



Wolverhampton Joint Strategic Needs Assessment

Children and Young People with Special Educational Needs and Disabilities

2019

Topic Specific Report



Contents

| | |
|--|----|
| Executive Summary | 7 |
| i) Background | 7 |
| ii) Summary of key findings | 8 |
| 1. Introduction | 13 |
| 1.1 An Ordinary Life | 13 |
| 1.2 Preparing for Adulthood | 13 |
| 1.3 Purpose of the JSNA | 14 |
| 1.4 Scope of the JSNA | 14 |
| 1.5 Defining Special Educational Needs and Disabilities | 15 |
| 2. Key Legislation and Guidance | 16 |
| 2.1 Purpose of this chapter | 16 |
| 2.2 Key Legislation | 16 |
| 2.3 Key Guidance | 17 |
| 2.4 Key Policy | 19 |
| 3. Methodology | 24 |
| 3.1 Purpose of this chapter | 24 |
| 3.2 SEND JSNA Task and Finish Group | 24 |
| 3.3 Engagement with Key Stakeholders | 24 |
| 3.4 Data Collection and Analysis | 25 |
| 3.5 Evidence Review | 26 |
| 4. Stakeholder Engagement | 27 |
| 4.1 Purpose of this chapter | 28 |
| 4.2 Key findings: The meaning of an Ordinary Life | 28 |
| 4.3 Key findings: The importance of an Ordinary Life | 30 |
| 4.4 Key Findings : Preparing for Adulthood | 33 |
| 4.5 Other ideas | 40 |
| 4.6 Parents and Carers of children and young people with SEND | 40 |
| 4.7 Demographics of respondents | 41 |
| 4.8 Other relevant engagement activities | 42 |
| 4.9 Understanding gaps and plans for improvement | 43 |
| 5. Population of children and young people with SEND | 44 |
| 5.1 Purpose of this chapter | 44 |
| 5.2 Children and young people in Wolverhampton | 45 |
| 5.3 Developing Special Educational Needs and Disabilities | 47 |
| 5.4 Children and young people with SEND in Wolverhampton | 49 |
| 5.5 Types of schools | 58 |

| | | |
|------|--|-----|
| 5.6 | School Attendance | 60 |
| 5.7 | Broad Areas of Need | 60 |
| 5.8 | Children and young people in specific circumstances | 75 |
| 5.9 | Future population | 82 |
| 5.10 | Understanding the gaps and plans for improvement..... | 85 |
| 6. | Identification and Assessment of Need | 86 |
| 6.1 | Purpose of this chapter | 86 |
| 6.2 | The value of early identification | 86 |
| 6.3 | Healthy Child Programme | 87 |
| 6.4 | Early Years Settings | 90 |
| 6.5 | School Settings | 93 |
| 6.6 | Further Education Settings | 93 |
| 6.7 | Assessment of Special Educational Needs | 94 |
| 6.8 | Transition Assessments for young people with EHCPs | 102 |
| 6.9 | Assessment of Long Term and Complex Needs | 102 |
| 6.10 | Assessment of needs of parent carers of children and young people with SEND 104 | |
| 6.11 | Understanding gaps and plans for improvement..... | 105 |
| 7. | Services for Children and Young People with SEND | 106 |
| 7.1 | Purpose of this chapter | 106 |
| 7.2 | Joint Commissioning Arrangements | 107 |
| 7.3 | Services for Children and Young People with SEND | 107 |
| 7.4 | Child Development Centre | 108 |
| 7.5 | Special Needs Early Years' Service | 109 |
| 7.6 | Special Educational Needs Statutory Assessment and Review Team | 109 |
| 7.7 | SEND Community Healthcare Services | 110 |
| 7.8 | Children's Therapy Services | 112 |
| 7.9 | Equipment and Adaptions | 114 |
| 7.10 | Emotional Health and Wellbeing Service | 115 |
| 7.11 | Specialist Child and Adolescent Mental Health Services | 116 |
| 7.12 | Children's Hearing Services | 117 |
| 7.13 | Sensory Inclusion Service: Hearing Impairment Team..... | 118 |
| 7.14 | Sensory Inclusion Service: Vision Team | 118 |
| 7.15 | Educational Psychology Service | 119 |
| 7.16 | Information, Advice and Support Service | 119 |
| 7.17 | Wolverhampton Outreach Service | 120 |
| 7.18 | Short Breaks | 121 |
| 7.19 | Home to School Transport..... | 121 |

| | | |
|------|---|-----|
| 7.20 | Wheelchair service | 122 |
| 7.21 | Understanding the gaps and plans for improvement..... | 122 |
| 8 | Supporting Independence..... | 123 |
| 8.1 | Purpose of this chapter..... | 124 |
| 8.2 | Good Health | 124 |
| 8.3 | Employment..... | 133 |
| 8.4 | Independent Living..... | 140 |
| 8.5 | Community Inclusion | 145 |
| 8.6 | Understanding the gaps and plans for improvement..... | 148 |
| 9 | Special education provision for children and young people with SEND | 149 |
| 9.1 | Purpose of this chapter..... | 149 |
| 9.2 | Current Provision | 149 |
| 9.3 | External and Independent Placements | 152 |
| 9.4 | How the Local SEND estate has changed..... | 152 |
| 9.5 | The Development of Provision for Students with SEND | 153 |
| 9.6 | Estate Development Priorities | 153 |
| 9.7 | Understanding gaps and plans for improvement..... | 154 |
| 10 | Evidence Review | 155 |
| 10.1 | Purpose of this chapter..... | 155 |
| 10.2 | Reviewing the evidence | 155 |
| 10.3 | Summary of findings | 155 |
| 10.4 | Conclusion..... | 161 |
| 10.5 | Acknowledgements | 161 |

Glossary

| Term | Description |
|--------------------|---|
| ASD | Autistic Spectrum Disorder; a type of SEND |
| Attainment 8 | Attainment 8 measures a child or young person's average grade across eight subjects – the same subjects that contribute towards Progress 8. |
| BCPFT | Black Country Partnership Foundation Trust |
| CIC | Children in Care – this term refers to any child in the care of the Local Authority. This includes children who are placed in a children's residential home or foster placement or are receiving respite care. |
| CIN | Children in Need are children who require Local Authority support to a) achieve or maintain a reasonable level of health or development, the provision of services and / or b) prevent significant or further harm to health or development. CIN may also be children who are disabled. |
| Changing our Lives | Changing our Lives is a rights-based organisation who work alongside people with disabilities, and people with lived experience of mental health difficulties, of all ages. They are a strategic partner of the SEND PCB. |
| CWC | City of Wolverhampton Council |
| EHCP | Education, Health and Care Plan is a personalised plan that outlines a child or young person's special educational needs and the support that will be provided to help them. It also includes any health and care provision that is needed. It is a legal document written by the Local Authority. |
| HI | Hearing impairment; a type of SEND |
| IASS | Information, Advice and Support Service |
| JSNA | Joint Strategic Needs Assessment is an assessment of the current and future health and social care needs of the local community. the aim of the JSNA is to inform the development of local evidence-based strategic priorities which will improve the health and wellbeing of the local population, as well as reduce inequalities. |
| MLD | Moderate learning difficulties; a type of SEND |
| MSI | Multiple sensory impairment; a type of SEND |
| PMLD | Profound and multiple learning difficulties; a type of SEND |
| RWT | Royal Wolverhampton Trust |
| SEMH | Social, emotional, mental health; a type of SEND |
| SEN | Special educational needs |
| SENCO | Special Educational Needs Co-ordinator is the school teacher who is responsible for assessing, planning and monitoring the progress of children with SEND |
| SEND | Special Educational Needs and Disabilities – A child or young person aged 0 - 25 years has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need additional health and education support. |

| | |
|-------------------------------|---|
| SEND PCB | SEND Partnership and Commissioning Board is the local strategic partnership with a collective commitment to making sure that disabled children and young people and children with additional needs also get the same life chances as children who do not have a disability. |
| SLCN | Speech, language and communication needs; a type of SEND |
| SLD | Severe learning difficulty; a type of SEND |
| SNEYs | Special Needs Early Years' Service |
| SpLD | Specific learning difficulty; a type of SEND |
| VI | Visual impairment; a type of SEND |
| Voice 4 Parents | Voice 4 Parents are a parent and carer forum whose core steering group core steering group membership is made up of parents and carers whose children have a wide range of special educational needs and disabilities. They are a strategic partner of the SEND PCB. |
| WCCG | Wolverhampton Clinical Commissioning Group |
| Wolverhampton Challenge Board | Wolverhampton Challenge Board is made up of young leaders with SEND. They are a strategic partner of the SEND PCB. |

Executive Summary

i) Background

The Children and Young People with Special Educational Needs and Disabilities (SEND) in Wolverhampton Joint Strategic Needs Assessment (JSNA) 2019 focuses on children and young people aged 0-25 years who are residents of or who are educated within the city.

The JSNA aims to provide Wolverhampton SEND Partnership and Commissioning Board with an up to date understanding of the needs of local children and young people with SEND to:

- Inform the strategic, system wide priorities to improve independence and outcomes for children and young people with SEND, and their families, in Wolverhampton
- Inform commissioning at both strategic and operational levels, so that services and support are tailored to need and based upon the best available evidence
- Inform the wider system so that all relevant future plans in the city are considered through the lens of independence and inclusion, reducing the social and environmental barriers to living an ordinary life.

The JSNA 2019 is set firmly in the context of an Ordinary Life – defined by the Wolverhampton Challenge Board as:

‘Being valued as people first, as loving family members, as rebellious teenagers, as paid employees, as community leaders, as home owners and tenants, as neighbours, as friends and partners.

Where young people with the label of special educational needs and disabilities are seen in society and have active lives in society - not living in service land and hidden away from communities in segregated services with other disabled people.’

This JSNA recognises the importance of looking ahead, not just considering the needs of children and young people with SEND now but also seeking to understand more about their needs as they become adults.

This is underpinned by the principal of ‘preparing for adulthood’ – outlined by the SEND Code of Practice 2015 and centred around four key areas; higher education and / or employment, independent living, participating in society, and being as healthy as possible in adult life. The Code sets out the expectation that children and young people with SEND will be supported to be aspirational and plan and prepare for adulthood from an early stage.

The JSNA represents a collective commitment to improving the outcomes for children and young people with SEND in our city, and has been developed in conjunction with:

- Wolverhampton SEND Partnership and Commissioning Board
- Children and young people with SEND who are residents of or educated in the city
- Parents and carers of children and young people with SEND
- Professionals who work with children and young people with SEND.

ii) Summary of key findings

The following section presents a summary of the key findings from this JSNA.

Stakeholder views of an ordinary life

- Children and young people generally gave positive responses about their aspirations for the future and provided descriptions of an ordinary life that were rich and varied; full of a range of both fun and everyday activities, relationships and opportunities to make choices and take part in what they wanted to.
- Professionals focused on inclusion and equality, with inclusion commonly associated with access. This is primarily in relation to services and support but also communities, relationships and leisure – ultimately recognising the valuable contribution children and young people with SEND can make to society.
- The perception of whether children and young people already live ordinary lives differs quite significantly between children and young people themselves and the professionals who work with them. Professionals considered there still work to be done in order for this to be achieved.
- Being able to make and maintain connections with friends and the wider community, have a job and a family were key for both young people and the professionals supporting them. As part of this, it was felt that support should be tailored for each child or young person, and that this should be done as early as possible to help prepare them.
- Professionals in particular felt that a more coordinated network across SEND services and a clearer pathway for each individual to develop appropriate life skills, along with a better leisure, activity and housing offer were key to supporting young people into adulthood identified as key needs.
- Parents and carers felt that they would benefit from more support from services in Wolverhampton and that services themselves could work better together to support families. This would help families to not have to repeat their story many times.

- The need to review the leisure offer was reflected across all stakeholder groups to varying extents. Parents and carers felt particularly strongly that the leisure offer in the city was unsatisfactory.
- Parents and carers felt that it was difficult to get information about the services available to their family. This seemed to be reinforced by a lack of awareness about the Local Offer.

Population of children and young people with SEND

- The population of children and young people with special educational needs and disabilities in the city is dynamic and growing. There are currently 7,834 children with SEND in Wolverhampton, equating to 17.0% of the school population or one in every six children.
- There are 112.4 children with SEND per 1,000 children under 20 years of age in the city. East Park (161.1), Bushbury South and Low Hill (143.8) and Bilston North (139.9) had the highest rate of children with SEND in living locally.
- The most prevalent primary needs for children accessing SEN Support were Moderate Learning Difficulties (MLD), Social, Emotional, Mental Health (SEMH), Specific Learning Difficulties (SpLD), and Speech, Language and Communication Needs (SLCN).
- The most prevalent primary needs for children with an EHCP were Autistic Spectrum Disorder (ASD), Severe Learning Difficulties (SLD), MLD and SEMH needs.
- There are a number of categories of need that are notably different from the national presentation and this requires further exploration with key stakeholders. Locally, the prevalence of MLD is far greater, whilst SLCN, ASD and SEMH are much lower than seen nationally.
- Boys are significantly overrepresented in the cohort of children with SEND. Almost two thirds of children accessing SEN Support and almost three quarters of children with an EHCP/ Statement were boys despite making up less than half of the school population.
- Children with SEND are more likely to be excluded from school. There are 3.5 times as many children with SEND in the excluded population compared to the number on roll.
- Young people with SEND are more likely to come into contact with the Criminal Justice System at an earlier age and are considerably less likely to receive an informal community resolution outcome.

Identification and assessment of need

- Children being ready to learn at two and ready for school at five are vital foundations for good health and development. Significant efforts have been made by the Healthy Child Programme 0-19 Service to increase the number of children receiving a 2 – 2.5 year review. In 2018/9, 61.5% of children received this important health and development check, and coverage continues to improve.
- When looking at the starting points for children with SEND entering the Early Years Terrific for Twos programme, the area where development was most affected was speaking. Here all children with SEND were below expected levels of development (100%). This was followed by managing feelings and behaviours, and health and self-care (both 86% respectively).
- The increase in birth rate along with an increase in life expectancy for children born with complex disabilities and congenital conditions, an increase in the age range to 0-25 years for children with SEND, along with improved tools for identification of need have all contributed to the doubling in the number of requests for initial requests for an Education, Health and Care Needs Assessment (EHCNA) over the past four years.
- Wolverhampton currently has a zero rate of refusal for initial requests for EHCNAs. This is the lowest rate in the West Midlands and is one of only four authorities in the country that passes all initial requests through for assessment.
- There is currently no regular thematic analysis of outcomes identified in EHCPs which could limit the level of timely planning that can be undertaken at a cohort level.

Services for children and young people with SEND

- There is a wide variety of commissioned services and support available for children and young people with SEND, and their families in the city.
- The co-ordination of services and support offered through the Child Development Centre is seen as good practice. For families with older children, navigating some areas of the system is likely to present some challenges for parents and carers, and other professionals as each service has its own eligibility criteria and access point.
- CWC Education, Public Health and CCG Commissioners are working together to align the commissioning cycles and decision-making processes for Education, Children's Community Health and Healthy Child Programme services.
- There are opportunities to strengthen the health service offer for children in special schools through the co-ordination of provision between Children's Community Nursing and School Nursing services.

- There is variation in the age range for which some services are available. This is seen particularly at the upper age limit with some services offering support up to 18 years and others up to 25 years.
- Children who attend school in Wolverhampton from out of area and have an EHCP remain the responsibility of their home authority and CCG. This presents a challenge for local SEND Community Health Services to proactively plan and deliver appropriate support.

Supporting independence

- Findings from the Health-Related Behaviours Survey highlight variation in self-reported experiences for children and young people across the city. These variations ranged from being more likely to have good emotional health and wellbeing to being more likely to report experiences of substance misuse and controlling relationships.
- Children and young people with SEND are significantly less likely to take up the local Free Swim offer. Self-reporting, staff recording, the bright, noisy environment, and limited awareness of the offer may have all contributed to this picture. When children with SEND do take up the offer, they appear to be more engaged, with a higher average number of swims per person than their peers of the same age.
- Limitations in Primary Care clinical reporting systems nationally and locally inhibit the ability of General Practices to understand their registered population of children and young people with SEND. This presents challenges when planning, providing and making reasonable adjustments within universal health services.
- Whilst uptake of Learning Disability health checks nationally and locally remains below the required levels set following the Learning Disability Mortality Review, there have been some positive improvements seen in Wolverhampton's most recent figures.
- In Wolverhampton, 85.8% of young people aged 16 and 17 with SEND were in education and training at the end of 2018. This is an improving picture compared to the previous year however remains lower than the proportion of young people with SEND in education or training at regional (91.0%) and national (88.6%) levels.
- Wolverhampton has a higher rate of adults aged 18-64 years with a learning disability in paid employment (6.7%) compared to the West Midlands (4.3%) and England (6.0%)
- The accommodation offer for adults aged 18-64 who have learning disabilities and receive long term support from the Local Authority requires improvement. The proportion of people in settled accommodation is significantly lower and unknown

accommodation status is far higher than that seen in national and regional comparisons.

Special education provision for children and young people with SEND

- City of Wolverhampton has eight special schools, 11 resource bases, four pupil referral units and 98 mainstream schools.
- Wolverhampton Special Schools are net importers of students which has implications for local education and SEND community health service provision; almost one in ten students educated in Wolverhampton special schools are from another local authority area.
- Sometimes it necessary to place local children with SEND in out of City or Independent provision to meet their needs. Understanding the characteristics of this cohort provides valuable information regarding gaps in local provision and supports the development of future commissioning priorities
- Wolverhampton's SEND cohort is dynamic; the local education estate must respond to changes in need in a timely fashion to ensure the sufficiency, efficiency and quality of provision available to children and young people with SEND.
- Adopting a pro-active and strategic approach to the planning of educational provision will enable students' needs to be met effectively and their potential to be fulfilled.

1. Introduction

1.1 An Ordinary Life

The United Nations Convention on the Rights of the Child (UNCRC) recognises the rights of all children and young people with SEND to be supported to live an ordinary life:

‘A mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community.’

All too often children and young people with SEND, and their families, find it difficult to access the right support they need at home, in education, at work, and in their community. As a result, they face negative attitudes, unnecessary extra costs and huge pressures on family life¹.

The *Ordinary Life* White Paper² from Wolverhampton Challenge Board echoed the principles set out by the UNCRC, going on to define an ordinary life as:

‘Being valued as people first, as loving family members, as rebellious teenagers, as paid employees, as community leaders, as home owners and tenants, as neighbours, as friends and partners.

Where young people with the label of special educational needs and disabilities are seen in society and have active lives in society - not living in service land and hidden away from communities in segregated services with other disabled people.’

To achieve this, the Challenge Board called for our City to put children and young people, and their families at the centre of all that we do, to invest in an inclusive future that changes lives, where disability does not define identity, expectations and aspirations are high, and ultimately where - with the right support - a good, ordinary life becomes a reality for all.

1.2 Preparing for Adulthood

An ordinary life is not just about what happens now but is also about what lies ahead for children and young people with SEND. A central principle of the 2014 SEND reforms was the importance of preparation for adulthood from an early stage.

The SEND Code of Practice (2015)³ identifies four key outcomes:

- access to higher education and/or employment – including exploring different employment options, such as support for becoming self-employed and help from supported employment agencies

¹ Source: <https://www.scope.org.uk/about-us/everyday-equality/>

² Source: Wolverhampton Challenge Board (2017) *Ordinary Life* White Paper. Changing Our Lives

³ Source: SEND Code of Practice (2015)

- independent living – enabling people to have choice and control over their lives and the support they receive, their accommodation and living arrangements, including supported living
- participating in society – including having friends and supportive relationships, and participating in, and contributing to, the local community, and
- being as healthy as possible in adult life.

1.3 Purpose of the JSNA

The purpose of the Children and Young People with Special Educational Needs and Disabilities (SEND) Joint Strategic Needs Assessment (JSNA) is to:

- Inform the strategic, system wide priorities to improve independence and outcomes for children and young people with SEND, and their families, in Wolverhampton
- Inform commissioning at both strategic and operational levels, so that services and support are tailored to need and based upon the best available evidence
- Inform the wider system so that all relevant future plans in the city (e.g. leisure, built environment) are considered through the lens of independence and inclusion, reducing the social and environmental barriers to living an ordinary life.

1.4 Scope of the JSNA

The JSNA will focus on children and young people with SEND who are aged 0 - 25 years and are residents of or educated within the city of Wolverhampton. It will consider the health, social care and educational needs of children and young people living with:

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

Further information on the broad areas of need can be found in Chapter 5.

1.5 Defining Special Educational Needs and Disabilities

1.5.1 Special Educational Needs

A child or young person is considered to have Special Educational Needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

According to the SEND Code of Practice⁴, a child or young person has a learning difficulty or disability if they:

‘...have a significantly greater difficulty in learning than the majority of others of the same age or have a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post – 16 institutions.’

1.5.2 Children and Young People with a Disability

Children and young people with a disability are covered under the Equality Act 2010⁵. This legislative definition includes any child or young person who has:

‘...a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities.’

A *physical or mental impairment* includes learning difficulties, mental health conditions, medical conditions and hidden impairments such as specific learning difficulties, autism, and speech, language and communication impairments⁶.

The World Health Organisation⁷ describes disability as:

‘...the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).’

Children and young people with a disability will not necessarily have SEN but it is recognised that there is considerable overlap between these cohorts of children and young people. Where a child or young person with a disability requires special educational support, they will also be covered by the SEN definition as outlined in 2.3.3.

⁴ Source: SEND Code of Practice (2015)

⁵ Source: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

⁶ Source: https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/equality-act-schools_online.pdf

⁷ Source: World Health Organisation (2011) World Report on Disability

2. Key Legislation and Guidance

2.1 Purpose of this chapter

The purpose of this chapter is to outline the key legislation and guidance relating to children and young people with special educational needs and disabilities.

It is also to summarise the key policy context relating to this area – both at the national and local level.

2.2 Key Legislation

2.2.1 Children and Families Act 2014

Part 3 of the Children and Families Act 2014 (the Act) is entitled *Children and Young People with Special Educational Needs and Disabilities*.

The Act places legal duties on Local Authorities and other agencies in relation to disabled children and young people and those with SEN.

The Act introduced a number of key changes to the SEND agenda which included:

- A stronger focus on high aspirations and on improving outcomes for children and young people
- A clearer focus on the participation of children and young people and parents in decision making at individual and strategic levels
- Guidance on the joint planning and commissioning of services to ensure close co-operation between education, health, and social care
- The introduction of the new 0-25 Education, Health and Care Plan (EHCP) which replaced Statements and Learning Difficulty Assessments
- New responsibilities to support children and young people with SEN who are detained in youth custody.

Section 27 of the Act requires Local Authorities to keep the education, training and social care provision made for disabled children and young people and those with SEN under review.

The Act makes clear that the views of children, young people and their parents should be central to the review process, and that the review process itself should be integrated with the JSNA.

The regulations associated with the Children and Families Act 2014 are:

- The Special Educational Needs and Disability Regulations 2014

- The Special Educational Needs (Personal Budgets) Regulations 2014
- The Special Educational Needs and Disabilities (Detained Persons) Regulations 2015
- The Children and Families Act 2014 (Transitional and Saving Provisions) (No 2) Order 2014

2.2.2 The Care Act 2014

The Children and Families Act 2014 (2.2.1) introduces a system of support which extends from birth to 25, while the Care Act deals with adult social care for anyone over the age of 18. This means there will be a group of young people aged 18-25 who will be entitled to support through both pieces of legislation.

The two Acts also have the same emphasis on outcomes, personalisation, and the integration of services. It is therefore essential that the planning and implementation of both Acts is joined up.

It is recognised that Part 3 of the Children and Families Act, as described in 2.2.1, and Part 1 of the Care Act, which focuses on the care and support of adults with care and support needs, will have the greatest influence on support for young people with disabilities who are preparing for adulthood.

2.2.3 The Equality Act 2010

The Equality Act 2010 brings all pre-existing equalities duties (including the Disabilities Discrimination Act 1995) together under a single legal framework. It promotes a fair and equal society and prohibits discrimination against people with the protected characteristics that are specified in section 4 of the Act. Disability is one of the specified protected characteristics.

Protection from discrimination for disabled people under the Act applies to disabled people in a range of circumstances, covering the provision of goods, facilities and services, the exercise of public functions, premises, work, education, and associations. The definition of disability according to the Act can be found in 1.5.2.

2.3 Key Guidance

2.3.1 United Nations Educational, Scientific and Cultural Organisation - Salamanca Statement (UNESCO) 1994

UNESCO Salamanca Statement⁸ makes a commitment to education for all, recognising the necessity and urgency of providing education for all children, young people and adults 'within the regular education system'.

⁸ Source: http://www.unesco.org/education/pdf/SALAMA_E.PDF

It calls for children with special educational needs to have access to regular schools, recognising that mainstream schools that are inclusive are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. They also provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system.

The statement also called for nations to endorse the approach of inclusive schooling and to support the development of special needs education as an integral part of all education programmes.

2.3.2 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) 2008

In addition to the UNCRC (2.1), the UNCRPD⁹ drives the movement from viewing persons with disabilities as 'objects' of charity, medical treatment and social protection towards viewing people with disabilities as individuals with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

2.3.3 Special Educational Needs and Disability Code of Practice: 0 to 25 Years (2015)

The SEND Code of Practice¹⁰ is a joint publication by the Department for Education and Department of Health.

It provides statutory guidance on the duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations for England (see 3.1).

The guidance relates to children and young people with SEN or who are disabled.

Section 77 of the Children and Families Act requires Local Authorities, Clinical Commissioning Groups, school governing bodies, and other agencies to give due regard to the Code of Practice.

2.3.4 Working Together to Safeguard Children 2015

Working Together to Safeguard Children¹¹ is statutory guidance from the Department for Education which sets out what is expected of organisations and individuals to safeguard and promote the welfare of all children.

2.3.5 Autism Spectrum Disorder in Under 19's: Recognition, Referral and Diagnosis (CG128) 2011

NICE Clinical Guideline CG128¹² covers recognising and diagnosing autism spectrum disorder in children and young people from birth up to 19 years.

⁹ Source: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

¹⁰ Source: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

¹¹ Source: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

¹² Source: <https://www.nice.org.uk/guidance/cg128>

It also covers referral. It aims to improve the experience of children, young people and those who care for them.

2.3.6 Autistic Spectrum Disorder in Under 19's: Support and Management (CG170) 2013

NICE Clinical Guideline CG170¹³ covers children and young people with autism spectrum disorder (across the full range of intellectual ability) from birth until their 19th birthday.

It covers the different ways that health and social care professionals can provide support, treatment and help for children and young people with autism, and their families and carers, from the early years through to their transition into young adult life.

2.3.7 Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities whose Behaviour Challenges (NG11) 2015

NICE Guideline NG11¹⁴ covers interventions and support for children, young people and adults with a learning disability and behaviour that challenges.

It highlights the importance of understanding the cause of behaviour that challenges and performing thorough assessments for people with learning disabilities. The guideline also covers support and intervention for family members or carers.

2.3.8 Transition from children to adults' services for young people using health or social care services (NG43) 2016

NICE Guideline NG43¹⁵ covers the period before, during and after a young person moves from children to adults' services.

It aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care.

2.4 Key Policy

2.4.1 National Context

As part of the Children and Families Act 2014, a co-ordinated assessment process and the EHCP was introduced for children and young people with more complex needs.

From 01 September 2014, any child or young person newly referred to the Local Authority for assessment is considered under the new EHCP assessment process.

¹³ Source: <https://www.nice.org.uk/guidance/cg170>

¹⁴ Source: <https://www.nice.org.uk/guidance/ng11>

¹⁵ Source: <https://www.nice.org.uk/guidance/ng43>

The EHCP assessment replaced SEN Statements and Learning Difficulty Assessments (LDA).

The transition period for Local Authorities to transfer Statements and LDAs to EHCPs ended in April 2018. This is important to note when considering the findings from the data analysis that follows later in this document.

In 2016, the Equality and Human Rights Commission¹⁶ in its submission to the UNCRC recommended that the UK Government adopt a human rights-based approach to disability by setting up a comprehensive strategy for the inclusion of children with disabilities to:

- Ensure full respect of the rights of children with disabilities to express their views and to have their views given due weight in all decision-making that affect them, including on access to and choice of personal support and education
- Set up comprehensive measures to further develop inclusive education, ensure that inclusive education is given priority over the placement of children in specialised institutions and classes, and make mainstream schools fully accessible to children with disabilities
- Provide children with disabilities with a comprehensive and integrated package of services for transition to adulthood, from a sufficiently early stage, by coordinating legislation, policy and programmes across relevant sectors, and ensure fully-informed decision making by children with disabilities.

Following this, the Civil Society Strategy: Building a Future that Works for Everyone¹⁷ set out the national commitment to building a stronger society where:

‘all people to be able to thrive, connect with each other, and give back to their communities...and where people have a sense of control over their future and that of their

2.4.2 Local Context

2.4.2.1 City of Wolverhampton Council Plan 2019 – 2024

The Council Plan¹⁸ commits to ensuring that all forms of discrimination are eliminated and aspires for everyone in the city to have the same life chances irrespective of their diversity.

One of the key priorities for the Council Plan is to ensure that all children and young people have the best start to life so that they have the opportunities to fulfil their potential.

The Plan outlines a commitment to lead work across the city to develop and embed a ‘culture of belonging’ where all children and young people feel a part of their school

¹⁶ Source: <http://www.crae.org.uk/publications-resources/un-crc-committees-concluding-observations-2016/>

¹⁷ Source: <https://www.gov.uk/government/publications/civil-society-strategy-building-a-future-that-works-for-everyone>

¹⁸ Source: <https://www.wolverhampton.gov.uk/your-council/council-plan>

and local community. This will be done by placing child centred educational and social inclusion at the heart of all city strategies.

2.4.2.2 Wolverhampton Clinical Commissioning Group Constitution

The Wolverhampton Clinical Commissioning Group (WCCG) Constitution sets out the arrangements made by the CCG to meet its responsibilities for commissioning care for the residents of the city so that they receive 'the right care in the right place at the right time'.¹⁹

WCCG aims to ensure that people experience seamless care, integrated around their needs, so that they will live longer with improved quality of life.

