

Needs Assessment: Children and young people with Special Educational Needs and Disabilities (SEND)

November 2024

CONTENTS

CONTENTS	2
EXECUTIVE SUMMARY	4
INTRODUCTION.....	7
POLICY CONTEXT	8
National strategic and policy context.....	8
Children and Families Act 2014	8
SEND Review, 2022	8
SEND Code of Practice, 2015.....	9
Local strategic and policy context	10
South East London (SEL) Integrated Care System (ICS) strategic priorities	10
Bexley Joint Local Health and Wellbeing Strategy and Integrated Forward Plan	10
SEND inspection of Bexley Local Area Partnership and Bexley Local Area SEND Priority Action plan	10
Bexley's Special Educational Needs and Disability & Preparing for Adulthood Strategy 2024 to 2028	11
THE LOCAL PICTURE	12
SEN Population	12
Prevalence of disabilities in Children and Young People.....	16
Local risk factors and inequalities	16
Gender	16
Free School Meals (FSMs)	17
Ethnicity	19
Language.....	22
Age.....	24
Year group	25
School phase.....	27
Primary needs	28
Educational outcomes.....	30
Early Years Foundation Stage.....	30
Year 1 Phonics Screening	32
Key Stage 2	33
Preparing for adulthood	34
THE LOCAL RESPONSE	35

Bexley Local Offer.....	35
DfE Safety Valve	35
LOCAL VOICES	37
EVIDENCE FOR WHAT WORKS	38
GAPS.....	39
Data.....	39
Services	39
EHCP Quality and Timeliness	39
Transition and Preparing for Adulthood	39
Therapy Access and Commissioning.....	40
Data Use and Information Systems.....	40
Engagement of Children and Young People	40
School Nursing and Community Health Services	40
RECOMMENDATIONS	42

EXECUTIVE SUMMARY

This needs assessment examines the current landscape for children and young people with Special Educational Needs and Disabilities (SEND) in Bexley. SEND refers to those who face greater challenges in learning than their peers or have disabilities preventing access to typical facilities. This document outlines the policy context, the local picture, current responses, and identified gaps to inform future improvements in service delivery and support.

Policy Context

Bexley's approach to SEND is shaped by national frameworks, including the Children and Families Act 2014, which introduced Education, Health, and Care Plans (EHCPs), promoting personalised and integrated support. The SEND Code of Practice 2015 provides statutory guidance, emphasising early intervention and collaboration across agencies. The SEND Review 2022 identified systemic shortcomings in SEND services nationally, recommending enhanced resource allocation, improved multi-agency coordination, and consistent service standards. Locally, strategic plans like Bexley's SEND & Preparing for Adulthood Strategy (2024-2028) align with these principles, focusing on tailored support, smooth transitions, and effective resource management.

Local Picture

SEND Prevalence:

- In 2023/24, 15.9% of pupils in Bexley (6,862 students) had SEND, lower than national (18.1%), London (17.6%), and comparator areas (16.7%). Of these pupils, 71% received SEN Support, and 29% had EHCPs.
- The prevalence of SEND in Bexley has been increasing since 2020/21, following a prior decrease. The rise in SEND cases is likely attributed to greater awareness and improved identification/diagnostic practices. However, Bexley remains below the comparator benchmarks in overall SEND prevalence.

Inequalities:

- There is a notable gender disparity, with males nearly twice as likely to have SEND as females (1 in 5 vs. 1 in 10). Males in Bexley also represent a larger proportion of both those receiving SEN Support and those with EHCPs compared to females.
- Pupils eligible for Free School Meals (FSM) are over twice as likely to have SEND and 31.7% of which have an EHCP. However, the proportion of pupils with SEND who are eligible for FSM is relatively small in Bexley, highlighting the complex relationship between socioeconomic status and SEND identification.
- White British pupils make up the majority of the SEND population and are overrepresented compared to Bexley's school population.
- Ethnic disparities exist with an under representation of Black African pupils in the SEND population, while pupils from Traveller Irish heritage and Gypsy Roma

backgrounds are overrepresented compared to ethnic mix of Bexley's school population.

- Pupils with English as a first language have higher SEND prevalence compared to those with English as an Additional Language (EAL). However, EAL students with no recorded language have higher SEN support, which may warrant further investigation.

Educational Outcomes:

- At Early Years Foundation Stage (EYFS), SEND pupils in Bexley outperform national benchmarks, with smaller gaps between those receiving SEN support and those with EHCPs.
- Pupils with an EHCP show lower attainment in phonics screening outcomes in Year 1, especially when compared to other areas.
- At Key Stage 2, a higher proportion of SEND pupils meet expected levels in reading, writing, and maths compared to regional and national averages. Pupils with an EHCP, on the other hand, had a lower proportion meeting expected level compared to comparator local authorities, though not significantly.

Key SEND Trends/Needs:

- In Bexley, the highest prevalence of both SEN support and EHCPs is found in the 5 to 10-year-old age group, which is also evident nationally. Findings by year group shows the combined prevalence of any SEND peaks for pupils in Year 6 (the final year of primary school).
- SEND prevalence steadily decreases in each secondary school year and is lowest in the older year groups (16–19), likely due to the transition to voluntary education.
- Primary schools have a higher SEND prevalence than secondary schools in Bexley, with 1 in 6 primary pupils identified as having SEND compared to 1 in 8 secondary pupils. Both are notably lower than national and London benchmarks.
- Speech, Language, and Communication Needs is the most prevalent primary need for pupils with SEN Support, matching the national picture.
- Autism Spectrum Disorder (ASD) is the most prevalent primary need for those with EHCPs, affecting a higher proportion of Bexley pupils than the national average.
- Specific Learning Difficulty is 3.5 times more prevalent in secondary schools compared to primary, indicating a shift in identified needs as pupils progress through education.

Preparing for Adulthood:

- As of March 2025, 396 young people aged 16-25 were receiving support by Bexley's Preparing for Adulthood Team, with most living with their families. This group faces a key transition in terms of eligibility for services, and careful planning is needed to ensure continuity of care.

- There is limited data on young people transitioning from SEN provision to no longer receiving local authority services in adulthood. This group may include individuals with lower-level needs not meeting adult service thresholds, but further work is needed to identify and understand their needs.

Local Response

Bexley provides a SEND Local Offer, consolidating resources across education, health, and social care to guide families. The Department for Education's Safety Valve agreement funds initiatives like local SEND capacity building and early intervention programmes. However, inspections identified systemic weaknesses relating to:

- EHCP Quality and Timeliness
- Therapy Access
- Coordination
- School Nursing

Local Voices

Surveys conducted with parents and carers highlighted dissatisfaction with SEND services. Concerns included delays in assessments, insufficient support, and inconsistent communication across agencies. Positive feedback was limited to isolated cases of early intervention and effective collaboration. There is a pressing need for enhanced co-production and the integration of young people's voices in service planning.

Gaps

Data:

- Limited tracking of young people transitioning out of SEND services and inadequate insights into characteristics driving service inequalities

Services:

- Variable quality and timeliness of EHCPs
- Insufficient structured support for young people moving to adulthood, especially for those with less complex needs
- Long waits and inequitable access to therapy services
- Insufficient incorporation of children and young people's perspectives in service design

This assessment highlights the need for strengthened strategies to close these gaps, ensuring coordinated, inclusive, and effective support for all young people with SEND in Bexley. Recommendations to this effect are included at the end of the assessment.

INTRODUCTION

A child or young person is considered to have Special Educational Needs (SEN) if they have a learning difficulty or disability that requires special educational provision to be made for them. This applies if the child or young person has significantly greater difficulty in learning compared to others of the same age or has a disability that prevents or hinders them from accessing the facilities typically available to peers.¹

Under the Equality Act 2010, a child or young person is considered disabled if they have a physical or mental impairment that has a long-term (lasting a year or more) and substantial (more than minor or trivial) adverse effect on their ability to perform normal day-to-day activities. This broad definition includes children with sensory impairments (e.g., sight or hearing loss) and long-term health conditions such as asthma, diabetes, epilepsy, or cancer. There is significant overlap between disabled children and those with SEN, but not all disabled children have SEN. However, when a disabled child requires special educational provision, they are also covered by the SEN framework.

This needs assessment aims to provide an understanding of the current landscape for young people with SEND within Bexley. It provides the policy context alongside a local picture of children and young people in Bexley with SEND and examines what is working well for these children and young people, and where there are gaps.

¹ [SEND code of practice: 0 to 25 years](#)

POLICY CONTEXT

National strategic and policy context

This needs assessment is informed by a robust national policy framework designed to enhance support and outcomes for this population group. Central to this framework is the **Children and Families Act 2014**, which marked a significant shift in how SEND is understood and managed.

Children and Families Act 2014

The Children and Families Act 2014 introduced a more integrated approach to supporting children and young people with Special Educational Needs and Disabilities (SEND), bringing together education, health, and care services. At the heart of the Act is the Education, Health, and Care (EHC) plan, which emphasises personalised support tailored to the unique needs of each child or young person. This legislation empowers families by offering them greater choice and control over the services they receive.

A key feature of the Act is the requirement for closer collaboration between education, health, and social care agencies. This involves joint working across identification, assessment, and planning stages to ensure that services are coordinated and responsive. The Act replaced the previous system of separate assessments and plans with a single, integrated process: the EHC needs assessment, leading to an EHC plan (EHCP). This collaborative approach ensures that practitioners from different sectors work together to provide a unified plan that addresses the full spectrum of a child's needs.

The Act also introduced the concept of personal budgets, available to families with an EHCP. Personal budgets offer families more control over how funding is allocated and spent, enabling them to tailor services and support to better meet their child's individual needs.

Additionally, the Act requires all local authorities to maintain a "Local Offer" website, which provides clear information about the services and support available to children and young people with SEND in their area. This is designed to improve transparency and accessibility for families navigating the system.

SEND Review, 2022

In 2022, the government launched the SEND Review to assess the effectiveness of the current system for supporting children and young people with Special Educational Needs and Disabilities (SEND). The review aimed to identify challenges and propose reforms to ensure that children receive timely and appropriate support. It highlighted several key areas in need of improvement, including better resource allocation, enhanced multi-agency collaboration, and clearer pathways for accessing services.

The review was driven by widespread recognition that the existing SEND system is failing to meet the needs of children, young people, and their families. In response, the review proposed the creation of a new national SEND provision system that would establish consistent standards across education, health, and care. To implement this, new local SEND partnerships will be established, bringing together education, health, and care services with local authorities. These partnerships will develop local inclusion plans that outline how each area will meet national standards and ensure the inclusion of children with SEND.

The local inclusion plans will also specify the available specialist provision within the area, including resources within mainstream schools, alternative provisions, and specialist settings. Additionally, the review proposed a standardised, digitised Education, Health, and Care Plan (EHCP) system to reduce bureaucracy and promote consistency across different areas, making the process more efficient and user-friendly for families.

SEND Code of Practice, 2015

Supporting these legislative and strategic developments is the **SEND Code of Practice 2015**, which provides statutory guidance on the duties of local authorities, health authorities, and schools in meeting the needs of children and young people with SEND. It underscores the importance of early identification, intervention, and a person-centred approach, fostering a collaborative framework among families, schools, and other agencies.

There are four broad areas of need identified in the SEND Code of Practice, and it is important to note that children and young people may have needs across some or all these areas and these needs may change over time. The four categories are:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health difficulties
- Sensory and/or physical needs

Together, these policies and frameworks set the stage for a holistic approach to SEND provision in Bexley, guiding the local authority's strategic objectives and ensuring that the needs of children and young people with SEND are effectively addressed.

Local strategic and policy context

South East London (SEL) Integrated Care System (ICS) strategic priorities

SEL ICS set out its vision and strategic priorities for improving health and care for residents living in Bexley, Bromley, Greenwich, Lambeth, Lewisham, and Southwark between 2023 and 2028. The five system priorities are: prevention and wellbeing, early years, children and young people's mental health, adults' mental health, and primary care and people with long-term conditions.²

Bexley Joint Local Health and Wellbeing Strategy and Integrated Forward Plan

Bexley's Joint Local Health and Wellbeing Strategy (2023-28) focuses on prevention, early help, and reducing health inequalities, aiming to make Bexley a place where everyone can live a healthy and fulfilling life.³ The four key priorities are: children and young people, obesity, mental health, and ageing well. An Integrated Forward Plan highlights what action will be taken by system partners to deliver the strategy.⁴

SEND inspection of Bexley Local Area Partnership and Bexley Local Area SEND Priority Action plan

The 2023 Area SEND inspection of the Bexley Local Area Partnership highlighted 'widespread and systemic failings' which led to the experiences and outcomes of Bexley's children and young people with special education needs or disabilities becoming a cause for concern for Ofsted. The inspection recommended priority action to improve how well-equipped young people are for adulthood, amend EHCPs to better reflect the needs and provision for the child, and to address the large delays and gaps in the commissioning and provision of speech and language therapies. Improvements in the way in which children's voices are used to make improvements to services was also specified as an area of focus.

In response to the inspection report, the London Borough of Bexley Council and NHS SEL ICB published the children and young people with Special Educational Needs and Disabilities local area Priority Action Plan⁵ in April 2024. The Action Plan sets out the actions the local area will take to address the required improvements across three priority action areas. These areas are preparing young people with SEND for adulthood, ensuring all EHCPs are of good quality, and are reviewed and amended in a timely manner, and reviewal of the joint commissioning arrangements currently in place for speech and language therapy to ensure all children and young people have access to the therapy of which they have been assessed as being in need.

² [SEL ICS Strategic Priorities for 2023-28](#)

³ [Bexley's Joint Local Health and Wellbeing Strategy](#)

⁴ [Bexley Integrated Forward Plan](#)

⁵ [Bexley Local Area Partnership Priority Action Plan](#)

Bexley's Special Educational Needs and Disability & Preparing for Adulthood Strategy 2024 to 2028

Bexley's Special Educational Needs and Disability (SEND) and Preparing for Adulthood Strategy 2024–2028⁶ was developed through an extensive consultation process, ensuring the voices of children, young people, families, and key stakeholders were at its core. Initial public consultations in early 2024 featured online surveys and accessible formats to encourage broad participation. This was complemented by stakeholder discussions, including young people, parents, carers, and community organisations, to refine priorities and identify actionable goals. Key lessons from the 2023 Ofsted/CQC inspection and commitments under the Department for Education's Safety Valve programme also informed its development, leading to a strategy rooted in collaborative engagement and evidence-based insights.

