

Children & Young People with Special Educational Needs and Disabilities: Joint Strategic Needs Assessment (JSNA)

Solihull Metropolitan Borough Council, June 2023

1. Introduction

1.1 Purpose of this report

The purpose of this Joint Strategic Needs Assessment (JSNA) is to provide data and information to inform local strategic decision-making in relation to special educational needs and disabilities (SEND) service provision in the Solihull area. An up-to-date JSNA is a mandated part of the Ofsted and CQC measurement framework¹. This JSNA combines available data, research and intelligence to explore SEND prevalence and trends for children and young people aged 0-25 living and/or studying in Solihull as compared to statistically similar local authorities and the national average.

1.2 Definition of SEND and legal framework

A child or young person has special educational needs and disabilities (SEND) if they have a learning difficulty or disability which calls for special educational provision to be made for them. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or, has a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions. The [SEND Code of Practice 2014](#) provides statutory guidance on the provision of support for children and young people with SEND at a local level, detailing the responsibilities of local authorities, educational institutions, the NHS and others. This includes, for example, the statutory duty on local authorities to develop and publish a Local Offer setting out the support they expect to be available to local children and young people with SEND. For a full list of services offered via the [Solihull Local Offer](#) please see [Appendix 1](#).

Typically, for the purposes of administration within SEND services, children and young people with SEND are categorised in one of three ways:

- Children and young people with an **Education, Health and Care plan** (EHCP) i.e. those that require a higher level of support than is available through the standard special educational needs support ('SEN support') pathway available in early years settings, schools and colleges.
- Children and young people with a **SEN Support** plan (without an EHCP) i.e. those whose needs can be met through the standard special educational needs support pathway available in early years settings, schools and colleges.
- Children and young people with a special educational need that receive additional support in their school/setting (that do not fall into either of the above categories)

1.3 Authors and contributors

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¹ <https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook> [Accessed 07.03.23]

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1.4 Scope of key SEND data sources explained

The findings of this report are based on a range of data sources including:

- [Education, health and care plans: reporting year 2022](#) (Department for Education, 2022)
- [Special Educational Needs in England: academic year 2021/22](#) (Department for Education, 2022)

Although there is significant overlap between the cohorts of children and young people that are covered by the above publications, ‘Education, health and care plans’ relates to Solihull residents that have an EHCP (who may or may not study in Solihull), whereas ‘Special Educational Needs in England’ relates to children and young people with an EHCP or who receive SEN Support who study at an education provider based in Solihull (who may or may not live in Solihull).

Within the report, we have tried to make it clear which cohort is being referred to by:

- a) creating separate section for each cohort ([section 5](#) refers to residents with an EHCP / [section 6](#) refers to those studying at Solihull-based education providers)
- b) using the term ‘pupils’ when referring to those studying in Solihull who may or may not be resident in Solihull

There is one exception where we have used a merged dataset pertaining to children and young people with an EHCP/receiving SEN Support that live *and* study in Solihull ([section 3.2](#)) as a ‘best fit’ profile for estimating how population shifts in Solihull will impact on numbers of children with SEND in future years.

1.5 Key findings

1. Demand for SEND pathways is increasing. The 0-25 population is predicted to increase by 6% in the next ten years (compared with a 1.5% increase nationally). As the youth population increases, so too will demand for SEN Support, EHCP and health and social care pathways. Based on population growth alone, by 2033, an estimated 146 additional residents will require an EHCP and an additional 507 will require SEN Support.

2. As of January 2022, there were 2,023 Solihull residents with an EHCP, which is an increase of 16.1% on 2021 (1,743). This is the largest recorded annual increase and is partially explained by previous under-reporting in the 16-25 age bracket (the increase reduces to 6% if additional EHCPs in the 16-25 age bracket are removed).

3. A relatively high proportion of residents with an EHCP attend special schools (43% compared with 35% nationally) which runs counter to the principle of inclusion and has cost implications. It is not presently understood why more mainstream schools cannot accommodate SEND as identified by EHCP. Recent consultancy work exploring inclusion practices in mainstream settings provides a useful starting point therein.

4. Insufficient special school provision in Solihull? In 2022, around 200 children and young people were attending independent specialist provision outside Solihull which suggests their needs could not be fully met locally. A mapping exercise which maps the SEND needs of local children against Solihull-based specialist provision would help increase understanding of any gaps in provision.

5. Attainment by pupils with SEND is at least as good as the average for England and statistically similar local authorities at Key Stage 2, GCSE and post-16. In 2020/21 the percentage of young people with SEND achieving Level 3 qualifications (two A-levels or equivalent) by age 19 was notably higher for both SEN Support and EHCP compared with England and statistical neighbours, suggesting good practice in relation to facilitating children and young people with SEND to achieve the best possible outcomes.

6. Evidence suggests more could be done to improve outcomes for adults with learning disabilities. In particular, the proportion of adults with learning disabilities in paid employment (3.2%) was low in 2021/22 compared to England (4.8%) and statistically similar local authorities. However, provisional results for 2022/23 indicate performance has improved as Solihull builds on working with employers locally to develop support for organisations and individuals with a learning disability looking to work.

7. Solihull has a relatively high rate of residents with an EHCP compared with England and statistical neighbours. A combination of pressures on the system over time may have contributed to this, including a relatively low 'refusal to assess' rate (pre-2020) and a relatively large volume of children being assessed for EHCPs.

8. Available data suggests a mixed picture in terms of how long local children are waiting for initial paediatric assessments from services accessed by children and young people with SEND (physiotherapy, speech and language therapy (SLT), occupation therapy, Autism Spectrum Disorder (ASD) assessment, ADHD assessment, CMN service). For some services, children were waiting no more than 18 weeks on average, in line with the 18-week target. Exceptions to this are ASD assessments and SLT assessments which have an average wait of 38 weeks and 23 weeks respectively. In some cases, children

are waiting much longer than average; for example, ASD, SLT and ADHD assessments had longest waits of 103 weeks, 88 weeks and 63 weeks respectively. Waiting times are also longer for Physiotherapy assessment (43 week longest wait) however these appointments are based on a clinical priority criteria and not in order of referral.

9. Data suggests demand for SOLAR mental health service is increasing and outstripping capacity.

At the end of February 2023, 284 children and young people had been waiting longer than 18 weeks for an initial assessment (compared with 0 in December 2021), exceeding the six week target. Moreover, demand for crisis level support is higher than previous years which could suggest a need for more timely (earlier) intervention. This reflects national trends which show increasing prevalence of youth mental health problems and an increase in the acuity of problems post-pandemic. Within a national context, children and young people's mental health service waiting times in Birmingham and Solihull were lower than the national average².

10. Prevalence of SEND diagnosis is not equally distributed across the population. For example, those eligible for Free School Meals are over-represented in the SEND population, as are care experienced children and young people. The combination of interlinking factors associated with SEND means that some children face multiple barriers in addition to those associated with their SEND needs. This intersectionality reaffirms the importance of a holistic, coordinated approach to SEND in Solihull.

11. A larger proportion of Solihull pupils with SEND have Autism Spectrum Disorder compared to the average (19.9% vs 13.7% for England and 13.8% for statistical neighbours). Reasons for this are currently unknown, requiring further investigation.

12. Compared to the national average, a smaller proportion of pupils accessing early education receive SEN Support (the proportion with an EHCP is similar to the average). This could suggest a gap in terms of the identification of Under 5s that require SEN Support specifically.

13. Some SEND support mechanisms appear to be under-utilised. There is low uptake of personal budgets for children and young people with an EHCP, with only four in place across all EHCPs in 2021. However personal budgets are more established in children's social care, so this presents opportunities for sharing processes and expertise. Spend on respite for disabled children is relatively low compared to England.

For a full summary of identified gaps in provision/unmet need [see section 14](#).

² Note: These findings are relevant to the SEND population because Social Emotional and Mental Health (SEMH) is one form of SEND diagnosis and there is evidence for high prevalence of mental health conditions among those with autism.

2. Context

2.1 Overview of SEND population

- There are 64,284 children and young people aged 0-25 residing in Solihull³.
- There are 164 young people aged 14-19 known to their GP within Solihull with a learning disability⁴.
- There are 358 two, three and four year old pupils either with an Educational Health & Care plan (EHCP) or receiving SEN support. Of those benefiting from early education, 0.7% of two year olds have an EHCP and 1.2% receive SEN support. For three and four year olds, 1.2% have an EHCP and 3.7% receive SEN Support⁵.
- 16.9% of the pupils studying in Solihull have special educational needs (4% have an EHCP and 13% receive SEN Support which equates to 1,498 pupils with an EHCP and 5,327 pupils receiving SEN Support).
- Of those pupils with special educational needs, 22% have an EHCP and 78% receive SEN Support⁶.
- At time of publishing, there are 2,204 children and young people for whom the local authority maintains an EHCP⁷.

2.2 Link between SEND and deprivation

Prevalence of SEND is not equally distributed across the population. In line with national trends, Solihull pupils eligible for Free School Meals (FSM) are more likely to have a SEND need compared to their less disadvantaged peers (see [section 6.3](#) for more detail) which, as noted by Menzies et al (2016, p.8), demonstrates a link between SEND and income poverty. Other factors associated with poverty are also associated with SEND in children⁸:

- Parental disability
- Low level of maternal education
- Smoking during pregnancy
- Alcohol during pregnancy
- Low birth weight of term babies
- Premature birth (around 20% of premature babies will have a permanent disability such as lung disease, cerebral palsy, blindness or deafness)
- Parental stress and family breakdown
- Lone parenthood

To understand the local SEND profile, it is therefore important to understand how Solihull performs against contextual factors associated with SEND.

³ ONS, *Population estimates*, 2021

⁴ Data sourced from GP learning disabilities register. Provided by Designated Clinical Officer for SEND for Solihull and SEMH Services Birmingham, NHS Birmingham and Solihull ICB (March 23)

⁵ DfE, *Education provision: children under 5 years of age, 2022*; Note: includes children benefitting from 15 hours/30 hours entitlement

⁶ DfE (2022) *Special educational needs in England, 2021-22*. Note: includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units. Does not include independent schools or the small number of general hospital schools.

⁷ Solihull MBC Education & Skills Team (April 2023)

⁸ Various studies cited in: Menzies et al (2016) *Special educational needs and their links to poverty*, p.10; [Tommys.org](https://www.tommys.org) [accessed 02.03.23]

As shown in figure 1, deprivation in Solihull is very localised. 16 of the top 10% most deprived areas (LSOAs) in England are located in Solihull and all these areas are located in the North of the borough. 49% of 0-25s living in the North live in the top 10% most deprived areas which equates to around 9,780 children and young people⁹.

In 2021/22, **26% of Solihull pupils with SEND lived in the top 10% most deprived areas nationally compared with 20% of pupils with no SEND**¹⁰. The difference between the SEND and no SEND cohorts was statistically significant¹¹. In other words, we can assume that there is a real difference between the two statistics.

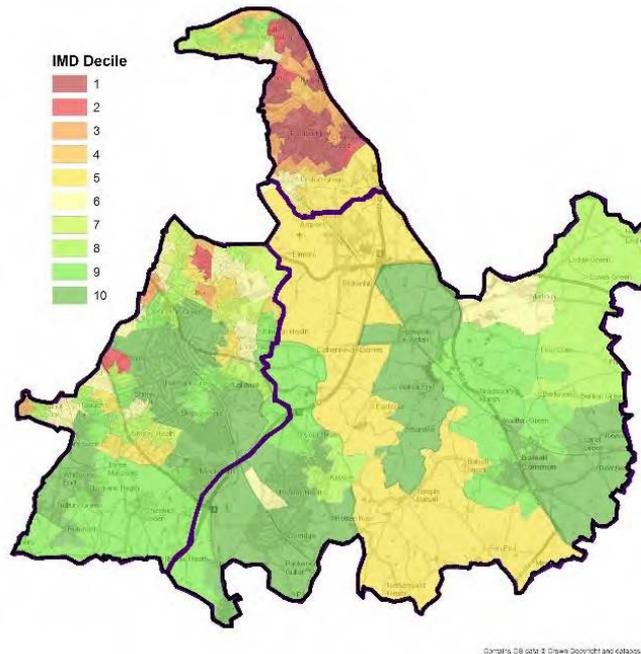


Figure 1: Map showing levels of deprivation in Solihull at LSOA level based on Index of Multiple Deprivation 2019 decile (where 1 is most deprived)

Nationally, recent Census 2021 data indicates an association between deprivation and disability. In the most deprived areas of England there were higher levels of disability in 0-24 year olds (11%) compared with the least deprived areas (7%).

An increasing number of Solihull neighbourhoods (LSOAs) are in the most deprived 10% of neighbourhoods in England. In 2007, Solihull had only 10 of the most deprived 10% of neighbourhoods, rising to 15 in 2010 and 16 in 2015 and 2019¹².

⁹ English Indices of Multiple Deprivation 2019 / ONS Population estimates, 2020

¹⁰ English Indices of Multiple Deprivation 2019 / Solihull MBC, pupil data, 2021/22. Note 1: difference between two cohorts remains statistically significant when controlling for FSM eligibility. Note 2: 114 pupil postcodes could not be mapped and were excluded from calculations (0.3%).

¹¹ Difference in % was statistically significant based on 95% confidence intervals: SEND pupil % lies between 24.8% – 26.9% / no SEND % lies between 19.1% - 19.9%. Confidence intervals calculated using the Public Health England [tool](#) for calculating common public health statistics [Accessed 08.03.23]

¹² English Indices of Multiple Deprivation 2007-2019

Using Free School Meal (FSM) eligibility as a marker of income poverty, **the percentage of pupils eligible for FSM in Solihull has increased over time** (as per the national trend). In 2021/22, 23% of pupils were eligible for FSM compared with 13% in 2015/16.

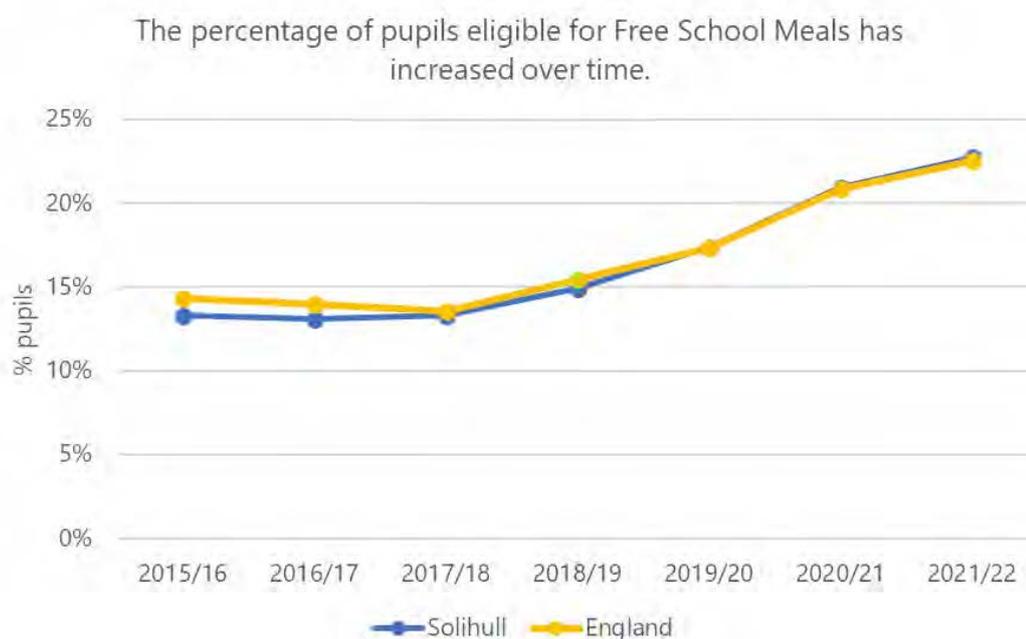


Figure 2: % of Solihull pupils eligible for Free School Meals compared to England. Excludes independent schools. (DfE, 2022)

2.3 Public health inequalities

As shown in table 1, available data suggests Solihull performance is similar to England in terms of smoking status at time of delivery and low birth weight term babies, with no statistically significant differences between values.

Solihull has a slightly higher proportion of babies with low birth weight.

The prevalence of domestic abuse incidents and crimes (used here as a proxy for family breakdown / parental stress) is notably higher than the national average¹³, as is the rate of recorded Children in Need cases with family stress/dysfunction or parental disability as the primary need¹⁴.

Indicator	Solihull	England	Outcome
Smoking status at time of delivery (2021/22)	8.3%	9.1%	Similar
Low birth weight of term babies (2021)	2.8%	2.8%	Similar
Low birth weight of all babies (2021)	8.1%	6.8%	Higher
Domestic abuse related incidents and crimes per 1,000 population (2021/22)	40.6	30.8	Higher
Children in need cases: family stress or dysfunction rate per 10,000 population (2022)	125.9	75.1	Higher
Children in need cases: parental disability rate per 10,000 population (2022)	14.9	7.6	Higher

¹³ OHID, *Fingertips*

¹⁴ DfE, *Characteristics of children in need, 2022 / ONS Population estimates, 2021 (age 0-17)*

Table 1: Public health inequalities markers for Solihull compared to the national average

2.4 The impact of school on SEND identification

A [recent study](#) aimed to assess how fairly and effectively SEND needs are identified in England (including whether or not a child's socio-economic background influences likelihood of being diagnosed) found that differences between schools were more important than differences between individual children:

“[w]hich primary school a child attends makes more difference to their chance of being identified with SEND than anything about them as an individual, their experiences or what local authority they live in”¹⁵

The study also found that children who attend academies have reduced chances of being identified with SEND (something which is not explained by deprivation levels, ethnicity or a range of other factors).

Overall, authors of the study conclude that there is a 'postcode lottery' in terms of access to SEND support based mainly on which school a child attend.

3. Solihull Children and Young People population profile

3.1 Where our young people live

The West locality has the greatest numbers of young people in Solihull, with 33,900 people aged 0-25 (52% of the borough's total 0-25 population).

19,900 0-25 year olds (30%) live in the North locality, with 11,900 (18%) in the East.

The majority of the 0-25 population reside in the West and North (82%). Fewer 0-25s reside to the East of Solihull which covers the rural areas of the borough and has a relatively large older population¹⁶.

¹⁵ Education Policy Institute (2021) Identifying pupils with special educational needs and disabilities, p.7-8

¹⁶ Solihull MBC (2018) East locality profile / ONS Population estimates, 2020 (25% of the East locality population are aged 65+ compared with 21% in the West and 18% in the North)

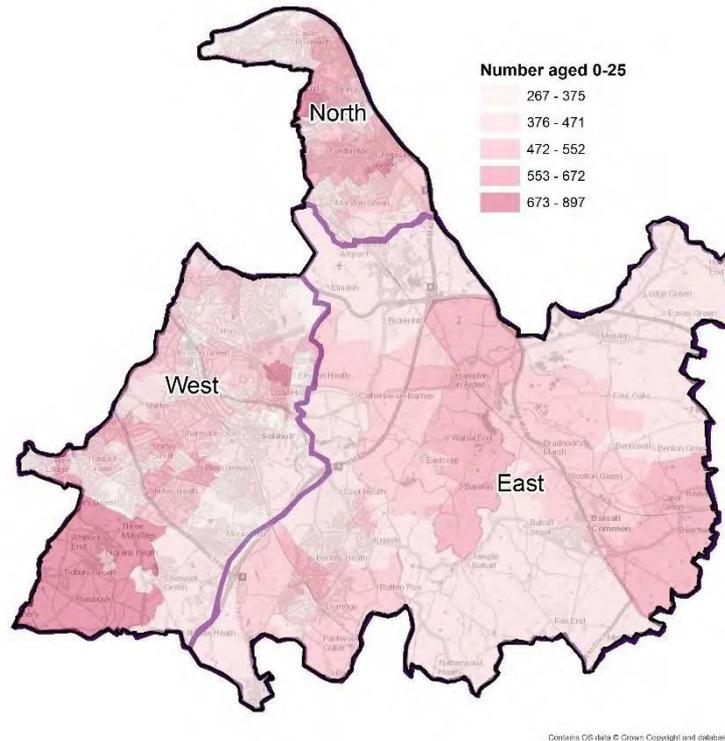


Figure 3: Map showing 0-25 population by small area (LSOA)

Age group	East	North	West	Total
0-4	1,900 (16%)	4,000 (33%)	6,200 (51%)	12,100
5-16	6,500 (19%)	9,600 (29%)	17,300 (52%)	33,300
17-25	3,600 (18%)	6,300 (31%)	10,500 (52%)	20,400
Total	11,900 (18%)	19,900 (30%)	33,900 (52%)	65,800

Table 2: 0-25 population by locality (% of total 0-25 Solihull population). Figures rounded to nearest 100. (ONS Population estimates by small area, 2020)

3.2 Population growth

As shown in figure 4, **the 0-25 population is predicted to increase by 6% in the next ten years (compared with a 1.5% increase nationally)**. Based on the ONS model shown, this equates to 3,834 additional residents although this does not take into account national policy initiatives that have impacted on UK immigration and have happened since the ONS population projection exercise was published. For example, between August 2020 and November 2022, Solihull admitted over 1,300 pupils into its schools as a result of Hong Kong British Nationals (Overseas) Welcome Programme¹⁷.

¹⁷ Solihull MBC, Education & Skills (2023)

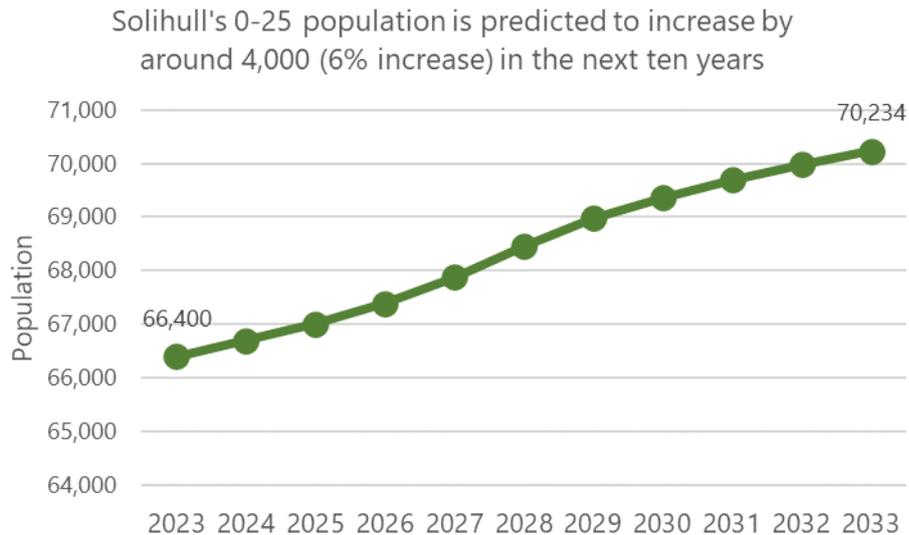


Figure 4: ONS (2023) Population projections 2018

Based on the current SEND prevalence for children and young people that both live *and* study in Solihull¹⁸, this will equate to an **additional 507 residents requiring SEN support** and an **additional 146 requiring an EHCP by 2033**. As shown in figure 5, the steepest increase in numbers is predicted to occur between 2025-2028, after which the growth in numbers gradually decrease. However, given the aforementioned link between SEND and poverty (see [section 2.2](#)) **more work is needed to establish which areas in Solihull will see greater youth population growth over time**, with a view to creating a more accurate growth prediction. Within this, it is also worth noting that nationally, [pupil numbers are expected to reduce](#) (and are already reducing at nursery and primary level).

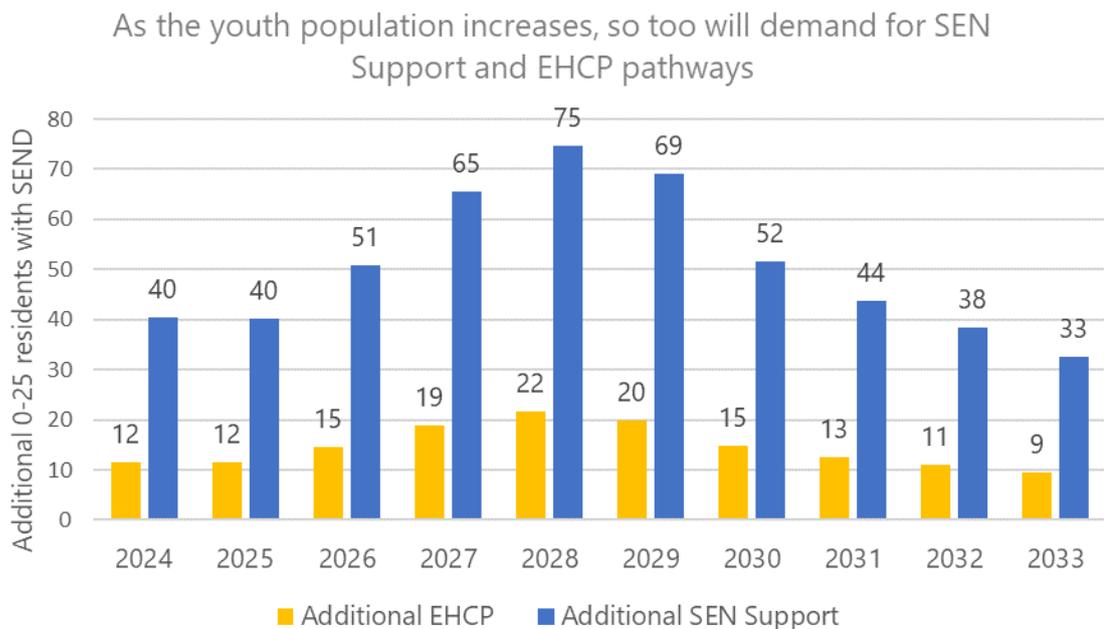


Figure 5: Projected growth in numbers of residents requiring SEN Support and EHCP pathways

¹⁸ Solihull MBC, pupil data, 2021/22

4. Early years

4.1 Pregnancy and the new-born child

Early identification of children and families who may require additional support in relation to SEND starts in pregnancy and continues in the first few days, weeks, months and early years of life through a number of national screening tests. These tests are offered free by the NHS and are voluntary.

Screening tests are offered during pregnancy to try to find any health conditions that could affect the health of the mother or their baby. The tests can help parents make choices about further tests and care or treatment during the pregnancy or after the baby is born.

Screening tests are used to find people at higher chance of a health problem. This means they can get earlier, potentially more effective, treatment or make informed decisions about their health.

Screening tests are not perfect. Some people will be told that they or their baby have a higher chance of having a health condition when in fact they do not have the condition. Also, a few people will be told that they or their baby have a lower chance of having a health condition when in fact they do have the condition.

The screening tests offered during pregnancy in England are either ultrasound scans or blood tests, or a combination of both.

Ultrasound scans may detect conditions such as spina bifida.

Blood tests can show whether there is a higher chance of inherited conditions such as sickle cell anaemia and thalassaemia, and whether the mother has any infections e.g. HIV, hepatitis B or syphilis.

Blood tests combined with scans can help find out how likely it is that the baby has Down's syndrome, Edwards' syndrome or Patau's syndrome.

Different screening tests are offered at different times during pregnancy.

The screening test for sickle cell and thalassaemia should be offered as early as possible before 10 weeks of pregnancy.

It's recommended that screening blood tests for HIV, hepatitis B and syphilis should happen as early as possible in pregnancy. This is because early specialist care and treatment can reduce the chance of the baby getting infected. These blood tests should not be delayed until the first scan appointment.

Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome is offered around the time of your dating scan, at 11 to 14 weeks pregnant.

Screening to check a baby's development is offered at a 20-week scan when the mother is 18 to 21 weeks pregnant.

Additional screening tests are offered after a child is born:

- newborn physical examination
- newborn hearing screening
- newborn blood spot screening

Screening tests cannot harm the mother or the baby, but it is important to consider carefully whether or not to have these tests. Some screening tests in pregnancy can lead to difficult decisions for parents. It's important that parents are able to make informed decisions on whether to have these tests or not, but should be encouraged to discuss it with their trusted health professional i.e. midwife or G.P.

Data relating to uptake of antenatal and neonatal screening would help increase understanding of SEND pathways and how Solihull compares to other areas in this regard. More research is needed to investigate the impact of screening e.g. percentage of conditions that are identified via screening.

4.2 Early years development

The Healthy Child Programme 0-5yrs.

Opportunities to assess and review a child's health and development continue in the first years of life delivered through the universal offer of the Healthy Child Programme. This national programme is delivered in the years before school through GPs and Health Visiting teams and includes immunisations and health and development assessments/reviews at the following age:

- New birth visit carried out between 10-14 days
- 6-8 week review
- 9-12 month review
- 2-2.5 year review

All provide the opportunity to assess the health and development of the child and to listen to any parental concerns.

Early identification and appropriate intervention in relation to SEND is important and improves long-term outcomes for children¹⁹. In addition to the above assessment/review opportunities, the early education entitlement offer provides an opportunity for early identification.

- **Two-year-olds:** There are 600 pupils aged two that are benefitting from funded early education in Solihull. Of these, four have an EHCP (0.7%) and seven are receiving SEN Support (1.2%).
- **Three & four year olds:** There are 7,015 pupils aged three and four that are benefitting from funded early education in Solihull. Of these, 85 have an EHCP (1.2%) and 262 are receiving SEN Support (3.7%)²⁰.

As demonstrated in figure 6 below, the percentage of children benefitting from early education with an EHCP is similar to the England average and statistical neighbour average. The percentage receiving SEN Support in Solihull is lower than the national average across both age groups. Differences between the Solihull and England SEN Support figures are statistically significant²¹.