2.4.2.3 Wolverhampton Joint Strategy for Children and Young People with Special Educational Needs and Disability (SEND) 2015 – 2020

The Joint Strategy for Children and Young People with Special Educational Needs and Disability 2015 – 2020 sets out the commitment from partners in education, health and social care in the city to developing a city that promotes inclusion, maximises young people's opportunities to be independent and focuses on their abilities, not their disabilities.

The Joint Strategy is owned and overseen by the Wolverhampton SEND Partnership and Commissioning Board.

2.4.2.4 Wolverhampton's Local Offer

The Children and Families Act 2014 requires all Local Authorities to produce and publish a Local Offer that sets out in one place information about provision available across education, health and social care for children and young people in the area who have SEN or are disabled. This includes children and young people who do not have EHCPs.

The Wolverhampton Local Offer is published on Wolverhampton Information Network²⁰ and includes information on what services children, young people and their families can expect from a range of local agencies including:

- Special educational provision
- Health provision
- Social care provision
- Other educational provision
- Training provision
- Travel arrangements for children and young people to schools, colleges and early years education
- Preparing for adulthood, including housing and employment, and
- Leisure opportunities.

¹⁹ Source: <https://wolverhamptonccg.nhs.uk/about-us/our-members-constitution>

²⁰ Source: <http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/site.page?id=fdLVc5xKw1E>

2.4.2.5 A Place for Every Child: The Vision for School Organisation in the City of Wolverhampton 2018 – 2020

The Vision outlines the key challenge that the City faces in relation to the organisation of school provision which is ensuring that sufficient high-quality school places are available to meet the needs of local communities across the City.

The vision forms a key part of the City of Wolverhampton Council’s approach to meeting its statutory duties as an advocate for parents and families, supporting vulnerable children and championing educational excellence. It offers a framework to guide the future development of the school estate in the City.

2.4.2.6 Wolverhampton SEND Community Health Strategy 2019 – 2022

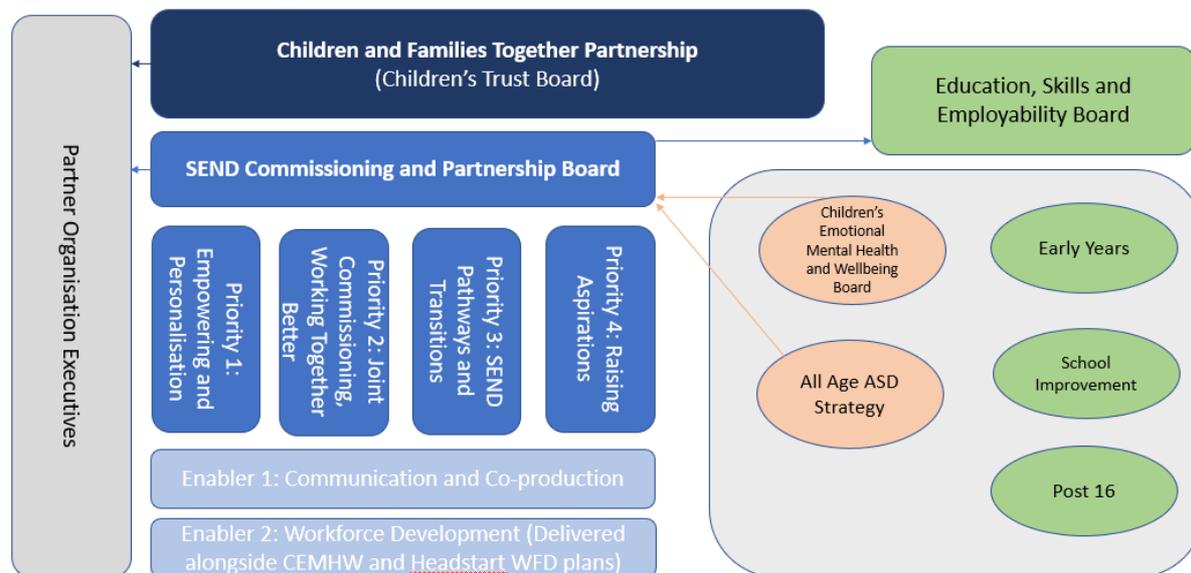
The Wolverhampton SEND Community Health Strategy outlines the direction for planned development and implementation of SEND community health provision over the next three years.

2.4.2.7 Strategic Oversight of SEND

City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group are working closely together with key partner agencies across the city to meet the requirements set out in the SEND Code of Practice (see 2.3.3).

There are clear strategic governance arrangements in place to ensure that the SEND agenda is recognised collectively as a key priority (Fig. 1).

Figure 1: SEND Strategic Governance Structure



2.4.2.8 Participation in Decision Making

The SEND Code of Practice requires Local Authorities to ensure that children, young people and their parents and carers are involved in discussions and decisions. Key to this is involvement at a strategic level relating to systems and service provision²¹.

The Wolverhampton Challenge Board is a strategic body for young people in the city to influence decision making at a strategic level. The Challenge Board work with SEND Partnership and Commissioning Board members and a network of young people (including schools and colleges) around the city to achieve and improve outcomes.

Voice 4 Parents is a representative local group of parents and carers of children and young people with SEND. They work alongside SEND Partnership and Commissioning Board members and service providers to ensure that services are planned, commissioned, delivered and monitored in a way that meets the needs of local children and families.

²¹ Source: SEND Code of Practice 2015

3. Methodology

3.1 Purpose of this chapter

The purpose of this chapter is to outline the multimethod approach taken to develop the JSNA using quantitative and qualitative evidence.

3.2 SEND JSNA Task and Finish Group

The JSNA was overseen by a Task and Finish group made up of representatives from across education, health and social care as well as voluntary sector partners and families.

The purpose of the Task and Finish group was to act as the expert reference group on behalf of the Wolverhampton Special Educational Needs Partnership and Commissioning Board (SEND PCB) who collectively oversaw, guided, contributed and undertook key components of the process.

SEND PCB and members of the Task and Finish Group ensured that wherever possible, timely access to the evidence required to undertake analysis was supported.

3.3 Engagement with Key Stakeholders

Three key groups of stakeholders were identified:

- Children and young people with SEND who are residents of or educated within Wolverhampton
- Parents and carers of children and young people with SEND
- Professionals who work with children and young people with SEND.

A thematic analysis of responses for each of the group was undertaken and a summary of key findings is presented in Chapter 4.

3.3.1 Children and young people with SEND

Feedback on the previous JSNA highlighted the need to strengthen the voice of children and young people with SEND this time around.

The development of the questions for children and young people with SEND were informed and refined by Wolverhampton Challenge Board and Changing our Lives.

The engagement for children and young people with SEND ran in three phases:

- Phase 1: Children attending Special Schools
- Phase 2: Children with SEND attending summer activities
- Phase 3: Children with SEND attending mainstream school provision

The foundation of the children and young people's engagement was a survey with questions that were set in the context of a good, ordinary life and the Preparing for Adulthood Outcomes. This survey was hosted online on the CWC Consultation Hub and was promoted widely.

An easier to read version of the survey question was developed and made available to download. This offered children and young people the opportunity to write or draw their responses to the questions.

A supporting note with further information about the survey was also available for adults who may be helping a child or young person to complete the questions.

3.3.2 Parent and carers of children and young people with SEND

The JSNA engagement period coincided with the delivery of the Wolverhampton Voice4Parents annual survey. The annual survey was questionnaire based and available online at the Voice4Parents website.

To support the best possible response and to prevent consultation fatigue of parents and carers in the city, it was agreed by Voice4Parents and SEND Partnership and Commissioning Board that the summary findings from the annual survey would provide the key evidence for this section of the JSNA.

3.3.3 Professionals who work with children and young people with SEND

In line with the principle of a good, ordinary life, the professionals' engagement was promoted to as broad a range of professionals as possible. This included specialist SEND professionals but also professionals who worked with children and young people with SEND as part of a broader remit.

As per 3.2.1, the foundation of the professional engagement was a survey with questions that were set in the context of a good, ordinary life and the Preparing for Adulthood Outcomes. This survey was also hosted online on the CWC Consultation Hub and was promoted widely.

3.4 Data Collection and Analysis

3.4.1 Data Sub Group

Due to the complexity of the data identification, analysis and interpretation, a small Data Sub Group made up of members of the Task and Finish group was established.

The primary purpose of this group was to agree primary data sources and ensure findings from the data analysis completed in individual areas were considered collectively to understand the patterns and potential implications to other areas of analysis. The group also ensured consistent approaches to data extraction and presentation.

3.4.2 Key Data Sources

The following data systems and sources of information data were utilised within the JSNA. Please note these are the main sources of information and not an exhaustive list.

3.4.2.1 National data sources

- Department for Education Statements of SEN and EHC Plans: England 2019
- Public Health England Child and Maternal Health Profile
- Public Health England Learning Disabilities Profile
- Council for Disabled Children SEND Dashboard
- Projecting Adult Needs and Service Information System

3.4.2.2 Local Data Sources

- CWC Early Years Census
- CWC School Census
- CWC Capita One System
- CWC Care First System
- Graph Net Health

3.4.2.3 Data from Local Services and Research

- CWC Special Needs Early Years' Service
- CWC Youth Offending Team
- Healthy Child Programme 0-19
- NHS Continuing Care and Continuing Health Care
- Health Related Behaviour Survey

3.5 Evidence Review

The evidence review examined key factors that support children and young people with SEND to live as independently as possible. It looked at evidence to support positive outcomes relating to the four preparing for adulthood outcomes; further education and / or employment, health, independent living and community inclusion for children and young people with SEND.

The initial search of the journal databases and retrieval of selected articles was supported by the Health Service Management Centre at the University of Birmingham. The evidence was then reviewed and synthesised, and a summary of findings is presented in Chapter 10.

4. Stakeholder Engagement

Key findings

- Children and young people generally gave positive responses about their aspirations for the future and provided descriptions of an ordinary life that were rich and varied; full of a range of both fun and everyday activities, relationships and opportunities to make choices and take part in what they wanted to.
- Professionals focused on inclusion and equality, with inclusion commonly associated with access. This is primarily in relation to services and support but also communities, relationships and leisure – ultimately recognising the valuable contribution children and young people with SEND can make to society.
- The perception of whether children and young people already live ordinary lives differs quite significantly between children and young people themselves and the professionals who work with them. Professionals considered there still work to be done in order for this to be achieved.
- Being able to make and maintain connections with friends and the wider community, have a job and a family were key for both young people and the professionals supporting them. As part of this, it was felt that support should be tailored for each child or young person, and that this should be done as early as possible to help prepare them.
- Professionals in particular felt that a more coordinated network across SEND services and a clearer pathway for each individual to develop appropriate life skills, along with a better leisure, activity and housing offer were key to supporting young people into adulthood identified as key needs.
- Parents and carers felt that they would benefit from more support from services in Wolverhampton and that services themselves could work better together to support families. This would help families to not have to repeat their story many times.
- The need to review the leisure offer was reflected across all stakeholder groups to varying extents. Parents and carers felt particularly strongly that the leisure offer in the city was unsatisfactory.
- Parents and carers felt that it was difficult to get information about the services available to their family. This seemed to be reinforced by a lack of awareness about the Local Offer.

4.1 Purpose of this chapter

The purpose of this chapter is to present the key messages from the engagement activities with key stakeholder groups as outlined in 3.3.

4.2 Key findings: The meaning of an Ordinary Life

As the questions for the children and young people and professionals' surveys were similar, the analysis findings for both are presented together.

4.2.1 Children and young people

Children and young people were asked to describe what an Ordinary Life meant to them. Overall, the most common responses were specific descriptions of what an ordinary life would **include**, rather than **mean** in a philosophical sense.

Fun Activities

Fun activities and being able to take part in them were the most common themes for children and young people. Art, football, swimming, and playing were often mentioned, along with descriptions of outings with school, family or voluntary organisations or being part of Scouts.

Underpinning this theme were responses that reflected feeling included and having friends, as well as having options and feeling able to make choices about what to do.

Functionality

In this context, functionality relates to expectations for the future that were based around basic functioning in society as an adult. This almost always was with reference to having a job, or a house, or being able to drive.

In some instances, respondents described to general reference to wanting to be able to 'do things' if no additional detail was provided.

The functionality theme was different to the theme around specific personal dreams (i.e. wanting to be a vet, which was themed as 'aspiration'), or detailed daily activity tasks, which was the third most common theme.

Daily Activities

This theme encompasses two overarching aspects a) performing routine activities such as watching TV or going to school and b) being able to perform basic activities of daily living such as washing and dressing.

In many cases it seemed that the question about an ordinary life was interpreted as an ordinary day. This was similar across the age ranges. When mapped against responses to whether the child or young person felt they already lived an ordinary life or not, a higher proportion who gave daily activities as their understanding of an ordinary life said that they had already achieved this.

Independence

Respondents frequently referred to 'being independent' or 'independence' when describing an ordinary life; this was particularly so for those who were thinking about their future lives rather than their current situation. The theme usually related specifically to being able to get out to do things or go to places, or to be able to see friends by themselves. Few respondents used the term to describe wanting freedom in their lives to choose what they wanted.

Overall, children and young people described an ordinary life as rich and varied, full of a range of both fun and everyday activities, relationships and opportunities to make choices and take part in what they wanted to. Thinking about the future and believing that they could and would have good ordinary lives was consistent throughout this theme.

4.2.2 Professionals

Inclusion

The most common theme for professional respondents was inclusion - as an underpinning statement about equality and the right to be treated as anyone else across all different factors. The concept was often also used to describe the absence of discrimination or barriers. Some respondents commonly associated inclusion with access (below), in terms of having equal access to services or support as others, and also equally valued interactions with the community or wider society.

Access

Access was the second most common theme and related primarily to accessing support or services, but also to the community, relationships or leisure. It reflected both being able to physically get to places, but also for children and young people to be received well by appropriate services and have sufficient support for their needs.

Value

Value was the third most common theme and reflected individuals being valued by others for who they are, regardless of disability. This theme reflected a strengths-based model where an inclusive society was able to see each child or young person with SEND with respect and recognised as being able to contribute positively to society. Within this theme was the flexibility to see each person as an individual and adapt support and services to suit them.

Opportunity

Opportunity related predominantly to jobs or education and skills, which in many ways reflects the 'functionality' that children and young people desired where they all hoped to have a job in the future. Professional responses appeared to have more of an 'upstream' focus in suggesting that despite ambitions of children and young people with SEND, there must be real opportunities to realise these ambitions as well (see also 4.5).

4.3 Key findings: The importance of an Ordinary Life

4.3.1 Children and young people

Happiness

By far the most important reason that children and young people described was happiness or enjoyment, either as an overarching way of living, or from a specific activity.

Function

Being able to do things either in the present (e.g. self-care) or in the future (such as earn money) was given as a common reason **for** the importance of an ordinary life, as well as being key in describing what an ordinary life **was**.

Wellbeing

Wellbeing was also a common theme for respondents, used here to describe references to physical and mental wellbeing. This was different to happiness as it was more specifically with regards to concepts such as 'feeling better about myself', being less anxious, or being able to take part in healthy behaviours.

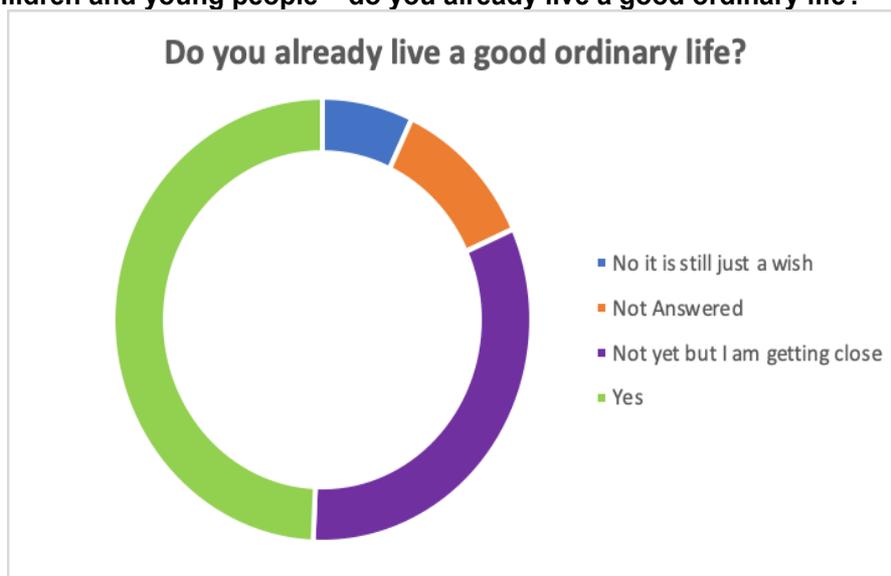
Possibly the only significant difference seen in responses from children and young people with SEND in special school and mainstream school is children in mainstream schools had more of a focus on having an ordinary life being important because they needed this to feel safe, and they described a fear of adverse events such as ending up on the streets or family breakdown. It is not clear from this analysis if this perspective of the hardship of life is simply more aligned to that of children without SEND, or if this is a result of having SEND and being in mainstream school.

Being able to feel like a 'normal' person or participate in ways that were 'normal' was different to references themed as 'inclusion', which in this context relates specifically to broader societal inclusion or rights-based comments about equality.

Overall, children and young people placed a high value on both being able to take part in fun activities, and also had an underpinning ethos for enjoyment in life as well as being able to do what they wanted in general.

When asked whether they already experienced the life they had described, almost half (49%) said yes. Only the 16 - 18 age group had a higher proportion of 'not yet', followed by the 19 + group, although these were smaller cohorts (Fig. 2).

Figure 2: Children and young people – do you already live a good ordinary life?



4.3.2 Professionals

Many of the responses to this question were closely matched with themes already presented in 4.3.1, with respondents providing similar underpinning value statements about equality and rights.

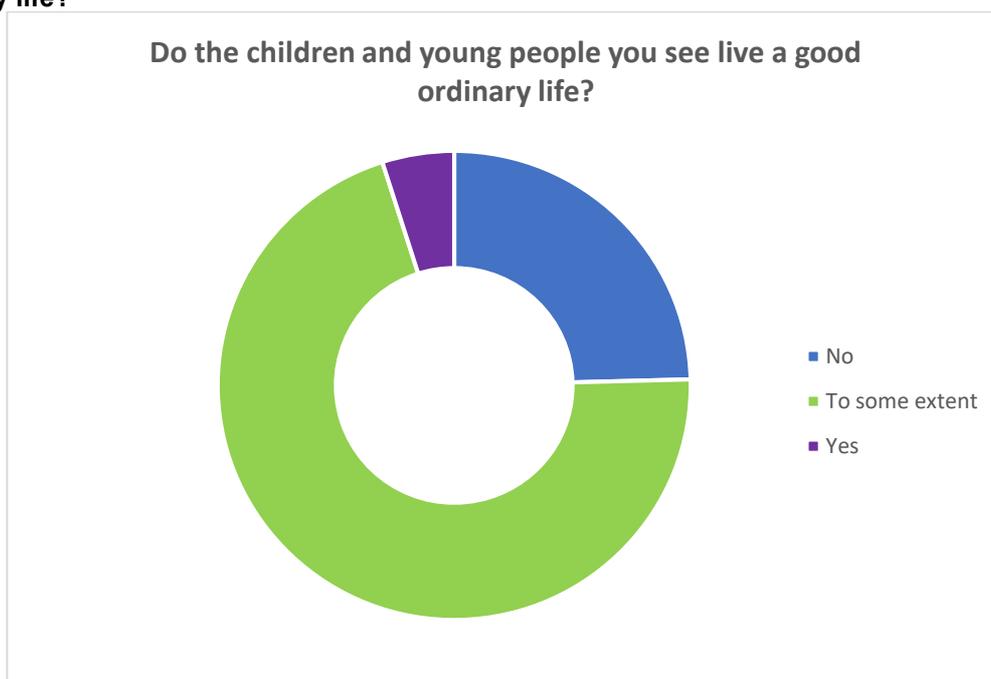
Support

One new theme that emerged was support. In this context support was given as a motivating reason as it was recognised that there is a responsibility for society and services to provide support to children and families with SEND as they often have much greater challenges than others.

When asked whether the children and young people that they work with have a good, ordinary life, interestingly respondents appeared to have a somewhat different perception to children and young people who had responded.

Compared to almost half of the children and young people that responded, only 5% of professional respondents answered 'yes'. Most respondents (70%) thought there was still progress to be made (Fig. 3).

Figure 3: Professionals – do the children and young people that you work with live a good ordinary life?



When questioned further about why they had given these responses, many respondents felt that whilst some children or young people and their families manage very well with strong support networks or in certain contexts, there is significant room for improvement in most areas.

Specific areas given as reasons for their response included the realms of education, health and social care, employment and skills, certain economic factors around funding and poverty, process issues such as around the EHCP, and a lack of joined up working across agencies.

Concerns within these themes included a lack of aspiration and choice, a perception that there was limited investment in skills or opportunities beyond school years (with a particular gap around transition), generally sparse support and activity offers, and ongoing social prejudice.

Professionals were asked to give one thing would help children and young people with SEND to live an ordinary life. The most common themes included providing a more robust support offer with clearer access and choice and addressing professional attitudes to create a more inclusive culture.

4.4 Key Findings : Preparing for Adulthood

4.4.1 Preparing for Adulthood Outcome: Employment

4.4.1.1 Children and young people

Children and young people were asked what sort of a job they might like in the future. There were a small number of younger children who were unsure, but the majority had at least one idea and were keen to talk about what this job might entail.

Asking about what support they might need to help them achieve their ambitions was not intuitive for many, so prompts were frequently provided (work experience, courses, travel, training). It is recognised that this may have limited the variety of answers. There was minimal discussion beyond this and the most common themes were very similar to the prompts.

Work experience

This was the most common theme for the children and young people that responded. There was a real interest in being able to see and experience what work was like and this included being able to meet other people with SEND who were already working.

Many young people were keen to know who to speak to be able to start finding a job so this 'work experience' theme also includes the concept of careers advice and mentorship.

Education support

There was a focus on needing to achieve or be successful in school in order to get a job, and many children and young people considered access to higher education as the support that they would need to do this.

Several young people specifically described subjects that they needed to do well in, such as Maths. Others described an association with their ability to finance themselves in the future, or shared concerns about funding to support them in education.

Very few respondents considered support from other people to help them achieve, and when they did this tended to be support from family.

Access to courses

Access to courses as something that would help young people with SEND be successful in their career choices was a prompted reply, which many respondents appeared to agree with after some thought. Others were able to say that they had been on specific courses which they had found helpful.

Overall children and young people were very enthusiastic about the concept of working in the future and expected that this would be the case, but there were few

with an understanding of their options or the steps required to reach their goal other than individual academic achievement.

4.4.1.2 Professionals

Professionals were asked for three things that they thought would support children and young people with SEND into employment. Responses were generally detailed and very thorough, covering a range of ideas such as improvements in the education system and more specific curriculum focus as a whole, as well as opportunities for employment, experience of work places, and some connections back to the general public and communities.

There were several themes that were not only mentioned frequently but were also relevant across all of these settings.

Employment opportunity

This was a broad theme with several aspects, the most common being the importance of creating realistic job opportunities for young people to transition into. This included the need for clearer career advice and placement pathways that could be developed whilst the young person was still early on in their education journey, by someone with knowledge of the job market.

A subtheme within this was the need for local and easily accessible apprenticeships and work experience options.

Education support

Having a long-term support plan whilst at school was a very common theme. Respondents felt that more work needed to be done to facilitate early recognition of the support required, and the development of flexible and individualised plans that were produced with the child and their families.

The importance of including mentorship or a role model, emotional wellbeing support, and clear information for families on support options were all key within this overarching theme.

Life skills

The content of the education that children and young people with SEND received was a common theme. There was a desire to move away from routine curriculum requirements and include provision that developed long term life skills, learning in the context most relevant to them, that would contribute to independent living and employability, based on the child or young person's strengths and interests.

Respondents also considered social engagement and confidence building in communication, perhaps through finding ways to interact safely with the public, as key to these skill sets.

Overall professional respondents gave detailed concepts of shifts required across education, employment and health care spheres, and a desire to see more coherent but varied pathways along an individual's journey towards adulthood. Funding was mentioned frequently as a vertical theme mainly as a requirement for investing in necessary changes to support these shifts.

4.4.2 Preparing for Adulthood Outcome: Good Health

4.4.2.1 Children and young people

Children and young people were asked to think about what helped them to be happy and healthy. There was a huge variety of responses, from very specific things such as having a sensory box or a pet, to feeling able to help others, or being able to take part in particular activities.

Some responses gave separate answers for happiness and for health, others combined the two. This was objectively the easiest question for most participants to answer, but very few were able to consider what might help them in the future.

Being Active

The most common theme described being active. This encompassed a wide array of activities such as riding bikes, jumping, martial arts, sports and running. Some activities were caveated with a statement about not being very good at them but enjoying them anyway.

Many respondents referred to being able to access leisure centres or parks to help them be more active.

Activities that only described being outdoors without additional exertion were not included in this category, such as camping.

Family and friends

The second most common theme that children and young people felt helped them be happy and healthy was family and friends. Family tended to be described as being helpful for instigating healthy behaviours, but also as important for wellbeing such as being able to do activities with them or being able to feel calmer.

Friends were described as a vital part of many physical activities, but also as a way of feeling good by simply spending time with them.

Healthy Behaviours

Many respondents gave a description of health that included exercise and eating vegetables. Other than the many accounts of being active, there was some contrast between suggestions for 'healthy' activities and activities for happiness, which frequently included watching TV, social media, or playing Xbox or equivalent. Very few responses mentioned health care or external support.

Overall children and young people were clear about what they enjoyed and things that helped them to be healthy. Most of these things required having places to go and people to take them, and very few made reference to having any particular condition or needing particular support.

4.4.2.2 Professionals

Professionals were asked what would make it easier for children and young people to manage their health in the future. Again, responses were broad and detailed, suggesting a range of developments across education, health and social care and beyond. Better joint working across spheres, access to resources both for individuals and systems, and a greater investment in mental health and wellbeing were mentioned in addition to the identified three most common themes.

Health in education

This was a common theme that included two aspects a) embedding learning about health as part of the curriculum, and b) embedding access to health support or health provision within the educational setting.

Respondents described a range of ideas within these two aspects and these included identifying gaps. These covered increasing capacity for professionals working with children and young people with SEND to support this education for example School Nurses, Therapists, Dentists, and healthy lifestyle mentors.

Other frequent suggestions included specific teaching on topics such as toilet training, sexual health, behaviour support, and learning about safety and self-care.

Access to Health services

Easier / better access to health services was another common and overarching theme. Many respondents felt that there could be improvements in provision arrangements, such as ensure availability of accessible information, reducing waiting times, increasing the availability of local appointments, improving access at weekends or on a more personalised basis. Such processes included the concept of health action plans or having a key worker or advocate to facilitate more proactive support.

Another key aspect to access focused on the type of experience children and young people with SEND had. Many respondents felt that there was a need for more investment in training health care staff who would be working with children and young people with SEND to support them to have more choice over their care – this included professionals who worked with children and young people with SEND in universal health care settings.

Greater continuity of care and better transition to adult services were also frequently mentioned by respondents as being important to support children and young people to manage their health.

Empowered self-management

Supporting children and young people to understand their own conditions and health needs was a core theme that overlapped strongly with the two themes above. By increasing children and young peoples' understanding of their needs and the support options available to them, support and care could be planned with more informed input from the individual. Respondents felt that it was important to also ensure that families and community networks were also engaged in this process.

Respondents also reflected on the importance of helping a child or young person to be realistic about their expectations but to feel able to make good life choices, manage their own health, and teach others around them about their needs.

4.4.3 Preparing for Adulthood Outcome: Community Inclusion

4.4.3.1 Children and young people

Children and young people were asked to describe what helped them to make friends. A mixture of 'internal' and more 'external' factors were given, and common themes were therefore divided into these broader categories as attitudes and facilitators.

Attitudes

Many children and young people described kindness as the most important aspect of making friends, along with simply talking to people. As part of the kindness theme, many respondents specifically described wanting to be able to help others.

Some children and young people felt that they were good at making friends, but others felt that talking to people was difficult and they lacked confidence. Having common interests was frequently highlighted as a useful way to make friends but that such people were often difficult to come across.

Many respondents reflected on the wish to just be perceived as normal or be accepted as individuals.

Facilitators

The most common theme overall for how friendships were made was through school or other educational establishments. Organised social activities or having places to go were referred to frequently, such as local voluntary activity groups or SEND - friendly activities.

Some respondents felt that they needed a family member or teacher to help them to make friends, whilst others reflected on the opportunities available to make friends such as with their neighbours - this was particularly so for younger children.

Local areas

Children and young people were then asked to describe what would help them to do more things that they enjoy with people where they live.

The majority of respondents felt that they needed more places to go, such as youth clubs or parks, along with needing affordable activities to do there.

Some respondents described financial and transportation challenges as barriers to accessing places such as leisure centres or the cinema – examples included activities being too far away, there were limited bus routes, or activities cost too much to attend. Accessing parks was mentioned frequently by respondents who felt that there were too few of them, or that there was not enough to do once they were there.

Overall, children and young people placed a high value on making friends but did describe key obstacles such as lack of opportunity outside of school, and lack of confidence.

4.4.3.2 Professionals

Professionals described concerns over lack of provision across the system to support friendship and integration into society. There were key themes across all sectors of education, communities, voluntary sector organisations, leisure centres and other services.

Social opportunities

Like the children and young people, by far the most common theme identified by professionals was the lack of activities, events, and social venues for making and maintaining friendships. This was across the board, for SEND-specific or mixed activities.

Along with the lack of opportunities, there were concurrent themes of difficulties in supporting a child or young person to access activities due to a lack of support workers, community networkers or buddy systems. The lack of youth clubs was the most common specific venue mentioned.

Limited voluntary sector provision, and few inclusive after-school or mainstream leisure activities, weekend events and residential were also frequently described. There was significant enthusiasm for any community activity, event or project that would enable a child or young person with SEND to engage in the wider community.

Inclusive society

A more inclusive society that would facilitate integration for a child or young person into 'mainstream' function was a primary desire for many respondents. Lack of understanding, awareness, training or provision for SEND was described of leisure services, mainstream schools, community functions, and wider organisations. This

included physical environment issues such as lack of changing facilities or limited awareness of and sensitivity to mental health conditions.

Networks

Some of the common challenges to community inclusion related to poor networking across the system. Responses included poor promotion of voluntary service provision, limited signposting for families on support available to them, and missed opportunities for children and young people who attended the same school to form peer groups.

