b>	<b>39.9</b>	<b>121</b>	<b>38.9</b>	<b>101</b>	<b>32.5</b>
SEN	41	13.2	41	13.2	41	13.2
Total	311	100.0	311	100.0	311	100.0

Source: Luton Advanced Tracking System (LATS), Summer 2019

\*Full data sets were not available for other maintained nurseries in time for inclusion in the assessment

<sup>64</sup> DfE (2019) [The role and contribution of maintained nursery schools in the early years sector in England](#)

<sup>65</sup> Full data sets were not available for other maintained nurseries in time for inclusion in the assessment, therefore this section only shows data from Chapel Street, Gill Blowers, Hart Hill and Rothesay nurseries

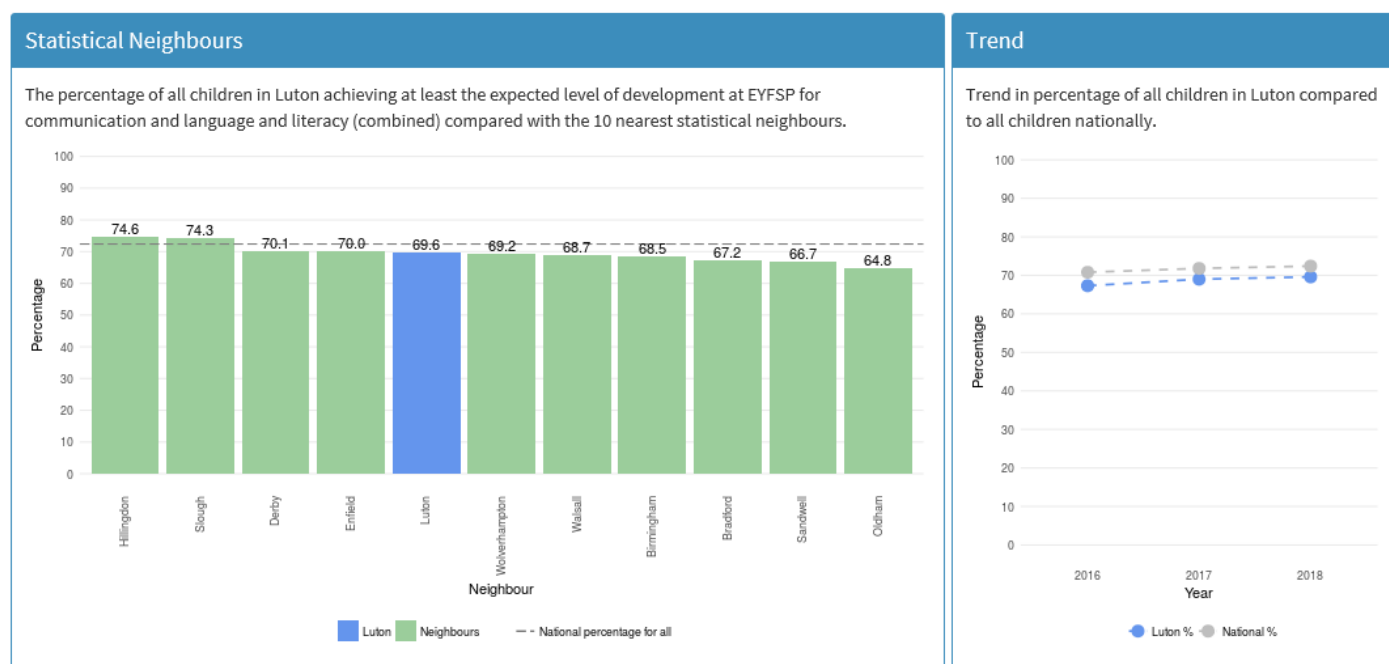
### Four to five year olds (end of reception)

In October 2018, there was a cohort of approximately 3,200 early years' pupils aged four and five from the school census – across 44 primary school settings in Luton.

Twenty per cent of these pupils (n=647) did not meet the expected level in **any one** of the communication and language goals. Of these, 433 children did not meet the expected level in **all three** of the communication and language goals.

Luton is worse on this measure compared to England, and is fifth out of eleven statistical neighbours. Although the trend suggests small improvements over time, there is no change in the gap with England (Figure 13).

Figure 13: Proportion of children meeting expected levels in communication and language goals (end of EYFS), compared to England and to statistical neighbours, 2018



Source: Early Years Outcomes Dashboard, Department for Education, 2018

### Children with SEN at end of EYFS (reception year)

The proportion of children with SEN at end of EYFS is around half that seen at Key Stage 2. It is likely that SEN prevalence in early years is higher than the figures in this section suggest, possibly due to a need to ensure that all assessments are thoroughly completed over a suitable time period to give the true picture about a child<sup>66</sup>. Ten per cent of the four to five year old EYFS cohort are children with recorded SEN.

Table 8 shows the proportion of the pupils recorded in the final EYFS data by their SEN status. This shows that nine per cent (n= 288) are recorded as needing SEN support and one percent (n=35) as having an Education Health Care Plan (EHCP). While the majority of children are recorded as 'None' (no SEN support), 72 children are recorded as 'unclassified' due to missing data relating to SEN and across other data fields<sup>67</sup>.

<sup>66</sup> First Discovers [Special educational needs early years](#)

<sup>67</sup> Data fields such as ethnicity, language, Free School Meals are missing in relation to these children

The table also allows for comparison against national proportions for each SEN category, and also against the overall Luton proportion of 20 per cent. It shows the following:

- almost two-thirds (66 per cent) of pupils who require SEN support have not achieved the expected level in communication and language - this is much higher compared to Luton (20 per cent) and to the national proportion within this SEN group (53 per cent)
- the 35 children with an EHC plan in Luton are least likely to meet expected levels –91 per cent of this group do not meet expected levels, which is higher compared to the national proportion within this SEN group (88 per cent)
- there is a high proportion of children in the ‘unclassified’ group who do not meet the expected levels (53 per cent), which is high compared to England – this is of concern as we are hindered in our understanding of this group who appear to have notable SLCN

Table 8: Luton pupils recorded as having special educational needs, showing the proportion who did not meet expected levels in communication and language goals, end of EYFS, 2018

SEN category	Pupils recorded	Not meeting expected levels		England (%)
		Count	%	
EHCP	35	32	91	88
SEN Support	288	189	66	52
None	2814	388	14	9
Unclassified	72	38	53	28
<b>Grand Total</b>	<b>3,209</b>	<b>647</b>	<b>20</b>	<b>14</b>

Source: School Census, EYFS data, Luton, 2018

Note: “Not meeting” is referred to in the Education Service as “Emerging”

A breakdown of the 323 pupils with SEN by SEN type shows that 41 per cent have a defined speech, language and communication need – these account for four per cent of all end of EYFS pupils in Luton. A further 23 per cent have a moderate learning difficulty followed by 12 per cent with autistic spectrum disorder (Table 9).

Table 9: Children recorded as having special educational needs by type, end of EYFS, 2018

Primary SEN type	SEN number	% by SEN provision	% of ALL pupils
Autistic Spectrum Disorder	39	12.1	1.2
Hearing Impaired	5	1.5	0.2
Moderate Learning Difficulty	73	22.6	2.3
Physical Disability	8	2.5	0.2
Profound and Multiple Learning Difficulties	7	2.2	0.2
Social, Emotional and Mental Health <sup>68</sup>	23	7.1	0.7
Speech, Language and Communication Need	132	40.9	4.1
Severe Learning Difficulty	9	2.8	0.3
Specific Learning Difficulties	6	1.9	0.2
Visual Impairment	7	2.2	0.2
Other	14	4.3	0.4
<b>Grand Total</b>	<b>323</b>	<b>100.0</b>	<b>10.1</b>

Source: School Census, EYFS data, Luton, 2018

<sup>68</sup> This replaces the Behavioural, Social and Emotional Difficulties (BESD) category that was previously used



## Key point(s)

Data relating to the two year olds with funded nursery places shows that just 36 per cent of these children meet expected levels in communication and language, and suggests that learning outcomes are much lower for children in deprived families.

Data from maintained nursery schools is one of a number of data sources that help us to understand SLCN in children who are disadvantaged, or who have SEN. This work should not be taken out of context, recognising the greater need of some children in MNS compared to children in other settings.

This data needs further interpretation and analysis to better understand what it is showing. It suggests that there is a positive impact of attending a MNS for additional hours over a longer period of time, although it could also be due to the change in eligibility criteria for funded education at the age of three, which means that more children access education leading to different cohort characteristics. It could also be because maintained nurseries are effectively targeting SCLN and helping children to make progress, and also identifying children requiring additional support.

Luton is lower than the England average, but comparable to peers in relation to the proportion of children meeting expected levels in communication and language goals at the end of the EYFS. Twenty per cent of Luton children do not meet expected levels in at least one early communication and language goal at the end of the EYFS, and over 400 children did not meet expected levels in all three communication and language goals.

The proportion of four to five year old children with SEN who are meeting expected levels in early communication and language goals in Luton is lower than that seen nationally.