¹⁹ SEND Code of Practice, 2014, p.79

²⁰ DfE, *Education provision: children under 5 years of age*, 2022; Note: includes children benefitting from 15 hours/30 hours entitlement

²¹ Statistically significant based on 95% confidence intervals: Solihull % for two-year-olds and 3&4-year-olds SEN Support lies between 0.6–2.4% and 3.3-4.2% respectively / England % lies between 3.5-3.7% and 5.2-5.2% respectively. Confidence intervals calculated using the Public Health England [tool](#) for calculating common public health statistics [Accessed 08.03.23]

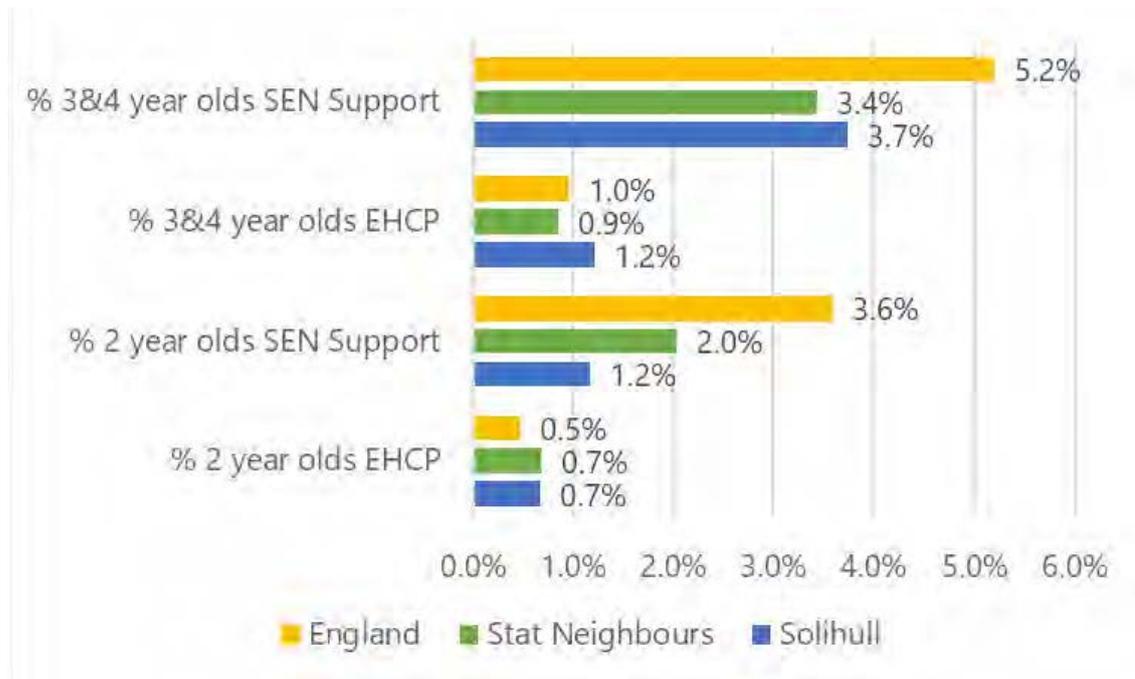


Figure 6: % of two, three and four year olds benefitting from funded early education with SEND, 2022 (DfE, 2022)

Early Years providers and schools can apply for additional [Inclusion Fund](#) funding for children aged two, three and four years who have additional needs and/or disabilities. As demonstrated in table 3, since 2019/20, there has been a **yearly increase in the amount of funding administered**. In 2022/23 to date, 175 children are in receipt of funding, with this figure set to increase as the academic year progresses. Since 2019/20, over **£1.1 million** Inclusion Fund funding has been paid to Solihull providers and schools, for the support of **720 children**.

The level of funding provided per child, per hour is set to increase from Summer 2023. Level 1 is currently paid at £1.21 per funded hour, Level 2 is paid at £5.61 for two year olds and £4.21 for three and four year olds.

Year	No. of children approved for L1 (3&4yr olds only)	Total amount paid - L1	No. of children approved for L2 (2-4yr olds)	Total amount paid - L2	No. of children with EHCP automatically getting L2 (2-4yr olds)	Total amount paid - L2 High Needs EHCP	Total no. of children receiving some Inclusion Funding	Total amount of Inclusion Funding paid
2019/20	46	£21,546.13	95	£159,180.39	N/A not put in place until September 2021	N/A	141	£180,726.52
2020/21	25	£12,048.29	150	£290,800.81	N/A not put in place until September 2021	N/A	175	£302,849.10
2021/22	37	£18,422.52	136	£307,759.42	56	£91,657.20	229	£417,839.14
2022/23	23	£9,212.94	101	£172,716.33	51	£55,549.93	175	£237,479.20
TOTALS	85	£61,229.88	387	£930,456.95	107	£147,207.13	720	£1,138,893.96

Table 3: Inclusion Fund numbers of children approved, and budget spend 2019-2023

Note: The 2022/23 figure is true up to the middle of the Spring term 2023 – it is not the final, end of year figure

As shown in table 4, there was a period of delay in the timely take-up of the age 2-2 ½ year review in Solihull (57% vs 74% nationally in 2021-22) but this has been addressed. Timely checks (before 2 ½ years) are important for early identification of SEND although, during the same period (2021-22), 88% of children were being seen by the Health Visiting team by 3 years of age. Work has been undertaken to improve the timeliness of the 2-year check, achieving an increase to 86% of children receiving the check by 2 ½ years in Q3 of 2022-23 (October to December 2022) with 96% of children being seen by 3 years.

Of those that undertake their 2-2 ½ year review, performance against development measures is similar or higher compared to the national average.

Indicator	Solihull	England	Outcome
% receiving a 2-2 ½ year review by the time they turn 2 ½ (2021/22)	56.6%	74.0%	Lower
% achieving the expected level in communication skills (2021/22)	88.9%	86.5%	Higher
% achieving the expected level in gross motor skills (2021/22)	94.5%	93.5%	Similar
% achieving the expected level in fine motor skills (2021/22)	96.5%	93.3%	Higher
% achieving the expected level in problem solving skills (2021/22)	93.6%	92.7%	Similar
% achieving the expected level in personal social skills (2021/22)	92.5%	91.2%	Similar
% achieving a good level of development at 2-2 ½ year review (2021/22)	84.3%	81.2%	Higher

Table 4: Healthy Child Programme data compared to England (OHID, [Fingertips](#))

School readiness

As demonstrated in figure 7, in 2021/22, a similar percentage of pupils studying in Solihull with SEN reached a good level of development by age 5 (16%) compared to the average for England (19%) and statistically similar local authorities (17%). The difference between the Solihull 'All SEN' cohort and the average for England and statistical neighbours is not statistically significant. For the no SEN cohort, Solihull performance (73%) was similar to England (71%) and Statistical Neighbours (72%).

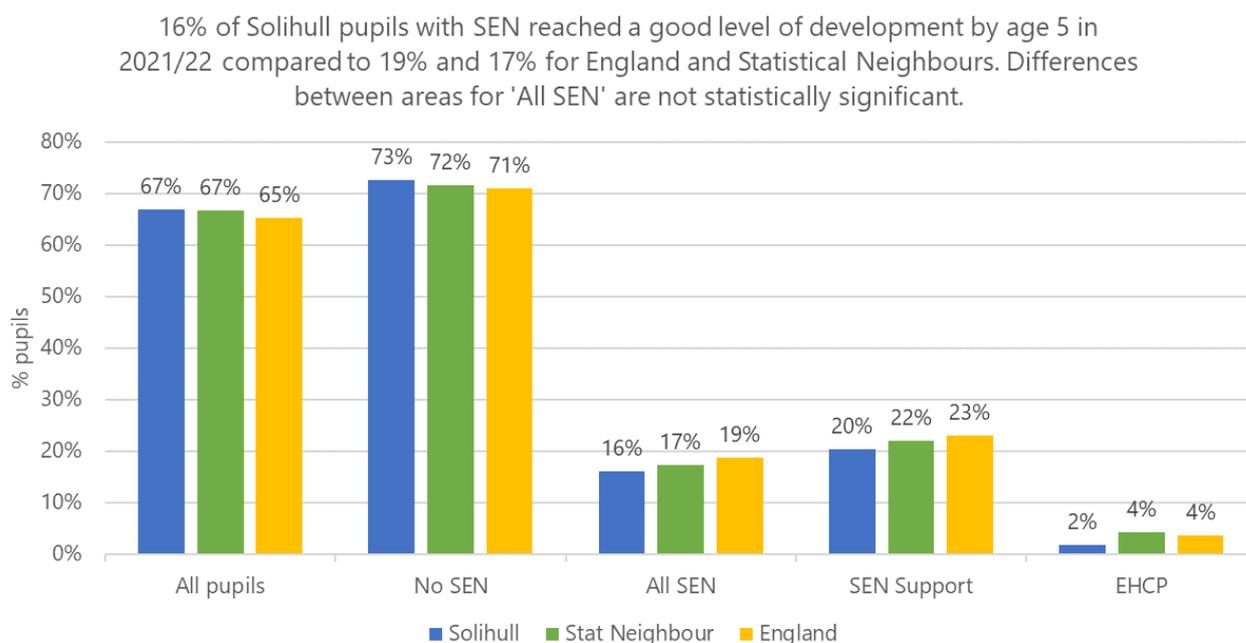


Figure 7: % pupils reaching good level of development by age 5, 2021/22 (DfE, 2022)

This pattern holds true for communication, language and literacy early years foundation stage goals. As demonstrated in figure 8, in 2021/22, a similar percentage of pupils studying in Solihull with SEN reached the expected level by age 5 (19%) compared to the average for England (21%) and statistically similar local authorities (20%). The difference between the Solihull 'All SEN' cohort and the average for England and statistical neighbours is not statistically significant. For the no SEN cohort, Solihull performance (75%) was similar to England (73%) and Statistical Neighbours (74%).

19% of Solihull SEN pupils met the expected level in communication, language and literacy in 2021/22 compared to 21% and 20% for England and Statistical Neighbours. Differences between areas for 'All SEN' are not statistically significant

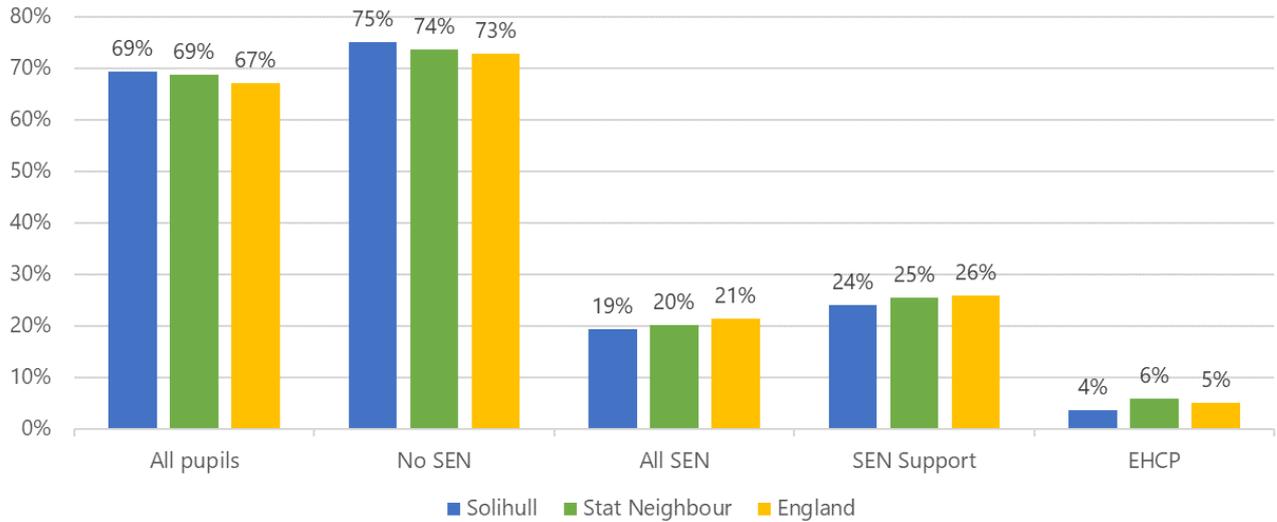


Figure 8: % pupils reaching expected level in communication, language and literacy by age 5, 2021/22 (DfE, 2022)

4.3 Early years referrals for speech and language support

Early Years Team around the Child (EYTAC) requests are accepted for children up to the end of nursery. This panel accepts children where they are at least three areas of high need as identified by health professions usually but can be settings and others who encounter the child.

The most frequent request for a child and family is for children to be referred to speech and language therapy (SLT) and early years practitioner support from the Early Years Team.

Between September 2021 and the end of August 2022, there were 117 referrals in total and 69 (59%) were referred to SLT or already known to SLT as a referral had already been made.

Between Sept 2022 to end March 2023, there were 48 children (81%) requesting or receiving SLT with 59 referrals in total to EYTAC.

Data relating to Early Years SLT referrals/ assessments/support identified is inaccurate and should be treated with caution. Published figures are currently 476 for 0-5 year olds over the first three quarters of 2022-23. These figures do not distinguish between accepted and rejected referrals.

The 2021- 2022 Early Years Inclusion fund application process for additional funding supports emerging SEND children. In a snapshot of the needs of children who applied to the March 2023 panel, out of 19 applications ,18 had speech, language and communication listed as a need²².

²² Solihull Community Children's Speech and Language Therapy team (April 2023)

In 2022/23, 59 Solihull residents were referred to the early years SLT support service (based at University Hospitals Birmingham), **the majority were made by the Education service (56% of referrals)**, followed by parents/family/carers (12%), Health Visitors (10%), private nurseries (7%), EYTAC panel (5%), Community Speech & Language Therapist (5%) and GPs (5%). **During this period, Solihull children were typically waiting 20 weeks for initial assessment, and 39 weeks for completion of treatment**²³.

	Minimum wait	Average wait	Longest wait
For assessment	9.3 weeks	20 weeks	55.4 weeks
For treatment	15.3 weeks	38.8 weeks	76.1 weeks

Table 5: Waiting times for Early Years Speech and Language Therapy Assessment and Treatment at University Hospitals Birmingham (data relates to Solihull patients only), 2022-23

5. How many residents have SEND?

5.1 Overview

As of January 2022, there were 2,023 EHCPs in Solihull which is an increase of 16.1% on 2021 (1,743). This is the largest recorded annual increase in Solihull, with the previous high of 14.6% between 2016 and 2017. The increase last year for England overall was 9.9%. The increase is partially explained by previous under-reporting in the 16-25 age bracket (the increase reduces to 6% if additional EHCPs in the 16-25 age bracket are removed).

Solihull continues to have a slightly higher rate of residents with an EHCP (31 per 1,000) compared with the national average (28 per 1,000) and statistically similar local authorities (29 per 1,000)²⁴.

	2022 Rate per 1,000	2021 to 2022 Change
Solihull	31.5 (27.1)	16.1%
England	27.6 (25.1)	9.9%
Statistical neighbours	28.5 (26.0)	10.0%

Table 6: Rate of EHC plans per 1,000 population, 2022

Reasons for this relatively high EHCP rate are unknown, requiring further investigation. It could be assumed part of the explanation relates to parents and carers that are relatively well-informed (and therefore more likely to request an EHCP / question any refusal to assess). This pattern was not evident in the rate of EHCP requests in 2021 (5.1 requests per 1,000) which was less than the national (5.4 requests per 1,000) and statistical neighbour (6.0 requests per 1,000) averages²⁵. What is notable however are the following factors which may go some way to explaining the slightly higher rate of EHCPs in the borough:

- **Historically (pre-2020), the percentage of initial EHCP assessment requests that were refused was relatively low in Solihull** compared to the average for England and comparable local authorities and since 2018, **the volume of children assessed per head of population has been high** (see [section 12.1](#) for further detail).

²³ Health Informatics - University Hospitals Birmingham NHS Foundation Trust (April 2023)

²⁴ DfE (2022) *Education, health and care plans*; ONS *Population estimates by single year of age, 2021*

²⁵ DfE (2022) *Education, health and care plans*; ONS *Population estimates by single year of age, 2021*

- Compared with its ten statistical neighbours, **Solihull had the second highest percentage of appeals that go to SEND Tribunal in 2021** (3.25%), a level that exceeds the statistical neighbour (1.28%) and England (1.84%) averages by some margin²⁶ and **suggests a relatively high level of dispute in Solihull in relation to local authority decisions and/or a gap in terms of the efficacy of the mediation process**. The extent to which this trend is a contributing factor in the overall EHCP rate is unknown, requiring further investigation.

Appeal rate to the SEND Tribunal based on total appealable decisions

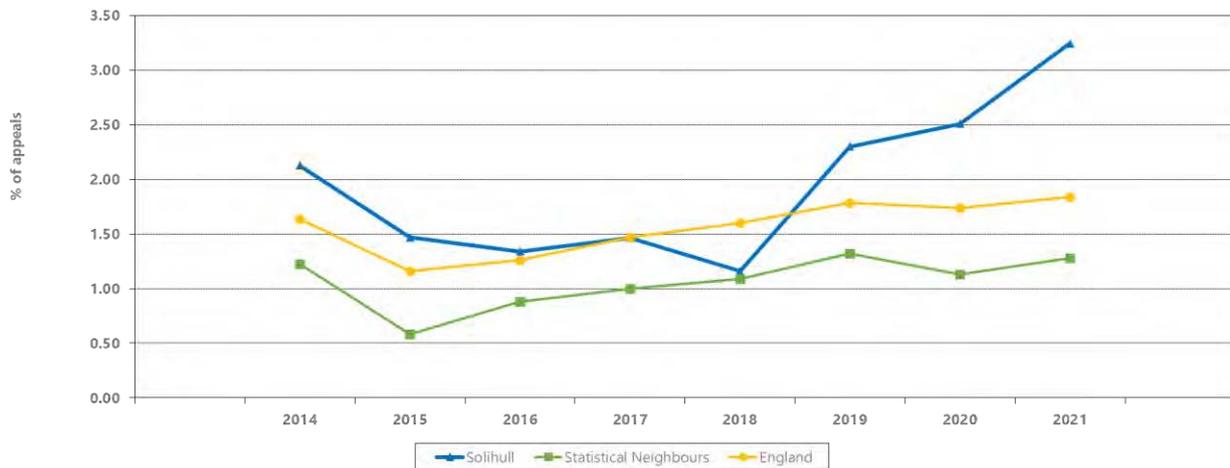


Figure 9: Appeal rate to the SEND Tribunal based on total appealable decisions (DfE, 2022)

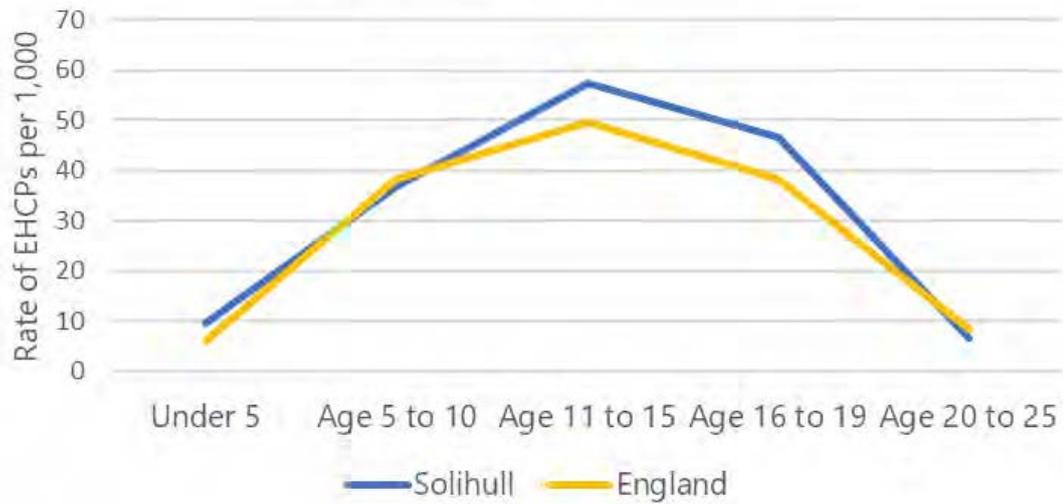
Historically Solihull has seen a higher tribunal rate but more research is needed to establish why the appeal to tribunal rate in Solihull is relatively high with a particular focus on what changed in 2018/19 to reduce appeals and generate increasing numbers therein.

5.2 Age distribution

As shown in figure 10 and table 7, the age distribution of residents with an EHCP broadly matched national trends in terms of rate per 1,000 population, with higher rates amongst children of compulsory school age.

²⁶ DfE (2023) Local Authority Interactive Tool (LAIT)

Broadly speaking, the age profile of residents with an EHCP matched national trends



	Solihull rate of EHCPs per 1,000 population (2022)	England rate of EHCPs per 1,000 population (2022)
Under 5	9.5	5.9
Age 5 to 10	36.7	38.4
Age 11 to 15	57.5	49.6
Age 16 to 19	46.7	38.3
Age 20 to 25	6.5	8.3

Figure 10 /Table 7: EHCPs by age bracket (DfE, 2022 / ONS Population estimates 2021)

Compared with the previous year, there was a notable increase in the number of EHCPs amongst residents aged Under 5 and amongst those aged 16+. **Further investigation is needed to explore reasons for the Under 5 shift. The increase for the older age bracket is likely to be primarily a result of previous under-reporting.**

	Solihull			England		
	Number of EHCPs 2021	Number of EHCPs 2022	Change	Number of EHCPs 2021	Number of EHCPs 2022	Change
Under 5	65	110	69.2%	16,536	18,054	9.2%
Age 5 to 10	584	607	3.9%	142,342	154,940	8.9%
Age 11 to 15	751	779	3.7%	151,572	167,305	10.4%
Age 16 to 19	309	441	42.7%	90,715	98,647	8.7%
Age 20 to 25	34	86	152.9%	29,532	34,309	16.2%

Table 8: EHCPs by age bracket 2021 – 2022 (DfE, 2022)

This shift is shown in the figure 11 below, where in relative terms to England, Solihull has markedly moved away from the England average for Under 5 but has moved considerably towards for Age 20 to

25. Note: in 2022, Solihull had the highest Under 5 rate within the West Midlands region and the fourth highest rate out of eleven compared to statistically similar local authorities.

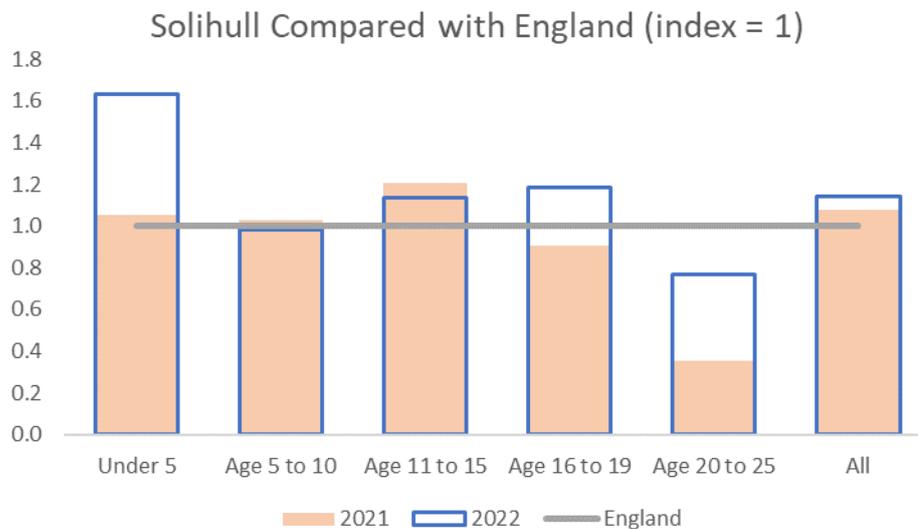


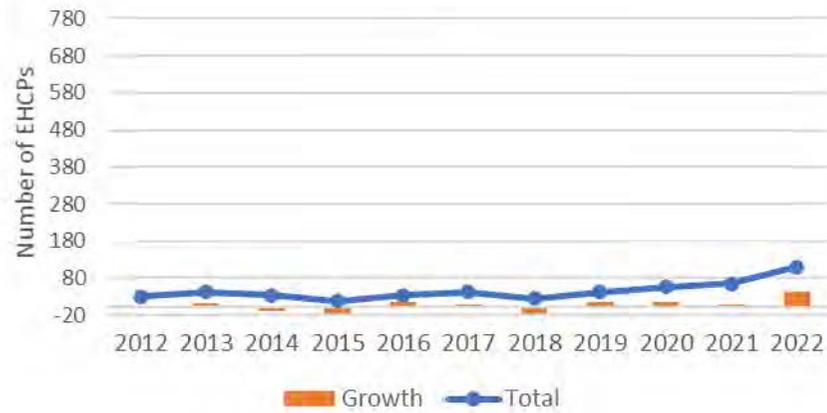
Figure 11: Annual change in EHCPs by age bracket: Solihull compared with England

The following charts compare the levels of activity over time by age group. **There has been an increase in total numbers of EHCPs across all age groups over time (a pattern that is mirrored nationally).** The steepest increase in net number of EHCPs since last year was for the 16-19 age group (+132) although proportionally the biggest increase in EHCPs was seen for the Under 5s and 20-25s.

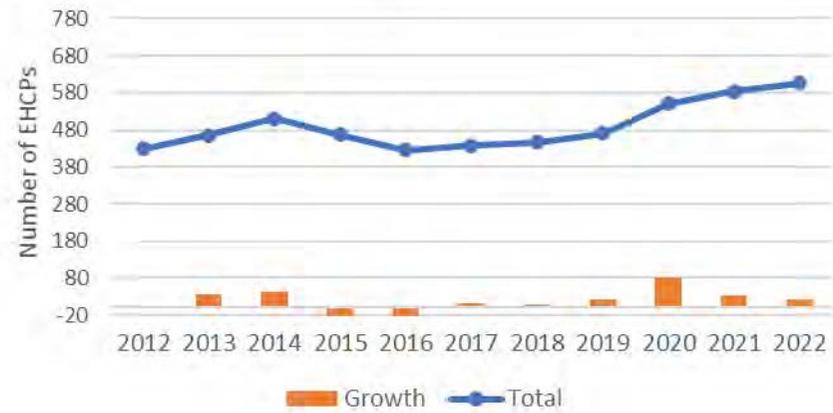
(Note that SEN Statements are included between 2010 and 2017)

Figures 12 - 16: Total number/growth in EHCPs by age bracket (DfE, 2022)

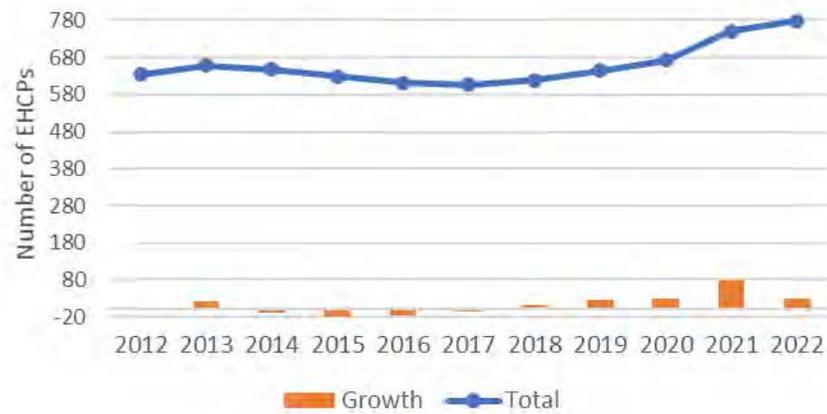
Under 5



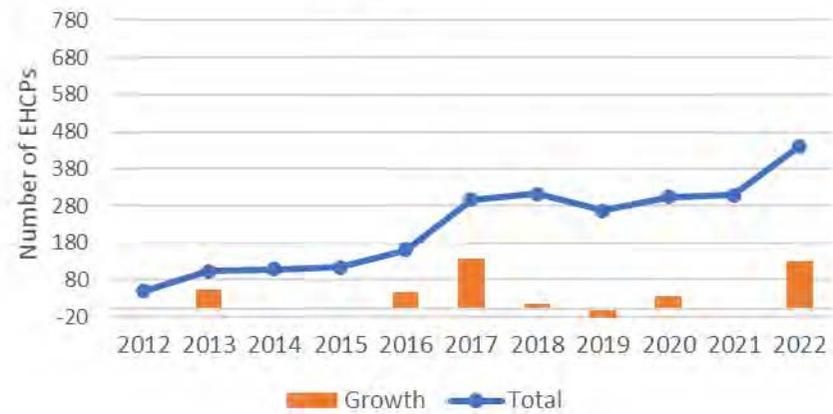
Age 5-10

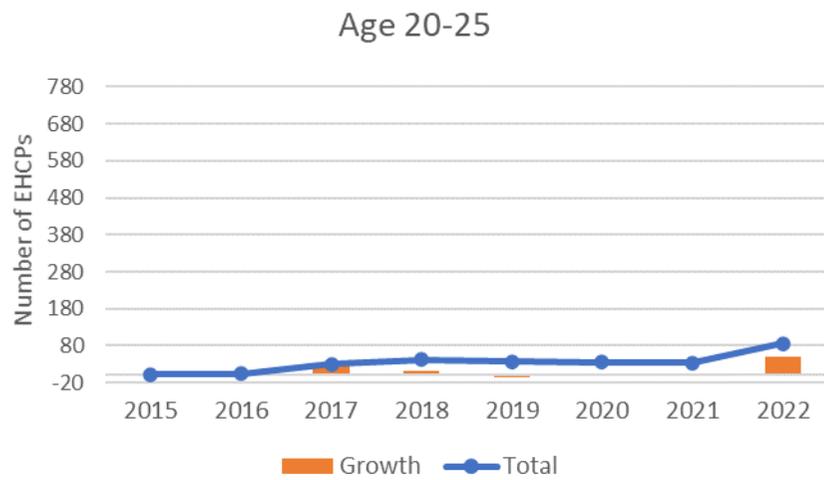


Age 11-15



Age 16-19





Note: There is no data available on numbers of EHCPs in the 20-25 age bracket pre-2015.

The largest increase in absolute number of EHCPs since 2015 is seen in the 16-19s (+328). Proportionally, the biggest increases since 2015 include the 20-25s (+83 / +2767%) and the Under 5s (+92 / +511%) although it's important to note that these groups have small numbers of EHCPs compared with the other age groups meaning changes are liable to appear magnified. In addition, it is important to note that the 2015 SEND reforms increased the age range for EHCPs from 0-18 to 0-25, helping to explain the magnitude of increase in the older age brackets since then:

	2015	2022	Change
Under 5	18	110	+511%
Age 5 to 10	468	607	+30%
Age 11 to 15	629	779	+24%
Age 16 to 19	113	441	+290%
Age 20 to 25	3	86	+2767%

Table 9: EHCPs by age bracket 2015 – 2022 (DfE, 2022)

5.3 Primary need

As demonstrated in figure 17, the primary need profile for local children and young people with an EHCP has changed over time. The most notable shifts since 2017 are as follows:

- Net increase of 277 children and young people with Autism Spectrum Condition (ASC) (+54%)
- Slight increase in the overall percentage of children and young people with ASC. In 2022, 39% of the EHCP cohort had ASC, compared with 36% in 2017.
- Net increase of 107 children and young people with Speech, Language and Communication Needs (SLCN) (+73%)
- Net increase of 98 children and young people with Other Difficulty/Disability (OTH) (+891%)
- Slight increase in the overall percentage of children and young people with OTH within the EHCP cohort. In 2022, 5% of the cohort had OTH, compared with 1% in 2017. More interrogation is needed to understand what learning difficulties or disabilities are reported as OTH to better understand the rise in this cohort.
- Net increase of 84 children and young people with a Social, Emotional & Mental Health primary need (SEMH) (+51%)²⁷.