The strategy outlines three core ambitions: timely, personalised support; smooth transitions to fulfilled adulthood; and effective resource management through collaboration. Progress is measured through clear indicators, such as the timeliness and quality of Education, Health and Care Plans (EHCPs), educational and employment outcomes for young people, and workforce satisfaction. Governance is provided by the SEND Improvement Board, which reviews progress quarterly against defined outcomes. These include enhanced local service provision, improved feedback from families, and increased opportunities for children and young people to achieve their aspirations.

⁶ [Bexley's Special Educational Needs and Disability & Preparing for Adulthood Strategy 2024 to 2028](#)

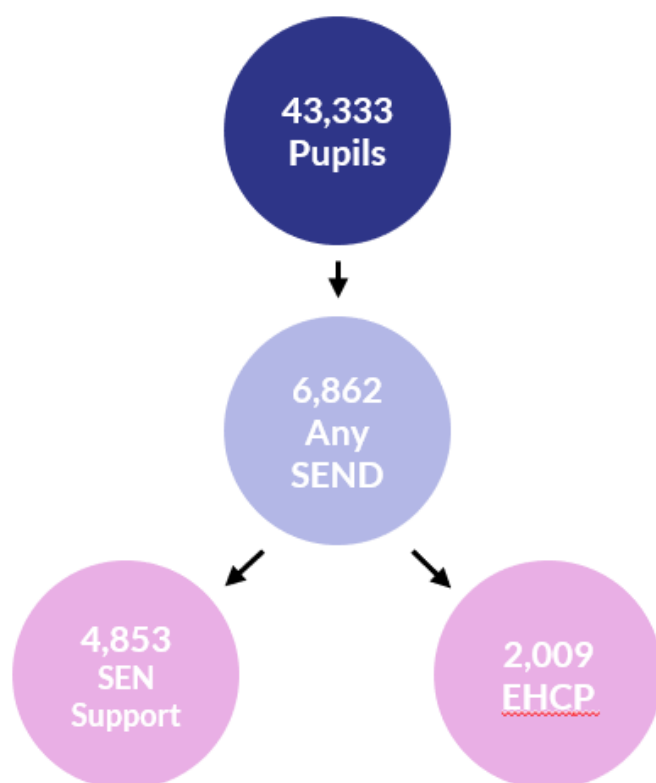
THE LOCAL PICTURE

Descriptive statistics on the local school population⁷ with SEN have been drawn from public domain Department for Education datasets derived from the annual School Census, to ensure that consistent benchmarks are available for comparison to Bexley. Comparisons are made to England, London, and a composite of comparator areas with similar characteristics to Bexley: Bromley, Havering, Medway, Sutton, and Thurrock.⁸

Where appropriate we have endeavoured to demonstrate inequalities in SEN prevalence by presenting the information in two ways: SEN prevalence within a particular population group, for example the proportion of children receiving Free School Meals who have SEN, and conversely the prevalence of the same characteristic within the SEN population, for example the proportion of CYP with SEN who are in receipt of Free School Meals. This approach reveals under- and over-representation of population groups that may only make up a small portion of the overall SEN population.

SEN Population

Figure 1: One in six pupils in Bexley have any SEND



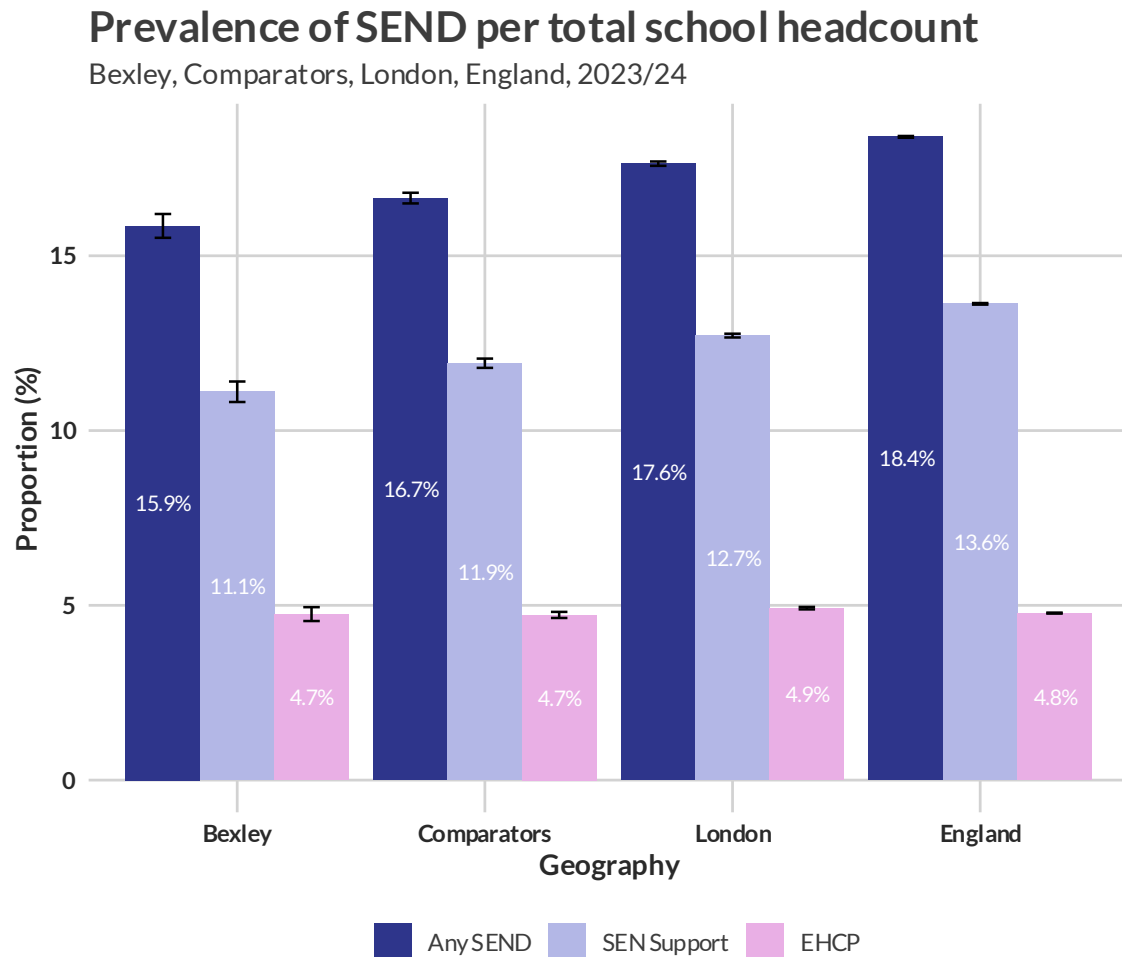
Source: DfE School Census

⁷ Pupils attending schools located in Bexley who may or may not reside in Bexley

⁸ The comparator areas – or statistical neighbours – were selected by a JSNA working group made up of key relevant partners, based on criteria of population, demography, and deprivation scores.

There are 43,333 pupils in Bexley schools. Almost one in six pupils (15.9%) attending Bexley schools have SEN, equivalent to 6,862 pupils. Of these, more than double the number of pupils receive SEN support (4,853 pupils), than have an EHCP (2,009 pupils).

Figure 2: Bexley has a smaller SEND cohort than benchmarks



Source: DfE School Census

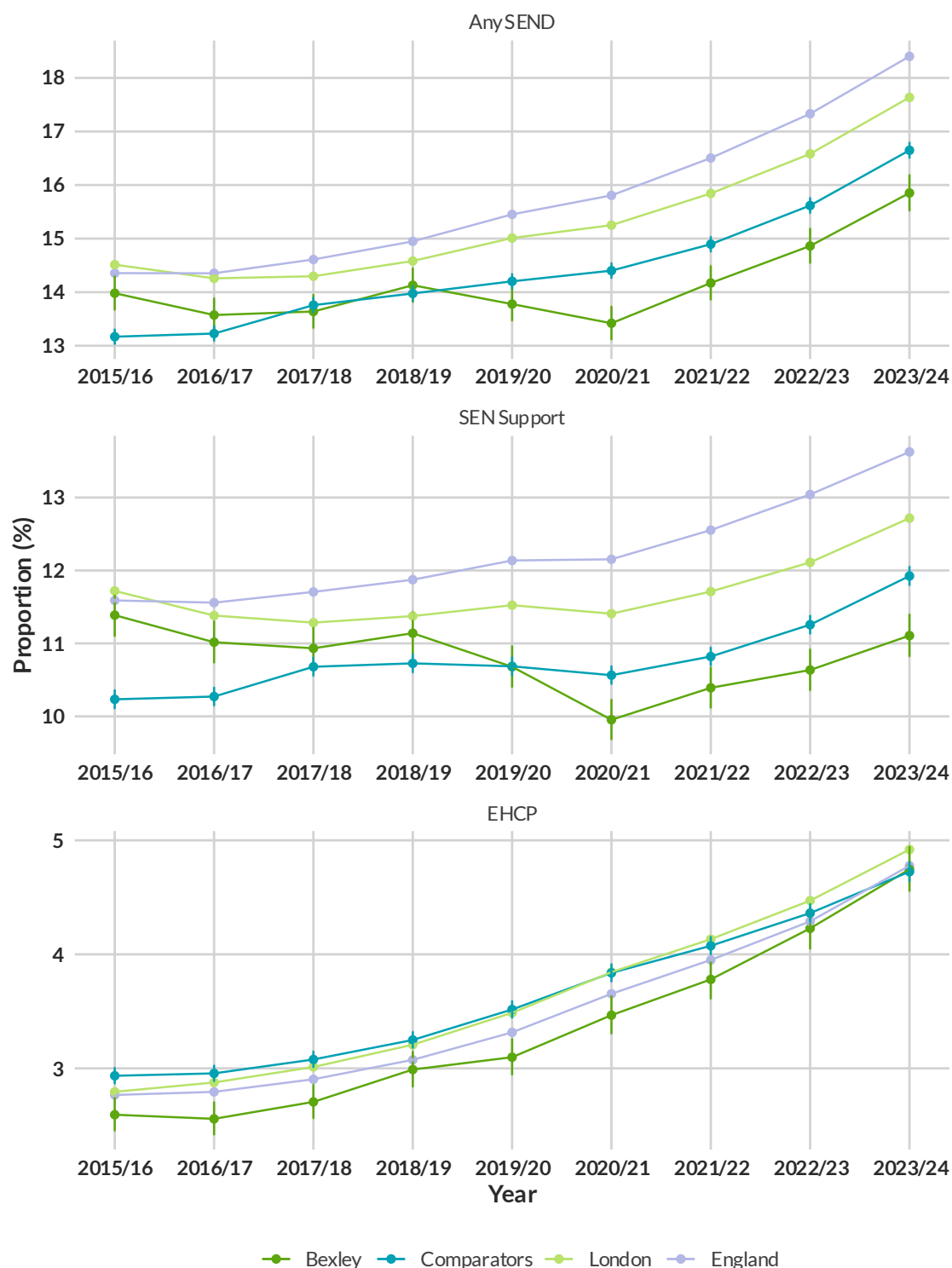
For the academic year 2023/24, the prevalence of SEND in Bexley (15.9%) was significantly lower than London (17.6%), England (18.1%) and comparators (16.7%). Any SEND includes the combined total of pupils who either have SEN Support or an EHCP.

For SEN Support alone, the prevalence was again significantly lower in Bexley (11.1%) than comparators (11.9%), London (12.7%) and England (13.6%). For pupils with EHCPs there was no significant difference in prevalence between Bexley (4.7%), comparators (4.7%), London (4.9%) and England (4.8%).

Figure 3: The prevalence of SEND has increased in Bexley over time

Prevalence of SEND per total school headcount

Bexley, Comparators, London, England, 2015/16 - 2023/24



Source: DfE School Census

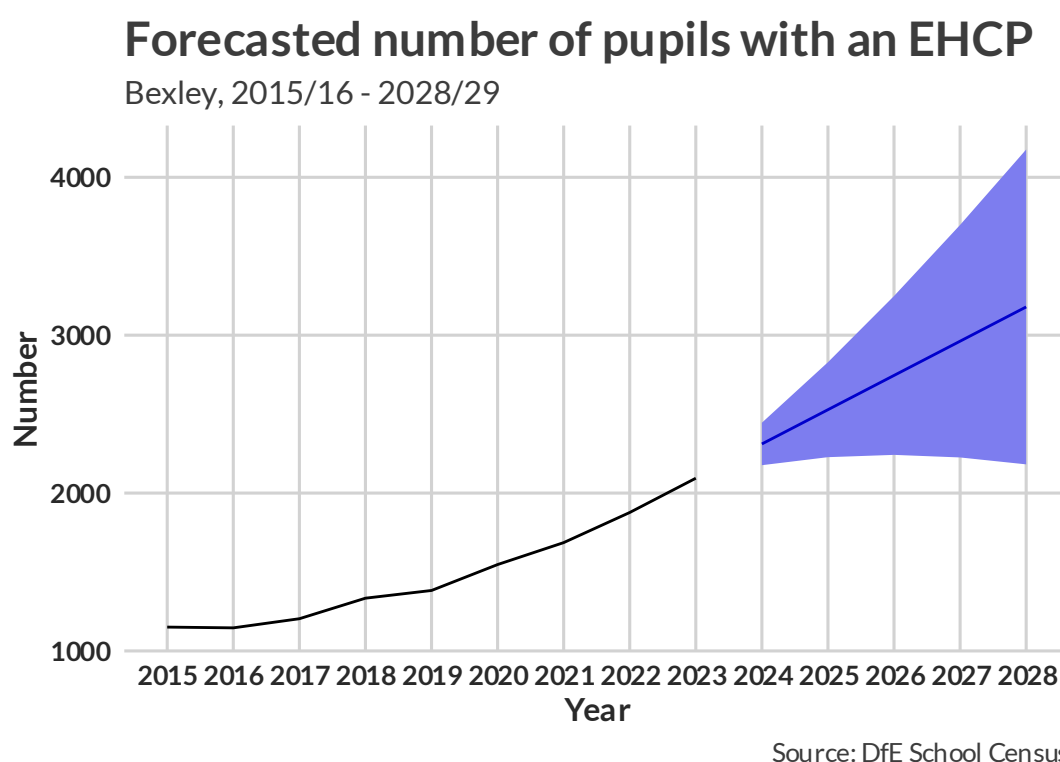
The prevalence of Any SEND has been increasing across Bexley, comparators, London and England at a very similar rate since 2020/21. Whilst for the benchmark organisations this trend is the continuation of a trajectory stretching back many years,

Bexley had seen a decreasing trend between 2018/19 and 2020/21, and despite recent increases, has remained below all benchmark organisations for five years. The literature suggests the recent increasing trend in SEND prevalence may be explained in part as a rebound following suppression of SEN identification in the early 2010s,⁹ and in part by increasing awareness and diagnosis, particularly of autism.¹⁰

The same pattern is evident in the prevalence of SEN support, where despite the recent upward trend, prevalence has not recovered to the levels of 2015/16. EHCP prevalence, on the other hand, has continually increased in Bexley across the whole time series, accelerating since 2019/20 such that Bexley's prevalence is now converging on benchmark organisations.

