

Solihull

Children and Young People Aged 0 to 25 with Special Educational Needs and Disabilities Needs Assessment

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Summary of Key Findings

There are around 48,000 children and young people under the age of 19 living in Solihull, accounting for 23% of the total population in the area. This number is rising, projected to reach around 52,000 by 2021, although will by then make up a smaller proportion of the population as the number of retired people is growing at a faster rate.

Solihull is a broadly affluent place but continues to have a prosperity gap for the Regeneration area (includes the wards of Chelmsley Wood, Smith's Wood and Kingshurst & Fordbridge), characterised by below average income levels, higher population density and more social rented housing. The Regeneration area contains the 20 most deprived Lower Super Output Area (LSOA) neighbourhoods in Solihull. 23% of Solihull's children and young people live in the Regeneration area in the north of the Borough. The Regeneration area is a 'younger place' than the rest of Solihull, the largest age group of children being the under 4's. 15.8% of children in Solihull are living in poverty - 58% live in the Regeneration area.

It is notable that children with a disability are more likely to live in poverty, have lower educational attainment affecting life chances, have lower esteem and suffer more stress within families. Within Solihull, in 24 of the 29 LSOAs in the Regeneration area more than 16% of the population have a long-term limiting illness compared with only 7 out of 105 LSOAs in the rest of the borough. Unsurprising disability rises with advancing age (3.8% of 0-15 year olds compared with 51.4% of those aged 65 and over), however the inequality gap rises also. It should also be noted that most disabled children will not live in poverty.

Solihull's population from a Black, Asian or Minority Ethnic heritage (BAME) background has nearly doubled over the past 10 years, and now 17.1% of children and young people identify with a BAME heritage. The largest ethnic groups are Asian/Asian British (9% overall) and Mixed or multiple ethnic group (6%). The Urban West of the borough has the highest proportion of BAME children at 32%.

An estimated 9,000 children and young people with a mild disability live in Solihull. Solihull's Specialist Inclusion Support Service (SISS) are working with around 2,000 of these children - 700 are recorded as having a disability which rises to 1,000 if including sensory support. Alongside this, approximately 3,800 children in Solihull are thought to suffer from some form of diagnosed mental disorder.

There are around 1,300 children and young people living in Solihull with a Statement of Special Educational Need (SEN) and 1,500 if we include all schools. Of the children in Solihull with a Statement of Special Educational Needs (SEN) or on School Action Plus, it is estimated that over 4 in 10 have Behavioural, Emotional and Social Difficulties or a Moderate Learning Difficulty.

There are key differences in gender, where being male is a much stronger predictor of disability than deprivation and when combined, prevalence is found to be far higher in

Behaviour Emotional and Social, Speech Language and Communication and Learning Difficulties for males in the Regeneration area.

Greatest prevalence with educational settings is for Autism in primaries, where there could be unmet need in the Regeneration area, and Moderate Learning Difficulties in secondaries. It should also be noted that the school population being markedly different than the resident population, brings further challenges as the Local Education Authority rate for pupils with SEN is both higher than and increasing faster than comparator authorities.

Recommendations

It is understood that the prevalence of disability is higher in more deprived areas from an early age and that the gap of inequality increases with age and so, early intervention strategies are essential to close this gap. This approach should be in accord with Public Health strategies.

However, in practice services must take into account deprivation throughout the borough, particularly as housing allocation will increasingly distribute families in need more widely. Therefore, it is essential that services are intelligence led, responding rapidly to emerging trends, but also that organisations working with children and their families share data effectively.

It is known that many children will have multiple needs and even within single needs there is a distribution in the level of need and so, more understanding of an individual's need is required to design services in a more collaborative family centred way.

Whilst nationally it is expected that the number of children and young people with complex needs is set to increase, as there are only relatively small numbers, it is difficult to assess this impact within Solihull. It is recommended that more understanding of this is carried out with neighbouring authorities so that a more reliable understanding of need and projected change over time is reached.

Within Solihull it is intended to review the prevalence of children and young people within services that deal with the most vulnerable and to assess the effectiveness of these services with regards to desired outcomes and the narrowing of any gap between those that are disabled and the population without disability. It is expected that this will start with Youth Offending with Children in Care to follow.

Introduction

The Children and Families Act 2014 sets out a significant set of cultural and systematic changes, designed to improve outcomes of children and young people with special educational needs (SEN) and disabled children and young people. A 'young person' in this context is a person over compulsory school age and under 25. Under section 19, the Local Authority must work with families children and young people to improve outcomes for individual children and young people (from 0 to 25), and strategically to ensure operational arrangements and services delivery better reflects their needs.

Education and Health Care (EHC) plans have now replaced the statements of special educational need and SEN support in schools replaces school action and school action plus.. This needs assessment is in effect a bridge between the two systems and provides a baseline of our current understanding – note that all children and young people with a statement are expected to be transferred to a EHC plan.

'The JSNA will inform the joint commissioning decisions made for children and young people with SEN and disabilities, which will in turn be reflected in the services set out in the Local Offer. At an individual level, services should co-operate where necessary in arranging the agreed provision in an EHC plan. Partners should consider how they will work to align support delivered through mechanisms such as the early help assessment and how SEN support in schools can be aligned both strategically and operationally. They should, where appropriate, share the costs of support for individual children and young people with complex needs, so that they do not fall on one agency.'¹

Definition of Disability in Solihull

The following definition is taken from our [Special Needs and Disability Strategy](#):

The Equality Act 2010 defines disabled people as anyone with a physical or mental impairment that has a substantial and long term adverse effect on their ability to carry out normal day to day activities. The Solihull definition of disability includes the following (an illustrative list, not exclusive):

- Health or Medical Needs for example Epilepsy, Cystic Fibrosis, Diabetes, HIV, or Cancer.
- Cognitive or Learning Need for example Autistic Spectrum Disorder, Downs Syndrome, Dyspraxia, Dyslexia, learning difficulties and development delay.
- Mental Health Difficulties for example anxiety, depression, eating disorders, and self-harm.
- Sensory Impairment for example hearing, visual, or multi-sensory impairment.
- Speech and Language for example verbal dyspraxia or developmental language impairment.
- Autistic Spectrum Disorder for example Asperger's, Pragmatic Language Disorder and Autism.
- Physical Needs and Difficulties for example Cerebral Palsy, Spina Bifida, Arthritis and Dyspraxia.
- Behaviour, Emotional and Social Development Needs for example attachment and attention-deficit (hyperactivity) disorders.

¹ Special educational needs and disability code of practice: 0 to 25 years
Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities. July 2014

Prevalence and Incidence

2011 Census Findings

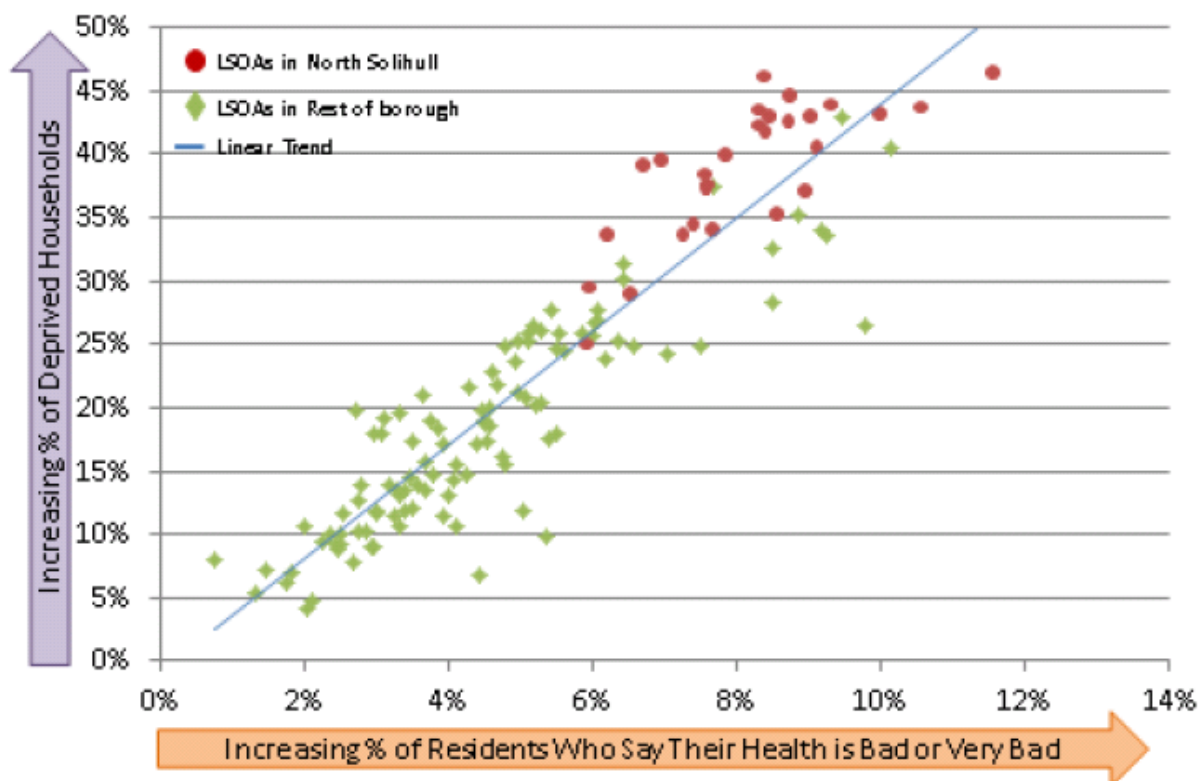
The 2011 Census includes two questions relating to health and disability, which are defined as follows:

