
Children and Young People with Special Educational Needs and/or Disability in Birmingham

Joint Strategic Needs Assessment 2018

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Authors and main contributors to the production of this report:

Susan Lowe	Public Health Knowledge Impact and Outcomes Lead	Birmingham City Council
Fiona Grant	Children, Young People and Families Public Health Lead	Birmingham City Council

SEND JSNA Working Group:

Fiona Grant	Children, Young People and Families Public Health Lead	Birmingham City Council
-------------	--	-------------------------

Susan Lowe	Public Health Knowledge Impact and Outcomes Lead	Birmingham City Council
David Bridgman	Head of Service, Special Educational Needs Assessment and Review	Birmingham City Council
Chris Bush	Head of Disabled Children's Social Care	Birmingham Children's Trust
Stephen Rawlings	Head of Support Services, Children and Families Division	Birmingham Community Healthcare Trust
Chris Stephen	Head of Business Intelligence	Birmingham and Solihull CCG
Penny Arcatinis	Performance and Intelligence Manager	Birmingham Children's Trust
Shagufta Anwar	Senior Data and Intelligence Officer, Children and Young People Directorate	Birmingham City Council
Hugh Hanratty	Senior Data and Intelligence Officer, Children and Young People Directorate	Birmingham City Council

Other Contributors

Emma Cooper, Senior Lead Nurse Complex Care, Forward Thinking Birmingham
 Orlaith Byrne, Birmingham Community Healthcare Trust
 Doug Simkiss, Birmingham Community Healthcare Trust Karen Thorpe, Early Years Area SENCO Team Leader, Early Years Inclusion Support (EYIS), Birmingham City Council
 Jennifer Langan, Travel Assist Manager, Children and Young People Directorate, Birmingham City Council

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1. Executive Summary

1.1. Introduction

Birmingham as a city is committed to fundamental change and improvement in how the local strategic partners work together to provide care and services to children and young people with special needs and/or disabilities (SEND) living within the local area. The purpose of this Joint Strategic Needs Assessment (JSNA) will help to understand and identify the needs of this population and for local strategic partners to use them to develop robust local commissioning plans.

An up-to-date JSNA is a mandated part of the Ofsted and CQC measurement framework. This JSNA looks at all the evidence available for children and young people with special needs and disabilities from Birmingham City Council, Birmingham Children's Trust and all health partners, combined with nationally published statistics and research materials. The evidence base looks at current literature and local intelligence about the prevalence and trends in special educational needs and/or disability in the city. It explores the characteristics of the children and young people and discusses the factors which can lead to a child having special educational needs and/or disability.

The JSNA represents an accurate picture of known data and information available as of August 2018.

1.2. Key Findings

The headings below are a summary of the key findings of this JSNA.

1.2.1. General

Birmingham is a young city with 450,047 of our population aged between 0-25 years and making up 40% of the total population compared to 32% at a national level.¹

The local population aged 0-24 years is predicted to increase by 2% in 2022 (an extra 10,000) and by 6% in 2027 (an extra 24,000).² We expect demand to increase for all children's services including services for children and young people with SEND.

1.2.2. Deprivation and Ethnicity

Birmingham has high levels of deprivation with 40% of the population living in the 10% most deprived areas of England. There is a strong association between low income and higher rates of SEND prevalence.³

Birmingham is an ethnically diverse city. In 2011 46% of under 25 year olds in the city were of White ethnicity. This compares to 79% at a national level.⁴

¹ Office for National Statistics, 2016 mid-year estimates

² Office for National Statistics, 2016-based subnational population projections

³ Parsons S., Platt, L., Disability among young children: prevalence, heterogeneity and socio-economic disadvantage (2013)

1.2.3. Vulnerable Children

In Birmingham one in four Children in Care (CIC) have an Education, Health and Care Plan (EHCP) this is slightly less than the national average. However Children in Need (CIN) within the city are more likely to have an EHCP (28.4% Birmingham, 21.4% England).

1.2.4. Disability

In 2011 there were 19,598 children and young people aged 0-24 years in Birmingham⁵, recorded with a long-term health problem or disability which limits daily activity. The prevalence is higher than the national average. The higher population prevalence of risk factors associated with disability, such as low infant birth weight and economic disadvantage, may be contributory factors to levels of SEND in the city.

1.2.5. SEND Prevalence

The total number of Birmingham children and young people aged 0-25 years, with an EHCP at January 2018, was 9,023 (includes early years and post-16 EHCPs).⁶ Trend analysis for EHCPs show the numbers of children and young people with an EHCP have been increasing over the last 10 years.

The prevalence of pupils with an EHCP in Birmingham schools is 3.2%. This is significantly higher than the national figure of 2.9% and higher than other English core cities.

1.2.6. Early Years

The number of children accessing early years support services (Education) has been increasing over the past 5 years. In academic year 2017/18, there were 2,067 children notified to Early Years Inclusion Support. During 2017/18 the priority SEND need area most in demand in the 0-5 age range was communication and interaction.

1.2.7. Primary Schools

The proportion of pupils with EHCPs at Birmingham's primary schools is similar to the national average and to the other English core cities. The proportion of pupils receiving SEN support is higher than the national average but similar to other core cities. The most common category of SEND need is moderate learning difficulties (MLD). However the SEND need is sourced from nationally published school census data and its accuracy is dependent on the recording of the data at a local level. There are concerns that this picture doesn't match with local professional knowledge where the belief is that Autism and not MLD is the most common category of need.

1.2.8. Secondary Schools

The proportion of pupils at Birmingham's secondary schools with EHCPs (1.3%) and SEN support (11.7%) is similar to the national average and to the other English core cities. In

⁴ UK Census 2011

⁵ UK Census 2011

⁶ SEN2, January 2018

local area secondary schools, the most common category of SEND need is moderate learning difficulty (40%). As with primary pupils, a greater number of secondary pupils are categorised under the moderate learning difficulty than nationally leading to concern, that children's needs are not being accurately identified.

1.2.9. Special Schools

Birmingham has 27 state-funded special schools. In January 2018 there were 4,219 pupils attending this type of school in Birmingham.⁷ This was a 20% increase in the number of children at state-funded special schools from 2014. Birmingham has a higher proportion of pupils attending special schools compared to England and the English core cities. Those at these schools make up the majority of pupils with EHCPs. This is a much higher proportion than England but similar to the core cities.

1.2.10. Exclusions, absence and educational attainment

2016/17 academic year overall absence rate for children with an EHCP was 9.2% compared to 8.1% for England.

The proportion of children excluded from Birmingham special schools for 2015/16 was nearly twice the national average and much higher than for the West Midlands and Statistical Neighbours.

Whilst educational attainment at KS4 for all Birmingham pupils is similar to England average, pupils with EHCPs in Birmingham do worse than England average when compared with other pupils with EHCPs. However attainment for SEN support pupils is similar to England.

1.2.11. Early Identification, assessment and service provision

Early identification and appropriate intervention in relation to SEND is important.⁸ This is may be adversely affected in Birmingham by low take up of early educational entitlement offer (at age 2) across the city and insufficient uptake of 2-2.5 year old assessments by universal early years services (Birmingham Forward Steps). There is currently insufficient capacity in the multi-disciplinary Child Development Centres (CDCs) to meet the demand created by referrals for child development assessments for under 5s resulting in long delays for families trying to access the service.

1.2.12. Specialist provision

Speech, language and communication services and other specialist provision e.g. occupational therapy and physiotherapy have been highlighted in the recent Ofsted and CQC SEND Inspection as lacking in capacity to meet demand. There is currently no commissioned autistic spectrum disorder multidisciplinary diagnostic pathway for children over four years old. As such, if children are not identified and assessed before 5, there is no commissioned multi-disciplinary team to assess their need.

⁷ January 2018 School Census

⁸ SEND Code of Practice, 2015

1.2.13. Quality of EHCPs

In Birmingham an EHC assessment is more likely to result in the issue of an EHCP. In 2017 only 2.1% of EHC assessments did not result in an EHCP being issued. For England this was 4.9%. The reasons for this are not totally clear and it is suggested they are investigated further and reviewed in a future JSNA.

EHCPs can utilise personal budgets to enable greater personalisation and provide choice and control to the child and young person. However in Birmingham in 2017, only 4 personal budgets were issued, transferred or reviewed.⁹

There are currently no commissioned residential placements for 38/52 week placements in the City. For children with SEND who need this service, children are placed in independent specialist provision outside Birmingham.

1.2.14. Transition from children's to adults' services

Transition into adult services should start at 14 years according to the SEND Code of Practice. The SEND Inspection Report (2018) highlighted that more needs to be done to give young people in Birmingham a more positive experience of change in the level and types of service they receive as they grow older.

In Birmingham, there is an initial intention to start transition planning at age 13 or 14 (Birmingham Strategy for Transition). Though there is an aspiration to raise awareness from birth (with children and families) of the importance of preparing for adulthood. Key services are working together to improve transition pathways and to develop a wider offer of opportunities.

1.1.16 Primary Care

Parental dissatisfaction with primary care support for children and families around SEND was identified during the 2018 CQC Ofsted Inspection. The most recent data shows that just over a third of young patients on the GP Learning Disability Register had taken up the annual health check and had a health action plan.¹⁰

1.3. Recommendations

This JSNA makes the following recommendations based on analysis of the health and social care needs identified in our analysis.

1.3.1. Robust data

The availability of robust data is recognised locally and nationally as limited in relation to SEND data and to disability data.

Recommendation: Review opportunities to improve data collection/sharing and analysis to enable more informed commissioning. To include exploring opportunities to enable linkage

⁹ Department for Education, Statements and EHCPs in England

¹⁰ NHS online available at <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>

between health, education and social care to allow cross referencing where a child has an EHCP/SEND need; also to enable assessment of level/ complexity of need.

Recommendation: consider adoption of a robust whole system approach to coding using a recognised tool to enable understanding of the level of complexity of SEND need.

1.3.2. Primary prevention:

There are a number of factors that are relevant to the Birmingham population (e.g. deprivation and low birth weight) that may be contributing to the levels of SEND in children and young people in the city.

Recommendation: Support a primary prevention approach to SEND, by identifying and supporting evidence based interventions which address SEND related risk factors, being delivered through other City-wide Strategies and work programmes (including Birmingham and Solihull United Maternity and Newborn Partnership and Local Sustainable Transformation Partnerships).

1.3.3. Early identification and appropriate intervention

Early identification in relation to SEND is important (SEND code of practice, 2015) but challenging in the under 5s.

Recommendation: Work with partners in education, health and care across the early years system to identify mechanisms to increase uptake of the universal 2-2.5 year health visiting assessment and the early years educational entitlement offer.

Recommendation:

Enhance the commissioning/contracting process, where needed across the system, to improve access/reach to those children, young people and families most in need.

Recommendation: Maintain efforts around work with SENAR and education, health and care partners to ensure that Children and Young People's SEND needs are robustly and accurately identified in line with best practice.

1.3.4. Child Development Centres

There is a **lack of capacity in Child Development Centres** to ensure that developmental needs assessments are delivered in a timely manner. Work is underway to address this through the development of the neurodevelopmental pathway; also solutions to address capacity issues are being sought.

Recommendation: Robust commissioning approaches are employed to ensure that there is sufficient capacity to adopt the proposed neurodevelopmental pathway

Recommendation: Commissioning approaches need to consider gaps around provision of speech language and communication, occupational therapy and physiotherapy services. Consideration should also be given to the capacity of Community Paediatric Services to deliver medical elements of assessments.

Recommendation: Consider commissioning additional capacity to enable developmental assessments to be available to children over 5, when necessary.

1.3.5. High Prevalence of Birmingham School Pupils with EHCPs

Birmingham has a higher proportion of children with EHCPs than the national average. There is a perceived lack of confidence among parents on receiving support for SEND needs without an EHCP.

Recommendation

Review current practice to ensure robust, transparent process is in place, in line with best practice, around EHCP assessment process. Programme of work already underway as part of SEND Written Statement Of Action.

Recommendation:

Explore the potential, through joint working with parents/carers and organisational partners, to identify what would be needed to build confidence amongst parents and other professionals that SEND related needs (education, health and care) can be appropriately met, through the local offer- with or without the need for an EHCP.

1.3.6. High proportion of children in special schools in Birmingham:

There is a higher than average proportion of children attending special schools compared to the national average.

Recommendation: Through review, already underway, help to more accurately understand the SEND needs of children in Birmingham, including complexity of need, in order to inform the need for specialist SEND provision.

Recommendation: Explore potential to provide a 'more attractive offer' for children with EHCPs as part of mainstream school provision, with a view to meeting childrens' needs more effectively, where appropriate and closer to home.

1.3.7. Residential Placements

There is currently no provision, in the city, for children with SEND who require a residential placement.

Recommendation:

Building on work already underway, complete review of needs of children with SEND who require a residential placement to assess if needs could be more appropriately met locally.

1.3.8. Health Check – learning disabilities health check

In quarter 4 (2017/18) only 36% of patients (on the GP Learning Disability Register) had taken up the annual health check and had a health action plan.

Recommendation: Explore opportunities through Birmingham and Solihull CCG and primary care colleagues to identify opportunities to improve uptake and provide better support to children young people and their families around SEND.

1.3.9. Low Educational Attainment for Children with EHCPs

Pupils with EHCPs in Birmingham do worse than the England average, when compared with other pupils with EHCPs.

Recommendation:

Consideration of commissioned, joined up, wrap around service/care for mainstream and special schools, linking with existing provision to help support schools. With a view to reducing absenteeism and exclusions among children with SEND (building on work already underway to reduce school exclusions).

1.4. Transitions

Young people and their parents/carers should be preparing from age 14 years for the move from child to adult services in order that they are well prepared for future opportunities. The SEND Inspection Report (2018) highlighted that more needs to be done to give young people in Birmingham a more positive experience of change in the level and types of service they receive as they grow older.

Recommendation:

Ensure that processes are in place to prepare children and young people with SEND for transition into adult services and into adulthood from age 14 (at the latest), in line with SEND Code of Practice and the Birmingham Strategy for Transition (2018-2021)

1.4.1. Strategic Partnership Working

Recommendation:

Integrated models of care and joint commissioning approaches are developed across the health, education and care system, taking into account projected population increases, addressing the full range of needs of children and young people with SEND from prevention and early help to specialist services.

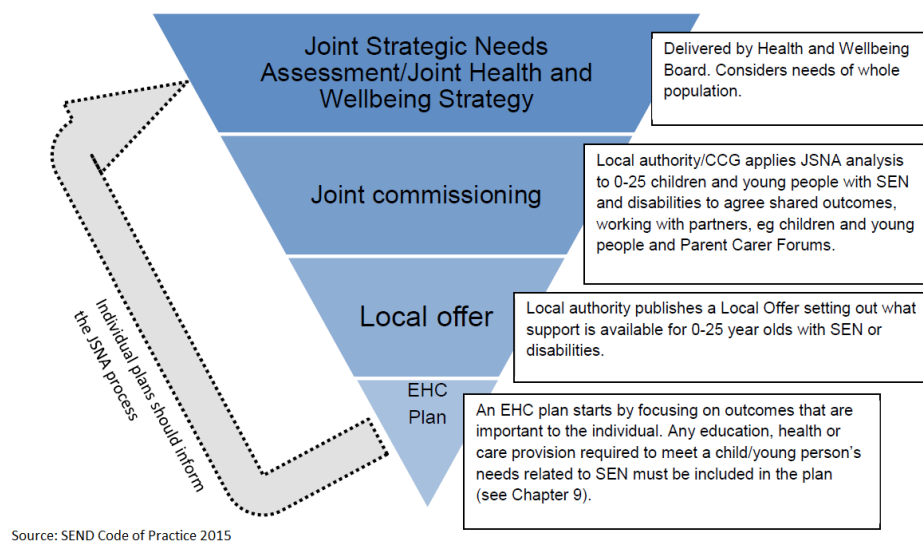
Recommendation:

The Health and Wellbeing Board strengthens strategic partnership working and ensures robust governance arrangements are in place between statutory and non-statutory bodies to monitor and promote the health and wellbeing of children with SEND

2. Introduction

2.1. Joint Strategic Needs Analysis (JSNA)

The purpose of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities.¹¹ They are not an end in themselves but a continuous process of strategic assessment and planning. The aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. They will be used to determine actions local authorities, the local NHS and other parties need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.



2.2. Definitions and Scope

The scope of the JSNA is the current and future health and care needs of children and young people with special educational needs and/or disability (SEND) aged between 0-25 years as identified in the SEND Code of Practice. These are defined as:

- Child or young person (0-25 years) with a learning difficulty or disability which calls for special educational or training provision¹² at early years providers, maintained nursery schools, mainstream schools and mainstream post-16 institutions.
- Child or young person (0-25 years) with a disability under the Equality Act 2010 i.e. 'a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'.¹³

A child or young person has SEN if they have a learning difficulty or disability that means they need special educational provision or support to help them learn. This means they have a significantly greater difficulty in learning than most of their peers, or they are not able to

¹¹ Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012

¹² Special Education Needs & Disability Code of Practice (2015) p15

¹³ Ibid p17

use the universal provision available within their school because of their disability. The term 'SEN' applies across ages 0–25, although the term 'learners with learning difficulties and disabilities' (LLDD) is often used post 16 through to adult services.