Based on the trend between 2015/16 and 2023/24, it is possible to estimate the future trajectory of numbers of children with an EHCP. The five year forecast¹¹ has a central estimate of 3,179 (which would be a 51.8% increase on the 2,094 in 2023/24), but as the range of uncertainty increases the further ahead we project, the number could be as high as 4,176, or as low as 2,181.

Figure 4: The number of pupils with an EHCP is projected to grow



Due to the volatility of recent trends, it is not possible to construct a similar forecast for numbers of children with SEN Support only.

⁹ [The special educational needs and disability review](#)

¹⁰ [Prevalence of parent-reported ASD and ADHD in the UK: findings from the Millennium Cohort Study](#)

¹¹ An autoregressive integrated moving average modelled on observations between 2015/16 and 2023/24 with 95% probability limits

Prevalence of disabilities in Children and Young People

The 2021 Census shows age and sex variation in the numbers and proportion of Children and Young People declaring disability under the Equality Act in Bexley, with both the highest number and the highest proportion per population being in the Female ages 16-24 category.

Table 1: There are 5,687 Children and Young People in Bexley with a disability

Females	Residents	EA Disabled	%
<i>Aged 4 years and under</i>	7,441	135	1.8
<i>Aged 5 to 9 years</i>	7,878	303	3.8
<i>Aged 10 to 15 years</i>	9,528	648	6.8
<i>Aged 16 to 24 years</i>	12,168	1,433	11.8
<i>Total</i>	37,015	2,519	6.8
Males			
<i>Aged 4 years and under</i>	7,590	222	2.9
<i>Aged 5 to 9 years</i>	8,317	652	7.8
<i>Aged 10 to 15 years</i>	9,891	989	10
<i>Aged 16 to 24 years</i>	12,472	1,305	10.5
<i>Total</i>	38,270	3,168	8.3
All			
<i>Aged 4 years and under</i>	15,031	357	2.4
<i>Aged 5 to 9 years</i>	16,195	955	5.9
<i>Aged 10 to 15 years</i>	19,419	1,637	8.4
<i>Aged 16 to 24 years</i>	24,640	2,738	11.1
<i>Total</i>	75,285	5,687	7.6

Source: ONS Census 2021

Local risk factors and inequalities

Gender

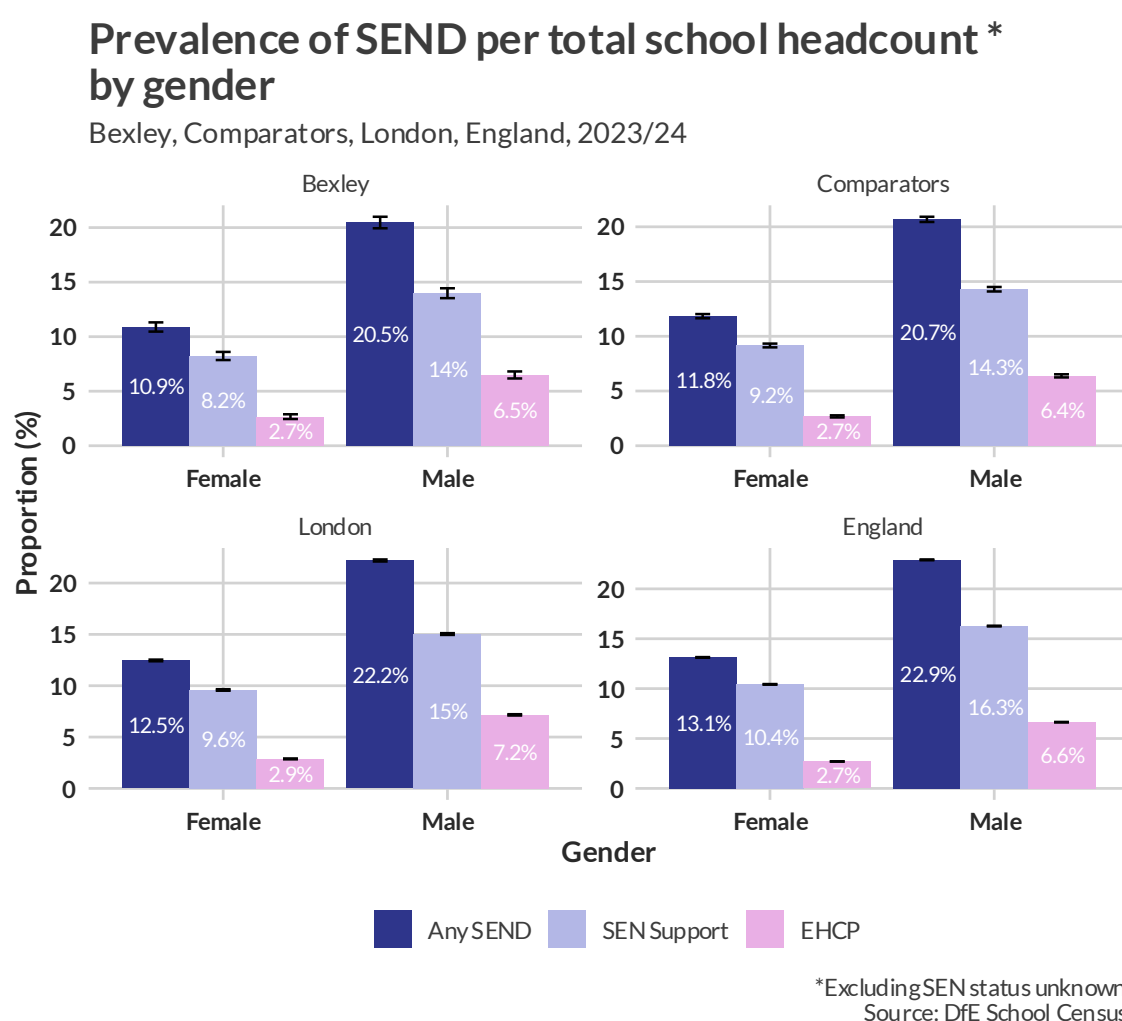
It is well established in England and in international studies that males are more likely to receive SEN services compared to females, but that the degree of difference in gender-specific prevalence varies both geographically and by type of need.¹²

The local picture follows the established pattern. Males in Bexley schools are almost twice as likely to have SEND compared to females, with around 1 in 5 males with SEND and around 1 in 10 females. In absolute terms, Bexley's male SEND cohort is more than

¹² [Gender differences in special educational needs identification](#)

twice the size of the female cohort (4,586 males to 2,276 females), a higher ratio than all benchmark organisations, which have ratios of males to females between 1.81 and 1.85.

Figure 5: Males are more likely to have SEN support or EHCP's



The gender difference in Bexley is driven more by EHCP prevalence than SEN support, with a ratio of 1.82 males to females receiving SEN support (3,133 to 1,720), and a much larger ratio of 2.61 males to females with an EHCP (1,453 to 556). This equates to around 1 in 37 females with an EHCP, and around 1 in 15 males with an EHCP.

Conversely, the difference between Bexley and its benchmark organisations is driven more by SEN support than EHCP prevalence, with benchmark SEN support ratios between 1.61 to 1.63 males to females. This is in line with the literature which suggests males are more likely to be diagnosed with both high incidence and low incidence disabilities, although the reason for this varies by type of disability.¹³

Free School Meals (FSMs)

A number of recent studies, such as a 2021 report by the Educational Policy Institute and Nuffield Foundation¹⁴, and a 2023 paper from the London School of Economics¹⁵,

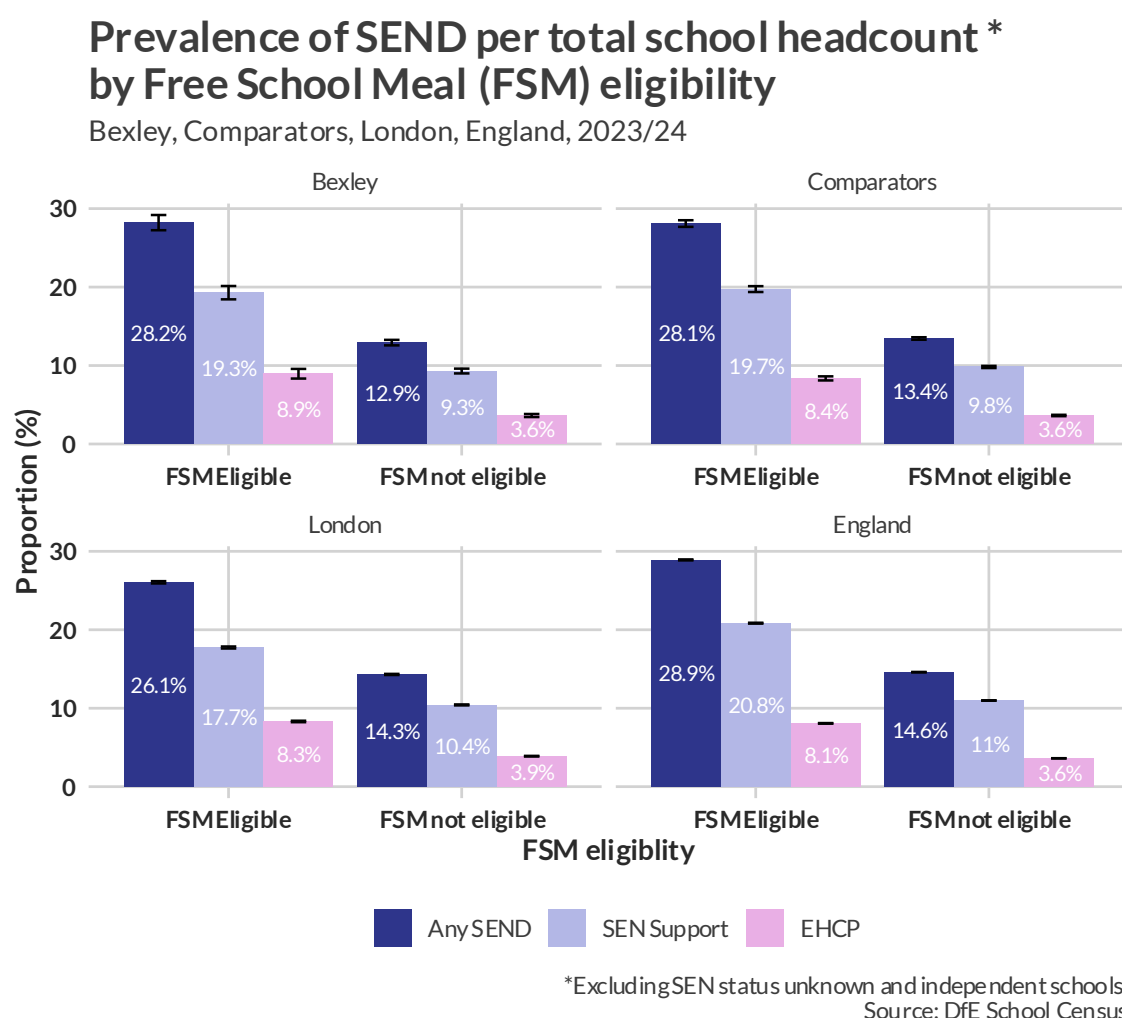
¹³ *Ibid*

¹⁴ [Identifying pupils with special educational needs and disabilities](#)

¹⁵ [Inequalities in provision for primary children with SEND by local area deprivation](#)

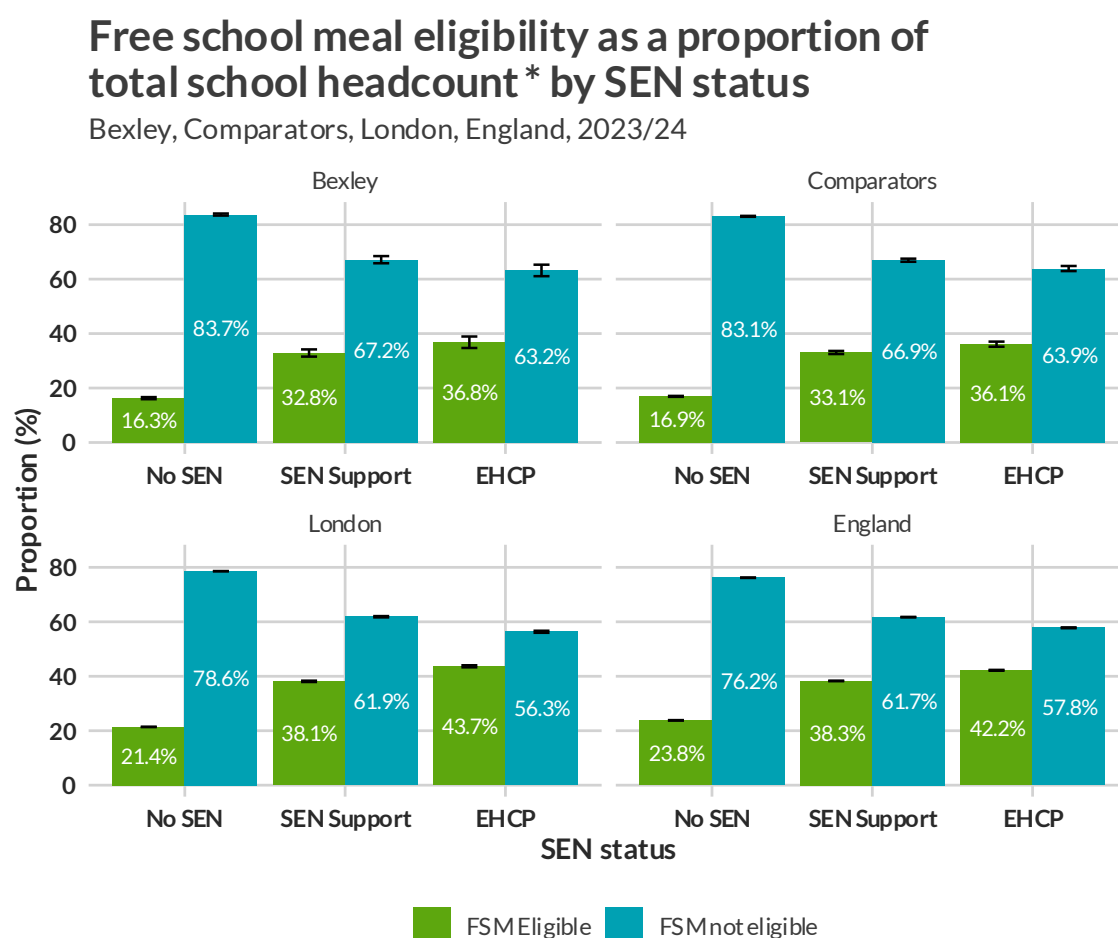
have demonstrated that if a child or young person has SEND, then the more deprived their neighbourhood, the more likely they are to receive SEN support and the less likely they are to have an EHCP. This, the LSE paper argues, indicates unmet need in the most deprived areas. Data on neighbourhood deprivation were not available for this needs assessment, and eligibility for Free School Meals (FSM) is used as a proxy.