- General health is a self-assessment of a person's general state of health. People were asked to assess whether their health was very good, good, fair, bad or very bad. This assessment is not based on a person's health over any specified period of time.
- A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months. This includes problems that are related to old age. People were asked to assess whether their daily activities were limited a lot or a little by such a health problem, or whether their daily activities were not limited at all.

At a ward level there is a clear deprivation link to the health measure, with residents in the North Solihull regeneration wards significantly more likely to describe their health as bad or very bad than those living elsewhere in the borough. At the top end of the range nearly 9% of Chelmsley Wood residents describe their health as bad or very bad compared to just 2.7% in Blythe.

The increased tendency for individuals in the more deprived parts of the borough provide to describe their health as bad or very bad is demonstrated by comparing the proportion of households in an LSOA that meet two or more of the ONS' deprivation criteria with the proportion of individuals whose health is poor (chart below), with this comparison producing a 92% correlation.

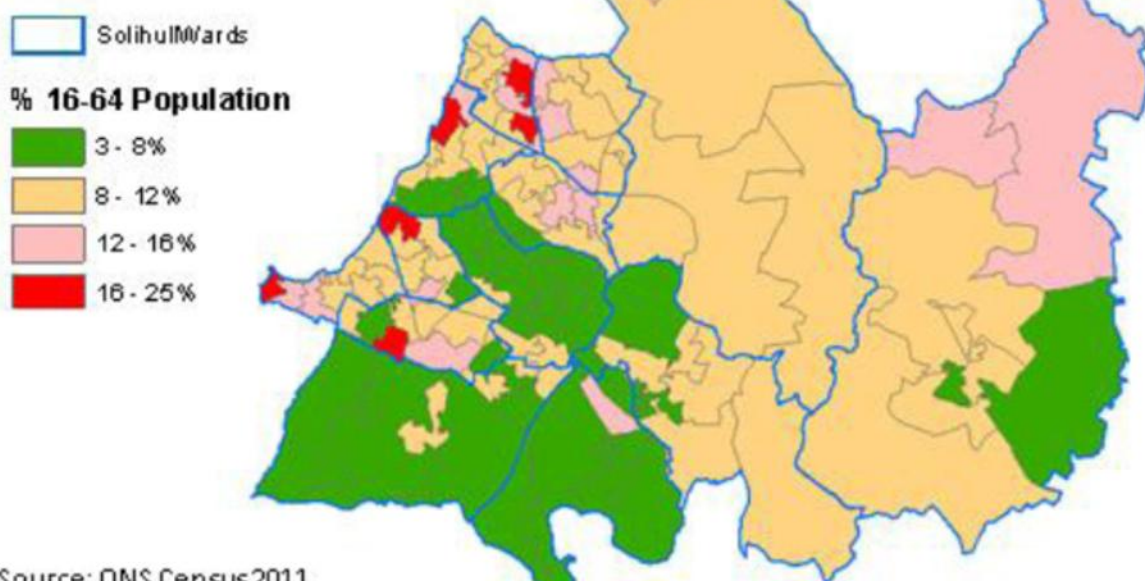
Link Between Deprivation and Ill Health



The Census provides two measurements of long-term illness or disability, one for the whole population and one for just the working age population. Nearly 37,000 Solihull residents of all ages say that their day-to-day activities are limited by either long-term illness or disability of which 16,850 say their activities are limited a lot. At 17.9% the number whose activities are limited is in-line with the England average. Among the working age population this figure falls to 11.8% below the England average of 12.7%.

The map below shows that more than 16% of the working age population has a life limiting long-term illness or disability in 24 out of the 29 LSOAs in the North Solihull regeneration area, whereas in the rest of the borough it is just seven out of 105 and those are in the more deprived pockets such as Hobs Moat North (Lyndon), Olton South and Green Hill (Shirley East).

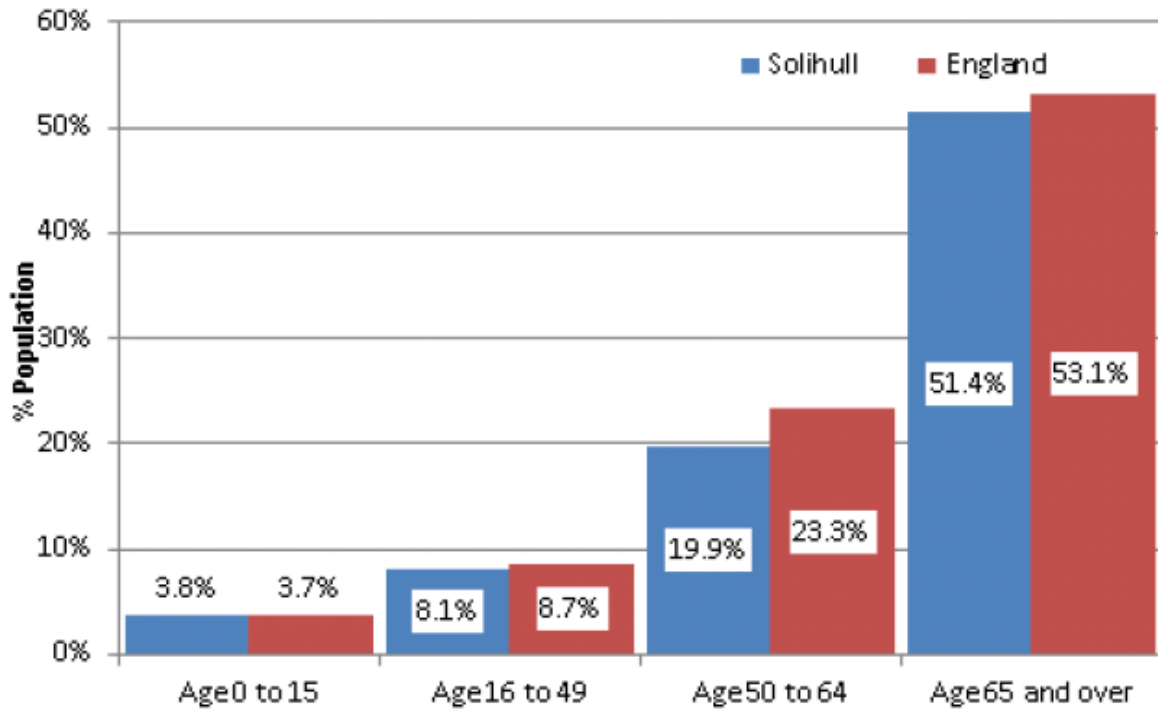
Working Age Population with Life Limiting Long-Term Illness or Disability