²⁷ Solihull MBC Education & Skills Team (April 2023)

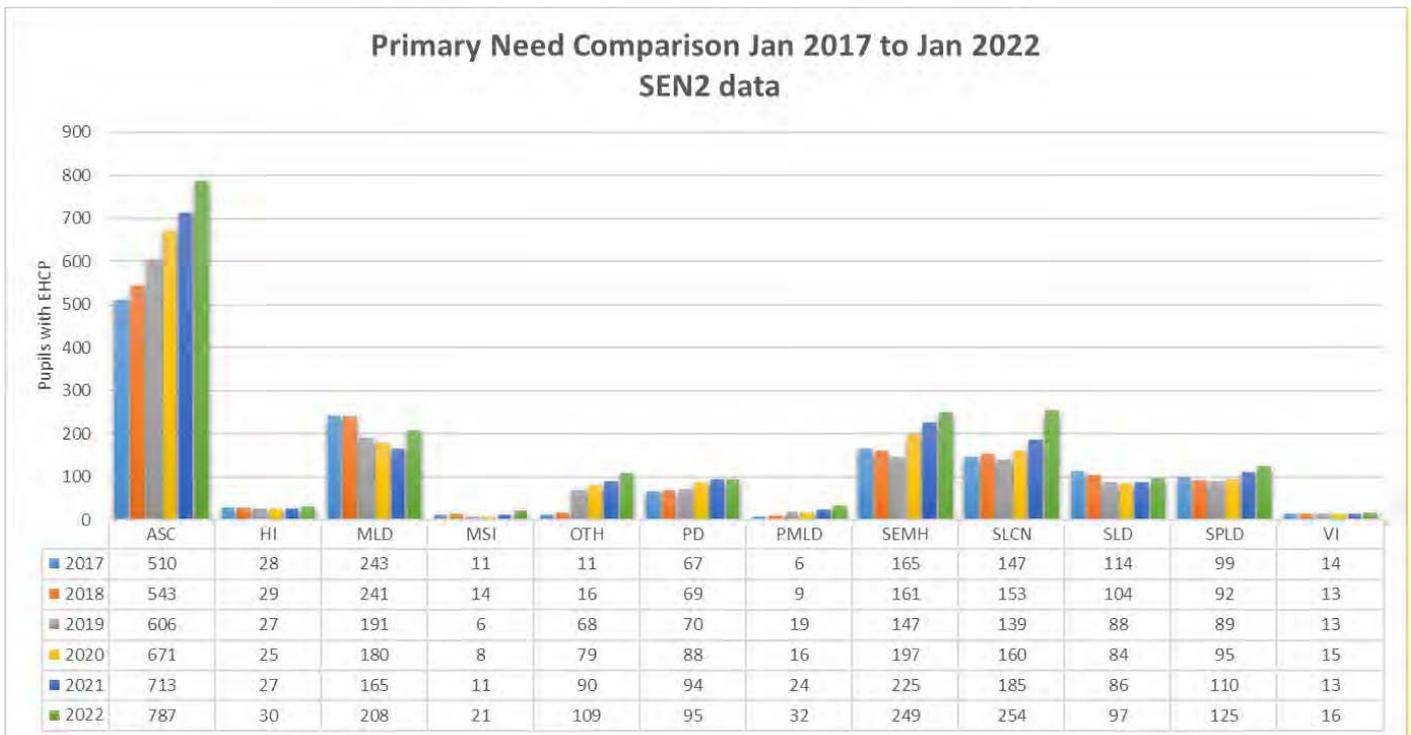
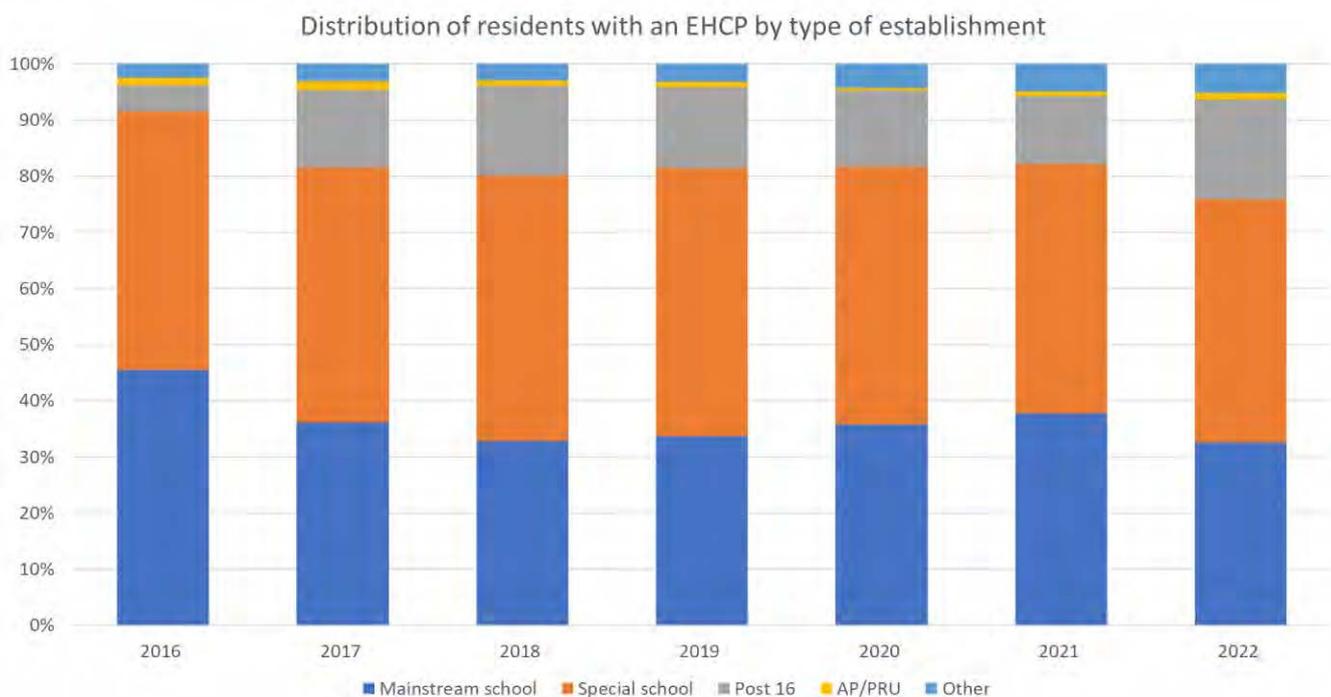


Figure 17: Residents with an EHCP by primary need, 2017-22

5.4 Type of establishment

As demonstrated in figure 18 and the accompanying table, since 2016 the relative and absolute growth of residents with an EHCP attending Post 16 provision is notable (+300 / +508%), a shift which broadly mirrors the national trend over the same period (+566%). Collectively, special schools, mainstream schools, and post-16 establishments accounted for the majority of residents with an EHCP in 2022 (94%).



	2016	2017	2018	2019	2020	2021	2022
Mainstream school	562	511	474	492	579	658	658
Special school	568	644	683	698	743	775	877
Post 16	59	194	230	211	218	210	359

AP/PRU	16	23	15	14	9	14	25
Other	30	43	42	46	69	86	104
TOTAL	1235	1415	1444	1461	1618	1743	2023

Figure 18 / table 10: Distribution of residents with an EHCP by type of establishment, 2016-22 (DfE, 2022)

As shown in figure 19, a greater proportion of Solihull residents with an EHCP attend special schools (43.4%) compared to the national profile (34.8%) and comparable local authorities (32.8%), and fewer attend mainstream schools (32.5%) compared to England (40.5%) and statistically similar local authorities (44.3%). The lower inclusion rate of SEND children in mainstream schools is something that has been identified through the Delivering Better Value work and work will be underway during 2023-2025 to try to redress some of this balance. Given that the recent DfE SEND Improvement Plan makes it clear that nationally there are too many SEND children outside mainstream schools (so the national average in itself is too low), the scale of the challenge becomes apparent.

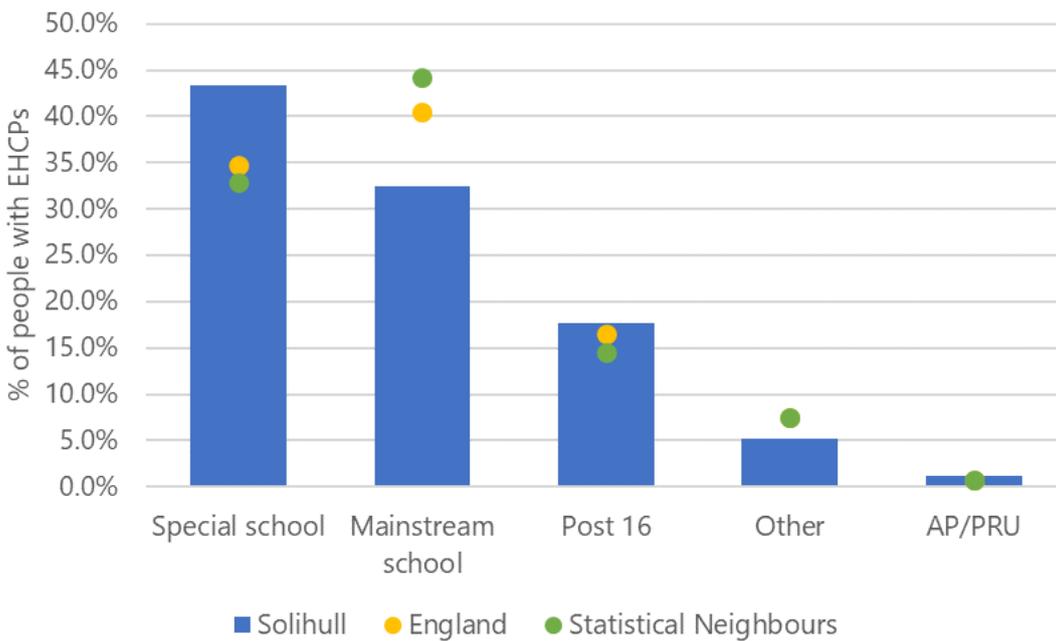


Figure 19: Distribution of residents with an EHCP by type of establishment: Solihull compared with England and Statistical Neighbours, 2022 (DfE, 2022)

Table 11 provides a more detailed breakdown of establishment/destination for residents with an EHCP. Establishment/destination types shaded yellow saw an increase in the number of residents with an EHCP attending compared to the previous year, orange shading indicates no change, grey indicates a decrease. The following 11 schools/colleges combined account for 80% of the overall increase: Solihull College, Reynolds Cross, Hazel Oak, Merstone, Forest Oak, Solihull Academy, Tudor Grange Academy Solihull, Hereward College of Further Education, Exhall Grange School and Science College, Park Hall, and The Sixth Form College Solihull (only Hereward College and Exhall Grange – both in Coventry - are located outside Solihull). **It is notable that Solihull College accounts for 91% of the increase in 'Post 16: General FE and Tertiary Colleges/HE' which alone accounts for over 40% of the overall increase.**

Provider Category	2021	2022	Net change (2021 to 2022)	Increase
Post 16: General FE and Tertiary Colleges/HE	132	255	123	93.2%
Special School: LA Maintained (Including Foundation School)	577	639	62	10.7%
Mainstream School: Academy	267	324	57	21.3%
Special School: Academy/Free	83	123	40	48.2%
Post 16: Specialist Post-16 Institutions	72	87	15	20.8%
NEET	9	23	14	155.6%
AP/PRU: Free School	7	18	11	157.1%
Post 16: Sixth Form College	5	12	7	140.0%
Elective home education	24	30	6	25.0%
Post 16: Other FE	1	5	4	400.0%
Awaiting provision – aged under 5 not attending an education setting	1	3	2	200.0%
Awaiting provision – aged 16+ not attending an education setting	16	17	1	6.3%
Mainstream School: LA Maintained (Resourced Provision)	27	27	0	0.0%
Mainstream School: Free School	1	1	0	0.0%
Special School: Independent Special School	115	115	0	0.0%
AP/PRU: LA Maintained	7	7	0	0.0%
Awaiting provision – aged 5-15 not attending an education setting	21	20	-1	-4.8%
Non-Maintained Early Years Setting In The Private and Voluntary Sector	7	5	-2	-28.6%
Other - arrangements made by the LA	8	6	-2	-25.0%
Mainstream School: Independent School	37	27	-10	-27.0%
Mainstream School: Academy (Resourced Provision)	66	51	-15	-22.7%
Mainstream School: LA Maintained (Including Foundation School)	260	228	-32	-12.3%
Total	1743	2023	280	16.1%

Table 11: EHCPs – detailed breakdown of provider category/destination, 2021-22, DfE (2022)

As shown in table 12, **there are 200 children and young people with an EHCP in either Independent Special Schools or Specialist Post-16 Institutions based outside Solihull.** This includes the following providers which have at least five Solihull EHCP: Hereward College of Further Education (W), Arc School Ansley, Queen Alexandra College (W), Arc School Old Arley, Riverside Education, Arc Oakbridge School, Northleigh House School, Blackwater Academy, and Hopwood Hall School. Note that the 'Arc' schools are part of the Kedleston Group (58 EHCP) which also includes Arc School Napton – these four schools were responsible for just under 2/3rd of the cost of Independent out of borough provision for 2021/22 at a cost of over £40k per pupil²⁸. Of the independent providers that children and young people from Solihull attended, only one was based in Solihull. **Overall, of the 1,876 residents with an EHCP that attended the principal provider types listed in table 12 in 2022 (93% of all EHCPs), 1 in 4 did so in another local authority area (24%).**

²⁸ Solihull MBC (2022) Childrens Services and Skills Directorate

Provider Category	All EHCP	Other LA	Other (%)
Special School: Independent Special School	115	113	97.4%
Post 16: Specialist Post-16 Institutions	87	87	100.0%
Special School: LA Maintained (Including Foundation School)	639	76	11.9%
Special School: Academy/Free	123	62	50.4%
Post 16: General FE and Tertiary Colleges/HE	255	33	12.9%
Mainstream School: Academy	324	31	9.6%
Mainstream School: Independent School	27	23	85.2%
Mainstream School: LA Maintained (Including Foundation School)	228	18	7.9%
Mainstream School: LA Maintained (Resourced Provision)	27	2	7.4%
Mainstream School: Academy (Resourced Provision)	51	2	3.9%

Table 12: EHCPs by type of establishment and location. Excludes home-educated/NEET/other/awaiting provision categories

Further research is needed to establish the reasons behind children and young people attending independent specialist provision outside Solihull and why their needs cannot be fully met locally. Within the supply/demand picture, it is also worth noting that around 1 in 5 special school pupils studying in Solihull are from outside of Solihull. In 2021/22, 114 pupils studying in state-funded Solihull special schools were resident in another local authority area (18% of all pupils attending state-funded special schools in the borough)²⁹. There were 152 Solihull children studying in state-funded special schools outside Solihull in other local authority areas (22% of all residents attending state-funded special schools). Some of this cross-border movement can be accounted for by the proximity of special schools to children's home addresses – where a Solihull school could be closer to a child living outside of Solihull, and vice versa but there is more work to do to fully understand the capacity pressures this creates.

5.5 Elective Home Education

Figure 20 provides more information on the number and percentage of children and young people with an EHCP that were Elective Home Educated. In 2022, the size of the cohort increased by 25% compared with 2021 (30 children in 2022 vs 24 children in 2021)³⁰. From the 342 in the current EHE cohort, 25% (86 children and young people) were identified as SEN support at their last school.

²⁹ DfE (2022) *Schools, pupils and their characteristics* (Cross-border movement by school type)

³⁰ Solihull MBC Education & Skills Team (April 2023)

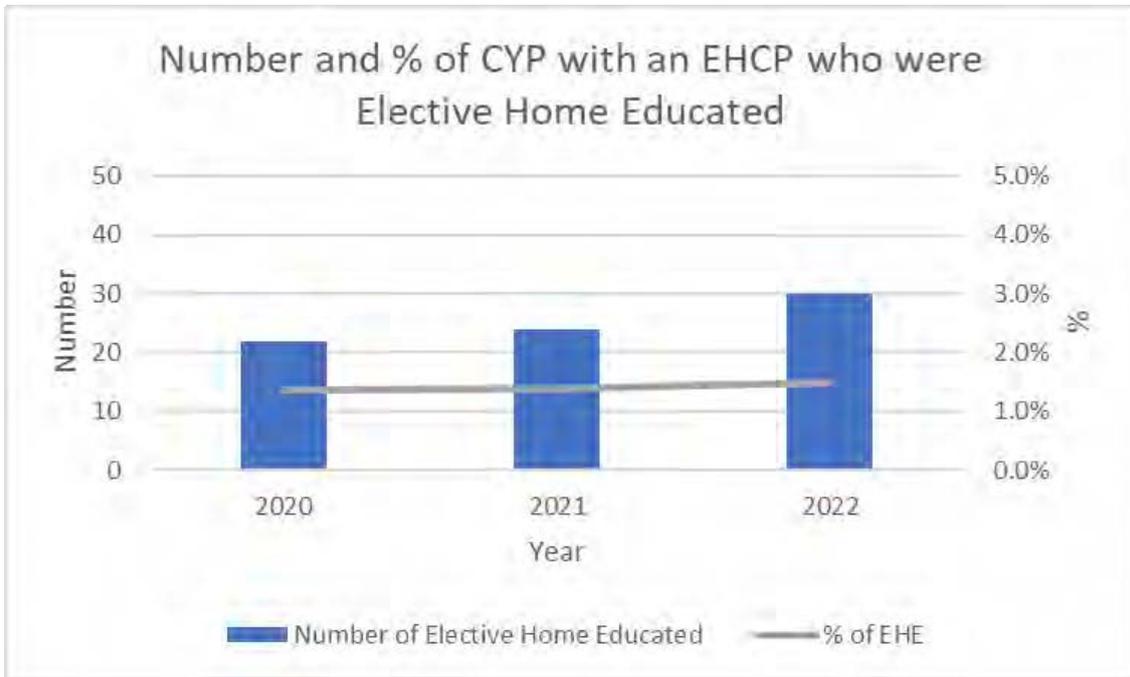


Figure 20: Number and % of children and young people with an EHCP who were Elective Home Educated, 2020-22

5.6 Quality of setting

90% of children and young people with a Solihull EHCP attend a provision that is rated as good or outstanding by Ofsted. This does not include those who attend a setting that is not under Ofsted inspection framework³¹.

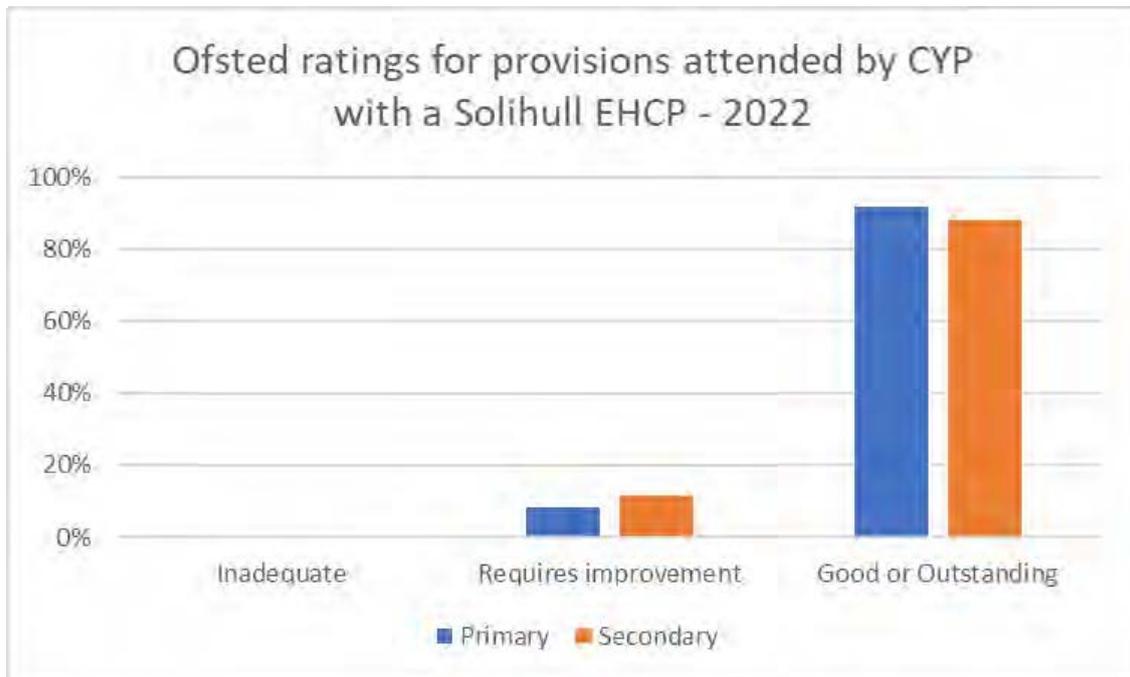


Figure 21: Children and young people with an EHCP by provision Ofsted rating, 2022

³¹ Source: Solihull MBC Education & Skills Team (April 2023) SEN2 2022 matched to Ofsted ratings CYP of compulsory school age

In 2021/22, 80% of Solihull Special Schools inspected were rated 'good' or 'outstanding' by Ofsted: lower than the national average (89%)³².

5.7 Inclusivity in mainstream schools

Overall, 43% of residents with an EHCP attend special schools, a higher proportion compared with England (35%) and statistically similar local authorities (33%). In addition to the cost implications of this situation (described below), the relatively small proportion of children with an EHCP attending mainstream schools appears to run counter to principle of inclusion and "progressive removal of barriers to learning and participation in mainstream education" underpinning the [SEND Code of Practice 2014](#) (p.25).

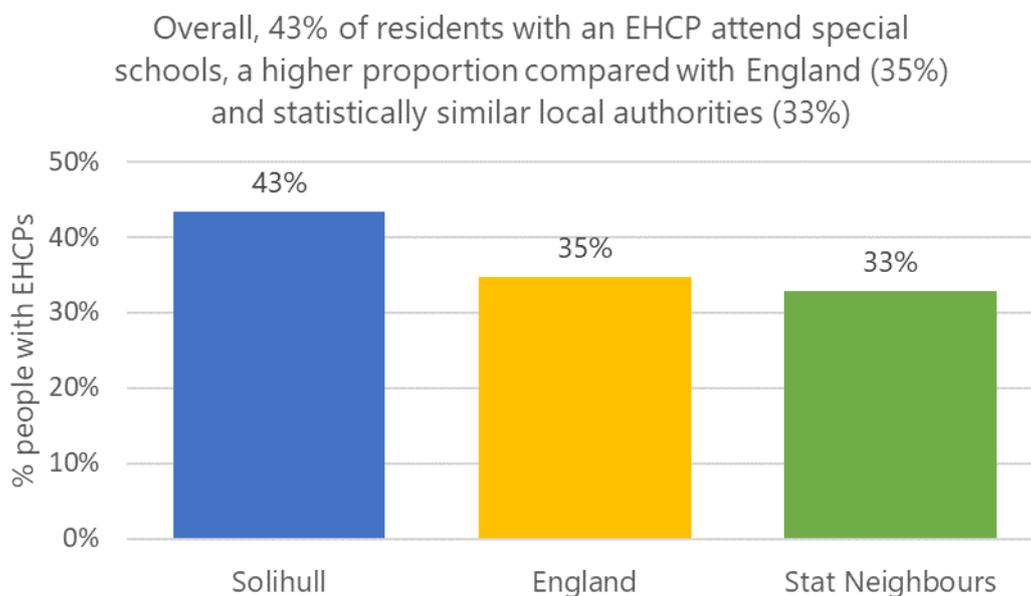


Figure 22: % residents with an EHCP that attend special school (DfE, 2022)

As shown in figure 23, for the latest year, **approximate weekly expenditure on SEN per child in Solihull (£135) is in the order of 20% higher than the West Midlands (£110) and 40% higher than England (£95) and comparator authorities (£93)**³³. In the past two years (since 2020/21), the difference between Solihull expenditure and the average for England and Statistical Neighbours has become more prominent.

It is assumed that the following combination of factors are likely to be contributing to high expenditure on SEN (but more research is needed to assess the main driver or drivers):

- a relatively high number of children and young people in independent special schools/specialist Post-16 institutions (202 children and young people in 2022 which equates to 10% of residents with an EHCP vs 6% nationally)³⁴. The Delivering Better Value work undertaken by Newton Europe on behalf of DfE showed that in 2021/22 **average cost per independent placement was £43,128**.
- a relatively high number of children in special schools in general. The Delivering Better Value work showed that in 2021/22, **average cost per pupil to attend a local authority maintained special school was £19,736 compared with £5,877 per pupil for a local authority mainstream school**.
- data suggests as many as 1 in 4 residents with an EHCP are travelling out of borough to be educated (see [section 5.4](#)). Children and young people in this category may generate a higher

³² Ofsted data accessed via [LG Inform](#)

³³ DfE (2023) Local Authority Interactive Tool (LAIT)

³⁴ DfE (2022) Education, health and care plans

home-to-school transport cost on average compared with those studying in Solihull (but more research is needed to establish if this is the case).

SEN - S251/Outturn weekly unit costs (approximate)

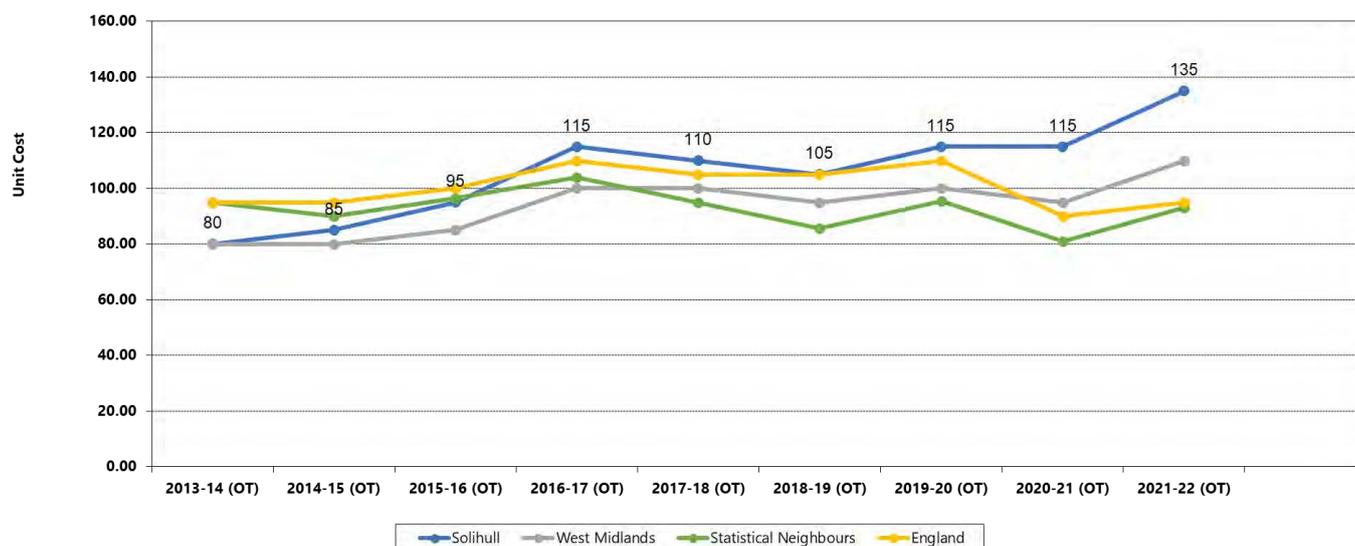


Figure 23: Weekly expenditure per child £ - Special Educational Needs, 2013/14 – 2021/22 (Section 251)

It is not presently understood why more mainstream schools in Solihull cannot accommodate SEND as identified by EHCP. Recent consultancy work exploring inclusion practices in mainstream settings provides a useful starting point therein.

In 2023, Newton Europe acting on behalf of the DfE worked with Solihull MBC SEND team, highlighted the relatively high proportion of children and young people in special schools, noting that “this higher proportion of children and young people in special placements is driving a significant increase in expenditure”, adding that the cohort in mainstream settings “have a significantly smaller cost per EHCP”³⁵.