Figure 6: Pupils eligible for FSMs are more likely to have SEND



Bexley pupils who are eligible for FSMs are over twice as likely to have SEND compared to pupils who are not eligible for FSMs, a pattern observed to varying degrees across benchmark organisations. Importantly, in the context of the research into deprivation, Bexley pupils with SEND who are eligible for FSMs are also more likely to have EHCPs, with 31.7% of pupils with SEND and eligible for FSMs having an EHCP compared to 28% of those with SEND and not eligible for FSMs. Further work is required to explore whether this finding is robust or due to FSM being a poor proxy for neighbourhood deprivation, as it is determined by individual household income.

Figure 7: Pupils with SEND are less likely to be eligible for FSM



*Excluding SEN status unknown and independent schools
Source: DfE School Census

Whilst Fig. 6 shows that FSM eligibility is a strong predictor of SEND, Fig. 7 shows that FSM eligible pupils nevertheless make up a small proportion of the SEND cohort in absolute terms. This is due to the smaller underlying number of pupils eligible for FSMs in Bexley, 8,721 pupils, or less than 1 in 5 of the total school headcount.

Compared to England and London, a smaller proportion of Bexley pupils with an EHCP are eligible for FSMs, but this again is likely due to the size of the underlying population, with almost 1 in 4 pupils in England being eligible for FSM and over 1 in 4 in London.

Ethnicity

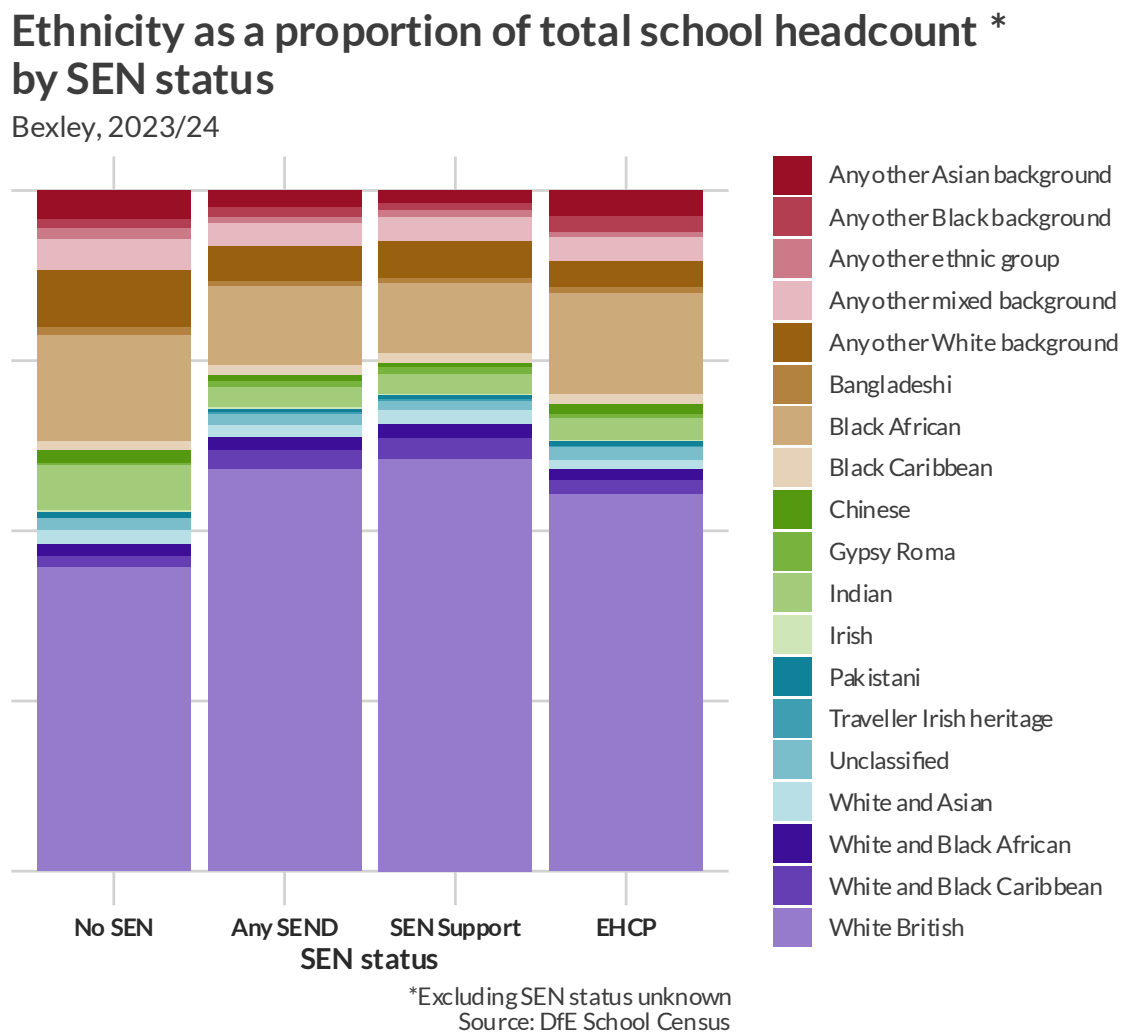
Although there is evidence of over-representation of certain ethnic minorities in SEN identification across England, it has been demonstrated that a large amount of ethnic disproportionality can be explained by associated patterns of socioeconomic status and other demographic factors.¹⁶ After adjusting for these factors, the national evidence

¹⁶ [Ethnic Disproportionality in the Identification of High-Incidence Special Educational Needs](#)

shows that most ethnic-minority groups are in fact underrepresented for SEN identification.

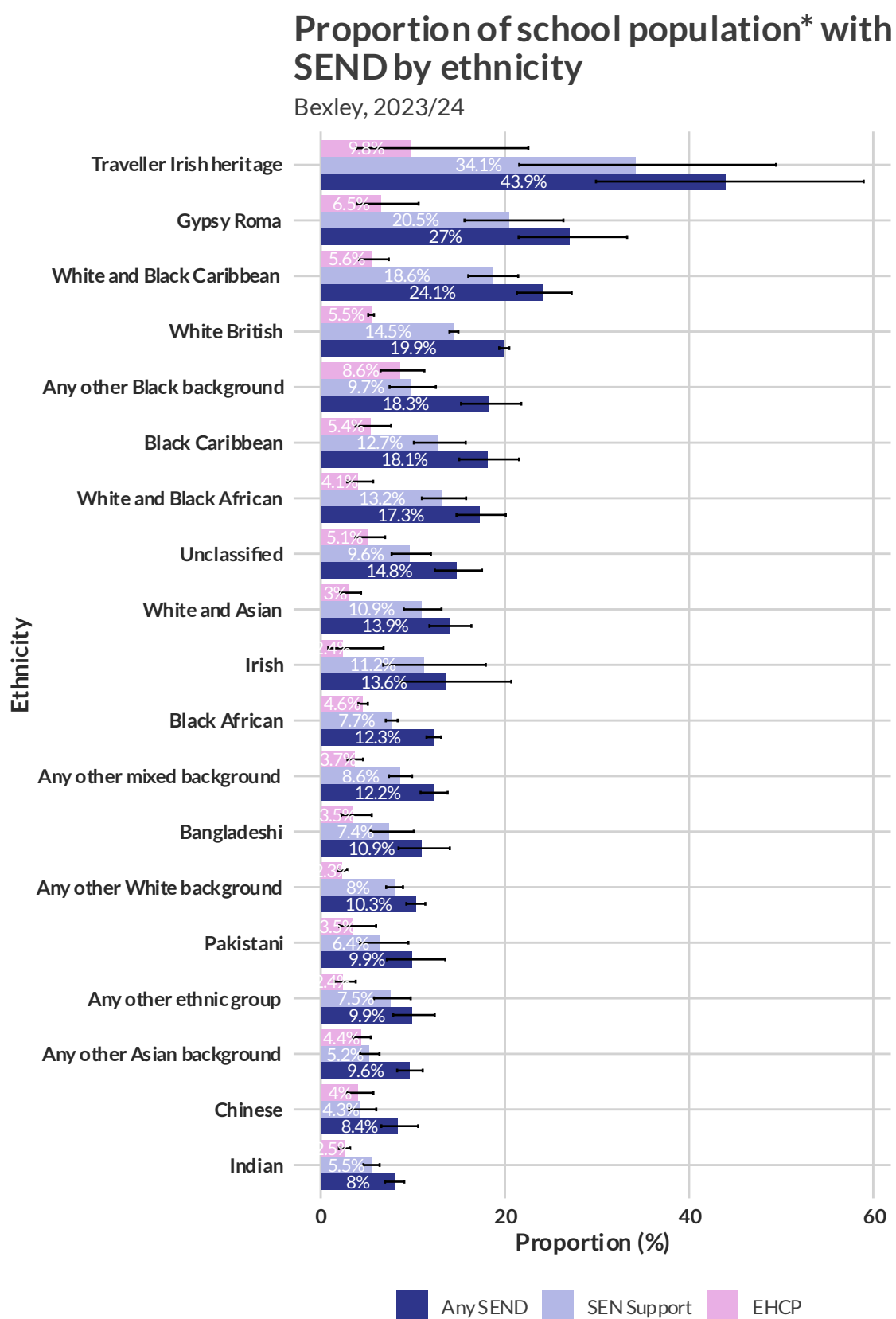
Fig. 8 shows the proportion of Bexley's school population by ethnicity, broken down by the categories: No SEN, Any SEND, SEN Support, and EHCP.

Figure 8: Pupils with Any SEND are more likely to be White British



Whilst White British pupils make up less than half of the total school headcount in Bexley, they make up more than 55% of pupils with EHCPs and over 60% of pupils with SEN support. Conversely, Black African pupils, who are the second largest group identified with SEN (11.6%), are underrepresented compared to their share of the total school headcount (15.0%).

Figure 9: Traveller Irish heritage pupils are most likely to have Any SEND



*Excluding SEN status unknown
Source: DfE School Census

The highest prevalence, and also most overrepresented group (groups which make up a larger proportion of the SEND population than would be expected given their share of the total school headcount), are pupils from a Traveller Irish heritage background, whose share of the SEND population is 2.8 times larger than their share of the total school headcount. Although the numbers for this group are very small (41 in total), it is still possible to determine with statistical significance that SEND prevalence is higher in this group than any other ethnic background other than pupils from a Gypsy Roma background (the second most overrepresented group at 1.7 times expected).

Prevalence of EHCPs follows a very similar pattern to that of SEND prevalence, with the ethnic groups with the highest rates of Any SEND also having the highest rates of EHCPs. Pupils from Any other Black background are an outlier in this respect, with a higher prevalence of EHCPs than might be expected given their overall SEND prevalence. Whilst pupils from Any other Black background have a SEND prevalence less than half that of the highest group, they experience the second highest EHCP prevalence.

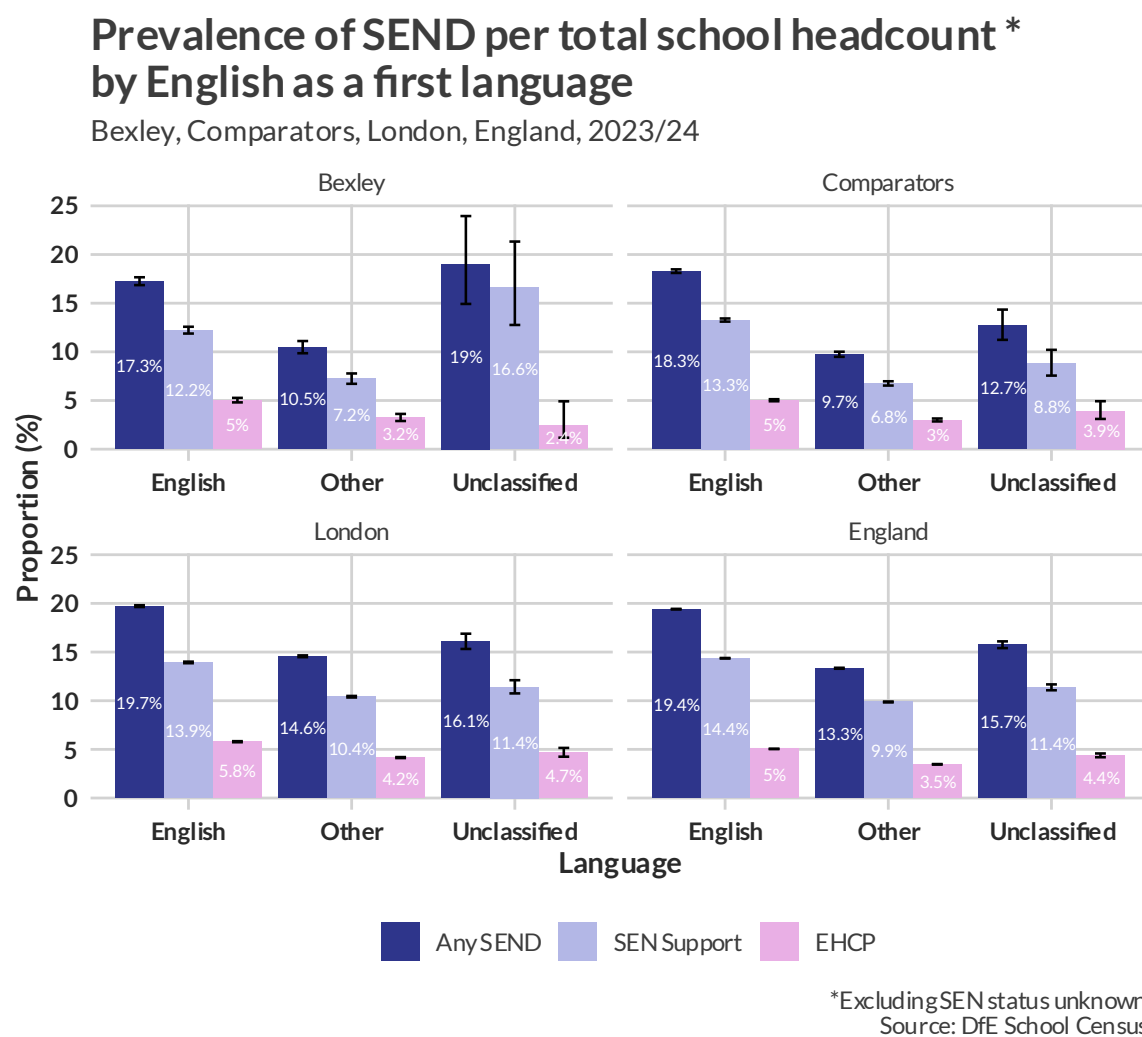
Language

Most Bexley pupils (78.2%) speak English as a first language, equivalent to 33,900 pupils, and just over one in five (22.4%) speak English as an additional language (EAL), equivalent to 9,144 pupils.

