

Birmingham's Strategy for SEND & Inclusion Consultation Findings Report

Purpose:

To present the findings of the consultation on the draft Strategy for SEND & Inclusion during June and July 2017.

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1. Executive Summary

1.1 Introduction

The Inclusion Commission was set up in October 2016 to undertake a review of SEND services in Birmingham and develop a draft strategy and implementation plan.

The joint vision developed is *“Every child and young person aged 0-25 with a special educational need and/or disability (SEND) in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.”*

Approval to consult on the draft Strategy with key stakeholders, partners and families was granted by the Inclusion Commission on 10th May 2017. The consultation ran from 9th June to 30th July 2017. This summary report gives the key findings and recommendations following the consultation.

1.2 Key Findings

247 people responded to the public consultation online via Be Heard. The table below show the proportion of agreement and disagreement for each of the draft proposals (for the online responses only).

	Overall Agree - Total	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Vision	96.7%	78.9%	17.8%	2.4%	0.8%	0
Mission	93.1%	75.3%	17.8%	4.5%	1.6%	0.8%
Objective 1	78.2%	55.5%	22.7%	17.4%	4.0%	0.4%
Objective 2	94.4%	72.5%	21.9%	3.6%	1.6%	0.4%
Objective 3	80.2%	58.3%	21.9%	10.9%	5.3%	3.6%
Objective 4	90.7%	70.9%	19.8%	7.3%	2.0%	0
Priority 1	79.4%	56.3%	23.1%	10.1%	8.1%	2.4%
Priority 2	94.3%	70.4%	23.9%	4.0%	0.8%	0.8%
Priority 3	84.2%	61.1%	23.1%	11.7%	3.2%	0.8%

In addition to the 247 people who responded on Be Heard, 275 more took part in workshops and more people also had the opportunity to ask questions and express views through various meetings and briefings during the consultation period.

From the comments received either online or in face-to-face meetings, the key findings are the following:

- People consulted agreed on the whole with the direction of travel of the vision, mission, objectives and priorities.

- However, there was a lack of confidence that professionals could deliver the strategy within current resources. While in agreement about the need to work together, there was a lack of belief that organisations could genuinely work in partnership, and recognition that all services are overstretched.
- There was a perception that the strategy is focussed on reducing EHCPs and saving money rather than a focussing on the needs of the child.
- The strategy needs to be clearer about the application of the law – including disability discrimination.

1.3 Recommendations

The following key recommendations are being made in line with the consultation on the Draft Strategy.

Building Trust and Confidence

The re-building of trust and confidence is central to the successful implementation of the strategy. The document needs to be clearer and amended to clarify how this will be achieved. This theme of trust and confidence needs to be a golden thread running through all three priorities and made very explicit in the outline delivery plan and detailed implementation plans.

Partnership working

We need to be more explicit about how we are going to work in partnership and co-commission services as we implement the Strategy and we need to give it greater emphasis within the document.

2. Introduction

2.1 Proposed Approach

Approval to consult on the draft Strategy with key stakeholders, partners and families was granted by the Inclusion Commission on 10th May 2017. The consultation ran from 9th June to 30th July 2017. The key areas being consulted on in the draft strategy are as follows:

VISION

Every child and young person aged 0-25 with a special educational need and/or disability (SEND) in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.

MISSION

To implement an efficient and inclusive system where practitioners work with families, children and young people aged 0-25, to develop trust and confidence in order to build genuine and good quality partnerships. This will be achieved by practitioners from all sectors working together collaboratively to deliver the most appropriate local provision and support.

OBJECTIVES

1. We will develop joint commissioning to ensure resources are used fairly and effectively to provide maximum impact on outcomes.
2. We will provide services that ensure the needs of children and young people who have special educational needs and disabilities and their families are at the heart of all that we do. We aim to offer this as locally as possible.
3. It is our aim that all Birmingham mainstream provision will be welcoming, accessible and inclusive, adhering to the SEND Code of Practice, so that they can meet the needs of most children and young people, aged 0-25 who have special educational needs and/or disabilities.
4. We will develop flexible pathways to enable children and young people to access the right provision and services to meet their individual needs at different stages. This will deliver the best possible outcomes, including education, employment and training, as young people move into adulthood.

OUR PRIORITIES

1. Develop a framework of SEND assessment and planning from 0-25 years to enable professionals and partners to meet the full range of individual need and raise achievement
2. Ensure there is a sufficient and appropriate range of quality provision to meet the needs of children and young people with SEND aged 0-25 years and improve outcomes from early years to adulthood

3. Develop a unified resource allocation system to distribute the range of SEND funding across all schools and settings in order to make the most effective use of available resources and maximise the impact on outcomes for young people

2.2 Consulting on the Proposed Approach

The public consultation questions focused on the proposed vision, mission, four objectives and three priorities

The consultation document including the questionnaire can be found at Appendix 1.

2.3 Purpose of this report

The purpose of this report is to feed back the key findings of this consultation to the Inclusion Commission and the SEND Programme Board.

3. Methodology

The general public and interested parties were invited to participate in the consultation. To reach as many people as possible, a range of consultation methods were available.

3.1 Consultation Documents

The draft strategy was provided alongside the outline delivery plan and a set of frequently asked questions.

The consultation summary document and questionnaire were made available in two versions; standard text and easier to read.

The summary document outlined the proposed approach, and highlighted the key areas for consultation, and was designed to support the completion of the questionnaire. The consultation questionnaire can be found in Appendix 1.

The consultation documents were available in a variety of ways including:

- Online at Birmingham Be Heard - all documents were available to the general public via this platform. The web link to this platform was also circulated to a wide range of stakeholders with details of how they could 'have their say'.
- Hard copy print - respondents could request a hard copy print version to complete and return via free-post. Hard copy versions were also shared at events and workshops, through schools and health and social care providers

3.2 Stakeholder Consultation Events

There was a whole variety of professional fora to brief colleagues on the consultation. At some, we were able to actively engage in consultation activity using a workshop format and we also coordinated some specific consultation events for parents and carers, hosted by the Parent Carer Forum.

A list of who we engaged with and in what way (for example Key communication or Workshop) can be seen in the list of Stakeholder Engagement activity on page 29 and 30.