An analysis was undertaken, focusing on three different metrics to attempt to quantify the levels of inclusivity across schools, namely:

- % EHCPs as a proportion of total pupils with SEN
- Proportion of successful EHCP referrals
- Proportion of non-SEN exclusions versus SEN exclusions

The findings of this school-level inclusivity analysis were as follows:

- There is a perception of correlation between these inclusivity metrics however the main result is variation across the area. **There is a wide range of results across the system indicating differing ways of working that could be investigated to identify areas of best practice.**
- As shown in figures 25 and 26 below, it is possible to observe a correlation between the inclusivity measures and the proportion of escalations per population to special placements (escalations which can lead to non-ideal outcomes for children). Therefore, **if a school does not perform well against the inclusivity measures this could lead to more non-ideal outcomes per school.**

³⁵ Newton Europe acting on behalf of DfE (2023) Solihull DBV Module 2

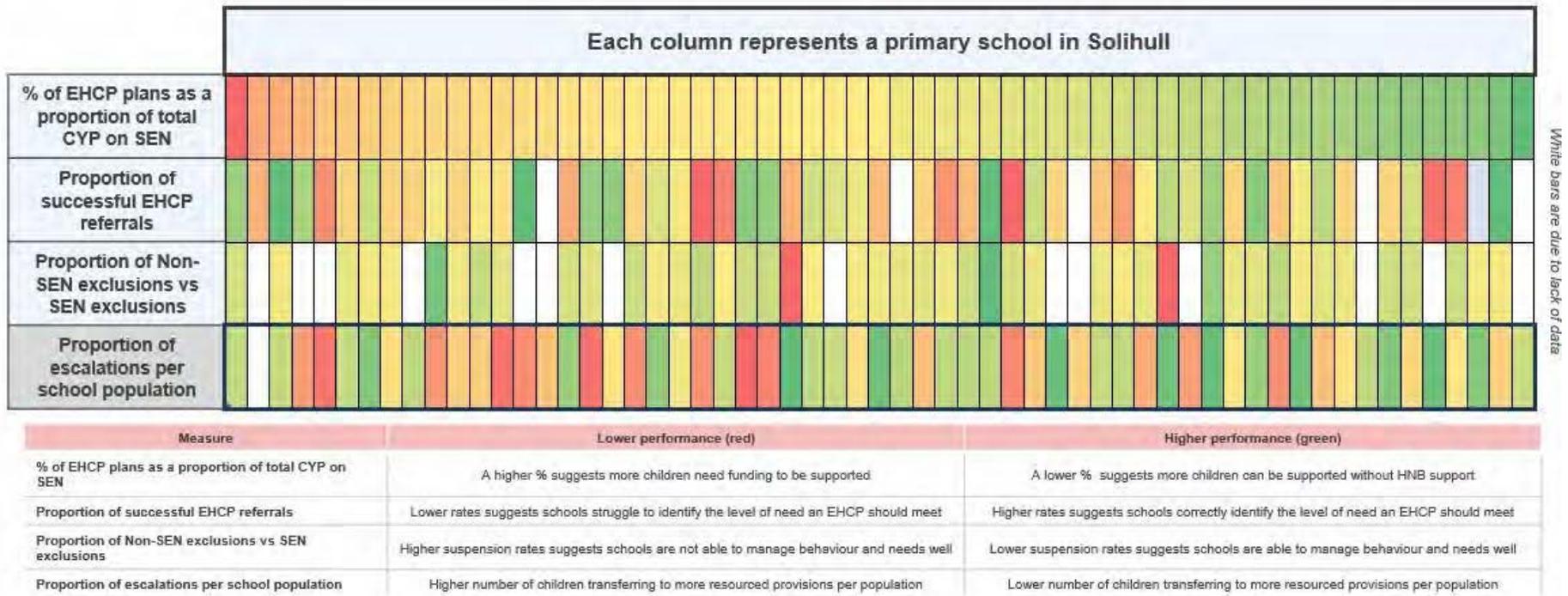


Figure 24: Inclusivity measures rating by school (primary)

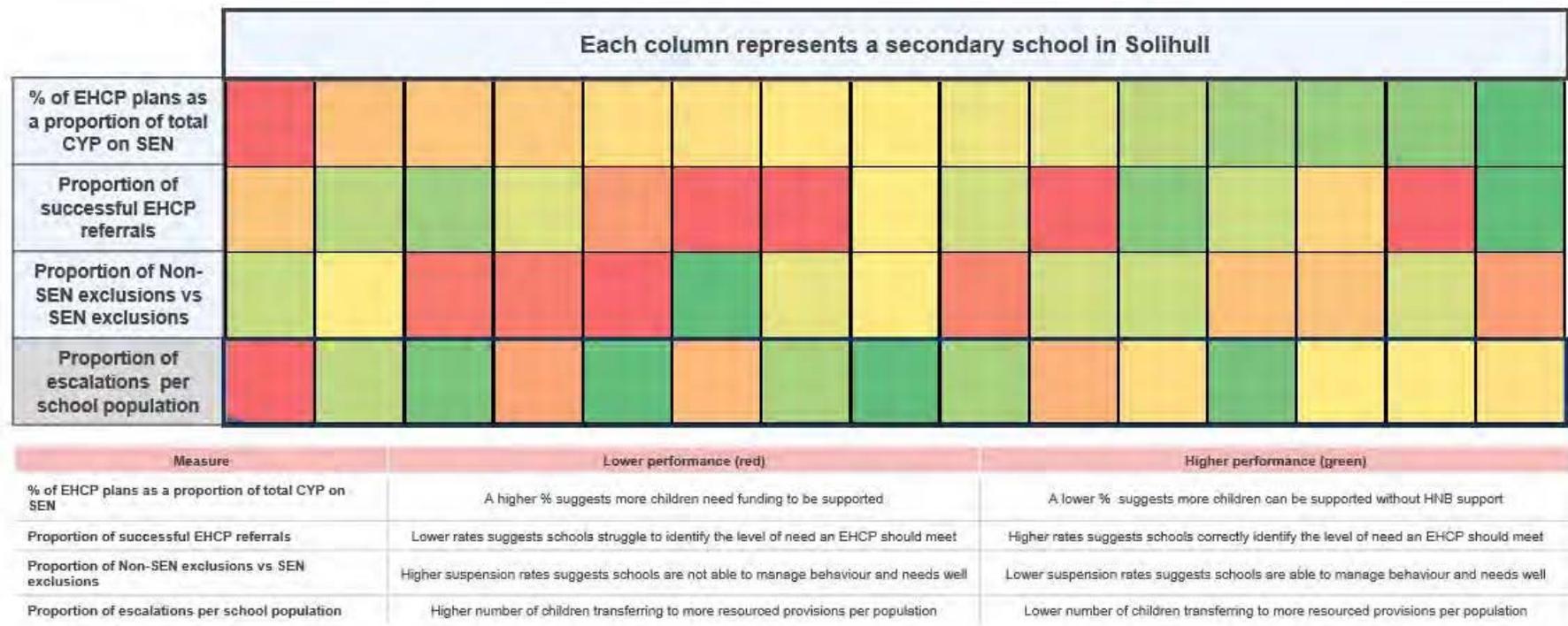


Figure 25: Inclusivity measures rating by school (secondary)

5.8 Geographical prevalence of SEND

As shown in figures 26 and 27, the highest proportions of residents with an EHCP are found in the north of the borough in Chelmsley Wood (4.5%), Kingshurst and Fordbridge (4.4%) and Smith's Wood (4.4%).

The lowest prevalence is seen towards the south of the borough in Knowle (1.8%), St Alphege (2%) and Dorridge and Hockley Heath (2.2%) wards.

The highest numbers of children and young people with a Solihull EHCP are located in Kingshurst and Fordbridge (221)³⁶.

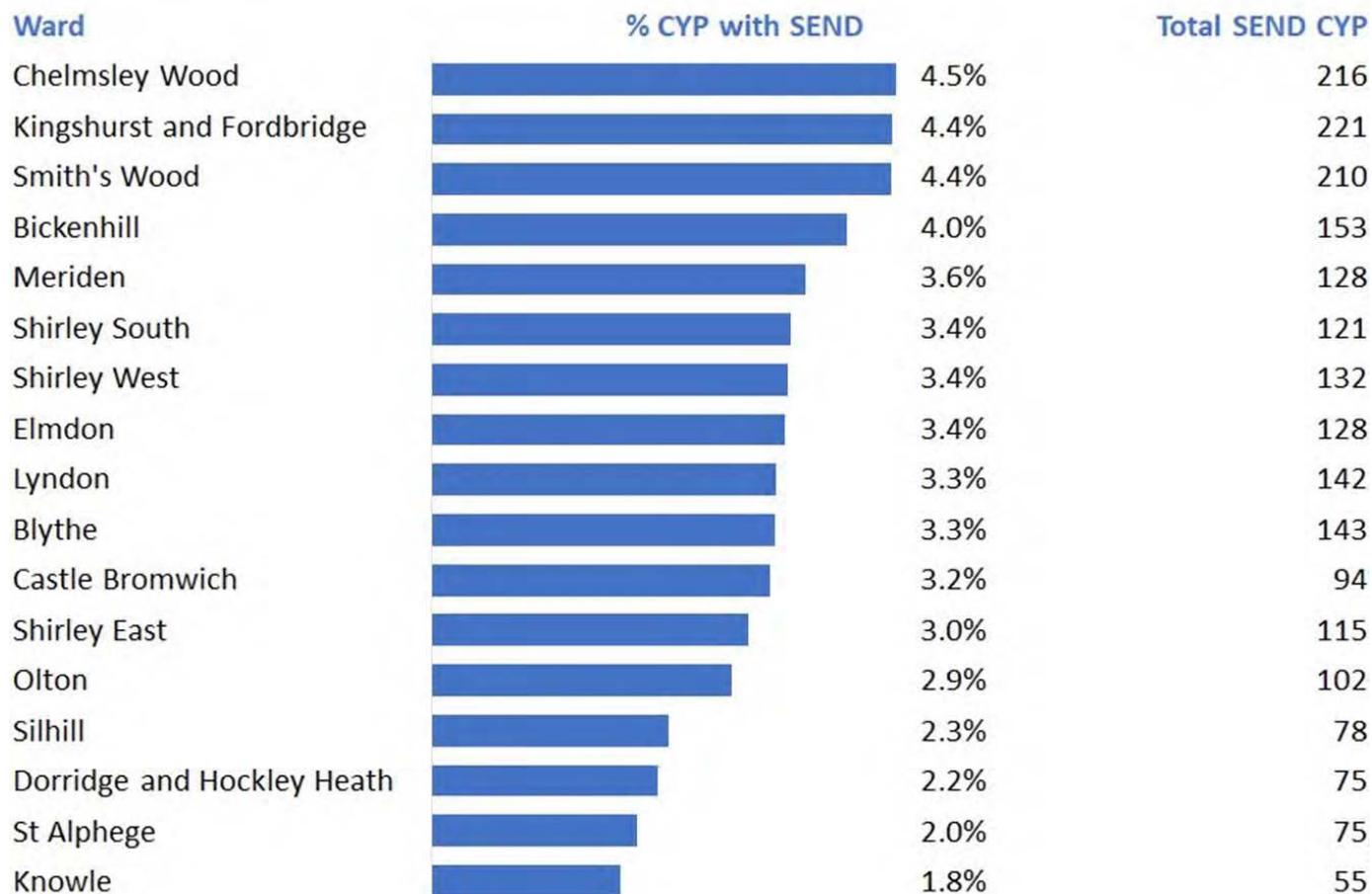
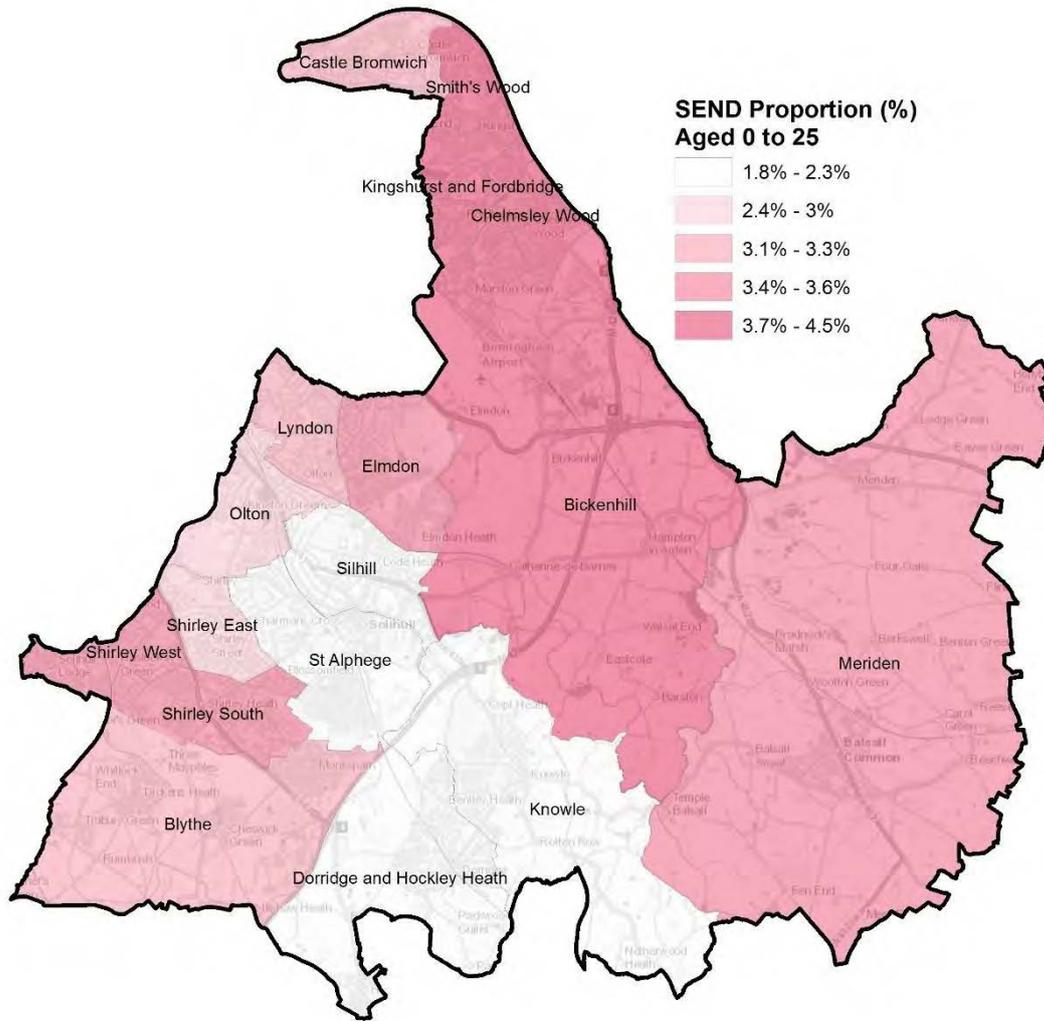


Figure 26: % Solihull residents 0-25s with an EHCP by electoral ward

³⁶ Note: 16 postcodes could not be mapped and were therefore excluded from calculations (1%)



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Figure 27: Heat map showing % 0-25s with SEND by electoral ward

6. How many pupils have SEND?

6.1 Overview of SEND population in Solihull schools

As of January 2022, 6,825 pupils (16.9%) being educated in nurseries and schools in Solihull had a Special Educational Need. Of these, 1,498 (3.7%) have an EHCP and 5,327 pupils (13.2%) receive SEN support.

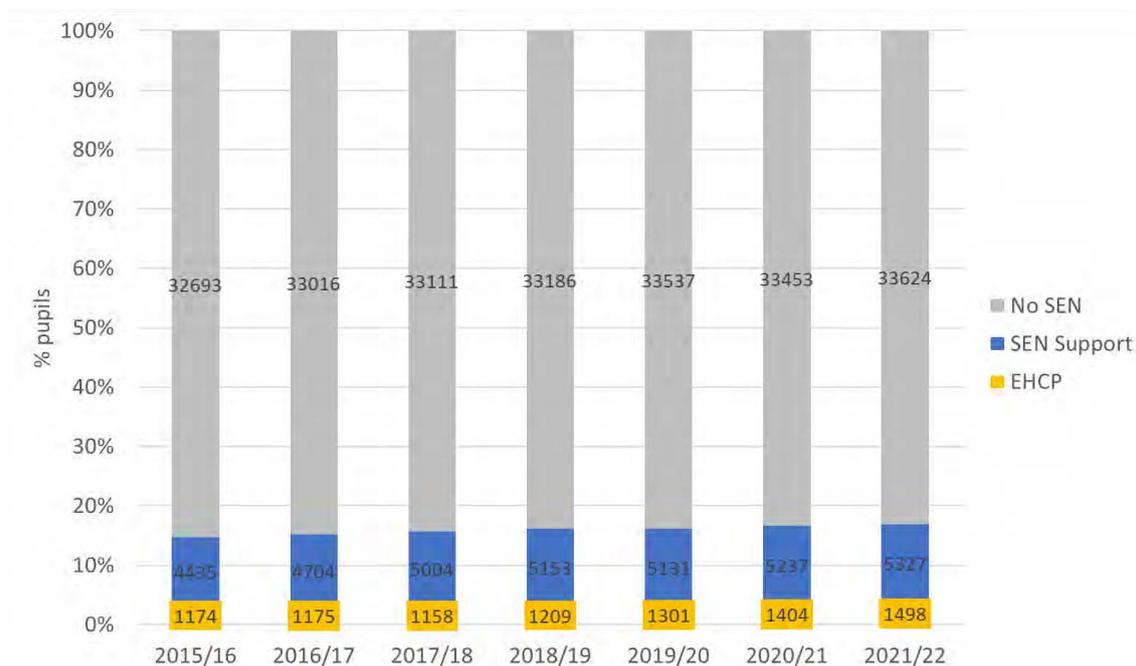


Figure 28: Count and % of Solihull pupils by type of SEN provision. Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units Excludes independent schools. (DfE, 2022)

As demonstrated in figure 29 below, within Solihull-based education providers, the proportion of pupils with an EHCP and those on SEN Support is broadly in line with national trends (within +/- 1.2 percentage points since 2016). EHC plan prevalence is similar to the statistical neighbour average (within +/- 0.3 percentage points since 2016). SEN Support prevalence in Solihull schools has tended to exceed the statistical neighbour average slightly (a difference of around 2 percentage points since 2016).

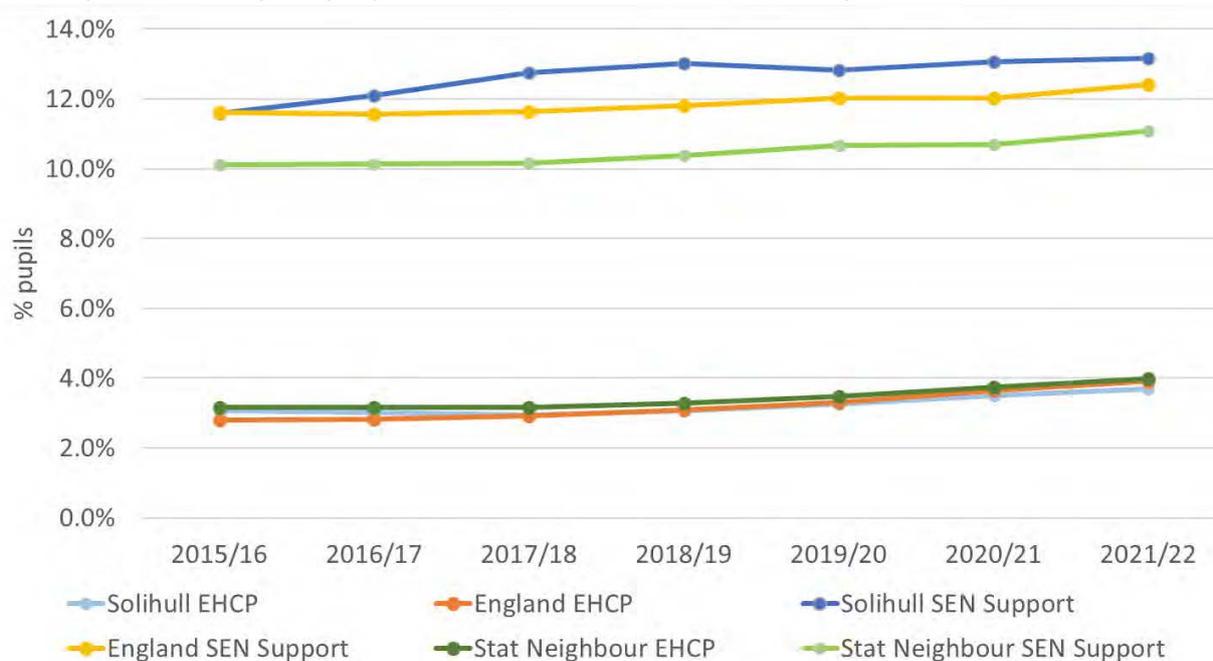


Figure 29: % of Solihull pupils by type of SEN provision compared to England and Statistical Neighbours. Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and pupil referral units Excludes independent schools (DfE, 2022)

As shown in figure 30, **the percentage of secondary school pupils with an EHCP or receiving SEN Support (16%) is relatively high** compared to statistical neighbour (13%) and England (14%) averages and this is **driven by the prevalence of SEN Support pupils at secondary level** in particular (14% vs 12% for England and 11% for statistical neighbours).

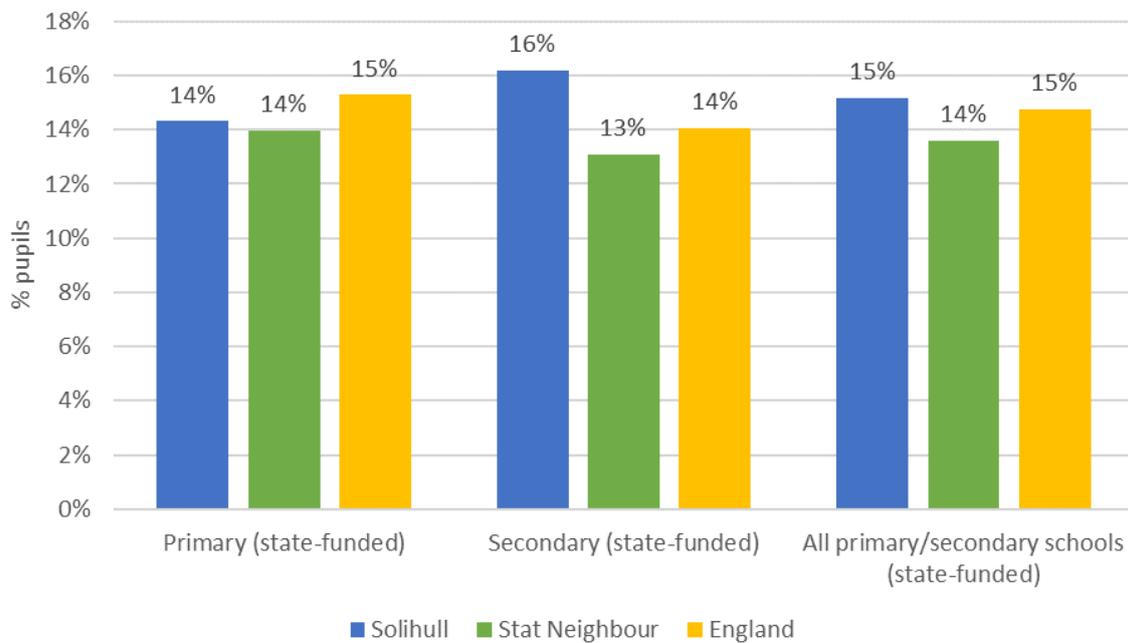


Figure 30: % of Solihull school age pupils that have an EHCP or receive SEN Support compared to England and Statistical Neighbours, 2021/22. Excludes independent schools. (DfE, 2022)

6.2 Solihull Special Schools

Solihull has four local authority maintained special schools and one special school that is an academy (Castlewood School). The schools vary in size and area of expertise. Figure 31 shows the number of children and young people attending the special schools by their primary need type.

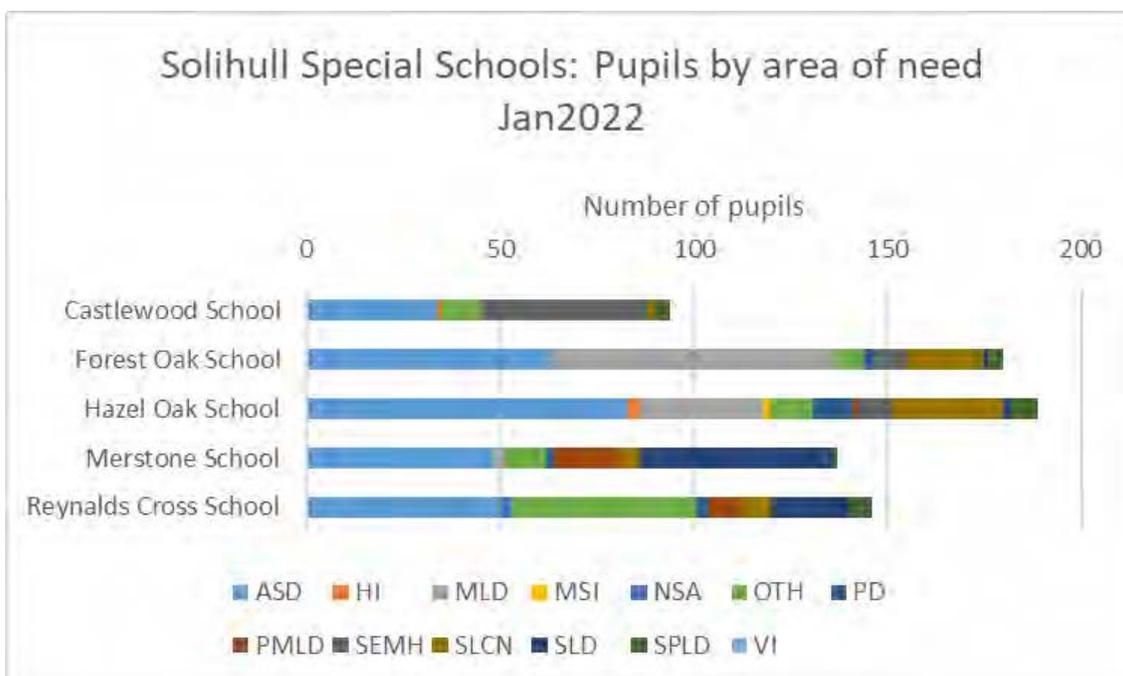


Figure 31: Solihull Special Schools: pupils by area of need, 2022

6.3 Primary need

As indicated in figure 32, Social, Emotional & Mental Health (SEMH) is the most prevalent primary need among Solihull pupils with SEND. Notable differences in the Solihull primary need profile compared with England and statistical neighbours include the following variations:

- **A larger proportion of Solihull pupils with SEND have Autism Spectrum Disorder** (19.9% vs 13.7% for England and 13.8% for statistical neighbours)
- **A smaller proportion of Solihull pupils with SEND have Speech, Language & Communication needs compared to the national profile in particular** (17.6% vs 24.1% for England and 20.1% for statistical neighbours)
- **A smaller proportion of Solihull pupils with SEND have Moderate Learning Difficulty compared to the statistical neighbour average in particular** (14.6% vs 17.3% for England and 19.5% for statistical neighbours)
- **A higher proportion of Solihull pupils with SEND have Specific Learning Difficulty** (15.1% vs 12.3% for England and 12.3% for statistical neighbours).

Note: It's worth noting that there is a link between the proportions of Specific and Moderate Learning Difficulty in that greater emphasis on diagnosing Specific Learning Difficulty will lead to less children being given the more general (not diagnosable) Moderate Learning Difficulty.

For other types of need, the Solihull profile is broadly in line with the average for England and statistical neighbours (no more than a two percentage point difference).

Compared to the national and statistical neighbour primary need profiles, there was a higher proportion of pupils with ASD

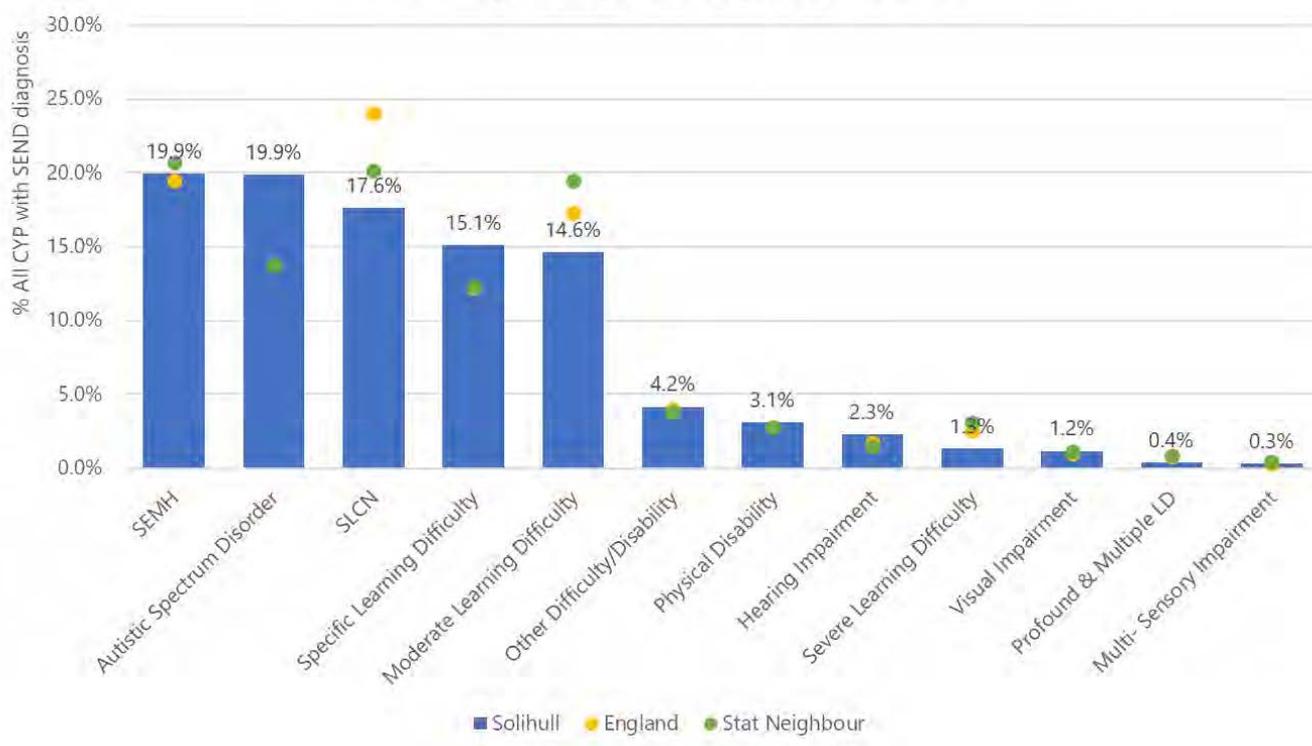


Figure 32: Primary need profile for all pupils with an EHC plan or SEN support 2021/22. SEN Support with no specialist assessment and 'missing' excluded from calculations. Excludes independent schools. (DfE, 2022)

6.3 Demographics of pupils with SEND

As shown in figure 33, compared with the no SEN group, a higher proportion of pupils with SEND identify as White British compared to the no SEN group (77% EHCP and 72% SEN Support vs 66% for No SEN).

There are also fewer pupils with SEN identifying as 'Asian Indian' compared with the No SEN cohort (4% EHCP and 2% SEN Support vs 6% No SEN).

Lastly, there were fewer SEN Support pupils identifying as 'Asian Pakistani' (4%) compared with the No SEN profile (6%), with EHCP pupils of 'Asian – Pakistani' ethnicity aligning with the No SEN profile (both 6%).

For other ethnicities, the profile for pupils with SEND is similar to the no SEN profile (within two percentage points).