The SEND Code of Practice definitively states that “difficulties related solely to learning English as an additional language are not SEN.” As such, this personal characteristic should not in itself be a predictor of SEND, and indeed in Bexley it is not, with pupils who speak English as an additional language (EAL) having a lower prevalence of both SEN support and EHCPs than pupils who speak English as a first language.

There is, however, a statistically significantly higher prevalence of SEN support in the small group of pupils (289) whose first language was not recorded, compared to pupils with English as a first language – a finding that does not tally with benchmark organisations. Further work is required to interpret this finding, including investigating the possibility that it is merely an artefact of data collection, as the Department for Education data used in this analysis does not allow closer examination of the group in question.

Figure 10: Pupils with English as a first language are more likely to have Any SEND

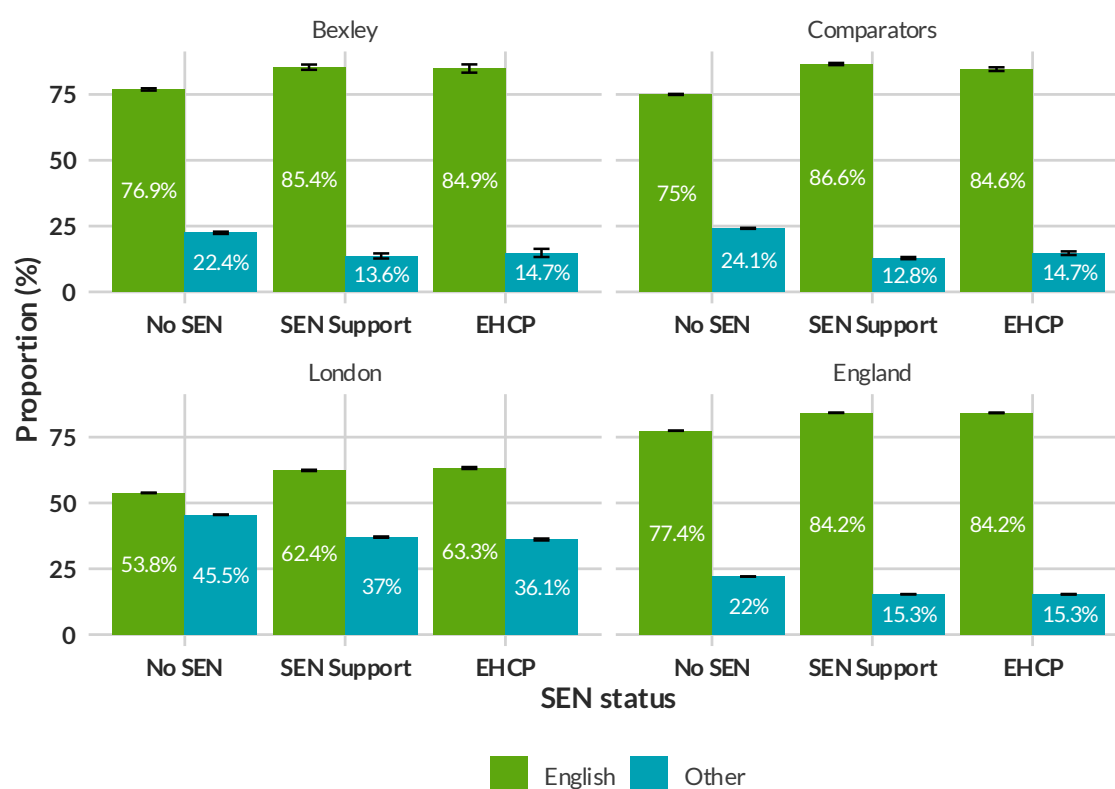


Given pupils who speak English as a first language both make up the larger proportion of the total school headcount, and have a higher prevalence of SEND, it follows that they also make up the larger proportion of the SEND cohort in Bexley. 85.4% of pupils receiving SEN Support in Bexley speak English as a first language, and 84.9% of those with an EHCP speak English as a first language). Fig. 11 shows that whilst these proportions are not dissimilar to the England and comparator benchmarks, they are highly atypical of London, where pupils with EAL make up a much larger proportion of the overall headcount, and therefore also of the SEND cohort:

Figure 11: Pupils with SEN Support or an EHCP are more likely to have English as a first language

English as a first language as a proportion of total school headcount* by SEN status

Bexley, Comparators, London, England, 2023/24



*Excluding SEN status unknown
Source: DfE School Census

Age

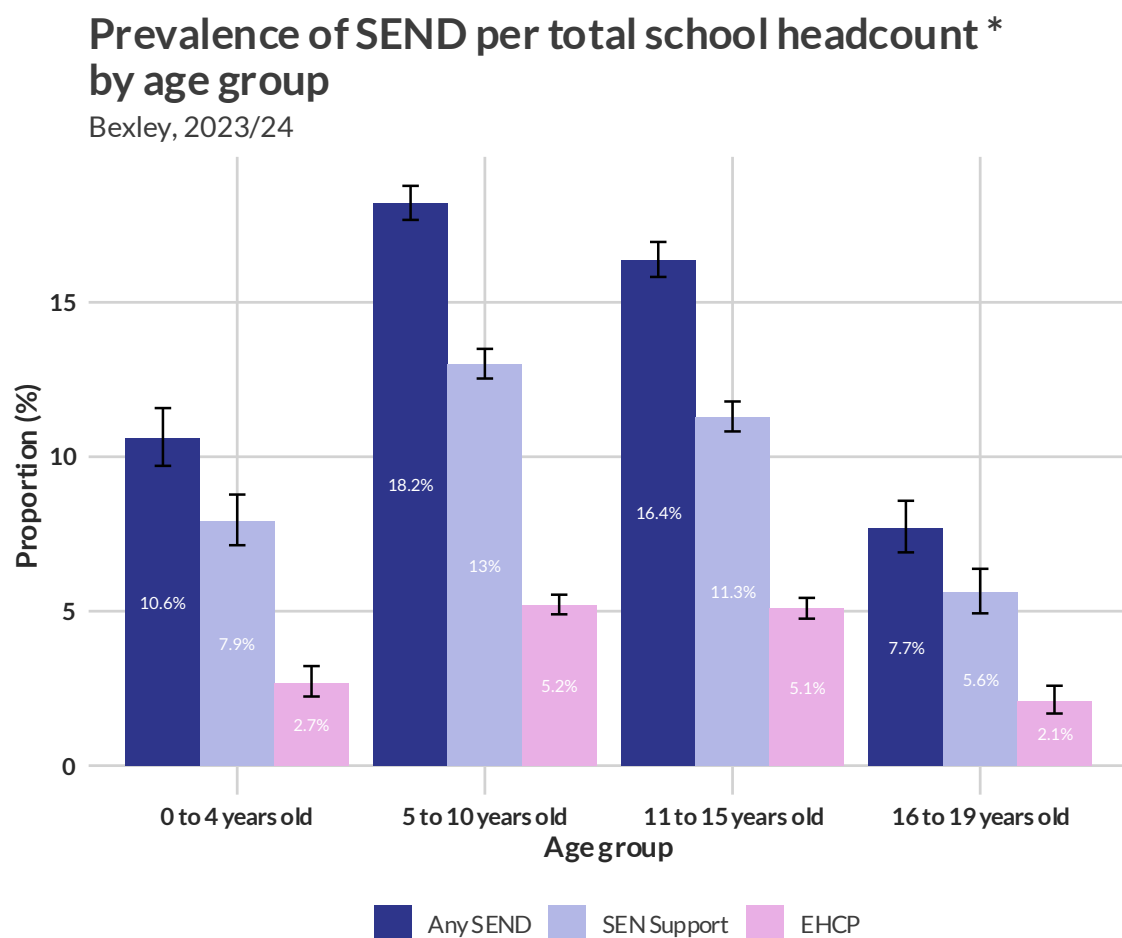
Across England SEN support prevalence initially increases with age, peaking at age 9, with EHCP prevalence peaking at age 11, before both gradually decrease again through the following years.¹⁷ This is because, as research conducted on the National Pupil Database has demonstrated, the age distribution of SEND prevalence reflects patterns of emergence and identification of needs through the early lifecourse with pupils both entering and leaving the cohort as needs change.¹⁸

In Bexley the same pattern is evident, with the 5 to 10 year old age group having the highest prevalence of both SEN support (50.5%) and EHCPs (48.8%). The age group with the smallest proportion receiving SEN support or an EHCP is the ages 16 to 19 year old group (4.5% and 4.1% respectively), likely reflecting the transition to voluntary education:

¹⁷ [Headline Facts and Figures 2023/24](#)

¹⁸ [How Many Children have SEND?](#)

Figure 12: Pupils aged 5 to 10 years old are more likely to have Any SEND



*Excluding SEN status unknown
Source: DfE School Census

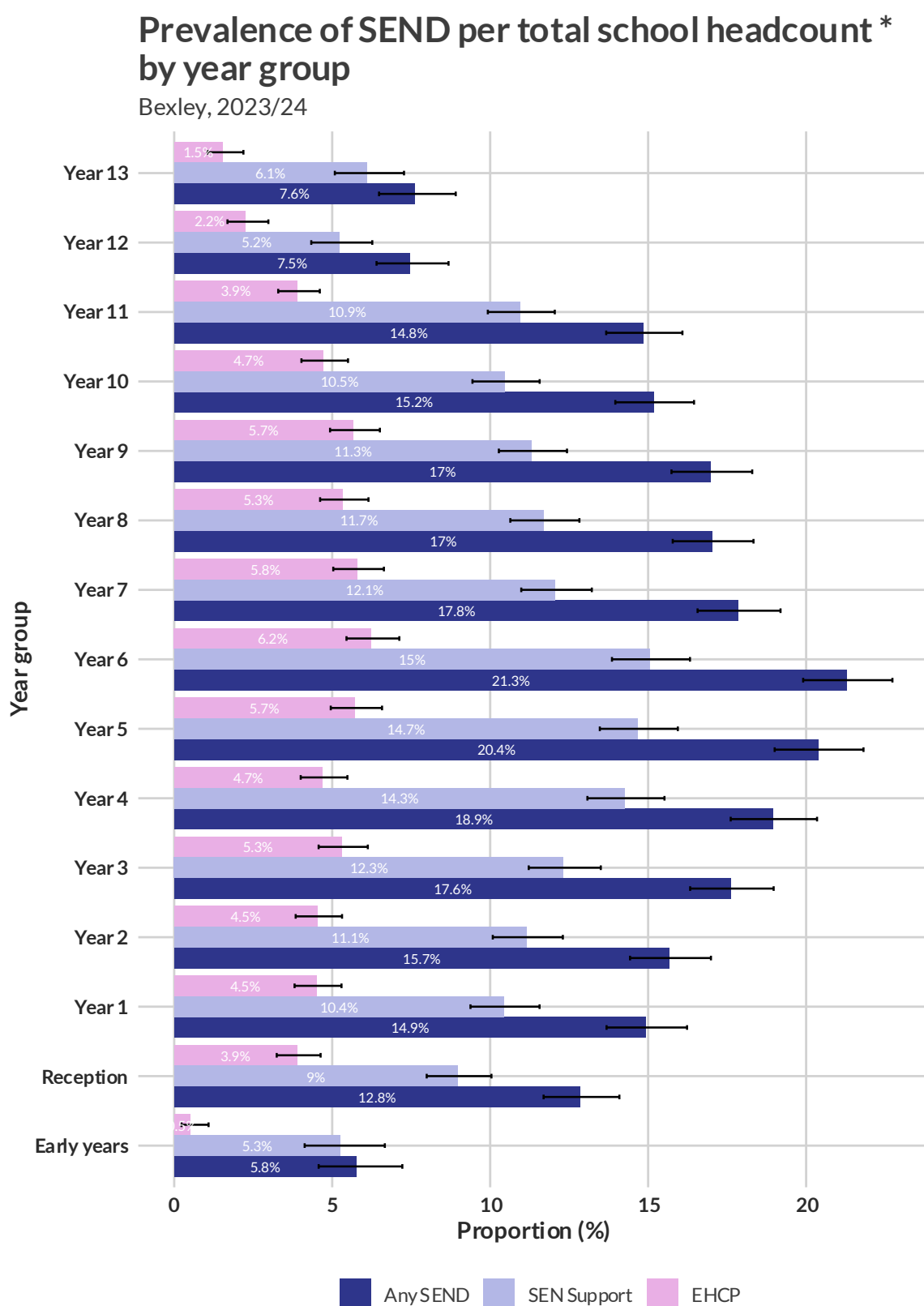
Year group

In Bexley, both SEN support and EHCP prevalence peak in Year 6, the final year of primary school, before the combined prevalence of any SEND steadily decreases year group by year group. The aforementioned study¹⁹ of the National Pupil Database has shown that at England level a similar distribution for children with SEND exists across year groups, whereas the prevalence of children who have ever had SEND increases year group by year group the whole way through compulsory education.