Under the Equality Act 2010, a disability is defined as a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. Children and young people with disabilities do not necessarily have SEN, but there is an overlap. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

In the Code of Practice¹⁴ SEND is categorised into the following broad areas of need:

Cognition and Learning	Sensory and/or Physical Needs
<ul style="list-style-type: none"> • Moderate learning difficulty • Severe learning difficulty • Profound and multiple learning difficulty • Specific learning difficulty 	<ul style="list-style-type: none"> • Visual impairment • Hearing impairment • Multi-sensory impairment • Physical disability
Communication and Interaction	Social, Emotional and Mental Health
<ul style="list-style-type: none"> • Speech, language and communication needs • Autistic spectrum disorder 	

2.3. Why this topic is important

SEND is a broad concept encompassing a vast array of conditions. 8% of all children (0-18 years) in the UK have a disability.¹⁵ The table below shows a breakdown by type of impairment.

Table 1 - Impairment types 2016/17. Source: DWP, Family Resources Survey

Impairment type	% of Children who are disabled
Mobility	22
Stamina/breathing/fatigue	26
Dexterity	11
Mental health	22
Memory	11
Hearing	7
Vision	9
Learning	37
Social/behavioural	41
Other	17

¹⁵ Department for Work & Pensions, Family Resources Survey 2016/17

Children with neurodevelopmental impairments and conditions are the largest group of disabled children and young people. The estimated prevalence is around 3-4% of children in England.¹⁶

Children in socio-economically disadvantaged households in early childhood are twice as likely than the least disadvantaged children to develop a disabling condition in later childhood.¹⁷ In addition, the household income for a household with a disabled child is 13% lower than those with non-disabled children.¹⁸

There are no commonly defined risk factors for SEND and in many cases the cause is unknown or can be due to a combination of factors. Conditions can be developmental or acquired after birth. Recognised risk factors include:¹⁹

1. Premature birth and low birth weight – Low birth weight and/or premature babies have around a 20% likelihood of developing a disability.
2. Physical injury – This can arise whilst the child is in- utero following injury to the mother during pregnancy or following accident or injury to the child after birth.
3. Economic disadvantage – Lower socioeconomic status and associated lifestyle factors increases the risk of childhood illness and disability.
4. Chromosomal and genetic abnormalities – these can give rise to conditions such as phenylketonuria, thalassemia and Downs syndrome.
5. Parental age - older and younger parents are at greater risk of pregnancy and birth complications that may result in disability.
6. Infectious diseases suffered by mothers and children – maternal infections during pregnancy including measles and HIV in addition to those acquired in early childhood such as meningitis can result in illness and disabilities such as deafness.
7. Poor maternal nutrition. Poor nutrition increases the risk of poor placental transfer of oxygen and nutrients to the baby. The lack of certain vitamins and mineral deficiencies, such as folate deficiency, can lead to adverse effects including spina bifida.
8. Exposure to drugs and radiation – in utero exposure to drugs, including medicinal ones, environmental pollutants and radiation can result in birth defects.
9. Maternal substance misuse – excess maternal drug and alcohol use can lead to disabilities such as foetal alcohol syndrome in the child.

Disabled children and young people are more likely to experience barriers to social participation, be at higher risk of violence and abuse and experience difficulties accessing key services and support.²⁰

¹⁶ Emerson, E. (2012) Deprivation, ethnicity and the prevalence of intellectual and developmental disabilities. *Journal of Epidemiology and Community Health*; 66:218-244

¹⁷ Sorenson, HT. et al, (1997) Birth weight and cognitive function in young adult life: historical cohort study. *BMJ*;315:401-403

¹⁸ Woolley, M. (2004) *Income and Expenditure of Families with a Severely Disabled Child*. York: Family Fund

¹⁹ Saggu and Wilkes (2013)

²⁰ Blackburn et al, *Annual Report of the Chief Medical Officer 2012*, Chapter 9

2.4. National Strategies and Policies

The SEND Code of Practice 2015 is the statutory guidance for SEND used by local authorities, schools, and other providers. It is underpinned by the legislation set out in the Children and Families Act 2014.

The Code of Practice is based on these key principles:

- Participation: The views of children, young people and their families must be central to decision making, at both individual and strategic levels.
- Identification of needs: Early years providers, schools and colleges should identify needs and make provision as soon as possible. All local agencies must work together in Health and Wellbeing Boards to assess health needs of local people.
- Choice and control: Services should be evidence based, taking examples from best practice and tailoring them to individual needs. Goals should focus on the child or young person's strengths and capabilities and the outcomes they want to achieve.
- Collaboration: Education, health and social care services must work together to assess local need and continually review SEND provision. Joint commissioning arrangements must be in place to support those with SEND, whether or not they have an EHCP.
- High quality provision: Schools and colleges should ensure provision of high quality teaching with high ambitions and stretching targets.
- Inclusive practice: Removal of the barriers to learning and participation in mainstream education. No discrimination of disabled children for a reason related to their disability.
- Preparation for adulthood: Aspiration for successful long-term outcomes in adult life. Local agencies should work together to help children and young people realise their ambitions for higher education, employment and independent living.

There is also the NICE guidance on transition from children's to adult's services for young people using health or social care services²¹ which is relevant for some young people with SEND. The overarching principles are that young people and their carers are involved in planning, co-production and evaluation of transition services, the support should be strengths-based and person-centred, education, health and social care should work together to plan for young people with transition support needs.

2.5. Local Strategic Approach

'Our aim is for Birmingham to be an aspirational city to grow up in and a main priority for Birmingham City Council is to improve protection of vulnerable children and young people'.²² Birmingham Health and Wellbeing Board recognise improving the wellbeing of children as a key priority.²³

Birmingham had a joint local area SEND inspection by Ofsted and CQC in June 2018 which found significant areas of weakness in the local area's practice. In response to this Birmingham City Council, Birmingham and Solihull CCG, Birmingham Children's Trust and

²¹ National Institute for Health and Care Excellence, NICE guideline NG43, February 2016

²² Birmingham City Council Plan 2018-2022

²³ Birmingham Health and Wellbeing Board Strategy <https://www.birmingham.gov.uk/hwb-strategy>

Birmingham Community Healthcare NHS Foundation Trust have joined together to form the SEND Improvement Board (SIB), a local strategic partnership, with a collective commitment to fundamental change and improvement in how the local area works together to provide care and services to children with SEND.

The multi-agency partners of SIB have developed a set of principles that will support the delivery of these improvements. Underpinning these principles is the absolute commitment to a model that supports a child-centred approach modelled on trust and honesty irrespective of organisational boundary.

Local strategies and commissioning plans relating to children and young people with SEND include the following:

1. Child Health Improvement Programme (CHIP) part of the Birmingham and Solihull Sustainability and Transformation Partnership.
2. Neurodevelopmental pathway commissioning plan
3. Speech and Language Therapy (SALT) commissioning plan and commitment to a tiered communication strategy – universal, targeted and specialised
4. Designated Medical Officer (DMO) SEND expansion
5. Designated Clinical Officer (DCO) role
6. Children in Care (CiC) nursing expansion and join up of CiC and EHCP processes
7. Occupational Therapy (OT) commissioning plan
8. Physiotherapy commissioning plan
9. Social Care Transition Strategy 2018-2021
10. BCHFT Transition policy.
11. The Birmingham Strategy for Transition, 2018 – 2021.

3. The Birmingham Picture – level of need

3.1. 0-25 year old population in Birmingham

Birmingham is the largest local authority in Europe and the UK's second city, home to an estimated current population of 1,137,123.²⁴ The city has a younger population, a more diverse background and higher than average levels of deprivation compared to the rest of England.

An above average birth rate and high levels of immigration in recent years has increased the number of children and young people in Birmingham putting pressure on schools and children's services. There are approximately 17,000 births in the city each year.²⁵ Between 2013-2016 20,528 overseas migrants aged less than 18 years were newly registered with GPs in the city.²⁶ 30% of these were from Romania. The perception from Birmingham SEND professionals is that there is a high level of need and complexity in new to city cases across education, health and care.

²⁴ Office for National Statistics, 2017 mid-year population estimates

²⁵ Office for National Statistics, Births 2010-2016

²⁶ NHS Digital "Exeter" GP registration data 2013-2016

450,047 of our population are aged between 0-25 years and make up 40% of the total population. The city has several universities and higher educational establishments which contribute to the large numbers aged between 20-25 years in the city.

Table 2 – Age breakdown of Birmingham and England population

Age Groups	Birmingham	England
0-4	85,190	3,429,046
5-9	82,968	3,428,266
10-14	76,679	3,070,254
15-19	79,893	3,179,410
20-25	125,317	4,333,510
Total 0-25	450,047	17,440,486
All ages	1,137,123	54,786,237
% aged 0-25	40%	32%

Source: 2017 mid-year estimates, ONS

3.2. Ethnicity

According to the Census 2011 46% of the under 25 year olds in Birmingham were of White ethnicity. This compares to 79% at a national level. The next largest ethnic group was Asian with 33% of this age range with this ethnicity (10% for England). Between 2001 and 2011 the 0 to 24 age range had the most dramatic changes to its ethnic profile with an 80% increase in the Black population (+17,653). The Asian population increased by over a third (+33,996) during the 10 year period. The trend of increasing Black, Asian and Minority Ethnic (BAME) younger population in the city looks set to continue. Changes in the ethnic profile may affect demand for services.

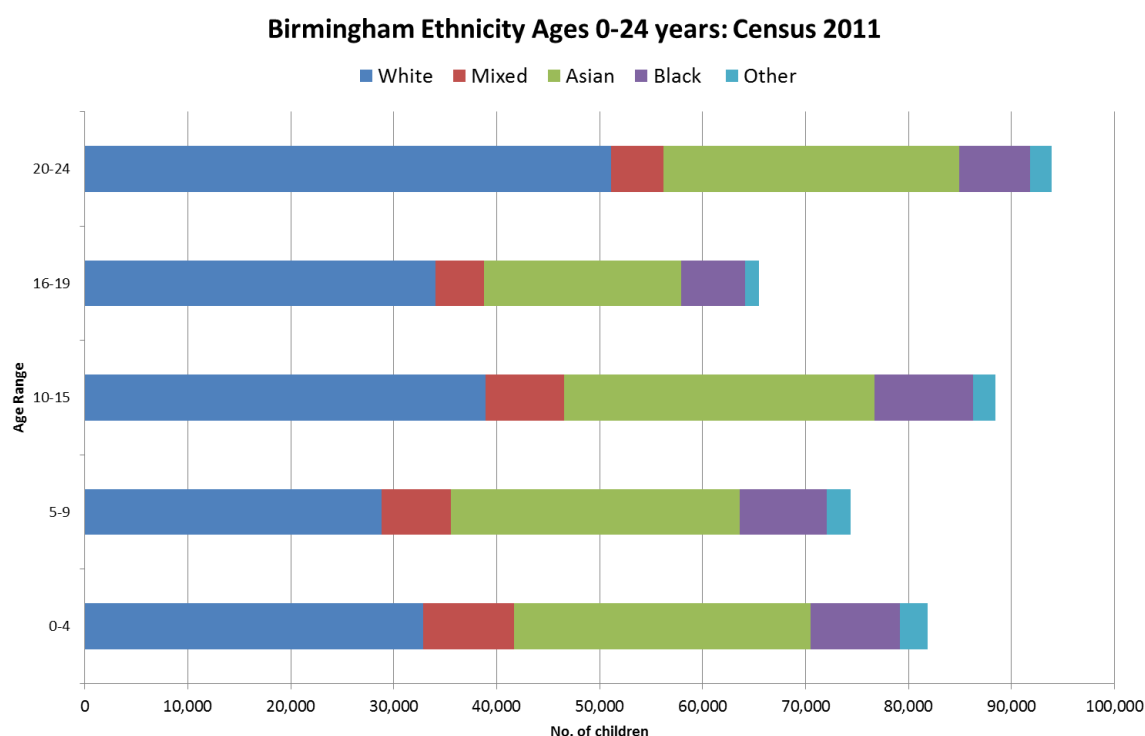


Figure 1 – Ethnicity of Birmingham population aged 0-24

3.3. Projected population increase

The local population aged 0-24 years is predicted to increase by 2% in 2022 (an extra 10,000) and by 6% in 2027 (an extra 24,000).²⁷ This will increase the demand for local schools and other services for children.

3.4. Deprivation

The Birmingham local authority area has high levels of deprivation with 40% of the population living in the 10% most deprived areas of England. The Index of Multiple Deprivation (IMD) is a measure of the relative levels of deprivation at small area levels. The figure below shows the local areas by their national rank, the darkest shading being the most deprived. There is a strong association between low income and higher rates of SEND prevalence.²⁸ Children identified as having SEND are more likely to experience poverty and have lower educational outcomes.²⁹

²⁷ Office for National Statistics, 2016-based subnational population projections

²⁸ Parsons S., Platt, L., Disability among young children: prevalence, heterogeneity and socio-economic disadvantage (2013)

²⁹ Shaw B., Bernades, E., Trethewey, A. & Menzies, L. Special educational needs and their links to poverty (2016)

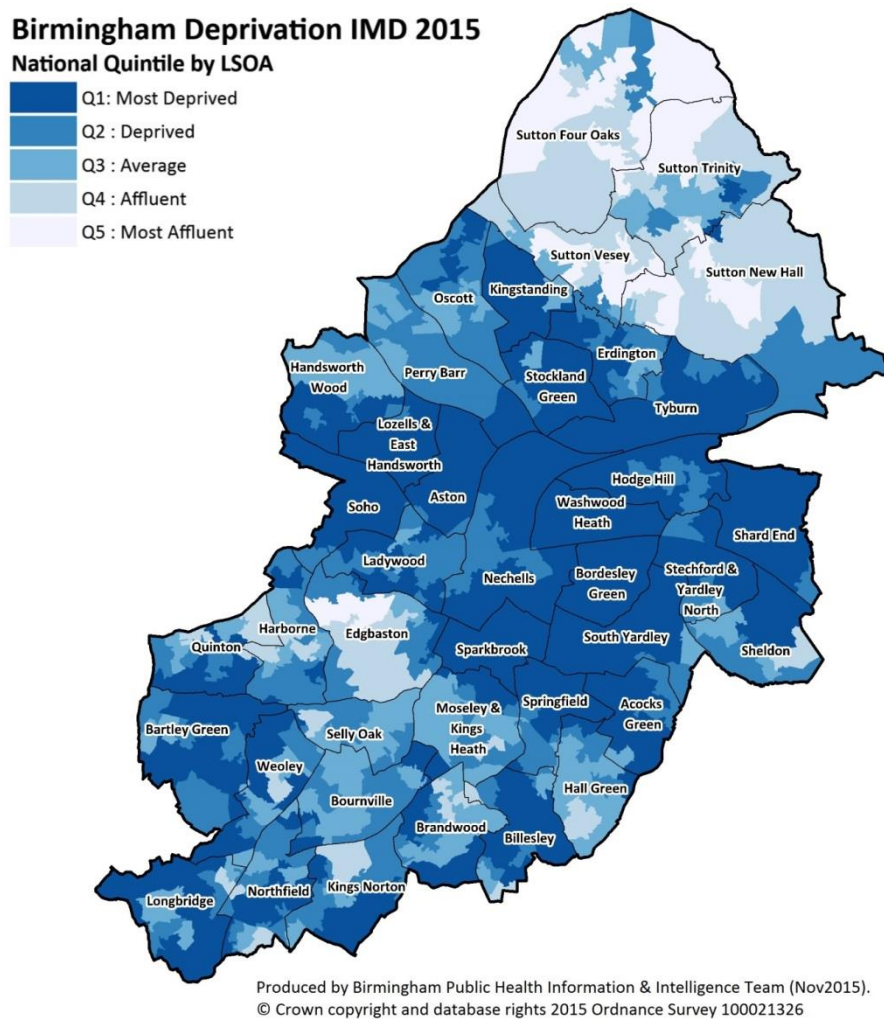


Figure 2 – map showing IMD2015 deprivation in Birmingham

3.5. Maternity and neonatal

The fertility rate of women is higher in Birmingham (69.7/1,000) compared to West Midlands (69.7) and England (62.5).³⁰ Birmingham has one of the highest infant mortality rates in the country (7.9/1,000 live births) and significantly higher than the England rate (3.9/1,000).³¹ Low birth weight is a factor that can affect health outcomes and in Birmingham 9.7% babies were born at term with low birth weights which is higher than the West Midlands Regional (8.6%) and higher than the national average (7.3%).³²

³⁰ ONS Births (2014-2016)

³¹ ONS Births and Deaths (2014-2016)

³² ONS Births (2014-2016)

3.6. Estimated prevalence of SEND

The limitations of data quantifying the number of children and young people with disabilities and their types and severities in the UK is widely acknowledged³³ with a notable absence of data nationally around trends and socio-demographics characteristic of disabled and special needs children. There are several different sources available to estimate the number of children with SEND. These include pupils with special educational needs (SEN), children with a limiting long term illness (Census 2011) and the Education Health and Care assessments are carried out when a school does not have the expertise or funding to identify a child's needs or are unable to make provision for the child's needs. The prevalence of pupils with an Education Health and Care Plan (EHCP) in Birmingham schools is 3.2%. This is significantly higher than the national figure of 2.9% and higher than other English core cities. Prevalence is calculated from the numerator of the number of pupils with EHCPs divided by denominator of total pupils from the annual School Census. Prevalence has remained constant since 2009. However as the number of children in Birmingham has increased by 11% over this period so have the number of children with EHCPs. There were 6,869 children recorded as having a plan within Birmingham schools in January 2018. However the total number of Birmingham children and young people aged 0-25 years with an EHCP at January 2018 was 9,023 (includes early years and post-16 EHCPs). The figure below shows that although the prevalence has decreased slightly in Birmingham since 2009, overall numbers have risen.