Overall, professionals described a critical lack of provision or mechanisms to connect children and young people with SEND beyond their immediate school and family experiences. Some potential solutions were mentioned such as increased training, public awareness, buddying schemes and better promotion of Voluntary/ Third Sector activities.

4.4.4 Preparing for Adulthood Outcome: Independent Living

4.4.4.1 Children and young people

Children and young people were asked what would help them to be more independent and make choices in their everyday life. Almost all respondents understood the concept of independence to some extent but generally to do with specific detailed functions. Younger children tended to describe it as 'being able to do things by myself'. There were two overarching themes.

Life Skills

This was the most common theme with respondents describing skill sets relating to finances, cooking, driving, and housekeeping. There were mixed views within these themes, as some individuals described that they would acquire these skills, and others described that they would need support to learn these skills. No responses suggested that there were any reasons to not be able to perform all these skills, although some were concerned about safety (for example, the hazards of driving).

In general, however, children and young people were enthusiastic about being able to do more things as they grew older, especially being able to get out and about more autonomously. Some voiced frustrations that their parents did not trust them to do things independently.

Aspirations

It was difficult for many of the children and young people, regardless of age, to differentiate between suggesting things they wanted to do as adults, and things that they could be supported to achieve. Many respondents described wanting a very big house, but when asked if they wanted to live alone or with a family, there was uncertainty.

Similarly, many described wanting to have a lot of money, but were not clear about how they would acquire this or what help they might need to learn about this. There were a few respondents who specifically described not wanting to learn to look after themselves. Relationships were very rarely mentioned by any age group.

Overall, with some prompting, young people were able to describe that support to manage their money or to travel would be beneficial, but subjectively many respondents found it challenging to consider what steps would move them towards being independent.

4.4.4.2 Professionals

Professionals were asked would help children and young people with SEND to live more independently now and in the future.

By far the most common theme was a repeat of the importance of life skills training within educational settings, particularly to prepare for adulthood. Respondents felt that this was vital to effect positive change in the confidence and ability of the young person to form social networks and engage with their community well. This was linked closely with improving employment opportunities and networks. This was underpinned by the need to improve funding across the system.

Aside from those, the only new theme that was introduced by respondents here was the importance of good access to supported, flexible housing.

4.5 Other ideas

Children and young people were asked if they had any additional ideas for supporting them or their friends. Overall, respondents chose to reinforce ideas that had already been put forward including the need to do more to create a more inclusive society, for there to be more SEND - friendly activities, with better access to all services and opportunities, improved wellbeing and physical support, and with opportunities for empowerment and to improve self-confidence.

Professionals similarly did not raise any new themes, but revisited key points on the need for SEND awareness, acceptance and inclusion across society, better funding and system coordination, more support and clear signposting for families and closer working between the child, family and professionals.

Respondents also reflected on investment in wellbeing and mental health, a focus on transitioning to adulthood, and more places for children and young people to go to be part of their communities.

4.6 Parents and Carers of children and young people with SEND

The following headlines from the Voice 4 Parents annual survey were presented to the Spotlight on SEND Visioning day in October 2019:

- 66% of parents and carers do not feel supported by services in Wolverhampton

- More than 50% feel that services in the city do not work together to support families
- Over 75% were dis-satisfied or very dis-satisfied with Leisure provision
- 78% said they have to repeat their story many times to professionals involved
- 73% said that it was difficult or very difficult to get information about available services
- 66% had not heard of the Local Offer.

More detailed findings can be found here: [Voice 4 Parents Annual Survey 2019 Findings Report](#)

4.7 Demographics of respondents

4.7.1 Children and young people with SEND

In total, 178 children and young people from across the city shared their views about an ordinary life and preparing for adulthood. This included group responses from Penn Hall School Council, Tettenhall Wood School Council and from young people at The Way.

57.5% of respondents were male and 33.6% were female. A further 4.1% preferred not to say and 4.8% chose not to answer the question.

Just over half of the respondents were aged 11-15 years (55.5%), followed by 16 – 18 years (16.4%), and under 11 years (13.0%). Almost one in ten respondents were 19 -25 years old (9.6%). A further 2.1% preferred not to say how old they were and 3.4% chose not to answer the question.

The majority of respondents were White British (52.7%), Asian or Asian British - Indian (6.8%), and White and Black Caribbean (6.2%). There was 2.1% of respondents who preferred not to say and 6.2% who chose not to answer.

Almost half of the respondents said 'yes' they do have a disability that affects their day to day activities, and that has lasted, or is expected to last, at least a year (49.3%). Of the remaining respondents, 7.5% preferred not to say and 6.2% chose not to answer the question.

When asked about religion, 40.4% of respondents said that they had no religion and a quarter said that they were Christian (24.7%). A further 6.8% of respondents identified as Sikh and Muslim respectively. One in ten respondents preferred not to say (10.3%) and 6.9% chose not to answer the question.

4.7.2 Parents and carers of children and young people with SEND

Demographic questions on the Voice 4 Parents annual survey were limited to partial postcode and ethnicity. As per 4.6, summary details for each of these fields will be presented once the more detailed analysis is available.

4.7.3 Professionals who work with children and young people with SEND

In total, 62 professionals who worked with children and young people with SEND shared their views.

Most of the professionals were from Education (45.2%), followed by Health (22.6%), and Other (11.3%). There were a number of respondents who selected Other and then identified their professional area as Health (n=3), Care (n=2) and Education (n=1). In addition, there were responses from West Midlands Police, West Midlands Fire Service, Young Peoples Substance Misuse service and ICT. Almost one in ten professionals were from Care and the Voluntary Sector respectively (9.8%). Only one respondent chose not to answer the question.

The vast majority of professionals who responded to the survey were female (80.7%). There were 3.2% of respondents who preferred not to say and 1.6% who chose not to respond to the question.

The majority of respondents were aged 45 – 54 years (41.9%), followed by 35 – 44 years (25.8%) and 55 – 64 years (12.9%). There was 1.6% of respondents who preferred not to say and an equal number who chose not to respond.

Most respondents were White British (80.7%), Asian or Asian British – Indian (4.8%) or White Irish (3.2%). Again, 3.2% of respondents preferred not to say and 1.6% chose not to respond to the question.

Four out of every five respondents said 'no' they did not have a disability that affects their day to day activities, and that has lasted, or is expected to last, at least a year (80.7%). There was 4.8% of respondents who preferred not to say and 3.2% chose not to answer.

Most respondents were heterosexual / straight (79.0%), and one fifth preferred not to say (19.4%). There was 1.6% who chose not to respond.

Just over half of the respondents identified their religion was Christian (56.5). A quarter of respondents said that they had no religion (25.8%) and 4.8% were Sikh. There were 6.5% of respondents who preferred not to say and 3.2% who chose not to answer the question.

4.8 Other relevant engagement activities

- In recent months, there has also been a large amount of consultation and engagement activity relating to the SEND agenda. This has included:

- Short Breaks review
- Assisted travel consultation
- Green Park School expansion consultation
- SEND Community Health Services review
- Feedback on experiences from parents and carers engaged with Voice4Parents

4.9 Understanding gaps and plans for improvement

- There are guidelines for interpretation, translation and transcription in line with legal duties for reasonable adjustment and anticipatory need however there is no corporate requirement at CWC to produce accessible information as standard e.g. 'easier to read'.
- The CWC equalities monitoring on disability has been condensed. Information on whether a respondent has a disability is collected in line with Equality Act monitoring requirements however information on type of disability has been removed. It is recognised that this leaves a gap in our understanding about the types of disability respondents are living with locally.
- It is recognised that specific views from parents and carers about an ordinary life and preparing for adulthood are currently not available. It is proposed that this piece of work is completed in the coming year so that all three sets of stakeholder views can be triangulated.
- There is activity on going in the city to better understand the experiences of children and families growing up in Wolverhampton. Looking collectively at the findings from this work alongside the responses to our Ordinary Life survey should provide further helpful insight into the needs and experiences of children and young people in our city.

5. Population of children and young people with SEND

Key findings

- The population of children and young people with special educational needs and disabilities in the city is dynamic and growing. There are currently 7,834 children with SEND in Wolverhampton, equating to 17.0% of the school population or one in every six children.
- There are 112.4 children with SEND per 1,000 children under 20 years of age in the city. East Park (161.1), Bushbury South and Low Hill (143.8) and Bilston North (139.9) had the highest rate of children with SEND in living locally.
- The most prevalent primary needs for children accessing SEN Support were Moderate Learning Difficulties (MLD), Social, Emotional, Mental Health (SEMH), Specific Learning Difficulties (SpLD), and Speech, Language and Communication Needs (SLCN).
- The most prevalent primary needs for children with an EHCP were Autistic Spectrum Disorder (ASD), Severe Learning Difficulties (SLD), MLD and SEMH needs.
- There are a number of categories of need that are notably different from the national presentation and this requires further exploration with key stakeholders. Locally, the prevalence of MLD is far greater, whilst SLCN, ASD and SEMH are much lower than seen nationally.
- Boys are significantly overrepresented in the cohort of children with SEND. Almost two thirds of children accessing SEN Support and almost three quarters of children with an EHCP/ Statement were boys despite making up less than half of the school population.
- Children with SEND are more likely to be excluded from school. There are 3.5 times as many children with SEND in the excluded population compared to the number on roll.

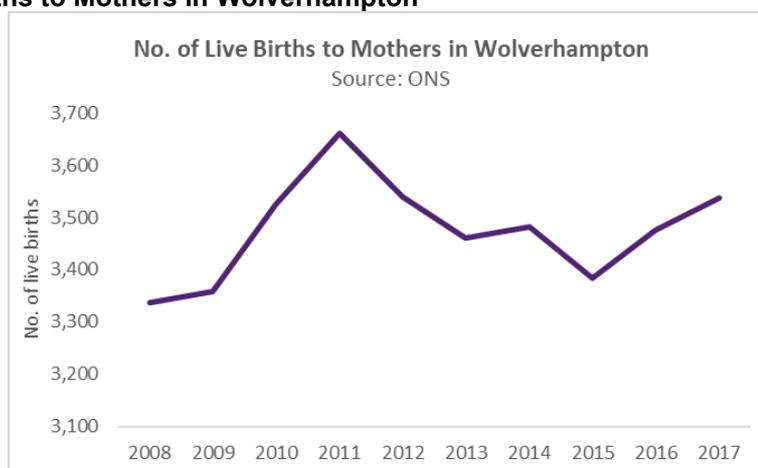
5.1 Purpose of this chapter

The purpose of this chapter is to describe the population of children and young people with special educational needs and disabilities in Wolverhampton.

5.2 Children and young people in Wolverhampton

- Wolverhampton has a relatively young population where 33.3% of the residents are aged 0-24 years compared to 31.3% nationally.
- On average women in Wolverhampton have more babies in their lifetime. The total fertility rate (TFR) of women in the city is 2.01 compared to 1.83 for women across the West Midlands and 1.76 for women nationally.
- In the past ten years, the number of babies being born in Wolverhampton has increased by 6.0%, from 3,336 in 2008 to 3,537 in 2017 (Fig. 4)²².

Figure 4: Live births to Mothers in Wolverhampton



- There are an estimated 83,434 children and young people living in Wolverhampton²³. Over the last five years, the total population of children and young people aged 0-24 years has increased by 2.3%²⁴. The largest increase has been seen in 10 – 14 year olds (15.4%) and 5 – 9 year olds (13.2%) age groups.
- There are 86,441 children and young people aged 0-24 years registered with a General Practitioner (GP) in Wolverhampton²⁵. There is variation between the resident population estimate above and the registered population as some children may live in Wolverhampton and be registered with a GP just over the City boundary. Likewise, some children may live in a neighboring authority and be registered with a Wolverhampton GP. Children and young people age 0 - 24 make up 30.5% of the registered population in Wolverhampton.

²²

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

²³ Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland>

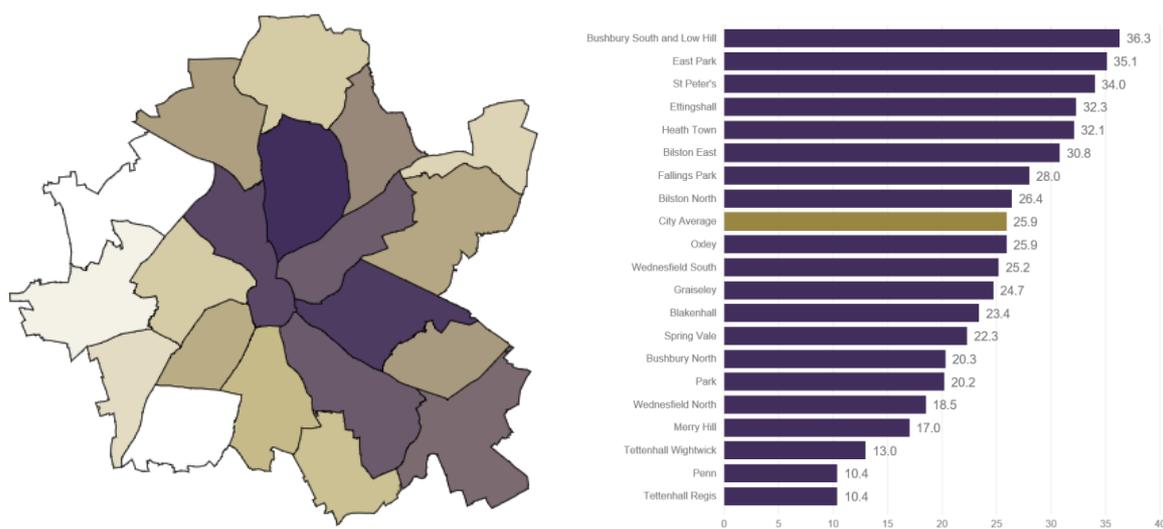
²⁴ Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/analysisofpopulationestimatestool>

²⁵ Source: Exeter System - Wolverhampton Practice Populations (2018)

- There is significant variation at ward level in relation to the population of children and young people aged 0 - 24. St Peters has the largest population of 0 – 24 year olds of all local wards (42.9%), followed by Bushbury South and Low Hill (41.3%) and Ettingshall (38.2%). In contrast, Tettenhall Wightwick has the smallest population of children and young people aged 0-25 years (24.5%)²⁶.
- Wolverhampton is the 17th most deprived local authority in the country and has seen increasing levels of overall deprivation in recent years. Although the city faces significant challenges in terms of income and employment, there has been real and positive improvements in deprivation measures relating to education, health and living environment.
- The child poverty measure used by HMRC includes all dependent children aged 0 - 20 years old. Using this measure, 25.9% of children in Wolverhampton are living in poverty²⁷. Bushbury South and Low Hill has the highest proportion of children living in poverty (36.3%), followed by East Park (35.1%) and St Peters (34.0%) (Fig. 5).

Figure 5: Child Poverty in Wolverhampton



- In contrast, Tettenhall Regis (10.4%), Penn (10.4%) and Tettenhall Wightwick (13.0%) have the lowest levels of child poverty in the city.
- The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. In Wolverhampton, 31.3% of children aged 0–15 years lived in income deprived households, the largest proportion of all local authorities in the region and significantly higher than the level seen nationally (19.9%)²⁸.

²⁶ Source: <https://insight.wolverhampton.gov.uk/>

²⁷ Source: <https://insight.wolverhampton.gov.uk/Home/Report/8ce971cf-f973-4148-9f98-abac58b27f7a>

²⁸ Source: Public Health England – Local Health Profile <https://fingertips.phe.org.uk/profile/local-health>

- When comparing the measures used by HMRC and IDACI, it is the younger cohort of children and young people (0-15 years) that are experiencing the greatest levels of poverty at home.

5.3 Developing Special Educational Needs and Disabilities

- Some disabilities may be developmental, whilst others may be acquired. In some instances, the cause is unknown or can be due to a combination of factors. As a result, there is no definitive set of factors that are commonly recognised as increasing the risk of a child developing special education needs and / or disabilities.
- There are some individual factors however that are known to have a potentially detrimental impact on a child's health and development - some of these are described below.

5.3.1 Maternal age

- A mother's age can have consequence for her baby's health and wellbeing. For mothers aged under 20 and over 40, pregnancy and birth carry higher risks of complications and mortality for both mothers and babies.
- In Wolverhampton, the highest rate per 1,000 births are to mothers aged 25 – 29 years (116.7 per 1,000 women). There are considerably more babies born to mothers under the age of 20 in the city (23.2 per 1,000 women) compared to regional (16.1) and national (13.5) rates. In contrast, there are fewer babies born to mothers aged 40-44 locally (13.4 per 1,000) than that seen nationally (14.9).

5.3.2 Maternal obesity

- There is good evidence that maternal obesity is associated with an increased risk of congenital anomalies²⁹. It has been suggested that the risk of congenital anomalies may be linked to undiagnosed diabetes and hyperglycaemia in obese pregnant women or to lower levels of circulating nutrients.
- Antenatal ultrasound detection of congenital anomalies are also decreased in obese pregnant women, which has implications for the scanning and counselling of obese women.
- Further, children whose mothers were overweight or obese in pregnancy are considered to be at increased risk of compromised neurodevelopmental outcomes, including attention deficit–hyperactivity disorder (ADHD), Autism Spectrum disorder (ASD), developmental delay, and emotional/ behavioural problems³⁰.

²⁹ Source: Public Health England (2015) Maternal Obesity - https://khub.net/c/document_library/get_file?uuid=a5768682-fb3d-4fda-ab4a-937a8d80f855&groupId=31798783

³⁰ Source: Sanchez et al (2017) Maternal pre-pregnancy obesity and child neurodevelopmental outcomes: a meta-analysis. Journal of Paediatric Obesity - <https://www.ncbi.nlm.nih.gov/pubmed/29164765>

5.3.3 Smoking in pregnancy

- Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.
- Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.
- Locally almost one in five new mothers were known to be smokers at the time of delivery (17.7%). Wolverhampton has the second highest smoking at time of delivery rate of all 14 neighbouring authorities in the West Midlands and is significantly higher than both the regional (11.9%) and national (10.8%) average.

5.3.4 Multiple births, prematurity and low birth weight

- Multiple births of twins, triplets or more babies carry greater risks for both mothers and babies. Babies born as a result of multiple pregnancies are more likely to be born prematurely, be of low birth weight, require special or intensive care, and to suffer long term disabilities. In 2017, there were 10,621 maternities associated with multiple births in England, resulting in 21,224 new babies³¹. Nationally the incidence of multiple births has reduced by 1.5% over the past five years.
- Premature babies are more likely than their term peers to develop hearing or sight problems and are more likely to develop problems with behaviour or learning that could require extra support at school. Between 2015 – 2017, there were 906 babies born prematurely (<37 weeks) in Wolverhampton. This equates to a crude rate of 87.0 per 1,000 births – similar to the regional rate (87.1) but higher than the national rate of 80.6.
- Low birthweight is an enduring aspect of childhood morbidity, a major factor in infant mortality and is associated with poorer health in later life. Babies who are born weighing less than 2,500g either because of prematurity or restricted intrauterine growth need special care after birth and carry higher risks of developmental problems, long-term health problems and disability than babies with average birth weights.
- In 2017, 3.24% of term babies (≥37 weeks) that were born in Wolverhampton had a low birth weight - equivalent to 105 babies. This was higher than the regional

³¹ Source: ONS Birth Characteristics 2017

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthcharacteristicsinenglandandwales>

(3.10%) and national comparisons (2.82%), although percentage figures are very low and were not statistically different³².

5.3.5 Children living in poverty

- Research from Joseph Rowntree Foundation³³ found that across the country, children and young people with SEND were more likely to experience poverty than others. They are also less likely to experience a fulfilling education or leave school with outcomes that reduce the chances of living in poverty as adults. As such, SEND can be a result of poverty as well as a cause of poverty.
- Children from low-income families are more likely to be identified as having SEND, but at the same time are less likely to receive support or effective interventions that might help to address their needs. This is partly because their parents are less likely to be successful in seeking help. They are also less likely to receive help from their schools, and more likely to end up excluded from school or dropping out of education.
- See section 5.2 for further local information.

5.4 Children and young people with SEND in Wolverhampton

- Some children and young people will have a learning difficulty or disability that requires special educational provision and will be identified as having special educational needs (SEN). This means they will require something additional to or different from what is generally available to children and young people of the same age³⁴. Most children and young people with SEN will have these needs met within local mainstream educational settings by accessing SEN Support.
- Some children may require an Education, Health and Care Plan (EHCP) to secure the best possible outcomes for them across education, health and social care, and as they get older, prepare them for adulthood³⁵.

5.4.1 Children with SEND in Early Years

- The Early Years Census is completed on an annual basis and collects information about early years providers who receive direct government funding for 2, 3 and / or 4 year old children, including:
 - all private, voluntary or independent nurseries and providers of early years education
 - schools that provide day care for full days or in shorter sessions
 - childminders and childminding networks

³² Source: Public Health England – Child and Maternal Health Profile <https://fingertips.phe.org.uk/profile/child-health-profiles>

³³ Source: <https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty>

³⁴ Source: <https://wolvesiass.org/wp-content/uploads/2018/12/SEN-revised-2018.pdf>

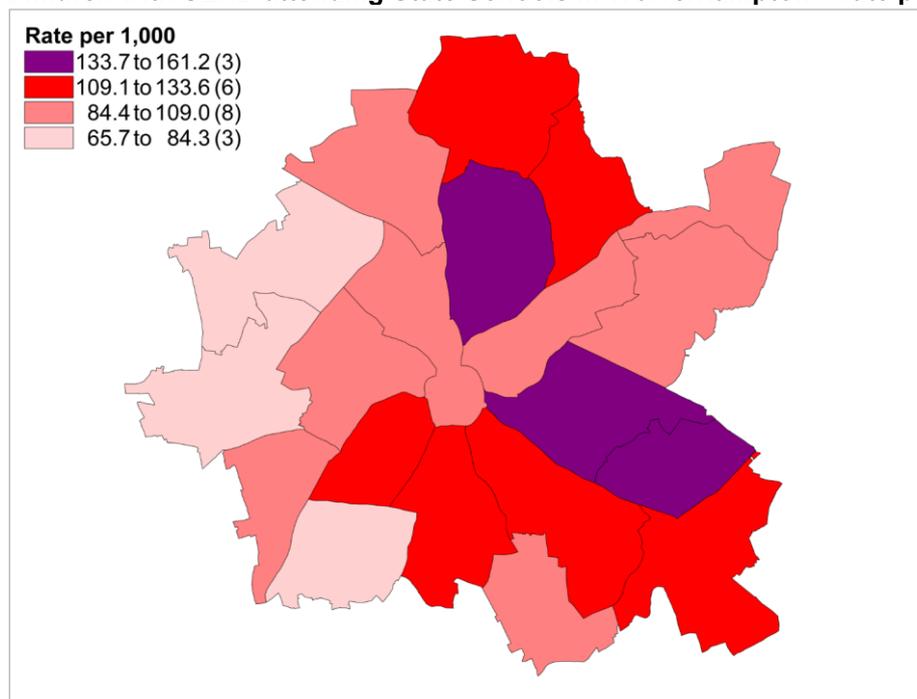
³⁵ The CWC School Census is completed for state schools only. Where this is used as the data source, it will not include children who have an EHCP maintained by Wolverhampton but do not attend a state school.

- Unlike the School Census, the Early Years Census carries limited information about children who have been identified with SEND.
- The Special Needs Early Years' Service (SNEYS) supports children between birth and five years of age where learning is delayed or where a diagnosis or disability indicates there will be special educational needs.
- For more information on the SNEYS service offer, please see section 7.5.

5.4.2 Children and young people with SEND in State Schools

- In January 2019, there were 46,039 children (across Nursery to Year 14) attending state schools in Wolverhampton. Of these, 7,834 were identified as having SEND. This equates to 17.0% of the school population or one in every six children³⁶.
- Children with SEND represent a larger proportion of the school population in Wolverhampton than seen in the West Midlands (15.7%) and in England (14.9%)³⁷.
- In January 2019, there were 112.4 children with SEND per 1,000 children under 20 years of age in the city³⁸. East Park (161.1), Bushbury South and Low Hill (143.8) and Bilston North (139.9) had the highest rate of children with SEND in living in the ward (Fig. 6).

Figure 6: Children with SEND attending State Schools in Wolverhampton – rate per 1,000



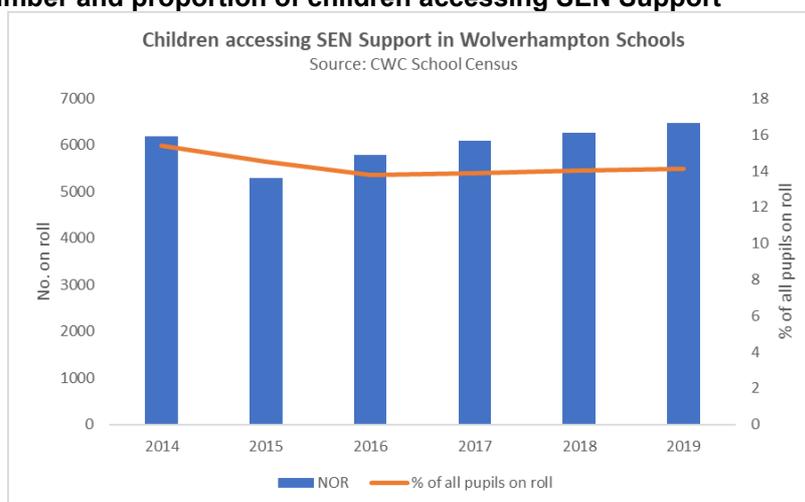
³⁶ Source: CWC School Census 2019

³⁷ Source: Department for Education – Special Educational Needs in England 2019 – Table 15

³⁸ Source: CWC School Census 2019 and ONS Population Files

- In contrast, Tettenhall Regis (65.8), Tettenhall Wightwick (79.5) and Penn (82.1) had the lowest rates of children with SEND living locally.
- There were 6,469 children on roll in January 2019 that were identified as accessing SEN Support³⁹ – equivalent to 14.1% of all children on roll. This was higher than the regional (12.6%) and national average (11.9%) for the same period⁴⁰.
- There are now 543 more children accessing SEN Support than there were in 2015 – an increase of 9.2%⁴¹. However, over the same period, children accessing SEN Support as a proportion of all children on roll decreased by 0.4% (Fig. 7).

Figure 7: Number and proportion of children accessing SEN Support



- The proportion of children on roll that are identified to be accessing SEN Support is declining steadily both regionally and nationally. Wolverhampton is consistent with this trend; however, the decrease locally is taking place at a much slower pace.
- Since 2016, there has been a year on year increase in the total number of children on roll who were identified as having an EHCP or Statement.
- In January 2019, there were 1,365 children on roll in Wolverhampton schools that were identified as having an EHCP/ Statement⁴² - equivalent to 3.0% of all children on roll.⁴³ This was similar to the proportion of children on roll in the West Midlands (3.1%) and in England (3.1%) for the same period.⁴⁴

³⁹ Source: CWC School Census 2019

⁴⁰ Source: Department for Education – Special Educational Needs in England 2019 – Table 13

⁴¹ Source: CWC School Census 2019

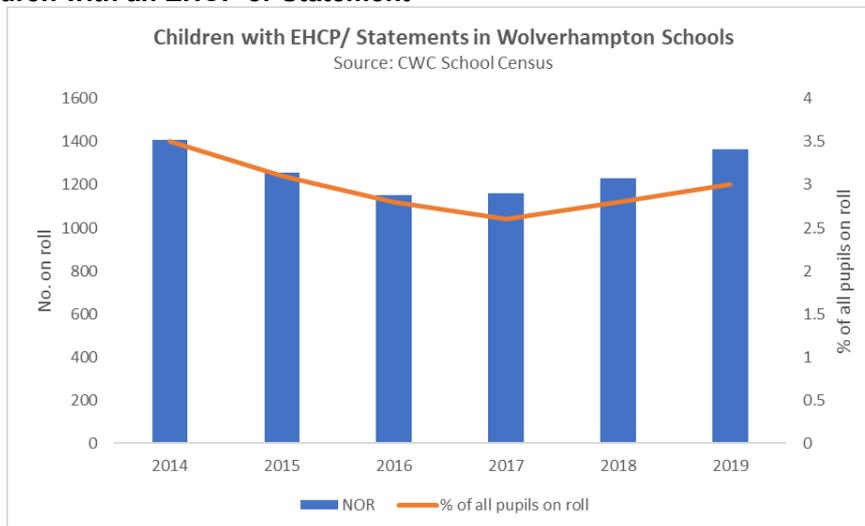
⁴² Source: CWC School Census 2019

⁴³ Source: CWC School Census 2019

⁴⁴ Source: Department for Education – Special Educational Needs in England 2019 – Table 12

- In absolute terms there are now 107 more children with an EHCP/ Statement than there were five years ago - an increase of 8.5% since 2015⁴⁵ (Fig. 8).

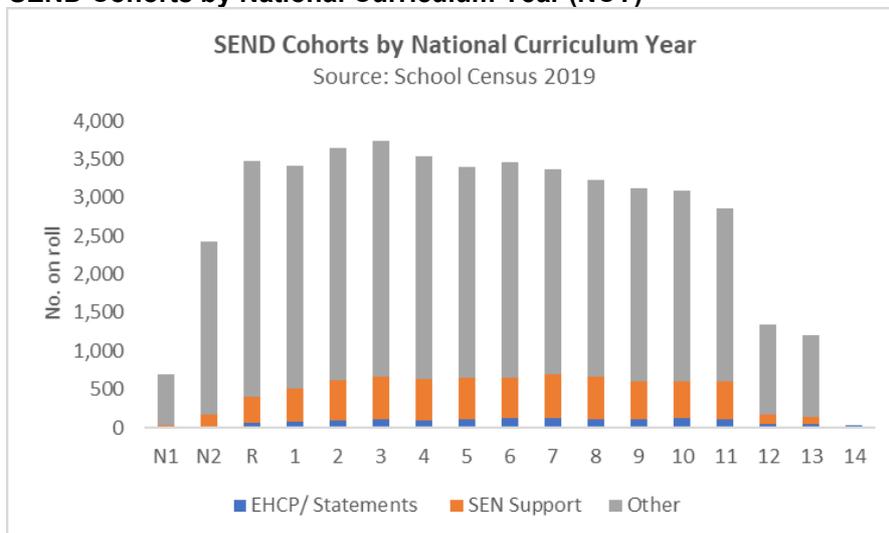
Figure 8: Children with an EHCP or Statement



5.4.3 Age and gender

- The number of children with SEND varies in each phase and year group. Figure 9 and 10 provide a snapshot of total citywide numbers on roll and proportions by age.