This highlights the fact that the distribution presented in Fig. 13 is a snapshot of a rolling cohort, i.e. that each decrease in SEND prevalence indicates a group of children who previously, but no longer receive services:

¹⁹ [How Many Children have SEND?](#)

Figure 13: Pupils in Year 6 are most likely to have Any SEND



*Excluding SEN status unknown and Year 14
Source: DfE School Census

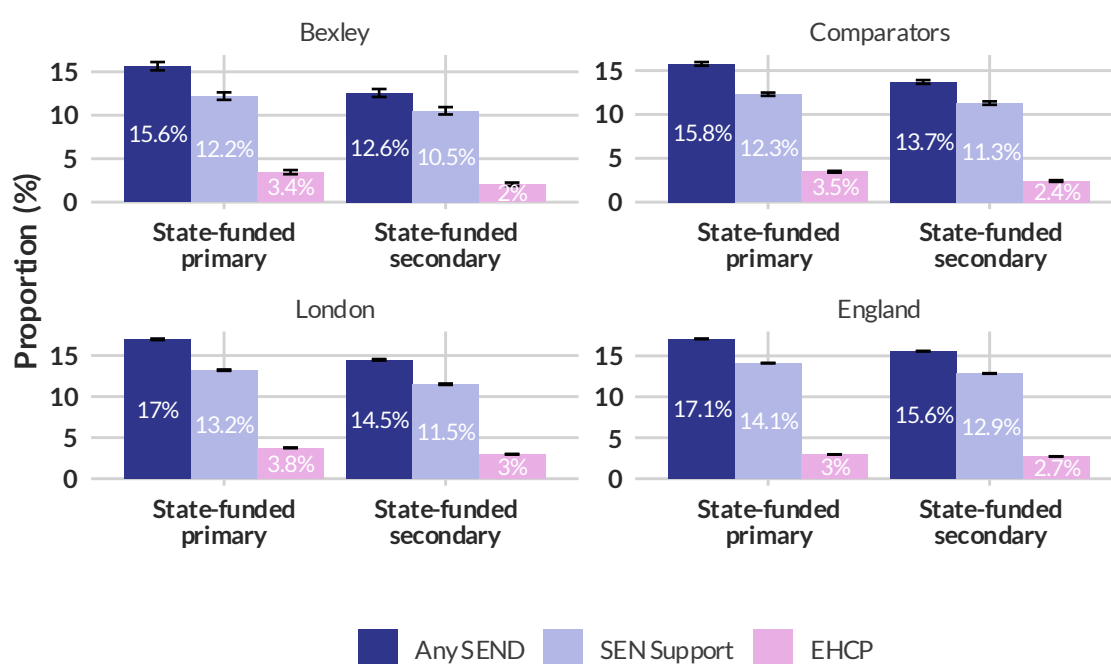
School phase

As expected, given the year group-specific prevalence of SEND, primary schools in Bexley have a higher prevalence of SEND than secondary schools, with just under 1 in 6 primary school pupils identified, compared to just over 1 in 8 secondary school pupils. Whilst Bexley's primary school SEND prevalence is significantly lower than London or England, it is comparable to comparator local authorities, however Bexley's secondary school SEND prevalence is significantly lower than all benchmarks:

Figure 14: Pupils in Bexley primary schools are more like to have Any SEND

Prevalence of SEND per total school headcount * by school phase

Bexley, Comparators, London, England, 2023/24

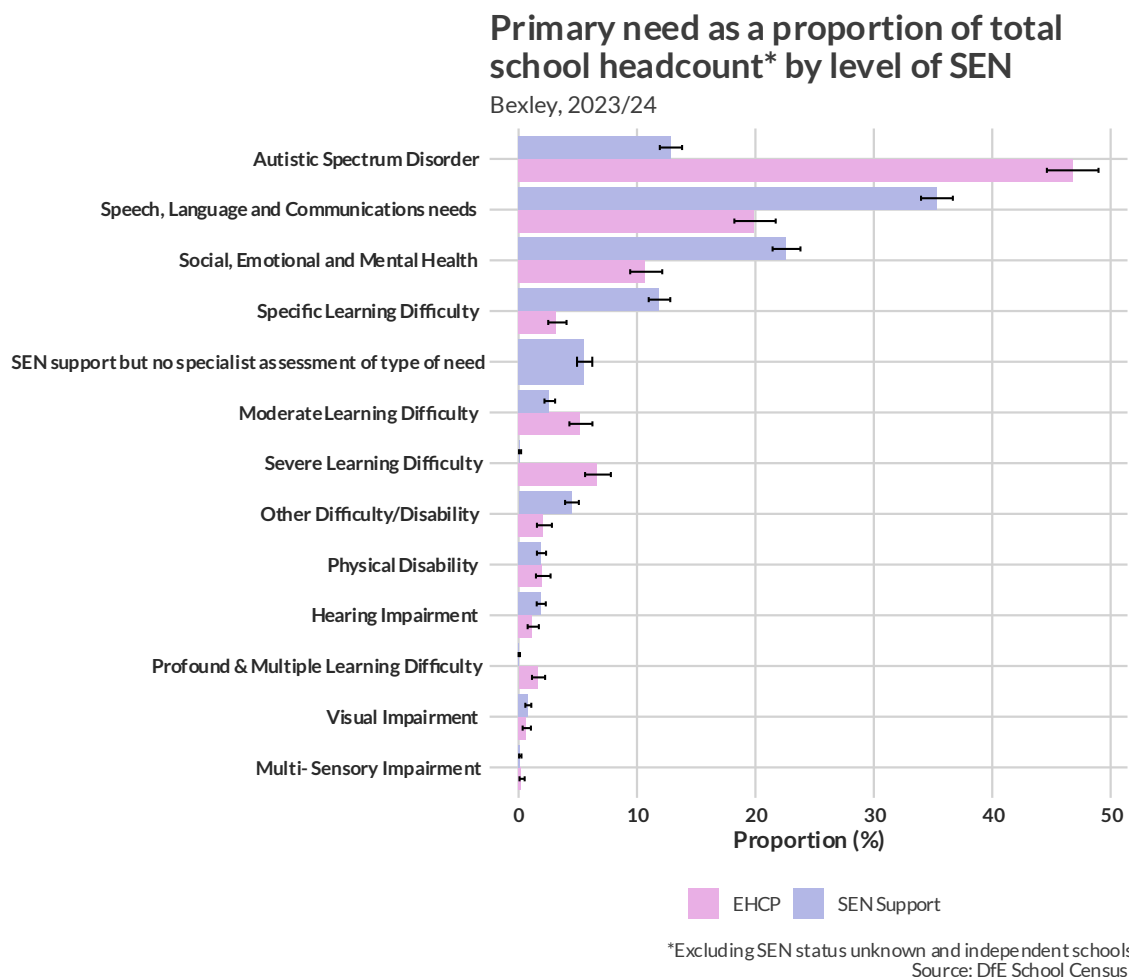


*Excluding SEN status unknown
Source: DfE School Census

Primary needs

The most prevalent primary need identified for children with SEND in Bexley is speech, language and communication needs, at just under 1 in 3 children with SEND. The next is Autistic Spectrum Disorder at just under 1 in 4. Prevalence varies by level of SEN, with higher needs such as severe learning difficulty much more prevalent in children with EHCPs (1 in 15 children with an EHCP compared to 1 in 1,123 children with SEN support). Nevertheless, the three most prevalent primary needs are actually the same across both SEN support and EHCPs, albeit ranking in different orders: speech, language and communication, Autistic Spectrum Disorder, and social, emotional and mental health:

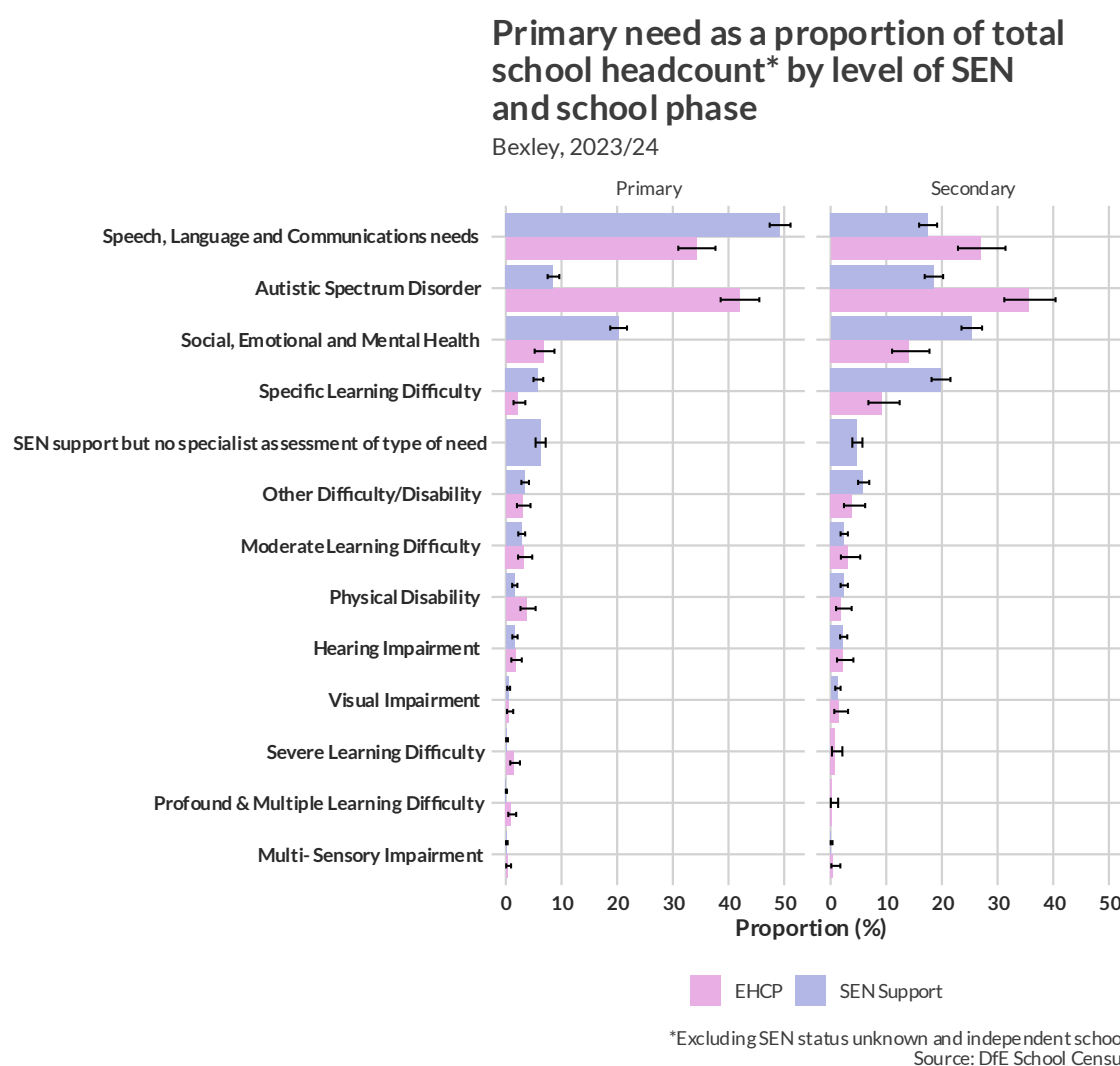
Figure 15: Speech, language, and communication needs is the most prevalent primary need for SEN Support and Autistic Spectrum Disorder is the most prevalent primary need for EHCPs



Compared to the England average, a much higher proportion of children in Bexley with EHCPs have a primary need of Autistic Spectrum Disorder (46.7% in Bexley and only 33.0% in England). The proportion with Speech, Language and Communications needs is similar, but Bexley has a lower proportion of other primary needs for EHCPs compared to England. Within the group of pupils with SEN Support, in Bexley a higher proportion have Autistic Spectrum Disorder (12.8% in Bexley, 9.2% in England), and also Speech, Language and Communications needs (35.3% in Bexley, 25.6% in England).

Primary needs also vary across school phases, although primary schools follow the established pattern, with the most prevalent needs being speech, language and communication, Autistic Spectrum Disorder, and social, emotional and mental health, regardless of level of SEN. In Secondary schools however, specific learning difficulty is much more prevalent than in primary schools (18.0% to 5.0%), becoming the second most prevalent primary need for children with SEN support, at around 1 in 5 children:

Figure 16: Specific learning difficulty is 3.5 times more prevalent in secondary school than primary school



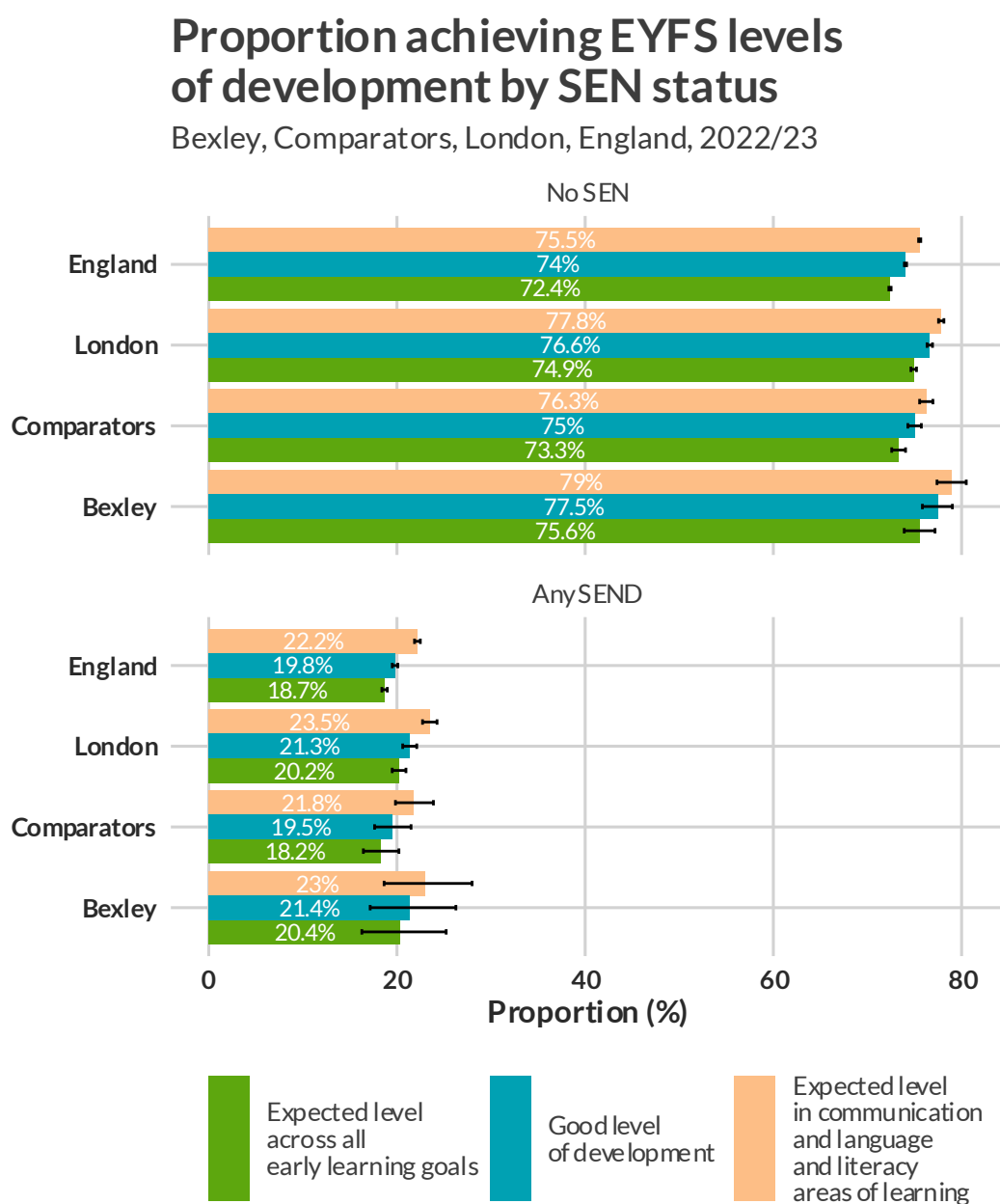
Other primary needs that are more prevalent in secondary school are visual impairment (2.8 times more prevalent), Autistic Spectrum Disorder, which becomes more prevalent for children with SEN support (2.2 times more prevalent), and social, emotional and mental health, which becomes more prevalent for children with EHCPs (2.1 times more prevalent). The only primary need that is more prevalent in primary school is speech, language and communications needs for children with SEN support (1.4 times more prevalent).