3.3 Publicity

In order to reach as many people as possible, the consultation was advertised through the following channels

- Communications to key stakeholders on Inclusion Commission, SEND Programme Board, SEND Stakeholders group
- Engagement with Young people through Access to Education, Pupil and School Support, Advocacy Matters, Post 16 Transitions Conference
- Posts on the Birmingham City Council Education department 'School Noticeboard'
- Education and social care team meetings, and requests to share wider and support engagement with parents and young people
- Health team meetings, programme boards and the South & City Clinical Commissioning Group Annual General Meeting
- Posts on School and Governor noticeboards,
- Articles in Birmingham City Council Weekly News and Birmingham Bulletin,
- Tweets from Birmingham City Council Corporate Communications and partner agencies
- Facebook adverts from the Parent Carer Forum
- Advertisement on the BVSC website and notifications through their newsletter.

3.4 Analysis

3.4.1 Quantitative Data

As well as the respondents who completed online on Be Heard, all hard copy/paper versions of the questionnaire completed by individuals were entered into Be Heard.

It was evident from some of the answers directly entered by respondents on Be Heard that their responses may have been on behalf of groups of people, but these were treated as individual responses when it came to the quantitative analysis of the Be Heard feedback.

The Be Heard data was extracted onto an excel spreadsheet and the closed questions were analysed to establish what proportion of respondents agreed or disagreed with the Vision, Mission, Objectives and Priorities.

Group workshop data and feedback was not entered onto Be Heard, but was recorded separately, and the quantity of participants was recorded in accordance with attendance lists.

3.4.2 Qualitative Data

For the Be Heard feedback, open questions with qualitative responses were analysed manually to establish particular themes and enable key findings to emerge.

Feedback from group workshops or meetings was recorded on a spreadsheet separately to the Be Heard responses. Due to the nature of the format for workshops and discussions raised, not all the Objectives and Priorities were necessarily covered but these have been added to the appropriate part of the Key Findings section 4.

4. Key Findings

The Key Findings from the consultation in each section are presented as a table of quantitative data about the closed questions from Be Heard, and then key themes from the qualitative feedback from the open questions about why respondents agreed or disagreed and any particular impact raised.

In addition to the 247 people who responded on Be Heard, 275 more took part in workshops and more people also had the opportunity to ask questions and express views through various meetings and briefings during the consultation period.

4.1 VISION

Every child and young person aged 0-25 with a special educational need and/or disability (SEND) in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.

Question 1 - Do you support our proposed vision for Birmingham?

Option	Count	%	
Strongly Agree	195	78.9%	96.7%
Agree	44	17.8%	
Neutral	6	2.4%	2.4%
Disagree	2	0.8%	0.8%
Strongly Disagree	0	0.0%	
Not Answered	0	0.0%	
Total	247	100.0%	
Approximately 275+ more people shared their views through group meetings and workshops			

96.3% of responses on Be Heard either agreed or strongly agreed with this vision. This was reflected in the group sessions too, with comments overwhelmingly positive. The very small number of people disagreeing (0.8%) were concerned about the availability of funding or disagreed in principle with the idea of inclusion.

The rights of every child

Many respondents thought this should be the vision for all children and emphasised the importance of inclusion and the rights of all children with SEND.

- *‘This is what we should aspire to for all of our children and there is no reason why our aspirations for our disabled children should be any different.’ (parent)*

Realising the Vision

There were many comments from those agreeing and several who were neutral about the vision who questioned how realistic the vision was and some commented about their lack of confidence in the vision being delivered. There were also comments indicating lack of confidence due to historical failures of implementation

- *“Not always had the confidence in your service in the past.” (parent)*

Funding

A school disagreed with the vision due to funding, stating that backlogs and delays have caused difficulties with cashflow and without this they cannot achieve their wish to be a Resource Base.

- *“Not everything can be inclusive if cost is prohibitive so it is aspirational” (Teacher)*

Partnership Working

There was strong endorsement for the vision among health and social care partners and the need to present a strategy which is not just about education.

- *‘We fully endorse this vision as we see it as appropriately holistic. We are very pleased to see “healthy” specifically mentioned as this ensures that this strategy is not just education focussed.’*

Outcomes and measuring success

There were several comments throughout the consultation about the achievability of the strategy and how to measure outcomes including how ‘happy’ young people are. There were several comments about the need for a clear set of outcomes for all partners to be working to.

Active / Passive voice

SENDIASS suggested the vision could be better expressed in the ‘active’ voice rather than the ‘passive’. The statements that ‘children will’ resonates but there could be the implication that this is an ambition rather than a commitment and that is it somehow something that the children can control.

They also recommended the vision be reworded to put the imperative upon the services and settings of the city to meet the needs of the learners. It should be about more than ‘the opportunity’ being provided but the expectation that:

- *“Schools, colleges and other agencies will work separately and collectively to fulfil their professional obligations to all learners to ensure that every child and young person aged 0-25 with a special educational need and/or disability enabling them to participate in and contribute to all aspects of life. Each child and young person should have an equal opportunity and each professional should commit to parity of provision and not fall short in their endeavours. The city council will enact all meant at its disposal without fear or favour to protect and promote the rights of the learner.” (SENDIASS Board)*

Role of Families and Communities in the vision

The Early Years Forum raised the lack of reference in the vision about how families and communities might contribute towards it, and that there may need to be further detail on this in the plan.

Criteria of SEND and Early Interventions

There were several comments from parents and professionals in Early Years and Early Help Partnership about the need for clarity about identifying children with SEND so the vision and processes do not lean towards those who shout the loudest. There needs to be consideration about how families of children and young people who have not yet had their special educational needs assessed seek support.

4.2 MISSION

To implement an efficient and inclusive system where practitioners work with families, children and young people aged 0-25, to develop trust and confidence in order to build genuine and good quality partnerships. This will be achieved by practitioners from all sectors working together collaboratively to deliver the most appropriate local provision and support.

Question 2 - Do you support our proposed mission for Birmingham?