Figure 9: SEND Cohorts by National Curriculum Year (NCY)



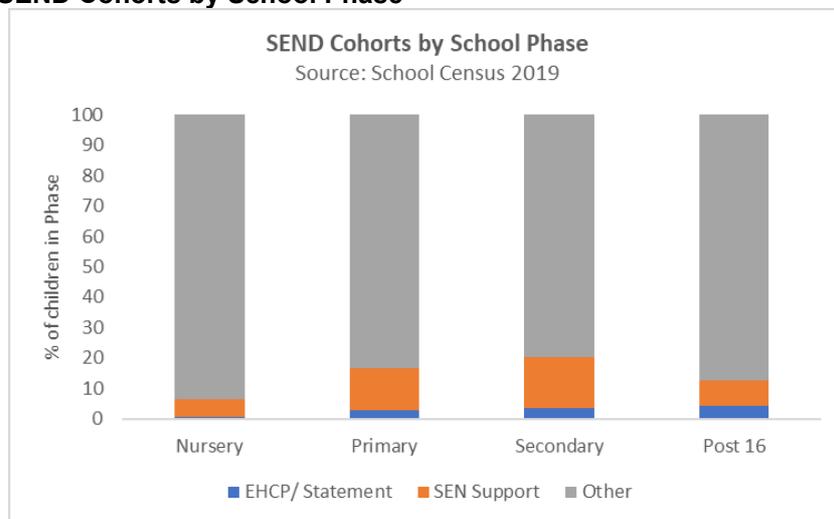
- The actual number of children with SEND in the Primary Phase (4,120) is markedly larger than that in the Secondary Phase (NCY 7-11) (3,181)⁴⁶.

⁴⁵ Source: CWC School Census 2019

⁴⁶ Source: CWC School Census 2019

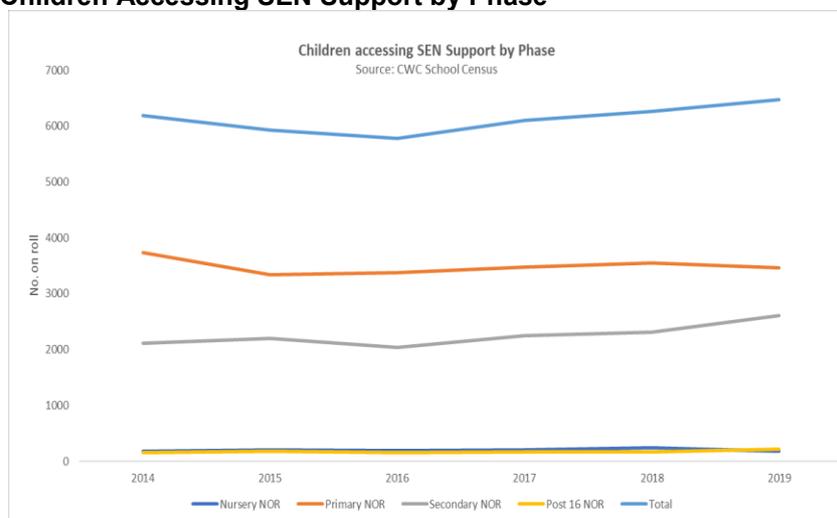
- One fifth of children in Secondary Phase were identified with SEND (20.3%) - the largest cohort of children with SEND across all phases. Nursery had the smallest cohort of children with SEND (6.5%)⁴⁷.

Figure 10: SEND Cohorts by School Phase



- The total number of children accessing SEN Support has increased in recent years (Fig. 11). Between 2015 – 2018, the number of children accessing SEN Support in the Primary Phase had seen a year on year increase before reducing by 2.4% in January 2019 – or by 86 children⁴⁸.

Figure 11: Children Accessing SEN Support by Phase



- Children accessing SEN Support in the Secondary Phase have seen a year on year increase since 2014. A marked increase was seen in January 2019 – where children accessing SEN Support increased by 13.1% or 303 children. The number of children accessing SEN Support in the Post 16 phase has remained relatively stable⁴⁹.

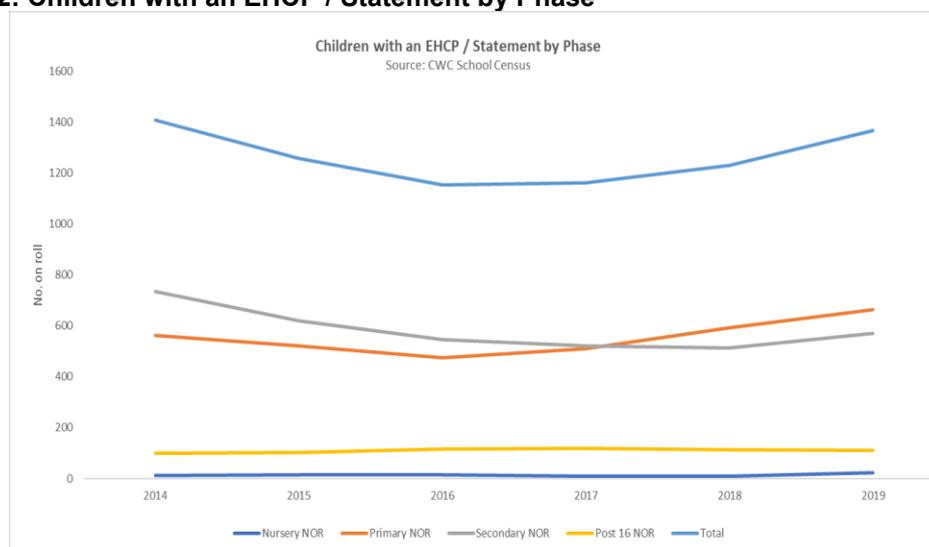
⁴⁷ Source: CWC School Census 2019

⁴⁸ Source: CWC School Census 2019

⁴⁹ Source: CWC School Census 2019

- In recent years, the numbers of children on roll with an EHCP / Statement in the Nursery and Post 16 Phases have remained stable whilst those in the Primary Phase have increased considerably (Fig. 12)⁵⁰.

Figure 12: Children with an EHCP / Statement by Phase



- In January 2019, those in the Secondary Phase increased by 10.9% having previously seen a year on year decrease.
- There is an over representation of boys in the SEND cohort in state schools in Wolverhampton. In January 2019, almost two thirds of children accessing SEN Support (63.0%) and almost three quarters of children with an EHCP/ Statement (73.0%) were boys despite representing just under half of the total number of children on roll (47.3%)⁵¹.

5.4.4 Ethnicity

- In January 2019, the majority of children on roll at state schools in Wolverhampton were White British (43.7%), Asian Indian (17.3%) or Mixed White and Black Caribbean (6.7%)⁵².
- Asian Indian children were underrepresented in the cohort of children accessing SEN Support (10.2%) and in the cohort with an EHCP / Statement (8.8%). In contrast, White British children were considerably overrepresented in both cohorts (53.6% and 52.6% respectively).
- A recent report by University of Oxford⁵³ explored whether children and young people from some ethnic minorities were more likely to be identified with some types of special educational needs compared to White British pupils, and whether

⁵⁰ Source: CWC School Census 2019

⁵¹ Source: CWC School Census 2019

⁵² Source: CWC School Census 2019

⁵³ Source: Strand, S et al (2018) The unequal representation of ethnic minorities in Special Education in England: Extent, causes and consequences. University of Oxford <http://www.education.ox.ac.uk/research/the-unequal-representation-of-ethnic-minorities-in-special-education-in-england-extent-causes-and-consequences/>

this could be explained by demographic variables such as poverty or educational achievement. This research was based on children in the School Census from January 2016.

- Nationally, marked disproportionality was found in the following ethnic groups:
 - Black Caribbean and Pakistani children and young people were over-represented for Moderate Learning Difficulty (MLD), whilst Indian and Chinese children and young people were under-represented.
 - Black Caribbean and Mixed White & Black Caribbean pupils were substantially overrepresented for Social, Emotional, Mental Health (SEMH) whilst all Asian Groups (Indian, Pakistani, Bangladeshi and Other Asian) were substantially under-represented for SEMH and for Autistic Spectrum Disorder (ASD).
- Following adjustment for socio-economic factors, significant differences remained in Wolverhampton for the following ethnic groups:
 - White Irish and Traveller Gypsy / Roma children were substantially overrepresented for MLD whilst Black African children were underrepresented.
 - Other Mixed and Mixed White & Black Caribbean children were substantially overrepresented for SEMH whilst Indian children were underrepresented for Speech, Language and Communication Needs (SLCN), SEMH and ASD.
- Researchers concluded that over-representation for MLD could be accounted for by socio-economic factors, but the ethnic disproportionalities for SEMH and ASD remain substantial even after age, sex and deprivation were accounted for. Prior attainment/development did also not account for the ethnic disproportionality in SEMH and ASD.

5.4.5 English as an Additional Language

- Children with English as an additional language (EAL) may learn their languages more slowly than those only developing skills in one language. Once children start school differences between them and their peers generally disappear which may be due to their increased exposure to English.
- Children with EAL can experience long-term language difficulties such as Development Language Disorder and other SLCN requiring access to intervention.
- In Wolverhampton, 30.1% of children on roll speak English as an additional language⁵⁴. The majority of children speak English as their first language (69.9%) followed by Punjabi (10.6%) and Polish (2.1%).

⁵⁴ Source: CWC School Census 2019

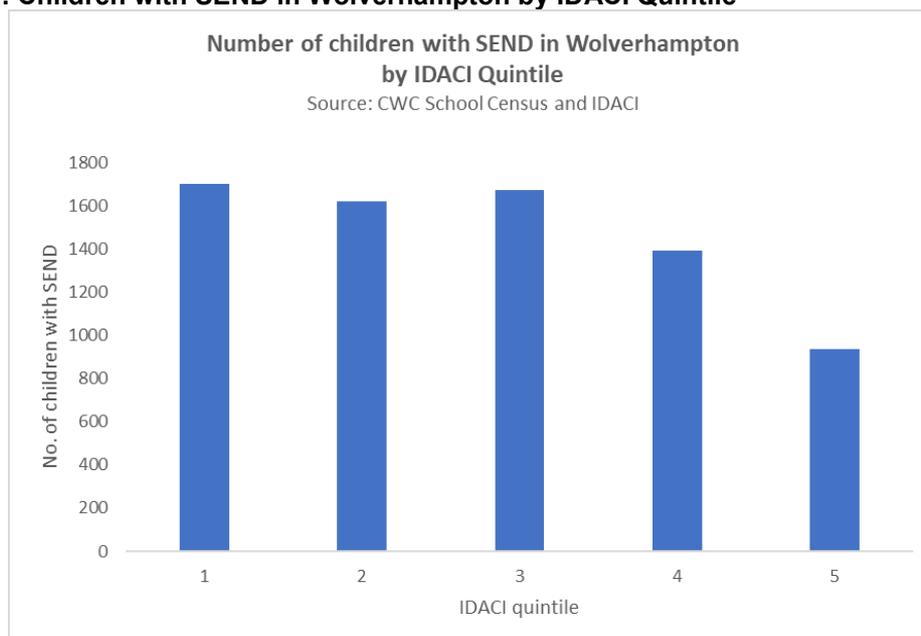
- One fifth of children accessing SEN Support (20.8%) had EAL. Most children accessing SEN Support speak English as their first language (79.2%). This was followed by Punjabi (6.7%) and Urdu (1.9%).
- Children with an EHCP/ Statement were least likely to have EAL (17.7%). The majority of children with an EHCP/ Statement spoke English as their first language (82.3%) followed by Punjabi (5.1%) and Polish (1.3%).

5.4.6 Deprivation

- As highlighted in 5.3.5, there is a strong link between poverty and SEND. Children from low-income families are more likely than their peers to be born with inherited SEND, are more likely to develop some forms of SEND in childhood and are less likely to move out of SEND categories while at school. At the same time, children with SEND are more likely than their peers to be born into poverty, and also more likely to experience poverty as they grow up⁵⁵.
- According to Public Health England⁵⁶, there is a pronounced social gradient in early language acquisition. Studies reporting that young children from disadvantaged backgrounds have a higher prevalence of poor language skills with approximately 50% for 4-year olds experiencing difficulties, falling to 30% for 5-year olds.
- This strong association between socio-economic deprivation and language delay is attributed to differences in the communication environment, including the quality and quantity of parent-infant interaction (in other words the number of words children hear and the breadth of vocabulary). However, access to resources like books, toys and early educational experiences that promote early language is more influential on language development than the broader socio-economic context of the family.
- Locally there is a strong correlation between deprivation and the prevalence of SEND, using the IDACI measure (Fig. 13).

⁵⁵ Source: <https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty>

⁵⁶Source: Public Health England Speech, language and communication needs assessment report: Report for Wolverhampton 2019

Fig. 13: Children with SEND in Wolverhampton by IDACI Quintile

5.4.7 Access to Free School Meals

- The Education Act 1996 requires maintained schools and academies (including Free Schools) to provide free school meals (FSM) to disadvantaged children and young people who are aged 5 - 16 years old⁵⁷.
- Since September 2014, state funded schools in England have been required to provide free lunches to children in Reception, Year 1 and Year 2, who are not otherwise entitled to benefits-related FSM. This is known as Universal Infant FSM. In January 2019, take up of Universal Infant FSM was lower in Wolverhampton (83.0%) compared to national (87.8%) and regional (89.2%) levels.
- In January 2019, for all school types nationally, 15.4% of pupils were eligible for and claiming free school meals⁵⁸. This is the highest proportion since 2014, reversing the downward trend. Since April 2018, protections have been in place for FSM eligibility while Universal Credit is introduced nationwide. This has been the main driver in the increase in the proportion of pupils eligible for and claiming free school meals as pupils continue to become eligible but fewer pupils stop being eligible.
- In 2019⁵⁹, one quarter of children in Primary Phase (25.8%) and one fifth of children in Secondary Phase (21.1%) were eligible and claiming for FSM. Both cohorts saw higher take up than that seen regionally (18.7% and 16.4% respectively) and nationally (15.8% and 14.1% respectively).

⁵⁷ Source:

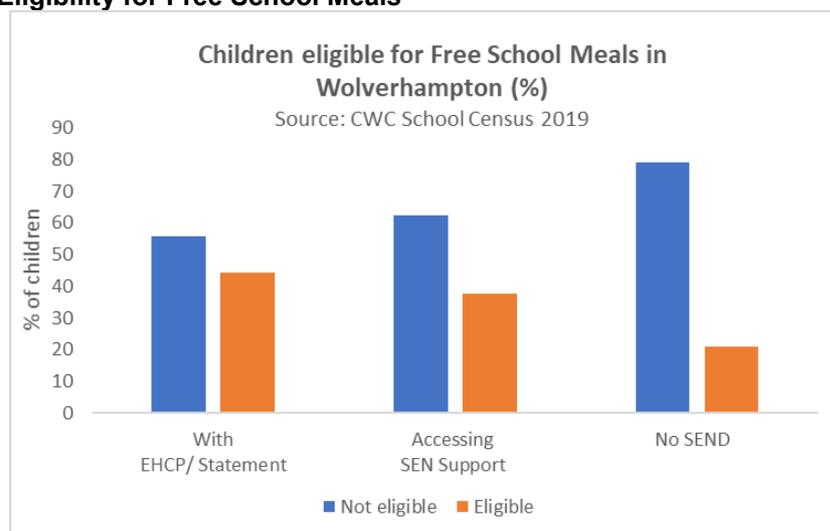
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/700139/Free_school_meals_guidance_Apr18.pdf

⁵⁸ Source: <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2019>

⁵⁹ Source: <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2019>

- The proportion of children being educated in Special School and who are eligible and claiming rises significantly across geographical levels. Wolverhampton has higher FSM claims for children at Special Schools (47.3%) than seen regionally (39.5%) and nationally (37.5%)⁶⁰.
- In 2019, 38.9% of all children with SEND on roll in Wolverhampton schools were eligible for FSM compared to 21.0% of all children on roll with no SEND⁶¹.
- When looking at the cohorts in more detail, there appears to be a clear inverse relationship between eligibility for free school meals and levels of SEND in the city (Fig. 14).

Figure 14: Eligibility for Free School Meals



- In January 2019, there were 604 children and young people with an EHCP/ Statement in Wolverhampton that were eligible for FSM – equivalent to 44.3% of all children and young people with an EHCP/ Statement.
- During the same period, there were 2,447 children and young people accessing SEN Support that were eligible for FSM – equivalent to 37.8% of all children accessing SEN Support.
- One in five children on roll in Wolverhampton schools and who had no identified SEND were eligible for FSM (21.0%).

5.5 Types of schools

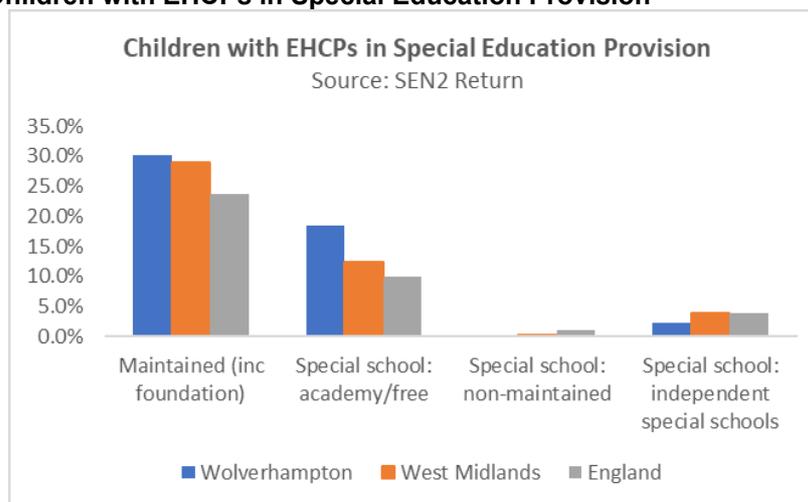
- Within Wolverhampton there are currently 99 registered childminders, 37 day nurseries, 12 playgroups, 7 nursery schools, 2 independent schools offering early education funded places to eligible 2, 3 and 4 year olds. There are also 7 schools that offer places to eligible 2 year olds.

⁶⁰ Source: <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2019>

⁶¹ Source: CWC School Census 2019

- In January 2019, there were 7,834 children with SEND (across Nursery to Year 14) attending state schools in Wolverhampton⁶². These children were supported within both mainstream and specialist provision.
- Most children accessing SEN Support were educated in mainstream provision (98.6%). In contrast, just over a third of children with an EHCP/ Statement (35.5%) were educated in mainstream provision, whilst 64.5% were being educated either within Special Schools or PRUs⁶³.
- The proportion of children with an EHCP/ Statement being educated in mainstream provision is generally lower in Wolverhampton compared to regional and national comparisons. The most significant difference is at Maintained Schools (including foundation) where almost one fifth of children with an EHCP/ Statement nationally (18.2%) attends this provision type compared to just over one in ten children with an EHCP/ Statement locally (12.7%).
- The proportion of children being educated in Special Schools is generally higher in Wolverhampton (30.1%) than the national (23.7%) and regional (28.9%) comparisons⁶⁴ (Fig. 15).

Figure 15: Children with EHCPs in Special Education Provision



- In January 2019, the number of children with an EHCP/ Statement on roll locally that were being educated within Alternative Provision or PRUs was higher (1.9%) than that seen regionally (0.4%) and nationally (0.5%). The proportion of children with an EHCP / Statement that were in post-16 education is generally lower compared to regional and national levels⁶⁵.
- Locally, the number of children with an EHCP/ Statement being educated in Post-16 provision in general Further Education and Tertiary College/ Higher Education

⁶² Source: CWC School Census 2019

⁶³ Source: CWC School Census 2019

⁶⁴ Source: Department for Education Statements of SEN and EHC Plans: England 2019 (SEN2 Return)

⁶⁵ Source: SEN2 Return

settings was particularly low (7.7%) compared to West Midlands (12.9%) and England (13.2%).⁶⁶

5.6 School Attendance

- During academic year 2018/19, there were 5,549 children on roll in Primary and Secondary Phases of Wolverhampton schools whose overall attendance was below 90% - equivalent to more than 1 in 10 children (13.0%)⁶⁷.
- Whilst children accessing SEN Support or who have an EHCP/ Statement make up 17.0% of children on roll in Wolverhampton, they represent almost a third of children with attendance below 90% (31.5%).
- Children whose attendance was low and who accessed SEN Support or had an EHCP/ Statement were more likely to be educated at a Local Authority maintained school (35.6%) compared to all children on roll (31.3%) and were less likely to attend an Academy school (56.1% compared to 64.2% respectively).
- The remaining proportion of children accessing SEN Support or who had an EHCP/ Statement and who had low attendance were being educated in Special Schools (5.7%) and Free Schools (2.6%).
- Children and young people with disabilities are likely to have more medical appointments throughout their school career which will affect their attendance at school and guidance from DfE⁶⁸ makes clear that children whose absences are related to their medical condition should not be penalised.
- Absence of this nature will account for some of the over representation of children with SEND in relation to attendance below 90% but it is unlikely to account for it all. In Wolverhampton, children who accessed SEN Support or who had an EHCP/ Statement and whose attendance was low had a higher average number of authorised absence days (41.4) compared to all children on roll with low attendance (37.4) however they also had a higher number of unauthorised days absence (27.8) compared to all children on roll with low attendance (25.2).
- Children who accessed SEN Support or who had an EHCP/ Statement and whose attendance was low had on average a slightly lower number of unexplained absence days (1.3) compared to all children on roll with low attendance (1.42).

5.7 Broad Areas of Need

- The SEND Code of Practice identifies the following four broad areas of need:
 - Communication and interaction difficulties

⁶⁶ Source: SEN2 Return

⁶⁷ Source: Capita One; attendance records which had zero actual or zero possible were removed as well as those records for individuals not featuring on the CWC School Census 2019

⁶⁸ Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

- Cognition and learning difficulties
 - Social, emotional, mental health difficulties
 - Sensory and / or physical needs.
- The purpose of identifying these broad areas is to identify action that Education, Health and Care professionals need to take to ensure children and young people are supported. They are not to categorise children as in practice children and young people may have needs that cut across multiple areas of need which may also change over time⁶⁹.
 - Historically, Council services and Schools have not consistently employed the same categories of need when recording and reporting upon the characteristics of the City's children and young people with SEND. In June 2019, Wolverhampton SEND Partnership and Commissioning Board noted this existing variance in employed categories of need and endorsed the consistent adoption and utilisation of one set of recommended categories of need across the Council.
 - Adopting a consistent set of categories of need will enable effective alignment between school and council information and promote a better understanding of the needs of Wolverhampton children and young people with SEND.
 - The currently employed categories are principally based on those identified in the SEND Code of Practice with local distinction being made between children with Moderate Learning Difficulties and Severe Learning Difficulties.
 - It is important to recognise the difference between a learning difficulty and a learning disability as the distinction will determine the level of intervention and service provision available to a child. A learning disability has an onset in early childhood and is defined as a 'low intellectual ability...with a significant impairment of social or adaptive functioning'.⁷⁰ In contrast, learning difficulties are a common feature of many developmental conditions e.g. Autistic Spectrum Disorder, and genetic conditions e.g. Down Syndrome.

5.7.1 Primary Need by Phase

- A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for them. All pupils with SEND have an assessment of their primary need. The following charts show the breakdown of need in Wolverhampton by primary, secondary and special school, compared to the national averages and ranked by prevalence (Fig. 16, 17, and 18)⁷¹.

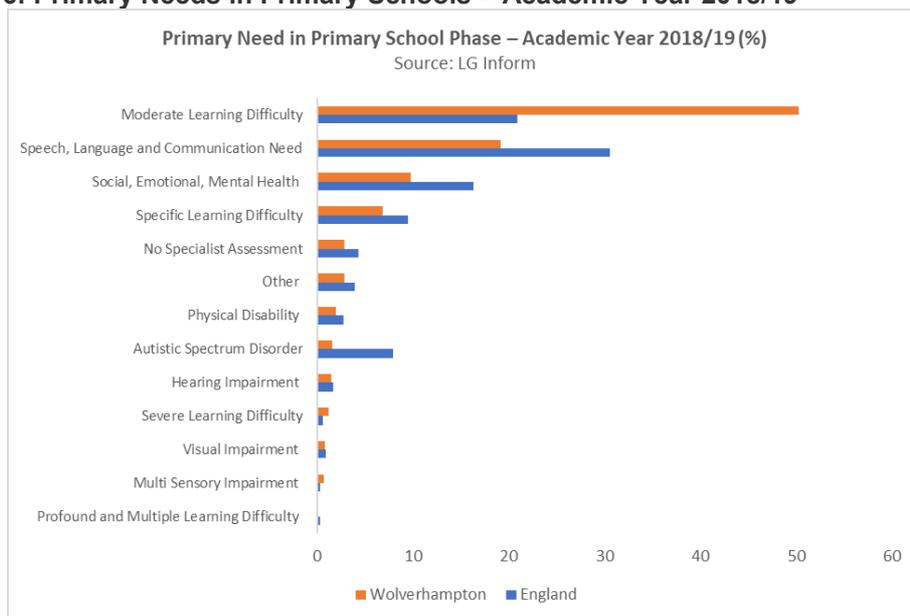
⁶⁹ Source: SEND Code of Practice 2015

⁷⁰ Source: Royal Society of Paediatrics and Child Health (2019) Health for all children. Fifth Edition. Oxford.

⁷¹ Source: LG Inform – Local Area SEND Report for Wolverhampton

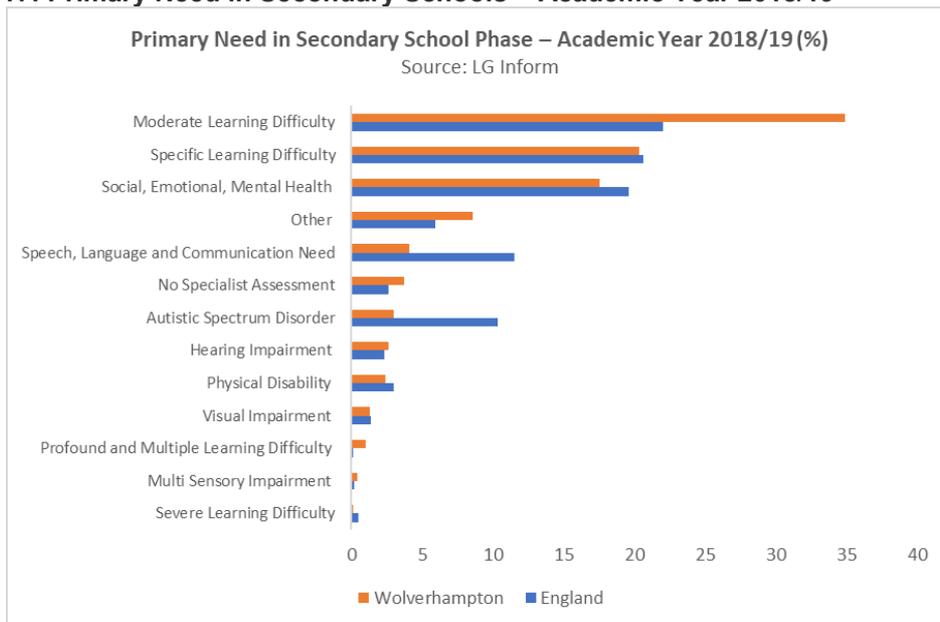
- In Wolverhampton, half of the children (50.3%) with SEND had a primary need of Moderate Learning Difficulties (MLD) compared to 20.9% in England. MLD was the most prevalent primary need in primary schools in the city in academic year 2018/19.
- Speech, language and communication needs (SLCN) was the most prevalent primary need in primary schools in England (30.6%). In Wolverhampton, 19.2% of children with SEND in primary schools had a primary need of SLCN.

Figure 16: Primary Needs in Primary Schools – Academic Year 2018/19



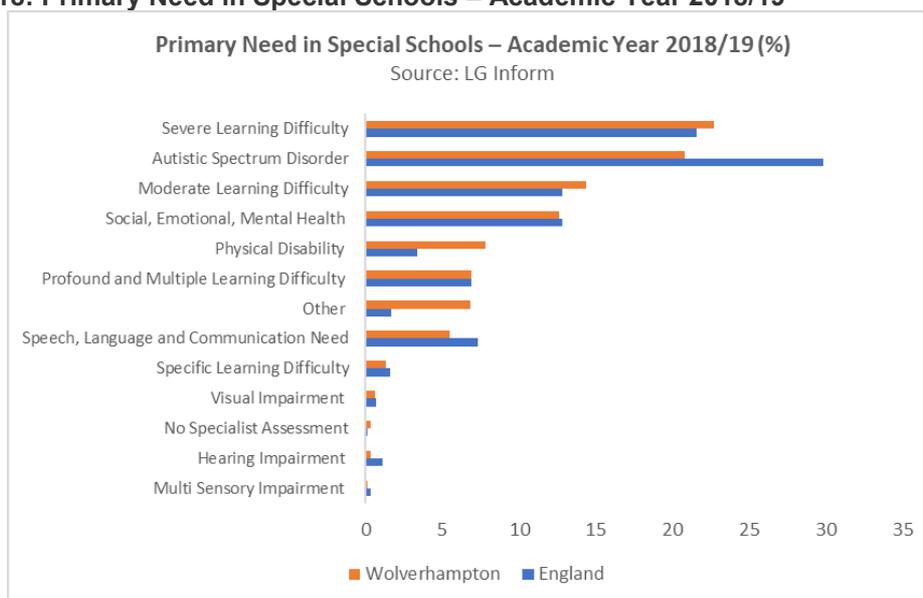
- There is significant variation in prevalence of some categories of primary need seen nationally and locally for children in the Primary School phase (Fig. 16). Of particular note for this cohort are the variations seen in MLD, SLCN, SEMH and ASD.
- In Wolverhampton, 34.9% of children with SEND in Secondary School in academic year 2018/19 had a primary need of MLD compared to 22.0% in England. MLD was the most prevalent primary need for children with SEND in Secondary Schools in the city.
- Specific Learning Difficulties (SpLD) were the most prevalent primary needs for children with SEND in Secondary School in England (20.6%). In Wolverhampton, 20.3% of children with SEND in Secondary School had a primary need of SpLD.