Educational outcomes

Early Years Foundation Stage

Nationally, and across all benchmarks, there is a wide gap in educational achievement at Early Years Foundation Stage (EYFS) between children with SEND and children with no SEN. However, a higher proportion of children with SEND in Bexley achieve expected level across all learning goals and good level of development compared to benchmark organisations:

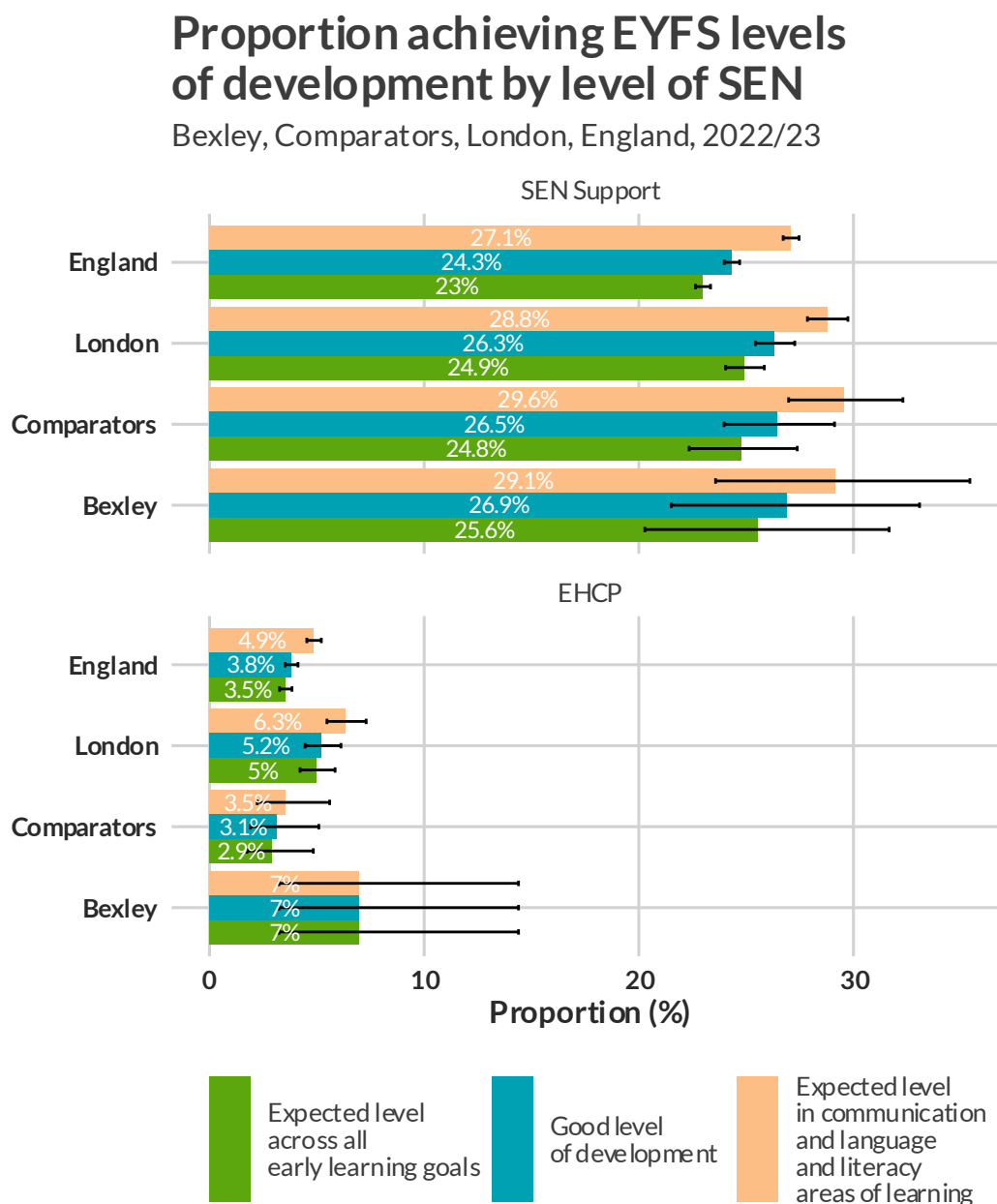
Figure 17: Pupils with SEND in Bexley have better overall outcomes at Early Years Foundation Stage than benchmark organisations



*Excluding SEN status unknown and independent schools
Source: DfE EYFS profile results 2022/23

A gap in educational outcomes at EYFS is also evident between children receiving SEN support, and children with EHCPs, with a smaller proportion of children with EHCPs achieving key levels of development. In Bexley, however, this gap is smaller than in benchmark organisations. Whilst in comparator local authorities children with EHCPs are 8.5 times less likely to achieve expected level across all early learning goals compared to children with SEN support, in Bexley there are only 3.5 times less likely:

Figure 18: Pupils with EHCPs in Bexley have better outcomes at Early Years Foundation Stage than benchmark organisations

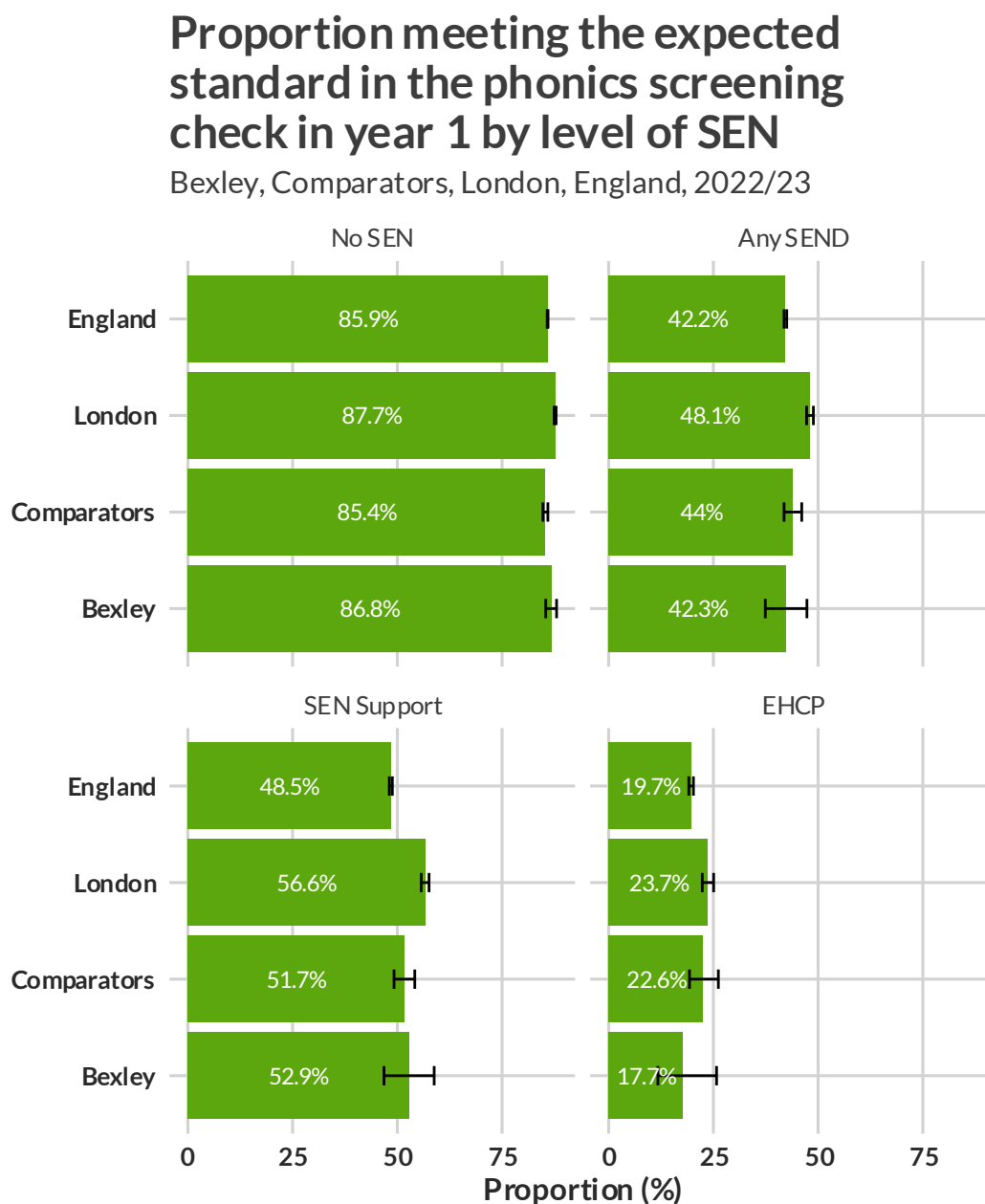


*Excluding SEN status unknown and independent schools
Source: DfE EYFS profile results 2022/23

Year 1 Phonics Screening

Nationally, the gap between the proportion of children with and without SEN meeting the expected standard at year one phonics screening is not as wide as the disparities at EYFS, with around half as many children with SEND meeting the expected standard. Although not statistically significant, the proportion of Bexley pupils with SEND meeting the expected standard in phonics is lower than in London and comparator local authorities, and for pupils with EHCPs it is lower than all benchmark organisations:

Figure 19: A lower proportion of Bexley pupils with EHCPs meet the expected standard in phonics in year one compared to benchmark organisations

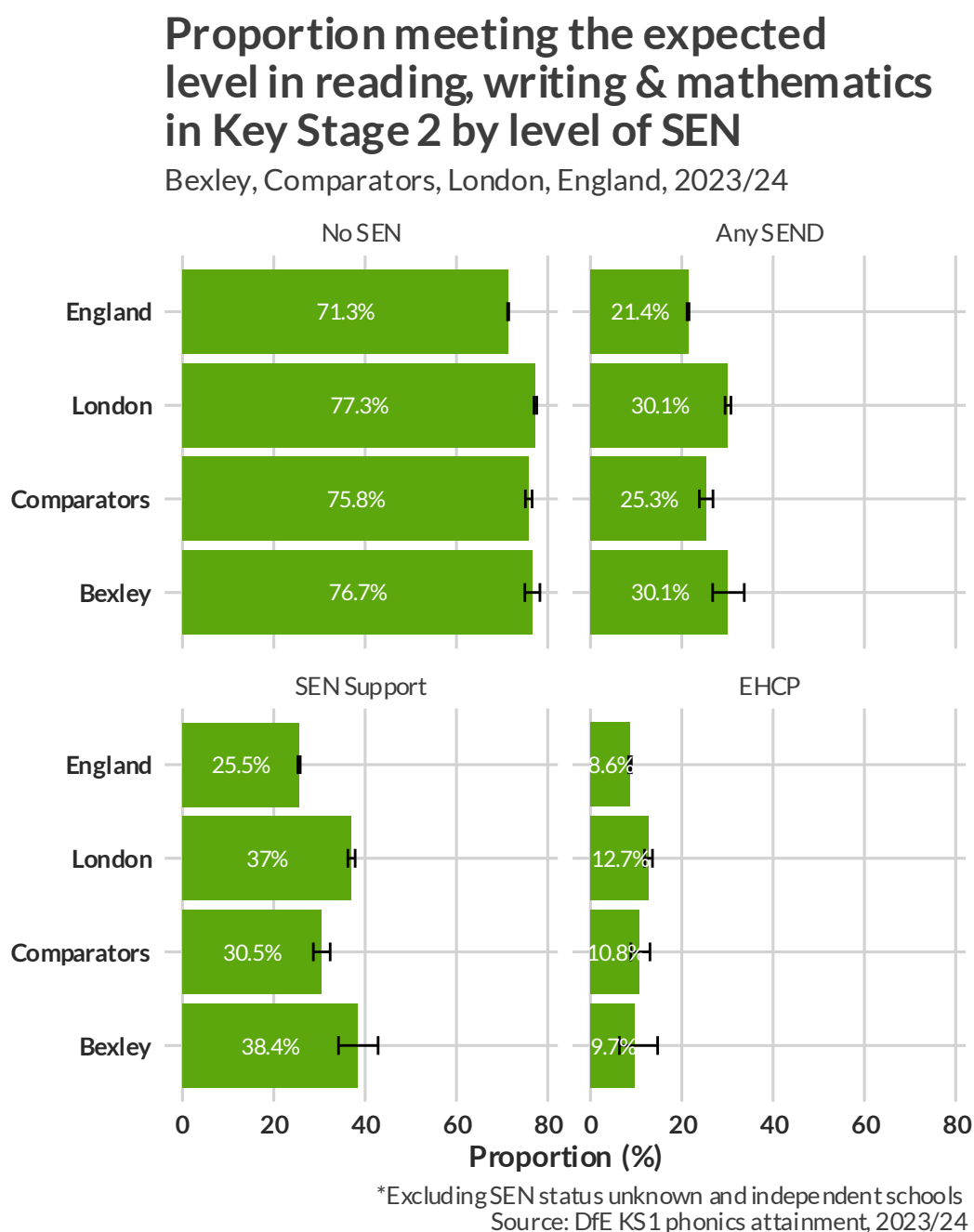


*Excluding SEN status unknown and independent schools
Source: DfE KS1 phonics attainment, 2022/23

Key Stage 2

30.1% of pupils with SEND in Bexley met the expected level at Key Stage 2 reading, writing and mathematics, more than comparator local authorities and significantly more than England. This is driven by the educational outcomes of pupils with SEN support, for whom the proportion meeting the expected level was significantly higher than both England and comparator local authorities, and also higher than London. Pupils with an EHCP, on the other hand, had a lower proportion meeting expected level compared to comparator local authorities, though not significantly so:

Figure 20: A significantly larger proportion of pupils with SEND in Bexley meet expected level in reading, writing & mathematics at Key Stage 2 compared to England



Preparing for adulthood

As previously presented in Fig. 13, the stepwise decrease in SEND prevalence in higher year groups of secondary school represents, at least in part, groups of pupils who previously, but no longer receive SEN services. In contrast to these gradual adjustments between school years, a more sudden transition occurs when approaching adulthood, at which point the needs of young people who were previously supported by special educational provision start to be assessed within the distinct adult legal framework which can place a higher threshold on eligibility for services.²⁰

Effective planning and preparation are essential to ensure young people with SEND experience a smooth progression at each critical stage as they approach adulthood, whether entering employment, further education, or training. The SEND Code of Practice highlights the importance of personalised planning to facilitate this journey, requiring tailored plans for each stage, such as the transition from early years to school, school to college, and from children's services to adult services.