Contains Ordnance Survey data © Crown copyright and database right 2013

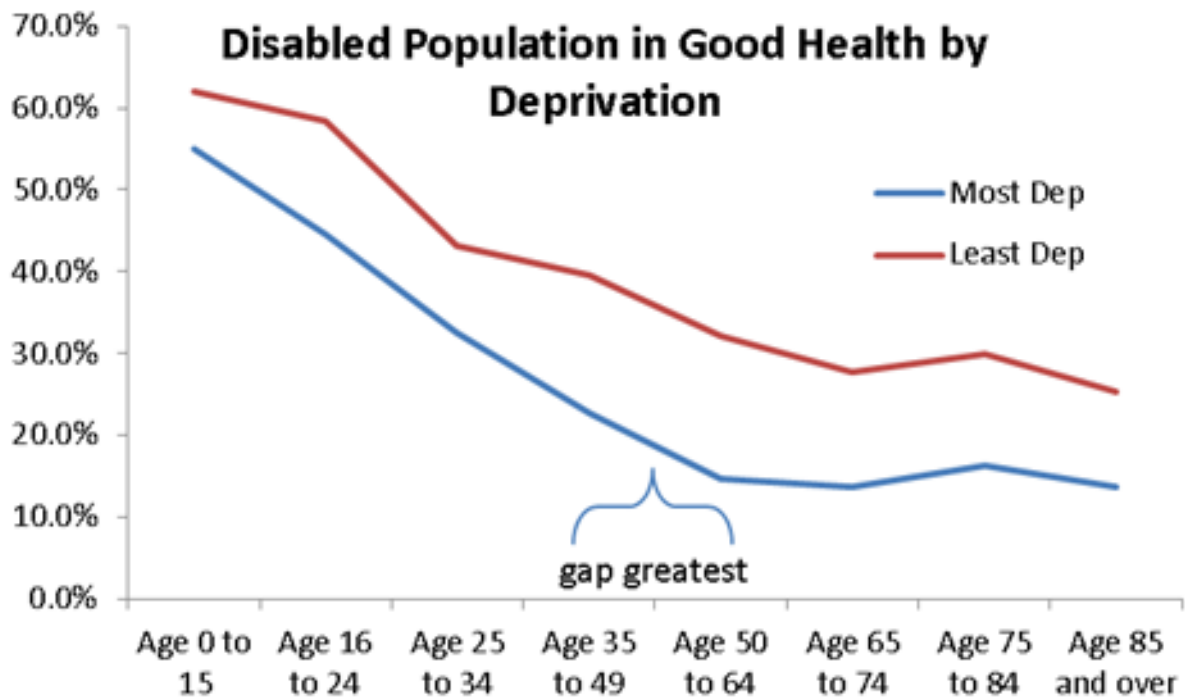
Unsurprisingly the proportion of the population who describe their health as bad or very bad rises with age (from 0.6% of 0-15 year olds to 14.3% of those aged 65+). Similarly the proportion of the population whose day to day activities are limited by a long-term illness or disability rises from 3.8% among 0-15 year olds to 51.4% among the 65+ population. On this and the general ill health measure the rates in Solihull are lower than that for England among all age groups except for those under 16 with a limiting illness or disability.

Population with Life Limiting Long-Term Illness or Disability by Age



Source: ONS Census 2011

Not only does the prevalence increase with age (16-24 is 5%) but so also does the inequality gap when we compare the limited or disabled population in good health between the Regeneration wards and the most affluent wards of Knowle, Dorridge & Hockley Heath and St Alphege.



This suggests that the nature of work or other environmental factors is important but nonetheless disabled people or those living with limiting conditions are more likely to be in better health in the least deprived areas and this starts during childhood. Also, 5.1% of under 16 in Regeneration wards are disabled compared with 2.3% in the most affluent wards (by 35 to 49 this rises to 18.2% and 5.8% respectively or three times as prevalent).

Disability Prevalence	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 to 74	Age 75 to 84	Age 85 and over
Most Deprived	5.1%	7.0%	10.3%	18.2%	35.2%	53.4%	70.8%	85.6%
Least Deprived	2.3%	3.1%	4.9%	5.8%	11.4%	25.8%	50.3%	80.7%
Ratio	2.2	2.2	2.1	3.1	3.1	2.1	1.4	1.1

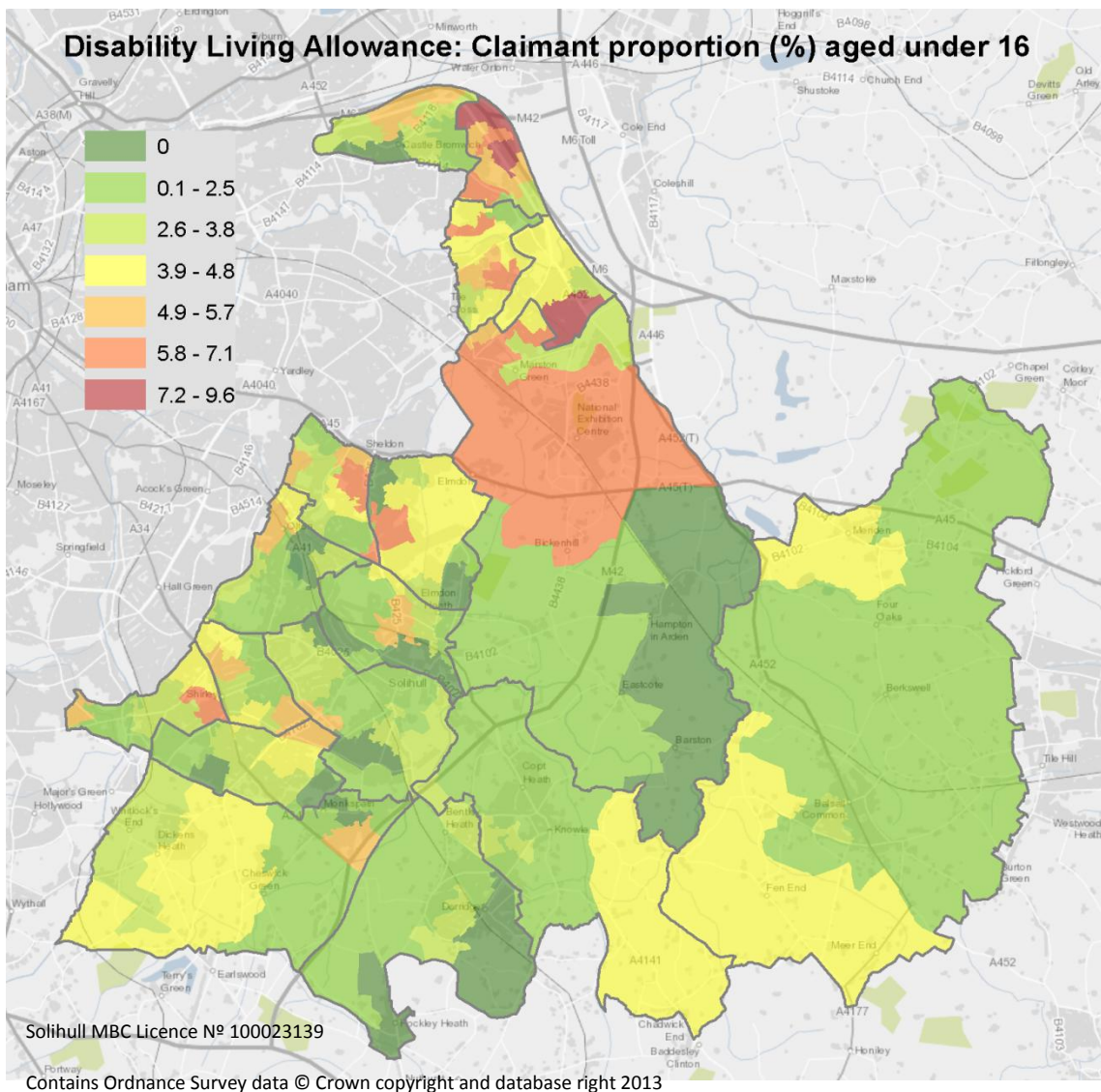
Disability Living Allowance

Analysis of the benefit claimants for Disability Living Allowance (May 2013) reveals that just under a half of those under 25 is for the condition of Learning Difficulties (most significant shown only):

Condition	Aged under 16	Aged 16-24	Total under 25	Proportion of Total
Learning Difficulties	660	400	1,060	46.7%
Hyperkinetic Syndromes	150	70	220	9.7%
Neurological Diseases	80	60	140	6.2%
Behavioural Disorder	110	30	140	6.2%
Diabetes Mellitus	50	20	70	3.1%
Skin Disease	70	0	70	3.1%
Disease of the Muscles, Bones or Joints	40	20	60	2.6%
Deafness	40	20	60	2.6%
Epilepsy	30	30	60	2.6%
Other	170	170	340	15.0%
Grand Total	1,395	845	2,240	

Note that due to rounding issues the totals in the above table do not add up to the conditions shown

The following map reveals that there is an association with deprivation for those under 16 and is notable that the overall level of 3.6% is remarkably similar to the 2011 Census equivalent.