Option	Count	%	
Strongly Agree	186	75.3%	93.1%
Agree	44	17.8%	
Neutral	11	4.5%	4.5%
Disagree	4	1.6%	2.4%
Strongly Disagree	2	0.8%	
Not Answered	0	0.0%	
Total	247	100.0%	

275+ more people shared their views through group meetings and workshops

93.1% of responses on Be Heard either agreed or strongly agreed with the mission. The responses through the workshops were also generally positive although there was the question of how possible the mission is, particularly given that partnership working has not been done well up to now in Birmingham.

Lack of trust and confidence – Partnership working

Partnership working was the main issue raised in the comments with some respondents saying that Birmingham City Council struggles to work across its own departments let alone with external partners. Others questioned whether there was enough money and resources available to deliver this mission.

- *‘Whilst I strongly agree, this can only work if the partnership working is managed properly and there is consistency in the support to the child.’ (parent/carer)*

2.4% of respondents on Be Heard disagreed or strongly disagreed with the mission. Again, commenters stated that they agreed in principle but were not sure that it could be delivered.

- *‘I am very sceptical about the vision/ mission translating to actual reality. I think it sounds good on paper but can see his cuts to funding have negatively impacted my son and I don't know how this will work.’ (parent/carer)*

This was largely reflected in the group sessions too with a general feeling of lack of confidence that the system could ever work this way.

Vocabulary - Efficient & Inclusive

Use of the word “Efficient” was commented on and there was a debate as part of the Parent Carer events, Early Years Forum and Early Help Partnership Board about its perceived relationship to making savings and whether this was leading the sentiments behind the mission. Other parents saw being “Efficient” as keeping promises and delivering good services on time and were very positive about the use of this word.

SENCOs liked the word “Efficient” and raised comments about the EHCP process taking too long and having to submit second stage educational advice which holds decisions back. There were some

comments that SENAR were not always available to attend meetings, and the lack of cover when they are on holiday causes issues in busy periods like June.

The word “Inclusion” was discussed at the Parent events, including the need for the strategy to include a definition, and debate was raised that it should not follow the word “Efficient” but should be the first word in the Mission.

Partnership working

There were many comments from different practitioners about the difficulties of partnership working, although there was belief/agreement that this was needed at all levels of service provision.

- *‘I believe this is what should happen (everybody working together) to reach the best outcome’ (Health)*
- *“As a statement this seems fine, but how will this be achieved within the context of the ‘lack of trust’ and what is the reason for this? (Early Help Partnership Board Meeting)*
- *‘As a general statement this is great but sadly in real life too many of our young people are not supported and sent from agency to agency without an effective overall outcome for them.’ (Post 16 and 19 Provider)*
- *‘As presented, the 'Strategy for Inclusion' reads as an Education Service proposal or plan. The role of Health, Social Care and Voluntary Sector service 'partners' is missing or underdeveloped. This is illustrated on p.11 of the Strategy, where the 'What can I expect' diagram does not take account of services partnerships (or service support across different phases across 0-25 years). (Individual respondent)*

Application of the Law

SENDIASS Board requested the mission statement should be extended to include a reference to legislation

- *“The obligation to apply the law in respect of SEND is central to our mission”.*

4.3 OBJECTIVE 1

We will develop joint commissioning to ensure resources are used fairly and effectively to provide maximum impact on outcomes.

This means education, health and social care working together and pooling their money to ensure best value and outcomes for children, young people and families

Question 3 - Do you agree or disagree with Objective 1?

Option	Count	%	
Strongly Agree	137	55.5%	78.2%
Agree	56	22.7%	
Neutral	43	17.4%	17.4%
Disagree	10	4.0%	4.4%
Strongly Disagree	1	0.4%	
Not Answered	0	0.0%	
Total	247	100.0%	
275+ more people shared their views through group meetings and workshops			

This was the objective with the lowest agreement rating on Be Heard, due to an increased number of neutral responses at 17.4% and also those disagreeing 4%. Many of the neutral or negative comments were from families and professionals not believing it possible for partners to work together or pool budgets based on current experience, but the comments often indicated agreement with the sentiments of working together.

Partnership Working

Representatives from the Early Help Partnership Board raised the need for a Joint Strategy, with a shared Outcomes Framework which is then commissioned against. There were discussions about the need for the joint commissioning process to be developed so it is fair and also addresses a culture change as well.

There were challenges raised in breaking barriers over what is seen as a Health issue, Education issue or Children's social care. There were also challenges regarding how the infrastructure would look and how to coordinate / oversee and make sure families are not caught in the middle of disagreements between agencies.

- *'Joint commissioning to build capacity for schools (mainstream and special) to support CYPs speech, language and communication needs is essential in order to end the batting back and forth of responsibility between health and education.'* (Health)
- *'Joint commissioning sounds sensible, as long as there is an overviewer who can see the bigger picture and stop petty quarrels between agencies.'* (Parent)
- *'What does/will the infrastructure consist of so all agencies work together?'* (SENCO Networks)

There were comments raised around the necessary governance, and complexity of working with health and other services – many different bodies

- *'What measures will be put in place, who monitors and what is the governing body? Governance is key'* (Early Help Partnership Board)

- *'Many services are 'bought back' / other services eg. Communication and Autism Team are the lender – schools can't buy in all services due to limited budget therefore it is not always possible to involve all the necessary agencies.'* (SENCO Networks)

Early Help & Interventions

- *There is a need to secure better health funding for some children with complex needs and also with autism/ mental ill health. We need commissioning to be applying 'Right Service Right Time' framework for SEN and the principle of most inclusive/normalised support that can effectively meet need.* (BCC staff – non schools)

Departments are over stretched – Capacity of SENAR and Health services

Several comments raised the capacity of SENAR and Health Services to deliver on partnership working, and the need to make sure any new systems make things easier and simplify processes rather than adding layers of additional paperwork.

Pooling budgets

Many families did not understand what this meant, and practitioners in Health and Children's Social Care felt there were many barriers and risks to it being achieved and there was suggestion that alignment of budgets may be more appropriate/achievable.

- *'Children's social care resources will be in the Children's Trust. Children's social care needs to ensure it is carrying out effectively its legislative responsibilities to disabled children and their families. These are primarily about care packages at home and are not education related. This does not require pooled budgets.'* (BCC – non schools staff)

Several neutral or negative responders, both practitioners and families, indicated thought this proposal may be being suggested to disguise budgets being cut, or the act of pooling budgets will lead to a cut in available funding.