For young people with complex health needs and disabilities, a well-planned approach to preparing for adulthood can significantly enhance their quality of life, ensuring they receive continuous support to meet their health, educational, and social needs. Conversely, inadequate planning, lacking in continuity of care and communication, can lead to disengagement from essential services, which may negatively impact the individual's health, wellbeing, and long-term outcomes.

As 31 March 2025, 396 young people aged 16-25 were open to Bexley's Adult Social Care Preparing for Adulthood Team. 312 were aged 18-25, and 84 aged under-18. 201 of the young people aged 18-25 had formal Adult Social Care engagement in the 12-months to 31 March 2025 (one or more of a Care Act Assessment, Service, or Review of their Care Plan), and at the end of March 107 were receiving services funded (fully or in part) by Adult Social Care. Most young people were receiving Direct Payments, enabling them to arrange their care to meet their needs, followed by Supported Living services, supporting their independence. 97% of the 201 young people live in Bexley, and 55% of the young people live with their families, 15% in Supported Living / Supported Accommodation settings, and 2% in residential Care Homes. 7% live in their own home, either as a tenant or as an owner.

There is currently little data on the group of children and young people for whom the transition to adulthood is a transition from receiving SEN provision to no longer receiving any local authority services. This group likely includes people with lower-level needs that no longer meet the threshold for access to adult services, but this is not definitively known, and more work needs to be done to understand precisely who these young people are and what needs they may have. By linking records between children's services and adult's services, it would be possible to identify which young people previously but no longer receive services following the transition to adulthood. Understanding the risk factors associated with this scenario would allow more targeted and tailored planning for preparing for adulthood.

²⁰ [Care Act 2014](#)

THE LOCAL RESPONSE

Bexley Local Offer²¹

The SEND Local Offer is an essential resource designed to provide clear, comprehensive information about the support and services available for children and young people with SEND within a local area. Mandated by the Children and Families Act 2014, every local authority is required to publish a Local Offer. This digital hub brings together information on education, health, social care, and other relevant services, enabling families, caregivers, and young people with SEND to make informed decisions about the support options available to them.

The Local Offer is designed to include a comprehensive range of information spanning multiple domains. In education, it provides details about mainstream and specialist educational settings that support children and young people with SEND, from early years through to school and post-16 provisions, with clear pathways to higher education where applicable. Crucially, it outlines the process for obtaining an EHCP.

The Local Offer includes information on specialised health services, such as access to paediatricians, occupational therapy, mental health support, and other essential healthcare options tailored for children and young people with SEND. This section is critical for connecting families to the right healthcare resources at each developmental stage.

The Local Offer also highlights social care services, encompassing respite care, short breaks, and broader support networks available to families. For young people nearing adulthood, it provides guidance on transitioning from children's to adult services (see [Preparing for Adulthood](#)).

Beyond educational, healthcare, and social care information, the Local Offer includes resources for leisure activities, voluntary organisations, parent support groups, and community networks. These resources aim to enhance social inclusion and wellbeing, helping children and young people with SEND engage meaningfully within their communities.

DfE Safety Valve

The Bexley Safety Valve agreement is a structured plan between Bexley and the Department for Education (DfE) to address and reduce the local authority's high-needs deficit within the Dedicated Schools Grant (DSG) by 2028. Under this agreement, Bexley is committed to achieving a balanced DSG account through measures that include expanding local SEND provisions, enhancing inclusive practices, and introducing early interventions aimed at reducing the demand for high-cost external placements.

One of the primary focuses is to establish more specialised support in Bexley for children with complex needs, including Autism Spectrum Disorder and severe learning

²¹[Bexley Local Offer](#)

difficulties. This approach includes the development of specialised outreach programmes in mainstream schools and increased local resources for young people with high-level needs, reducing the need for costly placements outside the borough. Additionally, the borough will implement supported internships and early interventions for younger children, aiming to provide tailored support that will mitigate the need for EHCPs.

Bexley's Safety Valve Programme interventions address special educational needs across two phases. Phase one started Autumn 2023, focussing on foundational support, including language development programmes like Early Talk Boost for young children and social-emotional interventions such as ELSA and FRIENDS Resilience for school-aged children. It also provides strategic SEND support and vocational training for older students with SEND.

Phase 2 began in 2024, expanding support for social-emotional health in early years, with interventions like SEMH Support Assistants, and includes parent programmes like Incredible Years to improve home-school relationships. ECHO Bexley will enhance language-rich environments in early settings, while special school outreach will guide mainstream schools on tailored support for SEND students.

The DfE provides phased funding contributions contingent on Bexley's progress, with regular monitoring and reporting requirements to ensure compliance. The DfE also plans to potentially contribute capital funding to expand local SEND capacity, assessed through Bexley's detailed capital proposals. Overall, the Safety Valve agreement aims for Bexley to sustainably manage SEND funding while enhancing the quality and availability of local services for SEND children and young people.

In 2023, Bexley received an initial £11.96 million instalment and additional annual payments through 2029, contingent upon meeting certain milestones. Progress is monitored through tri-annual reports detailing spending, compliance, and any potential obstacles, ensuring that the authority remains on track to address its DSG deficit by 2028.

Bexley has engaged stakeholders like SEND specialists, advisers, and the DfE in designing interventions. These include early years language programmes, mental health support, and SEN support within schools to create a sustainable model that addresses local needs. Through these targeted efforts, Bexley aims to improve both financial stability and educational outcomes for children and young people with SEND.

LOCAL VOICES

Bexley Voice collaborated with Bexley to create a survey to gauge parent and carer feedback on SEND support. Conducted in September, it received a high response rate (140) due to active promotion by SEND partners. To enhance outreach, Bexley Voice also initiated trial phone calls and organised a discussion with 12 participants to gather in-depth insights on issues, successes, and solutions in SEND support.

Insights from the first wave of engagement reveal that many parents feel their children's needs are not being met effectively. Many cited delays in assessments, insufficient support from schools, and limited assistance from the local authority. Responses mention that children with EHCPs often do not receive the promised interventions, leading to academic and emotional challenges. Despite efforts by some school staff, issues with funding, communication, and inconsistent support persist. A few parents noted positive support experiences, yet these appear to be exceptions.

Regarding preparing for the transition to adulthood, most responses indicate concerns about the lack of support, with parents describing delays in receiving information and limited involvement, especially for children without EHCPs. Many worry about their children's social isolation, inadequate school support, and a lack of resources or programmes focused on independent skills. Some respondents shared positive experiences, typically involving early intervention or collaboration among schools and social care teams, which supported children's transitions.

Overall, the responses presented frustration with a lack of coordination among professionals supporting children with SEND. Many parents report poor communication, frequent staff changes, and inconsistent support. Some parents say they must initiate interactions themselves, and professionals often disagree or fail to collaborate effectively, especially across education and health services. A few respondents appreciate support from specific schools or social workers, but the general sentiment emphasises the need for improved cooperation, accountability, and consistent, child-centred support across services.

The findings from the survey are currently under consideration for action, and future surveys are planned from January 2025 to measure progress made against the results of the Autumn baseline.

EVIDENCE FOR WHAT WORKS

The Council for Disabled Children²² emphasises a holistic approach that integrates services across health, education, and social care. This ensures that all professionals involved in a child's care communicate effectively and collaborate closely. A central theme is co-production, to actively involve children and their families in decision-making processes to create a support system that meets their unique needs.

The focus on co-production comes out further in the Council for Disabled Children best practice guidance for EHCPs. This approach involves children and their families from the beginning, ensuring their insights shape the support they receive. It advocates for holistic assessments that capture educational, health, and social needs through collaboration among various professionals. Furthermore, the guidance argues EHCPs should establish clear and measurable outcomes tailored to each child's aspirations, with regular reviews to adapt to changing needs. Training for staff involved in the process is essential to ensure effective implementation and understanding of SEND legislation, alongside maintaining transparency and accountability in communications with families. This comprehensive framework aims to create meaningful EHCPs that genuinely support children with special educational needs and disabilities.

The SEND Inspection Framework²³ on the other hand provides guidance from a strategic perspective. It underscores the significance of evaluating how local areas support children and young people SEND. It focuses on the effectiveness of services in improving outcomes and highlights the importance of strong leadership, clear strategic vision, and effective partnerships. Nevertheless, the framework also emphasises co-production, namely that families should be actively involved in the assessment and planning processes. It also promotes the need for consistent communication among all stakeholders, ensuring that children's needs are comprehensively understood and met throughout their educational journey.

Finally, the SEND Code of Practice²⁴ provides a comprehensive framework for supporting children and young people with SEND. It outlines key principles, emphasising the importance of early identification and intervention to address individual needs effectively. The code mandates that families must be at the heart of the process, ensuring they are consulted and informed at every stage. Collaboration between educational institutions, health services, and social care is essential to create a cohesive approach that fosters positive outcomes for children. This unified strategy aims to ensure that all children receive the necessary support to thrive.

²² [Council for Disabled Children](#)

²³ [SEND inspection framework](#)

²⁴ [SEND code of practice: 0 to 25 years](#)

GAPS

Data

- All quantitative analysis in this assessment is based on public domain data for comparability with benchmark organisations, however the limitations of these data left certain questions unanswered:
 - Why do children whose first language is not recorded have a significantly higher prevalence of SEN support – is this a real finding or an artefact of data recording and reporting?
 - Is there a negative association between neighbourhood deprivation and the proportion of the SEND cohort with an EHCP, as has been demonstrated in national studies?
 - What proportion of children in each year group have currently *or ever previously* been identified with SEND?
 - Are the characteristics associated with inequalities in SEND prevalence also associated with success rates in EHCP applications?
- Data are not available to describe the transition from SEND services to adult services, specifically data describing the group of young people who transition from receiving services to not receiving services.

Services

Based on the recent inspection report²⁵ and action plan²⁶, the London Borough of Bexley has identified several service gaps in supporting young people with SEND.

EHCP Quality and Timeliness

The inspection found variability in the quality of EHCPs, with many plans failing to comprehensively reflect the health, education, and social care needs of young people. Many EHCPs were found to prioritise education without sufficiently incorporating health and social care requirements, leaving caregivers without adequate guidance.

The inspection further found that EHCPs are often not updated or finalised promptly, particularly when young people transition through different educational stages, limiting the effectiveness of the EHCP in adapting to evolving needs. This was highlighted particularly in relation to embedding the necessary Preparing for Adulthood (PfA) outcomes, which the inspection suggested indicates a lack of quality assurance.

Transition and Preparing for Adulthood

The focus on transition planning in the inspection went beyond the specifics of EHCPs, suggesting that the current strategy lacks a structured approach to address the diverse needs of young people as they transition into adulthood, especially for those with less complex needs. Many families report facing a "cliff edge" when transitioning to adult

²⁵ [Area SEND inspection of Bexley Local Area](#)

²⁶ [Bexley Local Area Partnership Priority Action Plan](#)

services, indicating insufficient planning and coordination in the PfA pathway and a need for early transition planning from Year 9. There was also a delay identified in referral processes for certain support services, which are only accessible at age 18, such as assessment for learning disability services.

Therapy Access and Commissioning

Reported wait times and uneven access to occupational and speech and language therapies was named as a significant concern, which was leading some families to seek privately funded assessments to meet their children's needs. The inspection suggested that the commissioning framework does not currently support equitable access to these essential therapies across the borough.

Data Use and Information Systems

A critical need was identified in the inspection for better data collection and usage to evaluate service effectiveness and set strategic priorities. Data systems were found to be inadequate in tracking and evaluating SEND service delivery and outcomes, limiting the local area partnership's capacity to monitor its performance accurately.

In the same vein, it was reported that professionals across education, health, and social care do not consistently share information, leading to fragmented support plans. This gap impacts the continuity of care for young people, as key information required for coordinated support is not effectively communicated between relevant services.

Engagement of Children and Young People

The inspection reported that the voices of young people with SEND were not adequately integrated into the service development process. Although some feedback mechanisms exist, they were found to be insufficient for ensuring meaningful engagement and co-production. This limits the ability of services to respond effectively to the unique needs and preferences of young people.

School Nursing and Community Health Services

Finally, the report found Bexley's school nursing provision to be limited, with no drop-in clinics available at schools. School nursing is not a mandated service, however the scope for school nursing provision is detailed within the OHID Healthy Child Programme.²⁷ School nurses provide a universal service to the whole school population; this includes supporting schools to identify and manage health needs, whilst also providing specific advice to school populations at specific transition points. The provision of drop-in clinics or individual work with young people is not within the remit of the school nursing service.

The public health nursing team were found to be one of the professional groups lacking access to updated information about the children they support, impacting their ability to provide relevant care. In response, the priority action plan details immediate steps to improve these areas, including strengthening the quality assurance of EHCPs, enhancing access to therapies, implementing robust data systems, and developing a strategic plan for the Preparing for Adulthood pathway. Addressing these gaps will be

²⁷ [Health Child Programme, 2023](#)

essential for Bexley to ensure timely, coordinated, and equitable support for young people with SEND.

RECOMMENDATIONS

Bexley's Local Area Partnership Priority Action Plan provides detailed recommendations for action, for children and young people with SEND - see link below.

Priority Action Plan