The Child and Maternal Health Intelligence Network (CHIMAT)

CHIMAT define children with a long-term disability as a diverse group; some having highly complex needs requiring multi-agency support across health, social services and education – the most extreme perhaps being those who are technology-dependent. Other children will require substantially less support, although nevertheless have long-term disabilities. They go on to add that there have been many attempts to provide accurate estimates of disability in children and young people, some based on literature and others utilising specific survey data - information on self-reported (by the parent) long-standing illness or disability is provided from the General Household Survey. Furthermore, they state that routine data collected by Local Authorities on children with statements of Special Educational Needs is not deemed to reflect the spectrum of disability and is felt only a weak proxy measure for severity (further analysis is available within the next section).

The mean percentage of disabled children (aged under 19) in English local authorities has been estimated to be between 3.0% and 5.4%, through a survey of all Directors of Children’s Services in England undertaken by the Thomas Coram Research Unit (TCRU). If applied to the population of Solihull this would equate to between 1,252 and 2,254 children experiencing some form of disability.

The table below (from Family Fund Trust statistics) shows estimated numbers for mild and severe disability. Children aged 0 to 4 years display lower prevalence than children in the higher age groups for mild disability which can be contrasted with the estimation of severe disability and where the rates are higher for children in the 0 to 4 age group.

	Mild		Severe	
	Boys	Girls	Boys	Girls
age 0-4	840	728	9	4
age 5-9	1,525	1,008	7	3
age 10-14	1,340	1,197	5	3
age 15-19	1,242	1,056	2	1
Total	4,947	3,989	24	11

It is also stated that the prevalence rates of children and adolescents with mild disabilities were found to be higher for those from semi-skilled manual and unskilled manual family backgrounds. The prevalence of children with mild disabilities from professional family backgrounds was lower in comparison to the other socio-economic groups. The rate of severe disability was found to be greatest amongst children from semi-skilled manual family backgrounds, whilst the lowest rates were for children from professional and managerial family backgrounds.

Other findings include the number of 5-15 year olds with a visual Impairment estimated to be between 29 and 55.

Statements of Special Educational Need/Education Health and Care Plan

The Department for Education (DfE) has stated that:

- Disabled children and young people currently face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcomes their peers expect and to succeed in education.
- 29% of disabled children nationally live in poverty.
- The educational attainment of disabled children is unacceptably lower than that of non-disabled children and fewer than 50% of schools have accessibility plans.
- Disabled young people aged 16-24 are less satisfied with their lives than their peers and there is a tendency for support to fall away at key transition points as young people move from child to adult services.
- Families with disabled children report particularly high levels of unmet needs, isolation and stress.
- Only 4% of disabled children are supported by social services. A report by the Audit Commission in 2003 found that there was a lottery of provision, inadequate strategic planning, confusing eligibility criteria, and that families were subject to long waits and had to jump through hoops to get support.
- The prevalence of severe disability is increasing.

The following Local Authorities have been used as comparators for Solihull regarding SEN rates and outcomes (note DfE is a group typically used by Education and Children's Services):

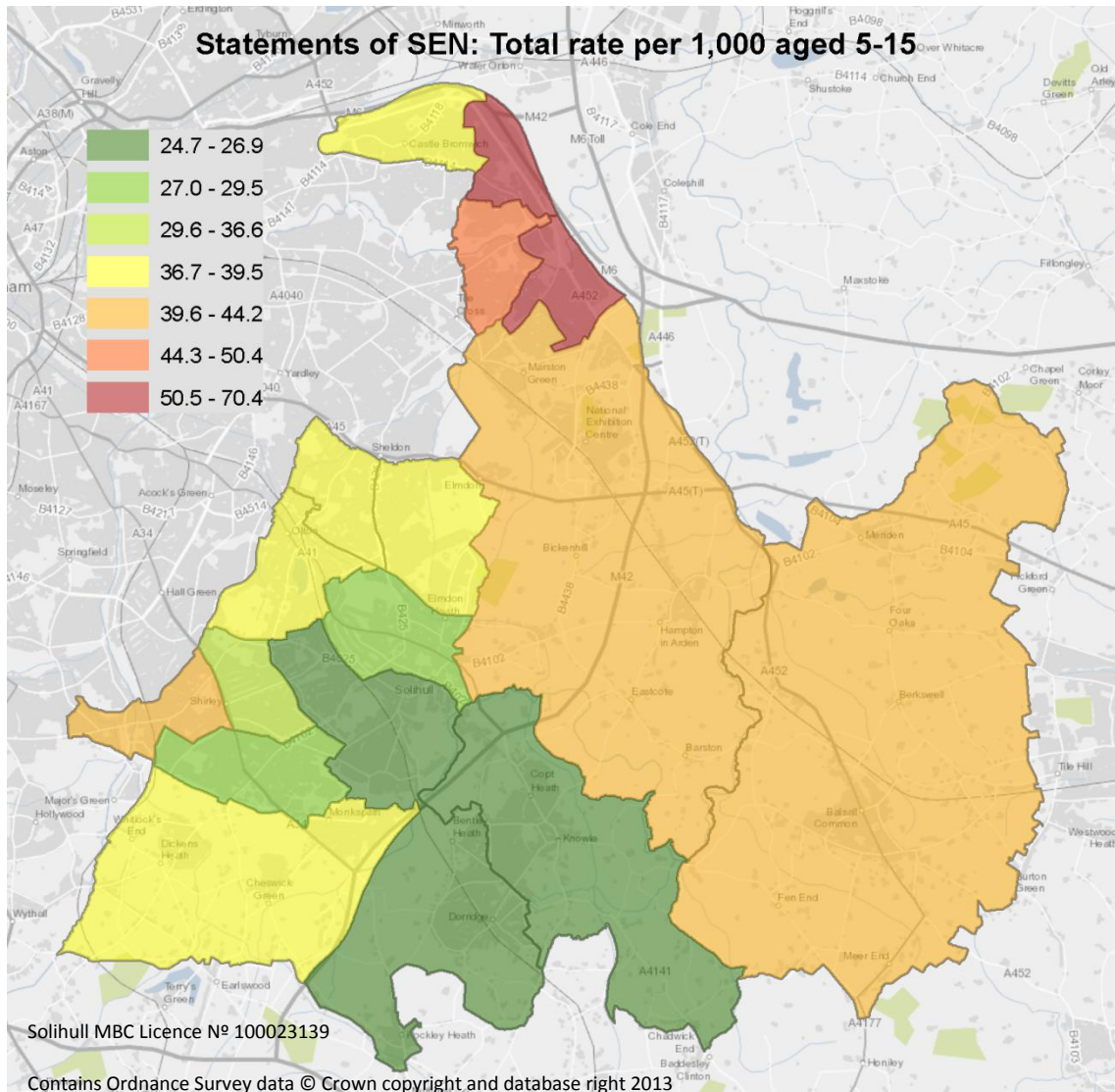
LA	CIPFA [pre 2014]	DfE
Bath and North East Somerset	✓	
Bedford	✓	
Bury	✓	✓
Central Bedfordshire	✓	✓
Cheshire East	✓	✓
Cheshire West and Chester	✓	✓
Essex		✓
Hertfordshire		✓
North Somerset	✓	
Poole	✓	
South Gloucestershire	✓	
Stockport	✓	✓
Swindon	✓	
Trafford	✓	✓
Warrington	✓	✓
Warwickshire		✓
Wiltshire	✓	
York	✓	

The rate of pupils with Statements of SEN, based on where the pupil attends school, reveals that Solihull has increased from 2.9% to 3.1% from 2010 to 2013 compared with no change for England (at 2.8%) and crude average for the comparator group moving from 2.7% to 2.8% (in line with the national level). This shows that Solihull schools have a rate above and increasing faster than we might expect given the resident population, although the extent of the impact of the considerable outer borough school population is not known. The CHIMAT data (2012) highlights the greatest adverse variance at Primary being Autistic Spectrum Disorder (8.7 per 1,000 school population compared with 5.8 for England) followed by Specific Learning Difficulty (9.0 and 7.5), Hearing Impairment (2.1 and 1.8) and Visual Impairment (1.2 and 1.0) – at Secondary greatest variance is Specific Learning Difficulty (18.4 and 13.0) followed by Autistic Spectrum Disorder (8.7 and 7.0) and Hearing Impairment (2.6 and 2.2). Note that the most positive variance in both settings is Severe Learning Difficulty (0.2 and 1.1 for Primary and 0.3 and 0.7 for Secondary).