Vocabulary - Jargon

There were comments about the use of jargon eg 'Commissioning' and 'Pooled budgets' and an indication of lack of understanding of what these words mean in other comments. There was a suggestion raised as part of the Early Years Forum for a more simple description eg:

- *"Agencies will work together to meet the needs of your child"* (Early Years Forum)

4.4 OBJECTIVE 2

We will provide services that ensure the needs of children and young people who have special educational needs and disabilities and their families are at the heart of all that we do. We aim to offer this as locally as possible.

This means we will talk to you and involve you in planning and decision making.

Question 4 - Do you agree or disagree with Objective 2?

Option	Count	%	
Strongly Agree	179	72.5%	94.4%
Agree	54	21.9%	
Neutral	9	3.6%	3.6%
Disagree	4	1.6%	2%
Strongly Disagree	1	0.4%	
Not Answered	0	0.0%	
Total	247	100.0%	
275+ more people shared their views through group meetings and workshops			

While there was strong agreement with the general direction of the objective with 94% of respondents on Be Heard who agreed or strongly agreed, there was considerable debate about how 'local' might be determined, and there were several examples given where parents did not feel they or their children and families were at the heart of the process when it came to decision making.

- *'Keeping parents involved before problems arise rather than after a problem occurs will create a better environment and mean that the parent trusts the school. A lack of trust is at the heart of most EHCP applications.'* (Parent)
- *'We are the experts on our children and as such should be equal partners in the decision making process.'* (Parent)
- *'I feel this is my right'* (Young person)

What is local?

Much debate about what is meant by 'Local', for example some parents are sending children to school in a neighbouring authority such as Solihull, depending on where they live this could be local to where they live in Birmingham.

There was consensus in the parent groups for placements to be agreed on the basis of the needs and rights of the child to come first over any cost savings through reduced travel.

Travelling too far

There many responses from parents who felt children had to travel too far to get to school, and this impacted family life. Professionals also recognised that some children were travelling too far and this impacted outcomes in school.

Capacity of all services to meet the needs of young people

There were several comments about the effectiveness and capacity of SENAR, and indications there is a lack of understanding about how other services support the different processes involved – including Educational Psychology Service, Pupil and School Support Service and Access 2 Education. There were criticisms of the current systems that can be complex.

There was a suggestion for a better system with Principle Officers which supported face-to-face partnership working and improved understanding of caseloads and individual young people.

There were also questions raised from partners that there was insufficient capacity for example:

- *‘The problem is that health services do not have the capacity to meet parents and attend EHC Planning meetings, which means that families do not have all the professionals around to discuss their child’s needs. I welcome this aspiration but capacity is a massive challenge.’ (Health)*

Decision making

Several comments from Special Head Teachers and Early Years PVI raised concerns about not being listened to as a professional, or feeling involved in decision making – recognising the knowledge of the child from the practitioners who work most closely with them.

4.5 OBJECTIVE 3

It is our aim that all Birmingham mainstream provision will be welcoming, accessible and inclusive, adhering to the SEND Code of Practice, so that they can meet the needs of most children and young people, aged 0-25 who have special educational needs and/or disabilities.

This means you can expect your mainstream local school or setting to make every reasonable adjustment to meet the needs of your children or young people.

Question 5 - Do you agree or disagree with Objective 3?

Option	Count	%	
Strongly Agree	144	58.3%	80.2%
Agree	54	21.9%	
Neutral	27	10.9%	10.9%
Disagree	13	5.3%	8.9%
Strongly Disagree	9	3.6%	
Not Answered	0	0.0%	
Total	247	100.0%	
275+ more people shared their views through group meetings and workshops			

There was a lower agreement rate to this objective compared to others at 80.2%. Within those agreeing and strongly agreeing, most raised concerns about the capacity of mainstream schools and settings to be inclusive, although there was general agreement that all schools and settings should be inclusive and welcoming.

- *'It will help me in that both students and staff will have a greater understanding of my needs and will be able to be more sensitive towards them thereby making me feel more included and improving my quality of education.'* (Young person)

Funding and Training

Funding and training were the two biggest issues raised, with respondents stating that schools and settings did not have sufficient funding to meet the needs of more children and young people with SEND. It was also raised that staff in mainstream schools and settings did not have the right training, particularly for ASC – or enough funding to make them accessible for young people with physical disabilities.

- *'I agree in principle, but teachers desperately need time, training and support to do this.'* (parent)
- *'I want my son to be included and welcomed. I don't want a local mainstream school to take him because they feel they have to. If a school is going to take my son, I want to be confident that they can meet his needs and that they have appropriate training and funding for this.'* (parent)
- *I think ABA (Autism Behavioural Awareness Training) should be offered in schools as I have seen a big difference since I've started it with my child (privately). If the right academic support is given our children can reach the goal of going to a mainstream. (parent)*
- *We would expect more work and stronger partnerships with mainstream schools to provide information and help with transition. We would like to see less exclusions and more outreach work to support schools. More training on behaviour and SEMH needs for Teachers and TAs. More capacity within COBS for network places and social skills programmes / improving behaviour courses as interventions to support children & young people" (Teacher)*
- *'In order to support some children in mainstream schools, we feel that health will need to have a role in training/capacity building and upskilling staff to meet needs. We also feel that it is important to discuss how schools will avoid concentrating resources, focus and effort on SEND children, resulting in potentially poorer outcomes for others.'* (Health)

There was a suggestion that four area bases could be developed for training and development of SEND staff.

Ofsted ratings and monitoring

Several also felt that mainstream schools and settings are under pressure for results and that being inclusive is not recognised in the same way as academic success. This was also raised by parent groups who felt there was too much focus on Ofsted ratings and there is no incentive to be inclusive.

- *‘Success of schools should be measured by how well their pupils succeed taking into account their challenges, but also looking at how well adjusted the children are and how happy.’ (parent)*

Accountability

There were concerns about accountability and how to ensure mainstream schools and settings are going to be inclusive and what happens if they are not. There were suggestions to develop a system to measure effectiveness, in the form of a ‘charter mark’ and review all school policies and the reality in practice and then negotiate with the Department for Education about clawing back funding if necessary.