Figure 17: Primary Need in Secondary Schools – Academic Year 2018/19



- As seen with the Primary School phase, there are some notable variations in prevalence of some categories of primary need seen nationally and locally for children in the Secondary School phase (Fig. 17). Again, variation in prevalence of MLD, SLCN, and ASD are most notable. Variation in Other and SEMH, although to a lesser extent in this phase, are also recognised.
- The most prevalent primary need for children in Special Schools in Wolverhampton in academic year 2018/19 was Severe Learning Difficulty (SLD) (22.7%). In England, 21.6% of children in Special Schools had a primary need of SLD.
- Autistic Spectrum Disorder (ASD) was the most prevalent primary need of children in Special Schools in England (29.8%). In Wolverhampton, 20.8% of children in Special Schools had a primary need of ASD.

Figure 18: Primary Need in Special Schools – Academic Year 2018/19



- Consistent with the Primary and Secondary phases, variations in prevalence of some categories of primary need seen nationally and locally for children in Special Schools (Fig. 18). Most prominent are variations in the prevalence of ASD, Physical Disabilities, and those categorised as Other.
- In January 2019, the most prevalent primary needs for all children accessing SEN Support at state schools in Wolverhampton were moderate learning difficulties (44.4%), social, emotional and mental health difficulties (14.0%), specific learning difficulties (13.2%) and speech, language and communication needs (12.0%)⁷².
- In January 2019, the most prevalence primary needs for all children with an EHCP / Statement, the most prevalent primary needs were Autistic Spectrum Disorder (18.0%), severe learning difficulties (16.0%), moderate learning difficulties (15.3%) and social, emotional and mental health needs (15.2%).

5.7.2 Communication and Interaction

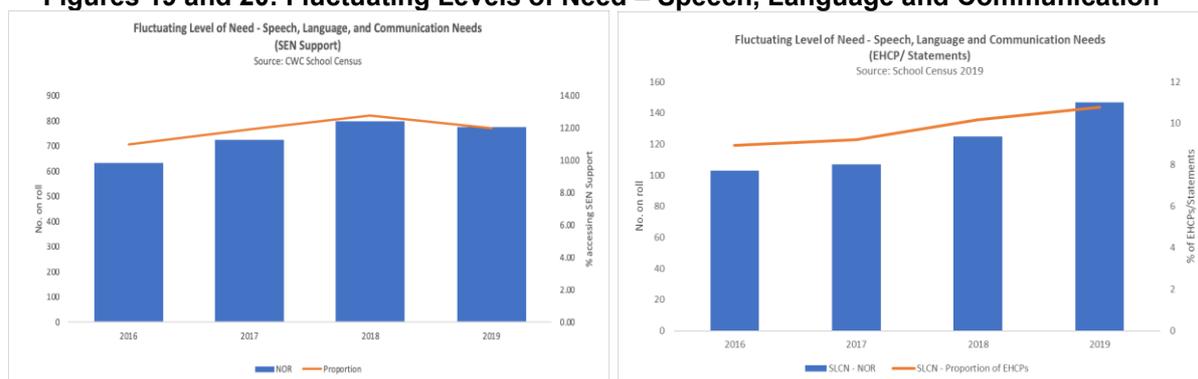
5.7.2.1 Speech, Language and Communication Needs

- Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. It is recognised that the profile for every child with SLCN is different and their needs may change over time.
- Overall, the population of children in Wolverhampton with a primary need of SCLN is growing (Fig. 19).

⁷² Source: CWC School Census 2019

- In January 2019, there were 774 children who were accessing SEN Support and had a primary need of SCLN – equivalent to 12.0% of the total number of children accessing SEN Support in the city⁷³.
- The number of children accessing SEN Support and who have a primary need of SCLN has increased by 22.1% since 2016; an actual increase of 140 children.
- The number and prevalence of children with an EHCP/ Statement who have a primary need of SCLN and were attending state schools in Wolverhampton has continued to rise each year (Fig. 20).

Figures 19 and 20: Fluctuating Levels of Need – Speech, Language and Communication



- In January 2019, there were 147 children with an EHCP/ Statement and a primary need of SCLN – equivalent to 10.8% of children with an EHCP/ Statement⁷⁴.
- The number of children with an EHCP/ Statement and a primary need of SCLN has increased by 42.7% since 2016; an actual increase of 44 children.

5.7.2.2 Autistic Spectrum Disorder

- Children and young people with Autistic Spectrum Disorder (ASD) including Asperger's Syndrome and Autism, are likely to have difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which may impact how they relate to others.
- Wolverhampton has a significantly lower rate of children with autism known to local schools (6.2 per 1,000 pupils) compared to national (13.7) and regional (14.1)⁷⁵. This is the lowest rate of children with autism known to schools seen across all local authorities in the West Midlands.
- The prevalence of children with a primary need of ASD in Wolverhampton is increasing. In January 2019, there were 96 children with a primary need of ASD and were accessing SEN Support – equivalent to 1.5% of all children accessing SEN Support in the city. This is the largest cohort of children with ASD in recent years – increasing in actual terms by 20 children since 2016 (12.6%) (Fig. 21).

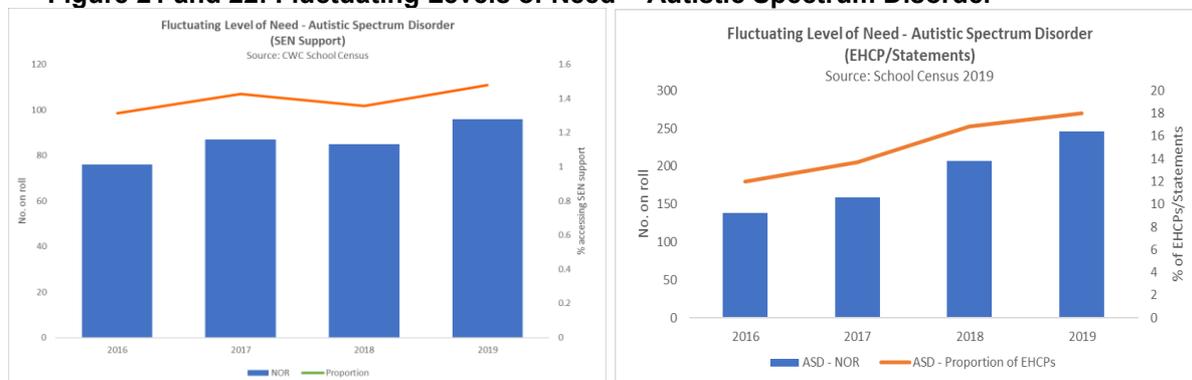
⁷³ Source: CWC School Census 2019

⁷⁴ Source: CWC School Census

⁷⁵ Source: Public Health England Learning Disabilities Profile - <https://fingertips.phe.org.uk/profile/learning-disabilities>

- In recent years, the number and prevalence of children with an EHCP/ Statement and a primary need of ASD has seen a year on year increase (Fig. 22). In January 2019, almost one fifth of children with an EHCP/ Statement had a primary need of ASD (18.0%) – equivalent to 246 children⁷⁶.

Figure 21 and 22: Fluctuating Levels of Need – Autistic Spectrum Disorder



- The number of children with an EHCP/ Statement and a primary need of ASD has increased by 78.3% since 2016; an actual increase of 108 children.

5.7.3 Cognition and learning

- There are different types of learning difficulty; moderate, severe, specific or profound and multiple.
- Latest information from the PHE Learning Disability profile shows that in Wolverhampton, there were 75.3 per 1,000 children known to schools in the city who had a learning difficulty⁷⁷. This was significantly higher than the regional (49.8) and national (33.9) rate⁷⁸. It is important to note that this indicator does not include children with specific learning difficulties such as dyslexia.

5.7.3.1 Moderate Learning Difficulties

- Children with moderate learning difficulties (MLD) do not find learning and communicating easy and may display challenging behaviour if their needs are not fully recognised and understood. Support for learning difficulties may be required when children and young people learn at a slower pace than their peers. Even with appropriate differentiation, children are likely to need support in all areas of the curriculum.
- Wolverhampton has a significantly higher rate of children with MLD known to local schools (68.8 per 1,000 pupils) compared to national (28.9) and regional (44.2)⁷⁹. This is the highest rate of children with MLD known to schools seen across all local authorities in the West Midlands.

⁷⁶ Source: CWC School Census 2019

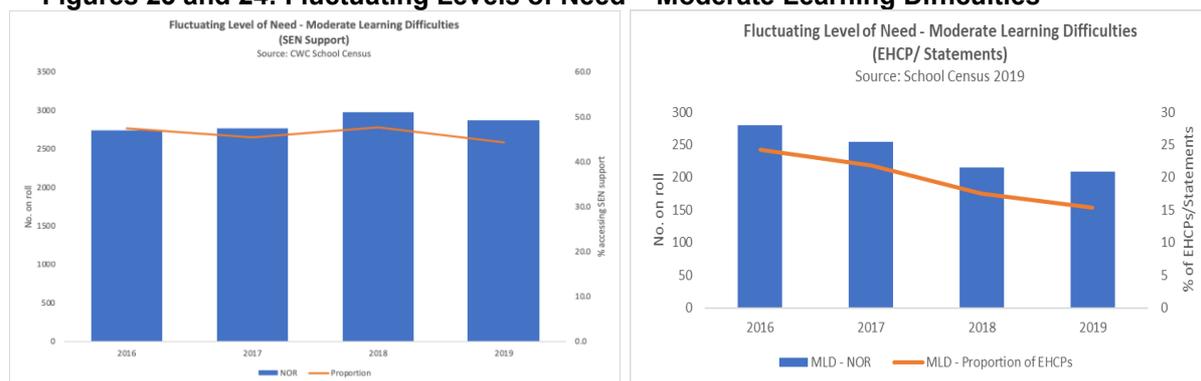
⁷⁷ Children recorded as having moderate, severe or profound and multiple learning difficulties as a primary special educational need at census from state funded school primary, secondary and special schools

⁷⁸ Source: Public Health England Learning Disabilities Profile - <https://fingertips.phe.org.uk/profile/learning-disabilities>

⁷⁹ Source: Public Health England Learning Disabilities Profile - <https://fingertips.phe.org.uk/profile/learning-disabilities>

- Nationally the prevalence of children with MLD known to schools saw an increase from 2015 to 2016 and then a year on year decrease thereafter. The prevalence of children with MLD known to schools in Wolverhampton also saw an increase between 2015 and 2016 but has continued to increase annually ever since.
- In January 2019, there were 2,872 children accessing SEN Support in Wolverhampton who had a primary need of MLD – equivalent to 44.4% of all children accessing SEN Support⁸⁰.
- Between 2016 and 2019, the number of children accessing SEN Support and who had a primary need of MLD in Wolverhampton saw an overall increase of 133 actual children. However, the prevalence of children accessing SEN Support with MLD has decreased by 6.3% over the same period (Fig. 23).
- Locally, the number and prevalence of children with an EHCP/ Statement and a primary need of MLD has seen a year on year decrease in recent years (Fig. 24). In January 2019, there were 209 children with an EHCP/ Statement and a primary need of MLD – equivalent to 15.3% of all children with an EHCP/ Statement on roll in Wolverhampton.

Figures 23 and 24: Fluctuating Levels of Need – Moderate Learning Difficulties



- The number of children with an EHCP/ Statement and a primary need of MLD has decreased by 25.4% since 2016 – or 71 children.

5.7.3.2 Severe Learning Difficulties

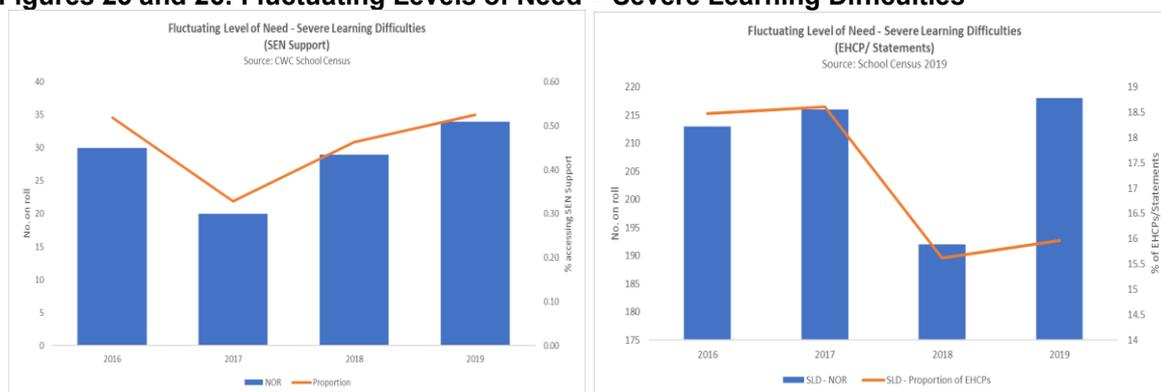
- Children with severe learning difficulties (SLD) will have significant cognitive impairment and may have difficulty with mobility, communication, and self-help skills. Children will require support in all areas of the curriculum.
- Wolverhampton has a significantly higher rate of children with SLD known to local schools (4.43 per 1,000 pupils) compared to the national rate (3.74)⁸¹. The rate of children with SLD known to schools in Wolverhampton is higher than that seen across the West Midlands (4.25) but is not significantly different.

⁸⁰ Source: CWC School Census 2019

⁸¹ Source: Public Health England Learning Disabilities Profile - <https://fingertips.phe.org.uk/profile/learning-disabilities>

- Nationally the overall prevalence of children with SLD known to schools has remained fairly stable. The prevalence of children with SLD known to schools in Wolverhampton has slowly declined in recent years.
- In January 2019, there were 34 children accessing SEN Support in Wolverhampton schools who had a primary need of SLD – equivalent to 0.5% of all children accessing SEN Support in local Schools⁸².
- The prevalence of children accessing SEN Support who had a primary need of SLD has remained stable since 2016 (Fig. 25). In absolute terms, the number of children with this primary need type has increased by less than 5.
- The number and prevalence of children with an EHCP/Statement and a primary need of SLD has fluctuated over recent years (Fig. 26). In January 2019, there were 218 children with an EHCP/ Statement and a primary need of SLD – equivalent to 16.0% of all children with an EHCP/ Statement on roll in Wolverhampton⁸³.

Figures 25 and 26: Fluctuating Levels of Need – Severe Learning Difficulties



- Since 2016, the number of children with an EHCP/ Statement and a primary need of SLD has increased by 5 in absolute terms however the prevalence of this primary need type has reduced by 15.1% over the same period.

5.7.3.3 Profound and Multiple Learning Difficulties

- Children with profound and multiple learning difficulties (PMLD) are likely to have severe and complex learning difficulties as well as a physical disability, sensory impairment.
- There are more children with profound and multiple learning difficulties known to schools (2.1 per 1,000) than seen at national (1.3) and regional (1.3) levels. Although numbers are reasonably small (98), the trend locally is increasing whilst rates across the West Midlands and in England are decreasing each year⁸⁴.

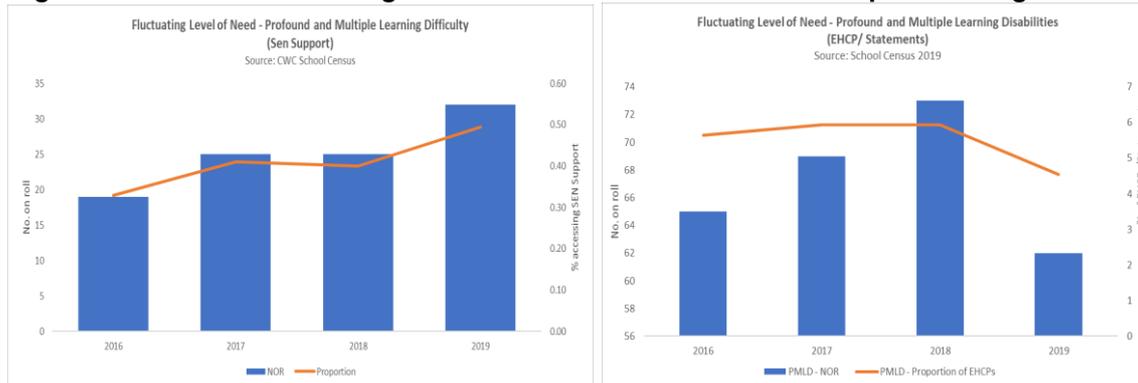
⁸² Source: CWC School Census 2019

⁸³ Source: CWC School Census 2019

⁸⁴ Source: Public Health England Learning Disabilities Profile - <https://fingertips.phe.org.uk/profile/learning-disabilities>

- In January 2019, there were 32 children accessing SEN Support with a primary need of PMLD – equivalent to 0.5% of all children accessing SEN Support in Wolverhampton schools. In absolute terms, the number of children in this cohort rose by 13 since 2016⁸⁵ (Fig. 27).
- Following a steady year on year increase and a peak in 2018, the number and prevalence of children with an EHCP/ Statement and a primary need of PMLD has decreased (Fig. 28).

Figures 27 and 28: Fluctuating Levels of Need – Profound and Multiple Learning Difficulties



- In January 2019, there were 62 children with an EHCP/ Statement and a primary need of PMLD – equivalent to 4.5% of all children with an EHCP/ Statement⁸⁶.
- The number of children in this cohort has decreased by 11 in absolute terms between 2018 and 2019

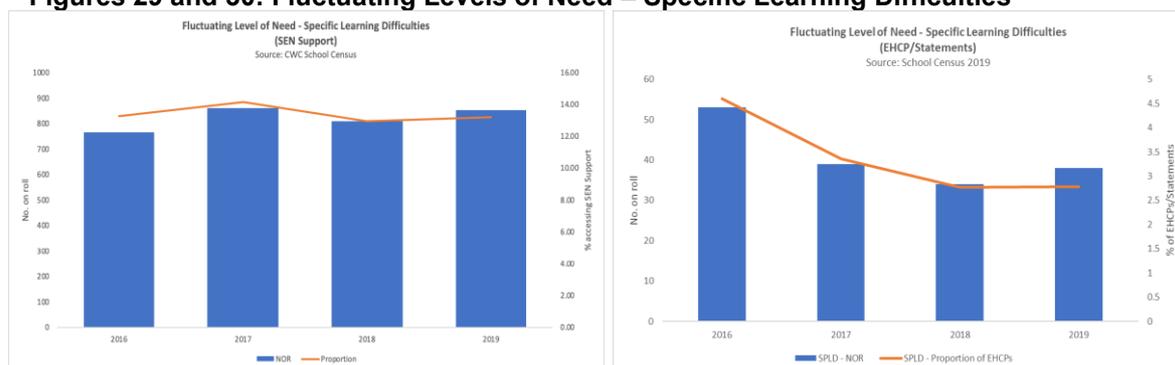
5.7.3.4 Specific Learning Difficulties

- Specific learning difficulties (SpLD) affect one or more specific aspects of learning. SpLD encompass a range of conditions including dyslexia, dyscalculia and dyspraxia.
- In January 2019, there were 853 children accessing SEN Support in Wolverhampton schools who had a primary need of SpLD⁸⁷ - equivalent to 13.2% of all children accessing SEN Support in the city.
- Whilst the number of children in this cohort has increased in absolute terms by 86 since 2016, the associated prevalence has remained relatively stable (Fig. 29).
- In Wolverhampton, the number and prevalence of children with an EHCP/ Statement and a primary need of SpLD had steadily declined since 2016 before seeing a slight increase in 2019 (Fig. 30).

⁸⁵ Source: CWC School Census 2019

⁸⁶ Source: CWC School Census 2019

⁸⁷ Source: CWC School Census 2019

Figures 29 and 30: Fluctuating Levels of Need – Specific Learning Difficulties

- In January 2019, there were 38 children with an EHCP/ Statement and a primary need of SpLD – equivalent to 2.8% of all children with an EHCP/ Statement⁸⁸.

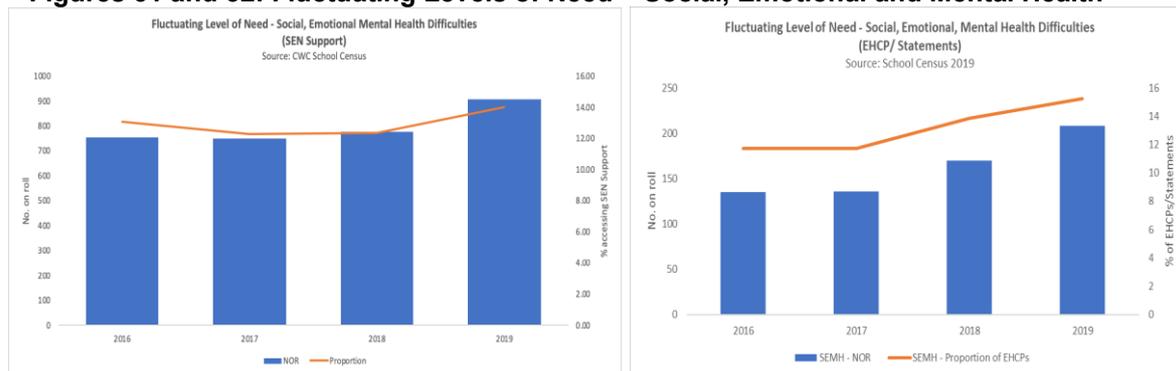
5.7.4 Social, emotional and mental health difficulties

- Children with social, emotional and mental health difficulties (SEMH) may experience a wide range of difficulties that manifest in many ways. These include becoming withdrawn or isolated, as well as displaying behaviours that challenge. It is recognised that these behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained.
- Other children may have conditions such as attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD) or attachment disorder.
- In January 2019, there were 905 children accessing SEN Support in Wolverhampton schools who had a primary need of SEMH – equivalent to 14.0% of all children accessing SEN Support locally⁸⁹.
- Between 2016 and 2019 the number of children in this cohort locally increased in absolute terms by 150 children and mirrors the national trend of three consecutive increases in as many years. The associated prevalence rate increased locally by 7.1% (Fig. 31).
- Over the same period, the number and prevalence of children with an EHCP/ Statement and a primary need of SEMH has also increased (Fig. 32). In January 2019, there were 208 children with an EHCP/ Statement and a primary need of SEMH – equivalent to 15.2% of all children with an EHCP/ Statement⁹⁰.

⁸⁸ Source: CWC School Census 2019

⁸⁹ Source: CWC School Census 2019

⁹⁰ Source: CWC School Census 2019

Figures 31 and 32: Fluctuating Levels of Need – Social, Emotional and Mental Health

- Proportionately, the number of children with an EHCP/ Statement and a primary need of SEMH has increased by 54.1% since 2016 – equivalent to 73 additional children.

5.7.5 Sensory and / or physical needs

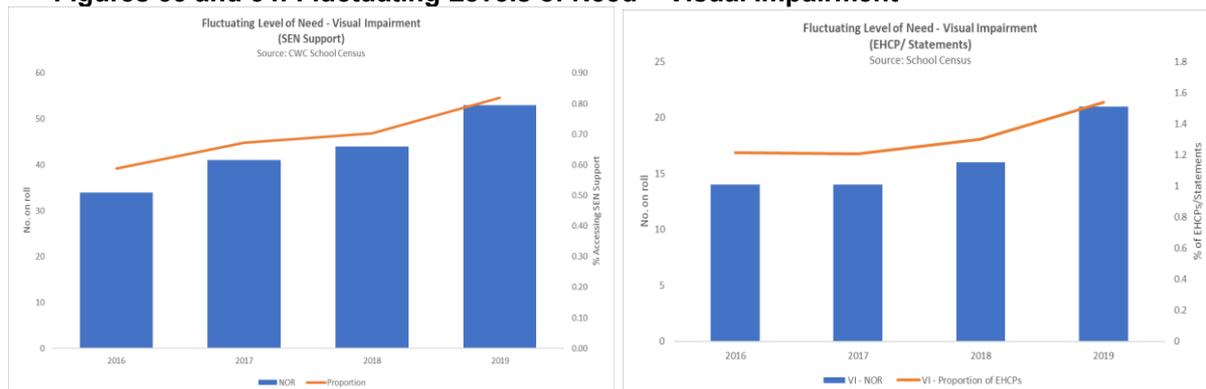
- Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. Some of these children and young people will require specialist support and/or equipment to access their learning, or habilitation support.

5.7.5.1 Vision Impairment

- Visual impairment is a broad term which covers many different experiences and degrees of impairment.
- Some children gradually lose their sight over a number of years, some are born with a visual impairment, some experience sight loss as a result of an accident, while others may have lost their sight as a result of a medical condition.
- About 2 or 3 in 10,000 babies are born with problems with their eyes that need treatment⁹¹.
- In January 2019, there were 53 children accessing SEN Support in Wolverhampton schools and had a primary need of VI⁹² - equivalent to 0.8% of all children accessing SEN Support locally.
- Whilst the size of this cohort is small, the prevalence of children accessing SEN Support with this primary need type has increased by 39.2% since 2016 (Fig. 33).
- The numbers of children with an EHCP/ Statement and a primary need of VI are small and have increased only slightly since 2016 (Fig. 34). In January 2019, there were 21 children with an EHCP/ Statement and a primary need of VI – equivalent to 1.5% of all children with an EHCP/ Statement.

⁹¹ Source: NHS Choices 2018 <https://www.nhs.uk/conditions/pregnancy-and-baby/newborn-physical-exam/>

⁹² Source: CWC School Census 2019

Figures 33 and 34: Fluctuating Levels of Need – Visual Impairment

- The total number of children with an EHCP/ Statement and a primary need of VI has increased by 7 children since 2016.

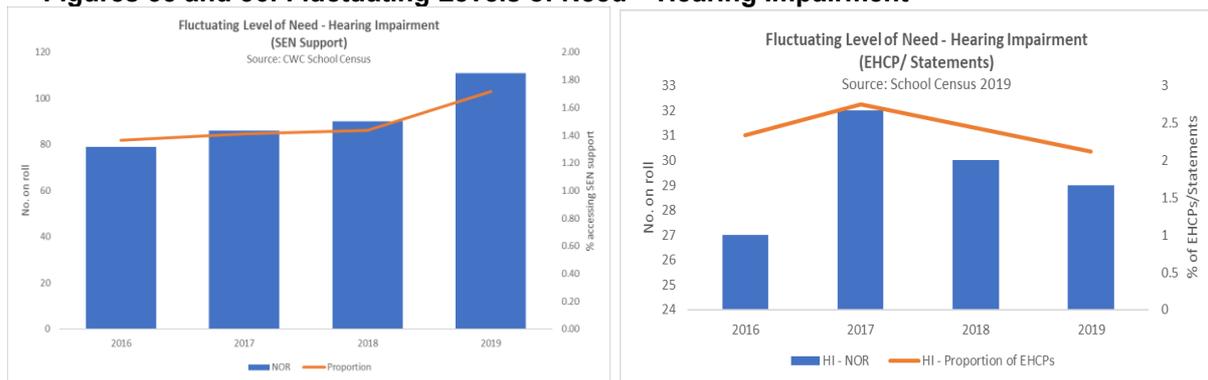
5.7.5.2 Hearing Impairment

- Hearing loss and deafness are the result of sound signals not reaching the brain due to a problem in the hearing system. There are two main types of hearing loss, depending on where the problem lies -sensorineural hearing loss and conductive hearing loss. It is also possible to have both types and this is called mixed hearing loss.
- Between one and two babies in every 1,000 are born with permanent hearing loss in one or both ears. This increases to about 1 in every 100 babies who have spent more than 48 hours in intensive care. Most of these babies are born into families with no history of permanent hearing loss⁹³.
- Permanent hearing loss can significantly affect babies' development. Finding out early can give these babies a better chance of developing language, speech, and communication skills.
- In January 2019, there were 111 children accessing SEN Support in local schools and who had a primary need of HI⁹⁴ - equivalent to 1.7% of all children accessing SEN Support locally.
- As seen in the VI cohort (5.7.5.1), although the size of this cohort is small, the prevalence of children accessing SEN Support with HI as their primary need type increased between 2016 and 2019 by a quarter (25. 6%) (Fig. 35).
- Following a sharp increase between 2016 and 2017, there has been a steady decline of children with an EHCP/ Statement and a primary need of HI (Fig. 36).

⁹³ Source: NHS Choices Newborn Hearing Screening 2018 <https://www.nhs.uk/conditions/pregnancy-and-baby/newborn-hearing-test/>

⁹⁴ Source: CWC School Census 2019

Figures 35 and 36: Fluctuating Levels of Need – Hearing Impairment

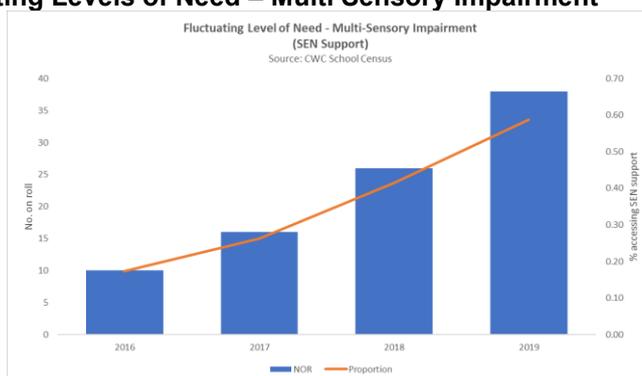


- In January 2019, there were 29 children with an EHCP/ Statement and a primary need of HI – equivalent to 2.1% of all children with an EHCP/ Statement on roll⁹⁵.

5.7.5.3 Multi-Sensory Impairment

- Children who have a multi-sensory impairment (MSI) have a combination of vision and hearing difficulties. Their sensory loss may be present at birth or acquired later. Some of these children also have medical, physical and cognitive disabilities. MSI impacts on all areas of learning and children may need additional support to learn to communicate and develop socially.
- In January 2019, there were 38 children accessing SEN Support in Wolverhampton schools and had a primary need of MSI⁹⁶ (Fig. 37).
- The prevalence rate of MSI in this cohort increased from 0.2% to 0.6% between 2016 and 2019 – an increase in absolute terms of 28 children.

Figure 37: Fluctuating Levels of Need – Multi Sensory Impairment



- In 2019, there were less than 5 children with an EHCP/ Statement and a primary need of MSI⁹⁷.