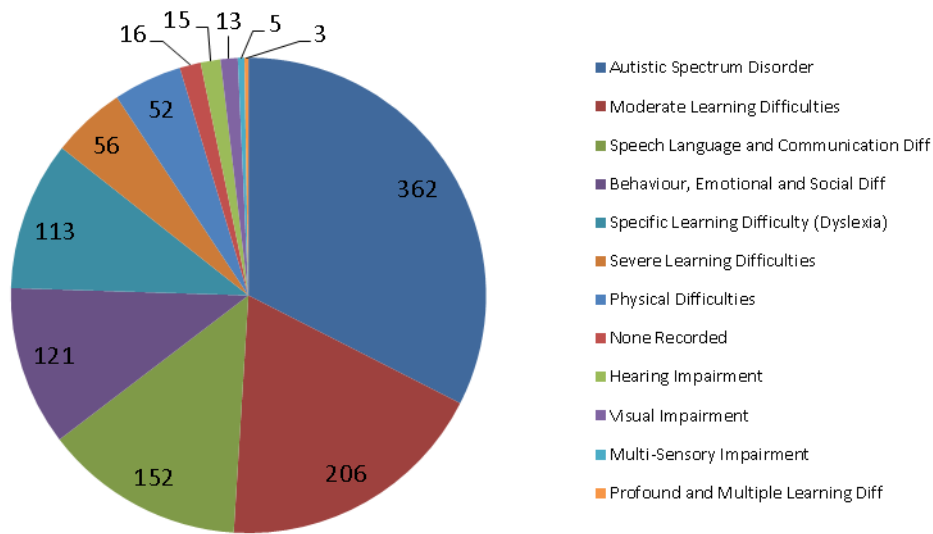
At December 2013 there were 1,284 individuals recorded on Tribal as having a Statement of SEN and were known to live in Solihull with 1,114 between the ages of 5 and 15. This represents a rate of 40.3 per 1,000 resident children between 5 and 15 but note is not to be compared with nationally available measures. The table below reveals how the prevalence increases with age although the 10 and 11 year old figures are of interest (it is not known whether this is a cohort or transition issue, nevertheless could be worthy of further exploration):

5	6	7	8	9	10	11	12	13	14	15
18.5	25.8	30.3	37.2	39.6	52.3	38.1	41.7	51.6	49.7	53.1

The map below reveals the same patterns that have already been highlighted in this report (Behaviour Emotional & Social Difficulties, Learning Difficulties and Speech Language & Communication Difficulties are also correlated with deprivation which together account for just under half of SEN statements).



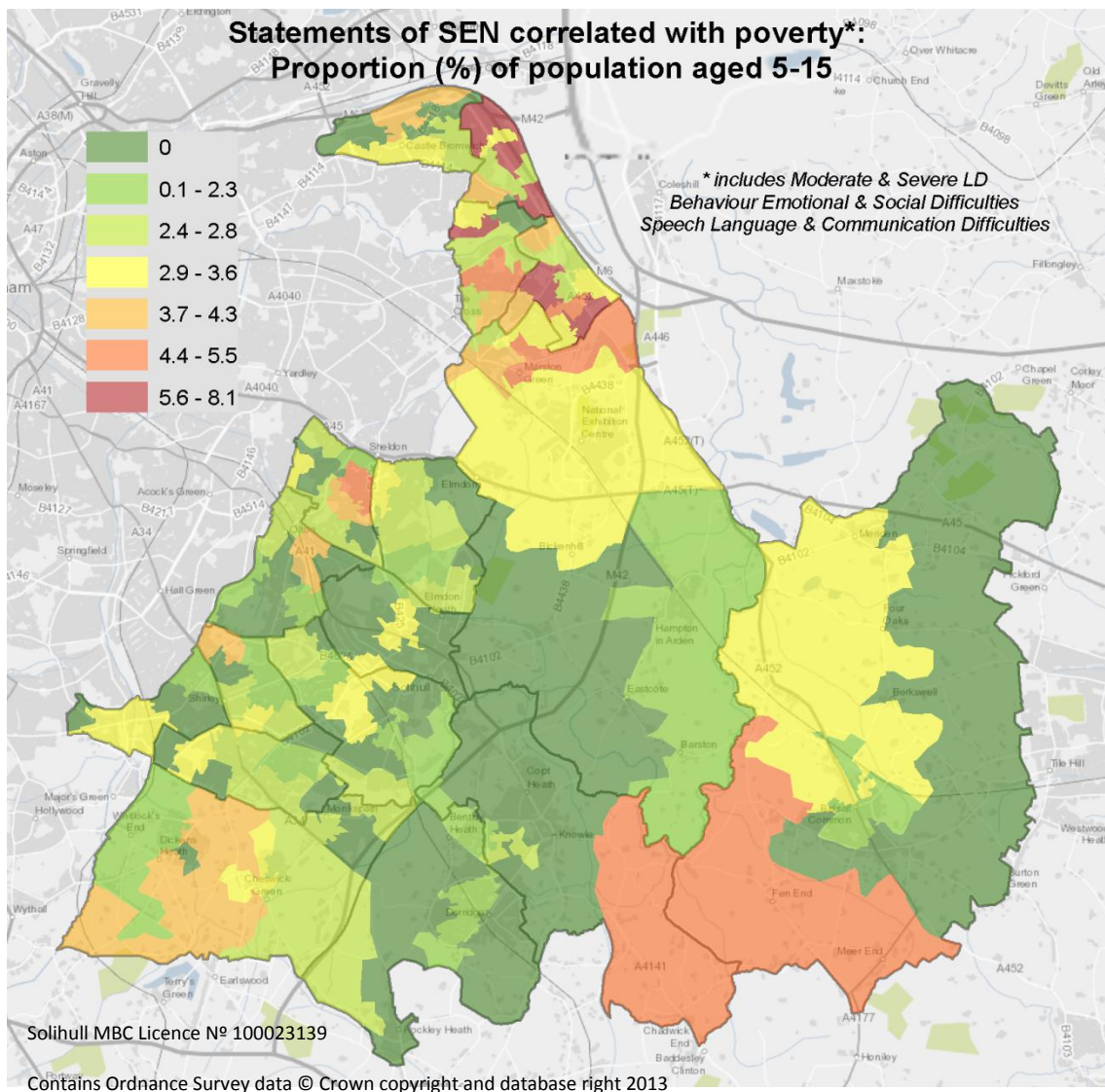
The chart below reveals that Autism is the largest primary category but should be noted has no association with socio-economic classification and there will be secondary categories as well:



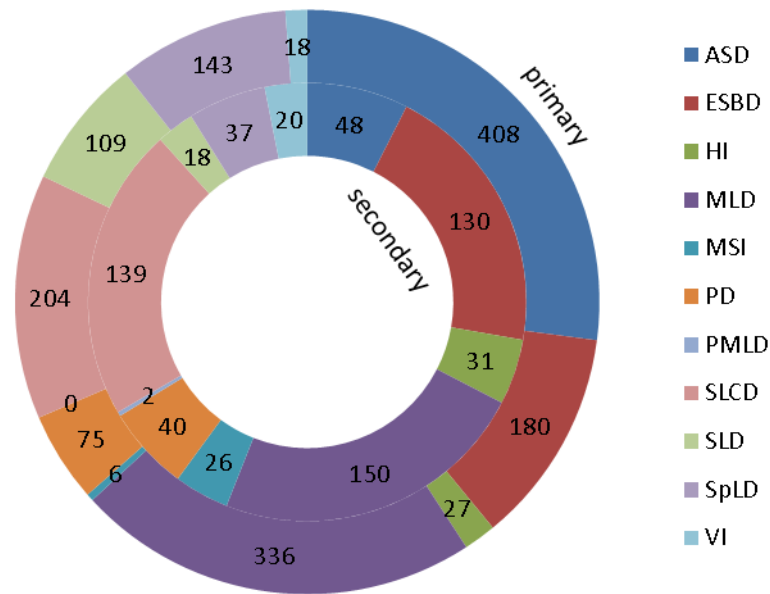
Gender differences are shown in the table below as a rate per 1,000, ordered by greatest variance for males. Overall males account for 3/4 of SEN statements and males with autism just over a quarter.