Mainstream vs Specialist Provision

There were comments from respondents agreeing and disagreeing that not all children with SEND are suitable for mainstream schools and it should be recognised that special school provision will always be the right setting for some young people.

Disability Rights and Reasonable Adjustments

Parent Groups thought there needs to be clarity about what ‘reasonable adjustments’ meant. SENCOs felt there were already many examples of schools going above and beyond reasonable adjustments, particularly in primary schools, but that improvements were needed in secondary schools and good practice needed to be shared. Pupil Support Services echoed this inconsistency across the city.

SENDIASS raised the lack of reference in the strategy to Disability Discrimination legislation, and echoed voices in the Parent Carer workshops that a legally enforceable requirement should not be an ‘Aim’. SENCOs felt there wasn’t always the right level of priority given to SEND issues within school leadership.

Post 16 - Accessibility for young people with Physical Disabilities

There were comments raised that the Physical Disabilities service is not involved with commissioning services for Post 16 which is a crucial stage in a young person’s transition and pathway to adulthood.

Vocabulary

From partners at the Early Help Partnership Board there were comments that “All Mainstream Provision” may not be a phrase easily understood/visualised by those outside Education

4.6 OBJECTIVE 4

We will develop flexible pathways to enable children and young people to access the right provision and services to meet their individual needs at different stages. This will deliver the best possible outcomes, including education, employment and training, as young people move into adulthood.

This means we will regularly review the type of provision that can best meet the needs of a child or young person and work with you to agree the best placement throughout the child or young person's education.

Question 6 - Do you agree or disagree with Objective 4?

Option	Count	%	
Strongly Agree	175	70.9%	90.7%
Agree	49	19.8%	
Neutral	18	7.3%	7.3%
Disagree	5	2.0%	2.0%
Strongly Disagree	0	0.0%	
Not Answered	0	0.0%	
Total	247	100.0%	
275+ more people shared their views through group meetings and workshops			

The overwhelming majority of respondents agreed with this objective with only five respondents on Be Heard disagreeing.

- *'I agree with any policy objective that allows my child access to the most appropriate provision to help him succeed in life' (parent)*
- *'Regular reviews are vital to ensure the provision for a child is still suitable as things change all the time with children with SEND.' (parent)*
- *'I support the objective, but personal experience calls into question your ability to deliver.' (parent)*

Vocabulary

There were some negative comments on Jargon – from both parents and professionals particularly about 'flexible pathways' and this requires more explanation.

Annual Reviews

Most respondents commented on the importance of regular reviews but questioned how frequently – ie too frequently and this could be disruptive, and the need also to have the right people present. There were several examples raised where Health and/or SENAR were not present for reviews.

Several mentioned that increased involvement from Health would improve the quality of these reviews, and at the Birmingham Early Help Partnership Board there was discussion about the importance of raising the quality of reviews and monitoring consistency.

Some respondents raised concerns about the potential disruption to children and young people in settled placements if they were to be moved to a different one, the need for well-planned transitions. They felt families should be completely involved in all these decisions, Pupil and school support felt a successful flexible pathway would be dependent on the ability of mainstream schools and settings to be inclusive (ie Objective 3), and the reviews need to be more rigorous.

Transitions

There were some concerns raised from parents that the Transition process and moving from Early Years to Primary, Secondary and then Post 16/19 needed to be managed the best way for the child

- *'So long that if a change of placement is agreed the move is done in a manner that gives the child time to adjust to the transition, yet doesn't keep everyone hanging around too long without provision.'*

Educational Psychology services felt that to improve transition there should be better links with post 16 services and further education services.

Post-19 Transition and Adult Services

Special Head Teachers raised that the Post 19 Transition had been very poor this year, with specific issues raised about sharing data between children's and adults' social care services. There were also comments in the consultation about plans being started too late prior to turning 18.

Outcomes

Several respondents stated that they felt the outcomes mentioned in the Objectives were too focussed on education and they felt more vocational outcomes to assist with the transition to adulthood would be better.

- *'We would like to see health outcomes explicitly included here. There needs to be more robust arrangements for health input into annual reviews if this is going to work. This would need to be lean and deliverable.'* (Health)

There were also concerns raised about the flexible pathway that could be used as a way to save money with many respondents emphasising that the needs of the child and young person should be paramount – this was particularly echoed at the parent workshops.

PRIORITY 1

Develop a framework of SEND assessment and planning from 0-25 years to enable professionals and partners to meet the full range of individual need and raise achievement

This means you can expect teachers and professionals to plan and effectively meet your child's special educational needs, including accessing extra funding, without always needing an Education Health and Care Plan.

Question 7 - Do you agree or disagree with Priority 1?

Option	Count	%	
Strongly Agree	139	56.3%	79.3%
Agree	57	23.1%	
Neutral	25	10.1%	10.1%
Disagree	20	8.1%	10.5%
Strongly Disagree	6	2.4%	
Not Answered	0	0.0%	
Total	247	100.0%	
275+ more people shared their views through group meetings and workshops			

79% of respondents agreed or strongly agreed with this Priority, and the balance of neutrality and disagreement was slightly higher than the other 2 priorities.

Perception this priority is about denying access to EHCPs

From the feedback it was apparent this is partially due to understanding that this priority is about denying access to EHCPs or that EHCPs are the only way to get the support a child needs.

- *'I am extremely concerned this policy will be used to reduce the number of EHC Plans. I can already see and hear a desire to reduce them and this is unacceptable. If a child needs support they must have it.'* (parent)
- *'I think the EHCP is needed to protect the child and ensure there is a framework of provision which is monitored and outcome based.'* (parent)
- *'It has helped my children to have an EHCP to get the provision and or support they need, I don't believe this would happen without the plan.'* (parent)
- *'Not going through the stress of applying for an EHCP will always be a benefit however schools need to realize that without one parents feel they have little or no power to get schools to instil any of the SEN support.'* (parent)
- *'If inclusion is problematic, then restricting access to EHCPs is not a logical solution to this issue.'* (SENDIASS)

SEN Support plans

In the Parent Workshops, there was initial concern this priority was about denying EHCPs but on further discussion there was positive feedback when discussing with parents SEN Support plans and the graduated approach, and acceptance that this priority was not about getting rid of EHCPs or denying them to children who need them.