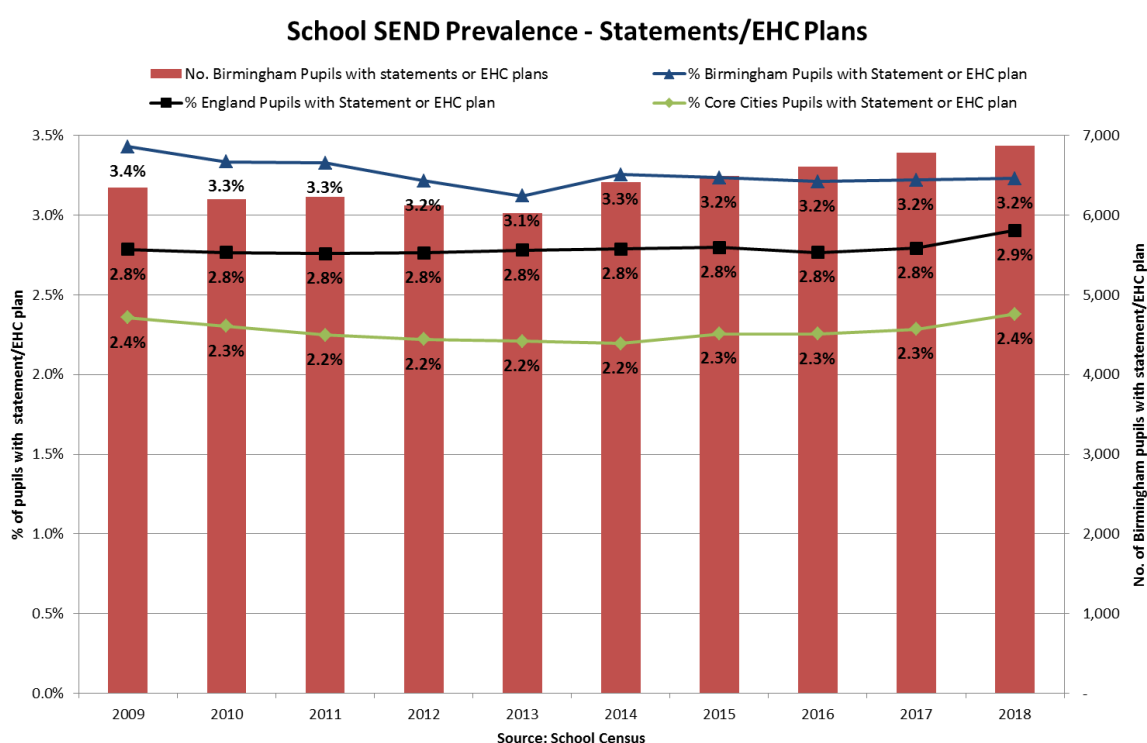


Figure 3 – SEN Statements and EHCPs, prevalence and numbers, 2009-2018

In addition to EHCPs, school staff will identify children that they can provide extra or different SEN support to within the school's own resources without a plan. Nationally and

³³ Hutchinson and Gordon, 2004

locally the proportion of pupils receiving SEN support fell between 2012 and 2016. Figure 3 shows that SEN support prevalence remains higher in Birmingham than nationally, however is similar to the other English core cities. In January 2018 there were 28,603 children recording as receiving SEN support at Birmingham schools.

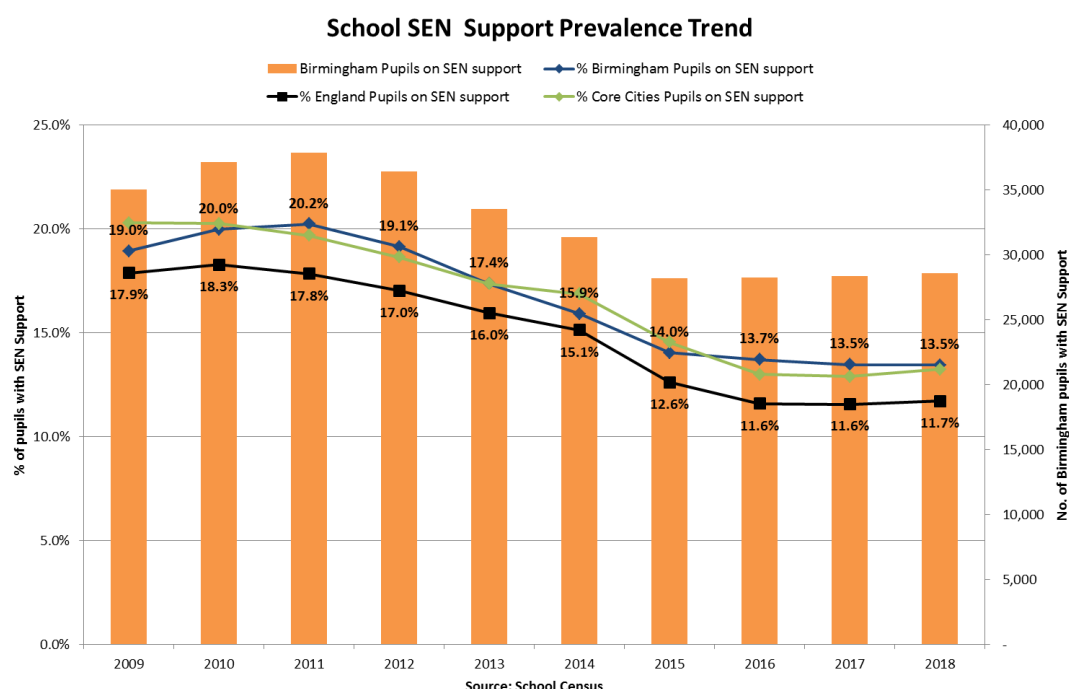


Figure 4 – SEN support without a statement or plan, prevalence and numbers, 2009-2018

The Census records the number of children with a long-term health problem or disability which limits daily activity. In 2011 there were 19,598 children and young people (aged 0-24 years) in this category. The prevalence is higher than the national average.

Table 3 – Numbers and prevalence of long-term health conditions limiting daily activity

Age Group	Birmingham limiting long term health	Birmingham prevalence	England prevalence
0-4	2,288	3%	2%
5-9	3,647	5%	4%
10-14	4,319	6%	5%
15-19	4,466	6%	5%
20-24	4,878	6%	5%
0-24	19,598		

Source: Census 2011

Although there is no single reliable source of prevalence for children and young people with SEND, the proxy data used indicates that the prevalence, in Birmingham, is higher than the national average.

4. SEND Services

4.1. Local Offer

The Local Offer is where all the information about provision available for children and young people who have SEND. This includes universal, targeted and specialised service across education, health and care. Birmingham's Local Offer is found on the Council's website³⁴ and is currently being reviewed.

4.1.1. Education, Health and Care Plans

The Special Education Needs Assessment and Review Service (SENAR) has responsibility for the Education Health and Care plans (EHCP) assessment process in the city. EHCPs address the health and social care needs of the child or young person as well as their educational needs and can be in force from the ages of 0-25. These are issued following formal assessment by a local authority and set out the child's needs and the extra help they should receive.

Children and young people with EHCPs are catered for at a variety of settings around the city; these include:

- Home education for pre-school children
- Maintained nursery
- Private, voluntary and independent early education settings
- Maintained primary
- Maintained secondary
- City technology colleges
- Academies – primary, secondary, special and alternative provision converters, primary, secondary and special sponsor-led and primary, secondary, special and alternative provision free schools
- Maintained special (including general hospitals)
- Non-maintained special
- Pupil referral units
- Independent schools

³⁴ BCC website https://www.birmingham.gov.uk/info/50034/birminghams_local_offer_send online accessed 11/12/2018

The trend analysis for EHCP (Figure 5) shows a large increase between 2017 and 2018. In January 2018 there were 9,023 children and young people, with EHCPs, living in Birmingham.³⁵ The reason for the large increase is due to the change to the new EHCP process particularly in capturing data for early years and post 19 children and young people.

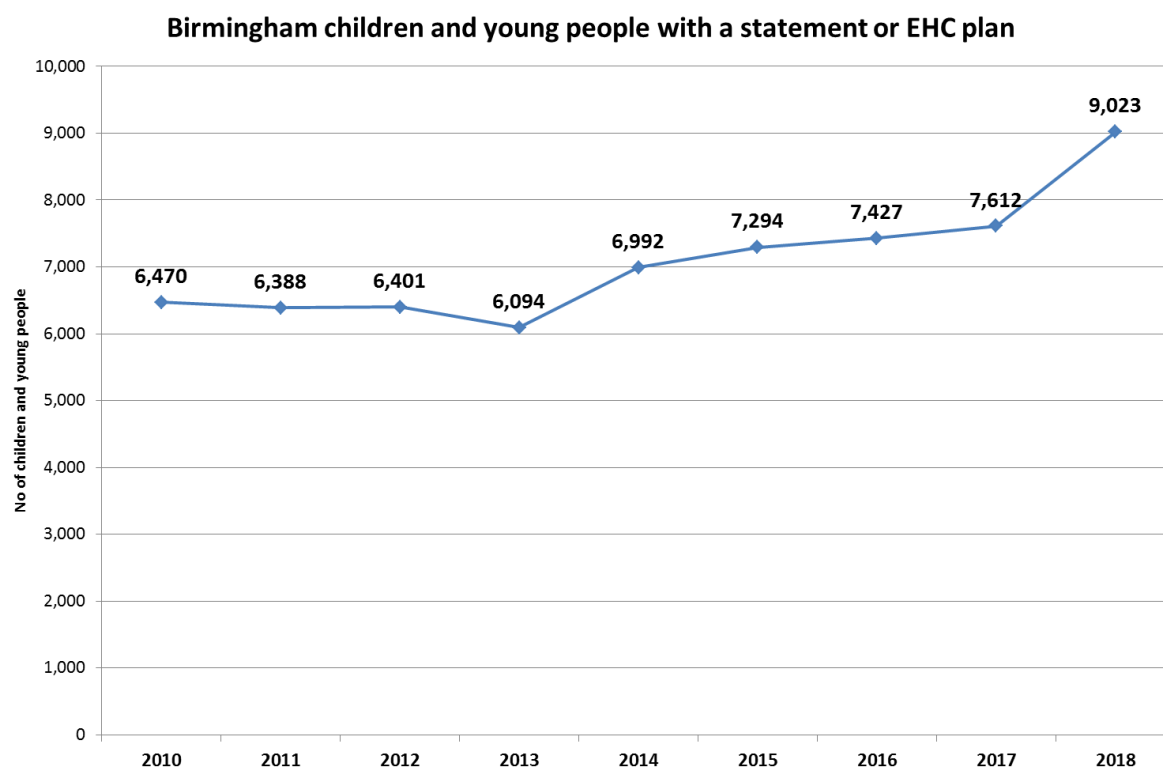


Figure 5 – Trend chart of EHCP and Statements in Birmingham 2010-2018 (SEN2)

The Birmingham process for EHCP assessment is set out in the EHC Pathway. The child or young person's needs are initially measured using a CRISP assessment (Criteria for Special Provision) by an Educational Psychologist. CRISP is nationally recognised as an effective model to assess need, determine provision and allocate resources.

EHCPs can utilise personal budgets to enable greater personalisation and provide choice and control to the child and young person. However, in Birmingham in 2017 only 4 personal budgets were issued, transferred or reviewed.³⁶ The average number of personal budgets for English Core Cities was 122. Nationally the average was 77. The low take-up may be due to lack of awareness or a lack of demand for this option in Birmingham.

In 2017 only 2.1% of EHC assessments did not result in an EHCP being issued. For England this was 4.9%. For the English Core Cities 2.8% of assessments do not result in a plan. This could mean that the process is more lenient (or thresholds are lower) in Birmingham or

³⁵ January 2018 School Census, General hospital schools census 2018 and School Level Annual School Census 2018

³⁶ Department for Education, Statements and EHCPs in England

that needs are being more effectively met, in other areas without having to go through the assessment process.

The 2018 SEND inspection found that EHCPs are usually completed within the prescribed timeline. However according to the Ofsted CQC inspectors the quality varies and too many are not of a good standard. A comment from the Ofsted CQC inspectorate was that EHCPs tend to be education led with little information about health and social care. There is a problem with outdated information with reviews undertaken not reflected in the plans. The statutory responsibility for the EHCP assessment process is with Education. The process is led by education staff with advice and support from health and social care professionals.

4.1.2. Community Health

There are a range of targeted community health services for children and young people with SEND in Birmingham. These services are provided by Birmingham Community Healthcare Foundation NHS Trust (BCHFT) and BWCT (Forward Thinking Birmingham). These services address a spectrum of health needs that are broadly categorised as:

- **‘universal’ services** provided to all children and families such as the routine immunisations, scheduled development checks, Birmingham Forward Steps integrated early years service (incorporates health visiting and children’s centres) and the School Health Advisory Service (school nursing)
- **‘specialist’ services** provided to children and families with additional health needs who may require more specialised assessment and interventions such as those provided by the five child development centres, speech and language therapists, physiotherapists, occupational therapists, community children’s nurses, palliative care nurses, complex care nurses, special school nurses, the Turtles short break unit or community paediatricians. In addition BCHCFT also provide specialist care for young people aged 19 and above with learning disability and for young people with a range of needs, but particularly cerebral palsy at the Regional Rehabilitation Unit in Selly Oak.

4.1.1. Access to community health services

Many of the children accessing the specialist services will be receiving SEN support or have an EHCP, but not all. This information is not currently routinely shared between Education and Healthcare services. From the information currently collected by BCHCFT it is not possible to categorise the complexity of need.

Data obtained from Birmingham Community Healthcare NHS Foundation Trust for 2017-18 shows that the most accessed service (excluding health visiting) was community paediatrics with 11,759 users of this service. This was followed by school nursing (in mainstream schools) with 11,192 users recorded. Most of the children using community healthcare services (62%) are aged 0-4 years. There are issues with data coding and we are unable to tell complexity and detail of the cases.

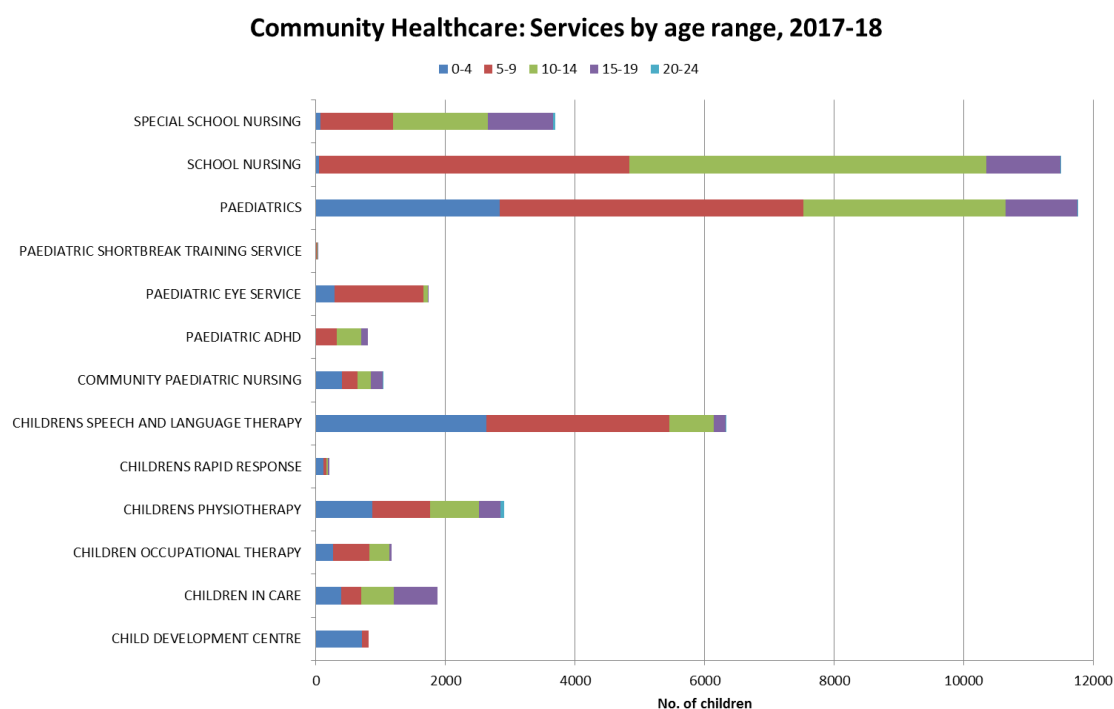


Figure 6 – Chart of community healthcare service use by age range. Source: Birmingham Community Healthcare Trust

The figure below shows the ethnicity for community healthcare patients aged between 0-25. 34% of the children and young people were of White ethnicity and 30% of Asian ethnicity. Ethnicity is not known or not stated for many patients.