	Male	Female
Behaviour, Emotional and Social Diff	7.7	1.1
Autistic Spectrum Disorder	21.6	4.6
Multi-Sensory Impairment	0.3	0.1
Speech Language and Communication Diff	8.5	2.5
Specific Learning Difficulty (Dyslexia)	5.9	2.2
Severe Learning Difficulties	2.8	1.3
Hearing Impairment	0.7	0.4
Profound and Multiple Learning Diff	0.1	0.1
Moderate Learning Difficulties	9.3	5.6
Visual Impairment	0.6	0.4
Physical Difficulties	2.2	1.5
Total	60.6	20.1

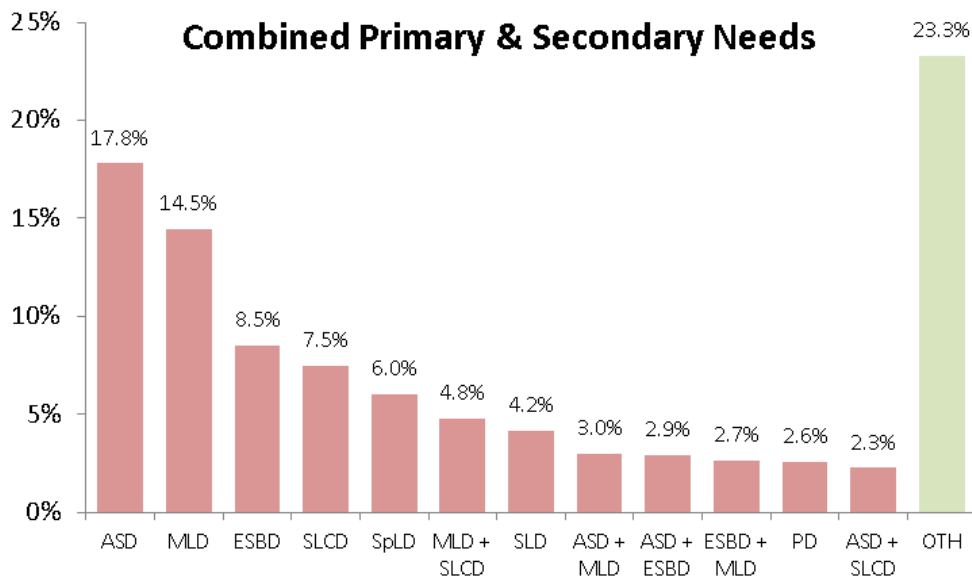
Furthermore, nearly a third of statements are males within categories associated with deprivation. Possible locations of interest (for both genders) are highlighted below:



Data from June 2013 of 1,506 pupils on Tribal for a Statement of SEN reveals that although ASD is the largest category for primary need (27% of pupils with a Statement of SEN) when this is combined with secondary needs Moderate Learning Difficulties is the largest (32% compared with 30% for ASD). Note that nearly 60% of pupils with Statements of SEN feature either ASD or Moderate Learning Difficulties and of the remaining 40%, half feature Speech Language and Communication or Behaviour, Emotional and Social Difficulties.

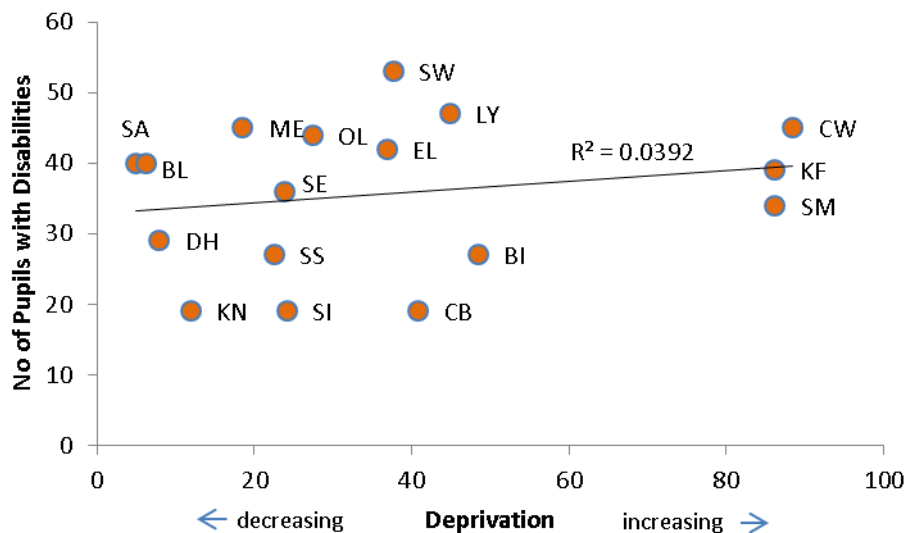


The following chart reveals that well over a half of pupils have only one primary need and that where there are multiple needs there is a ‘long tail’ of combinations.



The most recent Tribal data for March 2014 reveals that there are 1,371 Children or Young People with a SEN Statement or an Education Health and Care Plan where Solihull is the funding authority and 1,378 who are Solihull residents (thus the two balance, note this for all under the age of 25).

Furthermore, there are 685 individuals recorded as having a disability of which 394 also have a current Statement (this rises to 530 for those who have ever had a Statement and disability). Of the 685, 45% have ASD, 15% Specific Learning Difficulties, 15% Severe Learning Difficulties, 12% Asperger’s Syndrome with the remaining 16% shared between 18 different separate disabilities. The following chart reveals that there is no obvious association with deprivation in terms of the 685.



Other highlights include 330 who receive sensory support, of which 47 are recorded as having a disability and 102 with a Statement of SEN - 41 are recorded as having sensory support, a disability and a SEN Statement. Therefore, we have in the order of 1,000 children and young people with a recorded disability on Tribal.

It should also be noted that analysis from a report by the Centre for Disability Research in 2008 (Estimating Future Numbers of Adults with Profound Multiple Learning Disabilities in England) suggests that an 'average' area in England with a population of 250,000 will see the number of adults with PMLD receiving health and social care services rise from 78 in 2009 to 105 in 2026 and the number of young people with PMLD becoming adults in any given year will rise from 3 in 2009 to 5 in 2026 (equivalent figures for Solihull would be an increase from 64 to 87 and 2 to 4 respectively). These rates will be higher in communities that: (1) have a younger demographic profile; or (2) contain a greater proportion of citizens from Pakistani and Bangladeshi communities. These projected rates will not be influenced by level of socio-economic deprivation. Analysis of SEN in Solihull from 2011 reveals that the rate for pupils of an Asian background with PMLD is higher than all other groups but this could be affected by small numbers.

SEND Young People's Destinations

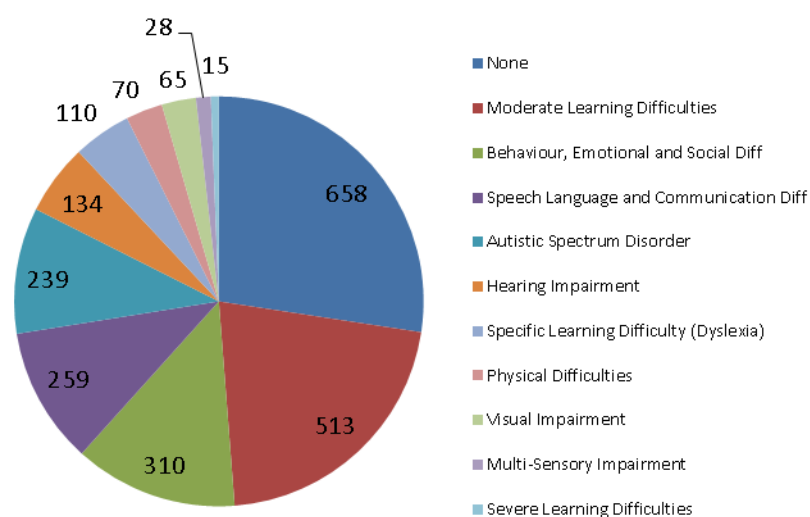
The March 2014 DfE return for the 16 to 19 year old LDD cohort reveals that 95% of the 106 children and young people are still in learning:

LDD Cohort		106
EET (in Education Employment or Training)		101
In Education Post Year 11	School Sixth Form	93
	Further Education	4
	Higher Education	3
	Other Post 16 Education	1
NEET (Not in Education Employment or Training)		5
Available to Labour Market	Start Date Agreed	1
	Seeking Employment or Training	2
Not Available to Labour Market	Teenage Parents	2

Specialist Inclusion Support Service

Analysis from February 2011 reveals that Solihull's Specialist Inclusion Support Service (SISS) were then working with 2,401 (1,991 live in Solihull) children of which just over a quarter (622) also either already had a Statement or were undergoing Statutory Assessment.