⁹⁵ Source: CWC School Census 2019

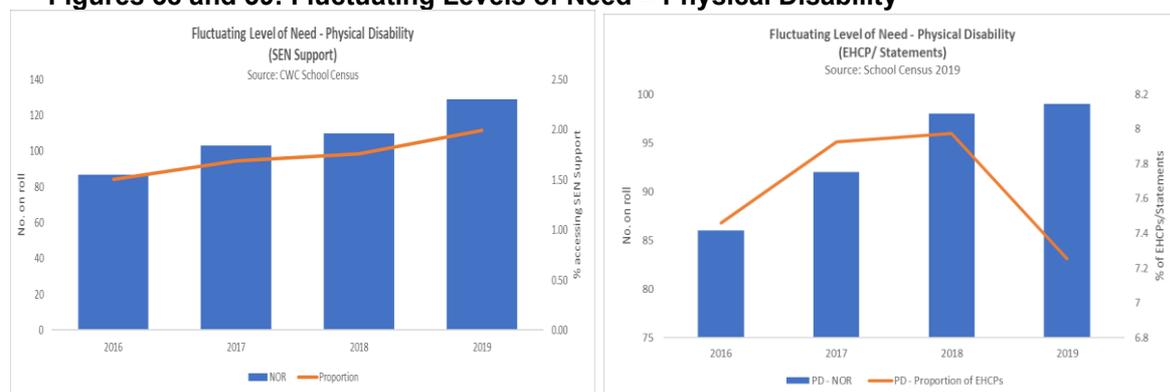
⁹⁶ Source: CWC School Census 2019

⁹⁷ Source: CWC School Census 2019

5.7.6 Physical Disability

- Some children with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.
- In January 2019, there were 129 children accessing SEN Support in Wolverhampton schools and whose primary need was PD – equivalent to 2.0% of all children accessing SEN Support locally⁹⁸.
- Between 2016 and 2019, the number and prevalence of children accessing SEN Support and whose primary need was PD steadily increased (Fig. 38).
- In recent years, the number and – to a lesser extent – the proportion of children with an EHCP/ Statement and a primary need of PD had been increasing. In January 2019, the actual number of children rose by one compared to the previous year, however the equivalent proportion of children with an EHCP/ Statement decreased from 8.0% to 7.3% (Fig. 39).

Figures 38 and 39: Fluctuating Levels of Need – Physical Disability



- The number of children with an EHCP/ Statement and a primary need of PD is relatively small. Between 2016 and 2019 the number of children with an EHCP/ Statement and a primary need of PD increased in actual terms by 13.

5.7.7 Other Needs

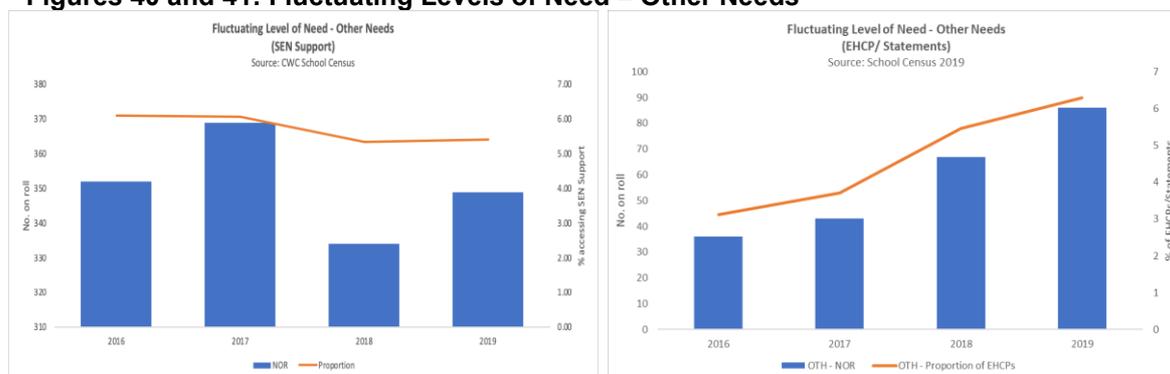
- In January 2019, there were 349 children accessing SEN Support in Wolverhampton schools and who had a primary need type of Other – equivalent to 5.4% of all children accessing SEN Support locally⁹⁹.
- Following a sharp decline in absolute terms between 2017 and 2018, the numbers of children accessing SEN Support who are identified with this primary need type has steadily started to increase again and is nearing the numbers previously seen in 2016 (352) (Fig. 40).

⁹⁸ Source: CWC School Census 2019

⁹⁹ Source: CWC School Census 2019

- In January 2019, there were 86 children with an EHCP whose primary need was identified as Other – equivalent to 6.3% of all children on roll with an EHCP¹⁰⁰.

Figures 40 and 41: Fluctuating Levels of Need – Other Needs

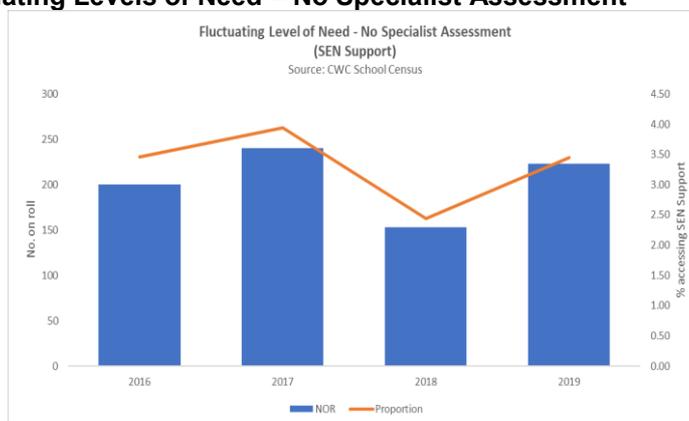


- In the past four years, the number of children with an EHCP/ Statement who have a primary need identified as Other has grown by 50 in absolute terms (Fig. 41).

5.7.8 No Specialist Assessment

- In January 2019, there were 223 children accessing SEN Support in Wolverhampton schools who had no specialist assessment listed - equivalent to 3.4% of all children accessing SEN Support (Fig. 42)¹⁰¹.

Figure 42: Fluctuating Levels of Need – No Specialist Assessment



5.8 Children and young people in specific circumstances

5.8.1 Children and young people in Care and Care Leavers with SEND

- Children in care are defined as those looked after by the local authority for one day or more. There were 624 children in the care of the City of Wolverhampton Council in 2018/19; 241 children (38.6%) are accessing SEN Support or have an EHCP/ Statement¹⁰².

¹⁰⁰ Source: CWC School Census 2019

¹⁰¹ Source: CWC School Census 2019

¹⁰² Source: Children's Information Report - Child's Categories Numbers; as at 31st March 2019

- Children who were accessing SEN Support or who had an EHCP/ Statement were over represented in the 11-15 age group (52.3% compared to 37.5% overall) and 16 – 19 age group (26.1% compared to 19.4% overall).
- Boys who were accessing SEN Support or who had an EHCP/ Statement and who in care were disproportionately represented (62.2%) compared to the overall population of boys in care (55.8%).
- A higher proportion of children who were accessing SEN Support or who had an EHCP/ Statement and who in care were white British (69.3%) compared the total population of children in care (59.5%).
- A larger proportion of children who were accessing SEN Support or who had an EHCP/ Statement were in care due to abuse or neglect (67.2% vs 65.2%), family being in acute stress (9.5% vs 8.3%) or because of the child's disability or illness (3.7% vs 1.4%).
- Almost two thirds of children and young people (152) who were in care and were either accessing SEN Support or who had an EHCP/ Statement were placed outside of the city (63%). In contrast just under half of the total population of children and young people in care were placed outside of the city (49%).

5.8.2 Children and young people with SEND and Social Care Needs

- Children in need (CIN) are defined in law as children who need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development, or are disabled.
- At the end of the 18/19 financial year, there were 1,111 children and young people in need in Wolverhampton. Of these, 436 children (39.2%) were accessing SEN Support or had an EHCP/ Statement ¹⁰³.
- Compared to all CIN locally, children who were accessing SEN Support or had an EHCP/ Statement were older. A quarter of CIN who were also accessing SEN Support or had an EHCP/ Statement were aged 11-15 (26.1%) and a quarter were aged 16-19 (26.8%). In contrast, these age groups each represented one fifth of all CIN in the city (20.1% and 19.3% respectively).
- Children who were accessing SEN Support or who had an EHCP/ Statement and who were identified as CIN were more likely to be boys (43.6%) compared to all CIN (39.3%).
- In Wolverhampton, 12.8% of school age CIN had a disability compared to 12.3% in England¹⁰⁴.

¹⁰³ Source: Children's Information Report - Child's Categories Numbers; as at 31st March 2019

¹⁰⁴ Source: LG Inform – Local Area SEND Report for Wolverhampton

- Child protection aims to keep children safe where there is serious risk of harm. Serious risk of harm many arise from a single event or a serious of concerns over time. At the end of 2018/19, there were 330 children and young people on the Child Protection (CP) register in Wolverhampton. Of these, 91 (27.6%) were children who were accessing SEN Support or who had an EHCP/ Statement¹⁰⁵.
- There were twice as many children who were accessing SEN Support or who had an EHCP/ Statement on the CP Register aged 11 – 15 years (42.9% vs 21.8%) and they were also over represented in the 5 – 10 year age group (45.1% vs 35.8%).
- Children who were accessing SEN Support or who had an EHCP/ Statement and who were on the CP Register were more likely to be boys (59.3% vs 48.8%) and from a White British ethnic background (71.4% vs 62.1%).
- Children who were accessing SEN Support or who had an EHCP/ Statement were more likely to be requiring protection as a result of abuse or neglect (47.3% vs 40.9%) but were underrepresented in categories such as emotional abuse, physical abuse, and sexual abuse.

5.8.3 Children and young people educated out of area

- To appropriately meet the needs of children with SEND it is sometimes necessary to place them in out of City or Independent provision. However, these placements can result in students needing to travel long distances and are often more expensive than local placements.
- In April 2019, 15% of Wolverhampton children with EHCPs were placed in out of City or Independent provision. Identifying the characteristics of this cohort¹⁰⁶ provides valuable information regarding gaps in local provision and supports the development of future commissioning priorities.
- The largest cohorts of children placed in out of City or Independent settings were in the post-16 (50%) and secondary (30%) phases.
- The most prevalent primary needs of students placed in out of City or Independent provision, were SEMH (35%), General Learning Difficulties (16%) and ASD (13%).
- The types of settings most commonly utilised are out of city special school provision (25%), Independent provision (20%) and out of city Further Education colleges (19%).

¹⁰⁵ Source: Children's Information Report - Child's Categories Numbers; as at 31st March 2019

¹⁰⁶ Source: CWC ONE Database – April 2019

5.8.4 Children and young people with SEND educated at home

- More than a quarter of the active involvements relating to elective home education in 2018/19 were for children who were accessing SEN Support or who had an EHCP/ Statement (27.6%) – equivalent to 81 children¹⁰⁷.
- Nearly three quarters of children who were accessing SEN Support or who had an EHCP/ Statement and who were home educated were aged 11-15 years (72.8%) compared to 59.7% of all children educated at home.
- Children who were accessing SEN Support or who had an EHCP/ Statement and who were educated at home were more likely to be boys (64.2%) and from a White British background (65.4%) compared to all children educated at home (52.6% and 55.6% respectively).
- A higher proportion of children who were accessing SEN Support or who had an EHCP/ Statement had attendance issues (24.7% vs 14.7%), emotional and behavioural (17.3% vs 11.3%) or problems with SEN provision (13.6% vs 4.1%) listed as reasons for involvement in elective home education.

5.8.5 Children and young people with SEND who are excluded

- During academic year 2018/19, a total of 1,350 pupils were excluded (fixed period and permanent exclusions) – also known as distinct exclusions. During the same period there were a cumulative total of 2,937 exclusions for children and young people on roll in Wolverhampton. Most distinct exclusions (91.8%) and total exclusions (95.7%) related to fixed period and half-day exclusions.
- There is over representation of children and young people accessing SEN Support or who had an EHCP/ Statement being excluded in the city. More than half of the pupils who were excluded this academic year were children with SEND (52.2%) despite making up less than one fifth of the total number of children on roll in the city (17.0%)¹⁰⁸. Further, 1,852 of the total exclusions were children and young people who were accessing SEN Support or who had an EHCP/ Statement – equivalent to 63.1%.
- Children and young people accessing SEN Support or who had an EHCP/ Statement were likely to be excluded more often and for longer periods of time. On average, children and young people with SEND had 2.63 exclusion records resulting to on average 5.2 cumulative days excluded compared to 2.14 records and 4.5 days respectively for those who did not have any identified special educational needs.
- More than half (51%) of the children and young people who were accessing SEN Support or who had an EHCP/ Statement and had been excluded, had a social

¹⁰⁷ Source: Capita One - involvements which were opened before the end of 18/19 financial year and which had not been made inactive

¹⁰⁸ Source: CWC ONE Database

emotional and mental health primary need, a quarter had a moderate learning difficulty (25%), and one in ten had a specific learning difficulty (10%).

- A quarter of children and young people accessing SEN Support or who had an EHCP/ Statement were excluded due to being persistently disruptive (24%) compared to just over one fifth of children and young people with no identified special educational needs (21%).
- Children and young people accessing SEN Support or who had an EHCP / Statement were more likely to be excluded for physical assault against an adult (11%) compared to that seen overall (8%) but slightly less likely to be excluded due to physical assault against a pupil – 21% compared to 22% respectively.

5.8.6 Children and young people with SEND in Pupil Referral Units

- According to the Spring School Census in January 2019, there were 202 children and young people registered at Pupil Referral Units across the city; 63% were male and 37% were female.
- Two thirds of children and young people attending PRUs in the city (67%) in January 2019 were from a White British background, followed by 10% from a Mixed White-Black Caribbean background and 4% from a Black Caribbean background.
- In January 2019, the vast majority of children attending PRUs in the city had either an EHCP (16%) or were identified as accessing SEN support (83%).
- The PRU was the sole education provider for almost half of the children and young people registered at PRUs across the city (49%). Of these, 91% were identified as having SEMH as their primary need.
- A further 103 pupils were dual-registered at PRUs in the city. Dual registration means that these pupils were also registered at other educational settings.
- There are four registered PRUs across the city. Northern House Primary PRU provides alternative provision for children ages between 4 and 11 years old. There are also three establishments across the Lawnswood Campus:
 - Braybrook Centre is a PRU for CYP in KS3 aged 11- 13 years
 - Midpoint Centre is a PRU for CYP in KS4 aged 14 – 16 years
 - Orchard Centre (Home and Hospital PRU) is a PRU for CYP in KS1 – KS4 and for students with medical needs which result in difficulties accessing mainstream education.

5.8.7 Children and young people in youth custody

- According to Impact Pathways West Midlands¹⁰⁹, nationally approximately 50% of adult offenders screen positively for childhood ADHD with 19% displaying persistent symptoms.
- Offenders with a diagnosis of ADHD or those who present with symptoms are involved in 8x more aggressive incidents than the general offender population. ADHD is most prevalent within the Prolific and Priority Offender population.
- During the 12 months to January 2019, there were 438 contacts with Wolverhampton Youth Offending Team (YOT)¹¹⁰. Of these, 37% contacts (160) were identified as children and young people who were accessing SEN Support or who had an EHCP/ Statement.
- Locally, children and young people who were accessing SEN Support or who had an EHCP/ Statement are more likely to be in contact with YOT at an earlier age. A higher proportion were aged 11-15 (58%) than that seen overall (49%) and a lower proportion were aged 16-19 (43%) than seen overall (50%).
- A much lower proportion of young people who were accessing SEN Support or who had an EHCP/ Statement received a community resolution outcome (6%) than that seen overall (20%). A community resolution is an informal non-statutory disposal used for dealing with less serious crime and anti-social behaviour where the young person accepts responsibility and can involve restorative justice techniques.
- Due to the informal nature of a community resolution outcome, the youth offending team are not always consulted, and so special educational needs may not always be identified. As such, the known proportion of young people with SEND is likely to be an under estimation of the actual number receiving this type of outcome.
- A higher proportion of young people who were accessing SEN Support or who had an EHCP/ Statement received a referral order outcome (31%) or a youth rehabilitation order outcome (35%) than that seen overall (26% and 22% respectively).
- A referral order requires the young person to attend a panel consisting of a YOT representative and two members of the local community where a contract with the young person is agreed which will include reparation and a number of interventions (e.g. anger management programme).
- A youth rehabilitation order is a community sentence within which a court may include one or more requirements designed to provide for punishment, protection of the public, reducing re-offending and reparation.

¹⁰⁹ Source: Impact Pathways West Midlands quoting Social Exclusion Unit 2004

¹¹⁰ Source: Youth Offending Team 2019

5.8.8 Children of Service Personnel

- Children whose parent(s) are Service Personnel may face difficulties that are unique to the nature of their serving parent's employment. These may include:
 - Service induced mobility – the serving parent may need to relocate more often than the rest of the population and sometimes at short notice. This may result in service children with SEND experiencing delays in having their needs assessed and supported
 - Deployment – whilst not constituting SEND itself, the deployment of serving parent(s) to operational areas may result in the child with SEND experiencing anxiety, dips in educational performance and/ or emotional difficulties.
- There is currently limited information available about children of Service Personnel in Wolverhampton who also have special educational needs and disabilities.

5.8.9 Children with Life Limiting Conditions

- According to the Council for Disabled Children¹¹¹, there are rising numbers of disabled children and young people with life limiting conditions who will need support from health, care and education at various times throughout their lives.
- This increase is driven primarily by advanced in healthcare, notably improved survival rates of preterm babies and increased life expectancy for children and young people with congenital conditions.
- Evidence collated by CDC from experts from across government and academia repeatedly refers to this rising number of children, including those who rely on technology to help them breathe, eat or communicate, however identifying national data sets to substantiate this pattern was found to be extremely challenging.
- Whilst some brief estimates of demand have been made in key policy documents such as the National Framework for Children and Young People's Continuing Care¹¹², there is little if any evidence of any detailed analysis taking place at scale on a routine basis.

¹¹¹ Source: <https://councilfordisabledchildren.org.uk/help-resources/resources/understanding-needs-disabled-children-complex-needs-or-life-limiting-conditions>

¹¹² Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499611/children_s_continuing_care_Fe_16.pdf

5.8.10 Children with Congenital Abnormalities

- Congenital anomalies are defined as being present at delivery, probably originating before birth, and include structural, chromosomal, genetic and biochemical malformations¹¹³.
- Some congenital anomalies are detectable during pregnancy and others are not. Screening programmes are offered by NHS maternity services to maximise antenatal detection of specified conditions where women choose, and present in time to have screening.
- The National Congenital Anomaly and Rare Disease Registration Service (NCARDRS) currently collects data on 940 different congenital anomalies and rare diseases. NCARDRS currently reports on data from seven out of ten reporting regions in England. The North West, East of England, and London and the South West are not included in 2016. National coverage of congenital anomalies has been collected from April 2017 and is expected to be reported later this year (2019).
- In 2016, there were a total of 6,752 cases with one or more congenital anomalies covering 329,301 total births (live births and stillbirths). This gives an overall birth prevalence for the seven reporting regions of 205 per 10,000 total births – or 1 in 49¹¹⁴.
- During this period, the timing of first diagnosis of a congenital anomaly was known for 6,408 (94.9%) cases within the NCARDRS. Of these 64.9% were diagnosed antenatally.
- There were 336 infant deaths with 1 or more congenital anomaly in the 327,900 live births in 2016, giving an infant mortality rate of 10.2 per 10,000 live births. Congenital anomalies accounted for approximately 25.2% of all infant deaths. The rate of perinatal mortality was similar, at 10.8 per 10,000 live births.

5.9 Future population

- Nationally, the population of children and young people aged 0-25 years is projected to increase by 4.8% over the next 10 years (2019 - 2029).
- The total number of children and young people aged 0-25 in Wolverhampton is projected to increase by 6.0% over the next ten years – equivalent to an additional 4,900 children and young people in the city (Fig. 43)¹¹⁵.

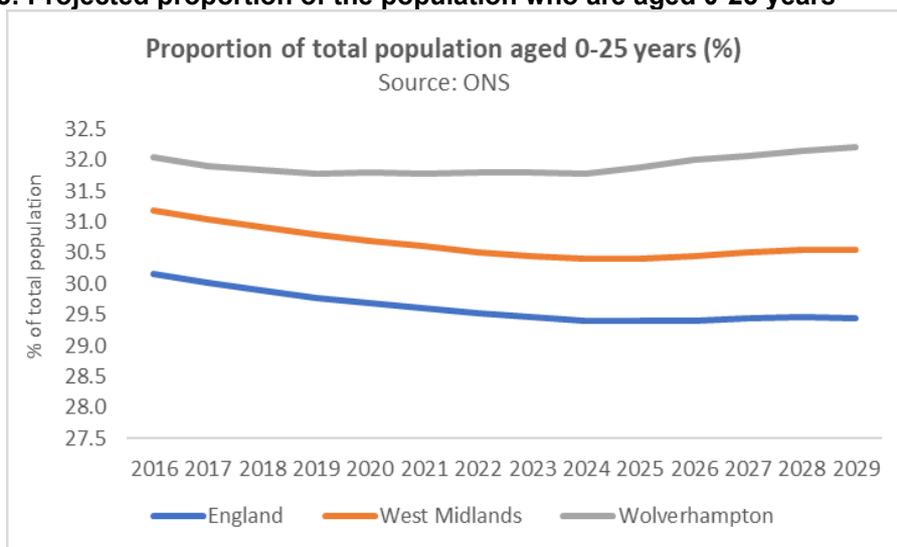
¹¹³ Source: Public Health England Congenital Anomaly Statistics 2016

¹¹⁴ NCARDRS currently covers 7 reporting regions in the country.

¹¹⁵ Source:

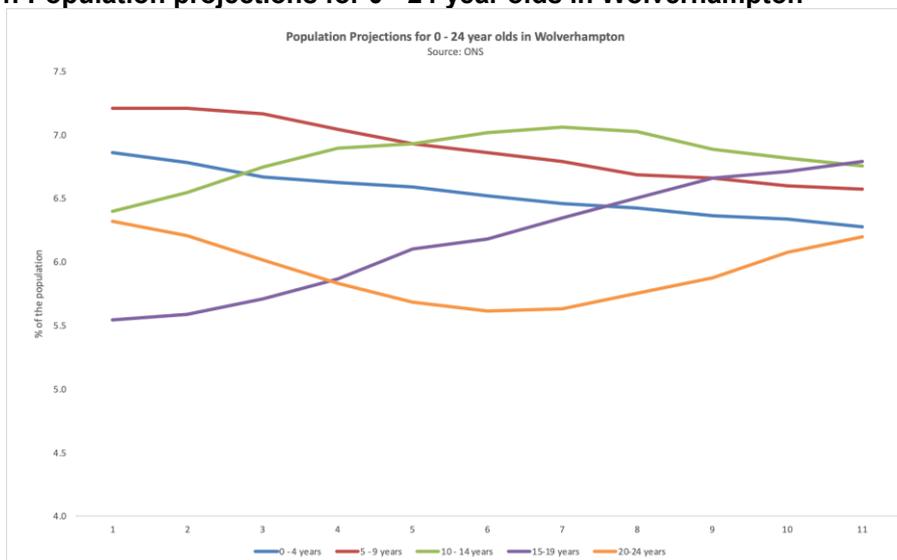
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthorities/nenglandtable2>

Figure 43: Projected proportion of the population who are aged 0-25 years



- When considering age cohorts, locally the largest growth over the next 10 years is expected to be seen in the 15 – 19 cohort (28.7%), followed by the 10 – 14 age group (10.9%) and the 20 – 24 age group (3.1%)¹¹⁶ (Fig. 44).
- In contrast, projections suggest that the 5 – 9 age group and the 0 – 4 age group are expected to decrease (-4.3% and -4.0% respectively).

Figure 44: Population projections for 0 - 24 year olds in Wolverhampton



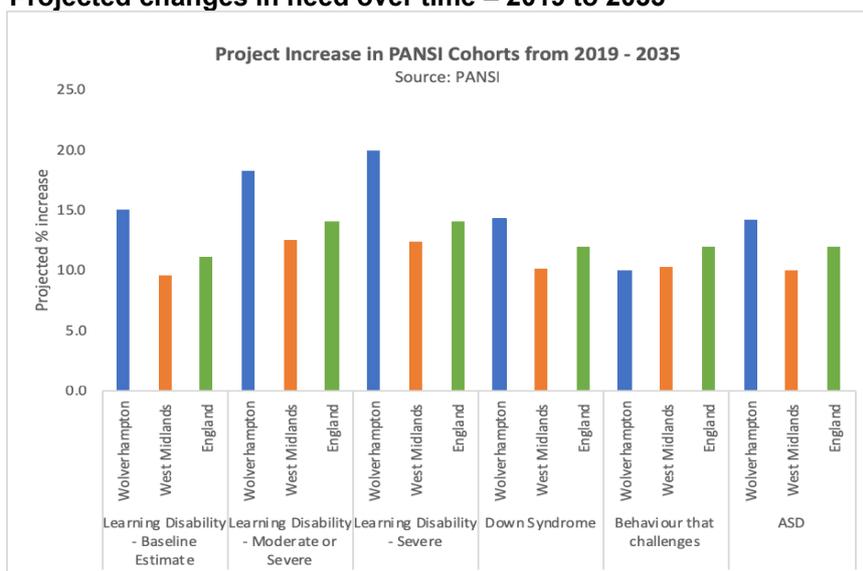
- According to the Projecting Adult Needs and Service Information (PANSI)¹¹⁷, nationally the number of people aged 18-24 predicted to have a learning disability is set to increase by 11.1% between 2019 and 2035 whilst in Wolverhampton, the figure is expected to increase by 15.0% (Fig. 45).

¹¹⁶ Source: ONS Population Projections - <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesenglandtable2>

¹¹⁷ Source: Projecting Adult Needs and Service Information (PANSI) - <https://www.pansi.org.uk>

- During the same period, the number of people who have a moderate or severe learning disability is predicted to increase by 18.2% in Wolverhampton - an increase greater than that predicted regionally (12.5%) or nationally (14.1%) for the same cohort (Fig. 45).
- Between 2019 and 2035, the number of people who have a severe learning disability in Wolverhampton is predicted to increase by 20.0% - a greater increase than is predicted regionally (12.4%) and nationally (14.1%) (Fig. 45).

Figure 45: Projected changes in need over time – 2019 to 2035



- Between 2019 and 2035, the number of people who have down syndrome is predicted to increase by 14.3% locally – again a greater increase than is predicted to be seen regionally (10.1%) and nationally (12.0%) (Fig. 45).
- During the same period, the number of people displaying behaviour that challenges is predicted to increase by 10.0 – a smaller increase than is predicted regionally (10.2%) and nationally (11.9%) (Fig. 45).
- Locally the number of people who have ASD is predicted to increase by 14.2% - greater than predicted regionally (10.0%) and nationally (11.9%) (Fig. 45).

5.10 Understanding the gaps and plans for improvement

- The needs of children and young people with SEND as a registered population in General Practice are unclear as this is not captured on the clinical reporting system. Understanding the SEND population in this way would assist improvements in service planning at a universal level and connectivity with SEND Community Health Services.
- To support transparency and uniformity in our understanding of the needs of the City's population, SEND Partnership and Commissioning Partnership Board have endorsed the consistent adoption and utilisation of categories of need across the Council and schools.
- There is a disproportionate underrepresentation of young people with SEND receiving a Community Resolution Order locally. It is proposed that a deep dive is undertaken to understand the primary need of young people with SEND in contact with YOT and whether there is evidence of a correlation between primary need and YOT outcome.

6. Identification and Assessment of Need

Key findings

- Children being ready to learn at two and ready for school at five are vital foundations for good health and development. Significant efforts have been made by the Healthy Child Programme 0-19 Service to increase the number of children receiving a 2 – 2.5 year review. In 2018/9, 61.5% of children received this important health and development check, and coverage continues to improve.
- When looking at the starting points for children with SEND entering the Early Years Terrific for Twos programme, the area where development was most affected was speaking. Here all children with SEND were below expected levels of development (100%). This was followed by managing feelings and behaviours, and health and self-care (both 86% respectively).
- The increase in birth rate along with an increase in life expectancy for children born with complex disabilities and congenital conditions, an increase in the age range to 0-25 years for children with SEND, along with improved tools for identification of need have all contributed to the doubling in the number of requests for initial requests for an Education, Health and Care Needs Assessment (EHCNA) over the past four years.
- Wolverhampton currently has a zero rate of refusal for initial requests for EHCNAs. This is the lowest rate in the West Midlands and is one of only four authorities in the country that passes all initial requests through for assessment.

6.1 Purpose of this chapter

The purpose of this chapter is to outline important points in a child's journey where key agencies have the opportunity to identify developmental concerns. It also looks at the assessment process for education, health and care needs.

6.2 The value of early identification

- According to the Royal College of Paediatrics and Child Health¹¹⁸, early identification of children with an atypical pattern of development, or with significant impairments that are likely to result in disability, is important so that:
 - The cause can be investigated,

¹¹⁸ Source: Royal Society of Paediatrics and Child Health (2019) Health for all children. Fifth Edition. Oxford

- A diagnosis, or clear understanding of the child's strengths and difficulties, is provided for the family,
 - Therapeutic interventions from a multidisciplinary team can be initiated,
 - Information about services and benefits can be provided to parents and carers,
 - Service planning can be co-ordinated with Early Years services to facilitate access to nursery and preschool education.
- Disabilities and SEN are identified and assessed in different ways. Disabilities are usually identified by medical professionals whilst SEN is a more fluid concept and children may move in or out of categories of SEN over the course of their school life.
 - Teacher perception plays an important role in determining whether a pupil is eligible for extra support. Some SEN are identified by medical experts or child psychologists (e.g. ADHD and dyslexia), while others are identified by teachers within the child's school (e.g. SEN with aspects of SEMH).

6.3 Healthy Child Programme

- The first 1001 days (from conception to the second year of life) is crucial to increase children's life chances. PHE evidence into action sets out the importance of children being ready to learn at 2 and ready for school at five as vital foundations for good health and development, and thus the importance of supporting families in these critical years.
- To support this, Local Authority Public Health teams are mandated to commission the provision of the Health Child Programme (HCP). The HCP is a universal programme which, in the Early Years, provides the opportunity for Health Visitors to have contact with all children to undertake a holistic assessment of the child and family needs.
- These universal contacts are a vital to ensure that all parents are supported to give children the best start in life and when there are problems early additional help can be provided to improve outcomes.
- There are five mandated contacts that are undertaken by the Health Visitor as part of the HCP.