Community Healthcare: Patients 0-25 by Ethnicity, 2017-18

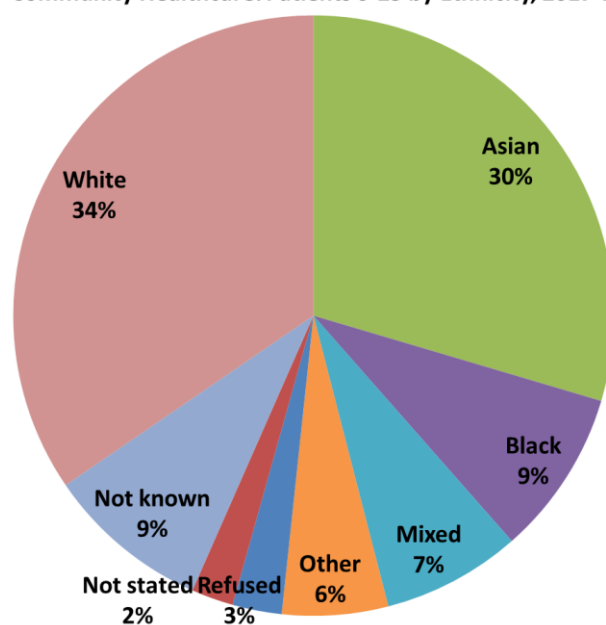


Figure 7 – chart of Community Healthcare patients by ethnicity

4.1.2. Social Care

Birmingham Children's Trust has a range of services for disabled children. Disabled Children's Social Care supports families who are caring for a child aged 0-18 years old with substantial, complex and critical needs. The area social care teams do also work with children and young people falling within the SEND definition however data on disabilities is not recorded therefore it is not possible to identify these children.

Children in Care (CIC), also known as Looked After Children, are those either accommodated under Section 20 of the Children's Act or subject to a care order where the local authority has legal responsibility for the child. In Birmingham 25.2% of CIC have an EHCP compared to 28.2% for England.³⁷ Children in need (CIN) are defined as children who are aged under 18 and need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development or are disabled. In Birmingham 28.4% of CIN had an EHCP compared to 21.4% in England.³⁸

Analysis of trend data from the local Carefirst information system on cases assigned to the Disabled Children's Social Care teams (DCSC) shows that the number of children in care has remained at a similar level between 2014 and 2018. During the same period the number of children in need has risen.

³⁷ Department for Education, Outcomes for Children Looked After by Local Authorities in England 2016/17

³⁸ Department for Education, Characteristics of Children in Need in England 2016/17

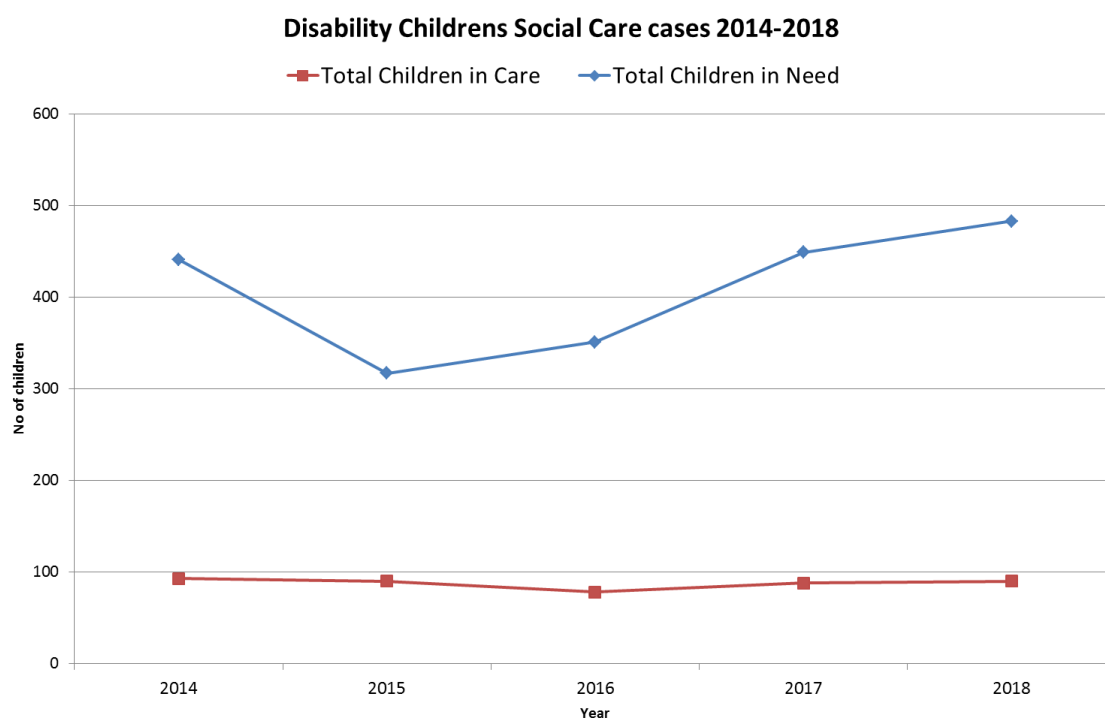


Figure 8 – Trend chart of Disability Children’s Social Care cases 2014-2018. Source: Carefirst

The following types of service are currently provided by Birmingham Children’s Trust:³⁹

- Home Support – help with washing and dressing, support with developing social skills, providing outdoor activities and befriending services in the community.
- Direct Payments – Money for care and support allowing more choice and control.
- Short Break fostering –provide short term and permanent fostering arrangements.
- Children’s Residential Homes – Charles House and Warwick House offer short breaks and overnight stays and Edgewood Road (Turtles Unit) that offers permanency and short breaks with nursing care from qualified NHS staff.
- Norman Laud Centre a voluntary organisation which offers overnight short breaks, day care and activity service; has indoor and outdoor facilities; and works in partnership with parents, carers and many professionals to provide high quality care.

Information obtained from Birmingham’s Carefirst database shows that the most accessed resource was direct payments, followed by home support. The services are used mainly by school-aged children, the majority of these are of secondary school age.

Parents reported to Ofsted CQC inspectors that they were not aware which short breaks are offered or how to access them. The criteria are not clear on the local offer. Birmingham has spent less than other areas on short breaks. Short breaks are also provided by BCHCFT’s Turtles unit and by Acorns Children’s Hospice Trust.

³⁹ Birmingham Children’s Trust [online]
https://www.birminghamchildrenstrust.co.uk/info/4/information_for_families_and_carers/62/disabled_childrens_social_care/1 (accessed 16/10/18)

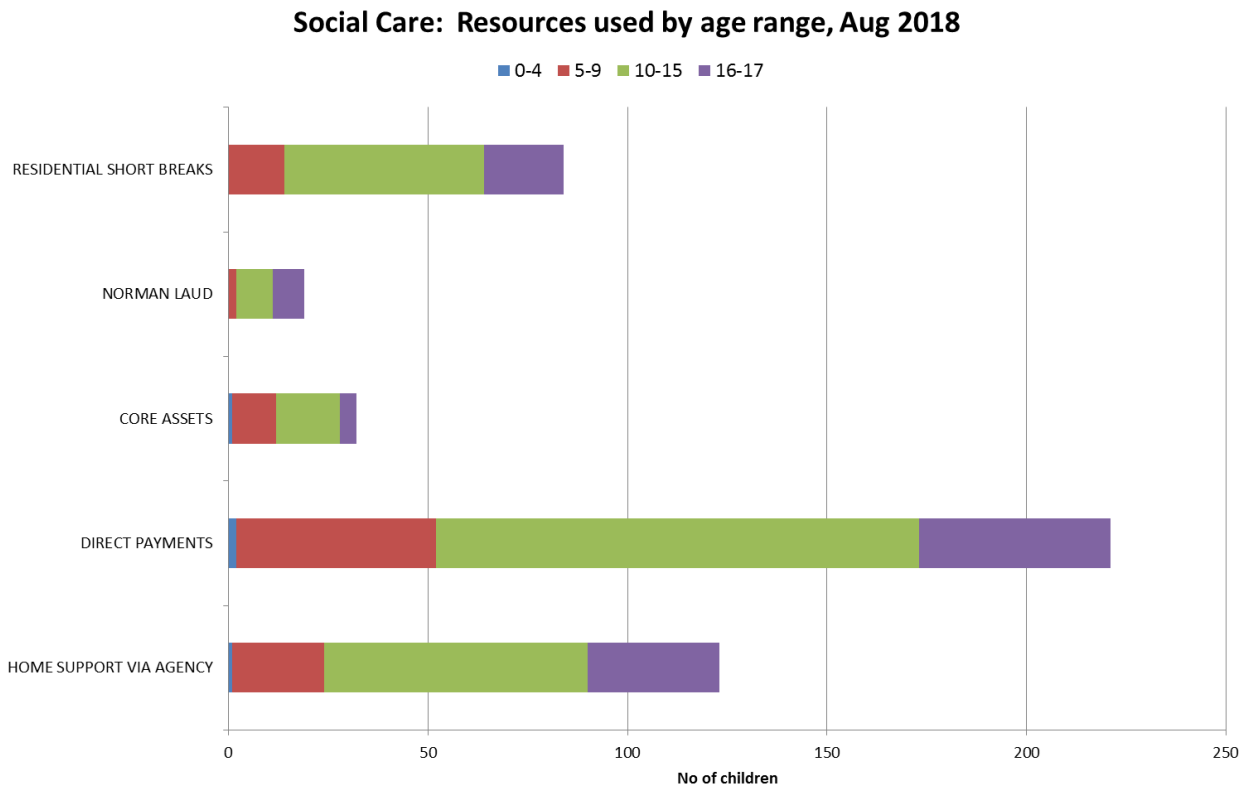


Figure 9 – Chart of resources used by age range. Source: Carefirst Aug 2018

Analysis of the age and gender of children in care and children in need assigned to the DCSC teams tells us that these children are more likely to be male and of secondary school age. 61% of children in care cases and 68% of children in need cases are male. 40% of the children in care assigned to DCSC and 55% of children in need are aged between 10-15 years.

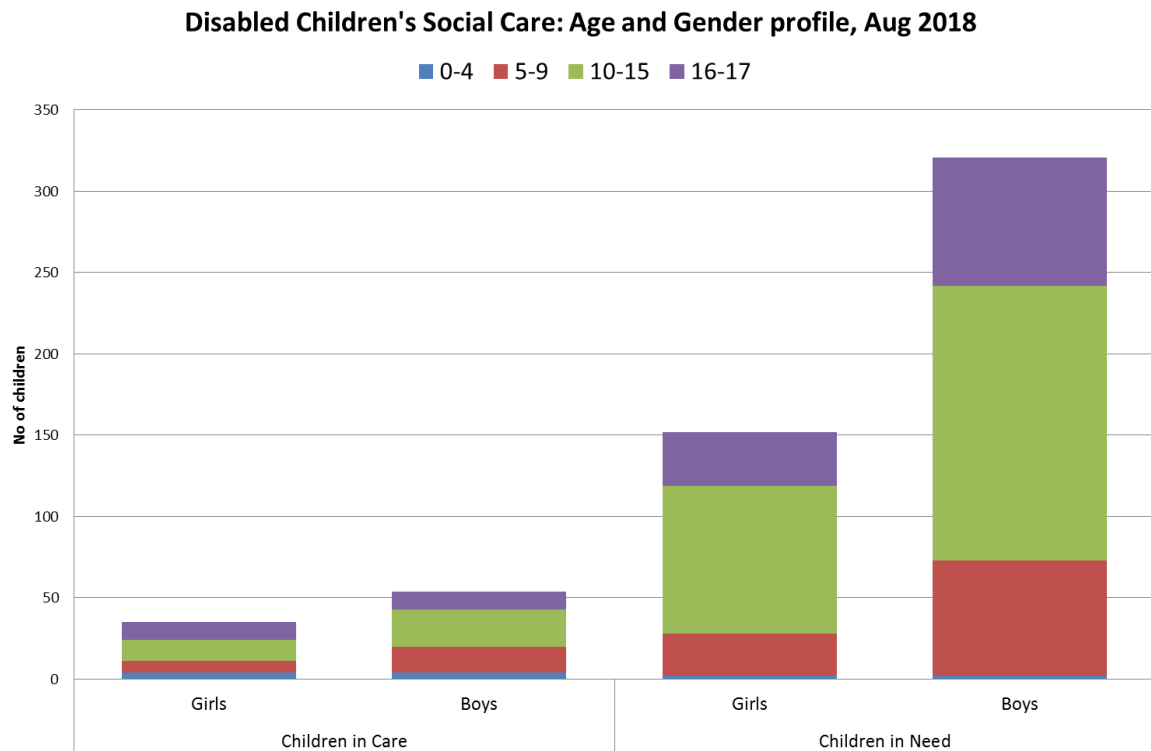


Figure 10 – Chart of disabled children social care clients by age and gender. Source: Carefirst Aug 2018

The figure below shows the ethnicity and gender for the social care cases. 43% of children in care assigned to DCSC are of White ethnicity. 45% of children in need are of Asian ethnicity.

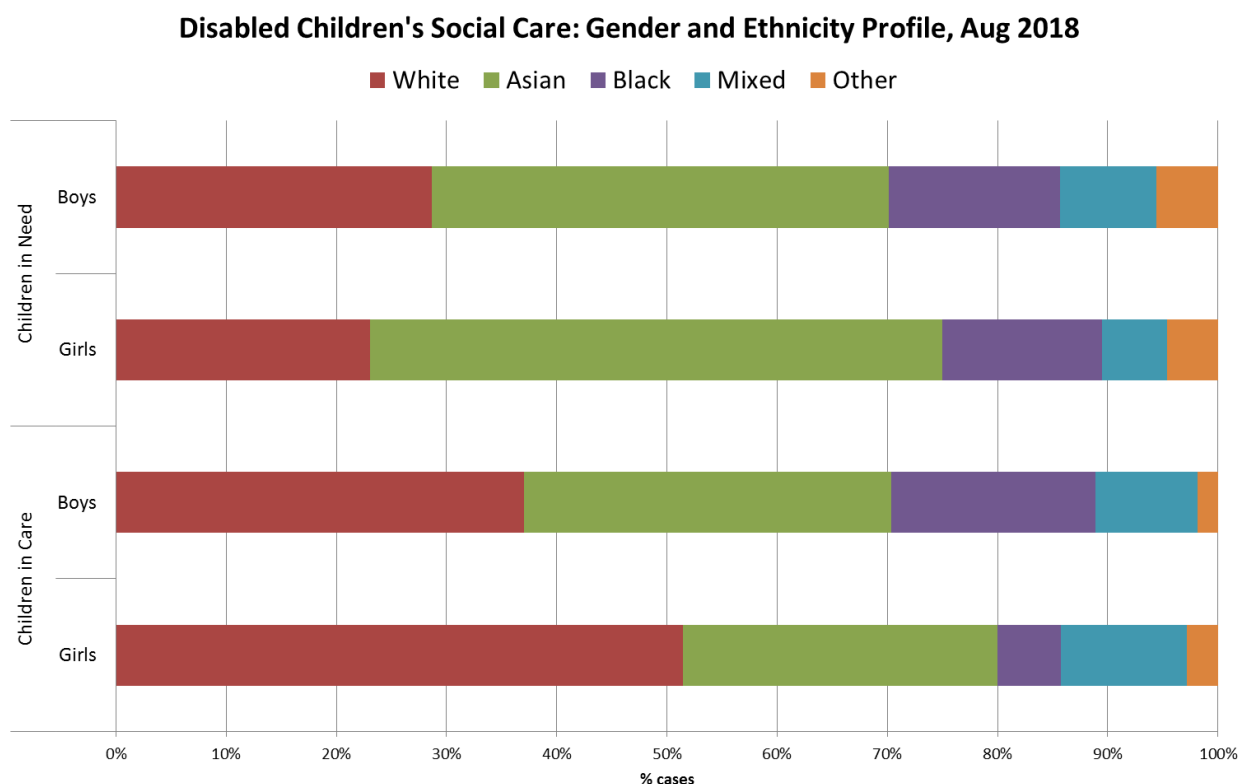


Figure 11 – Chart of ethnicity and gender of disabled social care clients. Source: Carefirst Aug 2018

4.2. Early years (0-5 years)

4.2.1. Birmingham Forward Steps (integrated Health Visiting and Children's Centre Service)

This service works in the community offering mandated health visitor developmental assessments, support, advice and providing universal services to families.⁴⁰ It includes community nursery nurses, children's centre staff, clerical assistants, and community staff nurses. Health visitors receive updates from other services and place alerts with GPs relating to children with SEND. However, due to challenges in reaching families in the city, only around 67% (2017/18 data BFS) have received their 2-2.5 year old health visiting assessment. This is particularly relevant since the 2-2.5 year assessment provides a key point at which children with development needs can be identified and referred for further assessment, help and support as necessary. Indeed, anecdotally it is reported that a high proportion of referrals into early years services already come from health visitors. The provider is committed to seeking new approaches to addressing this issue.

⁴⁰ Birmingham Health Visitor Service [online] <http://www.bhamcommunity.nhs.uk/patients-public/children-and-young-people/services-parent-portal/birmingham-health-visitor-service/> (accessed 16/10/2018)

4.2.1. Child Development Centres (CDCs)

This service is for pre-school children with physical or developmental delay who may need additional help, support or intervention to enable them to reach their potential. There is a multi-disciplinary team including clinical services co-ordinators, consultant paediatricians and registrars, link workers, nursery nurses, occupational therapy, physiotherapists, teachers, and speech and language therapists supported by secretarial teams.