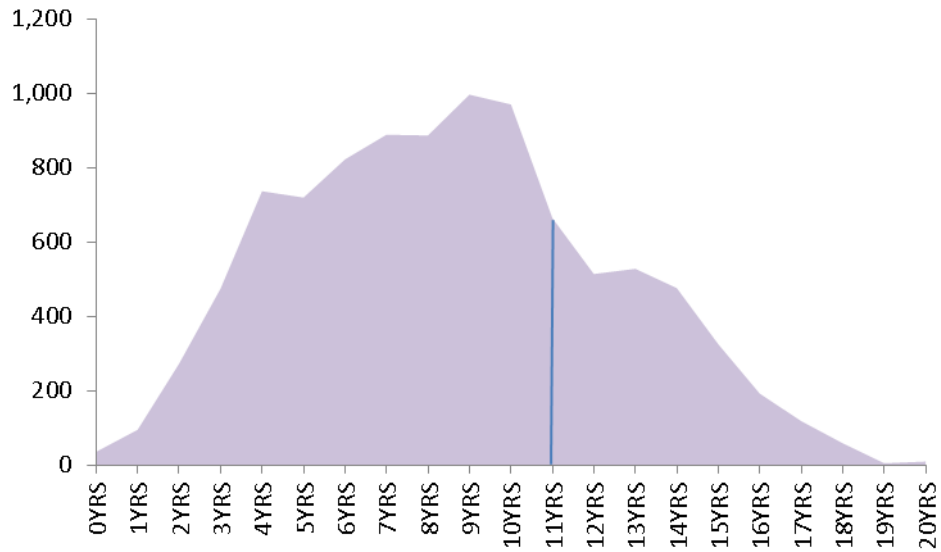
There are many similarities in the profile when compared with the SEN statements although there are 658 children without a classification.



In terms of gender split there is also a considerable bias towards males, particularly for the largest categories (shown as a count below).

	Male	Female
Autistic Spectrum Disorder	192	47
Behaviour, Emotional and Social Diff	249	61
Specific Learning Difficulty (Dyslexia)	81	29
None	470	188
Speech Language and Communication Diff	182	77
Moderate Learning Difficulties	360	153
Physical Difficulties	42	28
Visual Impairment	39	26
Severe Learning Difficulties	9	6
Hearing Impairment	73	61
Multi-Sensory Impairment	14	14

SISS have significant involvement with pre-school children (approximately 1 in 6 receiving services are under five). It is worth noting that the age profile activity (shown in the following chart as a rate per 10,000 population) decreases sharply after primary age which reflects the involvement of the SISS service:



The following table highlights the SISS activity where a disability has been recorded as a rate of the local population (Moderate Learning Difficulty features for 7 of the 10 highest individual age rates):

	MLD	BESD	SPLC	ASD	HI	SpLD	PD	VI	MSI	SLD
0YRS	0.0	0.0	0.0	0.0	17.6	0.0	0.0	4.4	8.8	0.0
1YRS	0.0	0.0	0.0	0.0	9.0	0.0	4.5	9.0	40.5	0.0
2YRS	4.3	0.0	17.3	0.0	34.6	0.0	8.6	13.0	13.0	0.0
3YRS	47.0	17.1	47.0	4.3	17.1	0.0	12.8	17.1	12.8	0.0
4YRS	99.8	66.6	195.5	4.2	16.6	0.0	16.6	4.2	16.6	4.2
5YRS	209.6	127.4	102.8	20.6	49.3	0.0	20.6	16.4	8.2	4.1
6YRS	262.5	86.1	90.4	51.6	43.0	4.3	21.5	8.6	8.6	8.6
7YRS	192.1	136.6	119.6	68.3	42.7	42.7	29.9	25.6	4.3	8.5
8YRS	237.8	125.4	134.0	69.2	43.2	47.6	17.3	17.3	4.3	8.6
9YRS	321.9	143.5	82.6	104.4	60.9	69.6	43.5	8.7	4.3	4.3
10YRS	240.3	122.3	75.9	97.0	37.9	97.0	37.9	29.5	0.0	8.4
11YRS	161.1	58.9	51.1	117.9	23.6	62.9	15.7	39.3	0.0	0.0
12YRS	100.5	55.8	37.2	74.4	37.2	26.1	22.3	3.7	0.0	0.0
13YRS	92.2	140.2	29.5	110.7	25.8	36.9	7.4	3.7	0.0	0.0
14YRS	75.1	85.8	39.3	82.3	42.9	14.3	17.9	10.7	0.0	3.6
15YRS	17.8	57.1	35.7	96.3	17.8	32.1	3.6	25.0	0.0	0.0
16YRS	34.9	27.9	7.0	24.4	7.0	10.5	7.0	7.0	0.0	0.0
17YRS	13.5	0.0	3.4	13.5	13.5	0.0	0.0	6.7	0.0	0.0
18YRS	3.9	0.0	0.0	0.0	3.9	0.0	0.0	11.7	0.0	11.7
19YRS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20YRS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Department for Education (DfE) Statistics

The DfE publish achievement statistics at Local Authority level (all schools) at various key stages by SEN provision:

	L2 or above at KS1			L4 or above at KS2			GCSE or eqv at KS4		
	Comp	Solihull	Diff	Comp	Solihull	Diff	Comp	Solihull	Diff
School Action	66.6	77.0	15.6%	67.5	81.0	20.1%	31.2	40.2	28.8%
School Action Plus	52.2	62.0	18.8%	59.3	66.0	11.2%	23.6	34.3	45.4%
SEN Without Statement	61.8	70.0	13.3%	64.7	74.0	14.3%	29.0	38.1	31.3%
SEN With Statement	24.7	32.0	29.4%	29.4	40.0	36.2%	9.8	10.6	7.7%

Comp – 2014 CIPFA Comparator Authorities

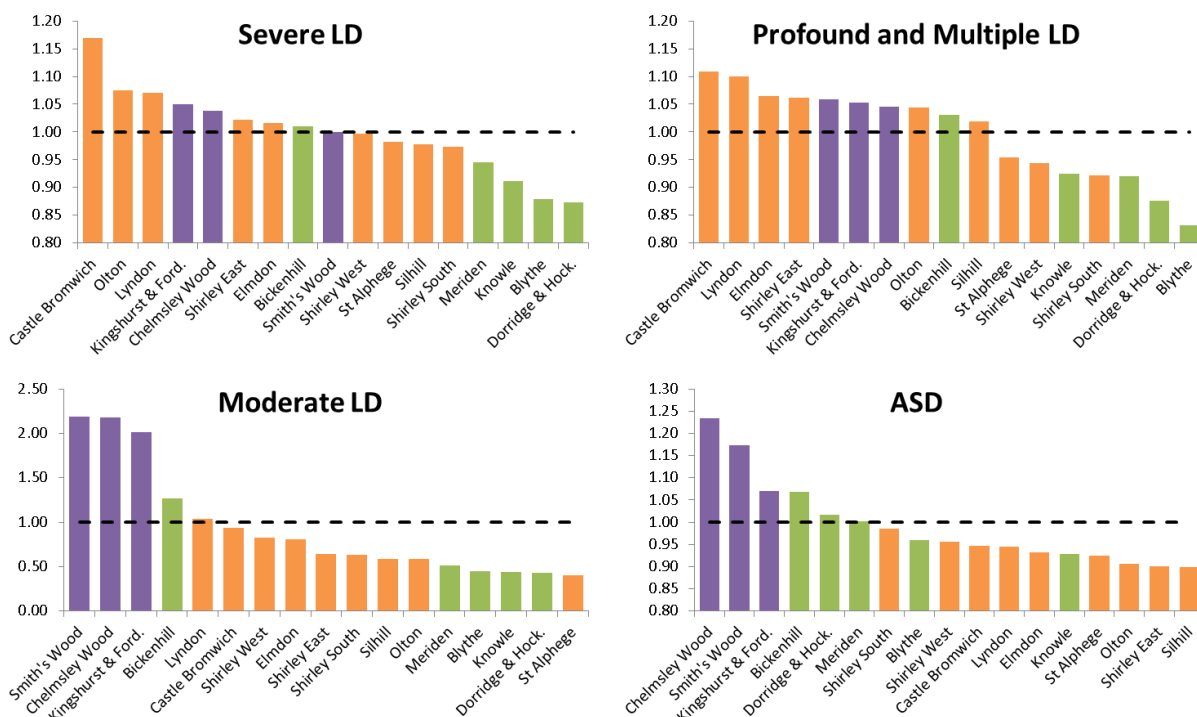
Although Solihull performs well for all of the levels of SEN provision in the table above, it is notable that achievement at the end of secondary education is lower for those with a Statement and is lower than comparison within a primary setting – again the impact of the significant out of borough cohort is not known in this analysis.