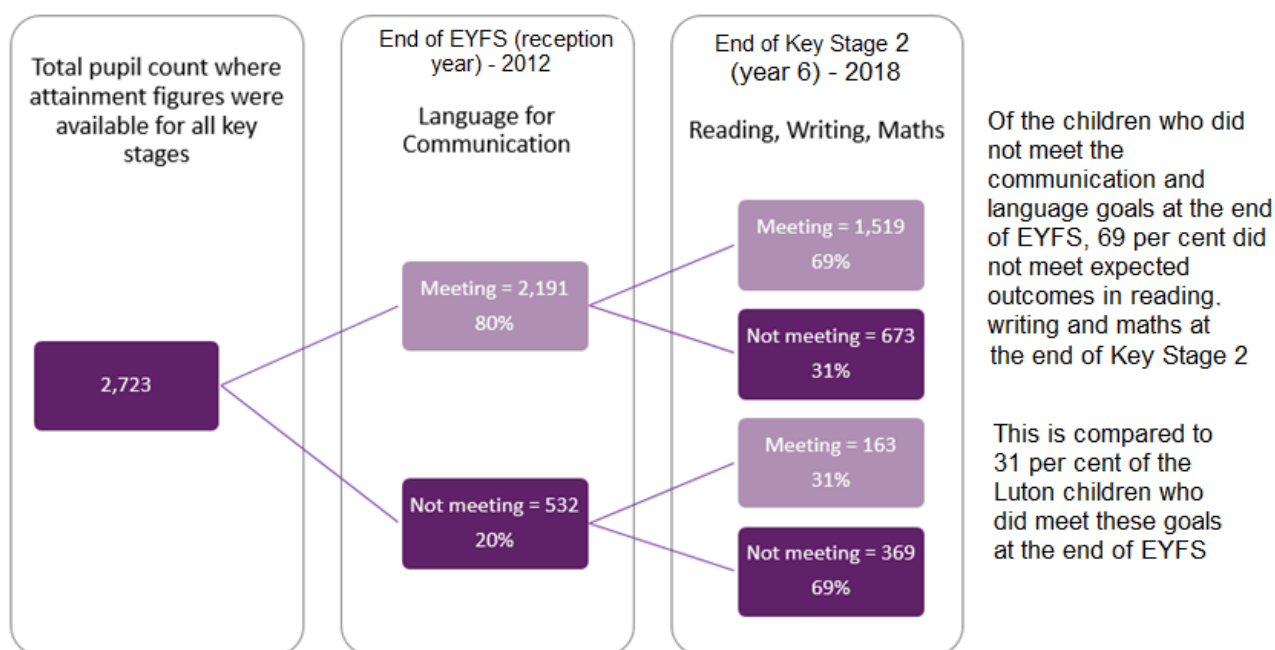
There are notable gaps in the recording of detail relating to SEN children in the school census data which hinders our understanding of children with SLCN. Approximately three per cent of funded two year olds, 13 per cent of three to four year olds in maintained nursery schools, and 10 per cent of four to five year olds are recorded as having SEN.

## Section 6: Educational outcomes and early years' settings

Oral language development is central to a child's ability to access the school curriculum and develop literacy skills. Vocabulary difficulties at age five are associated with poor literacy in adulthood, and children who obtain below the nationally expected level in reading are typically characterised by poor communication, language and literacy scores.

The educational outcomes for children who do not meet expected outcomes at the end of the EYFS are known to be poor<sup>69</sup> and this is reflected in the Luton data. By backtracking the progress of the 2018 Key Stage 2 cohort<sup>70</sup>, we have been able to see that over two thirds of children who did not achieve expected levels in communication and language goals at the end of the EYFS, did not meet expected levels in Reading, Writing and Maths at Key Stage 2 (Figure 14).

Figure 14: Backtracking progress: the 2018 Key Stage 2 cohort



Source: School Census (EYFS 2012, KS1 2014, KS2 2018), Luton, 2018

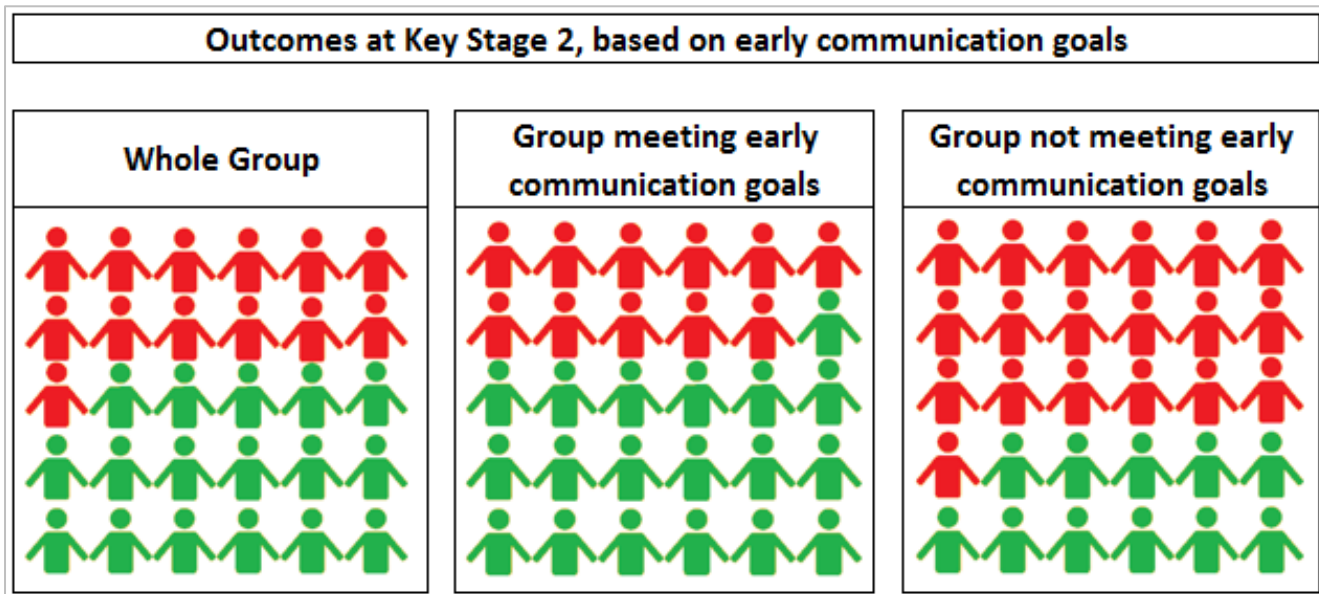
**Diagram based ONLY on children for whom we have data at all three points (end of EYFS, end of Key Stage 1 and end of Key Stage 2)**

To help to illustrate the proportions across the different groups, the graphics in Figure 15 each represent a class of 30 children. These graphical representations illustrate the stark difference in outcomes for the children who do not meet expected levels at the end of the EYFS, compared to those who do.

<sup>69</sup> The Royal College of Speech and Language Therapists (2013) The links between speech, language and communication needs and social disadvantage

<sup>70</sup> Please note that backtracking is based ONLY on children for whom we have data at all three points (end of EYFS, Key Stage 1 and Key Stage 2). It is not, therefore, representative of pass rates at Key Stage 2 in 2018

Figure 15: Outcomes at Key Stage 2, based on levels meeting early communication goals, and represented as a class of 30 children



Source: School Census (EYFS - 2012, KS1 - 2014, KS2 - 2018), Luton, 2018

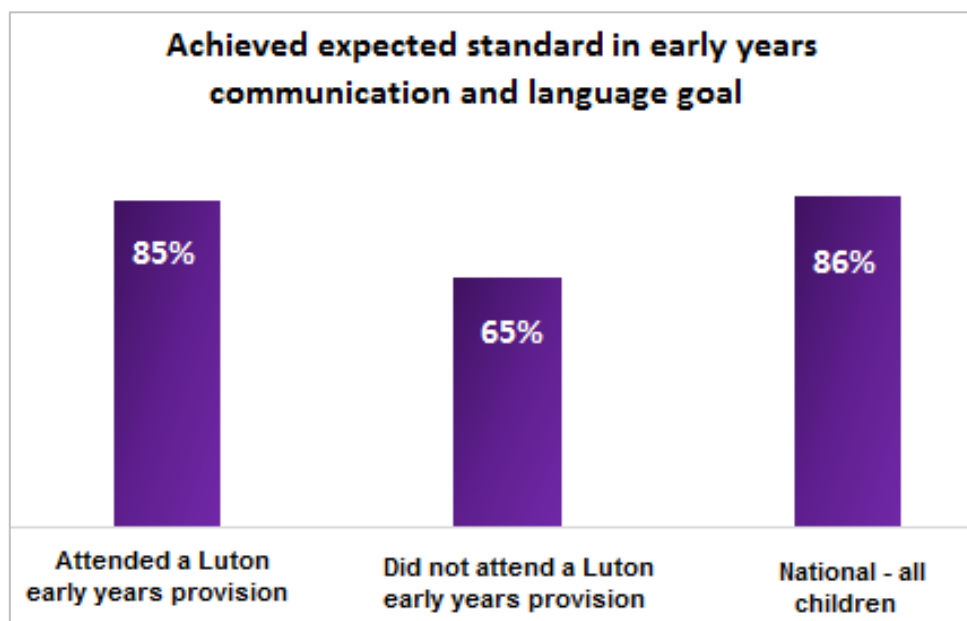
Note: "Not meeting" is referred to in the Education Service as "Emerging"

Red = "not meeting expected level", green = "meeting expected level"

Figure 16 shows that the children who had attended a Luton early years provision prior to starting school, had better outcomes in their learning goals at the end of the EYFS than those who were not in an early years setting.

There are particularly concerning outcomes across all early learning goals, and in communication and language goals, for children whose early years' status we do not know. For the 2018 end of EYFS cohort, this relates to 224 children who do not meet expected levels.

Figure 16: Proportion of children meeting expected levels in early communication and language goals



Source: School Census (EYFS), Luton, 2018

Around a quarter of Luton two year olds access a funded place in an early years setting, with this rising to 88 per cent for three year olds and 90 per cent for four year olds (Table 10).