6.3.1 Antenatal Face to Face Contact

- To give children the best chance of maximising their potential to live a good ordinary life, it is vital that any developmental delays are identified as early as possible.

- The face to face contact by the Health Visitor in the antenatal phase is seen as crucial for the development of relationships with the expectant parents. This contact usually takes place between 28 – 32 weeks of pregnancy.
- Based on this contact, Health Visitors determine whether the family requires routine universal services, or an enhanced Health Visiting package of care, such as Universal Plus or, in cases where a multi-agency approach is required, Universal Partnership Plus.
- In Wolverhampton, 36.6% of pregnant women received a face to face antenatal contact during 2018/19¹¹⁹.

6.3.2 New Birth Visit

- The New Birth Visit is usually completed 10 – 14 days following the birth of the baby. The assessment of the baby at this stage focuses on general growth, development and wellbeing.
- This visit forms an important part of the ongoing holistic assessment of family risk and resilience factors started by the Health Visitor during the antenatal period. The time around the birth of a new child can often bring many unexpected changes to health needs. This may be due to many factors including complications associated with the baby's birth, parental mental health problems and the birth of a child with complex health needs.
- Based on the outcome of this visit, Health Visitors devise suitable care plans to follow up any concerns. It will also determine the frequency of future contacts with the HCP service.
- In Wolverhampton, 91.3% of infants received a face to face New Birth Visit within 14 days from birth, by a Health Visitor during 2018/19¹²⁰.

6.3.3 6 – 8 Week Review

- The 6 – 8 Week Review is crucial for assessing the baby's growth and wellbeing alongside the health of the parent, particularly looking for signs of postnatal depression. It is a key time for discussing key public health messages, including breastfeeding, dental health, healthy start vitamins, immunisations, and for supporting parents on specific issues such as sleep.
- Health Visitors will also give contact details for the local health clinic or children's centre where baby is weighed and parents can access a range of support. This visit is in addition to the 6 - 8 Week Medical Review, which is often completed by the GP and forms part of the Child Health Surveillance Programme.

¹¹⁹ Source: HCP Performance Report 2018/19

¹²⁰ Source: HCP Performance Report 2018/19

- In Wolverhampton, 79.0% of children due a 6 - 8 Week Review had received one by the time they turned 8 weeks old (2018/19)¹²¹.

6.3.4 12 Month Review

- The 12 Month Review focuses on the assessment of the baby's development. It provides an opportunity to discuss with parents how to respond to their baby's needs and to look at safety and health promotion messages linked to next stages of development.
- It also provides an opportunity to identify where additional support may be needed, including things such as the child's diet, dental health, immunisations and safety issues. Although the next scheduled visit is not until the child is 2 to 2½ years, parents can contact the Health Visitor or GP if there are any questions or concerns about the child's development.
- Promotion of the two-year free nursery entitlement takes place at both the 12 month and 2 – 2 ½ year health review, aiming to improve school readiness for children from disadvantaged backgrounds.
- In Wolverhampton, 61.8% of children received a 12-month review by the time they turned 12 months (2018/19)¹²². Almost 70% of children had received a 12-month review by the time they turned 15 months (69.4%)¹²³.

6.3.5 2 – 2 ½ Year Review

- Age two is seen as an important time for identifying developmental concerns and the last mandated check undertaken by the Health Visitor is done at this stage (2 - 2½ years). This review considers the health and development of the child alongside the wider environment of home and family circumstances and provides an opportunity to provide advice and support to enhance readiness to learn and grow.
- Latest comparable data is available for 2017/18¹²⁴. During this period, three quarters of children in England (75.7%) received a 2-2 ½ year review compared to just over half of eligible children (54.7%) in Wolverhampton.
- In the last year (2018/19) there have been significant efforts made by the HCP 0-19 Service to improve the local position. The latest available year (2018/19) shows that 61.5% of children received a 2-2½ year review¹²⁵. In recent months the HCP 0-19 service has moved from paper files to an electronic case management system. It is expected that this will result in more accurate figures,

¹²¹ Source: HCP Performance Report 2018/19

¹²² Source: HCP Performance Report 2018/19

¹²³ Source: HCP Performance Report 2018/19

¹²⁴ Source: PHE Child and Maternal Health Profiles – Early Years - <https://fingertips.phe.org.uk/profile/child-health-profiles>

¹²⁵ Source: HCP Performance Report 2018/19

in particular taking account of movers in and movers out in a more timely manner.

- As part of the review, Health Visitors work with parents to complete an Ages and Stages Questionnaire (ASQ-3). The ASQ-3 is not a screening tool but it does provide an objective measure of development at a population level. It allows comparisons to be made which help to identify children who are not developing as expected and supports decisions on closer monitoring of progress or targeting of services.
- There is no published comparison data available for Wolverhampton in relation to ASQ completion due to data quality issues in previous years. This has since been rectified and during 2018/19, 100% of 2-2 ½ year reviews completed locally received an ASQ¹²⁶.
- The ASQ-3 looks at a child's development across five areas – communication skills, gross motor skills, fine motor skills, problem solving skills, and personal – social skills. Nationally, the proportion of children at or above the expected level of development in all five areas at 2 ½ years was 83.3% (2017/18)¹²⁷.
- Comparable ASQ data on the proportion of local children at or above the expected level of development in all five areas at 2 ½ years is not currently available. The implementation of the new electronic case management system will enhance the reporting capability of the HCP 0-19 service.

6.4 Early Years Settings

- All early years and childcare providers have a responsibility to identify children with SEND and make sure they put in place support as early as possible to help them learn and progress.
- The Early Years Foundation Stage (EYFS) is the national framework for learning, development and care for children from birth to the end of Reception year. All registered early years and childcare providers (nurseries, pre-schools, childminders) must follow this framework. The identification of SEND is built into the overall approach to monitoring the progress and development of all children.

6.4.1 Progress Check at 2 Years Old

- When a child is aged between 2 and 3, early years practitioners must review their progress and provide parents / carers with a summary of their child's development in the prime areas of the EYFS. This progress check must identify the child's strengths and any areas where the child's progress is less than expected.

¹²⁶ Source: HCP Performance Report 2018/19

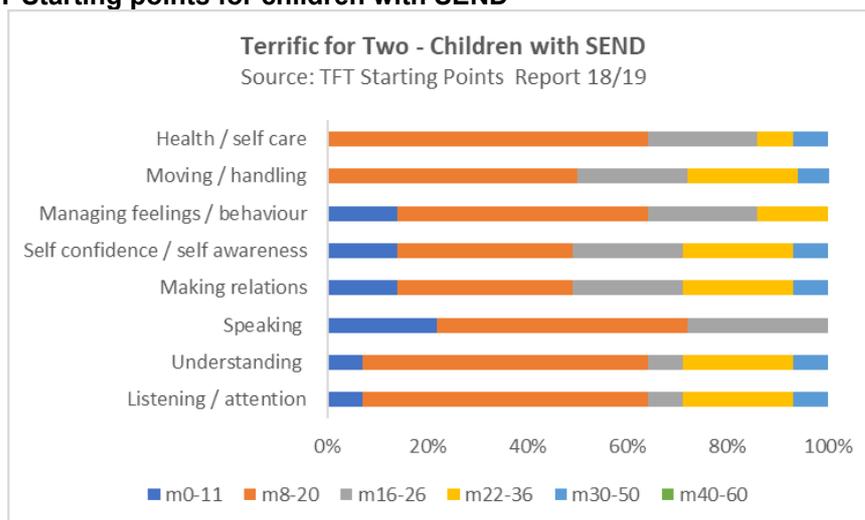
¹²⁷ Source: PHE Child and Maternal Health Profiles – Early Years - <https://fingertips.phe.org.uk/profile/child-health-profiles>

- If there are significant emerging concerns, or an identified special educational need or disability, practitioners should develop a targeted plan to support the child's future learning and development, involving other professionals e.g. the Special Educational Needs Coordinator (SENCO) as appropriate.
- All maintained nursery schools must ensure that there is a qualified teacher identified as SENCO to ensure the detailed implementation of support for children with SEN.
- The EYFS Framework requires other Early Years settings to have arrangements in place for meeting children's' SEN. Those in group provision are expected to identify a SENCO. Childminders are also encouraged to identify a person to act as SENCO.
- As at 01 September 2019, 100% of Early Years settings have identified SENCO. Locally there is work ongoing to encourage settings to identify a second SENCO to ensure resilient provision. To date, 66% of settings have a second named SENCO.

6.4.2 Terrific for Twos Starting Points

- From the beginning of academic year 2018/19, Early Years settings that offer the Terrific for Two (TFT) funded nursery entitlement are being asked to complete a starting points questionnaire for all children who had started the entitlement during the term.
- Providers are required to record individual children's starting points against the ages and stages of development stated in the EYFS for the Prime Areas of learning: Communication and Language, Personal, Social and Emotional Development and Physical Development.
- This year twenty-six providers submitted completed tracking forms which contained information on 267 children. There were 14 TFT children that had been identified with SEND – equivalent to one fifth of all children that information had been submitted for (19.7%)¹²⁸.
- At this stage, the expected level of development is 22 to 36 months. Figure 46 shows the starting point levels against the ages and stages of development for the children identified with SEND.

¹²⁸ Source: Terrific for Two Starting Points Report 2018/19 – findings included with agreement from the author

Figure 46: TFT Starting points for children with SEND

- For children with SEND, the area that was most affected was speaking. Here all children with SEND were below expected levels of development (100%). This was followed by managing feelings and behaviours, and health and self-care (both 86% respectively).
- From academic year 2019/20, the starting points will become part of the Terms and Conditions of funding for TFT providers. As a result, it is expected that the return rate for starting point questionnaires will increase in the future.

6.4.3 Early Years Foundation Stage Profile

- The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which a child turns five years old. The EYFSP assesses children in seven areas of learning covering 17 Early Learning Goals (ELGs). The minimum score possible is 17 points and the maximum score is 51 points.
- In Wolverhampton, the average EYFSP score for children with an EHCP/ Statement across all ELGs was 19 compared to the average score in England of 20¹²⁹.
- The average EYFSP score for children accessing SEN Support across all ELGs was 25 compared to an average score in England of 27.
- The average EYFSP score for children with no SEN across all ELGs was 34 compared to an average score in England of 36.
- For further detail on EYFSP, see 8.3.1.

¹²⁹ Source: LG Inform Local Area SEND Report Wolverhampton

6.5 School Settings

- All schools should have a clear approach to identifying and responding to SEN and should assess each child or young person's current skills and level of attainment on entry. This should build on information from previous settings and key stages where appropriate.
- At the same time schools should consider evidence that a child or young person may have a disability recognised by the Equality Act 2010 and if so, what reasonable adjustments may need to be made for them.
- Teachers should make regular assessments of progress for all children and young people and these should seek to identify those making less than expected progress given their age and circumstances. Where progress remains delayed following a period of targeted teaching, the teacher and the SENCO should assess for SEN.
- Where a child or young person is identified as having SEN, schools should act to remove barriers to learning and put effective special educational provision in place. This is SEN Support.
- SEN Support is a graduated four stage cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the individual's needs and what supports them to make good progress in securing positive outcomes. The four stages of the cycle are Assess, Plan, Do, Review.
- Throughout the cycle, SEN Support should be adapted or replaced depending on how effective it has been in achieving positive outcomes. On occasions where, despite the school have taken all reasonable and purposeful action to identify, assess and meet the SEN of the child or young person, and the child has not made the expected progress, the school or parents should consider requesting an Education, Health and Care Needs Assessment (see 6.7).

6.6 Further Education Settings

- Further education colleges, sixth form colleges, 16-19 academies and some independent specialist colleges approved under Section 41 of the Children and Families Act 2014 are required to identify, assess and provide support for young people with SEN¹³⁰.
- For young people who already has identified SEN, colleges are expected to be involved in transition planning between school and college so that they can prepare to meet the needs of the young person and ensure a successful transition into further education.

¹³⁰ Source: SEND Code of Practice 2015

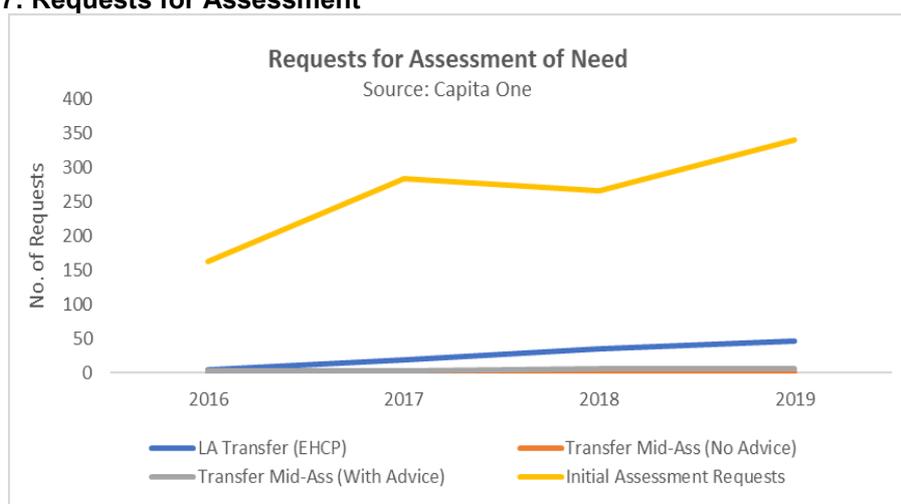
- Some needs may emerge after a young person has started their further education programme. Where this happens, teaching staff in colleges are expected to work with specialist support to identify where the young person may be having difficulties which may be related to SEN.
- Colleges should ensure that the needs of these young people are identified, and that appropriate support is established. Young people should be supported to participate in discussions about their aspirations, needs and the support they think will help them best.

6.7 Assessment of Special Educational Needs

6.7.1 Requests for an EHCP Needs Assessment

- Any professional working with a child, young person or family can make a referral to the authority for an Education, Health and Care Needs Assessment (EHCNA). It is usual for referrals to come from the child/young person's setting, school or educational provider.
- A parent/ carer, or a young person (over the age of 16) can also make a direct request for an EHCNA.
- Over the last four years, the number of requests for initial assessment has more than doubled; rising from 163 in 2016 to 341 in 2019 (Fig. 47)¹³¹. Local population growth alongside the widening of the age range from 2 – 19 years to 0-25 years following the introduction of the Children and Families Act 2014 (see 2.2.1) is likely to explain some of increase in requests for initial assessment. There are also considered to be better tools available to support the identification of need. This is also likely to have contributed to the increase in requests for assessment.

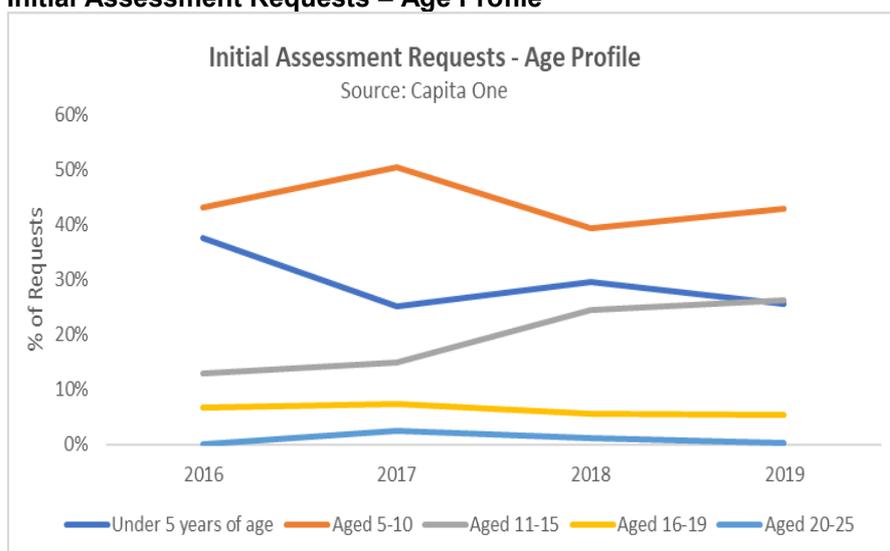
Figure 47: Requests for Assessment



¹³¹ Source: CWC Capita One System

- Also notable are requests for Local Authority transfers for EHCP. These are requests that have been initiated by another authority which are transferred to Wolverhampton authority when the child moves into city. Requests for initial assessment from this source have markedly increased; rising from 5 in 2016 to 46 in 2019.
- In Wolverhampton, requests for initial assessment are considered by the Statutory Assessment Moderation (SAM) Panel. In 2019, all initial requests for assessment were passed for assessment by the SAM Panel (100%)¹³². Nationally, 24.7% of requests for assessment were refused, and similarly 25.0% of requests were refused in the West Midlands.
- Wolverhampton had the lowest rate of refusal for assessment in the region (0%) followed by Dudley (7.4%) and Shropshire (18.1%). In contrast, Herefordshire had the highest rate of refusal in the region (38.8%) followed by Staffordshire (32.9%) and Walsall (32.6%).
- The zero rate of refusal seen in Wolverhampton is unusual, with only three other authorities in the country adopting the same position; Blackpool, Camden and Isles of Scilly. It is recognised that the demand that is created in having a zero rate of refusal may have implications for capacity in undertaking assessments within the prescribed timeframe.
- Over the last four years, the greatest proportion of initial assessment requests has consistently been for children aged 5 – 10 years (Fig. 48)¹³³. In 2019, 43% of all initial assessment requests were for children in this age group.

Figure 48: Initial Assessment Requests – Age Profile

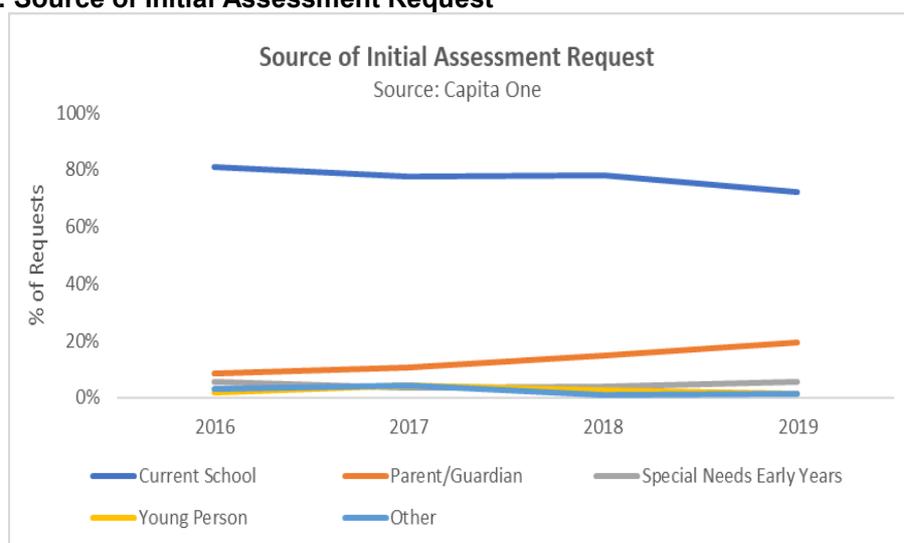


¹³² Source: SEN2 Return – Table 8

¹³³ Source: CWC Capita One System

- In the same period, initial assessments being requested for 11-15 year olds have increased by 100% - from 13% of all initial assessment requests in 2016 to 26% of request in 2019.
- Initial assessment requests for children under 5 years old have reduced from 37% of all requests in 2016 to 26% in 2019.
- In Wolverhampton, most of the requests for initial assessment come from a child or young persons' current school. In 2019, 72% of all requests from initial assessment came from this source (Fig. 49).¹³⁴

Figure 49: Source of Initial Assessment Request



- That said, requests from current schools have been decreasing steadily over the last four years. At the same time, requests for initial assessment from parents / guardians has more than doubled. In 2019, almost one in five requests for initial assessment were from this source (19%).

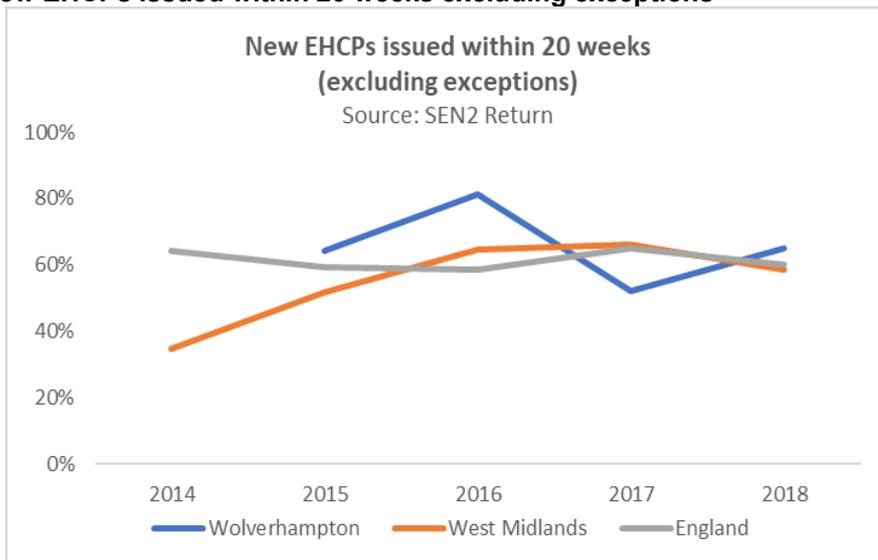
6.7.2 Meeting statutory timelines

- It is in the interests of those concerned that EHCNAs are carried out in a timely manner. Regulations set out that the overall time it takes from the Local Authority receiving a request for assessment and the final EHCP being issued (if one is required) should be no longer than 20 weeks.
- In Wolverhampton, 64.8% were issued within 20 weeks, excluding exceptional cases where Local Authorities are allowed to exceed the 20-week time limit, compared to the England average of 60.1% (Fig. 50)¹³⁵.

¹³⁴ Source: CWC Capita One System

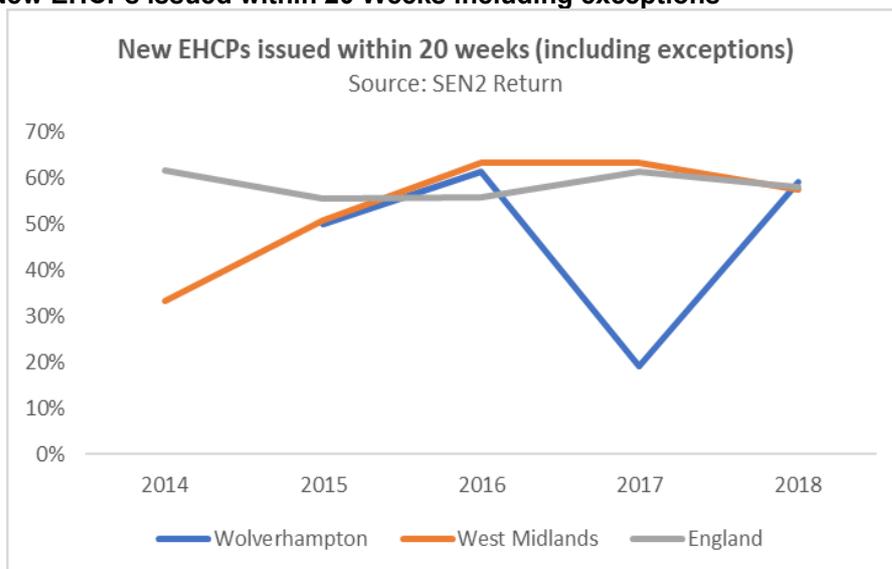
¹³⁵ Source: LG Inform Local SEND Report for Wolverhampton and Department for Education SEN2 Return

Figure 50: New EHCPs issued within 20 weeks excluding exceptions



- Where exceptions were included, 59.0% were issued within 20 weeks compared to the England average of 58.0% (Fig. 51)¹³⁶.

Figure 51: New EHCPs issued within 20 Weeks including exceptions

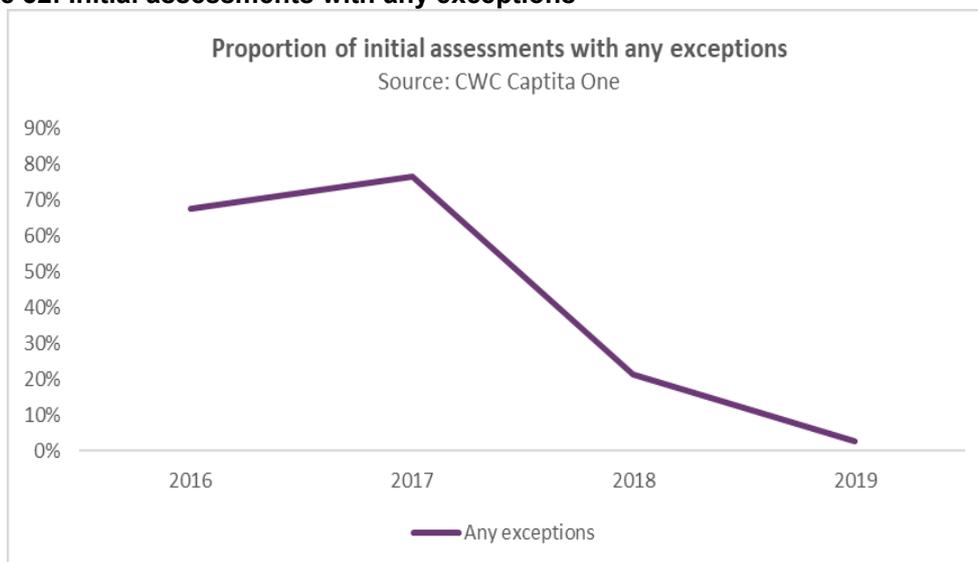


- Following a sharp decrease in 2017, the proportion of new EHCPs issues within the 20-week timescale (excluding and including exceptions) was higher than that seen for the West Midlands and England for 2018.
- For 2019 (up until 31 May) the proportion of new EHCPs issued within 20 weeks has increased further to 67% (excluding exceptions) and 66% (including exceptions).
- For those which were completed within 20 weeks, the average time of completion was 18.1 weeks. For children and young people in care, the average time was 14.9 weeks.

¹³⁶ Source: LG Inform Local SEND Report for Wolverhampton and Department for Education SEN2 Return

- For those which weren't completed within 20 weeks, the average time was 36.8 weeks. For children and young people in care, the average time was 32.8 weeks.
- The proportion of initial assessments subject to exceptions have seen a sharp reduction over the past few years – from 67% in 2016 to just 3% in 2019 (Fig. 52)¹³⁷. This decrease followed a change in the recording process whereby only those exceptions which were accepted as part of the SEN2 return were logged.
- In 95% of cases in 2017, the exception included a missed medical appointment. It is recognised that in most cases this was due to the volume of assessments and the associated demand for medical appointments for the child or young person to be seen and advice provided to the Local Authority in a timely manner. This resulted in these cases being recorded as exceptions.

Figure 52: Initial assessments with any exceptions

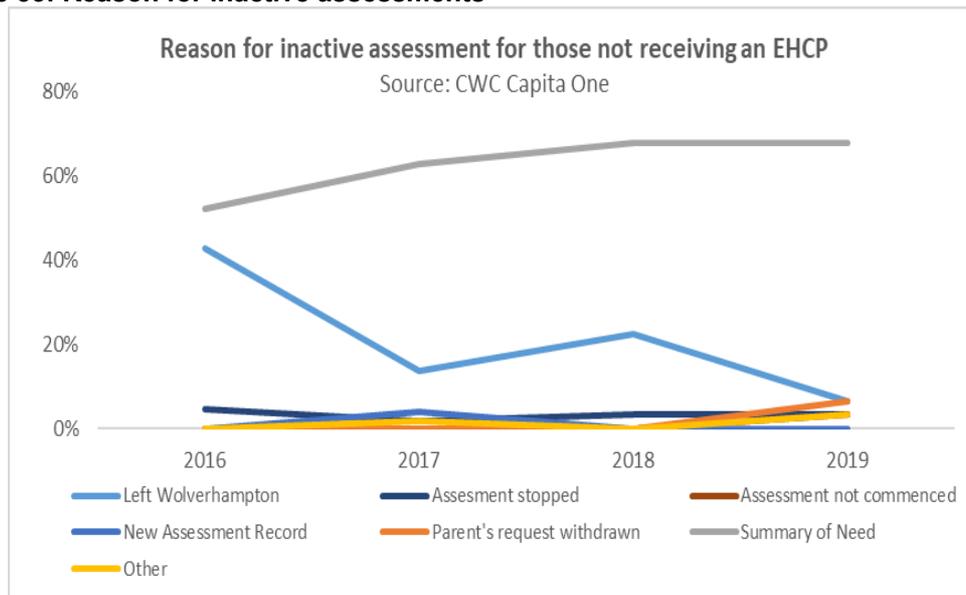


- Most assessments that were made inactive in 2019 were issued with a Summary of Need (68%) (Fig. 53)¹³⁸. A Summary of Need is a non-statutory plan using the assessed information.

¹³⁷ Source: CWC Capita One System

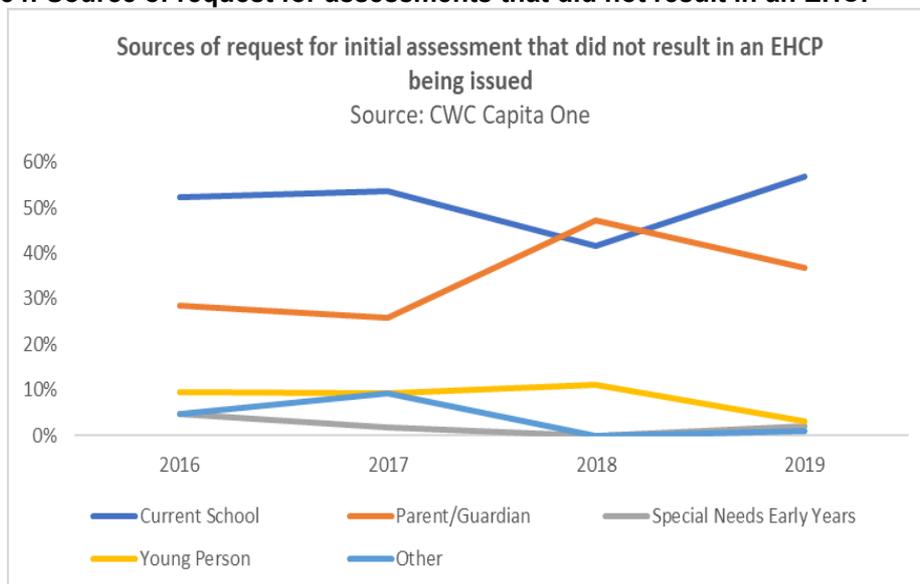
¹³⁸ Source: CWC Capita One System

Figure 53: Reason for inactive assessments



- Other reasons included the children or young person leaving Wolverhampton, a parent or guardian requesting that the request is withdrawn, or the assessment being stopped.
- As well as being the most frequent source of request for initial assessment, current schools were also the source whose requests for assessment were most likely to result in no EHCP being issued (57%) (Fig. 54)¹³⁹.