The following table (also from the 2014 analysis) reveals that Solihull has a worse position for fixed term exclusions than both West Midlands and England across all stages of need and non:

	Percentage of pupils receiving at least one fixed term exclusion				
	No identified SEN	School Action	School Action Plus	SEN but without a statement	Statement of SEN
Solihull	1.66	6.55	10.72	8.32	8.96
West Midlands	1.19	4.24	7.27	5.46	7.21
England	1.07	3.88	7.89	5.37	6.58

Public Health England

Public Health England (PHE) have made available modelled data for how many schoolchildren aged 7 to 15 with Learning Disabilities can be expected to live in each ward in England. At a Solihull level this reveals a rate of 42.2 per 1,000 resident pupils aged between 7 and 15 which is very similar to the SEN rate highlighted earlier in this report. When looking at the rates at ward level compared with Solihull overall reveals some interesting patterns (chiefly that the Urban West [orange in the charts below], including Castle Bromwich, is thought most affected by Severe/Profound & Multiple Learning Difficulties – Moderate Learning Difficulties is strongly associated with deprivation, and ASD is also thought to be most prevalent in the Regeneration [purple] wards).



It should be noted that the PHE estimate that Severe/Profound & Multiple Learning Difficulties account for less than 10% of schoolchildren aged 7-15 with learning disabilities resident in Solihull and so the charts above should be treated with caution, as we are dealing with very small numbers. Nevertheless, approaching a third of the Solihull total are pupils resident in the Regeneration wards with Moderate Learning Difficulties.

Other Children's Services

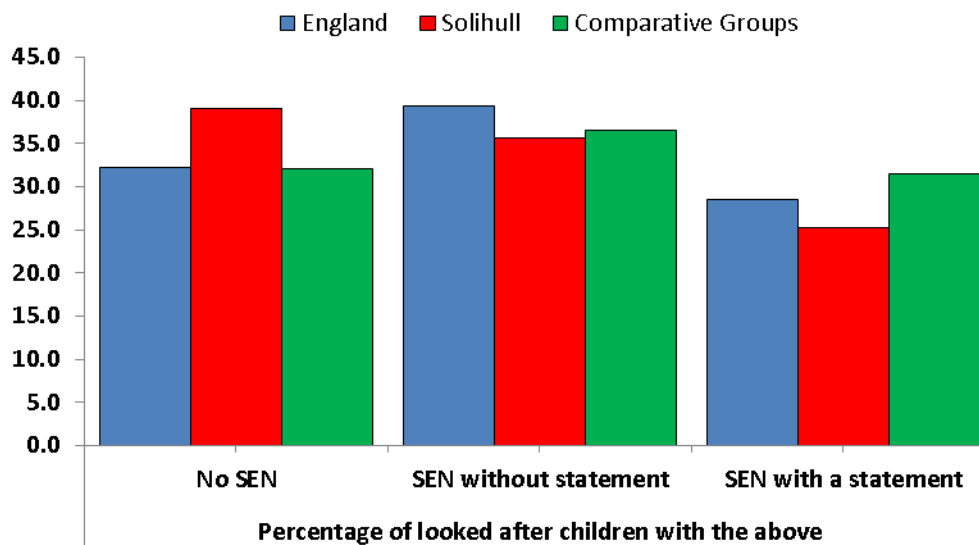
Based on the statutory 2012/13 CIN Census & 903 returns, the percentages of children relevant at the 31st March 2013 with any recorded disability are as follows:

- Child Protection Plan (CPP) – 13%
- Looked After Child (LAC) – 17%
- Other Children In Need (CiN) – 22%

This suggests that we could expect there to be in the order of 30 children on a CPP with a disability at any given moment, 60 LAC and 260 other CiN. The disabled children's register held by children's social care has not been fully utilised, and therefore does not give a complete picture. Of the 115 children who started to be looked after in 2012/13, only 2 had a Category of Need (ie main reason the child is receiving service) of Children's Disability. Prevalence of disability for CiN is expected to be higher than the general population – so perhaps more research needs to be carried out to understand the prevalence for LAC.

The following chart reveals that for the 12 months to 31st March 2013 Solihull had a lower proportion than both England and comparator authorities for looked after children with Special Educational Needs being looked after continuously for at least 12 months when compared with children without Special Educational Needs (this proportion is inverse of the general population).

Children who have been looked after continuously for at least 12 months by Special Education Needs (31st March 2013, DfE)



As at March 2014 there are 142 children under the age of 18 open to the Social Care Children’s Disability Team and 128 adults between the ages of 18 and 25 open to the Learning Disability Team and a further 20 (again 18 to 25) open to the Physical Disability Team. The Early Help and Support service provide a service for 80 children and young people with disabilities.

The proportion of young people classified as NEET (Not in Education, Employment or Training) in 2013 with a disability is 22%. Although the age range of 16-19 is older than for other Children’s Services this is a similar level and one which again appears to be far higher than the general population, although it is difficult to compare on a like for like basis, as the 80 young people included here are part of a particular targeted group with learning difficulties.

An exercise in mid 2014 to inform numbers of young people that will convert to EHC plans, revealed 819 young people resident in Solihull and aged between 16 and 25 with a Learning Disability Assessment - note that not all of these would have required High Needs funding. 166 LDA’s were completed in the last academic year.

The 2012 Health Related Behaviour Questionnaire (HRBQ) is another potential source of useful information, which although doesn’t contain a self reported disability measure, does reveal that over 5% of pupils in Solihull’s primary schools have responded that they have been bullied because of disability. At first glance this suggests that bullying of children with a disability because of their disability is ubiquitous, as is suggested by a 2008 report (The Activities and Experiences of 16 Year Olds) from the [then] DCSF which stated that:

‘More than four-fifths of 16-year-olds with a statement of special educational needs or disability that affected their schooling have reported being bullied. This contrasts with under two-thirds of non-disabled young people who report being bullied.’

Child and Adolescent Mental Health Services

In 2013 there were 1,398 referrals to CAMHS of which 1,221 (87%) are resident in Solihull – 30% of these being from the three Regeneration wards. This represents a 16% increase on 2012, with significant increases for Risk of Harm and Deliberate Self Harm (+193% and +48% respectively), Autism (+33%) and a decrease in Behaviour Problems (-29%). The largest categories are:

- Behaviour problems (22%)
- Depression and anxiety (19% - 78% referred by a GP compared with 56% overall)
- Deliberate Self Harm (12%)
- Risk of Harm (6%)
- Autistic Spectrum (5%)

Interestingly unlike SEN and SISS there is no gender bias. In terms of age the median is 13 and the largest group 15 but there is a surprisingly long negatively skewed distribution tail with 18 three year olds for example.

Further Health Data

The Commissioning Support Unit revealed that there were only 11 Learning Disability inpatient admissions aged 25 or under between April 2011 and January 2014 with only one since 2012/13. The limited amount of data retrieved over this period is partly explained due to disability not being consistently recorded when it is not a significant cause for the admission.

As at 30th April 2014 there were six 0-18 year olds receiving NHS Continuing care compared with fourteen aged 19-25 receiving Continuing Health Care.. This suggests that the proportion of children and young people under 19 receiving continuing care is lower than might be expected.

The Community Childrens Nursing team caseload in June 2014 included 112 children and young people with moderate to severe learning disabilities or complex physical and medical needs, aged between 0 and 17 years; 36 female and 76 males, 56 were under 5yrs old, 28 6 – 10yrs, 23 who were between 11 and 15yrs old and 4 were 16+.

Short Breaks

The majority of children and young people with Special Education Needs and Disability access mainstream leisure provision, indeed providers must make reasonable adjustments, including the provision of auxiliary aids and services, to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers.

The NHS and the Local Authority commission a range of short breaks for disabled children and young people. Currently 62 children and young people (0-18) are receiving overnight short breaks commissioned by Health or Social Care; this excludes those who are receiving overnight breaks at children's hospice provision. In 2013/14 a total of 338 children and young people accessed commissioned community short breaks; this does not include short breaks that were directly funded by Social Care or breaks provided by a range of organisations who received capital or revenue funding support from the local authority to support their short break offer.