At present, all children referred are initially seen for a medical and development assessment by a community paediatrician who then decides the appropriate route for a multidisciplinary team assessment. This can result in a delay in a child being placed on a waiting list for assessment as there is no direct referral route to the multidisciplinary team. It does, however, ensure that the correct children are being referred to the most appropriate pathway for assessment. An all age neurodevelopmental pathway has been proposed and is under consideration by the clinical commissioning group which would allow direct referral to a multidisciplinary team for neurodevelopmental assessment (after initial triage). It is argued that all of these children (under 5s) would need to see a community paediatrician in any event so direct access to MDT would not change the pressure on community paediatricians but should speed up the process since other members of the multi-disciplinary team could be seeing children in a parallel but ultimately joined up assessment process.

There is no autistic spectrum disorder multidisciplinary diagnostic pathway for children over four years old currently. This demand may have been created by demand pressures in the under 5s service resulting in some children not reaching the top of the waiting list in time, as well as children whose need for a developmental assessment has not emerged until school age. These assessments are carried out almost exclusively by the community paediatric team who are not commissioned to deliver this service. Resulting in long waiting times and assessments which are not always NICE compliant (partly since the wider MDT is not involved). The SALT service and other parts of the MDT are also not currently commissioned to support this work. The implementation of the proposed all age neurodevelopmental pathway would seek to address this major capacity and service gap in service provision in the city.

At the point at which a child is identified and referred to the CDC e.g. by a health visitor, GP or nursery staff, the child should also be referred into the Early Years Support Service via a referral to Access to Education. This then enables the process of evidence gathering in education to start to inform the educational aspects of the child's needs. This process can also be time consuming and therefore it is equally important that the child is referred into this service at the earliest opportunity.

4.2.2. Early Years Education

Early years providers include state-funded nursery schools, private, voluntary and independent (PVI) settings and childminders. A state-funded nursery must have a qualified teacher identified as the SENCO (Special Educational Needs Coordinator). PVI providers

are expected to identify a SENCO. Early years providers must have arrangements in place to identify and support children with SEND.⁴¹ The Early Years Foundation Stage is the statutory framework for children aged 0 to 5 years. The majority of 3 and 4 year olds in Birmingham attend some form of early years provision. Since September 2014 2 year olds with Disability Living Allowance have been entitled to free early education. In the spring of 2018, 62% of eligible 2 year olds were taking up this entitlement. In comparison with the England take up of 72%. All 3 and 4 year olds have a free offer and the take-up in the city was 90%, compared to an England take-up of 94%.

Babies and pre-school children with SEND receive their educational support in four different ways according to their individual needs and circumstances and move flexibly between the types of provision at individual transition points.

- Children known to the Early Support Service:
 - Babies/children with SEND at home with their parents/carers who require coordinated multi-agency SEN support in the family home, leading into EHC assessment where required, before they access any other form of early years provision (PVI or maintained mainstream/special school).
- Children known to the Area SENCO team:
 - Children in PVI settings who require coordinated multi-agency SEN Support leading into EHC assessment where required.
 - Children in PVI settings who require SEN support (Early Identification/ Increased Differentiation).
- Children in maintained nursery schools who require SEN support.
- Children in nursery classes (primary schools) who require SEN support.

The numbers of children who are accessing early years support services (education) has been increasing over the past 5 years. In 2017/18 academic year there were 2,067 children notified to Early Years Inclusion Support.

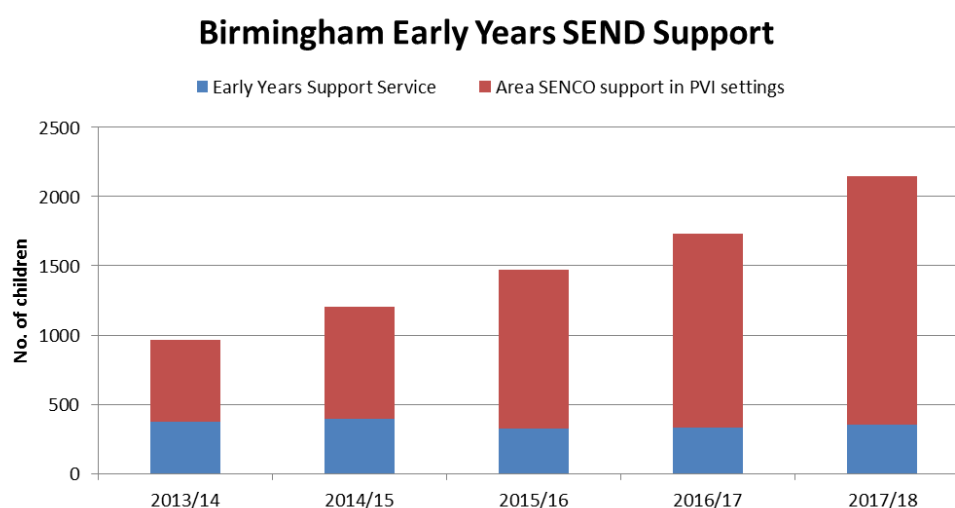


Figure 12 – Trend for Early Years SEND support services

⁴¹ Early Years Guide to SEND Code of Practice, 2014, p9

According to the data collected during 2017/18 the priority need area most in demand in the 0-5 age range is communication and interaction. 73% of the in PVI settings receiving SEN support through a SEN and Early Support plan were categorised with this need. Using data on children with a SEN and Early Support plan and ONS 2016-based mid-year population estimates, a prevalence of 1.3% was calculated for Birmingham. The chart below breaks this down to constituency level and shows that the highest proportion of children with this type of support is in Sutton Coldfield constituency (this is at a statistically significantly higher level – the error bars show the level of certainty of the statistic). Prevalence is significantly lower in Erdington and Selly Oak constituencies.

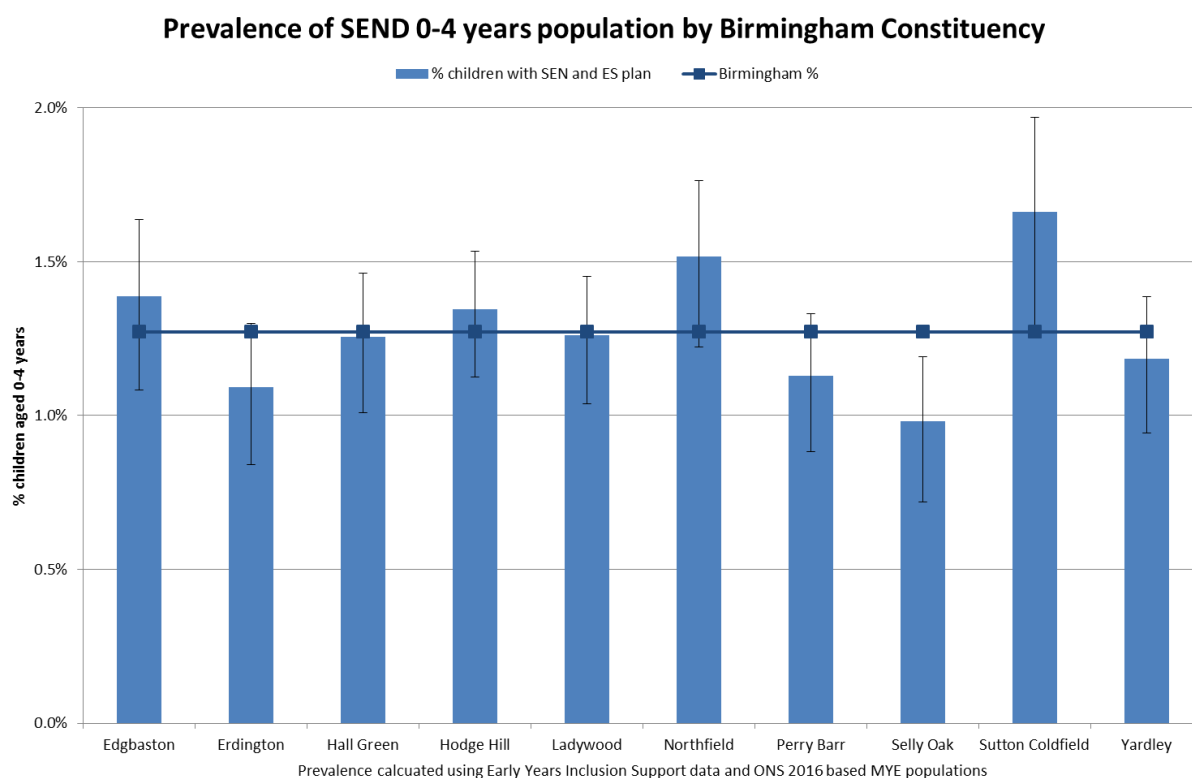


Figure 13 – SEND prevalence for 0-4 yrs population by District

4.2.3. State-funded nursery schools

There were 27 state-funded nursery schools in Birmingham in 2018 providing nursery education for 3,426 pupils. Overall numbers in Birmingham state-funded nursery schools have risen since 2014. In 2018 15 children (0.4%) at maintained nursery schools had an EHCP. 552 (16%) were receiving SEN support without a plan. The most common primary type of SEND need in nursery schools is speech, language and communication with 13% of all pupils in nursery schools recorded with this type of need.

4.3. School Aged Provision (5-18 years)

4.3.1. Special schools

Birmingham has 27 state-funded special schools. In January 2018 there were 4,219 pupils attending this type of school in Birmingham.⁴² This was a 20% increase in the number of children at state-funded special schools from 2014. The table below shows that Birmingham has a higher proportion of pupils attending special schools compared to England and the English core cities. Those at these schools make up the majority of the total of school aged children with EHCPs. This is a much higher proportion of those with EHCPs attending special schools than England but similar to the core cities.

Table 4 – State-funded special school pupils, DfE 2018

	Birmingham	England	English Core Cities
Pupils at special schools	2.2%	1.5%	1.5%
Pupils with EHCP attending special schools	61.4%	46.5%	60.7%

The schools vary in size and area of expertise. Figure 5 shows the number of children attending the special schools by their primary need type. The largest school had 374 pupils and the smallest 61. 38% of the pupils at state-funded special schools were recorded as within the Autistic Spectrum SEND category.

⁴² January 2018 School Census

Birmingham Special Schools: Pupils by area of need 2018

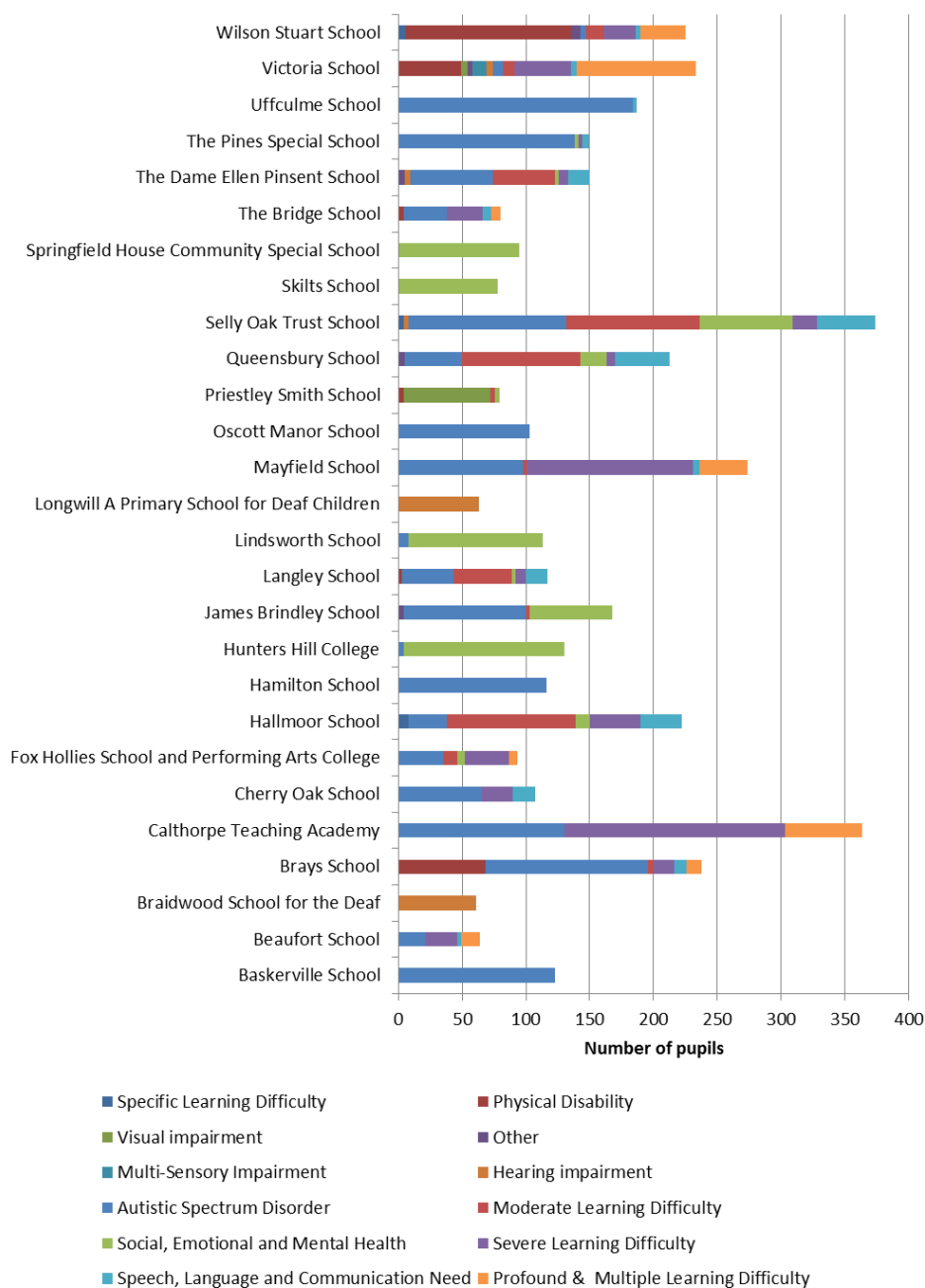


Figure 14 – Chart showing Birmingham Special State-funded Schools by size and primary need type, 2018

Key stage 4 (KS4) attainment

Pupils in KS4 are aged between 14 and 16 years during this time pupils are working towards GCSE and equivalent qualifications that are completed in Year 11. The total number of children at each special school entered for these qualifications is very low so it is not possible to capture attainment levels in these subjects. Data is available on the numbers of students by subject at the end of KS4 and how many of these were entered for the

qualification and is shown in the table below. There were approximately 350 Year 11 pupils at Birmingham state-funded special schools in 2018.

Table 5 - 2017 Birmingham State-funded Special School qualification data. Source: Dept for Education

Qualification	Total Students at end of KS4	Total Entered for Qualification
GCSE Maths (General)	158	49
GCSE English Language	107	36
GCSE Art & Design	165	40
GCSE Science (General/Combined)	189	59
BTEC Certificate Level 1 Computer Appreciation/Introduction	183	12
BTEC Certificate Level 1 Hospitality/Catering Studies	183	12
VRQ Level 1 Art & Design	102	16
VRQ Level 2 Computer Appreciation/Introduction	269	17

Special School exclusions

Birmingham excludes more pupils from special schools compared to England, statistical neighbours and the West Midlands region.

Table 6 – Permanent exclusions from special schools 2015-16. Source: DfE

Area	No. of Pupils excluded	Total No. of Pupils	% Pupils Excluded
Birmingham	6	3,980	0.15%
England	90	107,635	0.08%
West Midlands	10	14920	0.07%
Statistical Neighbours	6	9640	0.06%
Barking and Dagenham	0	310	0.00%
Coventry	0	854	0.00%
Enfield	0	608	0.00%
Greenwich	<3	456	*
Luton	0	421	0.00%
Manchester	0	1,243	0.00%
Newham	0	140	0.00%
Nottingham	0	551	0.00%
Slough	0	311	0.00%
Waltham Forest	0	766	0.00%

The proportion of children excluded from Birmingham special schools for 2015/16 was nearly twice the national average and much higher than for the West Midlands and Statistical Neighbours. However the actual number of exclusions is very low and therefore we should be careful in how we interpret this data.

Fixed term exclusions are more common; in 2016/17 431 pupils were excluded over a fixed term period from city special schools. The table below shows the reasons for exclusion and the percentage of children excluded from Birmingham special schools compared with those excluded from maintained primary and secondary schools.

Table 7 - Fixed-term exclusions from Birmingham Schools. Source: DFE Permanent and fixed-period exclusions in England 2016/17

Reason	Special schools	Primary and Secondary schools
Physical assault against a pupil	24%	25%
Physical assault against an adult	23%	5%
Verbal assault against a pupil	3%	4%
Verbal assault against an adult	12%	14%
Bullying	2%	2%
Racist abuse	1%	2%
Sexual misconduct	1%	1%
Drug and alcohol related	1%	2%
Damage	5%	3%
Theft	1%	2%
Persistent disruptive behaviour	12%	22%
Other	14%	18%

4.3.2. State-funded primary and secondary schools

Children with SEND receive support at schools through EHCPs. However, these are not the only SEND help provided in schools. There is also **SEN support** which is **extra or different help** from that provided as part of the school's usual curriculum without a formal assessment process. This category has replaced the former 'School Action' and 'School Action Plus' categories. Most children with SEND in state-funded primary and secondary schools are supported through SEN support. Following implementation of the School Funding Reforms (April 2013) the way in which SEN funding was allocated to schools and individual pupils changed significantly. The reforms meant that mainstream schools became responsible for funding high incidence, low cost SEN provision from their delegated budgets using their AWPUP (Age Weighted Pupil Unit) element (assumed nationally at £4,000 per pupil) and up to £6,000 per pupil from their notional SEN budget. This includes support for those with and without an EHCP.