There was also general agreement from practitioners that there needed to be a better system for monitoring SEN Support where young people had been assessed but were not eligible for an EHCP.

Capacity of SENAR

There were several comments from schools and parents about SENAR not fulfilling part of the bargain around Annual Reviews and suggestions it can take up to 11 months for IT systems to be updated.

There appears to be a perception that SENAR is the only department who can support children and families and there was a lack of understanding about how other teams and practitioners support this process.

Vocabulary

The wording of the priority may be too education focused.

- *'We do not like the word achievement here, as we feel that this is too education focussed and would like the focus to remain on contribution and participation in all aspects of life rather than academic achievement alone. We also feel that there needs to be a specific mention of health here in terms of individual need i.e. educational, social and health need.'* (Health)

4.8 PRIORITY 2

Ensure there is a sufficient and appropriate range of quality provision to meet the needs of children and young people with SEND aged 0-25 years and improve outcomes from early years to adulthood

This means we will ensure there are enough good placements available in Birmingham for children and young people of all ages 0-25 to meet all levels of need.

Question 8 - Do you agree or disagree with Priority 2?

Option	Count	%	
Strongly Agree	174	70.4%	94.3
Agree	59	23.9%	
Neutral	10	4.0%	1.6%
Disagree	2	0.8%	
Strongly Disagree	2	0.8%	
Not Answered	0	0.0%	
Total	247	100.0%	
275+ more people shared their views through group meetings and workshops			

There was strong agreement with the direction of this priority and comments indicated awareness of insufficient provision currently, in particular areas like special schools or resource bases, and post 16 or post 19. The effect of budget cuts mean it is difficult for professionals to sign post families to services when they don't always exist in the area.

- *'As the second largest city and largest LA, Birmingham should be able to provide the breadth of provision required at a standard required - and so not need to send children out of area.'* (Health professional)
- *'I agree, but doubt it will be adequately funded.' 'How will you achieve this with a reduction in finance?'* (parent)

Impact of budgets cuts on services

There were comments on the impact of budget cuts including the Adult Education Service which used to provide Basic English and Maths classes to support young people up to 24 years old. Lack of suitable respite care and short breaks has impacted parents and family life.

Child minding

The parent events requested any review of provision needs to include child minding. This can be costly and also lack of expertise and availability impacts parents capacity to work and family life.

Areas referenced that need more provision

- SEMH – lack of provision in the North and consideration of residential options.
- Autism – residential facility within Birmingham Special Schools
- Support for parents if they are educating at home – eg training
- Special and resource provision

4.9 PRIORITY 3

Develop a unified resource allocation system to distribute the range of SEND funding across all schools and settings in order to make the most effective use of available resources and maximise the impact on outcomes for young people

This means we will develop a system to give funding to schools and settings, based on individual needs of children and young people, and make sure we can clearly see the difference the money has made.

Question 9 - Do you agree or disagree with Priority 3?

Option	Count	%	
Strongly Agree	151	61.1%	84.2%
Agree	57	23.1%	
Neutral	29	11.7%	11.7%
Disagree	8	3.2%	4.0%
Strongly Disagree	2	0.8%	
Not Answered	0	0.0%	
Total	247	100.0%	
275+ more people shared their views through group meetings and workshops			

84% of respondents either Strongly Agreed or Agreed with this priority, and welcomed a need to review the current funding arrangements.

There was also evidence of some misunderstanding in those who disagreed with this priority that the intention through the distribution of funding was the leading to an expectation that all schools and settings should be able to meet the needs of all children with SEND.

While largely in agreement and welcoming a system which distributes resources based on the needs of the child, there was lack of understanding about 'how' it would be achieved and discussion on the need for careful implementation and some of the following themes emerged in the comments.

Accountability/Transparency

There is a need to be transparent regarding how the money is allocated and spent, schools and settings should be held accountable for how the funding is used (including SEN Notional funding although this isn't statutory).

Feedback from the parent groups indicated strong support for improving transparency around how schools spend their SEN Notional Funding and there could be support levered through governors.

SENDIASS raised points that the Strategy contains very limited information about available finance despite one of the priorities being about finance.

Bureaucracy

There was agreement for the resource allocation system as long as it doesn't impact negatively on workloads or cause increase bureaucracy and has clear processes and criteria.

Funding criteria

Funding systems need to be transparent, and based on pupil needs and outcomes. There was a common agreement with CRISP being out dated and not fit for all needs, including ASC/ADHD and mental health.

Some comments from schools raised the lack of fairness because CRISP as a system needs to be purchased. Physical disabilities support service requested being involved in helping to set funding levels for larger packages.

Alternative systems

The response from SENDIASS accepted the spirit of the third priority but also asked for alternative systems to be considered, and benchmark against other authorities. There could be a potential to reorganise funding towards settings with them required to 'pay for' additional support when they ask for help as opposed to 'access additional funds' (example given Bridgend Council in Wales)

Budget Cuts

A common theme through those who disagreed or where neutral the expectation this activity will result in cuts to funding and services. A teacher raised concern that there was insufficient understanding about the impact of changes to funding systems where schools were already using their own funding to support SEN.

4.10 Question 10 – Additional Comments from Be Heard respondents

Responses in this section included many general comments agreeing with the principles laid out previously in the strategy, the need for change and desire to succeed. There were also several comments which indicated a lack of confidence or trust in the council and partners to deliver.