Table 10: children with a funded place in early years settings in Luton by type, January 2018

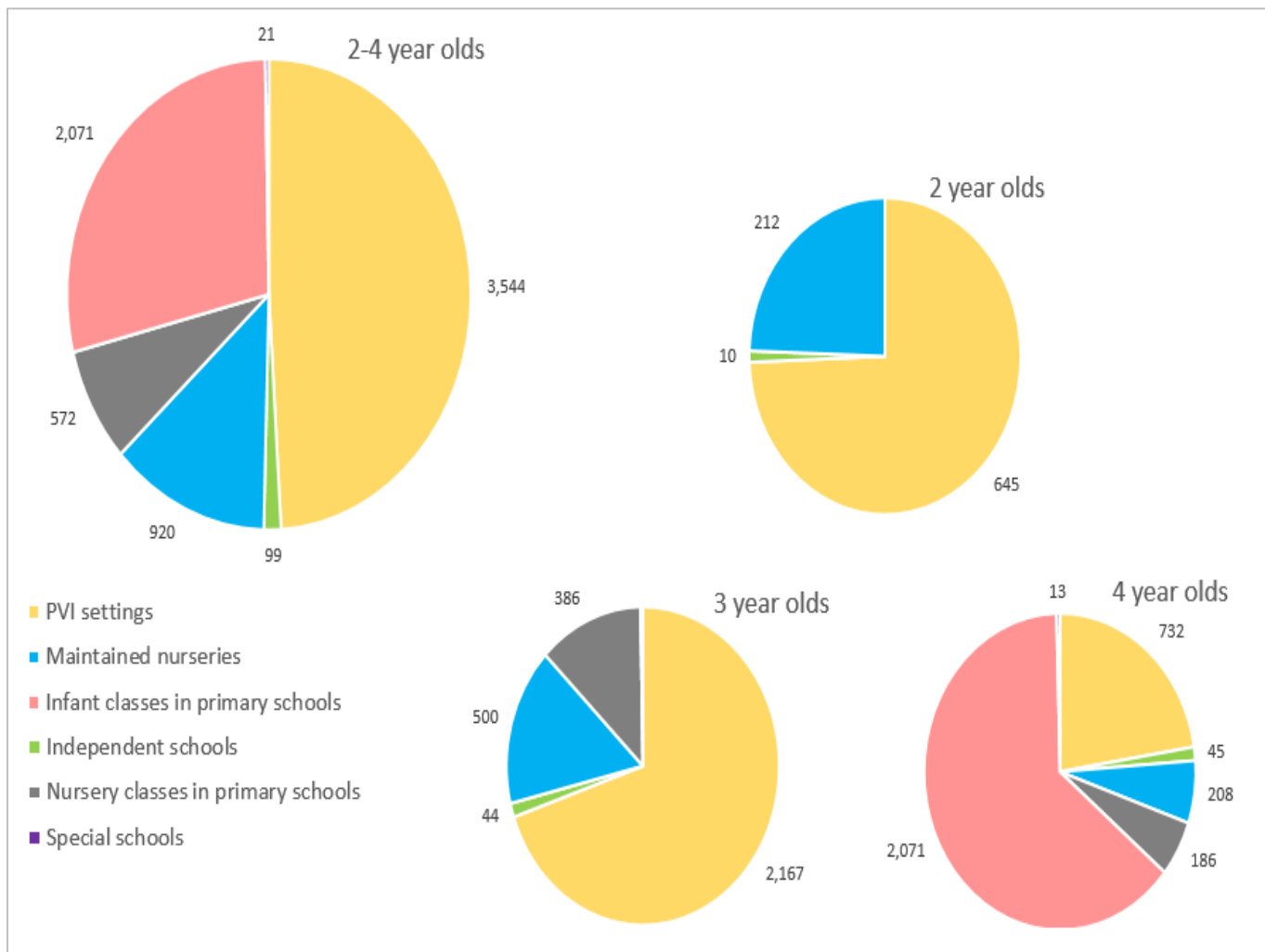
Age group / setting	PVI settings	Independent schools	Maintained nurseries	Nursery classes in primary schools	Infant classes in primary schools	Special schools	All settings	Population	% of population*
2 year olds	645	10	212	0	0	0	<b>867</b>	3,580	<b>24.2</b>
3 year olds	2,167	44	500	386	0	8	<b>3,105</b>	3,524	<b>88.1</b>
4 year olds	732	45	208	186	2,071	13	<b>3,255</b>	3,602	<b>90.4</b>
<b>2-4 year olds</b>	<b>3,544</b>	<b>99</b>	<b>920</b>	<b>572</b>	<b>2,071</b>	<b>21</b>	<b>7,227</b>	10,706	<b>67.5</b>
% of population*	<b>33.1</b>	<b>0.9</b>	<b>8.6</b>	<b>5.3</b>	<b>19.3</b>	<b>0.2</b>	<b>67.5</b>		
*Mid-year population estimates 2018									

Source: School census, January 2018

Figure 17 shows the breakdown of children in funded early years places by setting type, highlighting that the main shift with children in different age groups is from PVI settings to infant classes in primary schools. Most children who attend a pre-school early years setting do so at a PVI setting, which includes pre-school, childminder, day care or nursery.

- of the two year olds who accessed a funded place in an early years setting, 74 per cent are in a PVI setting and 24 per cent in a maintained nursery
- the proportion of funded three year olds in PVI settings remains high (70 per cent), with 16 per cent in a maintained nursery and 12 per cent in a nursery class in a primary school
- the proportion of funded four year olds in PVI settings reduces as children enter school; 22 per cent are in a PVI setting, 12 percent in a maintained nursery or a nursery class in a primary school and 64 per cent are in an infant class in a primary school

Figure 17: Children who access a funded place in early years settings with breakdown of type, showing numbers of children and changes in different age groups, January 2018

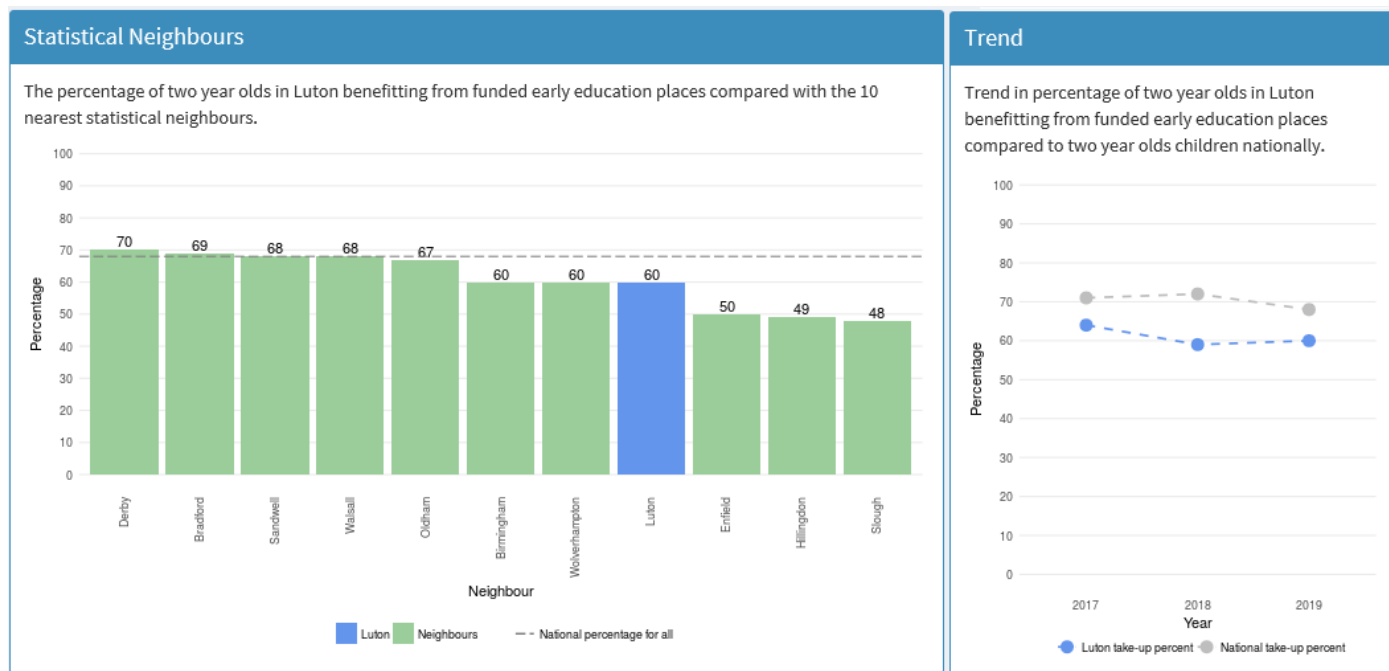


Source: School census, January 2018

Note: PVI setting includes all pre-school, childminder, day care or nursery setting

Take up of funded nursery places in Luton is low, and figures for 2019 show that 60 per cent of eligible two year olds take up funded places in Luton compared to 68 per cent nationally (Figure 18). This is a very slight increase compared to 2018 when 59 per cent of eligible two year olds took up funded places.

Figure 18: The percentage of two year olds in Luton benefitting from early education places compared with the 10 nearest statistical neighbours



Source: [Early Years Dashboard, Department for Education](#), 2019

### Key point(s)

Two thirds of Luton children who do not meet expected levels in communication and language goals at the end of the EYFS do not meet expected levels in Reading, Writing and Maths at Key Stage 2. Evidence shows that children who attend early years' provision in Luton have much better outcomes than those who do not.

Around a quarter of Luton two year olds attend a funded early years setting. This increases to 88 per cent at age three, and 90 per cent at age four.

Over two thirds of Luton two to three year olds who have a funded place and attend a pre-school early years setting do so at a PVI. Around a quarter of funded Luton two to three year olds attend a maintained nursery or a nursery class in a primary school.

Take up of the funded nursery places for two year olds is low nationally, and lower in Luton where only 60 per cent of those eligible take up places. As this funding is aimed at the most deprived children, this is an area of focus for improvement

## Section 7: People and places: what does our local data tell us about the children with SLCN?

The best-evidenced risks for SLCN are gender, birth season, socio-economic disadvantage, English as an additional language, and academic achievement. All are intersectional, thereby creating greater need in some children. All are also open to mitigation. The family environment and parental communication style may impact most significantly on disadvantaged children, either as an additional risk or as a protective factor<sup>71</sup>. Luton has many different communities who have different experience of risk.

We have explored the risk factors affecting the Luton population using available data and have highlighted those that appear to be affected by SLCN in Luton. Table 11 summarises the analysis relating to specific characteristics of the Luton population that are over-represented when looking at children who are not meeting expected levels.

The information in this table allows us to compare within groups using information from a range of different data sets. The table allows us to see the biggest issue overall, as well as to see which wards, mosaic groups, ethnicities and languages have featured most in the data or are statistically different to other areas / groups, and therefore should be highlighted as having particular needs.