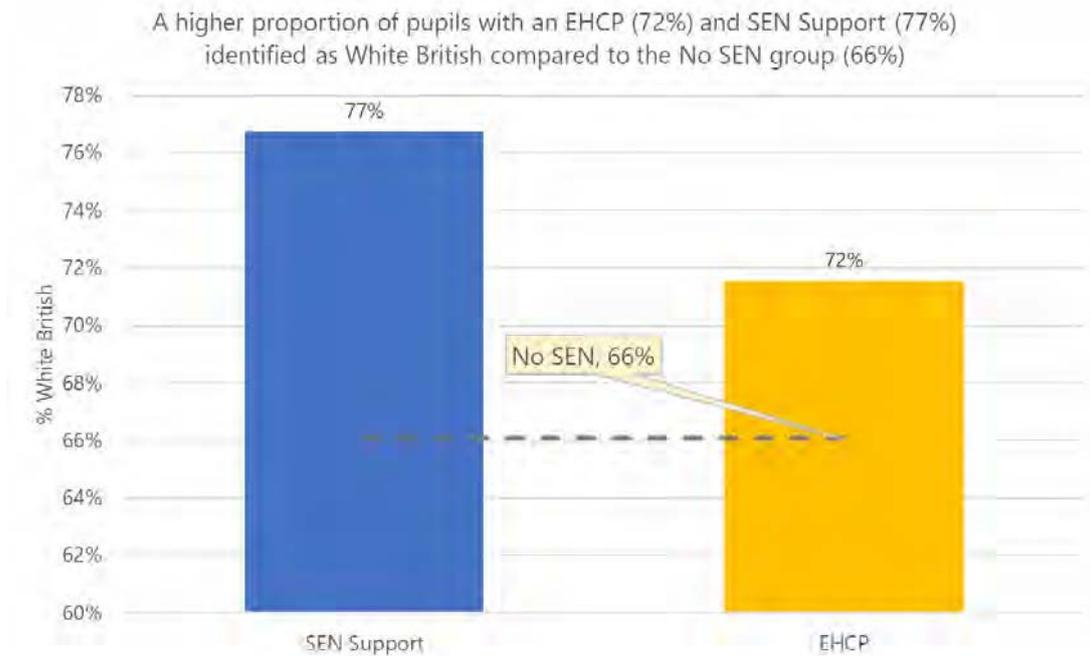


Figure 33: % pupils identifying as White British by type of SEN provision, 2021/22 (DfE, 2022)

As shown in figure 34 and in line with the national trend, a SEND diagnosis is more prevalent in boys than girls.

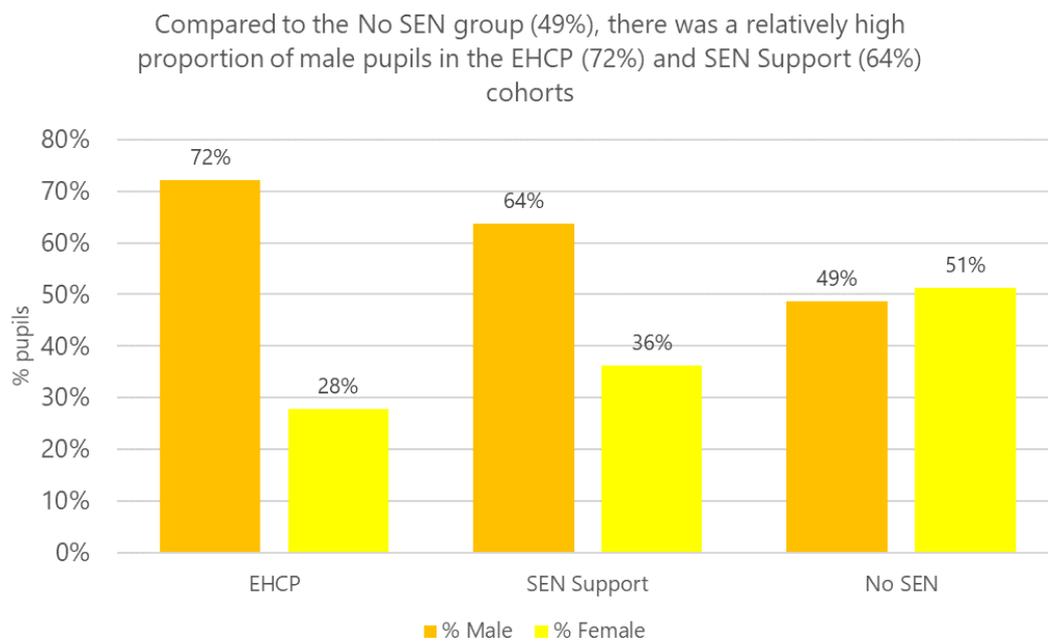


Figure 34: Pupils by type of SEN provision and gender, 2021/22 (DfE, 2022)

As shown in figure 35 and in line with the national trend, pupils with a SEND diagnosis are more likely to be eligible for Free School Meals (FSM).

Compared to the No SEN group (20%), there was a relatively high proportion of pupils eligible for FSM in the EHCP (41%) and SEN Support (36%) cohorts

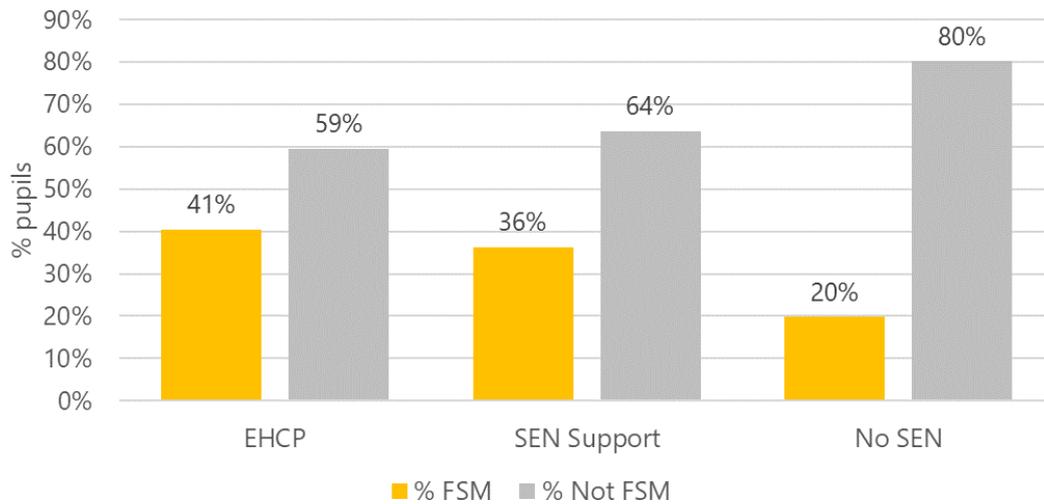


Figure 35: Pupils by type of SEN provision and Free School Meal (FSM) eligibility, 2021/22 (DfE, 2022)

As shown in figure 36 and in line with the national trend, a SEND diagnosis is most prevalent at age 10-11. The percentage of pupils recognised as having SEND increases with age, reaching a peak of 23% at age 11. This then declines to 17% at age 15.

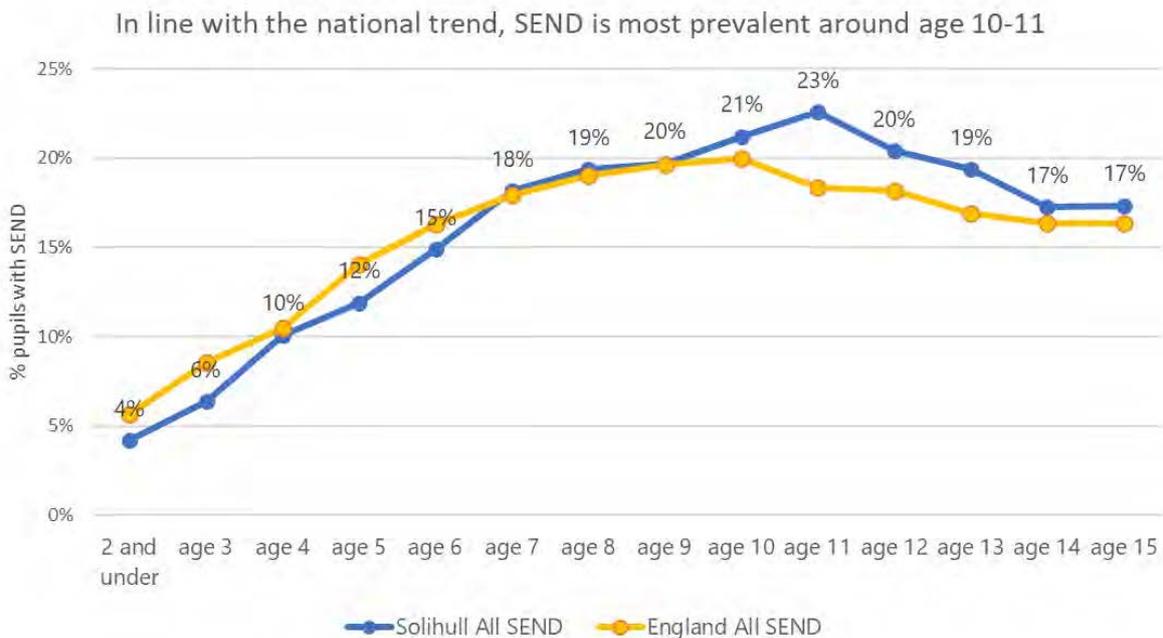


Figure 36: Percentage of pupils with SEND by single year of age, 2021/22 (DfE, 2022)

6.4 Impact on Educational Attainment – Key Stage 2 and 4

One of the founding principles set out in the [SEND Code of Practice 2014](#) is:

“[T]he need to support the child or young person, and the child’s parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood” (*SEND Code of Practice 2014*, p.19)

At Key Stage 2, a higher percentage of Solihull pupils with SEN are reaching the expected standard in reading, writing and mathematics compared with the national average. In particular, the percentage of SEN pupils (without an EHCP) meeting the standard (27%) exceeds the average for England (21%).

A higher percentage of SEN pupils (without an EHCP) are meeting the expected reading, writing and mathematics KS2 standard compared with nationally

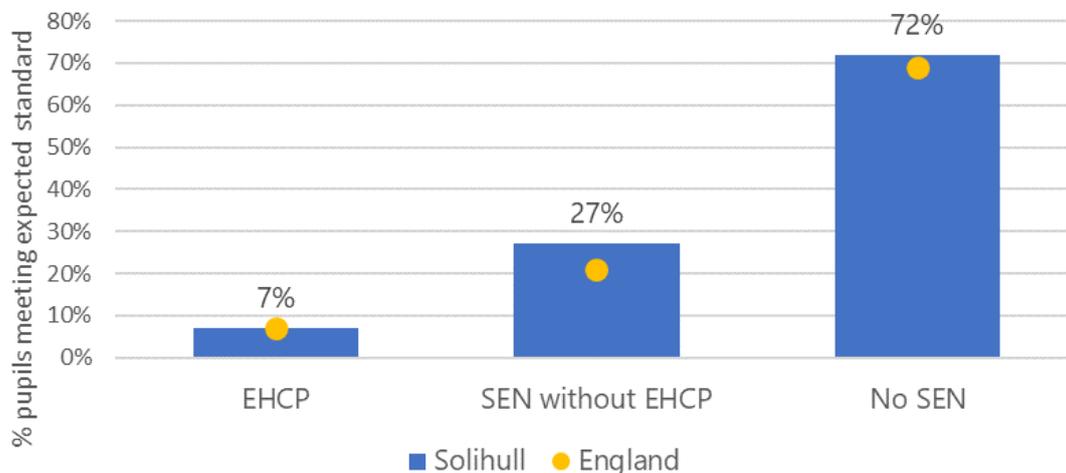
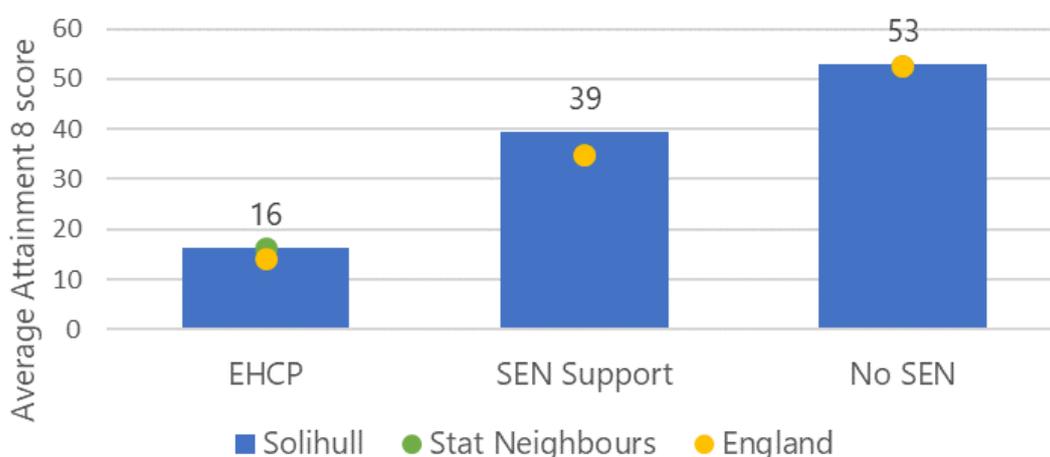


Figure 37: Percentage of pupils meeting the expected standard in reading, writing and mathematics at Key Stage 2 by type of SEN provision, 2021/22 (DfE data accessed via [LG Inform](#))

The picture is equally positive for Key Stage 4 attainment. In 2021/22, pupils with SEND achieved a higher average attainment 8 score compared to the national average and scores were at least as good as the average for statistically similar authorities.

Average attainment 8 scores for pupils with SEND are at least as good as the average for England and comparable authorities



	EHCP – average attainment 8 score	SEN Support – average attainment 8 score	No SEN – average attainment 8 score
Solihull	16	39	53
Statistical Neighbours	16	35	53
England	14	35	53

Figure 38/table 13: Average Attainment 8 score by type of SEN provision, 2021/22 (DfE, 2022)

6.5 Absence and exclusion

Solihull pupils with SEND are more likely to be absent and more likely to receive a fixed term or permanent exclusion compared to pupils that do not have SEND³⁷:

- **A higher percentage of pupils with SEND are persistent absentees** (35%) compared with pupils without SEND (21%) and it's similar nationally.
- **Pupils with SEND have a higher overall absence rate** (11%) compared with pupils without SEND (7%) and it's the same nationally
- **Pupils with SEND have a higher unauthorised absence rate** (3%) compared with pupils without SEND (2%) and it's the same nationally.
- As shown in table 14, **pupils with SEND have a higher rate of fixed period and permanent exclusions** compared to pupils that do not have SEND. **For all categories except 'permanent exclusion – SEND without an EHCP', Solihull performed slightly better than the national average in terms of its SEND exclusion rates in 2020/21³⁸.**

	Fixed period exclusion – EHCP	Fixed period exclusion – SEND without EHCP	Fixed period exclusion – no SEND	Permanent exclusion – EHCP	Permanent exclusion – SEND without EHCP	Permanent exclusion – no SEND
Solihull	11.78%	9.63%	2.4%	0%	0.19%	0.04%
England	12.98%	11.86%	2.8%	0.08%	0.15%	0.03%

Table 14: Exclusions by type of SEN provision as a % of the school population, 2020/21

³⁷ Source for absence data: DfE (2023) *Pupil absence in schools in England 2021/22* / source for exclusion data: DfE (2022) *Permanent and Fixed Period Exclusions from Schools in England 2020/21* data accessed via [LG Inform](#)

³⁸ Note: The rate of fixed term exclusions for SEND pupils is calculated by taking the number of fixed term exclusions for SEND pupils and dividing it by the total number of SEND pupils in the LA (ditto for the no SEND cohort).

		Permanent exclusions (rate)			Suspension (rate)		
SEN	Phase	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
No SEN	Primary	0.01	0.01	0	0.27	0.18	0.17
	Secondary	0.21	0.16	0.08	6.03	4.4	5.03
	Special						
	Total	0.1	0.07	0.04	2.9	2.11	2.4
SEN Support	Primary	0.03	0.04	0.04	6.65	4.37	4.02
	Secondary	0.88	0.59	0.37	21.93	15.82	16.03
	Special	0	0	0	0	0	0
	Total	0.39	0.28	0.19	13.12	9.31	9.63
EHCP	Primary	0.8	0.32	0	13.2	13.33	9.65
	Secondary	0	0.3	0	18.84	12.42	18.64
	Special	0	0	0	6.17	6.01	9.32
	Total	0.17	0.15	0	11.13	9.43	11.78

Table 15: Permanent Exclusions and Suspensions by type of SEN provision (DfE Statistics, 2018/19 – 2020/21)

Based on non-validated and unpublished data for 2022/2023, and the fact this is not yet a complete academic year, the exclusion rates in Solihull have increased and are already higher than some of the previous years. **Based on the current rate of exclusions, we expect 22/23 to be significantly higher, compared to those in recent years and likely to be above the national average in most categories.** The provisional data indicates we are seeing a significant increase this year in permanent exclusions and suspensions for children who are on SEN support. Some of these children are undergoing an EHC needs assessment at the time of their permanent exclusion. For children with an EHCP, there have been four permanent exclusions, one of these from a specialist school, however the rate is fairly comparable to previous years. There has been an increase in the number of children with an EHCP being suspended. 2018/2019 was a year where exclusions were high in Solihull (data pre-pandemic school lockdown) and if the current trend continues, 2022/2023 will exceed this significantly³⁹.

6.6 Transition to adulthood

Using a child or young person's aspirations as the bedrock, it is incumbent on local authorities, health services and others to support children and young people with SEND to prepare for adulthood, working with them to develop co-ordinated approaches to securing better outcomes. This could mean helping to prepare a child or young person for higher education and/or employment, independent living, participation in society and/or being as healthy as possible in adult life⁴⁰.

In 2022, the percentage of 16-17 years olds with SEND that were recorded as being in education or training (EET) was similar to the average for the EHCP cohort (90% for Solihull compared to 89% for

³⁹ Solihull MBC, Inclusion Team (04/23)

⁴⁰ SEND Code of Practice 2014, p.122

England and statistical neighbours) **and slightly higher than the average for the SEN Support cohort** (89% for Solihull compared to 87% for England and statistical neighbours)⁴¹.

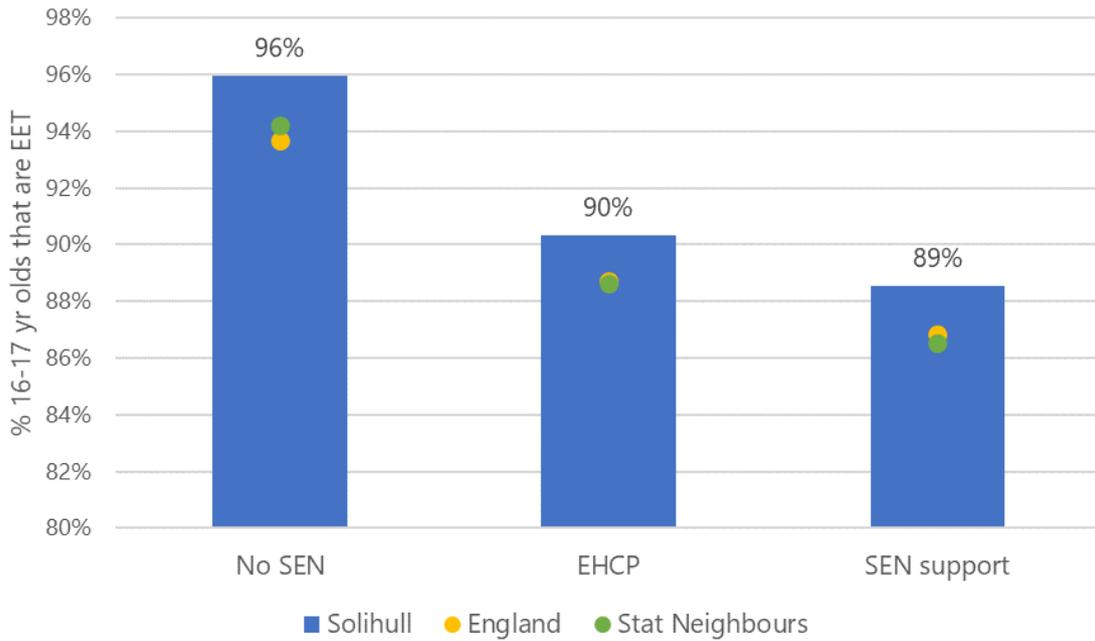


Figure 39: % 16-17 year olds recorded as being in education and/or training by type of SEN provision, 2022

In 2020/21, **the percentage of young people with SEND achieving Level 2 qualifications (five GCSEs 9-4 or equivalent) by age 19 was higher for both SEN Support** (68% in Solihull vs 62% and 64% for England and Statistical Neighbours) **and for EHCP** (38% for Solihull vs 29% and 33% for England and Statistical Neighbours). The pattern of exceeding the national average in this manner pre-dates the Covid-19 pandemic (and the accompanying changes to the way grades were awarded in England during 2019/20 and 2020/21).

A higher proportion of young people with SEND achieve Level 2 qualifications by age 19 compared to England and statistical neighbours

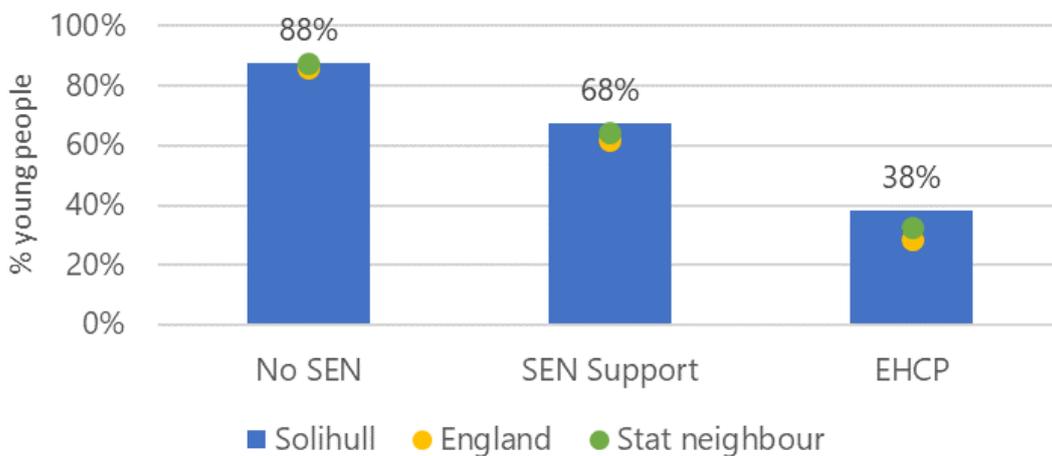


Figure 40: % achieving Level 2 qualifications by age 19 by type of SEN provision, 2020/21

⁴¹ DfE (2023) *Participation in education, training and NEET age 16 to 17 by local authority*

In 2020/21, **the percentage of young people with SEND achieving Level 3 qualifications (two A-levels or equivalent) by age 19 was notably higher for both SEN Support (44% in Solihull vs 35% and 36% for England and Statistical Neighbours) and for EHCP (22% for Solihull vs 14% and 16% for England and Statistical Neighbours).** The pattern of exceeding the national average in this manner pre-dates the Covid-19 pandemic (and the accompanying changes to the way grades were awarded in England during 2019/20 and 2020/21)⁴².

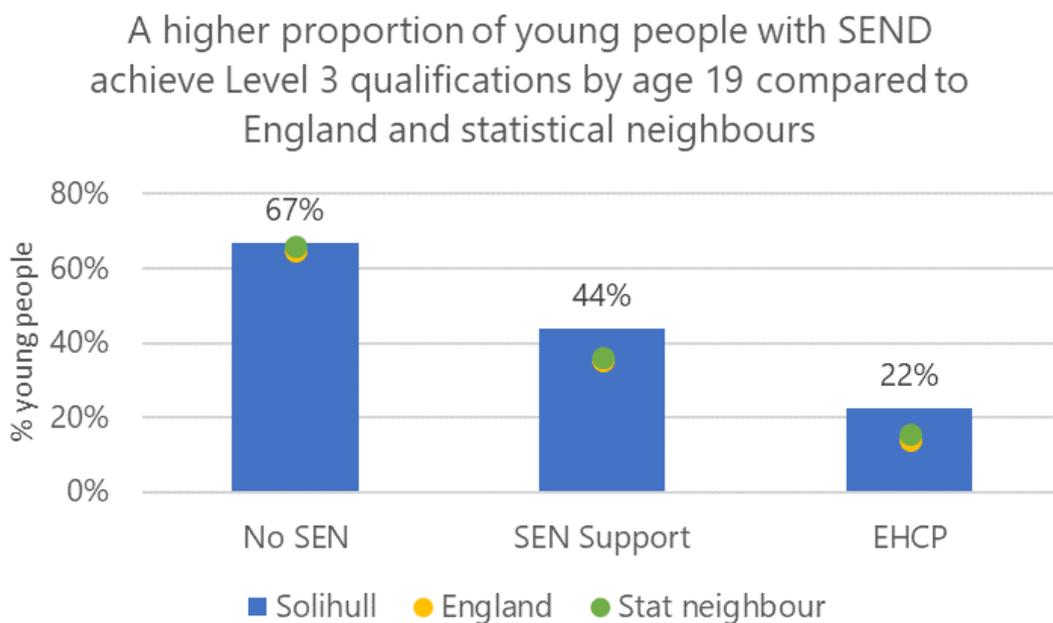


Figure 41: % achieving Level 3 qualifications by age 19 by type of SEN provision, 2020/21

In 2020/21, **the percentage of students with SEND recorded as being in a sustained education, employment or training destination after the end of 16-18 study (90.2%) was higher than the England average (83.1%).** It is worth noting that prior to the 2020/21 academic year, the Solihull figure has tended to be more in line with the national average so it will be interesting to monitor whether the pattern continues beyond 2020/21 into the post-pandemic years⁴³.

7. How long does it typically take local children and young people with SEND to be assessed by paediatric community health services?

7.1 Key findings

- For some services, children are currently waiting no more than 18 weeks on average for their initial assessment, in line with the 18-week maximum [waiting time commitment](#) for non-urgent, consultant-led NHS treatments. Exceptions to this are ASD assessment and SLT assessment which have an average wait of 38 weeks and 23 weeks respectively.
- For some services, the average wait does not sufficiently describe the range of possible wait time experiences. For example, ASD assessments had a longest wait of 103 weeks as children and young people are seen in referral order. Moreover, SLT and ADHD assessments had longest waits of 88 weeks and 63 weeks respectively. For other services, longest wait time was closer to the average.
- Physiotherapy assessment had a longest wait of 43 weeks in April 2023 however these appointments are based on a clinical priority criteria and not in order of referral.

⁴² DfE (2022) *Level 2 and 3 attainment age 16 to 25*

⁴³ DfE data accessed via [LG Inform](#)

- Based on total caseload figures, demand for SLT therapy is relatively high, and demand for CMN assessment is relatively low compared with other health services.

7.2 Introduction

Using data supplied by University Hospitals Birmingham (UHB), this section looks at how long it takes on average to receive initial paediatric assessments from services accessed by children and young people with special education needs and disabilities (SEND).

We look at average wait time for the following services: occupational therapy (OT), physiotherapy (Physio), speech and language therapy (SLT), autism spectrum disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and complex medical needs (CMN).

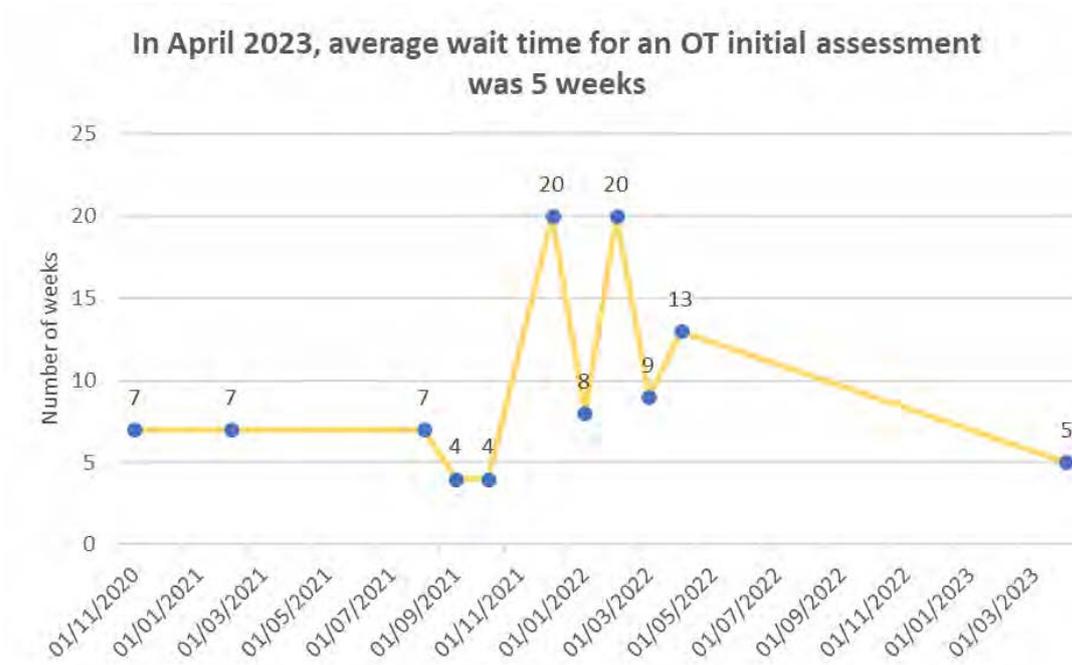
Typically, a young person is eligible to access these services by being registered with a Solihull GP, but for some specialist school-based services access is based around school attendance⁴⁴.

Please note:

- Due to various interruptions in reporting (including staff shortage due to the Covid-19 pandemic) data is unavailable for some months. To aid interpretation, we have used line graphs and connected the datapoints that are available with a line (ignoring missing data). However, this approach may not truly reflect monthly trends and will only provide an approximation of possible trends.
- A significant data cleanse is currently being undertaken at UHB aimed at improving the quality of waiting time data going forward. As such, the data contained within this report is subject to change and should be viewed as an indication of trends only.

7.3 Findings

As demonstrated in figure 42, average waiting time for OT assessment fluctuated between Aug-21 – Apr-23. In Apr-23, children were typically waiting 5 weeks for their initial assessment. Longest wait during the same period ranged from four to 23 weeks which signifies there were no extreme outliers: the longest wait was no more than 11 weeks above the average during this period. The total OT paediatric caseload ranged from 180-374 children during this period (average of 280).