Primary

There are 298 state-funded (mainstream) primary schools within Birmingham. In January 2018 there were 116,745 pupils attending these schools. 1,105 children had a statement or EHCP (0.9% of all pupils). 17,532 were receiving SEN support at the primary school without a plan (15% of all pupils).

There has been a decline in the numbers of children with EHCPs in Birmingham primary schools (16% fewer (-215) compared to 2014). Numbers of children receiving SEN support without a plan have risen each year 2015.

The proportion of pupils at Birmingham's primary schools with EHCPs is similar to the national average and to the other English core cities. The proportion of pupils receiving SEN support is higher than the national average but similar to the core cities.

Table 8 – State-funded primary school pupils, DfE 2018

	Birmingham	England	English Core Cities
Primary pupils with EHCP	1.1%	1.4%	0.8%
Primary pupils with SEN support	15.0%	12.4%	14.2%

Of the pupils receiving SEND support (via an EHCP or school SEN support) the most common primary category of need is moderate learning difficulty (47%), followed by speech, language and communication (26%). A greater number of pupils are categorised under the moderate learning difficulty than nationally leading to concern that children's needs are not being accurately identified. Ofsted and CQC inspectors reported that there was a lack of willingness and ability by some mainstream schools to meet the needs of children with SEND.⁴³ However the SEND need is sourced from nationally published school census data and its accuracy is dependent on the recording of the data at a local level. There are concerns that this picture doesn't match with local professional knowledge where the belief is that Autism and not MLD is the most common category of need.

Since the 2018 inspection work has begun around the quality of EHCPs to make sure needs are more accurately identified.

⁴³ Ofsted and CQC, Joint local area SEND inspection in Birmingham (2018)

Primary Pupils by SEND Need Category: 2018

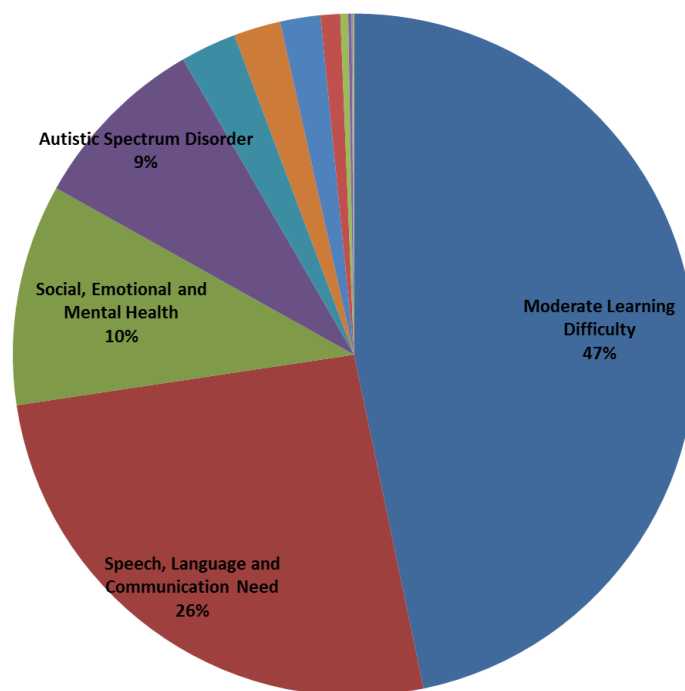


Figure 15 – Pie chart of state-funded primary pupils by SEND need category

Resource bases

There are 44 Resource Bases that offer additional resources to pupils with EHCPs. These are located at school sites around the city.⁴⁴ These specialise in different areas of SEND needs i.e. Autistic Spectrum, Cognition and Learning Difficulties, Physical and Sensory needs, Moderate Learning Difficulty, Speech, Language and Communication, Hearing Impairment and Visual Impairment. Work is underway to match identified SEND need in children and young people with current provision in Special schools and Resource bases to determine any gaps / overcapacity in provision.

State-funded secondary schools

There are 86 state-funded secondary schools (excluding special schools) within Birmingham (7 of these schools are “all through” schools which cater for both primary and secondary pupils). In January 2018 there were 79,001 pupils attending these schools. 981 children had an EHCP (1.3% of total pupils). 9,257 were receiving SEN support at the secondary school without a plan (12% of pupils).

There has been a decline in the numbers of children with EHCPs in Birmingham secondary schools (17% fewer (-199) compared to 2014) and for children receiving SEN support without a plan (23% fewer (-2,728) compared to 2014).

The proportion of pupils at Birmingham’s secondary schools with EHCPs and SEN support is similar to the national average and to the other English core cities.

⁴⁴ Birmingham City Council, online at https://www.birmingham.gov.uk/directory/24/birmingham_schools/category/699 accessed 4/12/2018

Table 9 – State-funded secondary pupils, DfE 2018

	Birmingham	England	English Core Cities
Secondary pupils with EHCP	1.3%	1.6%	1.2%
Secondary pupils with SEN support	11.7%	10.6%	11.9%

Of the pupils receiving SEND support (via an EHCP or school SEN support) the most common category of need is moderate learning difficulty (40%), followed by social, emotional and mental health (18%). As with Primary pupils a greater number of secondary pupils are categorised under the moderate learning difficulty than nationally leading to concern that children's needs are not being accurately identified.

Secondary Pupils by SEND Need Category: 2018

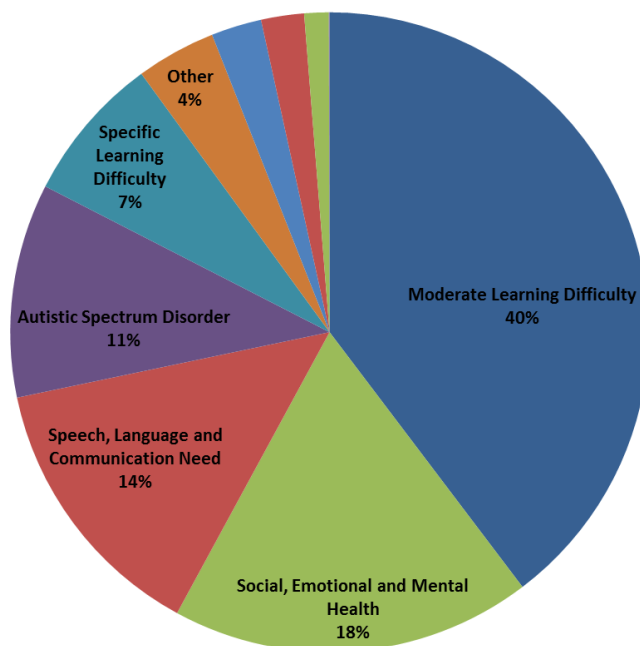


Figure 16 – pie chart of state-funded secondary pupils by SEND need category

Exclusions

The Ofsted and CQC inspection found that professionals have worked closely with leaders of secondary schools to help them manage behaviour more effectively. This had led to a reduction in permanent exclusions, including a decline in the number of pupils who have SEND who are excluded. However fixed term and permanent exclusions of pupils with

SEND are higher than for other pupils in the city.⁴⁵ In total 18 children with EHCP were permanently excluded from Birmingham schools during the 2016/17 school year (6% of all exclusions). In total 132 children recorded as having SEN support without EHCP were permanently excluded from Birmingham schools during the 2016/17 school year (44% of all exclusions).⁴⁶

Absence

Attendance of pupils who have SEND is lower than for other pupils in Birmingham and the national average. For 2016/17 academic year the overall absence rate for children with an EHCP was 9.2% compared to 8.1% for England.⁴⁷

Attainment

Academic outcomes for pupils who have SEND do not match those of other pupils. By the end of key stage 4 educational attainment is lower for children with an EHCP than all pupils nationally and other pupils in Birmingham. The table below show the average Attainment 8 score per pupil for Birmingham, England, the local region, other core cities and statistical neighbours. Attainment 8 measures a student's average grade across eight subjects. This measure is designed to encourage schools to offer a broad, well-balanced curriculum.

Table 10 – Pupil Attainment 8 achievement by the end of KS4 by SEN provision 2016/17. Source: DfE

Area	Pupils with no identified SEN	SEN support	SEN with a statement or EHCP	All pupils
Birmingham	50	31.2	11	46.1
England	49.7	31.9	13.9	46.4
West Midlands	49	31.5	12	45.4
Barking and Dagenham	49	31.0	16	46.7
Bristol, City of	48	31.6	14	44.0
Coventry	46	28.8	10	42.8
Enfield	49	30.7	14	46.2
Greenwich	49	33.7	15	45.9
Leeds	49	30.3	12	45.1
Liverpool	48	30.1	8	44.2

⁴⁵ Ofsted and CQC, Joint local area SEND inspection in Birmingham (2018)

⁴⁶ Birmingham local exclusion data 2016/17

⁴⁷ Department for Education, Pupil Absence in Schools in England

Manchester	47	26.5	12	43.4
Newcastle upon Tyne	47	30.6	13	43.3
Newham	52	33.5	11	48.4
Nottingham	43	26.6	5	40.3
Sheffield	48	29.3	13	44.6
Waltham Forest	51	33.6	9	45.5

However, year on year improvement for pupils with EHCP and SEN support at Key Stage 2 has occurred at Birmingham schools over the last 3 years. At Key Stage 2 there has been an increase in the percentage of all children achieving the required standard.

Table 11 - Key Stage 2 Percentage achieving expected standard for reading, writing and maths 2016-2018

	EHCP/Statement			SEN Support			All SEN			All non-SEN		
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
England	7%	8%	TBA	16%	20%	TBA	14%	18%	TBA	62%	70%	TBA
Birmingham	5%	4%	6%	10%	17%	21%	9%	15%	18%	57%	67%	71%

However for Key Stage 4 there has been a decrease in achievement for all pupils. Pupils with an EHCP have worse performance at this stage than the national average. However attainment for SEN support pupils is similar to England.

Table 12 - Key Stage 4 Attainment 8 2016-2018

	EHCP/Statement			SEN Support			All SEN			All non-SEN		
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
England	17	13.9	TBA	36.2	31.9	TBA	31.2	27.1	TBA	52.9	49.5	TBA
Birmingham	14.4	11.4	11.7	35.1	31.2	30.4	29.7	26.2	25.4	53.3	49.8	49.3

Transport to School for SEND pupils

Local authorities have a statutory duty to make travel arrangements for eligible children to enable them to attend school including those with SEND, particularly those school-aged children who cannot be reasonably expected to walk to school because of mobility problems or associated health and safety issues relating to SEND. Each child should be assessed on an individual basis.

Travel Assist Service provides travel assistance for 5,870 pupils daily. 4,250 on transport and 1,600 with a bus pass. There are 600 routes per day on average. 80% of vehicles used for school transport are minibuses. 478 pupils are in a wheelchair. Over 600 guides are provided to support journeys.

The shortest journey for a pupil is 0.2 miles and the longest 44 miles. For one school there are 47 minibuses transporting children to the school from around the city.

Travel Assist are experiencing budget pressures as are other local authorities across England. The service is benchmarking its services across other local authorities. Birmingham's service is cost effective and provides value for money. The service is taking steps to update and improve transport including more engagement with schools, independent travel training and SENAR.

4.3.3. Pupil referral units

There are 7 pupil referral units within Birmingham including the City of Birmingham School located at several sites and 6 free schools – alternative provision. In January 2018 there were 711 pupils attending these units. 14 children had an EHCP (2% of total pupils). 598 were recorded as receiving SEN support at the pupil referral unit without a plan (84% of pupils).

Of the pupils receiving SEND support (via an EHCP or school SEN support) the most common area of need is social, emotional and mental health (99%).

4.3.4. Placements outside Birmingham and at independent schools

There are children and young people with an EHCP whose needs cannot be met within the state-funded schools in Birmingham (primary, secondary and special). In December 2018 there were 305 school aged pupils (4-18 years) receiving this type of support through an EHCP. The chart below shows the placement types by education year group. Most of placements are at independent special schools (159 pupils) followed by independent mainstream providers (91). The independent special schools offer specialist provision in areas of SEND need e.g. Autism Spectrum. Many of these schools are outside the local area.

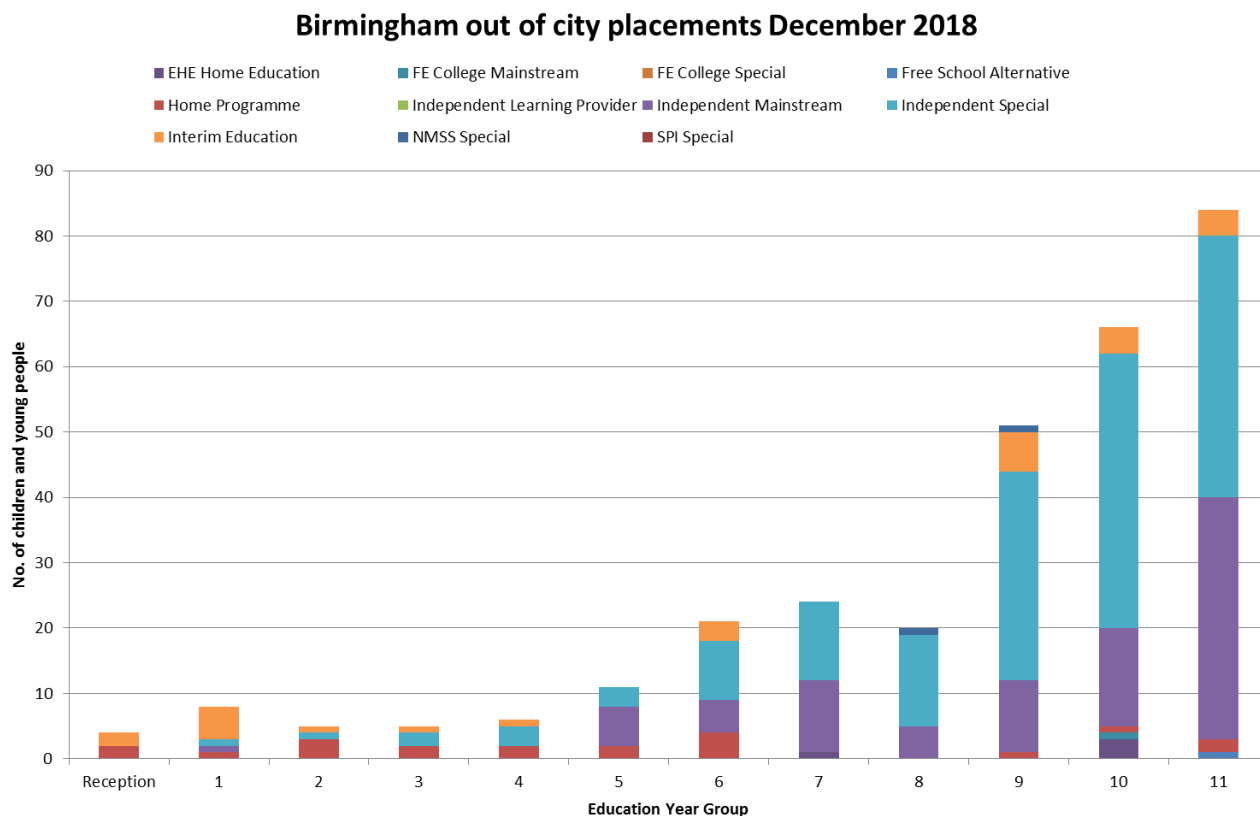


Figure 17 - Chart of Birmingham's out of city placements, Dec 2018

4.3.5. Communication and Autism Team

The Communication and Autism Team (CAT) is a specialist educational support service, supporting children and young people in Birmingham with autism. They provide advice and support these children and young people to access learning, to be included and maximise educational, social and employment potential. The service supports children and young people from the ages of 2-25, providing them with support in numerous areas of life.

4.3.6. Sensory Support

Sensory Support (SS) is a team of specialist staff working with children and young people with hearing or vision impairment at all stages of their educational development; in homes, early years settings, mainstream schools, special schools and colleges. SS aim is to minimise the impact of a sensory impairment on a pupil's learning and development and to raise attainment. SS supports schools with specialist teaching and other staff to support the education of deaf or vision impaired children and young people.

4.3.7. Pupil and School Support

Pupil and School Support (PSS) work with schools and other educational settings to help pupils with cognition and learning difficulties.⁴⁸ This service works with schools to develop SENCOs to lead whole school improvement, development of all teachers and staff to early identify need. The service also works with children and young people to increase their confidence and engagement.

4.3.1. School Nursing

Children have access to school nursing, special school nursing and children's community nursing service. The Ofsted CQC inspectors described these services as flexible and having a positive engagement with children and families.

4.3.2. Learning Disability

Forward Thinking Birmingham (FTB) have a learning disability (LD) team that works with approximately 300 young people up to the age of 19 years with a moderate / severe LD and almost all of these young people will have an EHCP. This work relates to both the neurodevelopmental and behavioural management pathways within Forward Thinking Birmingham (FTB). Once aged 19, these young people transfer to BCHCFT's LD service.

4.3.1. Learning Disabilities Health Check (14-18 years)

GPs in England offer a learning disabilities (LD) health check scheme for adults and young people with a learning disability.⁴⁹ A free annual health check is available to anyone aged 14 or over who is on their GP's learning disability register. This is dependent on the GP accessing training on how to deliver the health checks. Not all GPs have accessed the training.