Table 11: Summary of characteristics / features that are over-represented in the data, various sources of data relating to Luton 2018 and 2019

Characteristic / feature	Group / area of concern	ASQ	EYFS	SEND	SALT	Score
Gender	Boys	4	4	4	4	20
	Girls	2	2	2	2	14
Ward	Dallow	4	4	2	2	14
	Farley	2	4	2	4	12
	Northwell	2	2	4	2	10
	Biscot	4	2	2	2	10
	South	2	4	2	2	6
	Saints	2	4	2	2	4
	Sundon Park	2	2	2	2	4
	Leagrave	2	2	2	2	4
	Lewsey	2	2	2	2	4
	Challney	2	2	2	2	2
	Round Green	2	2	2	2	0
	Bramingham	2	2	2	2	-1
	Crawley	2	2	2	2	-1
	Icknield	2	2	2	2	-1
Mosaic group	Family Basics	4	2	2	2	6
	Urban Cohesion	2	4	2	2	4
Ethnicity	Other White	2	4	2	2	6
	Asian Pakistani	2	2	2	2	2
	White British	2	2	2	2	-1
	Asian Indian	2	2	2	2	-1
Language	Polish	2	4	2	2	4
	Not recorded	2	4	2	2	4
	Romanian	2	2	2	2	2

**Notes**

- this is a representation of what we know from available data
- the numbers used are not important in themselves, except in the value they bring in allowing us to compare one thing with another

**Legend:**

- Statistically better (Green)
- Notably, but not significantly worse (Orange)
- Statistically worse (Red)
- Notable, but not significant in SALT data (Blue)

<sup>71</sup> I Can, [Talking Point](#)  
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The section that follows expands on the table above, summarising findings in relation to gender, ethnicity, language, geography, deprivation and schools.

## Gender:

Nationally, gender has the strongest association with SLCN identification, with boys 2.6 times more likely to be identified than girls<sup>72</sup>, a pattern also seen in Luton. As shown in Table 12, boys are consistently over-represented. The gender disparity is evident even when children have their one year old ASQ check, although the difference between boys and girls at this age is smaller than seen in older children.

Table 12: Proportion of children not meeting expected levels who are boys, based on various sources of Luton data (2018 and 2019)

Type of data	Proportion that are boys
ASQ, age one (not on schedule)	61%
ASQ, age two to two and a half (not on schedule)	67%
EYFS, end of Reception (not meeting expected levels)	67%
SEN database (all)	72%
SALT caseload	70%
SEN Speech, Language and Communication Service caseload	69%

Summer born boys are least likely to meet expected levels in communication and language goals. EYFS data for Reception year children showed that 35 per cent of summer born boys did not meet expected levels in communication and language goals.

Table 13: Expected level of development in communication and language, at end of the EYFS by gender and term of birth, Luton, 2018

Gender / Term	Total	Level of development in Communication and Language			
		Meeting		Not meeting	
		Count	%	Count	%
<b>Female</b>	<b>1,541</b>	<b>1328</b>	<b>86.2</b>	<b>213</b>	<b>13.8</b>
Autumn	575	522	90.8	53	9.2
Spring	458	400	87.3	58	12.7
Summer	508	406	79.9	102	20.1
<b>Male</b>	<b>1,668</b>	<b>1234</b>	<b>74.0</b>	<b>434</b>	<b>26.0</b>
Autumn	535	450	84.1	85	15.9
Spring	498	368	73.9	130	26.1
Summer	635	416	65.5	219	34.5
<b>Total</b>	<b>3,209</b>	<b>2562</b>	<b>79.8</b>	<b>647</b>	<b>20.2</b>

Source: School Census, EYFS data, Luton, 2018

Note: "Not meeting" is referred to in the Education Service as "Emerging"

### Key point(s)

Gender has the strongest association with speech, language and communication need identification. Boys are 2.6 times more likely to be identified than girls. Data from a number of local sources show that national patterns are replicated in Luton.

<sup>72</sup> Lindsay, G and Strand, S (2016) [Children with Language Impairment: Prevalence, Associated Difficulties and Ethnic Disproportionality in an English Population](#)



## Ethnicity and language

It is widely recognised that any language delay would be present in the home language as well as English. Children's abilities in language develop best when exposed to the richness of any language and, since language acquisition is a social process, parents and other caregivers should speak to young children in their strongest language. However, having English as an additional language may present as a transitional need in some children.

The Luton data has pointed to specific needs within some Asian and White Other populations, although it is also noteworthy that White British children are over-represented in the SALT caseload, perhaps suggesting that this group may find it easier to access services.

Combining the Luton data that relates to ethnicity and language suggests that Pakistani, Polish and Romanian children are statistically less likely to achieve expected levels in communication and language goals. There are likely to be different underlying factors for each group. The higher need in Pakistani children is known to be at least partially influenced by higher learning disability prevalence in this community<sup>73</sup>, whereas the need in Polish and Romanian children may be more likely to be affected by their recency in the UK. Luton children recorded as White Other ethnicity are less likely to meet expected levels, when compared with this ethnic group at a national level.

We need to remain aware of the needs of children in very small minority communities. Some of our data has shown that Gypsy / Roma and Irish Traveller children have the poorest outcomes, although this is based on very low numbers of recorded children. Similar patterns were found in national studies relating to these groups<sup>74</sup>.

## Ethnicity

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<sup>73</sup> 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)

<sup>74</sup> Lindsay, G and Strand, S (2016) [Children with Language Impairment: Prevalence, Associated Difficulties and Ethnic Disproportionality in an English Population](#)

*Table 14* shows the proportions of pupils not meeting the expected level in communication and language in some ethnic groups. Some of these are based on low numbers, which means that, although there may be some concerns, the differences between these groups and the whole of Luton are not statistically significant. The proportions of Black Other (35 per cent, n=17), Gypsy / Roma (36 per cent, n=11) and Irish Traveller (50 per cent, n=6) are all high, but based on very low numbers.

The group White Other is the only group with statistically significantly higher proportions of children not meeting expected level in early communication goals than would be expected when compared to Luton. Thirty-one per cent of children in this ethnic group (n=366) do not meet expected levels. White British, and Indian children have statistically lower proportions of children not meeting expected levels when compared with Luton.

Table 14: Percentage of Luton children not meeting expected levels early communication goals, by specific ethnicity

Ethnicity		Count in Luton	Percentage not meeting expected level in early communication goals	
			Luton (%)	National (%)
Asian	Asian other	177	14.7	20
	Bangladeshi	386	19.2	21
	Indian	136	11.0	13
	Pakistani	748	23.0	20
Black	Black African	198	15.7	18
	Black Caribbean	79	12.7	15
	Black other	17	35.3	18
Mixed	Mixed other	94	8.5	13
	White and Asian	90	15.6	12
	White and Black African	32	6.3	13
	White and Black Caribbean	95	12.6	13
Other	Chinese	8	25.0	15
	Gypsy / Roma	11	36.4	40
	Irish traveller	6	50.0	32
	Other ethnic group	56	23.2	23
White	White British	608	15.5	12
	White Irish	15	26.7	10
	White other	366	31.4	21
Not available		87	48.3	23
<b>Total</b>		<b>3,209</b>	<b>20.2</b>	<b>14</b>
Source: School Census, EYFS data, Luton, 2018		<b>Comparison to Luton</b>		
Note: "Not meeting" is referred to in the Education Service as "Emerging"		 Statistically lower  Much higher, but low numbers, not statistically significant  Statistically higher		

Poor recording of ethnicity is a particular issue and may have masked problems in some communities, or distorted the overall picture relating to ethnicity. These effects may be greater in relation to small minority communities, particularly where children are grouped into 'Other' ethnicity categories.

### English as an additional language

Children whose home language is not English and who have English as an Additional Language (EAL) are known to be over-represented in children with SLCN compared with monolingual English speakers<sup>75</sup>. However, evidence suggests that speaking another language in addition to English is beneficial in the longer-term. National studies have shown that EAL is only weakly associated with SLCN prevalence, after taking into account other factors<sup>76</sup>.

<sup>75</sup> Dockrell, J., Lindsay, G., Roulstone, S., and Law, J. (2014). Supporting children with speech, language and communication needs: an overview of the results of the Better Communication Research Programme, in Dockrell, J. et al (2017) Children with Speech Language and Communication Needs in England: Challenges for Practice

<sup>76</sup> Lindsay, G and Strand, S (2016) Children with Language Impairment: Prevalence, Associated Difficulties and Ethnic Disproportionality in an English Population

Reflecting the diversity of the population, over half of Luton Reception year EYFS children (51 per cent) have English as an additional language. The EYFS data shows that around 60 languages are spoken by Luton five year olds. This data also showed a disparity in assessment results; the proportion of EAL pupils who do not achieve the expected level in communication and language (23 per cent) is seven per cent higher than those for whom English is the home language.

Table 15: EYFS level of development by EAL, 2018

Home language	Count	%	Not meeting expected level ( %)	
			Luton	England
English	1,495	47	16	12
Not English	1,638	51	23	21
Unclassified	76	2	51	26
<b>Total</b>	<b>3,209</b>	<b>100</b>	<b>20</b>	<b>14</b>

Source: School Census, EYFS data, Luton, 2018

Note: "Not meeting" is referred to in the Education Service as "Emerging"

Table 16 shows the proportion of children not meeting the expected level at end of the EYFS by the most common languages that feature in the database. There are 76 children for whom a language is not recorded, and it is noteworthy that just over 50 per cent of these children did not meet the expected level. The table suggests that Romanian and Polish children are most likely to have SLCN, although it is noteworthy that over half of the children who did not have a language recorded did not meet expected levels. The proportion of Polish children not meeting expected levels is statistically higher when compared to Luton. The proportion of Romanian children not meeting expected levels is highest, but because it is based on lower numbers, it is not a statistically significant finding.

Table 16: Children not meeting expected level in early communication goals by the most common languages spoken, end of EYFS, 2018

Language	Total	%	Not meeting expected level ( %)	
			Count	%
Not recorded	76	2.4	39	51.3
Romanian	70	2.2	21	30.0
Polish	173	5.4	48	27.7
Other	147	4.6	33	22.4
Bengali	297	9.3	66	22.2
Urdu	470	14.6	99	21.1
Panjabi	90	2.8	17	18.9
Pahari	45	1.4	8	17.8
English	1495	46.6	234	15.7
Tamil	31	1.0	4	12.9
All other known	315	9.8	78	24.8
<b>Total</b>	<b>3209</b>	<b>100</b>	<b>647</b>	<b>20.2</b>

Source: School Census, EYFS data, Luton, 2018

Note: "Not meeting" is referred to in the Education Service as "Emerging"

The male to female ratio of the EAL children not meeting expected levels in early communication and language goals at end of EYFS is the same as the overall ratio for all children at the end of the EYFS (67 per cent are boys). This suggests that gender remains the greater influencing factor, even amongst the over-represented EAL group.