Additional ideas and suggestions not already captured in previous feedback are detailed below:

- ICT – There was a comment about the need to consider use in schools, particularly for young people with physical disabilities, and it is not clear who funds this. Another comment indicated the electronic filing and file sharing used by services has had a negative impact on processes.
- Degenerative conditions – for these young people there is a need to implement the EHCP in advance of when they need it to avoid un-necessary delays.
- Process for Out of Borough Schools – There was a positive comment about the new system of having a named Principle Officer in SENAR and a single point of contact.
- Support for Parents – There was a suggestion to use funding to enable parents through training so they can support children in the home. There was praise for the Parent Carer workshops which are currently taking place. Also a suggestion for more city-wide networking opportunities for parents similar to those previously organised by SENDIASS.
- Transition to adult services – difficulties identified here when plans are completed too late.
- Links to Early Years and Health & Wellbeing programmes need exploring.
- Provision – Work experience and work placements, and also travel training.
- Understanding the Pathway – Suggestion that a check list for parents would be useful to help navigate their way.
- How to support families where English is not the first language – There were difficulties raised around accessing services.
- National Policies or activities beyond the control of this Strategy – including: The difficulties of schools converting to academies; linking SEND Funding to deprivation levels; also asking for reversal of local policy about the Family Information Service / CASS.
- Transition post-25 – more information about how this links to adult services.
- Complex vulnerable children – consider young carers, looked after children, children in need.
- Mental Health – suggestion for all schools to provide mental health and pastoral care provision.
- Partnership working – process to include Health and Social Care working locally in clusters to prevent double hand-offs.

4.11 Other Comments on Accuracy of the Strategy

Data

There were comments from a variety of sources including SENDIASS and the Scrutiny Committee about the validity of data provided in the draft strategy.

The multiple sources of SEN data and complex ways it is recorded means there is great difficulty in presenting a clear picture and because the different sources of information may include different cohorts, it is difficult to present clear comparisons.

An additional issue has been highlighted with the data in that the information submitted for SEN2 was incorrect and did not include the young people going through transition from Statements to EHCPs. This has been raised by SENAR with Department for Education to establish an impact.

Special School Provision

There were comments raised with regards to the accuracy of the map on page 9 regarding Special School provision, which are being addressed.

4.12 Who responded

Be Heard online responses – Total 247

What is your interest in the consultation?

A - Are you...

A Child, young person or adult up to 25 years, with a special educational need and/or disability	16
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B - Children filling in consultation form

Age range	Count
Age 0-4	0
Age 5-10	4
Age 11-15	4
Age 16-18	6
Age 19-25	1
Sub Total	15
Not Applicable	233
Total	248

C - Parent Carer filling consultation form: age range of children in family

Age Range	Count
Age 0-4	11
Age 5-10	40
Age 11-15	37
Age 16-18	17
Age 19-25	18
Sub Total	123
Not Applicable	161
Total	284

Consultation responses

Age bands ticked	Count
1	62
2 or more	25
Total	87

D – What Types of special educational needs or disabilities apply to your family?

SEND Condition	SEND boxes ticked
Specific Learning Difficulty	21
Cognition & Learning Difficulty	28
Profound & Multiple Learning Difficulty	8
Social, Emotional & Mental Health	30
Speech Language & Communication Needs	27
Hearing Impairment	12
Visual Impairment	8
Multi-Sensory Impairment	6
Physical Disability	14
Autistic Spectrum Condition	58
Other	21
Total SEND conditions	233
Total Forms	91

E - Are You?

Categories	Count
Birmingham City Council employee (Non Schools)	26
BCC employee (Non Schools) Teacher or School Staff	10
Councillor or MP	1
Health Provider	5
Teacher or schools staff	79
School governor	29
Early Years Provider	7
Post 16 Education Provider	2
Post 19 Education Provider	2
Post 16 & 19 Education Provider	2
Private or voluntary provider	12
Member of the Public	7
Other	9
Not Answered	58
Total	247

Other
Special needs consultant
College Lecturer
FE College Staff
Physical Difficulties Support Service
Southern-Monkton

Kwok
NHS Speech and Language Therapist
Academic with an interest in special educational needs and disability (SEND) policy
Response on behalf of Birmingham Careers Service (Part of BCC)

Stakeholder Engagement (in chronological order)

Engagement activity	Type	Date	Numbers
Young People – engagement via CAT Team, Advocacy Matters, Parent evenings, Post 16 YP conference,	Face to face	Various through June/July	16
BCC Education Comms – School Noticeboard and Social media	Various	Through June/July	n/a
SEND Stakeholders Group (mixed Stakeholder group)	Meeting	07/06/2017	8
Post 16 Opportunities Partnership (workshop)	Meeting / Comms	12/06/2017	10 – plus circulated to all forum
Community Paediatric consultant meeting	Meeting / Comms	12/06/2017	10 approx
Head Teachers Briefings	Meeting / Comms	13/06/2017 & 15/06/2017	200+ attended, circulated to all HT (450+)
Early Years Forum	Workshop	13/06/2017 & 18/07/2017	15 + 17
Special Heads Conference	Meeting / Comms	14/06/2017	30
SENCO Networks – 6 workshops in June & July	Workshop	13, 14, 15, 20, 21, 22 June	180 (30 x 6)
Birmingham Children's Hospital - Internal SEND group	Meeting / Comms	15/06/2017	10
SENDIASS	Meeting / Comms	19/06/2017	8
Post 16 Forum - 21 June 9.30-11.30	Workshop	21/06/2017	10 + email to forum
Overview & Scrutiny Committee	Meeting / Comms	12/07/2017	10
MPs & Councillors workshop (additional workshop)	Meeting / Comms	14/07/2017	1 + emailed to all Cllrs/MPs
Secondary Forum 29 June 1-3pm	Meeting / Comms	29/07/2017	15 approx
Parent Carer Forum – 3 workshops plus social media	Workshop	5 th , 6 th and 13 th July	33

Resource Bases	Meeting / Comms	05/07/2017	15 approx
Special Heads Forum	Meeting / Comms	10/07/2017	20
Birmingham Early Help Partnership Forum	Workshop	10/07/2017	20
Primary Heads Forum	Meeting / Comms	12/07/2017	30 approx
Children and Young People Programme Board - 18th July 1-3pm Bartholomew House, Hagley Road	Meeting / Comms	18/07/2017	10
South & City CCG AGM – Conference with Health, Social Care, Voluntary Sector, Public	Information Stall	26/07/2017	150+