GPs located within Birmingham had a total of 571 patients aged between 14-18 years recorded on the LD register in 2018. This is just over 1% of the population in this age group. In Quarter 4 2017/18 36% of these patients had taken up the annual health check and had a health action plan.

Table 13 – Patients with a learning disability health check, 2017/18 Q4

Description	Patients at Birmingham GPs
Registered patients aged 14-18	53,111
Registered patients aged 14-18 with QOF diagnostic learning disability	571
With a health check and health action plan	207

⁴⁸ Access to Education online available at: <http://accesstoeducation.birmingham.gov.uk/index.php/PSS/welcome-to-the-pupil-and-school-support-service.html> accessed 4/12/2018

⁴⁹ NHS online available at <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>

Source: NHS Digital, Q4 2017/18

The Ofsted CQC inspection identified a high level of dissatisfaction with GPs amongst several parents. This included a view that GPs lack an awareness of the needs of children and young people who have SEND.

4.4. Transitions and Young People (19-25 years)

The need for a rich and fulfilling transition from childhood to adulthood features as key elements of the Children and Families Act, 2014, the Care Act, 2014 and NICE guidelines, 2016 and is recognised in Birmingham's Strategy for Transition. This strategy has been adopted by all partners in the city.

Birmingham acknowledges its moral and legal duty to prepare and support children and young people to be resilient who are likely to continue to have additional needs through childhood and into adulthood.

The way that statutory services are configured and operate has meant that some young people and their families have had a negative experience of change in the types and levels of support as they grew older, as recognised by the SEND Inspection Report of 2018 and although there have been some improvements, more still needs to be done to ensure young people have better opportunities to be healthy, in employment or education, safe and well, connected to their community with strong friendships.

The Birmingham Strategy for Transition, 2018-2021, outlines five key strategic intentions:-

- Early Identification, Intervention and Prevention: To develop a graduated approach to transition and the preparation for adulthood which is founded on early identification, intervention and prevention which will require sound shared data aligned to shared and aligned financial commitments
- Reclaim Practice: To develop a graduated whole system approach to the reclaiming of practice, moving away from traditional silo assessments of need to a conversational model which starts with the person and not with a Service
- Personalisation and Innovation: To further develop and embed personalisation across the whole system
- Workforce Development: To build a workforce which is resilient, developing and improving skills and building capacity based on the concept of the wide sharing and realignment of resources across the whole system to support integrated delivery
- Joint Commissioning: To commission for better outcomes across the whole system by aligning strategies and pooling current resources to effectively manage and shape the market to ensure choice and value for money

The Birmingham Vision and shared principles will apply to the transition from childhood to adulthood, with an initial intention to start transition planning at the age of 13 to 14, or in school year 9,.

Birmingham City Council's Adult Social Care Directorate is responsible for the social care for people from the age of 18 and over.

There is a transitions service within Adult Social Care who begin working with young people at age 14 years to manage the process towards adult services. The threshold for adult services is higher than for children's social care and this is reflected in the number of young people accessing services. In January 2018 there were 502 service users aged between 18-25 years in receipt of services. The majority of these were classified in the Learning Disability (LD) client group.

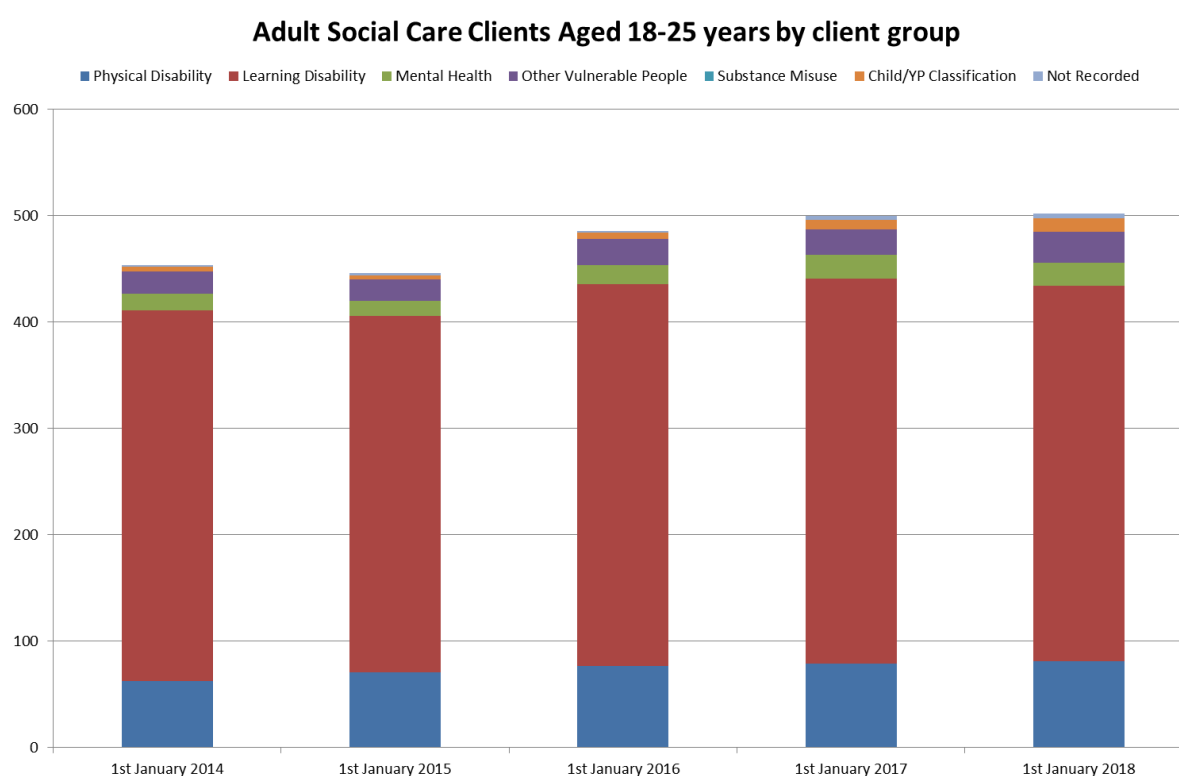


Figure 18- Chart of 18-25 year old Adult Social Care Clients 2014-2018

Services available to Adults Social Care clients include direct payments, residential care, home care and supported living. Clients can access a range of these services. Table 13 shows that the most commonly accessed service is direct payments, followed by day care.

Table 14- Adult social care services accessed by 18-25 year olds 2014-2018

	1st January 2014	1st January 2015	1st January 2016	1st January 2017	1st January 2018
Unique People	454	446	486	500	502
Direct Payments	252	241	249	236	212
Home Care	73	61	61	62	63

Supported Living	5	14	31	55	51
Extra Care	0	0	0	0	0
Day Care	79	75	88	100	114
Shared Lives	21	19	22	19	25
Residential	59	70	74	71	82
Nursing	2	1	1	1	2

4.4.1. Young Adults Specialist Clinic

This is a specialist clinic provided by BCHFT for young people aged 16 years and over.⁵⁰ The aim of the clinic is to help young people with a physical disability address the many issues they may encounter as they move from child centred health care systems to adult ones. The issues covered are around care needs, accessing services or education and being more independent. The service also provides advice on exercise programmes to maintain health or knowing when and how to see a Consultant or GP.

4.4.2. Learning Disability Service for Adults

Young people with LD transfer from Forward Thinking Birmingham (FTB) to BCHCFT at 19 years. The service provides healthcare for people with LD living in the community.⁵¹ It has a multi-disciplinary team and works collaboratively with other agencies for complex needs such as epilepsy, challenging behaviour, forensic needs and mental health conditions. The service provides short breaks and day services and community health services.

4.4.3. Employment

A criticism raised in the 2018 inspection was that not enough young people with SEND are entering employment or supported employment.

There are no specific data on young people with SEND in employment but the proportion of supported working age adults with a learning disability in paid employment is an indicator in the Adults Social Care Outcomes Framework (ASCOF).⁵² Birmingham has one of lowest proportions in the country with less than 1% in employment during 2017/18. Nationally approximately 6% of people with a learning disability have paid employment (ASCOF 2016-17).

⁵⁰ BCHCFT online at <http://www.bhamcommunity.nhs.uk/patients-public/rehabilitation/young-adults-specialist-clinic/> Accessed 4/12/2018

⁵¹ BCHCFT online at <http://www.bhamcommunity.nhs.uk/patients-public/learning-disability-service/> Accessed 4/12/2018

⁵² ASCOF online at <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current> accessed 4/12/2018

4.4.4. Education

Attainment of Level 3 equates to achievement of 2 or more A-levels or equivalent qualifications. The percentage of 19 year olds qualified to Level 3 in Birmingham with an EHCP in 2016/17 was 11.6% compared to 13.1% for England.⁵³ For 2015/16 the percentage was 14.4% and higher than the England average.

Achievement rates for LLDD aged between 19 and 25 are lower than for other learners. The achievement gap between LLDD and other learners aged between 19-25 did not close between 2014-2017.

4.5. Services across age ranges

4.5.1. Physiotherapy

Physiotherapy is provided by the NHS Trusts in the city. BCHCFT provide the community-based service which accepts referral for children aged 0-18 years. The service provides assessment and treatment for babies and children with delay in gross motor skills which may be affecting their normal childhood development. Babies, children or young people with abnormal muscle tone and /or patterns of movement, children and young people with musculoskeletal conditions causing pain or loss of function, will be offered advice and recommendations for specialist equipment or orthotics which will assist in achieving either postural control / management or mobility. There is liaison and cooperation between BCHCFT physiotherapy and the Women's and Children's Hospital Trust physiotherapy services. There is an ambition, in light of the NCEPOD report on service for children with chronic neurodisability⁵⁴ to implement a collaborative care pathway across the NHS trusts in the city to improve children's access to physiotherapy and a range of services to manage spasticity and reduce the need for orthopaedic interventions further. The Ofsted and CQC inspection described access to community physiotherapy as good.

4.5.2. Speech and Language Therapy (SALT)

This service provides support to children (0-19) with a range of specific speech, language and communication difficulties and those with difficulties swallowing, eating and drinking. The service accepts referrals for children with a Birmingham GP. There is a high threshold of complex need to access the service. Pupils with EHCPs identifying a speech and language need may not meet the threshold for a SALT intervention. The 2018 inspection found that there were long waiting times to access (SALT).

4.5.3. Mental Health

Forward Thinking Birmingham (FTB) is a mental health service for the 0-25 age range.⁵⁵ FTB has an open referral process for parents and young people as well as professionals

⁵³ Department for Education, Level 2 and 3 attainment by young people aged 19

⁵⁴ National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Chronic Neurodisability: Each and Every Need, 2018 [online] <https://www.ncepod.org.uk/2018cn.html> (accessed 06/11/2018)

⁵⁵ Forward Thinking Birmingham [online] <https://www.forwardthinkingbirmingham.org.uk/services> (accessed 16/10/2018)

through their Access Centre with clinical oversight of referrals. FTB liaises with young people and their families from the point of referral in respect of any learning needs. Care planning takes into account emotional and developmental age and supports flexible progress to adult services. There are thresholds that a child or young person must meet before they can access FTB services.

Autistic Spectrum Disorder (ASD) assessments are offered to children and young people who have not yet been diagnosed and who are experiencing mental health issues categorised as moderate or severe. Services offered include counselling, therapy and group work.

There are 4 wider community teams but it is not possible to state how many of the young people in these services have specific education needs. FTB are moving towards be able to track young people with an EHCP.

There is a training workshop offered by the FTB children in care pathway lead to improve school staff understanding of children who have experienced trauma.

Primary mental health workers within the early help team are an effective resource for the schools in managing emotional and mental health and wellbeing in schools.

Young people aged between 18-25 years who have ASD and attention deficit hyperactivity disorder (ADHD) are being helped to move into employment through joint working by FTB and a third-sector organisation. The scheme offers bespoke training and multidisciplinary meetings to help identify young people who would benefit.

4.5.4. Personal Health Budgets

A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). Personal health budgets are one way to give people with long term health conditions and disabilities more choice and control over the money spent on meeting their health and wellbeing needs.

The 2018 inspection reported that few personal health budgets have been taken up within Birmingham. The findings suggested that community nursing staff are not familiar with the process and have found it difficult to support parents to access this support.

4.6. Advice, Information and Support

The Birmingham Special Educational Needs & Disability Information, Advice and Support Service (SENDIASS) offers impartial information, advice and support to children and young people with special educational needs or disabilities. The service is available weekdays during office hours.

The Birmingham Parent Carer Forum is a group of parent-carers of disabled children who work with education, health and care providers to make sure the services they plan and deliver meet the needs of disabled children and families.

There is a Citywide Disability Forum where complex cases can be taken for advice and support from a panel which includes social care, early years professionals, school nurses and other support organisations such as housing.

5. Lived experience

5.1. SEND Partnership Survey 2018

Consultation was carried out with parents, carers and voluntary organisations working with children and young people with SEND in Birmingham. An online survey and consultation event sought opinions and views during October and November 2018. The main findings from the online survey were:

- Only a quarter of respondents who had gone through the EHCP assessment process rate the experience as good or very good. Reasons given for dissatisfaction were delays, complexity and lack of assistance.
- The main problems reported with EHCPs were refusals, gaps between expectations and actual experience, delays, lack of support and timescales not being met.
- Suggestions from parents to improve the process were:
 - Better leadership
 - Easier process
 - Parent and child view taken seriously
 - Following the SEND code of practice process
 - Online access to progress
 - Listen to parents and children.
- The majority of parents rated contact with the SENAR service as unsatisfactory or very unsatisfactory. Suggestions from parents for improvements related to better communication and understanding of parents' needs.
- Suggestions from parents on how to make co-production of SEND services work were to have clear outcomes, better promotion of consultations, the creation of local peer support networks and consideration of times of meetings.
- 60% of respondents reported having to tell their child's story more than 5 times to different SEND professionals. This was not a positive experience for the majority of parents. Suggestions for improvements included reducing waiting lists, creating a more understanding and supportive environment and improve communications between services.
- Suggestions for improvement to communication included joined up working, listening, doing what is promised to parents.
- 79% of parents who had raised a concern did not feel that their complaint had been effectively resolved.
- Waiting for speech and language therapy, occupational therapy and physical therapy was an area of concern. 91% of parents did not feel supported

through the waiting period. Suggestions for improvement included the use of online support and a telephone helpline.

- Other types of support suggested by parents were support groups, workshops.
- The Local Offer website was not considered useful as it did not have up-to-date information and was not easy to navigate. Suggestions for improvement were clear language and better signposting.
- Although not many respondents had transitioned, for the majority of those that had this had not been a good experience. This would be improved if the process had started earlier than at age 18.

The key messages from the consultation event were:

- Parental engagement, satisfaction of parents and co-production. *Key messages – focus on the whole picture around families, meaningful, to build trust, demonstrative actions, join up!*
- Absence and exclusions. *Key messages – Early intervention with a single point of contact, transitions from primary to secondary to reduce anxieties, better wrap around service*
- Waiting times. *Key message – updates to progress need improving, look at ways to support parents on the waiting list, Early interventions*
- Quality of EHC Plans. *Key messages – Robust & Individualisation, trust and confidence, it needs to work for the child*
- The local offer. *Key messages – needs to be accessible, quality information which is easy to find, google search needs to be dramatically improved and the site title needs to be improved.*

5.2. 2018 Inspection findings

During the 2018 Ofsted and CQC inspection of local services the views of parents, children and young people were collected.⁵⁶ The main issues identified were:

- Parents feel they must initiate their involvement to make their voice heard.
- Many parents reported not knowing what the local offer was. Those who had accessed it did not find it useful.
- Most parents, children and young people who spoke with the Ofsted CQC inspectors reported that although now they were in the right setting, they had negative experiences in at least one setting prior to their currently placement. They reported needs not being met, high levels of fixed-term exclusions and some SENCOs not having the skills and experience to make good progress.
- Dissatisfaction from parents about the quality of provision. Waiting times are long, poor communication, needs not being met in their local area, not being heard, having to “battle” to get what they need, not knowing how to access services and having to tell their story several times.
- Parents report waiting times longer than 18 months for therapies – SALT, OT, neurodevelopmental.

⁵⁶ Ofsted and CQC, Joint local area SEND inspection in Birmingham (2018)

- Once placed in an appropriate setting, many parents report that schools and colleges are making a positive contribution to outcomes. Specialist provision is most valued.
- Parents have praised service received from Special Educational Needs Information Advice and Support Service (SENDIASS).
- The Ofsted and CQC inspection identified a high level of dissatisfaction with GPs amongst several parents. This included a view that GPs lack an awareness of the needs of children and young people who have SEND.
- Most of the children and young people who spoke to the inspectors said that they were happy in their current setting and that they feel supported and listened to. They value the careers education that they have received but feel that there are limited options for them in Birmingham post-16 and post-19.

5.3. Neurodevelopment Pathway service users access to information

In 2018 a survey, several focus groups and semi-structured interviews were held with service users with autism and/or ADHD and parent-carers.⁵⁷ One of the most frequent messages was of feeling “in the dark” and “a bit lost” by the lack of information available. The findings were that service users are often doing their own research and having to fight to be taken seriously by health and education professionals. The lengthy assessment process was described as “the often cruel, gruelling and dismissive assessment process!”