One of the measures included in the school census for a limited period of time was English proficiency. This allowed us to identify that Luton children whose first language is not English may be at an advantage compared to children whose first language is English, but that this depends on the level of English proficiency alongside the language spoken at home (Table 17). The analysis<sup>77</sup> showed the following:

- children with EAL who are fluent, competent or developing competence in English are **more** likely to achieve a good level of development compared to children whose first language is English
- EAL children who are fluent in English are **most** likely to achieve a good level of development

Table 17: The effects of home language on level of development

English Proficiency	Count	GLD (%)
English is pupil's first language	1537	73
Fluent	109	90
Competent	139	75
Developing competence	145	75
Early acquisition	283	68
New to English	499	54
Not yet assessed	150	65
Not recorded or not known	457	61
<b>Luton</b>	<b>3314</b>	<b>68</b>
<b>National</b>		<b>71</b>

Luton data is from Keypas Export Pupils flat file  
National data from SFR60-2017 tables, 19/10/17

### Key point(s)

Language delay will be present in any home language as well as English. Parents and other caregivers should speak to young children in their strongest language to support the social process of language acquisition.

Luton is language-rich, and there are approximately 150 languages and dialects spoken in Luton's schools. Children with English as an additional language (EAL) are over-represented when considering SLCN, although gender remains the greater influencing factor, even amongst the over-represented EAL group.

We know that children who have English as an additional language may experience short-term language difficulties, but also that speaking another language in addition to English is beneficial in the longer-term.

Combining the data relating to ethnicity and language has pointed to specific needs within some Asian and White Other populations. Pakistani, Polish and Romanian children have the highest speech, language and communication needs compared to children of other ethnicities, but there are likely to be different underlying factors for this. It is likely that the higher need in Pakistani children is influenced by higher learning disability prevalence in this community, whereas the need in Polish and Romanian children may be more likely to be affected by their recency in the UK and will therefore present as a transient need.

<sup>77</sup> Carol Wylde, Early Years (based on school census data)

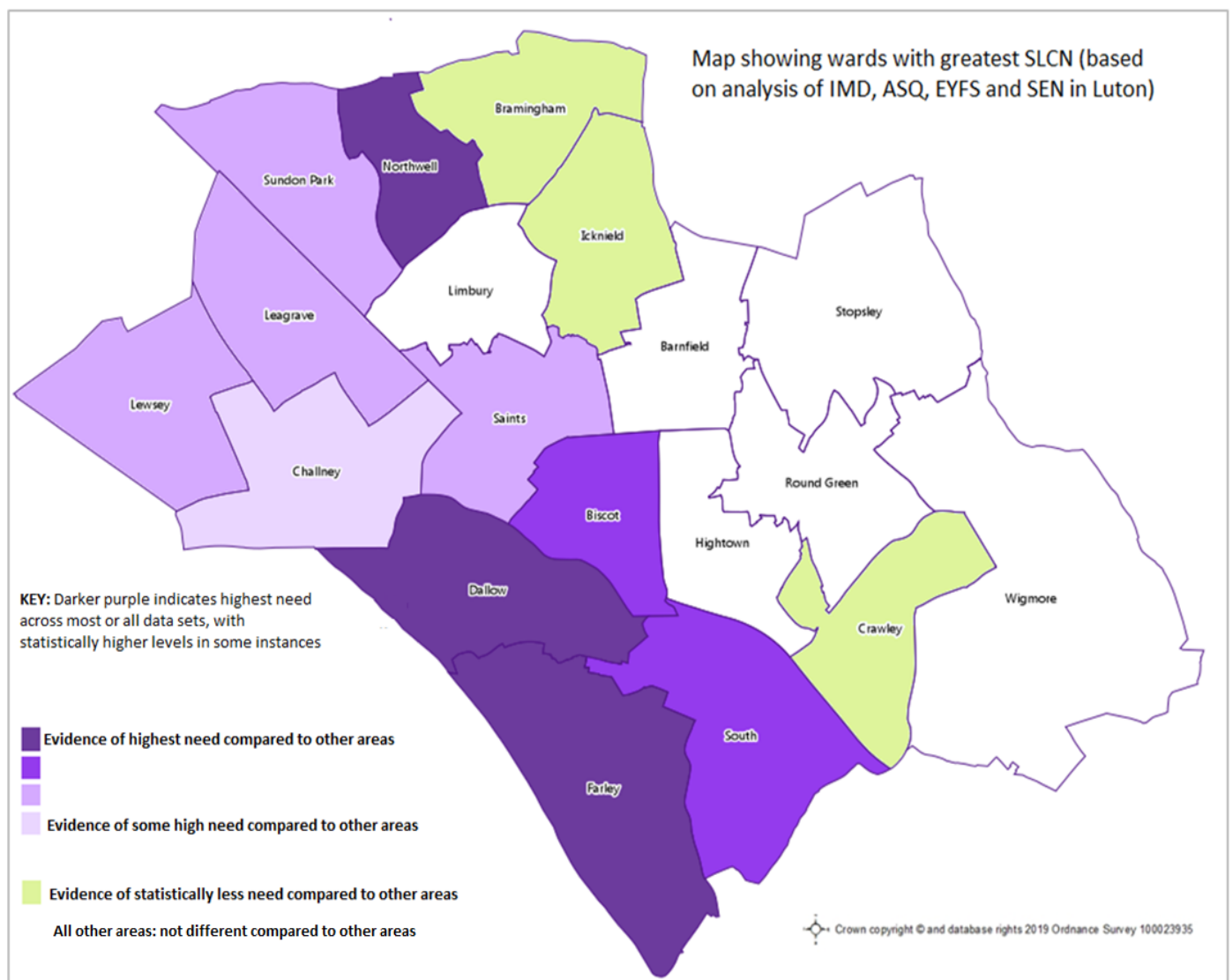
We need to remain aware of the needs of children in very small minority communities. Some of our data has shown that Gypsy / Roma and Irish Traveller children have the poorest outcomes, although this is based on very low numbers of recorded children.

White British children are over-represented in the Speech and Language Therapy (SALT) caseload, which may suggest inequitable access to services due to cultural factors or lack of information, particularly as White British children are shown as being statistically more likely to achieve expected levels in communication and language goals at end of the EYFS.

## Geography

There is a mixed picture in terms of geography across the different datasets and measures we have explored in this needs assessment, again likely reflecting different underlying factors and patterns of need. Dallow, Farley and Northwell consistently appear as areas of concern. Other areas which are highlighted, but to a lesser degree, are Biscot, South, Saints and Sundon Park.

Figure 19: Map showing areas that are over / under-represented in the SLCN analysis, based on various sources of Luton data (2018 and 2019)



Notes: The map contains data from a range of sources and is the best picture we have using currently available data. Data sources: Index of Multiple Deprivation (2015); Cambridge Community Services, Ages & Stages Questionnaire Data, 2017/18 and 2018/19; School Census EYFS (2018); Luton SEND database, (2019)

## Key point(s)

There is evidence of geographical influences on SLCN, which may assist in targeting resources effectively.

Dallow, Farley and Northwell wards consistently appear as areas with higher SLCN. Other areas which are highlighted, but to a lesser degree, are Biscot, South, Saints and Sundon Park.

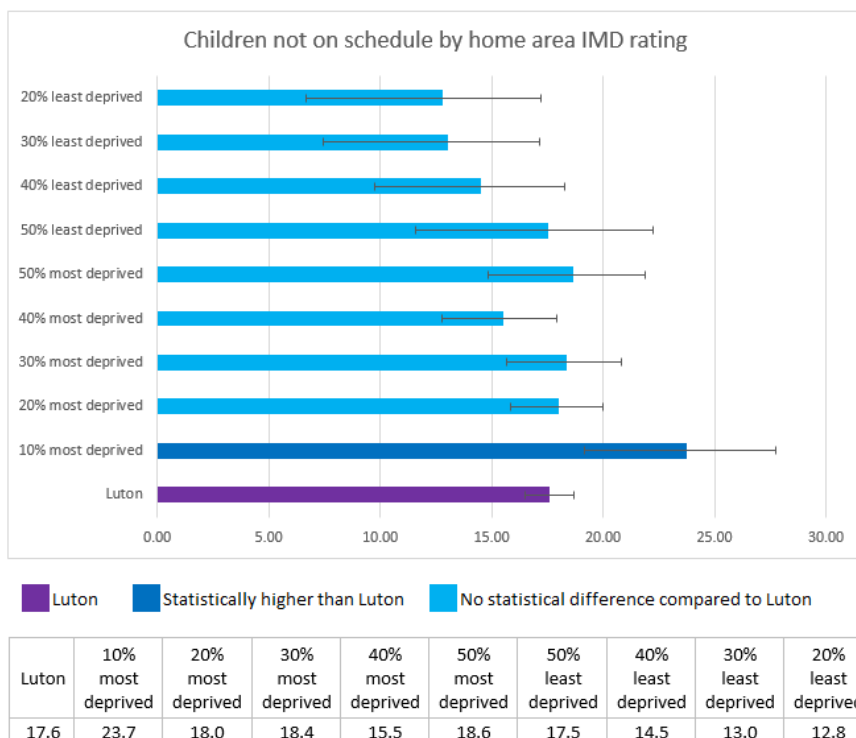
## Deprivation

The link between SLCN and socio-economic disadvantage is well documented and is a notable factor when considering levels of SLCN in Luton. Gaps in language development between children from affluent and children from disadvantaged families open up as early as three years of age<sup>78</sup>. Improving language development in the early years is an important tool through which educational and social inequality between social classes can be tackled<sup>79</sup>.

We have looked at deprivation using the ASQ and EYFS datasets and also examined the outcomes for funded two year olds and children in receipt of free school meals. All have confirmed the correlation between poverty and deprivation and poorer outcomes.

Figure 20 shows the proportion of children in the ASQ dataset who are not on schedule by the Index of Multiple deprivation (IMD) decile that is based on their home address. It shows that a statistically higher proportion of children who are not on schedule live in one of the 10 per cent most deprived areas. Twenty-four per cent of children living in the most deprived decile were not on schedule, compared to 13 percent in the least deprived deciles.