⁴⁴ Commissioning Support Manager, NHS Birmingham & Solihull (25/20/22)

Figure 42: Average waiting time (weeks) for initial paediatric OT assessment (Nov-20 – Apr-23)

As shown in figure 43, following a short period of unusually high waits during Autumn 2021, average waiting time for physio assessment stabilised towards the end of 2021. In Apr-23, children were typically waiting 14 weeks for their initial assessment. Longest wait during the same period ranged from 13 to 43 weeks; longest wait times began to show greater variance from the average from Oct-21 onwards, where the child with the longest wait was waiting an additional 16-29 weeks compared with the average. The total physio paediatric caseload ranged from 287-418 children during this period (average of 384).

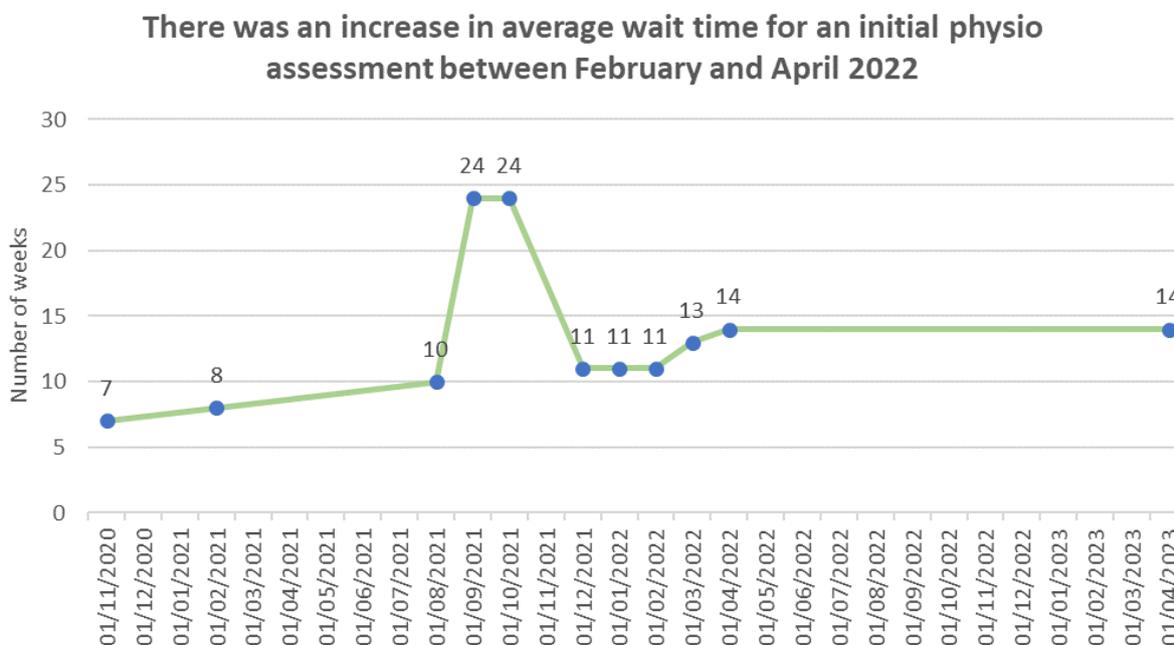


Figure 43: Average waiting time (weeks) for initial paediatric physio assessment (Nov-20 – Apr-23)

As demonstrated in figure 44, in Apr-23, children were typically waiting 23 weeks for their initial SLT assessment which is around triple that seen in Nov-20. Data suggests waiting times for physio doubled during the same period, albeit not in a linear trajectory. Longest wait for SLT assessment during the same period ranged from 15 to 88 weeks; longest wait showed the greatest variance from the average during Apr-23, where the child with the longest wait was waiting an additional 65 weeks compared with the average. The total SLT paediatric caseload ranged from 868-1,373 children during this period (average of 1,213).

Average wait time for an initial SLT assessment in April 2023 was around triple that seen in November 2020

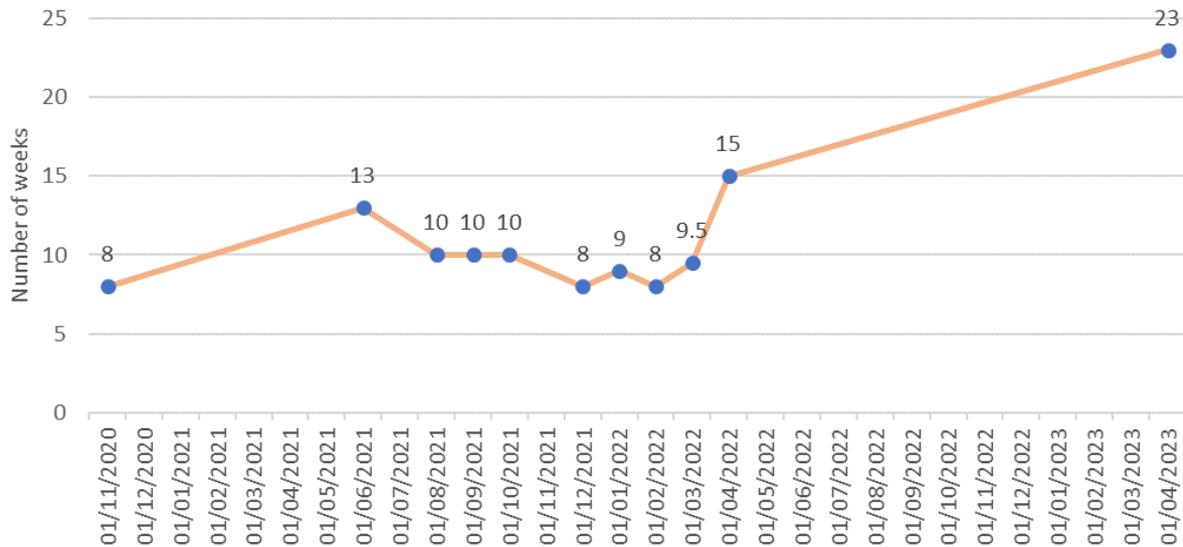


Figure 44: Average waiting time (weeks) for initial paediatric SLT assessment (Nov-20 – Apr-23)

Reasons for increases in average wait times are partially explained by demand patterns. As shown in figure 45, total caseload for therapies has decreased while waiting list numbers have increased which could suggest workforce supply is a key explanatory factor behind the wait time increases i.e. insufficient staff capacity to meet demand.

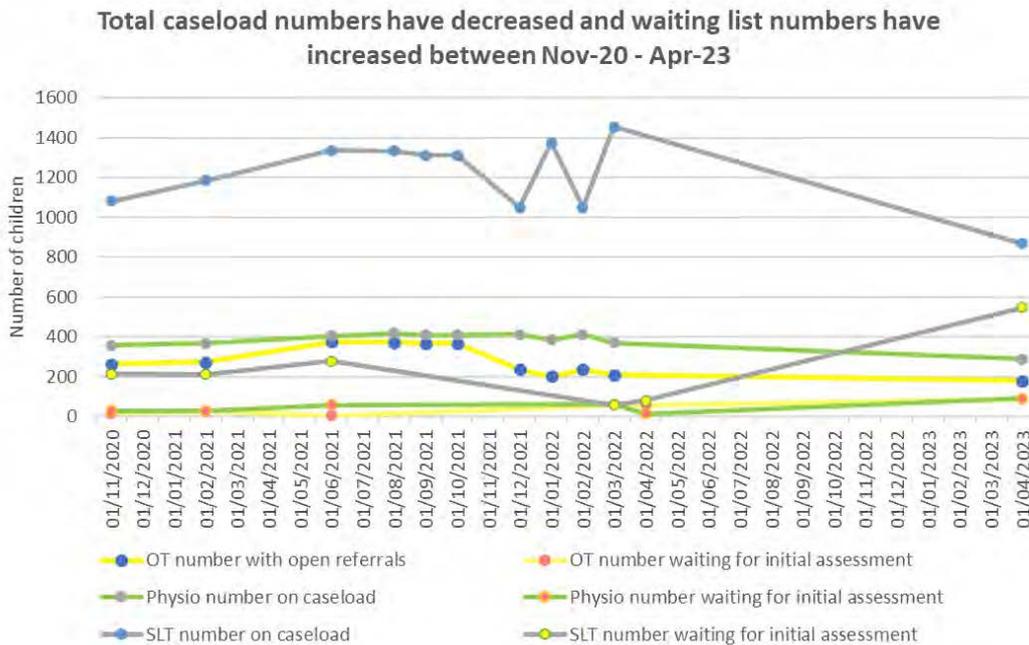


Figure 45: Total caseload and numbers on waiting list for OT, physio and SLT (Nov-20 – Apr-23)

As shown in figure 46, in Apr-23 average waiting time for ASD assessment was 38 weeks. There was a period of markedly longer waiting times in the latter half of 2021. Longest wait during the same period ranged from 54 to 103 weeks; longest wait showed the greatest variance from the average in Apr-23, where the child with the longest wait was waiting an additional 65 weeks compared with the average. The total

ASD paediatric caseload ranged from 35-74 children (average of 51)⁴⁵. In contrast to the services described previously, the number of children waiting for ASD initial assessment exceeded the total caseload, with a range of 385-685 awaiting assessment during this period (average of 543).

Following a peak in waiting times at the end of 2021, average waiting times for an initial ASD assessment in Apr-23 was 38 weeks

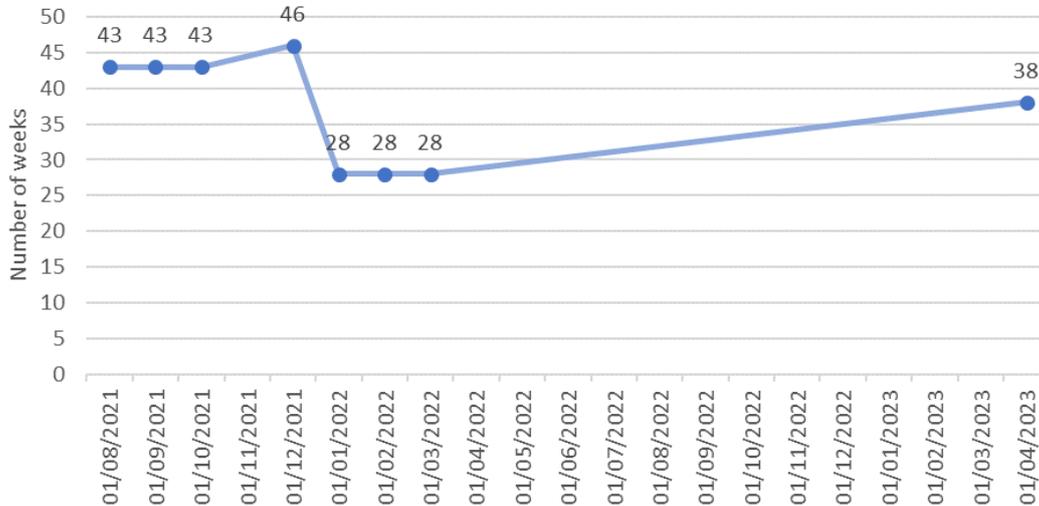
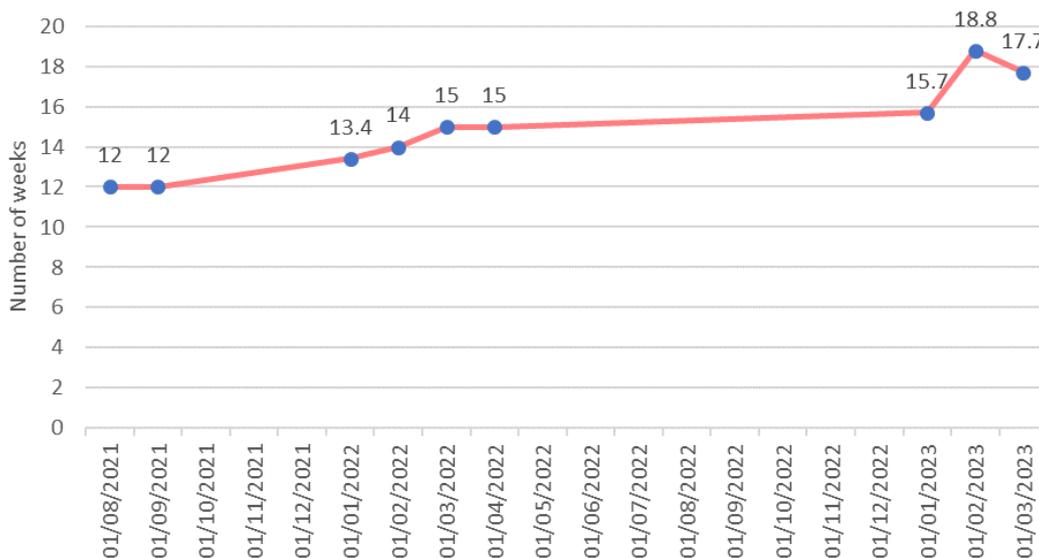


Figure 46: Average waiting time (weeks) for initial paediatric ASD assessment (Aug-21 – Apr-23)

As demonstrated in figure 47, data suggests the average waiting time for an initial ADHD assessment has increased between Aug-21 (12 week wait) and Mar-23 (18 week wait). Longest wait for ADHD assessment ranged from 16-63 weeks during the same period; longest wait showed the greatest variance from the average during Mar-23, where the child with the longest wait was waiting an additional 45 weeks compared with the average. The total number of children on the waiting list for an initial ADHD assessment ranged from 34-275 (average of 101).

In Mar 2023, average wait time for an initial ADHD assessment was around 18 weeks



⁴⁵ Note: there is a small sample associated with this finding - total ASD caseload data was only available for three months (Feb-22, Mar-22, Apr-23)

Figure 47: Average waiting time (weeks) for initial paediatric ADHD assessment (Aug-21 – Mar-23)

As demonstrated in figure 48, data suggests the average waiting time for an initial CMN assessment has reduced between Aug-21 (six week wait) and in Apr-23 (two week wait). Longest wait for CMN ranged from 6-12 during the same period which signifies there were no extreme outliers: the longest wait was no more than six weeks above the average during this period. The total CMN paediatric caseload ranged from 28-34 children (average of 31).

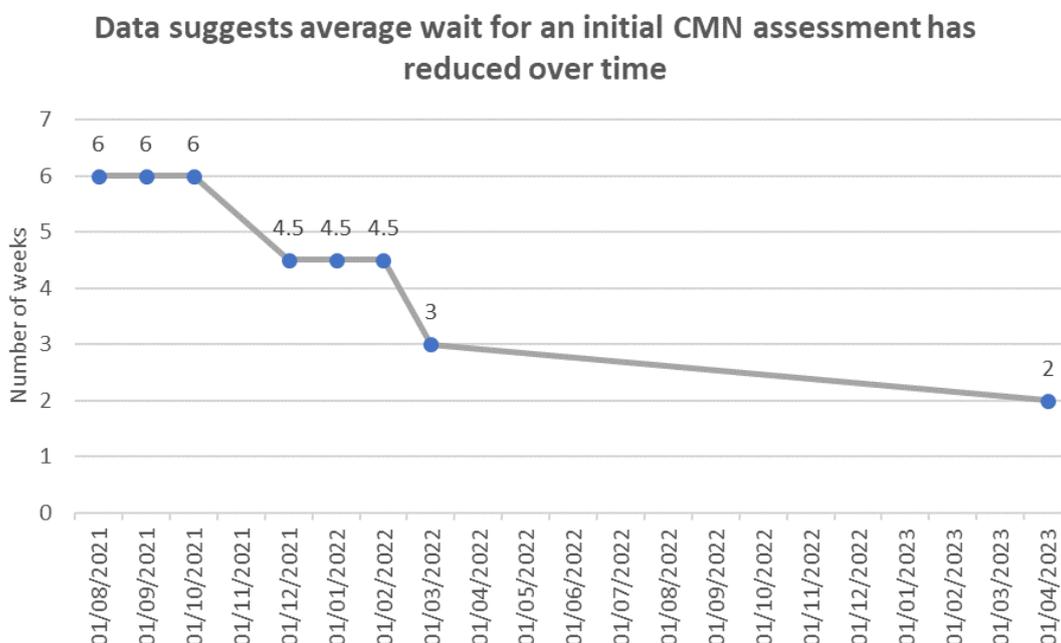


Figure 48: Average waiting time (weeks) for initial paediatric CMN assessment (Aug-21 – Apr-23)

8. Mental health support

Availability of mental health support pathways are especially relevant to the SEND population because Social Emotional and Mental Health (SEMH) is one form of SEND diagnosis and there is evidence for higher prevalence of mental health conditions among those with autism⁴⁶.

In 2021/22 1,324 pupils had a Social, Emotional and Mental Health (SEMH) primary need in Solihull which equates to 3.3% of the total pupil population⁴⁷. As noted in [section 6.2](#), SEMH is the most prevalent primary need among Solihull pupils with SEND. As noted in [section 5.3](#), of the 2,023 residents with an EHCP, 249 have SEMH as their primary need.

Recent analysis using matched pupil data has found that SEMH in the EHCP population is not evenly distributed geographically. For example, North Solihull has an SEMH EHCP rate of 59 per 10,000 compared with 36.9 for Solihull overall⁴⁸.

Within a national context, **children and young people’s mental health service waiting times in the NHS Birmingham and Solihull Integrated Care Board (ICB) area are lower than average:** average time waiting between referral and second contact in 2021-22 was 36 days, compared with 40 days for England

⁴⁶ <https://www.youngminds.org.uk/young-person/mental-health-conditions/autism-and-mental-health> [Accessed 20.06.23]

⁴⁷ DfE (2022) Special educational needs in England 2021/22

⁴⁸ Calculated using DfE (2022) Special educational needs in England 2021/22 / Solihull MBC (2022) pupil data / ONS population estimates, 2020

overall. **For learning disabilities and autism specialist mental health services, Birmingham and Solihull average time waiting between referral and second contact in 2021-22 was higher than the average for England: 114 days compared with 76 days for England⁴⁹.**

In terms of mental health support pathways, referral data for [SOLAR](#) - Solihull's children and young people's mental health service - shows an increase in demand and an increase in waiting times. **SOLAR accepted more referrals in 2021/22 than in any previous year** of their contract, with an increase of 42.5% compared with 2019/20.

SOLAR are also reporting a higher level of need at the point of referral and it is noticeable that referrals for crisis support are much higher than in previous years with 392 referrals in 2021/22, compared to 167 in 2020/21 and 289 in 2019/20. **This is significantly impacting on waiting times both for initial assessment and support/therapy starting, as well as reducing the capacity within SOLAR to deliver on the full range of commissioned activities** e.g. the level of input requested to support foster carer training.

SOLAR continue to have a higher level of referrals than before the Covid Pandemic, in the year to date 89% of all received referrals have been accepted (82% in 2021/22). As shown in figure 50, data suggests a growing backlog of initial assessments and increases in wait times. **At the end of February 2023, 284 children and young people had been waiting longer than 18 weeks for an initial assessment appointment.** Whilst this is an improvement on the December 2022 figure (304), there is still significant work to do to recover the position (contract target is for children and young people to have an initial assessment within six weeks of referral).

Patterns seen locally are reflected nationally. National data shows an increase in the prevalence of mental health problems and an increase in the acuity of problems post-pandemic, for example, since 2017 there has been an increase in children and young people aged 11-19 with possible eating problems⁵⁰.

SOLAR have a range of initiatives in place to address the long waits including:

- a 'Circuit Breaker' which took place during the Easter Holidays and means that as a service Solar will be able to provide over 182 initial assessments over a 2-week period, followed by approximately another 100 initial assessments from 2nd May 2023 until 12th May 2023.
- Once finalised 300 virtual assessments will also be offered to reduce the Waiting Lists for initial assessments.
- This work is in addition to ongoing recruitment incentives, which has already seen the offer of initial assessments increase each month.

If these initiatives are successful, the position by end of May 2023 is predicted to be much improved⁵¹.

⁴⁹ [NHS \(2022\)](#)

⁵⁰ [NHS \(2022\)](#)

⁵¹ SOLAR data/commentary provided by: Solihull MBC (Apr-23) Children's Commissioning and Placements

SOLAR has accepted more referrals in 2021/22 than in any previous year, with an increase of 42.5% from 2019/20

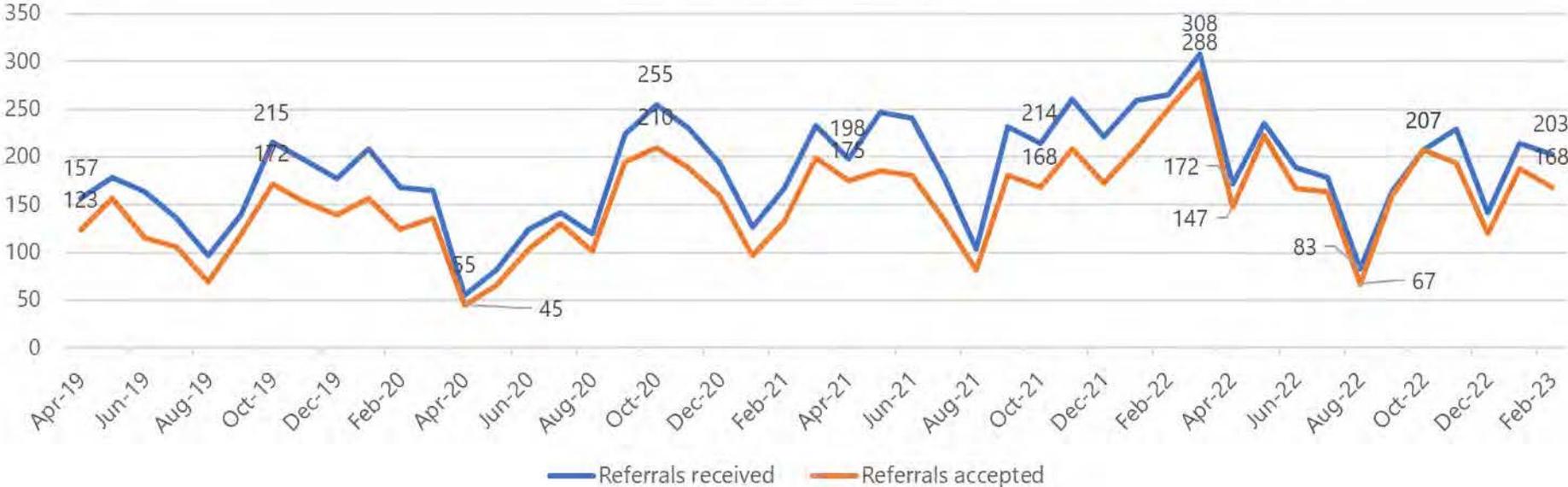


Figure 49: SOLAR referrals received/accepted (Apr-19– Feb-23)

SOLAR data suggests a growing 'backlog' of initial assessments and increases in wait times

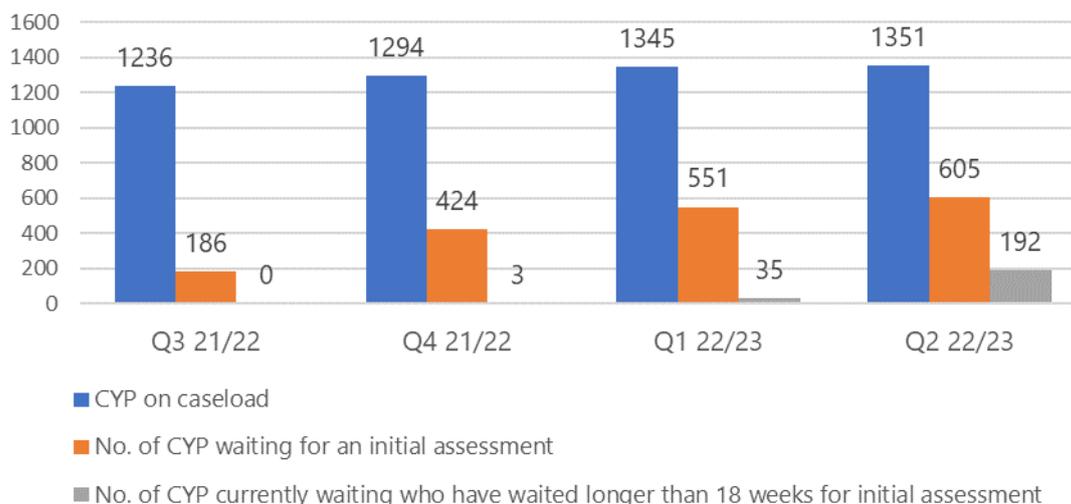


Figure 50: SOLAR total caseload / total waiting for an initial assessment / total waiting in excess of 18 weeks (Oct-21–Sept-22)

9 Annual health check for young people with learning disabilities

All young people over the age of 14 who are on the GP learning disabilities register are eligible for a free annual health check (AHC). By 2023/24, the ambition is for at least 75% of people in this cohort to receive this check nationally⁵².

As shown in table 16, **62% of 14-19 year olds with a learning disability have received their AHC in 2022/23 to date**. This compares favourably with the England average for 14-17 year olds (45%) and the Midlands average for 14-17 year olds (45%) during the same period (equivalent national and regional figures covering the 14-19 cohort were not available)⁵³.

	Total	Male (all Age)	Female (All Age)	14-19-year-olds - Total	14-19 Male	14-19 Female
Number of people from Solihull who received health check in 2022/2023	Register Size:	Register Size:	Register Size:	Register Size:	Register Size:	Register Size:
	1,420	862	558	164	112	52
	No AHCs:	No AHCs:	No AHCs:	No AHCs:	No AHCs:	No AHCs:
	941	582	359	102	70	32
	% Of Register:	% Of Register:	% Of Register:	% Of Register:	% Of Register:	% Of Register:
	66.27	67.52	64.34	62.20	62.50	61.54

⁵² <https://www.england.nhs.uk/learning-disabilities/improving-health/annual-health-checks/> [Accessed 12/04/23]

⁵³ Data sourced from GP learning disabilities register. Provided by Designated Clinical Officer for SEND for Solihull and SEMH Services Birmingham, NHS Birmingham and Solihull ICB (March 23)

Further research is needed to explore the impact of annual health checks on young people, with a view to identifying possible areas for development.

10 Young people in receipt of Continuing Healthcare Funding

At time of publishing there are 20 children and young people aged 0-17 and 27 young people aged 18-25 resident in Solihull in receipt of Continuing Healthcare Funding⁵⁴.

Without benchmarking this figure against comparable local authorities it is difficult to make conclusions about whether this figure is relatively low or high so this needs further interrogation.

11. Social care

11.1 Children with disabilities

In Solihull, a tenth of 0-24 year olds are disabled (10%) which is slightly higher than the national average (9%)⁵⁵.

Having a disability does not mean the child will automatically be known to social care. Therefore, social care data provides a snapshot view of a small subset of the borough's population.

As shown in figure 51, net numbers of Children in Need episodes with mental health and/or learning disability as a factor in assessment have increased since 2020. The number of episodes with physical disability as a recorded factor has remained stable over the same period. In 2022:

- 21% of Children in Need episodes included mental health as a recorded factor (vs 13% in 2018)
- 14% of episodes included learning disability as a recorded factor (vs 10% in 2018)
- 4% of episodes included physical disability as a recorded factor (vs 6% in 2018)⁵⁶

The reason for the increase in episodes involving mental health from 2021 onwards are unknown, requiring further investigation. The worsening mental health of some children and young people in England during and post-pandemic has been well-documented⁵⁷. Qualitative feedback from frontline staff working directly with the children and young people affected mention increased waiting times for SOLAR as a likely contributing factor⁵⁸.

⁵⁴ Data and Performance CHC (13.04.23) NHS Birmingham and Solihull

⁵⁵ ONS, [Disability by age, sex and deprivation, England and Wales: Census 2021](#), 2023; Note: A person is considered disabled if they self-report having a physical or mental health condition or illness that has lasted or is expected to last 12 months or more, and that this reduces their ability to carry out day-to-day activities.

⁵⁶ DfE (2022) *Characteristics of children in need 2022*

⁵⁷ For example, see [Office for Health Improvement & Disparities \(2022\)](#)

⁵⁸ Solihull MBC (2022) Children's Social Care

The number of Children in Need episodes with mental health and/or learning disability as a recorded factor in assessment have increased since 2020

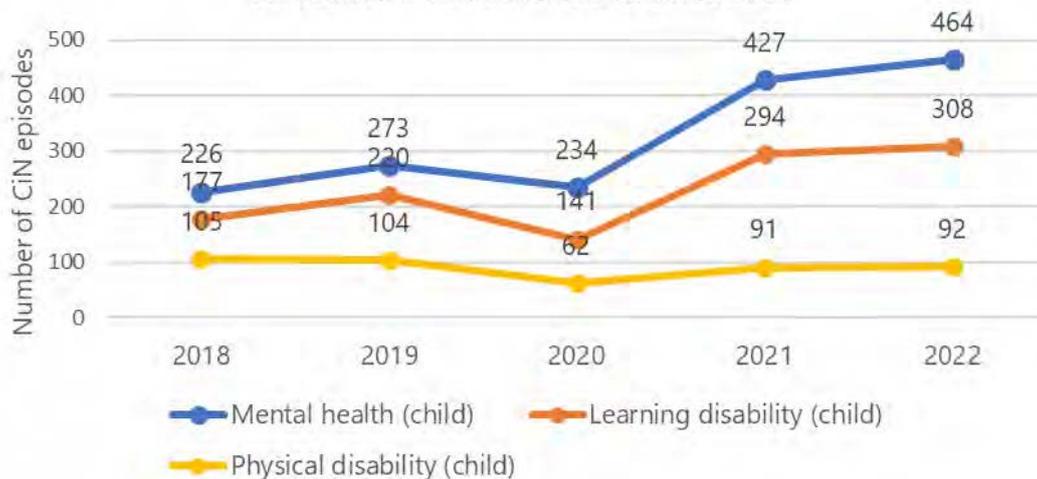


Figure 51: Annual total Children in Need episodes by factor in assessment (SEND related factors), 2018-22
 Note: An episode of need may have more than one factor recorded.