5.4. Community healthcare feedback

Friends and family feedback from Birmingham Community Healthcare NHS Foundation Trust patients during 2018 indicated a high level of satisfaction with services. 94% of those who responded would recommend the services that they received.

⁵⁷ Birmingham City Council, Public Health, Not Diagnosis and Dump, Report for the All-age Neurodevelopmental Pathway Project Group, May 2018

Community Healthcare Services: Friends and Family Feedback Apr-Aug 2018

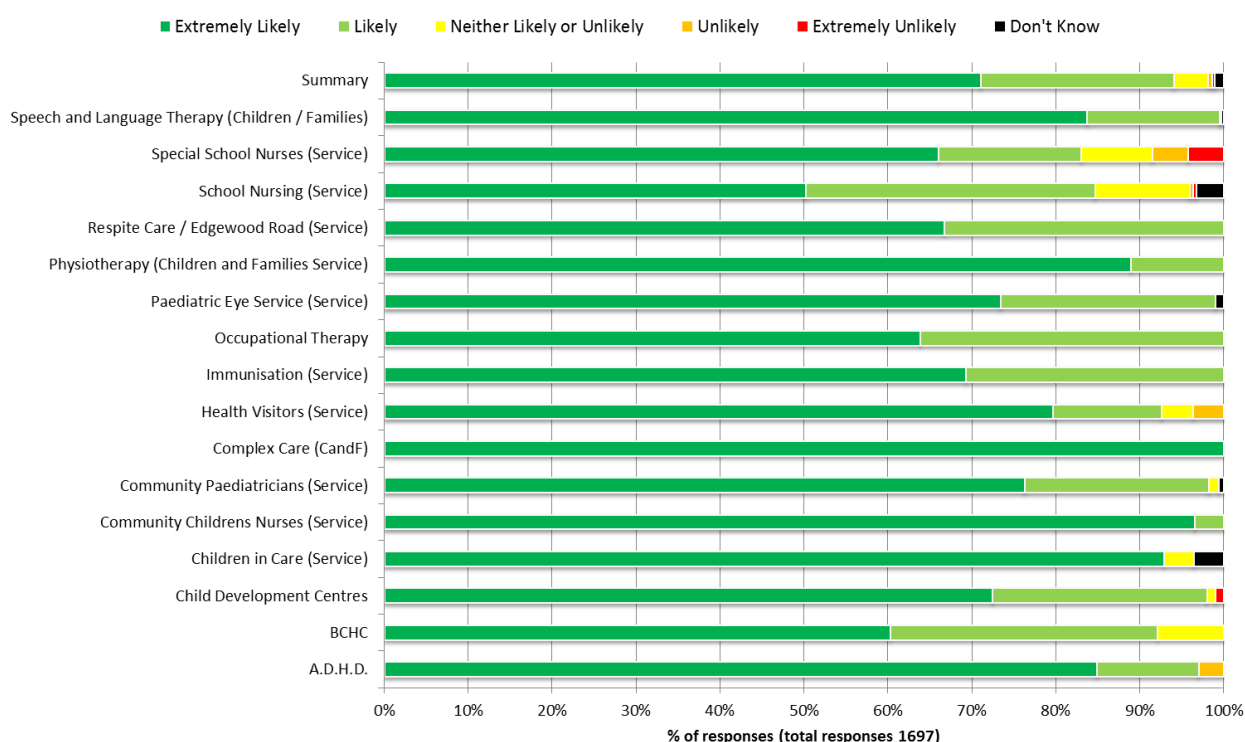


Figure 19: BCHCFT friends and family feedback 2018

6. Gaps in Provision/Unmet Need

In this section we compare the overall need in the city with the level of service provision currently in place and highlight potential gaps in provision.

6.1. Availability and Robustness of Data

There is no robust data collection for example to enable cross referencing whether child has an EHCP with health and also no measure of level or complexity of need. In addition there is a lack of data related to disability including:

- how many children are visually impaired in Birmingham;
- how many children are hearing impaired in Birmingham
- how many children have a cerebral palsy in Birmingham
- how many children have Down's syndrome in Birmingham
- how many children use a wheel chair in Birmingham
- how many children use augmented communication in Birmingham

This inevitably leads to limitations in our ability to commission services to meet the needs of children and young people with SEND.

6.2. Challenges in reaching children and families to identify development needs in the early years.

Early identification and intervention in relation to SEND is an important principle of the SEND code of practice (2015). Key to this is the ability of universal early years services to reach and engage with children and families in order to identify SEND needs at an early stage. This may be adversely affected in Birmingham by low early educational entitlement offer (at age 2) across the city and insufficient uptake of 2-2.5 year uptake of assessments by universal early years services (Birmingham Forward Steps).

6.3. Insufficient capacity in Child Development Centres to cope with demand (referrals for medical and developmental assessment)

There is currently insufficient capacity in health (multi-disciplinary team CDCs) to meet the demand created by referrals for child development assessments, for under 5s, resulting in long delays.

There are excessive waiting times to access speech and language therapies, occupational therapies and neurodevelopment assessments. This was identified as part of the recent OFSTED and CQC SEND inspection.

There is, currently, no commissioned autistic spectrum disorder multidisciplinary diagnostic pathway for children over four years old . As such, if children are not identified and assessed before 5, there is no commissioned multi-disciplinary team to assess their need.

6.4. Insufficient quality of EHCPs

Highlighted as part of CQC/OFSTED inspection – considerable variation in quality of EHCPs, with many poor. - making it more difficult to define needs and address effectively.

Quality of reports from partners across education, health and care affects EHCP decision making process and outcome. Work is underway to address this, tool kit being developed for partners

In 2017 only 2.1% of EHC assessments did not result in an EHCP being issued. For England this was 4.9%. i.e do we have higher levels of complex need in the city or we give out EHCPs more readily.

Feedback from the Parents Survey results (12/2018) suggests that the demand for an EHCP may be fuelled by parents/carers believing that this is the only way to make sure that their child's needs are properly addressed.

EHCPs can utilise personal budgets to enable greater personalisation and provide choice and control to the child and young person. However in Birmingham in 2017, only 4 personal budgets were issued, transferred or reviewed.⁵⁸

⁵⁸ Department for Education, Statements and EHCPs in England

6.5. Insufficient special school places in the city

Despite the high level of specialist SEND provision in the City, there is insufficient Special School capacity provision in Birmingham to meet the needs of children with SEND – a number of children attend independent specialist provision outside the city.

There is no provision, in the city, for children with SEND who require a residential placement (e.g. those requiring 38 week and 52 week placements).

There is a need to ensure that children are receiving their SEND support in the right classification of school/resource unit to meet the child's primary need. A review is already underway to better understand how the SEND needs of children map against specialist provision in the city.

6.6. Less children with EHCPs in mainstream schools

Despite the aspiration that children with SEND should in most instances be included in mainstream schools, there is a higher prevalence of children in Birmingham with EHCPs who attend special schools than national and statistical comparators. Conversely, we have a lower proportion of children with SEND in mainstream schools.

This may be due to children with SEND having more complex needs, though data not currently available to analyse this, or for other reasons e.g. historical, cultural reasons or availability of several special schools in the City.

Parent feedback through the CQC OFSTED inspection OSTED and CQC inspectors reported that there was a lack of willingness and ability by some mainstream school to meet the needs of children with SEND.

The Parents Survey Results (December 2018) suggested that better wrap around services (to provide the right level of external support for children with complex needs) were needed to support schools around children with SEND.

6.7. Support for Parents/Carers

Birmingham has spent less than other areas on short breaks for parents/carers of children with SEND.

6.8. Transition to adult services

Young people and their parents/carers should be preparing from age 14 years for the move from child to adult services in order that they are well prepared for opportunities in employment and education and to be healthy, safe and well connected to their communities.. In Birmingham, this has not been happening until much later. As recognised by the SEND Inspection Report (2018), more need to be done to give young people in Birmingham a more positive experience of change in the level and types of service they receive as they grow older.

6.9. Primary care support

Learning Disability health checks should be available from the age of 14 to patients on a GP's LD register. Currently uptake is low compared with other areas. Parents have voiced dissatisfaction with service from GPs.

7. Recommendations

This section identifies the areas of need to address through commissioning. These recommendations are to strategic partners creating strategies and commissioning plans for children and young people with SEND. They are based on the needs and gaps identified during the JSNA process.

7.1. Robust data

The availability of robust data is recognised locally and nationally as limited in relation to SEND data and to disability data.

Recommendation: Review opportunities to improve data collection/sharing and analysis to enable more informed commissioning. To include exploring opportunities to enable linkage between health, education and social care data to allow cross referencing where a child has an EHCP/SEND need; also to enable assessment of level/ complexity of need.

Recommendation: consider adoption of a robust whole system approach to coding using a recognised tool to enable understanding of the level of complexity of SEND need.

7.2. Primary prevention

There are a number of factors that are relevant to the Birmingham population (e.g. deprivation and low birth weight) that may be contributing to the levels of SEND in children and young people in the city.

Recommendation: Support a primary prevention approach to SEND by identifying and supporting evidence based interventions which address SEND related risk factors being delivered through other City-wide Strategies and work programmes (including Birmingham and Solihull United Maternity and Newborn Partnership and Local Sustainable Transformation Partnerships).

7.3. Early identification and appropriate intervention

Early identification in relation to SEND is important (SEND code of practice, 2015) but challenging in the under 5s

Recommendation: Work with partners in education, health and care across the early years system to identify mechanisms to increase uptake of the universal 2-2.5 year health visiting assessment and the early years educational entitlement offer.

Recommendation: Enhance the commissioning/contracting process, where needed across the system, to improve access/reach to those children, young people and families most in need.

Recommendation: Maintain efforts around work with SENAR and education, health and care partners to ensure that Children and Young People's SEND needs are robustly and accurately identified in line with best practice.

7.4. Child Development Centres

There is a **lack of capacity in Child Development Centres** to ensure that developmental needs assessments are delivered in a timely manner. Work is underway to address this through the development of the neurodevelopmental pathway; also solutions to address capacity issues are being sought.

Recommendation: Robust commissioning approaches are employed to ensure that there is sufficient capacity to adopt the proposed neurodevelopmental pathway

Recommendation: Commissioning approaches need to consider gaps around provision of speech language and communication, occupational therapy and physiotherapy services. Consideration should also be given to the capacity of Community Paediatric Services to deliver medical elements of assessments.

Recommendation: Consider commissioning additional capacity to enable developmental assessments to be available to children over 5, when necessary.

7.5. High prevalence of Birmingham pupils with EHCPs

Birmingham has a higher proportion of children with EHCPs than the national average. There is a perceived lack of confidence among parents on receiving support for SEND needs without an EHCP.

Recommendation: - Review current practice to ensure robust, transparent process is in place, in line with best practice, around EHCP assessment process. Programme of work already underway as part of SEND Written Statement Of Action.

Recommendation:

Explore the potential, through joint working with parents/carers and organisational partners, to identify what would be needed to build confidence amongst parents and other professionals that SEND related needs (education, health and care) can be appropriately met, through the local offer- with or without the need for an EHCP.

7.6. High proportion of children in special schools in Birmingham:

There is a higher than average proportion of children attending special schools compared to the national average.

Recommendation: Through review, already underway, help to more accurately understand the SEND needs of children in Birmingham, including complexity of need, in order to inform the need for specialist SEND provision.

Recommendation: Explore potential to provide a 'more attractive offer' for children with EHCPs as part of mainstream school provision, with a view to meeting childrens' needs more effectively, where appropriate and closer to home.

7.7. Residential Placements

There is currently no provision, in the city, for children with SEND who require a residential placement.

Recommendation: Building on work already underway, complete review of needs of children with SEND who require a residential placement to assess if needs could be more appropriately met locally.

7.8. Learning disabilities health check

In quarter 4 (2017/18) only 36% of patients (on the GP Learning Disability Register) had taken up the annual health check and had a health action plan.

Recommendation: Explore opportunities through Birmingham and Solihull CCG and primary care colleagues to identify opportunities to improve uptake and provide better support to children, young people and their families around SEND.

7.9. Low Educational Attainment for Children with EHCPs

Pupils with EHCPs in Birmingham do worse than the England average, when compared with other pupils with EHCPs.

Recommendation: Consideration of commissioned, joined up, wrap around service/care for mainstream and special schools, linking with existing provision to help support schools . with a view to reducing absenteeism and exclusions among children with SEND (building on work already underway to reduce school exclusions).

7.10 Transitions

Young people and their parents/carers should be preparing from age 14 years for the move from child to adult services in order that they are well prepared for future opportunities. The SEND Inspection Report (2018) highlighted that more needs to be done to give young people in Birmingham a more positive experience of change in the level and types of service they receive as they grow older.

Recommendation: Ensure that processes are in place to prepare children and young people with SEND for transition into adult services and into adulthood from age 14 (at the latest), in line with SEND Code of Practice and the Birmingham Strategy for Transition (2018-2021)

7.11 Strategic Partnership Working

Recommendation: Integrated models of care and joint commissioning approaches are developed across the health, education and care system, taking into account projected population increases, addressing the full range of needs of children and young people with SEND from prevention and early help to specialist services.

Recommendation: The Health and Wellbeing Board strengthens strategic partnership working and ensures robust governance arrangements are in place between statutory and non-statutory bodies to monitor and promote the health and wellbeing of children with SEND

8. References

Birmingham City Council, Education Health and Care Pathway for New Assessments, 2015

Birmingham Community Healthcare NHS Foundation Trust, Children and Families Division, Service Summaries

Department for Education, Early years: guide to the 0 to 25 Special Educational Need and Disability code of practice (2014)

Department for Education, Special educational needs in England: January 2017 (2017)

Department for Education and Department for Health, Special educational needs and disability code of practice: 0 to 25 years (2015)

Ofsted and CQC, Joint local area SEND inspection in Birmingham (2018)

Saggu and Wilkes, Children with Disabilities and Special Educational Needs in Birmingham: An Assessment of Need for Services to Support Strategic Decision Making (2013)

Birmingham Working Together, Transitions Strategy 2018-2021, Working Together in Equal Partnership to Prepare Young People with Additional Needs for Adult Life (2018)

Blackburn, C., Read, J., Spencer, N., Annual Report of the Chief Medical Officer, Chapter 9: Children with neurodevelopmental disabilities (2012)

BVSC, Output from consultation event and output the Birmingham SEND Partnership Survey of parents, carers and voluntary organisations in Birmingham (2018)

Appendix 1 – SEND JSNA Glossary

Term	Description
ADD	Attention Deficit Disorder
ADHD	Attention Deficit and Hyperactivity Disorder
ASD	Autistic Spectrum Disorder – category
Attainment 8	Attainment 8 measures a student's average grade across eight subjects – the same subjects that count towards Progress 8.
BAME	Black, Asian and Minority Ethnic
BCC	Birmingham City Council
BCHT	Birmingham Community Healthcare NHS Foundation Trust
BCT	Birmingham Children's Trust
BWCT	Birmingham Women's and Children's NHS Foundation Trust
CCG	Clinical Commissioning Group – They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
CDC	Child Development Centre
CIC	Children in care – refers to any child in the care of the local authority. This can mean being placed in a children's home, foster placement, receiving respite care or on a full care order but living at home
CIN	Children in need – children who are aged under 18 and need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development or are disabled.
CHIP	Child Health Improvement Programme forming part of Birmingham and Solihull Sustainability and Transformation Partnership
Core Cities	Comparison Group. 10 regional cities in the United Kingdom outside Greater London: Birmingham, Bristol, Cardiff, Glasgow, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield.
CRISP	Criteria for Special Provision – a model for assessing need and allocating resources.

DCO	Designated Clinical Officer
DMO	Designated Medical Officer
EHC	Education, Health and Care
EHCP	Education, Health and Care Plan
EP	Educational Psychologist
FTB	Forward Thinking Birmingham – mental health services for children aged 0-25 years in the city.
HI	Hearing Impairment
JSNA	Joint Strategic Needs Assessment – these are assessments of the current and future health and social care needs of the local community. The aim is to develop local evidence-based priorities for commissioning which will improve the public's health and wellbeing and reduce inequalities.
KS4	Key Stage 4 is the 2 years of school education in maintained schools normally known as Year 10 and Year 11 when pupils are aged between 14 and 16 years.
MLD	Moderate Learning Disability
OT	Occupational therapy
PRU	Pupil Referral Unit is a type of school that caters for children who aren't able to attend a mainstream school. Pupils are often referred there if they need greater care and support than their school can provide.
PVI	Private, voluntary and independent childcare settings
SALT	Speech and Language Therapy
SEN	Special Educational Needs
SENAR	Special Education Needs Assessment and Review Service
SENCO	Special Educational Needs Coordinator - a teacher who coordinates the provision for children with SEND in schools. Many are also class teachers, and fulfil their SENCO duties on a part-time basis. SENCOs who were in position before 2009 may have been trained on the job, but now SENCOs have to complete a Masters level National Award for Special Educational Needs.
SEND	Special Educational Needs and/or Disabilities – Children or young people (0-25 years) with a learning difficulty or disability which calls for special educational or training provision at early years providers,

	maintained nursery schools, mainstream schools and mainstream post-16 institutions.
SEMH	Social, emotional and mental health - category
SIB	SEND Improvement Board - a local strategic partnership, with a collective commitment to fundamental change and improvement in how the local area works together to provide care and services to children with SEND.
SLD	Severe learning disability
Statistical Neighbours	Comparator group produced by Department for Education of councils with similar features.
VI	Visual impairment