Figure 20: Children not on schedule by IMD, ASQ, 2018



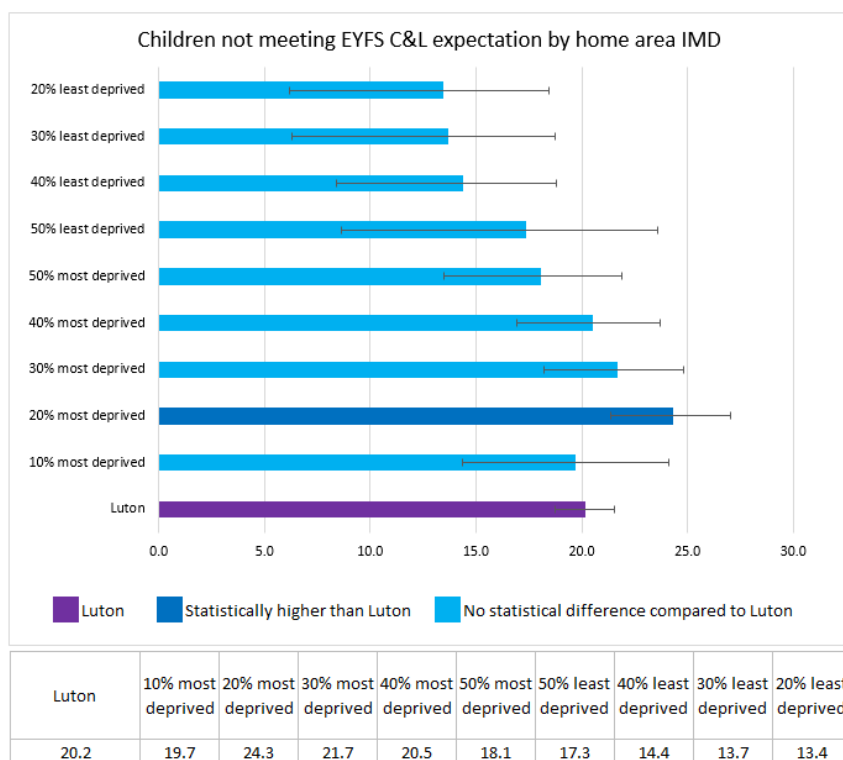
<sup>78</sup> The Royal College of Speech and Language Therapists (2014) The links between speech, language and communication needs and social disadvantage

<sup>79</sup> Ibid.

Source: Cambridge Community Services, Ages & Stages Questionnaire Data, 2017/18 and 2018/19; Index of Multiple Deprivation (IMD) 2015

Figure 21 shows the proportion of children not meeting early communication goals by the Index of Multiple Deprivation (IMD) decile based on their home address. It shows that a statistically higher proportion of children who did not meet early communication goals live in one of the areas that is in the top 20 per cent most deprived when compared nationally. Nearly a quarter of children living in the most deprived areas did not meet expected goals compared to 13 percent in the least deprived areas.

Figure 21: Children not meeting expected levels in early communication goals by IMD, EYFS, 2018



Source: School Census, EYFS data, Luton, 2018; Index of Multiple Deprivation (IMD) 2015

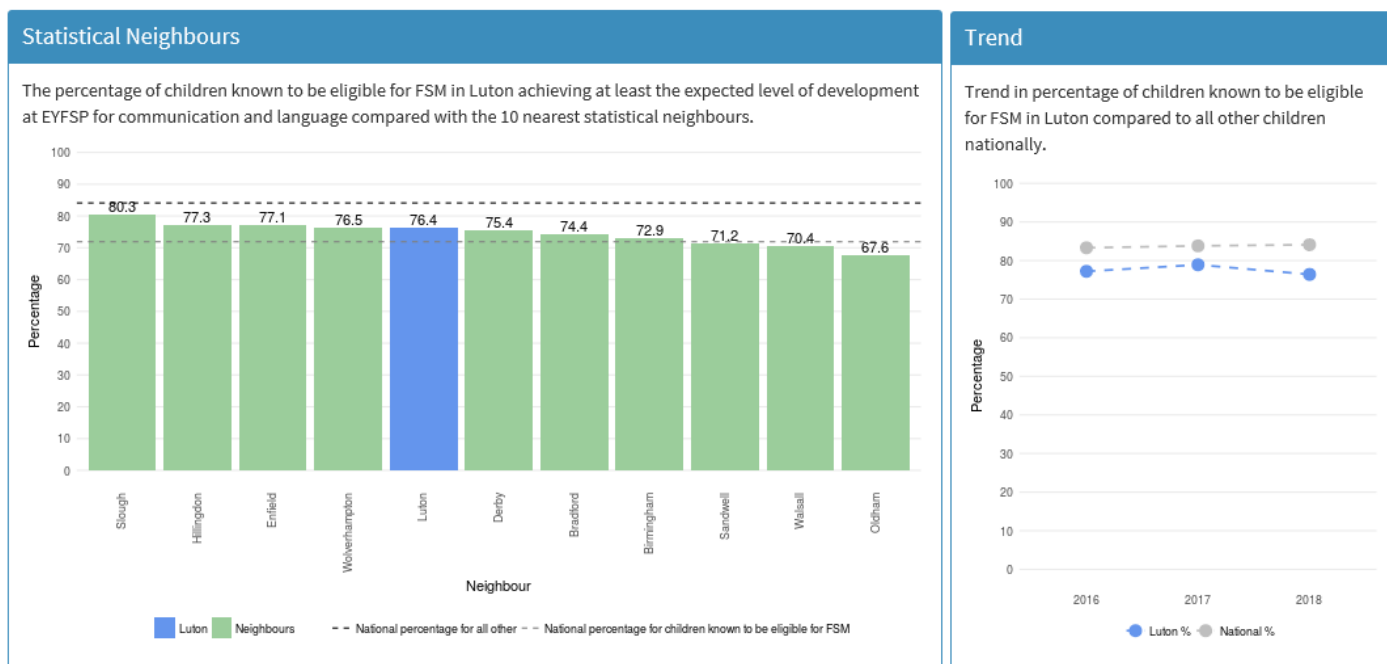
Note: "Not meeting" is referred to in the Education Service as "Emerging"

Figure 22 shows how Luton end of EYFS results compare nationally, and to statistical neighbours, in terms of children in receipt of free school meals (FSM). It shows that children in receipt of free school meals are much less likely to achieve expected levels in communication and language when compared to all children<sup>80</sup>. When compared to the national FSM cohort, Luton children in receipt of free school meals are slightly more likely than average to achieve expected levels, but the trend in Luton for this group is worsening.

<sup>80</sup> This is the case nationally as shown on the chart, and is also the case locally



Figure 22: Proportion of children in receipt of free school meals (FSM) meeting expected levels in communication and language goals (end of EYFS), compared to England and to statistical neighbours, 2018



Approximately 13 per cent (n=429) of Luton pupils in early years are eligible for free school meals<sup>81</sup>. Local analysis has shown that most of these pupils are from South, Biscot and Farley (nine per cent each), followed by Leagrave, Dallow and Northwell (eight per cent each). There is a contrasting picture in Barnfield, Stopsley, Limbury and Bramingham where only two per cent of pupils are in receipt of funding.

Mosaic Public Sector is an Experian-produced public sector classification system used by the council, which allows us to generalise about populations living Luton. Mosaic Public Sector is linked to over 400 data elements. As well as Experian data and other market research, Mosaic is linked to a number of specific public sector data sources from criminal justice, education, the environment and health, as well as central and local government. We have used Mosaic to enhance our understanding of children with a SLCN.

Mosaic analysis shows that children who are not on schedule at ASQ, and children who do not meet early communication and language goals at the end of the EYFS, are statistically more likely to live in the 'Family Basics' and 'Urban Cohesion' categories. The children not meeting expected levels at end of EYFS, and whose postcodes fall in to 'Family Basics', are most likely to live in Northwell (20 per cent live here), followed by Farley (15 per cent), Leagrave (13 per cent) and Lewsey (13 per cent). Those falling into 'Urban' Cohesion are most likely to live in Dallow (25 per cent live here), Biscot (23 per cent), Saints (18 per cent) and Challney (15 per cent).

<sup>81</sup> The measure of FSM relates to targeted funding, which is widely used as a proxy measure to help to understand the effects of deprivation

Of the 430 pupils identified as having a SLCN, over half (n=218) fell into the 'Urban Cohesion' category on Mosaic. This group's characteristics are summarised as:

- settled extended families who live in multi-cultural city suburbs
- larger families who share their home with elderly parents or other family members
- diverse neighbourhoods with a significant proportion of the population of South Asian origin
- slightly above average dependence on the state for support
- high crime rate - robbery, drugs crime, violent crimes and vehicle crime are all more likely to be reported here than elsewhere
- higher than average fear of crime

The rate of children not meeting expected levels in this Mosaic group is statistically significant. The overall rate is 17 per cent, but the rate is much higher in Northwell (23 per cent) and lower in Saints (15 per cent).

Families classified as 'Urban Cohesion' often have large families and older relatives living with married children. This generational range may distort the Mosaic analysis of preferred communication methods, although it may also offer different avenues of contact. Mosaic suggests the following that may assist when understanding how best to reach these families:

- love technology, always first with gadgets
- owns smart TV, tablet, laptop
- moderate internet access
- regular user of email, Facebook and Twitter
- like to be contacted by post
- reads range of newspapers (Independent, Guardian, Daily Express, Daily Telegraph, Times, Daily Mirror)
- mainly shops in M&S, Lidl, Sainsbury's and Iceland
- very likely to belong to a religious organisation

#### **Key point(s)**

Analysis for this assessment has identified that children living in the most deprived areas have poorer outcomes compared to children living in other parts of Luton. Other proxy measures for deprivation such as families in receipt of free school meals and two year olds in funded nursery places also confirmed statistically significant differences in results when compared with the rest of the Luton population.

Mosaic analysis also confirms the link between SLCN and what we know about deprivation in Luton, not necessarily highlighting the very poorest, but families struggling to make ends meet, including people in work in the lowest paid employment.

Mosaic provides information that helps us to understand the difficulties that families face, but also helps us to understand the best methods to use when communicating with them.