As at 21st March 2023⁵⁹:

- Of all those on the Children in Need register, 331 have a disability (17%)
- The Children with Disabilities team are working with 131 children and young people
- More males (72%) than females (28%) are receiving support from the Children with Disabilities team
- As shown in figure 52, the largest proportion of children receiving support from the SEND Children's team are 5-15 year olds (76%)
- Children accessing the Children with Disabilities team support most frequently identify as White British (64%), Asian/Asian British Pakistani (11%), Mixed - White/Black Caribbean (6%) and Asian/Asian British Indian (4%).
- Geographically, the Children with Disabilities team cohort are resident across all wards except St Alphege. Collectively, Smith's Wood, Lyndon, Kingshurst and Fordbridge, Shirley East and Chelmsley Wood account for 61% of the cohort accessing support from the Children with Disabilities team⁶⁰.

⁵⁹ Solihull MBC (2023) Open Level 4 Cases as at 21st March 2023

⁶⁰ A total of 14 postcodes could not be mapped and were excluded from calculations (11% of cohort)

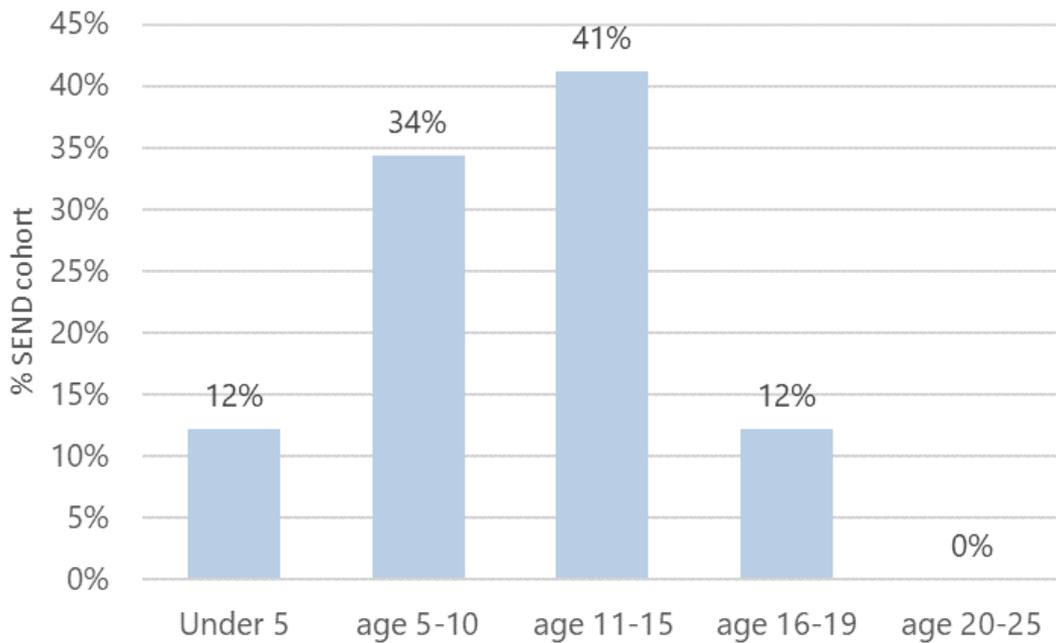


Figure 52: CYP receiving support from SEND Children's team by age bracket

In 2022, for all those on the Children in Need register with a recorded disability, the most prevalent disability types were Autism (42%), learning difficulties (33%) and behavioural (25%), and it was the same nationally⁶¹.

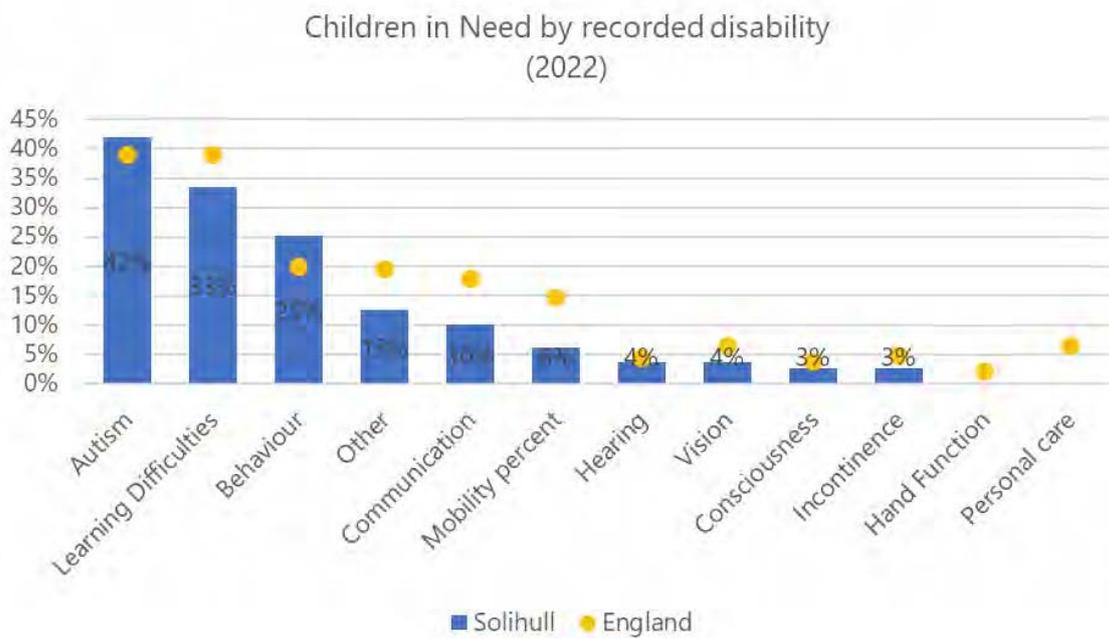


Figure 53: Children in Need with a recorded disability by disability type, 2022

Note 1: A child may have more than one disability recorded, therefore the disability category percentages may not= 100

Note 2: Solihull figures for Hand Function and Personal Care categories were unavailable (suppressed)

11.2 Children in need

'Children in Need are a legally defined group of children (under the [Children Act 1989](#)), assessed as needing help and protection as a result of risks to their development or health. This group includes children on child

⁶¹ DfE (2022) *Characteristics of children in need 2022*

in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children. Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children’s services and unborn children’ (DfE, 2022, [Characteristics of children in need 2022](#)).

Under the [Children Act 1989](#), a child is to be taken to be in need if:

- they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- they are disabled / have a mental health disorder of any kind

Notes: “development” means physical, intellectual, emotional, social or behavioural development; and “health” means physical or mental health.

As shown in figure 56, **in Solihull, 19.9% of Children in Need (CiN) are receiving SEN Support and 23.6% have an EHCP and this is notably higher than prevalence in the general pupil population** (13.1% and 3.5% respectively)⁶².

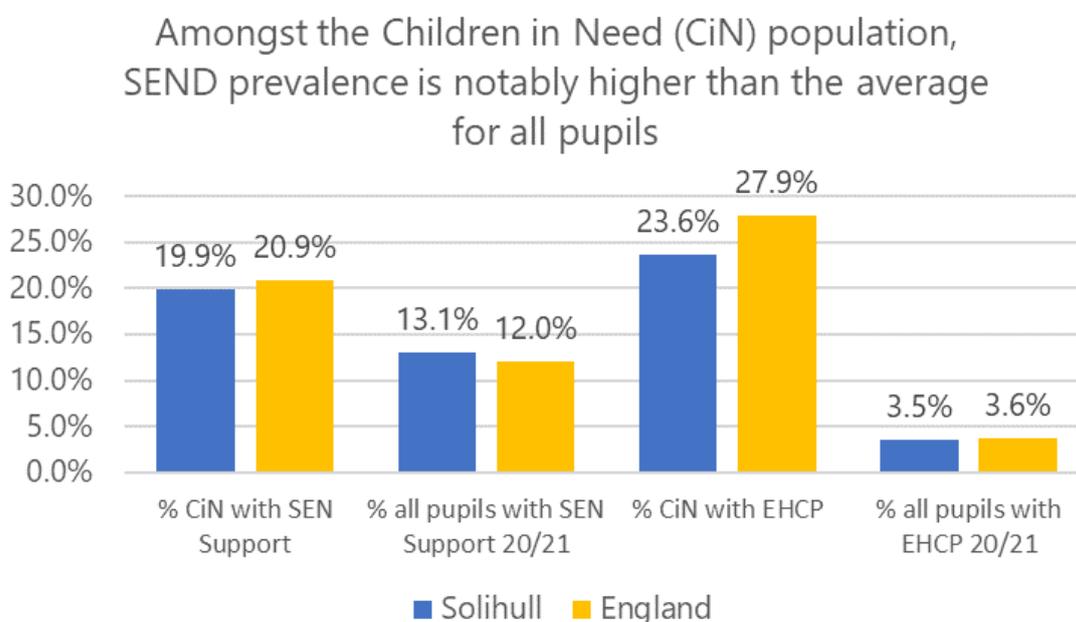


Figure 56: SEND prevalence by CiN status compared to prevalence in the general school population, 2020/21

11.3 Children looked after

‘A child is looked after by a local authority if they are provided with accommodation for a continuous period of more than 24 hours; are subject to a care order or are subject to a placement order’ (DfE, 2020, [A guide to children looked after statistics in England](#)).

⁶² DfE (2022) *Outcomes for Children in Need 2020/21* accessed via [LG Inform](#) / DfE (2021) *Special educational needs in England 2020/21*

As shown in figure 57, in Solihull, 26.0% of children looked after (CLA) have SEN without an EHCP and 24.9% have an EHCP and this is notably higher than prevalence in the general pupil population (13.1% and 3.5% respectively)⁶³.

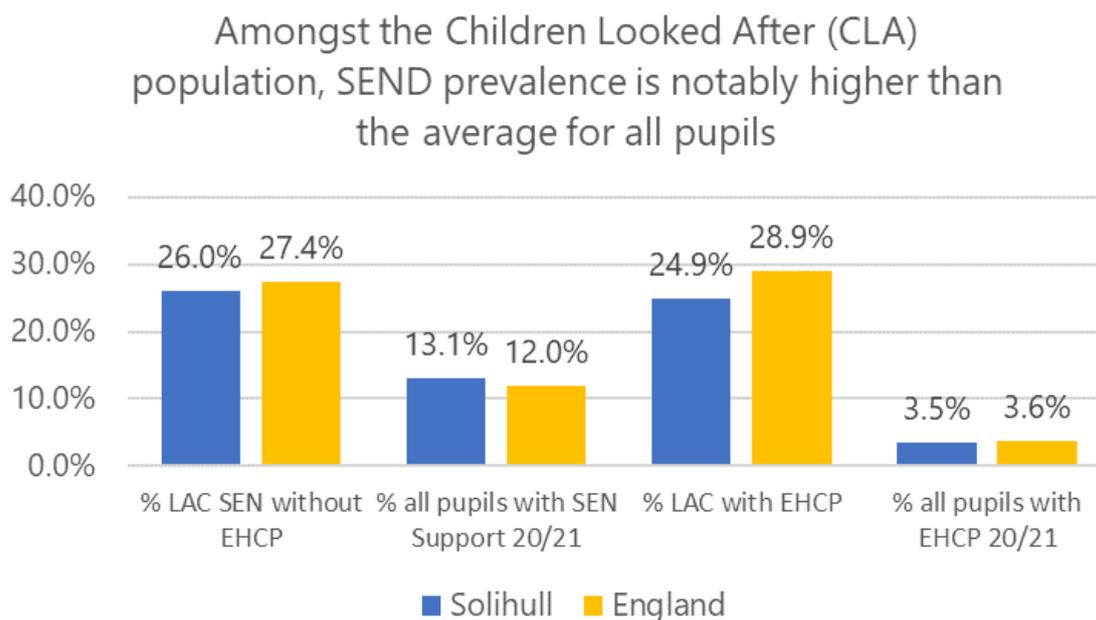


Figure 57: SEND prevalence by CLA status compared to prevalence in the general school population, 2020/21

11.4 Children with experience of the justice system

Various national research studies suggest that young people with SEND are more likely to have interactions with the criminal justice system.

ONS (2022) found that children and young people aged 10-17 who have been cautioned or sentenced for any offence were more likely to be recorded as having a SEND need compared to their peers with no recorded SEND. Around 80% of those cautioned/convicted for any offence had SEND when SEND pupils only account for around 45% of the overall pupil population. However, it's worth noting that being cautioned or sentenced for an offence remains unusual and applies to around 5% of pupils overall⁶⁴.

Another recent research study found that young people who subsequently go on to receive a custodial sentence are more likely to have SEND. ONS (2022) found more than three quarters (79.8%) of people who went on to receive a custodial sentence had been identified with SEND at some point during their schooling. The study, which is based on analysis of data for more than 687,000 individuals educated in England (2003-2010), found that those who went on to receive custodial sentences were almost five times more likely to have had an EHCP than people with no criminal convictions (18.0% compared with 3.8%). Overall, those who received a custodial sentence were more likely to have SEND and a larger proportion of them had higher levels of need. However, it's worth noting that receiving a custodial sentence remains unusual: 96.2% of people with SEND did not subsequently receive a custodial sentence and this ranges from 93.2% of those with an EHCP to 98.1% of those that had "school action" support⁶⁵.

⁶³ DfE (2022) *Outcomes for Children Looked After by Local Authorities in England 2020/21* accessed via [LG Inform](#) / DfE (2021) *Special educational needs in England 2020/21*

⁶⁴ ONS(2022) [Education, children's social care and offending Descriptive Statistics](#), March 2022

⁶⁵ ONS (2022) [The education and social care background of young people who interact with the criminal justice system](#): May 2022

In line with national patterns, initial analysis at a local level suggests that **around half of children and young people known to the youth offending service (YOS) in March 2023 had a SEND need which is an over-representation** (only 17% of the total pupil population had SEND in 2021/22)⁶⁶. More research is needed (larger sample size) to verify these results.

11.5 Social Care and Respite provision for Children and Young People with Disabilities

The following types of service are currently provided by Solihull Council:

Personal Care and Bespoke 1:1 /Day/Hourly Short Breaks - help with washing and dressing etc, support with developing social skills, providing individual activities either in or outside the family home. This type of support is only available following an assessment of need by Children's Social Care.

Direct Payments – a personal budget which is given to the family as a direct payment to enable them to directly purchase the care and support required to meet the assessed need. This allows for more choice and control for the child or young person, and their parent/carers. This type of support is only available following an assessment of need by Children's Social Care.

Overnight short breaks – overnight stays at a registered respite home. Birmingham and Solihull ICB commissions Lyndon House (a Coventry and Warwickshire Partnership NHS Trust facility) to provide overnight short breaks to children and young people with a learning disability and additional health need, providing planned respite care for children and young people away from their parents or other main carers. This type of support is only available following an assessment of need by Learning Disability Community Nurses; additionally, a small number of children are able to access overnight short breaks at Lyndon House following a social work assessment of need by Children's Social Care.

There is currently a gap in provision for social care overnight short breaks, this is because provision closed during the Covid pandemic and hasn't re-opened, and there is a need to develop the family links scheme managed by the SMBC foster care service. More options for overnight breaks need to be explored and developed, as well as the use of personal budgets for overnight breaks.

Targeted community short breaks – Short breaks are leisure opportunities for children and young people with disabilities (up to the age of 18) which give their parent/carer a break/respite from their caring responsibilities. Short breaks are intended to have positive benefits for both children and young people with a disability and their parents/carers. Targeted short breaks are after-school, evening, weekend and school holiday activities provided on a group basis for eligible children and young people with disabilities. A social care assessment is not needed to access targeted community short breaks. Short break opportunities and take-up were significantly impacted by the pandemic. Until January 2023, short breaks group activities funded directly by Solihull Council were provided by one block contract with Social Life Opportunities (SoLO). A new short breaks grants programme was introduced in January 2023 to widen the choice and the number of places available. Data detailing the number of children and young people who have accessed short breaks through the grants providers is not yet available.

In 2022/23, as shown in figure 54, of the 2,225 service engagements uptake was higher for the Holiday Activities and Food project (HAF) (1,529), direct payments (436) and targeted community short breaks (223) and there is lower uptake for overnight short breaks (14), day/hourly short breaks (12) and personal care short breaks (11)⁶⁷.

⁶⁶ Solihull MBC (2022) Pupil data / DfE (2022) Special educational needs in England 2022

⁶⁷ Direct payments and day/hourly/personal care breaks data sourced from Solihull MBC (April 2023)

Financial Operations & Planning Division; Targeted community short breaks data sourced from Solihull MBC (April 2023) Children, Young People and Families Commissioning Team; overnight breaks data sourced from

Social care: uptake of services for children with disabilities (2022/23)

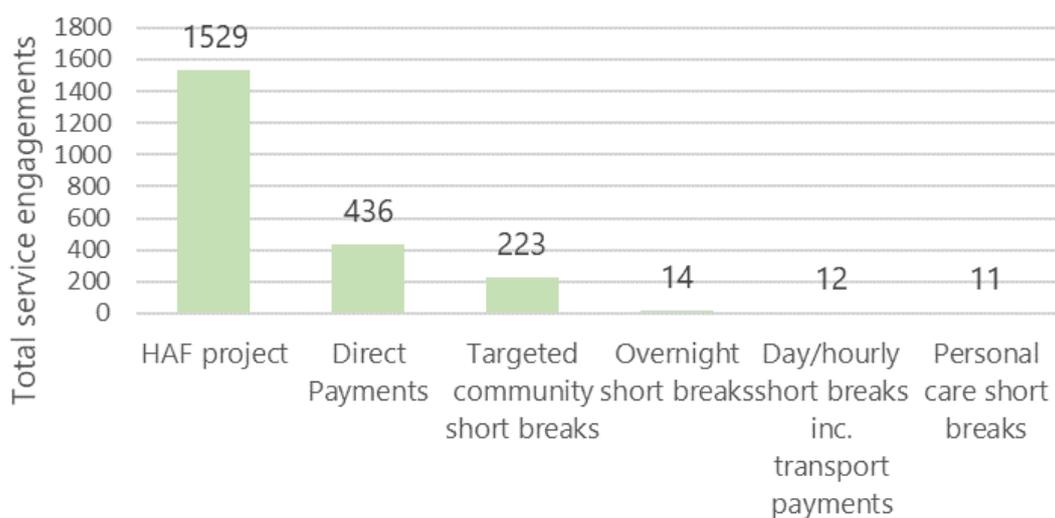


Figure 54: Social care: uptake of services for children with disabilities, 2022/23

Note 1: The chart shows total number of engagements with a service - those CYP accessing more than one service will be double-counted e.g. net number of CYP to receive direct payment was 266

Note 2: Chart is for illustration purposes only – in the absence of a comprehensive data source we have patched together uptake levels from a variety of sources (SMBC and providers)

Parents and carers reported to Peer Reviewers that they were not aware of what short breaks are, or what is available. Solihull’s Short Break Statement which outlines the criteria for short breaks has recently been reviewed and published on the Local Offer – this also includes other inclusive leisure activities which might be of interest to children and young people with disabilities. Solihull Council is also working with our targeted community short breaks providers to ensure that the council’s logo and short break terminology is used when promoting the availability of activities.

Anecdotal evidence suggests that a proportion of people allocated budgets for breaks are unable to use them (budget remains unspent), suggesting unmet need⁶⁸. **Further work is needed to establish the extent of this and the reasons why people are unable to utilise their budget.**

As shown in figure 55, with the exception of 2020/21 where the gap closed somewhat, **Solihull spend on respite per head of population for disabled children aged 0-17 has been relatively low** compared to England. In 2021/22, spend per head (£21.97) was lower than the England average (£36.88)⁶⁹. **More analysis is needed to understand if Solihull is an outlier in terms of expenditure on ‘direct payments’, ‘commissioned short breaks’ or ‘other support’ (or all three) and this will then inform what action is needed / inform commissioning intentions.**

Lyndon House via Solihull MBC (April 2023) Childrens Disability Team; HAF data sourced from Solihull MBC (April 2023) Housing and Communities

⁶⁸ Solihull MBC (May 2023) Strategic Commissioning and Partnerships – Adult Social Care

⁶⁹ DfE (2022) accessed via [LG Inform](#) who calculate the figure by taking the local area’s expenditure on direct payments, short breaks and other support or disabled children and dividing this by the number of 0-17 year olds in the local authority

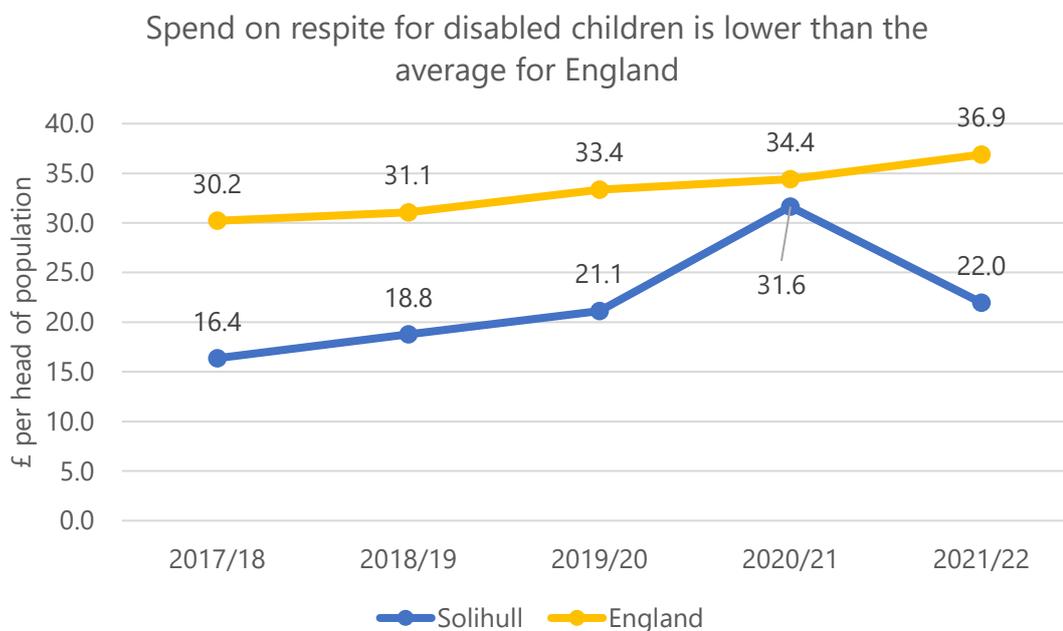


Figure 55: Spend on respite for disabled children 0-17, 2017/18 – 2021/22

Following a review of the commissioning model in 2021/22, **forecasted spend on targeted community short breaks for 2023/24 is due to increase by approximately 40%** compared to 2021/22 and previous years.

11.6 Young people expected to transition to Adult Social Care

Over the next three years, 46 young people are expected to transition from children’s social care to adult social care, all of whom have an autism or learning disability diagnosis:

- 14 are turning 18 in 2023
- 20 are turning 18 in 2024
- 12 are turning 18 in 2025⁷⁰

11.7 Young people aged 18-25 with care needs

A distinct transitions pathway and process has been developed for Children and Young People (CYP) to support timely transfers across directorates.

A transitions tracker form has been implemented ensuring that young people who will require support from Adult Social Care (ASC) are identified earlier on and joint work to introduce the young person and their family / representative to ASC commence in a timely manner.

ASC assessments are being commenced by the time a CYP has turned 17.5 – maximising opportunity for collaborative work across directorates and supporting a smoother handover for the CYP.

Processes have been further improved with the introduction of the transitions functionality in LAS and LCS to support in more timely and efficient transfer of work between systems.

A transitions dashboard is produced and presented to Joint DLT on a quarterly basis that reflects demand, throughout and qualitative data.

⁷⁰ Solihull MBC Children’s Services ‘Transitions Tracker’ (2023) Note: figures may be subject to change

Collaborative practice across directorates and teams remains a priority with a strong emphasis on supporting and encouraging shared learning cultures. SEND teams for both Children’s and Adults remain co-located at Elmwood⁷¹.

At time of publishing, there are 160 young people aged 18-25 accessing social care services in Solihull. The main services received are direct payments (61%), supported living (16%) and day care (14%), with fewer accessing home support (4%), residential placements (3%), adult college placements (1%) and shared lives scheme (1%) as their main service.

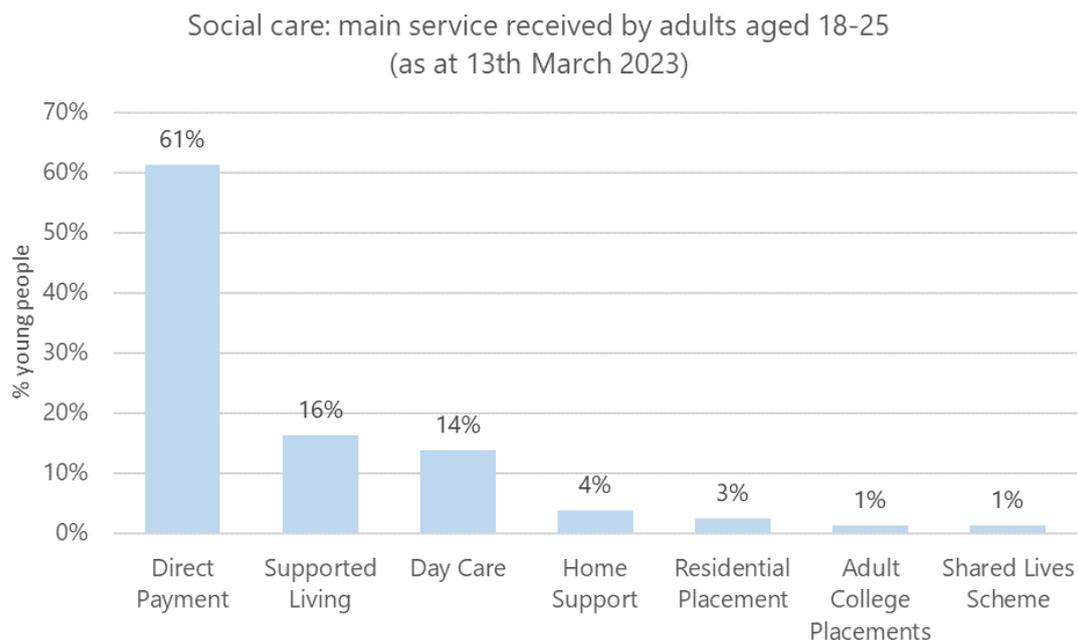


Figure 58: Social care: clients aged 18-25 by main service received as at 13th March 2023 (Solihull MBC, 2023)

Overall uptake of social care services follows a similar pattern. Of all 302 service engagements, uptake is higher for direct payments (54%), supported living (21%), day care (17%) and there is lower uptake for home support (4%), residential placements (2%), adult college placements (2%) and shared lives scheme (1%), internal transport (0.3%) and taxis (0.3%).

⁷¹ Head of Service Care and Support (Adult Social Care), Solihull MBC (March 2023)

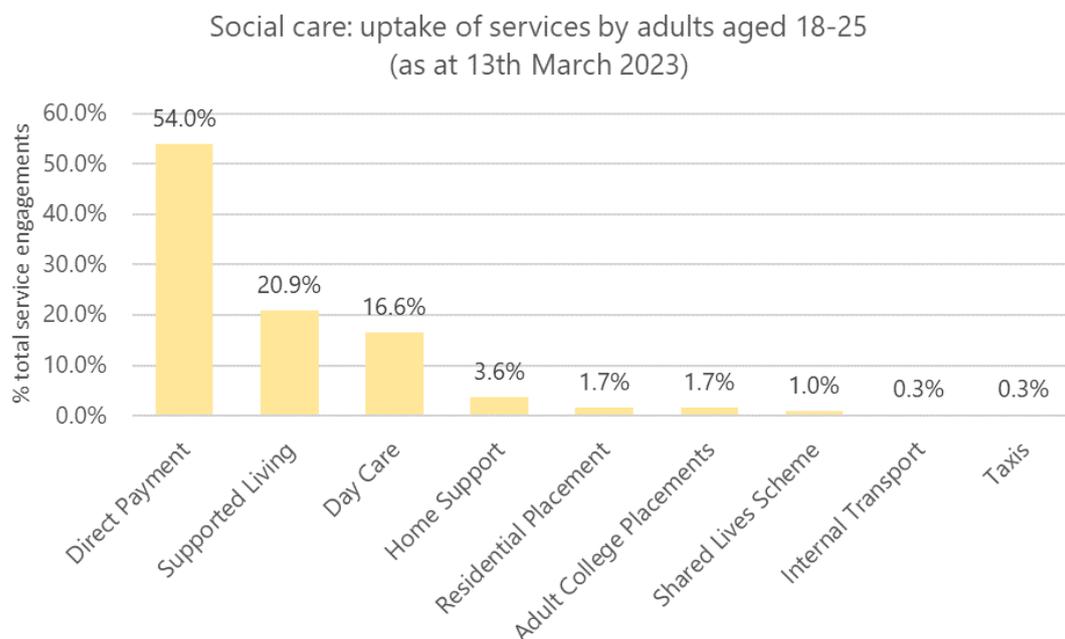


Figure 59: Social care: uptake of services (as % of all service engagements) by adults aged 18-25 as at 13th March 2023 (Solihull MBC, 2023)

A small number of clients/carers receive direct payments for short respite breaks – during 2022/23 to date, a total of 13 individuals have accessed this support service.

In 2021/22, the proportion of **adults with learning disabilities who live in their own home** or with their family (77.3%) was **slightly lower than the average for England (78.8%) and mid-range for CIPFA Nearest Neighbour authorities** (range of 56.4% - 92.6%, 11th of 16).

In 2021/22, the **proportion of adults with learning disabilities in paid employment** (3.2%) was **lower than the England average (4.8%) and low for CIPFA Nearest Neighbour authorities** (range of 3.1% - 12.4%, 15th out of 16)⁷². However, in 2022/23, the proportion of adults with learning disabilities in paid employment in Solihull rose to (a provisional) 5.2%, up from 3.2% in 2021/22, as Solihull builds on working with employers locally to develop support for organisations and individuals with a learning disability looking to work, including working with schools and colleges around education leaver options, working with employers around what roles and support they can offer and with supporting people to become “employment ready” so they can realistically consider work.

12. Pathway to support

12.1 EHCP Assessment Process

As noted in [section 5.1](#), Solihull has a relatively low rate of EHCP requests per head of population compared to England and statistical neighbours and there is no indication that requests per head have been high historically (2016-2021).