Equality & Diversity - Analysis of responses on Be Heard

Which age group are you?			What is your sexual orientation			Do You Have a physical or mental conditions or illnesses lasting or expected to last for 12 months or more?		
Age	Count	%	Orientation	Count	%	Response	Count	%
0 - 4	1	0.4%	Bisexual	3	1.2%	Yes	48	19.4%
16 - 18	4	1.6%	Gay or Lesbian	2	0.8%	No	156	62.9%
19 - 25	5	2.0%	Heterosexual or	176	71.0%	Perfer not to say/ Not answered	44	17.7%
26 - 29	4	1.6%	Other	2	0.8%	Total	248	100%
30 - 34	14	5.6%	Perfer not to say/ Not answered	65	26.2%			
35 - 39	30	12.1%	Total	248	100%			
40 - 44	41	16.5%						
45 - 49	40	16.1%						
50 - 54	40	16.1%	What is your religion?			If Yes, do any of these conditions or illnesses affect you?		
55 - 59	23	9.3%	Religion	Count	%	Condition/illness	Count	%
60 - 64	19	7.7%	Buddhists	3	1.2%	Vision	4	4.9%
65 - 69	3	1.2%	Christian	119	48.0%	Hearing	6	7.4%
70 - 74	2	0.8%	Muslim	18	7.3%	Mobility	17	21.0%
75 - 79	1	0.4%	No Religion	71	28.6%	Dexterity	7	8.6%
80+	1	0.4%	Not Answered	29	11.7%	Learning, understanding or concentrating	2	2.5%
Not Answered	20	8.1%	Sikh	4	1.6%	Memory	3	3.7%
Total	248	100%	Atheist	1	0.4%	Mental Health	18	22.2%
			Mixture of religions	1	0.4%	Stamina, breathing or fatigue	9	11.1%
What is your sex?			Pagan	1	0.4%	Socially or behaviourally	8	9.9%
Gender	Count	%	Spiritualist	1	0.4%	Other	7	8.6%
Female	184	74.2%	Total	248	100%	Total	81	100%
Male	38	15.3%						
Not Answered	26	10.5%	What is your ethnic group?			Single or Multiple conditions or illnesses		
Total	248	100%	Ethnicity	Count	%	Condition/illness	Count	%
			White	192	77.4%	Single condition/ illness	29	60.4%
			Mixed	7	2.8%	Multiple conditions or illnesses	19	39.6%
			Asian/ Asian British	20	8.1%	Total	48	100%
			Black African, Caribbean or Black British	9	3.6%			
			Other	2	0.8%			
			Not Answered	18	7.3%			
			Total	248	100%			

5. Conclusion

It is clear from the consultation responses that while the general direction of travel of the Strategy is agreed with, there is doubt about the way it will be implemented, the amount of funding and resources available and feeling that we have been here before and made no progress.

There was a real lack of confidence that Education, Health and Social Care could genuinely work collaboratively and in partnership to offer a joined up service to families with shared outcomes.

From the different types of engagement and communications, face-to-face facilitation yielded far better information and feedback to inform the strategy.

With regards to the high level outline plan, with such a complex subject there was difficulty articulating feedback on this through the online consultation. Comments indicated respondents were sometimes uncertain about what was being asked and while there was broad agreement with the sentiments of different elements from the vision to the priorities, any further comment on impact was difficult to establish.

There were a number of references to better training and awareness there may need to be some consideration about how a training and development programme could support practitioners, parents and young people and the wider community

There were a lot of respondent who wanted more detail about levels of funding and provision, which are not available at this stage – this detail will only be developed through the implementation of the strategy.

6. Recommendations

The following key recommendations are being made in line with the consultation on the Draft Strategy

Building Trust and Confidence

The re-building of trust and confidence is central to the successful implementation of the strategy. The document needs to be clearer and amended to clarify how this will be achieved. This theme of trust and confidence needs to be a golden thread running through all three priorities and made very explicit in the outline delivery plan and detailed implementation plans.

Some of this activity has been identified previously as part of the outline delivery plan and this work needs to be completed with some urgency.

- Development of a robust Customer Charter for parents, and young people, co-produced with partners in education, health, social care and third sector/community services.
- Information and advice available to parents, mediation processes, complaints processes and the role of SENDIASS.
- Code of Conduct for Notional SEND funding – building an inclusive and accountable culture.
- Developing a pilot for SEN Support Plans which is credible and inspires parent and practitioner confidence that needs can be met – using co-production.

- Sharing good practice in all settings and collecting ‘good news’ stories and celebrating student’s successes – acknowledging the feedback about poor experiences and services but balance this with recognition of where good and excellent practice exists.

Additionally –

- Ensuring everyone is on message. This is not about denying children’s right to an EHCP or simply about making savings but rather about building a sustainable inclusive and effective system.
- Improving communications between key stakeholders health, social care, partners and the community , using the Local Offer
- How to build co-production and engagement with young people through a new Young Person’s SEND forum
- Work with Parent Carer Forum to increase engagement and co-production activity with a wider range of parents.
- Reviewing SENAR to improve the customer experience, eg building capacity, responding to requests in a timely way, and working with partners.
- Review the role of SEN Support Services to build capacity and belief within the mainstream settings.
- Develop a scorecard and regularly publish progress against key performance indicators

Partnership working

We need to be more explicit about how we are going to work in partnership and co-commission services as we implement the Strategy and we need to give it greater emphasis within the document.

Some activity highlighted in Chapter 3 of the SEND Code of Practice will help us to achieve this

- Delivery of Joint Strategic Needs Assessment (through the Health & Wellbeing Board)
- Delivering a Joint SEND Commissioning Strategy
- Development of a shared Outcomes Framework – including Strategic Level, Service Level and Individual Plans

There is also a need to explore links to other programmes in Health – ie STP and TCP and also Health & Wellbeing

All of this will need to be explicit within the Outline Delivery Plan and detailed Implementation Plans, and will need to demonstrate how this will be achieved through the three priorities of Assessment, Provision and Finance & Resource Allocation. This must be developed by Health, Social Care, and Education colleagues working collaboratively.

Draft Strategy for SEND & Inclusion (Dated 9th June 2017)



Birmingham Draft
Strategy for SEND an

Outline Delivery Plan (Dated 9th June 2017)



SEND - Outline
Delivery Plan - June 2

Consultation Document (including Questionnaire)



Consultation
Document - SEND an

Easy Read Version of Consultation Document



Easy Read
Consultation Documei

FAQs



Frequently Asked
Questions v2.pdf