## Schools

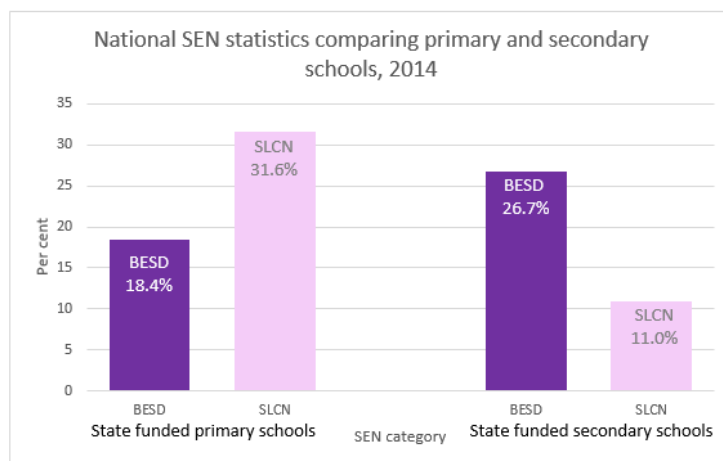
There are some Luton schools where over a quarter of the population at the end of the EYFS have not met the expected levels in communication and language. This provides opportunities for targeted interventions, recognising that some of these are special schools, or have high numbers of pupils with SEN. Some have high proportions of pupils from geographical areas identified as having high SLCN. Schools attended by children living in Northwell ward and Dallow ward have high proportions of children not meeting expected levels in early communication and language goals.

Luton Special Educational Needs service highlights the support that schools need in identifying primary need and the importance of close working with Special Educational Needs Co-ordinators (SENCOs). This working relationship is likely to be good in nurseries, perhaps less so as children get older. This may be particularly the case in secondary schools due to the changed environment and the fact that children spend the day with a number of different members of staff.<sup>82</sup>

In some children, particularly those with behavioural, emotional and social difficulties (BESD)<sup>83</sup>, SLCN can be difficult to spot and the nature of the difficulties can change over time, often becoming more complex<sup>84</sup>. It is locally<sup>85</sup> and nationally<sup>86</sup> recognised that a shift occurs between primary and secondary education when the focus moves from the SLCN to the associated behaviours instead.

This shifting relationship is shown in Figure 23, based on national figures from 2014. It would not be possible to replicate this for Luton due to different time frames and possible differences in recording practices, but there is a definite reduction in children recorded as having SLCN when the transition is made from primary to secondary education, and continued reductions thereafter (Table 18).

Figure 23: National SEN statistics comparing primary and secondary schools



<sup>82</sup> Tracey Spence, Luton Special Educational Needs Service, Luton, 2019

<sup>83</sup> This category has now been replaced with the category Social, Emotional and Mental Health (SEMH). This reflects the change in thinking around causes of 'challenging behaviour' and growing concern about young people's mental health. For more information, see [Types and categories of SEN](#)

<sup>84</sup> Lindsay, G., et al (2008) Effective and Efficient Use of Resources in Services for Children and Young People with Speech, Language and Communication Needs DCSF Research Report RW05 in The Communication Trust (2014) [Factsheet for schools](#)

<sup>85</sup> Tracey Spence, Luton Special Education Needs Service, July 2019

<sup>86</sup> The Communication Trust (2014) [Doing justice to speech, language and communication needs](#)

Source: DfE 2014 SEN statistics, from The Communication Trust (2014) [Doing justice to speech, language and communication needs](#)

Table 18: Children with SLCN as primary SEND need by school year

Children with SLCN as primary SEND need by school year

School type	Year	Count	School type	Year	Count
Nursery - Primary	N1	20	Secondary	7	53
	N2	60		8	38
	R	159		9	36
	1	163		10	43
	2	177		11	17
	3	174			
	4	133			
	5	127			
	6	100			

Source: SEND data, Luton, January 2019

National evidence<sup>87</sup> tells us that many children and young people do not have their needs accurately identified or supported at secondary school. For various reasons, some may not have attended schools for long periods of time. The children who are of most concern are those who are absent from any educational setting or home schooling service, because this means it is not possible to identify and address any needs. Although we have not been able to look at these factors in any detail in this assessment, due to the primary focus on early years, the two charts that follow show high rates of fixed period exclusions at secondary schools, and high rates of 16-17 year olds not in education, employment or training. Both show levels that are statistically higher when compared to England, and to statistical neighbours (Figure 24; Figure 25).

<sup>87</sup> Source: DfE 2014 SEN statistics in The Communication Trust (2014) [Doing justice to speech, language and communication needs](#) ; See also Figure 23 in this document

Figure 24: Chart showing secondary school fixed period exclusions (%), 2016/17

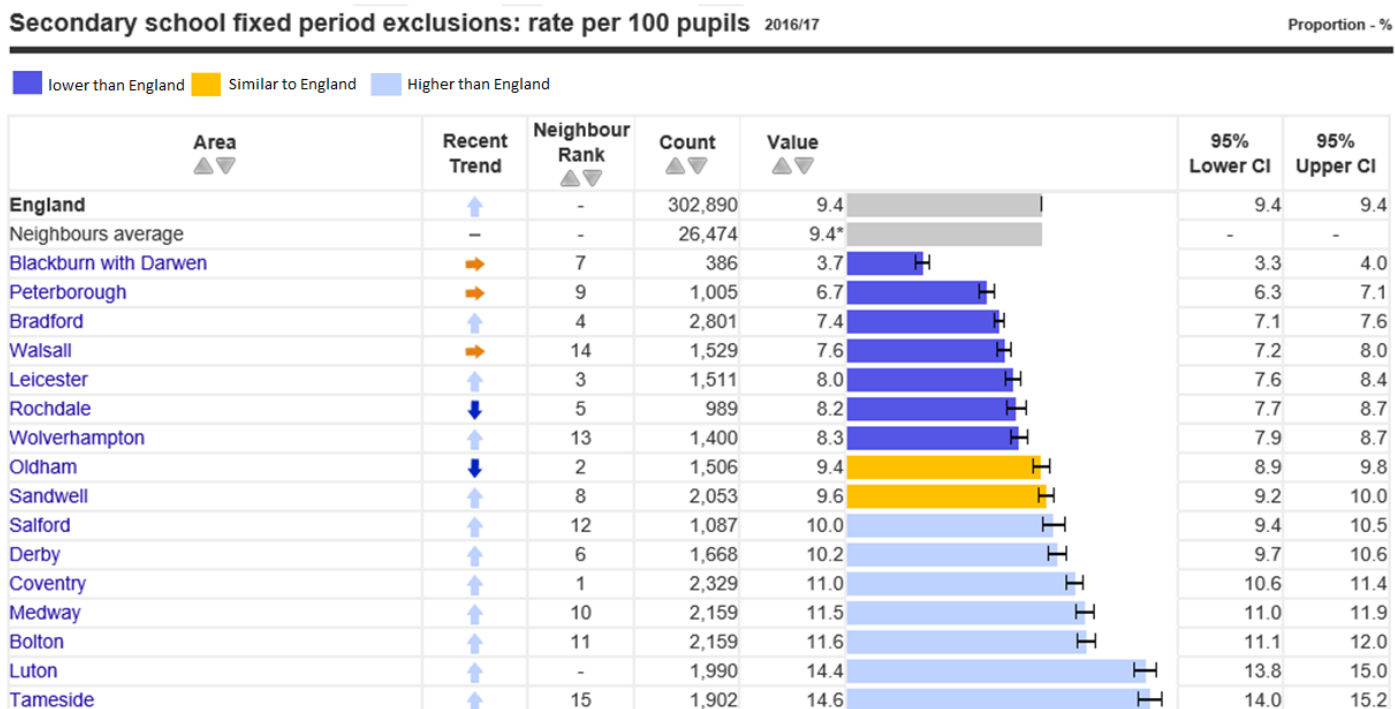
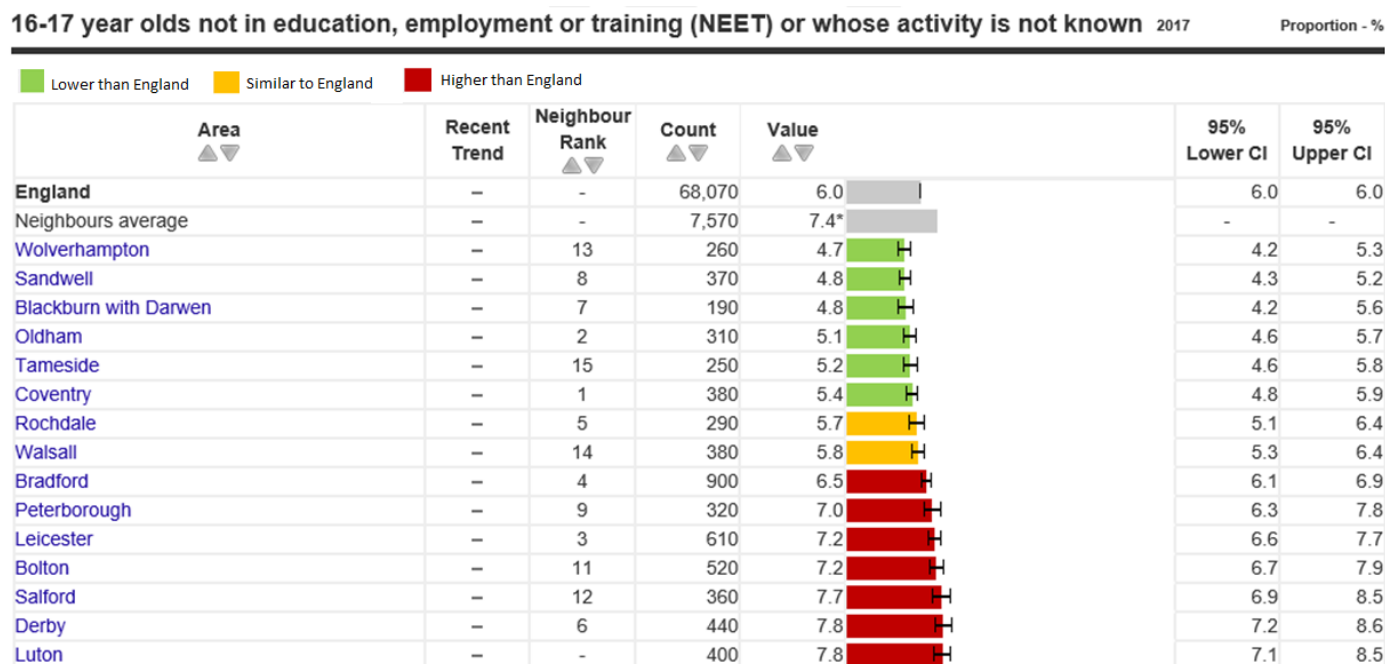


Figure 25: Chart 16-17 year olds not in education, employment or training (NEET), or whose activity is not known (%), 2017



Medway removed (data quality) PHE fingertips (DfE data)

### **Key point(s)**

Schools attended by children living in Northwell and Dallow wards have high proportions of children not meeting expected levels in communication and language goals at end of the EYFS. It may be worth considering early years settings and schools in these areas for targeted interventions or a SLCN pilot project.