In 2021, **39% of initial requests for assessment were refused which is relatively high compared to the average for England (22%) and statistical neighbours (28%)**. As shown in figure 60, historically (since 2016), the percentage of refusals to assess in Solihull has been relatively low which may help to explain why Solihull has a slightly higher rate of EHCPs compared to the average (31 per 1,000 compared with 28 per 1,000 and 29 per 1,000 for England and statistically similar local authorities), **one theory being that**

⁷² NHS Digital (2023) [Adult Social Care Outcomes Framework 2021-22](#)

although there is a high proportion of assessments not leading to an EHCP (see below), this is offset by the volume of assessment requests approved. Indeed, the total number of children that are assessed in Solihull per head of population has been relatively high since 2018; for example, in 2021, there were 5.1 children assessed per 1,000 population, compared with 3.9 per 1,000 for England and statistical neighbours.

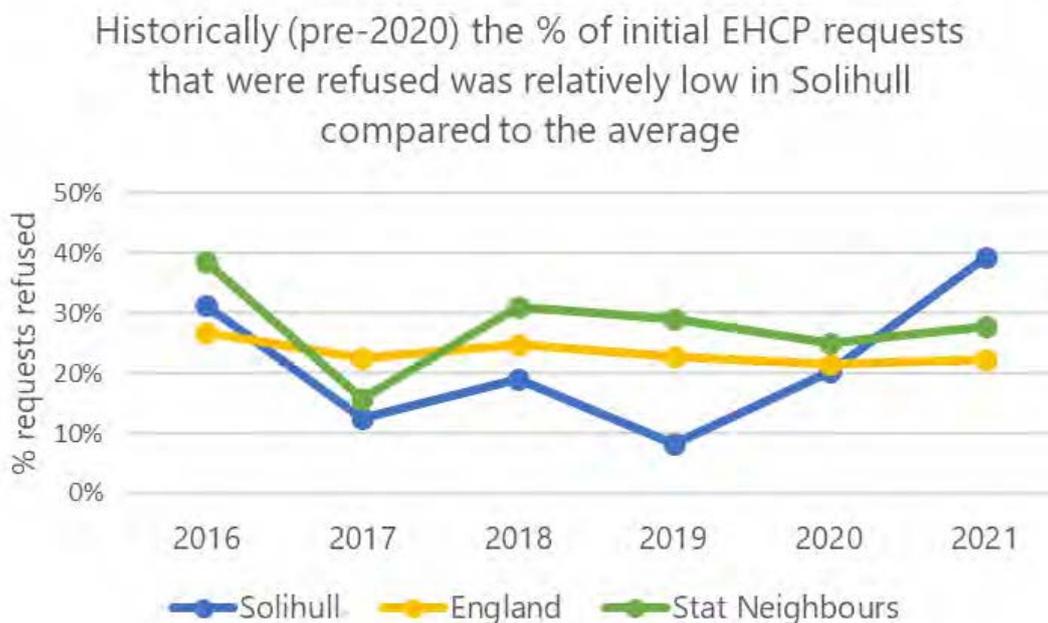


Figure 60: % EHCP assessment requests refused, 2016-2021 (DfE, 2022)

In 2021, 20% of EHCP assessments did not result in an EHCP being issued which was high compared to England (6%) and statistical neighbours (4%). Since 2018, the **percentage of assessments not leading to an EHCP plan in Solihull has been notably higher than the average** for England and statistical neighbours (in the range of three – 21 percentage point difference). **This could indicate that the process is more stringent (or thresholds are higher) in Solihull, that children are being referred prematurely and/or that there is room for improvement in terms of the Solihull MBC EHCP service assessment approval process and when it is appropriate to approve original EHCP requests for assessment**⁷³. The volume of EHCPs that are (inappropriately) put through for assessment may stem from a situation where there is a high volume of people who, for various reasons, are requesting EHCPs when they are not required.

In terms of timeliness, as shown in figure 61, **although improved, the percentage of EHCPs issued within the 20 week target (excluding exceptions) in 2021 (50%) was lower than the average for England (60%) and statistical neighbours (57%)**. This has increased to 64% in 2022, with monthly performance data showing further improved performance in the second half of the year.

⁷³ Interpretation made with reference to [Birmingham SEND JSNA 2018-19](#), p.22

Although the picture is improved, the % of new EHCPs issued in 20 weeks is lower than the average for England and comparable local authorities

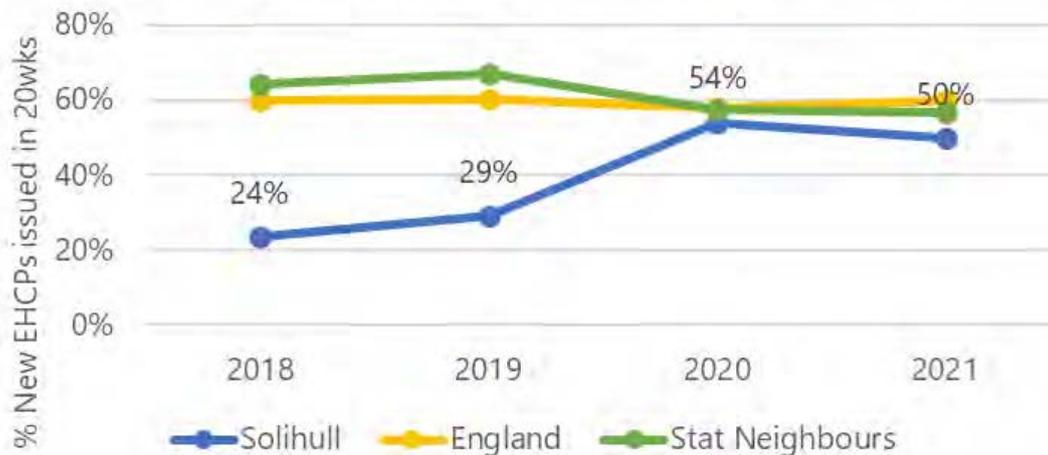


Figure 61: % new EHCPs issued within 20 weeks, excluding exceptions (DfE, 2022)

EHCPs can utilise personal budgets to enable greater choice and control to the child and young person and their parents/carers over the support received⁷⁴. **In 2021, only four personal budgets were in place across all EHCPs** which equates to a personal budget issued for 2 EHCPs in 1,000 and this is low compared with the average for England (59 per 1,000) and statistical neighbours (59 per 1,000)⁷⁵. The low take up of personal budgets may be due to lack of awareness and/or lack of demand for this option in Solihull and plans are in place to address this.

The results of the latest parent/carer survey help shed some light on satisfaction with the EHCP service (218 respondents):

- **46% of respondents answered 'yes' when asked if they had seen any improvements to the support for children and young people in Solihull since January 2022** and of these 97% said they had experienced these improvements personally.
- **Of those respondents that had experienced improvements personally and provided detail on this (50 respondents), 62% mentioned EHCPs/EHCP service or team/annual reviews/EHCP assessment process.**

Please note: As respondents were self-selecting, and not drawn randomly from the overall population of parents and carers, the above findings should be treated as a useful insight into some people's experience of the system, as opposed to a representative account. The sample size for the child/young person and parent/carer surveys are also small, only capturing a small proportion of the 2,000+ population.

⁷⁴ <https://www.solihull.gov.uk/sites/default/files/2021-11/201903-Personal-Budgets-Factsheet.pdf> [Accessed 23.03.23]

⁷⁵ DfE (2022) *Education health and care plans*

13. Feedback from children, young people, parents and carers

13.1 Method

This section provides a summary of the results for the following online surveys:

- Annual survey with children and young people with SEND that live and/or study in Solihull (conducted in November-December 2022, 109 respondents). The survey was circulated via email to the following groups: Solihull Parent Carer Voice, Our Voice's Heard, all Solihull schools, independent schools with Solihull pupils, social media and through professionals in direct contact with children, young people and their parent carers.
- Annual survey with parents/carers of children and young people with SEND that live and/or study in Solihull (conducted in November-December 2022, 218 respondents). The survey was circulated via email to the following groups: Solihull Parent Carer Voice, Our Voice's Heard, all Solihull schools, independent schools with Solihull pupils, social media and through professionals in direct contact with children, young people and their parent carers.

Note on the robustness of the data

As respondents were self-selecting, and not drawn randomly from the overall population of parents and carers, the above findings should be treated as a useful insight into some people's experience of the system, as opposed to a representative account. The sample size for the child/young person and parent/carer surveys are also small, only capturing a small proportion of the 2,000+ population.

13.2 Feedback from children and young people

As shown in figure 62, results suggest low awareness of the additional needs strategy, relatively high confidence in terms of knowing who to go to when they need help or have a question, relatively low confidence in terms of support from their community, support with thoughts and feelings and feeling welcomed and included.

CYP Initial questions – do you feel supported and included?

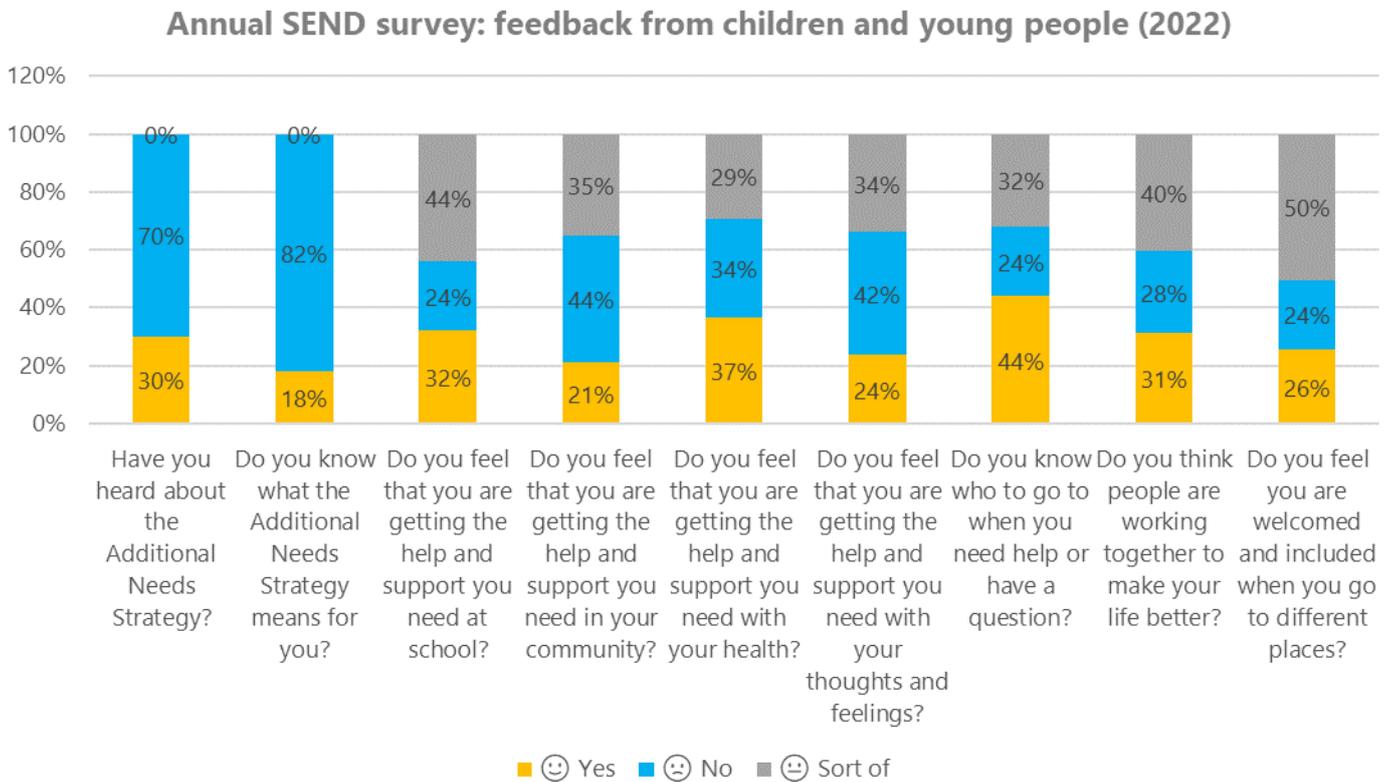


Figure 62: Results of the SEND survey for children and young people (2022): initial questions

CYP Suggestions for improvement

When asked 'What would make it better?', recurring themes included: more inclusion/less discrimination/more awareness (27%); meeting my needs/more resources/support (18%); unsure (13%); better communication/more collaborative approach from professionals (10%); no change needed (10%); not having to navigate stressful, bureaucratic processes (6%); more information/advice (5%); SEND-friendly spaces (4%); listen to me more/have more empathy (4%); quicker access to support (4%); more activities/transport/social opportunities (4%); more staff/capacity (3%).



CYP Final questions – are you getting the support you need?

As shown in figure 63, results suggest a dichotomy in terms of experience, with around half of respondents feeling heard and half not feeling heard. Only 15% of respondents were confident that their voice makes a difference.

Annual SEND survey: feedback from children and young people (2022)

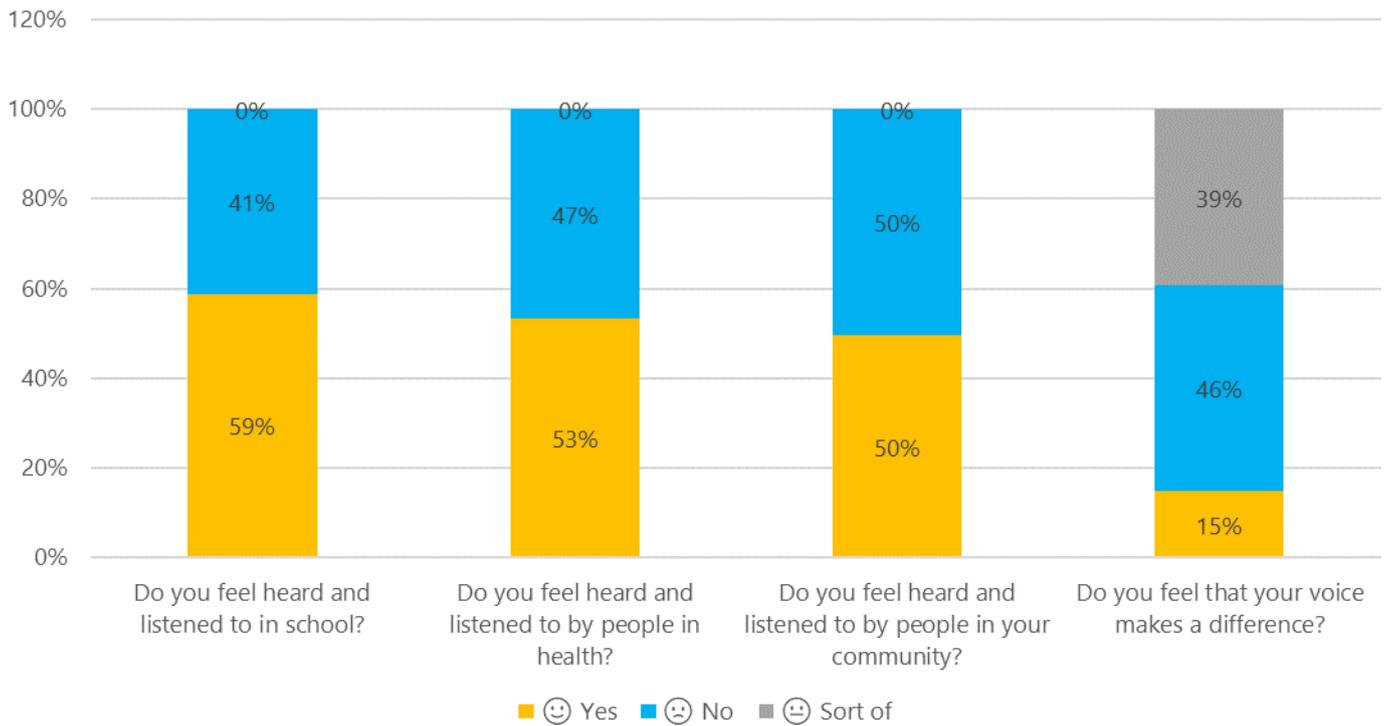


Figure 63: Results of the SEND survey for children and young people (2022): final questions

13.3 Feedback from parents and carers

Parents/carers: Initial questions – have you heard and seen?

As shown in figure 64, around two thirds of respondents had heard of the additional needs strategy, most had been able to understand the strategy to a certain degree, around half had seen improvement in the support provided, half had not.

Annual SEND survey: feedback from parents/carers (2022)

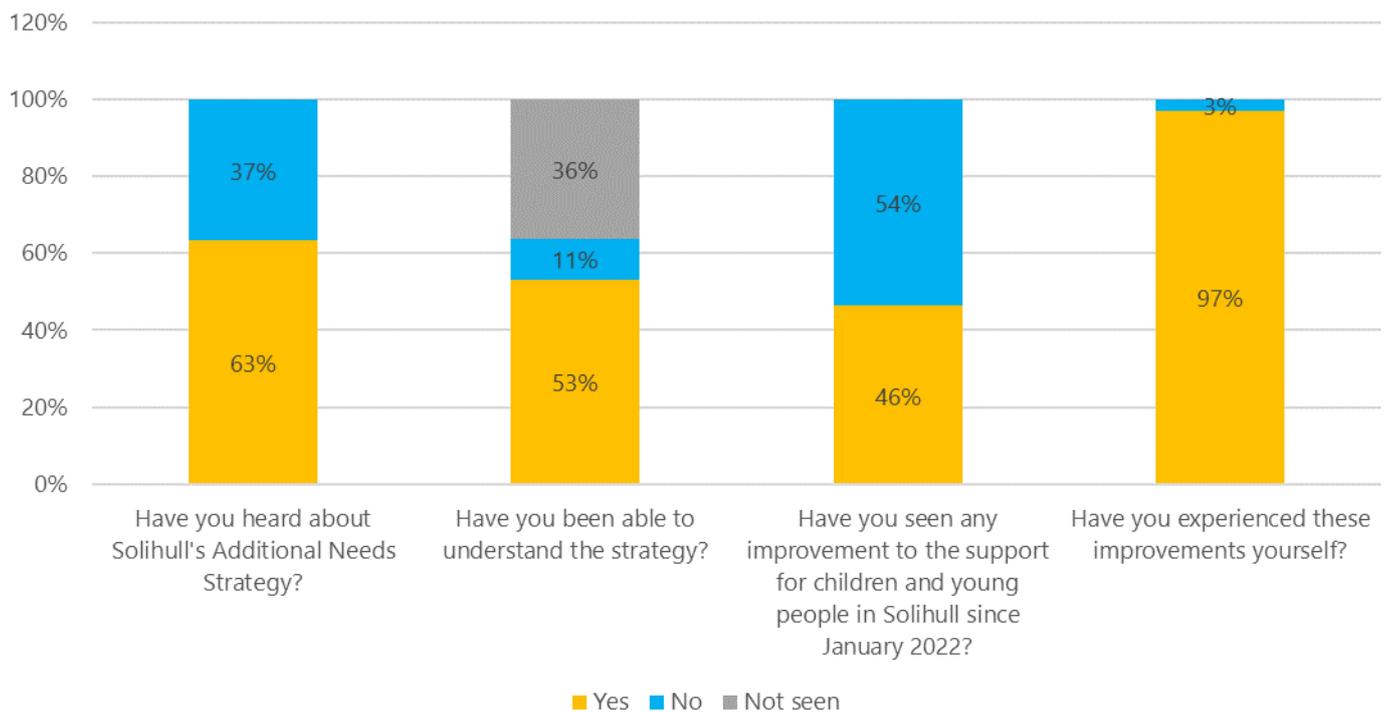


Figure 64: Results of the parent/carer survey (2022): initial questions

Parents/carers: experience now compared with 2021

Respondents were asked to respond to a series of statements, stating how they rated each statement in 2021 and then how they rated it now (in 2022). As shown in figure 65, responses to statements now (in 2022) are more positive, suggesting an improved experience.

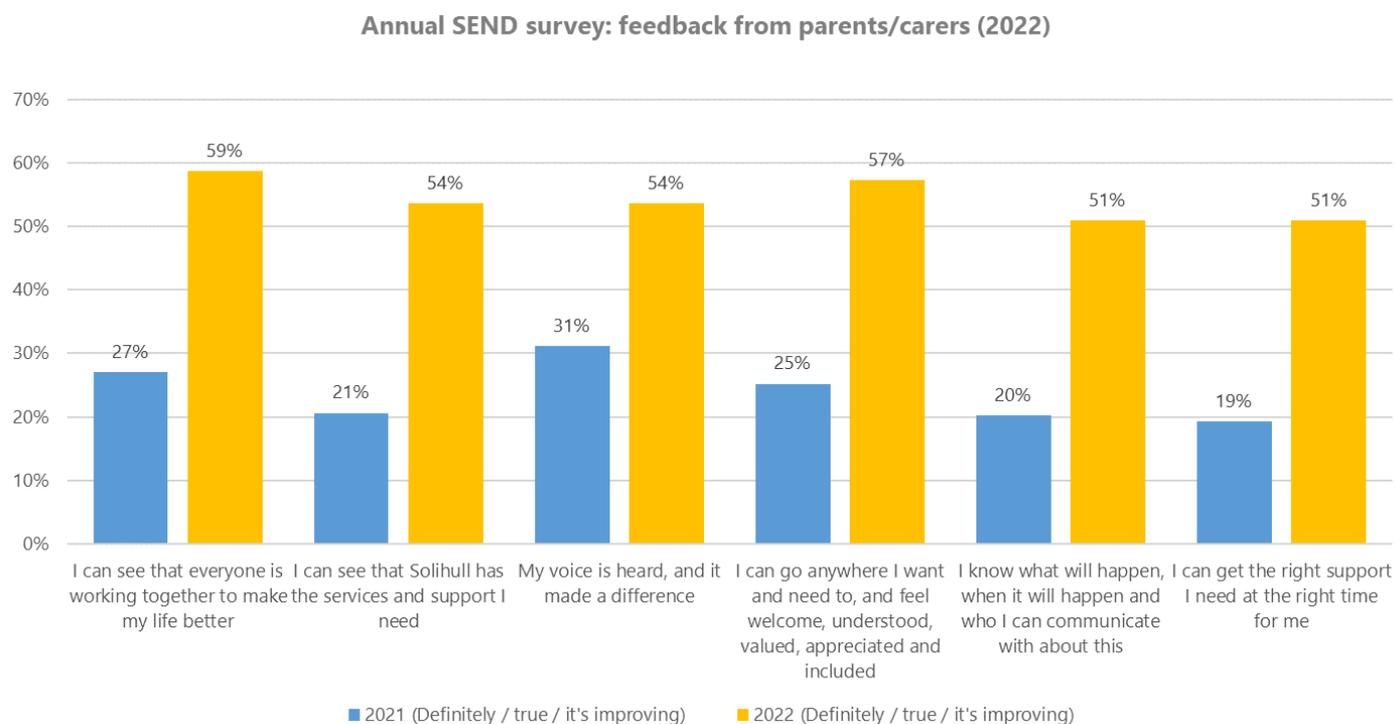


Figure 65: Results of the parent/carer survey (2022):

14. Gaps in provision/unmet need

14.1 Gaps in knowledge and data

- Data relating to uptake of **antenatal and neonatal screening** would help increase understanding of SEND pathways and how Solihull compares to other areas in this regard. More research is needed to investigate the impact of screening e.g. percentage of conditions that are identified via screening.
- A more detailed **youth population growth forecast** which shows growth by neighbourhood and deprivation level would help in terms of creating a more accurate demand forecast for SEND pathways over the next decade.
- To help increase understanding of the SEND pupil population, more research is needed to explain why Solihull has a relatively **high proportion of pupils with diagnosed Autism Spectrum Disorder (ASD)**. This could include an exploratory study that includes but is not limited to the following research areas: awareness of ASD amongst parents/carers compared with other areas; availability of opportunities for ASD diagnosis compared with other areas; capacity to self-finance ASD assessments compared with other areas etc.
- To help increase understanding of why Solihull has a **high percentage of appeals that go to SEND Tribunal**, more research is needed with a particular focus on what changed in 2018/19 to reduce appeals and generate increasing numbers therein.
- Data pertaining specifically to **children and young people with SEND accessing mental health services** would help increase understanding of this cohort and the intersection between SEND and

mental health more widely e.g. ability to see SEND-only results for all SOLAR data, although it's worth noting that any mental health problem can be seen as a disability where there is an ongoing, long—term impact.

- Compared with the previous year, there was a **notable increase in the number of EHCPs amongst residents aged Under 5**. Further investigation is needed to explore reasons for this shift.
- Approximate weekly expenditure on SEN per child in Solihull (£135) is in the order of 20% higher than the West Midlands (£110) and 40% higher than England (£95) and comparator authorities (£93). More research is needed to establish the **main driver or drivers behind expenditure levels**; for example, how far do independent placements costs account for the difference in Solihull?
- Data suggests as many as 1 in 4 residents with an EHCP are travelling out of borough to be educated. More research is needed to establish if this is driving up **home-to-school transport costs** i.e. whether transport is more expensive on average for those travelling out of borough compared with those studying in Solihull.
- Solihull spend on respite per head of population for disabled children aged 0-17 is relatively low compared to England. **More analysis is needed to understand which element(s) of spend are especially low (direct payments', 'commissioned short breaks', 'other support' or all three).**
- Further research is needed to establish **what proportion of people allocated a short break budget are unable to utilise it** and the reasons behind this.
- More in-depth research focusing on SEND prevalence in children and young people that have interactions with the **criminal justice system** (history of offending/missing from home or care/exploitation) would help increase understanding of this cohort.
- To support decision-making processes around service development, further research is needed to establish SEND prevalence among **young people who are themselves carers**.
- Further research is needed to explore the **impact of annual health checks** on young people with a learning disability, with a view to identifying possible areas for development.
- To gain a better understanding of how Solihull is performing as regards **Continuing Healthcare Funding** it would be useful to benchmark Solihull figures against comparable local authorities.
- More interrogation is needed to understand what learning difficulties or disabilities are reported as **Other Difficulty/Disability (OTH)** to better understand the rise in this cohort.

14.2 Boosting opportunity for early identification

- Compared to the national average, a smaller proportion of children accessing early education receive SEN Support (the proportion with an EHCP is similar to the average). This could suggest a gap in terms of the **identification of Under 5s that require SEN Support** specifically.

14.3 Inclusivity in mainstream schools

- **A relatively high proportion of residents with an EHCP attend special schools (43%) which runs counter to the principle of inclusion and has cost implications.** It is not presently understood why more mainstream schools cannot accommodate SEND as identified by EHCP. Recent consultancy work exploring inclusion practices in mainstream settings provides a useful starting point therein.
- Using the Newton Europe (Delivering Better Value) case study analysis as a starting point, it is suggested that **areas of good practice in relation to SEND inclusivity** in mainstream schools are identified, forming the basis for conversations with headteachers going forward. As part of this review, it will also be important to gain **feedback from parents/carers** of children with SEND about their experience of engaging with mainstream schools.

14.4 Insufficient special school provision in Solihull?

- In 2022, around **200 children and young people were attending independent specialist provision outside Solihull which suggests their needs could not be fully met locally**. A mapping exercise which maps the SEND needs of local children against Solihull-based specialist provision would help increase understanding of any gaps in provision. Within the supply/demand picture, it is also worth noting that around 1 in 5 special school pupils studying in Solihull are from outside of Solihull.

14.5 Improving outcomes for adults with learning disabilities

- **Evidence suggests more could be done to improve outcomes for adults with learning disabilities.** In particular, the proportion of adults with learning disabilities in paid employment in 2021/22 was low compared to England and statistically similar local authorities. However, in 2022/23, the proportion of adults with learning disabilities in paid employment in Solihull rose to (a provisional) 5.2%, up from 3.2% in 2021/22, as Solihull builds on working with employers locally to develop support for organisations and individuals with a learning disability looking to work, including working with schools and colleges around education leaver options, working with employers around what roles and support they can offer and with supporting people to become “employment ready” so they can realistically consider work.

14.6 Improving the EHCP process for families

- Since 2018, the **percentage of assessments not leading to an EHCP plan in Solihull has been notably higher than the average** for England and statistical neighbours (in the range of three – 21 percentage point difference). This could indicate that the process is more stringent (or thresholds are higher) in Solihull, that children are being escalated for support prematurely and/or that there is room for improvement in terms of the Solihull MBC EHCP service **assessment approval process** and when it is appropriate to approve original EHCP requests for assessment
- Compared with its ten statistical neighbours, **Solihull had the second highest percentage of appeals that go to SEND Tribunal in 2021** (3.25%), a level that exceeds the statistical neighbour (1.28%) and England (1.84%) averages by some margin and suggests a relatively high level of dispute in Solihull in relation to local authority decisions and/or a gap in terms of the **efficacy of the mediation process**.

14.7 Awareness and uptake of support mechanisms

- **Some SEND support mechanisms appear to be under-utilised.** There is low uptake of personal budgets for children and young people with an EHCP, with only four in place across all EHCPs in 2021. Spend on respite for disabled children is relatively low compared to England.

14.8 Reducing waiting times for paediatric assessments

- **Available data suggests a mixed picture in terms of how long local children are waiting for initial paediatric assessments** from services accessed by children and young people with SEND (physiotherapy, speech and language therapy, occupation therapy, ASD assessment, ADHD assessment, CMN service). For most services, children are currently waiting no more than 18 weeks on average, in line with the 18-week target. Exceptions to this are ASD assessment and SLT assessment which have an average wait of 38 weeks and 23 weeks respectively.

14.9 Reducing waiting times for mental health support

- **Data suggests demand for SOLAR mental health service is increasing and outstripping capacity.** At the end of February 2023, 284 children and young people had been waiting longer than 18 weeks for an initial assessment (compared with 0 in December 2021), exceeding the six week

target. Moreover, demand for crisis level support is higher than previous years which could suggest a need for more timely (earlier) intervention.

Appendix 1: Overview of current Solihull SEND provision

Across the fields of education, health and social care, the [Solihull Local Offer](#) currently includes (but is not limited to) the following support services:

Education services

Family Information Service
Early Years' Service
Inclusion Service
EHCP Service
Educational Psychology Service
Specialist Inclusion Support Service
Home to School Transport Team

Health Services

Hospital consultant
Community Paediatrician
Speech and language therapy
Occupational therapy
Physiotherapy
Specialist Assessment Services
Complex Needs Team (up to 5 years old)
Community Children's Nursing
Solar (0-19)
Birmingham & Solihull mental health foundation trust (18+)

Social care services

Early Help Service
Disabled Children's Team
Children's Social Care
Carer's Trust
Adult Disability Transitions Team
Adult Mental Health Team

Note: There is a range of third sector services (not included in the list above) available and searchable via the [Local Offer](#) website