During the transition from primary to secondary education, there appears to be a shifting focus from SLCN to the associated behaviours instead. From this point on, there are continued reductions in Luton children and young people recorded as having SLCN.

National evidence<sup>88</sup> tells us that many children and young people do not have their needs accurately identified or supported at secondary school. For various reasons, some may not have attended schools for long periods of time. The children who are of most concern are those who are absent from any educational setting or home schooling service, because this means it is not possible to identify and address any needs.

Luton has statistically higher proportions of children excluded from secondary school and of 16-17 year olds not in education, employment or training. National evidence suggests that absence from school makes it harder to evidence a young person's need for support.

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<sup>88</sup> Source: DfE 2014 SEN statistics in The Communication Trust (2014) [Doing justice to speech, language and communication needs](#) ; See also Figure 23 in this document

## Section 8: Engagement and perceived needs

What do children and young people / parents and carers say?

### National view

The Better Communication Research Programme (BCRP) was commissioned as part of the Better Communication Action Plan<sup>89</sup>, the government's response to the Bercow review of services for children and young people with SLCN<sup>90</sup>. Although ten years old, we should bear in mind the findings of this report when trying to understand the perspective of children and parents alongside local evidence as they are as useful today as when first written.

This report found the following:

#### Children's perspectives: key issues

- children's reports of their quality of life suggest that they are particularly vulnerable regarding social acceptance and emotional well-being
- features of children's lives that cause enthusiasm and interest were not reflected in the school targets that they could remember

#### Parent's perspectives: key Issues

- parents' reports of the process of identification showed variability in the age and process of early identification
- although many parents were satisfied with provision for their children, there were marked discrepancies; parents of children with ASD reported that their children received higher levels of provision and reported higher levels of satisfaction than parents of children with other learning needs
- lack of clarity about the use of the term SLCN was also identified as an issue that may impact upon provision
- there were a number of parents who were not aware of the level of provision that their child was receiving
- parents valued outcomes related to the increasing independence and inclusion of their children and recognised the vital role that communication skills play in the achievement of these skills; the challenge is to identify the pathway from the underpinning communication skill to the functional outcome and the evidence-based interventions that achieve them

#### Implications

- practitioners need to check and make themselves aware of the perspectives of children and young people, particularly in terms of their views on their own social acceptance and emotional well-being
- understanding the perspectives of children and young people is also fundamental to the process of developing relevant, meaningful, functional and motivational targets that are shared with and by the children and young people
- parents need easy access to information about developmental indicators of speech, language and communication development and the factors which practitioners recognise as cause for concern
- prospective research is needed to investigate the early concerns of parents to inform our understanding of the early developmental trajectories of children with SLCN

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<sup>89</sup> [Better Communication](#)

<sup>90</sup> [the-perspectives-of-children-and-young-people-who-have-speech-language-and-communication-needs-and-their-parents](#)



- parents need better ongoing information, not just at the time of assessment of special educational needs, about what is happening with their child, who is seeing the child, and when
- parents also need improved information about the evidence underpinning intervention decisions so that they can be real partners in planning discussions and can make evidence based choices
- services should systematically collect evidence of children's and young people's outcomes that can be shared with parents; importantly, the outcome data collected should reflect the concerns of parents
- research to investigate the effectiveness of interventions should include measures of outcomes relating to independence and inclusion
- since there will be differences of interpretation of the two higher level outcomes (independence and inclusion) for particular children and young people, an explicit discussion of the targeted outcomes for any intervention, whether in a practice or research context, should take place with children and young people and their parents

## Local view

Engagement with parents and children is on-going as part of Talking Takes Off, but we have some feedback from the Parent / Carer Forum in Luton based on the views of 52 parents<sup>91</sup> which highlighted the following:

- when children do not hit the milestones, parents do not know where to turn
- parents become concerned about SLC difficulties around the age of 18 months
- health visitor teams advise to take children to stay and plays so that they are exposed to language and interaction, but this does not work for children who behave differently to other children and it can make the situation worse for parents
- GPs are not referring young children to SALT; tend to have a 'let's wait and see' approach
- it is hard to get help for SLCN in two year olds; some parents get private assessments
- some children are passing two year old checks, but problems emerge when the child is older
- lots of positive feedback from speech and language drop in clinics prior to diagnosis when support is most needed
- positive feedback about other groups, particularly special needs group run by Flying Start
- long waits for Multi-Disciplinary Assessment (MDAs)
- children (and by implication, their parents) with a diagnosis and a place at a resourced nursery are happiest

Complaints to Luton council also provide some insight into parents' experience of services. Issues include<sup>92</sup>:

- lack of engagement with parents and complexity of accessing support
- parents feel blocked from accessing support and excluded from plans around their child's needs
- long waits for assessments and little opportunity to review
- the need for more funding for therapy for children with complex needs

<sup>91</sup> Luton Parent Carer Forum

<sup>92</sup> Yvonne Salvin, Business Intelligence, Luton Council, 2019



## Key point(s)

The need to engage with, and listen to, parents / carers, children and young people is paramount. Engagement projects have highlighted some recurring themes that matter to children and parents.

Children value:

- social acceptance and emotional well-being
- educational targets that reflect their interests and enthusiasm

Parents value:

- early signposting, early help and early diagnosis
- help for young children
- appropriate and supportive environments for children before, as well as after diagnosis
- shorter waits for assessments and more opportunities to review
- more engagement from / with services, feeling included in plans around their child's needs
- a diagnosis for their child and a place at a resourced nursery
- therapy for children with complex needs

Lack of clarity about the use of the term SLCN was also identified as an issue that may impact upon provision.

## Section 9: Intelligence gaps

Speech, language and communication difficulties have a direct impact on children's developmental and educational outcomes, health and wellbeing. Due to time and data restraints, and the necessary focus of this needs assessment on early years, we have not been able to develop a comprehensive local understanding for all factors, but they are well documented in national literature.

The Royal College of Speech and Language Therapists have produced a factsheet<sup>93</sup> outlining the effects of social disadvantage, in which they outline the key outcomes across the life course if SLC needs are not met. In addition to the analysis already detailed in this assessment, this fact sheet shows the following, which will be pertinent in Luton as elsewhere:

### Young people who offend or are criminally exploited

As many as 60 per cent of young people who offend or are criminally exploited are believed to have speech, language and communication needs sufficient to affect the young person's ability to communicate with staff on a day to day basis. Other research (in one UK establishment) has corroborated this and shows that up to 90 per cent of young offenders had below average SLC skills in standardised tests and up to 67 per cent have language skills which are 'poor' or 'very poor'. Despite this, many young people who offend or are criminally exploited have never had their SLC needs identified.<sup>94</sup>

The requirement to meet the needs of this vulnerable group is clear, to support young people who are in the criminal justice system and, crucially, after they leave. Identifying and providing support at the earliest possible point through health and education services may prevent some individuals from entering the criminal justice system at all.<sup>95</sup>

### Employability

If left unaddressed, speech, language and communication difficulties can adversely affect children in adult life, for example, poor communication skills affect employability. The proportion of long-term unemployed young men who have been found to have SLCN is 88 per cent.

### Cycle of communication deprivation

Failure to address SLCN can encourage an intergenerational cycle of communication deprivation and poor communication skills passed down from parent to child, which can have a detrimental impact upon the child's life outcomes.

### Children who are looked after

The learning outcomes for children who are looked after as well as children in need are known to be poorer compared to other children<sup>96</sup> and it is therefore important to consider SLCN in these groups. In recognition of this inequity, the EYFS allows for recording of children who are looked after, but this element is not included in the Luton data. This means that we have not been able to explore any disparity in Luton children who are looked after when compared with other Luton children.

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<sup>93</sup> The Royal College of Speech and Language Therapists (2014) The links between speech, language and communication needs and social disadvantage

<sup>94</sup> Source: DfE 2014 SEN statistics in The Communication Trust (2014) [Doing justice to speech, language and communication needs](#)

<sup>95</sup> Ibid.

<sup>96</sup> NSPCC (2019) [Looked after children: impact of being looked after](#)

### **Key point(s)**

We know from the national literature that outcomes over the life-course are very poor for children and young people whose SLCN are not met. We have been fortunate to have some good quality locally specific data that has allowed us to develop the picture around SLCN, particularly for early years' children. However, some gaps remain where the local intelligence picture is less well developed.

National data highlights some themes that we have not been able to explore in this assessment due to time and data constraints and the necessary focus on the under fives:

- a local understanding of the influence of SLCN young people who offend or are criminally exploited
- the continuing journey and experiences of young people with SLCN at secondary school and beyond, particularly those identified with behavioural difficulties
- the intergenerational effects of unmet SLCN
- children who are looked after and children in need

## Acronyms

ASD	Autism Spectrum Disorder
ASQ	Ages and Stages Questionnaire
BCRP	Better Communication Research Programme
BESD	Behavioural, Emotional and Social Difficulties
BIWAB	Behaviour, Inclusion and Wellbeing Advisory Board
BME	Black and Minority Ethnic
CCS	Cambridge Community Services
CIPFA	Chartered Institute of Public Finance and Accountancy
CPD	Continued Professional Development
EOF	Early Outcomes Framework
EAL	English as an Additional Language
EHCP	Education, Health and Care Plan
ESOL	English for Speakers of Other Languages
EYFS	Early Years Foundation Stage
IMD	Index of Multiple Deprivation
KS1	Key Stage 1
KS2	Key Stage 2
LATS	Luton Advanced Tracking System
LD	Learning Disability
LIF	Luton Investment Framework
LSOA	Lower Super Output Area
MDA	Multi-Disciplinary Assessment
MNS	Maintained Nursery School
NEET	Not in Education, Employment or Training
PHE	Public Health England
PVI	Private Voluntary Independent (early years setting)
SALT	Speech and Language Therapy
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SENCO	Special Educational Needs Co-ordinator
SEMH	Social, Emotional and Mental Health
SLCN	Speech, Language and Communication Needs
SLCNA	Speech, Language and Communication Needs Assessment

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