Figure 54: Source of request for assessments that did not result in an EHCP



- In 2019, 19% of requests for initial assessment came from parents/ carers; of which 37% resulted in no EHCP being issued.

¹³⁹ Source: CWC Capita One System

6.7.3 Appeals and Tribunals

- If the Local Authority decides not to conduct an EHC needs assessment, or as a result of assessment, decides not to issue an EHCP, it must inform the child's parents or the young person of the following:
 - Their right to appeal that decision and the time limit for doing so,
 - The requirement for them to consider mediation should they wish to appeal,
 - The availability of information, advice and support and disagreement resolution services¹⁴⁰.
- In Wolverhampton, there were 1.10 registered appeals per 10,000 school population¹⁴¹. This is considerably lower than the rate of registered appeals seen across the West Midlands (5.9) and in England (5.5).
- Since 2014/15, the rate of registered appeals in England has increased by 46.1%. In contrast, the rate of appeals in Wolverhampton has continued to decline—reducing by 32.9% over the same reporting period.
- In 2018, 0.3% of appealable decisions in Wolverhampton were heard by the SEND Tribunal. This was five times lower than the proportion of appealable decisions heard by SEND Tribunal nationally (1.6%)¹⁴².

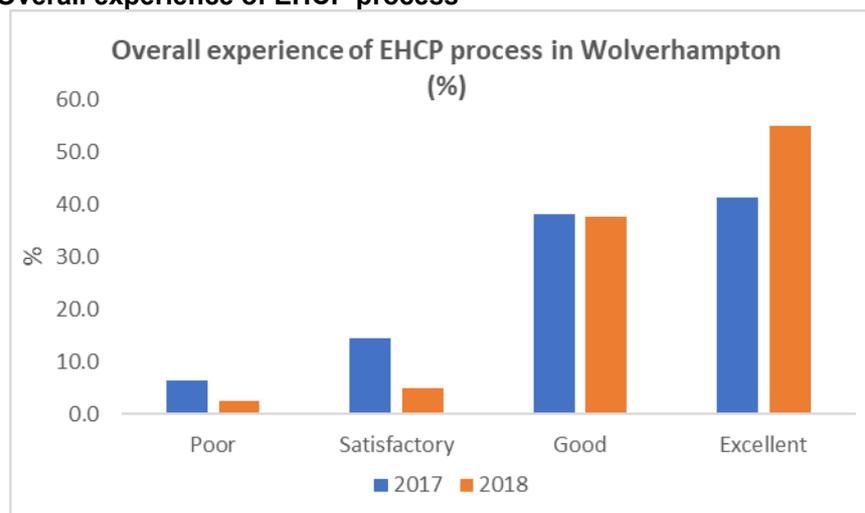
6.7.4 EHCP Process Satisfaction Survey

- Each year, City of Wolverhampton Council carries out satisfaction surveys to ask parents and young people with an EHCP to rate their experience of the Education, Health and Care needs assessment process.
- Just over 90% of people that were surveyed in Wolverhampton in 2018 felt that the EHCP process was clearly explained to them (91.2%) compared to 88.0% in 2017.
- In 2018, 92.7% of people that were surveyed felt involved throughout the EHCP process compared to 85.6% in 2017.
- In the same year, 92.5% of people that were surveyed felt that their views and aspirations were reflected in their EHCP compared to 86.1% in 2017.
- Overall, 92.5% of people surveyed said that their experience of the EHCP process in Wolverhampton was good or excellent (Fig. 55).

¹⁴⁰ Source: SEND Code of Practice

¹⁴¹ Source: Local Authority Interactive Tool – latest available year 2016-17

¹⁴² Source: Local Authority Interactive Tool

Figure 55: Overall experience of EHCP process

- More than half of the people surveyed (55.0%) viewed their overall experience of the process as excellent – an increase of 33.5% from 2017.

6.7.5 Quality of Life Review

- Also, in 2018, Changing our Lives were commissioned by City of Wolverhampton Council to work with children and young people to carry out a Quality of Life Review¹⁴³. This review focused on the EHCP process with a view to finding out whether their experiences matched up to local expectations of the SEND reforms.
- A Quality of Life review is Quality of Life Reviews use Quality of Life Standards to measure the extent to which people live an ordinary life. The standards are based on people with disabilities being seen and respected as equal citizens in society. The Quality of Life Standards describe how planning for an individual should be person centred and lead to positive outcomes which lead to the person being an equal and valued member of society.
- The review looked at experiences and outcomes of the EHCP process in Wolverhampton to find out the extent to which the ambitions set by the SEND reforms were being realised, enabling children and young people to live an ordinary life.
- Overall, the young people and parents were positive about their experience of the EHCP process and were able to identify positive outcomes that had come about because of it. However, some young people did not recall much detail about the process and how they were involved. This was particularly true when developing outcomes.
- It is recognised that this was a small sample review and consideration should be given to how generalisable the findings may be for all children and young people with EHCPs in the city. Bearing those points in mind, the learning gleaned from

¹⁴³ Source: Changing our Lives (2018) Quality of Life Review of Education, Health and Care Plans in Wolverhampton.

this review is a useful contribution to our understanding of local families' experience of the EHCP process.

6.8 Transition Assessments for young people with EHCPs

6.8.1 Transition to Adult Health Services

- Support to prepare young people for good health in adulthood should include supporting them to make the transition to adult health services.
- A child with significant health needs is usually under the care of a Paediatrician. As an adult however, they might be under the care of a number of different Consultants and teams.
- Health services and other professionals should work with the young person and their family to gain a good understanding of the young persons' needs, including their learning difficulties or disabilities, in order to co-ordinate healthcare around those needs and to ensure continuity of support and the best outcomes for the young person.
- For young people with EHCPs, the plan should be the basis for this co-ordination.

6.8.2 Transition to Adult Social Care

- For a young person with an EHCP, the Local Authority is responsible for ensuring that the transition to adult care and support is well planned, integrated with the annual reviews of the EHCP and reflects existing special educational and health provision that is in place to help the young person prepare for adulthood.
- Transition assessments for adult care must take place at the right time for the individual and as such there is no set age at which this should be done. Instead the assessment should take place when it is seen to be of 'significant benefit' to them.
- Where a young person's needs are not eligible for adult services, information and advice about how these needs may be met should be included in the Local Offer.

6.9 Assessment of Long Term and Complex Needs

6.9.1 External Placement Panel

- Children whose placements are funded via External Placement Panel (EPP) all have recognised complex physical or emotional wellbeing health needs, and in addition have an education and/ or a social care need.
- For the EPP to consider funding, a multi-agency meeting must have taken place and resulted in a clear recommendation that the child or young person meets EPP

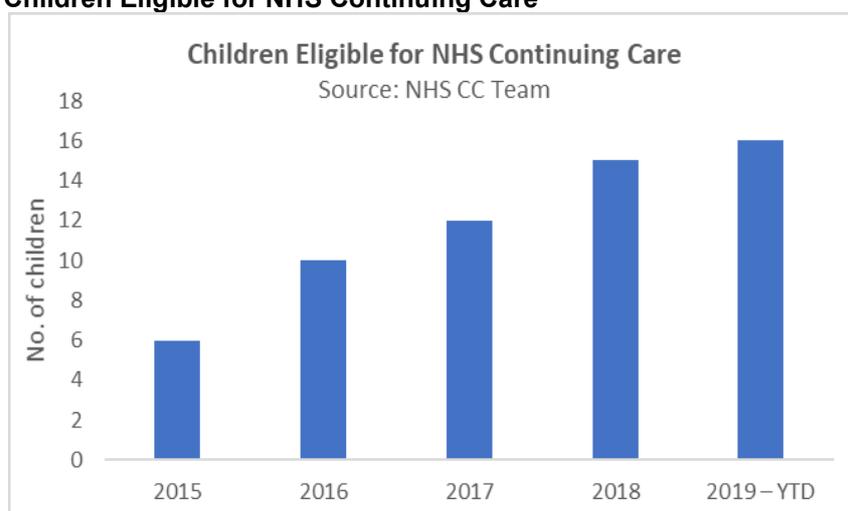
criteria. The multi-agency meeting is chaired by a Team Manager and has all professionals working with the child in attendance to discuss the child's needs.

- Locally, an EPP nurse enhances the service offered to children by working directly with children and young people, with the professionals working with them and with providers.

6.9.2 NHS Continuing Care

- Some children and young people may have very complex health needs. These may be the result of congenital conditions, long-term or life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury
- These needs may be so complex, that they cannot be met by the services which are routinely available from GP practices, hospitals or in the community commissioned by the CCG or NHS England. A package of additional health support may be needed. This is known as Continuing Care (CC).
- CC should be part of a wider package of care, agreed and delivered by collaboration between health, education and social care, unless there is a good reason for this not to happen. The information needed to make a decision on the continuing care package will be very similar to that needed for the health element of the EHCP.
- Children and young people can access CC up until their 18th birthday. Thereafter, NHS Continuing Healthcare (CHC) or NHS-funded Nursing Care may be considered (see 6.7.3).
- There are currently 16 children and young people considered to be eligible for NHS Continuing Care (CC). This number has increased steadily over the past five years; from 6 children in 2015 to 16 children as at July 2019 (Fig. 56)¹⁴⁴.

Figure 56: Children Eligible for NHS Continuing Care



¹⁴⁴ Source: NHS Continuing Care Team

- In 2019, children aged 6-13 years made up 50% of those eligible for CC (8) and almost a third (31.3%) were aged 2 – 5 years (5).
- The majority of children were White British (50%), followed by Black Caribbean, Asian Indian, and Mixed White and Black Caribbean (all 12.5% respectively).
- Direct payments that were jointly funded with CWC to provide Personal Assistant Support (5) and notional Personal Health Budgets (PHB) for care support via an agency (5) were most frequently provided. Children were also receiving agency care support not yet on a PHB (4) plus a notional PHB to jointly fund respite with CWC (1) and another to fund equipment (1).

6.9.3 NHS Continuing Health Care

- Once a young person is 18 years old, they are no longer eligible for CC and NHS Continuing Healthcare (CHC) and NHS-funded Nursing Care are considered.
- There are significant differences between CC for children and young people, and CHC for adults. Although a child or young person may be in receipt of a package of CC, they may not be eligible for CHC or NHS-funded Nursing Care once they turn 18.
- Over the past 3 years, 6 young adults have been funded for Continuing Health Care (CHC) needs¹⁴⁵.
- All of the young adults were White British and have a significant degree of Learning Disability and / or Autism.

6.10 Assessment of needs of parent carers of children and young people with SEND

- As at 25 June 2019, there were 565 carers assessment requests which had been allocated and were awaiting assessment.

¹⁴⁵ Source: NHS Continuing Healthcare Team

6.11 Understanding gaps and plans for improvement

- The implementation of Eclipse, the electronic case management system within the HCP 0-19 service will significantly improve the data quality and reporting capabilities of the service. It is envisioned that marked improvements will be seen over the next six months.
- Information sharing is not formally established between the 2 Year Progress review by EY Settings and the 2 ½ Year Health Review. The Early Years Team, the Healthy Child Programme and Public Health are working together to identify how the ASQ-3 and 2-year progress review can be streamlined and outcomes from these assessments shared. Having this shared picture would ensure that interventions are identified and actioned promptly, giving children the best possible start.
- To reduce the waiting time for carer assessments to take place, any assessments for carers of young adults aged 18-25 years are to transfer to Adults social Care team to be completed.

7. Services for Children and Young People with SEND

Key findings

- There is a wide variety of commissioned services and support available for children and young people with SEND, and their families in the city.
- The co-ordination of services and support offered through the Child Development Centre is seen as good practice. For families with older children, navigating some areas of the system is likely to present some challenges for parents and carers, and other professionals as each service has its own eligibility criteria and access point.
- CWC Education, Public Health and CCG Commissioners are working together to align the commissioning cycles and decision-making processes for Education, Children's Community Health and Healthy Child Programme services.
- There are opportunities to strengthen the health service offer for children in special schools through the co-ordination of provision between Children's Community Nursing and School Nursing services.
- There is variation in the age range for which some services are available. This is seen particularly at the upper age limit with some services offering support up to 18 years and others up to 25 years.
- Children who attend school in Wolverhampton from out of area and have an EHCP remain the responsibility of their home authority and CCG. This presents a challenge for local SEND Community Health Services to proactively plan and deliver appropriate support.

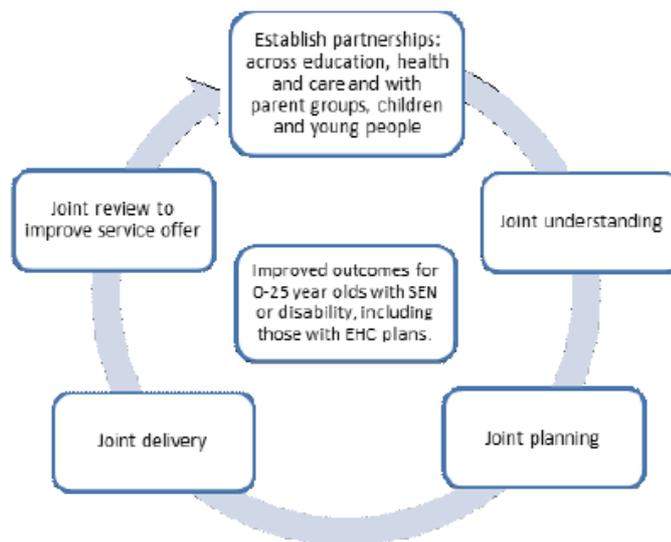
7.1 Purpose of this chapter

The purpose of this chapter is to provide a summary of the commissioning arrangements and services available in Wolverhampton for children and young people SEND.

7.2 Joint Commissioning Arrangements

- The SEND Code of Practice¹⁴⁶ requires Local Authorities and Clinical Commissioning Groups to work together to secure jointly commission arrangements that cover services for children and young people ages 0-25 years old with SEN or disabilities, both with and without EHCPs (Fig. 57).

Figure 57: Joint Commissioning Cycle



- Joint commissioning is a priority in the Joint Strategy for Children and Young people with SEND in Wolverhampton 2015-2020. The joint commissioning priority has three key objectives:
 - Ensure the timely provision of flexible, high quality support for children’s emotional health and wellbeing needs
 - Ensure the availability of timely and effective Therapy Services
 - Develop a more integrated commissioning system informed by joint needs analysis.
- Work is ongoing to better align commissioning cycles and decision making processes for Education (CWC), Children’s Community Nursing (CCG) and Healthy Child Programme (Public Health) services.

7.3 Services for Children and Young People with SEND

- In line with the requirements set by the SEND Code of Practice (7.2), services for children and young people with SEND are commissioned by Wolverhampton

¹⁴⁶ Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Clinical Commissioning Group (WCCG) and City of Wolverhampton Council (CWC).

- The main healthcare providers in the city are the Royal Wolverhampton NHS Trust (RWT) and the Black Country Partnership NHS Foundation Trust (BCPFT).
- The Wolverhampton Local Offer (see Chapter 2) provides information on all services available to children and young people with SEND and their families.

7.4 Child Development Centre

- The Child Development Centre (CDC) is a multi-disciplinary service that coordinates all services for children aged 0 to 5 years with SEND in Wolverhampton. Led by RWT, the CDC aims to strengthen the early years' identification of children with SEND and keep the child and family at the centre of service delivery.
- The CDC delivers a co-ordinated approach to provision through an integrated package of services. This is achieved via the Multi-Agency Referral Panel which includes a Consultant Paediatrician, Special Needs Early Years' service, Speech and Language, Physiotherapy and Occupational Therapy services, an Educational Psychologist, a Health Visitor and a Social Worker.
- The main functions of the CDC include:
 - Provision of assessment, diagnosis and teaching for individual children within the CDC
 - Specialist groups at The Gem Centre or Warstones Primary school
 - Co-ordination of the Multi-agency Referral Panel
 - Co-ordination of the Under 5 Autistic Spectrum Disorder Diagnostic Panel
 - Delivery of specialist groups that provide support for children with complex developmental needs
 - Delivery of Joint Assessment Clinics with the Special Needs Early Years' Service
 - Paediatricians and other Therapist to facilitate a holistic, child centered approach
 - Delivery of Community Paediatric Child Developmental Clinics.

7.5 Special Needs Early Years' Service

- The Special Needs Early Years' Service (SNEYS) works with children who are aged 0 to 5 years where learning is delayed or where a diagnosis or disability indicates there will be special educational needs. consists of specialist Teachers and Teaching Assistants
- The SNEYS team includes specialist Teachers and specialist higher level Teaching Assistants who work in partnership with parents and other agencies to provide a co-ordinated approach to enabling the child to fulfil their potential. Support can be offered at home, in a community setting, through the CDC or at Warstones Primary School.
- The main functions of SNEYS include:
 - Provision of assessment, diagnosis and teaching for individual children within the family home (portage-based service)
 - Provision assessment and advice to children identified within settings, Children's Centres and mainstream schools
 - Provision of support and guidance to parents who have pre-school children with additional needs
 - Co-ordination of the Team around the Child [TAC] - a key working approach
 - Training for parents, settings and schools
 - Day to day management of the CDC Specialist Groups
 - Management of the 2 year and 3 year grant double funding process.
- SNEYS accepts referrals for children who are showing significant delay in more than one area of development. Referrals are accepted (with parental consent) from professionals who know the child such as a Health Visitor, GP, or EY Setting Practitioner.
- The service does not accept referrals for children with behavioural difficulties unless they have associated learning difficulties. The referral is then discussed at the Multi-Agency Referral Panel at the CDC (see 8.4).

7.6 Special Educational Needs Statutory Assessment and Review Team

- The Special Educational Needs Statutory Assessment Review Team (SENSTART) (CWC) provides a statutory (single) assessment for children from birth to 25 years with SEND. The team is responsible for new referrals for statutory assessment and anyone can refer into the service.

- SENSTART places children and young people with SEND in educational provision. The team reviews and monitors this provision along with the outcomes that have been set out in the child or young person's EHCP.

7.7 SEND Community Healthcare Services

- Community healthcare for both children and adults is provided by RWT and BCPFT. The main services relating to children and young people with SEND are summarised below.

7.7.1 Community Paediatric Services

- The Community Paediatric Service is a specialist consultant - led service for children and young people aged 0 to 18 years in Wolverhampton who are vulnerable due to disease, disability and/or disadvantage which include:
 - Children with developmental disorders and disabilities
 - Those with complex health needs (including end of life care)
 - Children with SEN
 - Behavioural presentations of neurodevelopmental disorders like Autism and ADHD
 - Those where there are safeguarding concerns
 - Children that are looked after or who are in the process of being adopted.
- Community paediatricians are consultants, speciality doctors and trainee paediatric doctors working in Community Child Health who have broad skills covering paediatrics and child health with specialist skills in the care of vulnerable families, children with long-term conditions and child public health. They work with other children's services and parents/carers to provide child-centred care.
- Community Paediatricians see children with complex needs outside acute hospitals – in Special Schools, in outreach clinics in locations closer to home. They provide assessment, diagnosis, management and long-term oversight of children, with an emphasis on prevention, continuity of care and multi-agency working with Education and Social Care.
- It is secondary care service which accepts referrals from Health professionals e.g. Acute Paediatricians, Neonatologists, Health visitors and School Nurses, General practitioners from Wolverhampton CCG area, and Education services.

7.7.2 Children's Community Nursing Service

- The Children's Community Nursing Service (CCNS) provides specialist care to children with SEND and includes Child Development Centre (CDC) and Special

School Nurses. The service provides support to all children and young people aged 0 to 18 years (or 19 if they are in special school), who have a nursing need, are residing in Wolverhampton or are registered with a GP in the city.

- Services provided by the CCN team include:
 - Specialist Nursing Care for children who have chronic health problems and/or disabilities, who often remain with the service on a long-term basis
 - Assessment of care needs and providing nursing/medical equipment such as suction machines, feeding pumps, and syringes
 - Provision of feeds and medicines for children who are dependent upon technology. Special School Community Nurses are available in two special schools to provide this service.
 - Bereavement support and confidential counselling for both children and parents of children with palliative care needs.
 - Assessment and management of continence and treatment and/or provision of continence aids.
 - Support to consultant clinics and hold nurse-led clinics at the CDC.

7.7.3 Palliative Care Services

- The Palliative Care Services (WCCG) aim to care and support children, young adults and their families (from the Wolverhampton area with a Wolverhampton GP) who have a life limiting illness and wish to be cared for at home. Most people accessing these services will already be known to the Children or Adult Community Nursing Service.
- Palliative Care offered by the Children's Community Nursing Service includes:
 - Nursing care and support to young people and their families in their own home
 - An assessment to determine the physical, social, emotional and spiritual needs of the young person and their family
 - Provision of emotional support, advice and information for children and their families
 - Identification of a named nurse to co-ordinate care and ensure all the appropriate services are involved
 - Working as part of a Multidisciplinary team (including Physiotherapy, Occupational Therapy, GPs, Paediatric Consultants etc).

7.7.4 Adults Community Nursing Service

- Adults Community Nursing (District Nursing) Services are available for people aged 18 years and over, have a nursing need and who live in Wolverhampton or are registered with a GP in the city.
- The service aims to promote independence and self-care where possible. Care will be provided where this is not achievable, and this is available at community clinics or as a home visiting service for people who are clinically housebound.
- Examples of nursing needs that the service support include:
 - Chronic wound / pressure injury monitoring and treatment
 - Administering medication e.g. insulin, eye drops, injections
 - Central Line Care
 - PEG care and feeding
 - Tracheostomy
 - Enemas
 - Catheter care including support during trial without catheter (TWOC)
 - Surgical stitch and staple removal
 - End of life and palliative care.

7.8 Children's Therapy Services

7.8.1 Occupational Therapy Service

- The Occupational Therapy (OT) service (RWT) for babies, children and young people is based at the CDC and is delivered by Occupational Therapists and Senior Therapy Assistants. The service works with children who have neurological, developmental, and orthopaedic conditions who may also have complex long-term medical, social and learning needs.
- The service focuses on maximising a child or young person's physical ability within their everyday activities at home, in education and in their community. There is focus on practical activities of daily living such as bathing; toileting, attention and concentration, school work and handwriting, hand eye coordination and visual perception.
- The Occupational Therapy service works closely with families and carers and other professionals in the CDC team including Education and other health

professionals. Occupational therapy is provided in all settings within the City. Many practical treatment sessions are offered at the CDC which includes a specialist sensory gym.

- Services provided by Occupational Therapy include:
 - Specialised assessment e.g. visual perception, movement
 - Treatment and advice for conditions which cause altered muscle tone and /or patterns of movement, such as Cerebral Palsy
 - Assessment, advice and recommendations for specialist equipment or onward referrals which will assist in achieving postural control, management of movement, participation and activities of daily living
 - Advice and activities which support sensory processing functions
 - Assessment and report writing for EHCP, ongoing intervention and participation in the TAC (see 7.5).
- The OT department has developed the Cool Kids programme which is available to all schools and equips education settings with extensive information to enable them to support their pupils with motor/sensory activities. The Cool Characters programme follow up the progress made by Cool Kids and focuses on fine motor skills. Regular training is offered in this approach, and parent training sessions are also offered.

7.8.2 Physiotherapy Service

- The Physiotherapy service (RWT) for babies, children and young people is based at the CDC. The service is provided by Chartered Physiotherapists and Senior Therapy Assistants. The service provides assessment and treatment for babies, children and young people who have conditions which affect their movement or development. Early intervention is encouraged, and referrals are accepted from many sources.
- The service works closely with families and carers, alongside other professionals from the CDC team. Physiotherapy is provided in all settings within the City. as well as the CDC, services can be provided in mainstream schools, special schools, community health clinics, children's own homes, and at New Cross Hospital. Each Special school has an assigned Physiotherapist, with two schools having a Therapy Team based within the school several days each week.
- Services provided by Physiotherapy include:
 - Treatment and advice for conditions which cause altered muscle tone and /or patterns of movement, such as Cerebral Palsy

- Assessment, advice and recommendations for specialist equipment or onward referrals which will assist in achieving postural control, management of movement, participation in sport and leisure activities and improved mobility
- Rehabilitation after surgery, particularly orthopaedic interventions for neurological conditions
- Treatment and advice for a range of respiratory conditions (in patient only), including children who have complex needs with respiratory symptoms. A Senior member of staff specialises in treating Cystic Fibrosis
- Assessment and report writing for EHCP, ongoing intervention and participation in the TAC (see 7.5).

7.8.3 Speech and Language Therapy

- The Speech and Language Therapy (SaLT) service (RWT) provides support to children and young people who reside in Wolverhampton, are registered with a GP in Wolverhampton, or attend a school in the city.
- It has an open referral system for most patients however, those with voice problems require an ENT referral. The SaLT service assesses children with SEND to inform their prioritisation of need.
- The service aims to provide in depth assessment of individuals' communication /eating and drinking/swallowing abilities as well as identify communication and/or eating and drinking difficulties. It also provides individualised packages of care to improve an individual's ability to communicate/eat /drink and facilitates access to alternative and augmentative communication systems.
- In addition, it provides training to parents/carers and other professionals to enable them to support the implementation of packages of care. Direct advice and guidance is provided on appropriate interventions that teachers, teaching assistants and parents can implement.

7.9 Equipment and Adaptions

- Wolverhampton Clinical Commissioning Group (CCG) is responsible for assessing children and young people with complex health care needs who may be eligible for NHS Children's Continuing Care. As part of this work they also consider whether a child or young person needs specialist equipment in order that their care needs can be met.
- This service is available to all children and young people aged up to 18 years. Once a young person reaches 18 years of age, the National Framework for NHS Continuing Care for adults is used.

- To access specialist equipment the child or young person must:
 - Be registered with a Wolverhampton GP
 - Be referred by a specialist involved with their care, such as a nurse, doctor, physiotherapist or occupational therapist
 - Require equipment that has been assessed as essential by an appropriately qualified person, such as a nurse or occupational therapist, and that is not available from Social Care or the CDC.
- In addition, there is the Independent Living Service, commissioned by CWC and based at the Neville Garratt Centre. This service provides assessment for equipment and adaptations to help with daily tasks such as getting in /out of bed or a chair, or to assist with problems with mobility around the home.
- The service offers self- assessment, clinic assessment or home assessment, depending upon the needs identified. If appropriate, small items of equipment can be issued on loan for use at home e.g. toilet frames, grab rails, walking aids.
- For more complex problems, major adaptations such as a stair lift, or level access shower may be recommended. In these cases, referrals are made to the Adaptations Team (also part of the Independent Living Service). If the individual is a homeowner or private tenant, they may be offered a Disabled Facilities Grant (subject to means test). Different financial arrangements apply for tenants of Wolverhampton Homes.
- In delivering the Enabling Workstream of the SEND Joint Strategy, a Task and Finish Group has been established to focus on the provision of Equipment in the city.
- The scope of the task and finish group is to ensure clear pathways for the provision of equipment for children and young people aged 0 – 25 years, including transition at key stages and to adult services.
- In addition, the group will focus on ensuring transparency in the Local Offer for the provision of equipment and will support the development of student specific equipment in schools, stores and in the home.

7.10 Emotional Health and Wellbeing Service

- The Emotional Health and Wellbeing service aims to provide children and young people up to the age of 18 (up to the age of 25 for care leavers or anyone with a disability), parents/carers & professionals with advice, signposting and support with any concerns relating to mental and emotional wellbeing.
- The service provides 1:1 therapy sessions by appointment. This service supports children and young people with low level mental health problems. This is a brief therapy service where the young person and their therapist explore the

problem they're facing together and work through coping strategies over 4-6 sessions of structured therapy.

- The services on offer to children and young people also include a variety of self-help targeted groups. These groups cover different aspects of low intensity mental health and emotional wellbeing. Psychoeducation and guided self-help are also available within one to one therapy following a triage assessment which ensures each child and young person is offered the correct level of service for their individual needs.

7.11 Specialist Child and Adolescent Mental Health Services

- Specialist Child and Adolescent Mental Health services (CAMHS) are delivered by BCPFT for children and young people up to 18 years of age who are registered with a Wolverhampton GP. Specialist CAMHS covers a range of services for children, young people and families who are experiencing mental health problems. Each of the specialist services contain a multidisciplinary team that are able to provide a range of therapies and interventions to help young people and their families plan a way forward that is individual to them.
- All referrals into CAMHS are received via the Single Point of Access (SPA) where clinicians from Specialist CAMHS work alongside Wolverhampton Emotional Health and Wellbeing Service (7.10) to decide the best possible support for young people.

7.11.1 CAMHS - Child and Family Service

- The Child and Family Service is a multi-professional team with practitioners from a range of clinical and therapeutic backgrounds including Psychology, Social Work, Psychiatry, Mental Health Nursing, Psychotherapy, Family Therapy and Occupational Therapy.
- The service provides specialist assessment, diagnosis and treatment for children and young people who are experiencing a severe, complex and enduring mental health difficulty. Treatment may be provided in 1-1, group or family therapy settings, alongside access to pharmacological treatments if required.

7.11.2 CAMHS - Inspire

- The Inspire team is a multi-professional team with practitioners from a range of clinical and therapeutic backgrounds including Learning Disability Nursing, Psychology, Early Years Practice and Occupational Therapy.
- The team provides specialist support to children and young people with learning disabilities, as well as their families. They also offer support and guidance to

other professionals who work with children and young people with a learning disability.

- Inspire provide community-based support including 1-1 therapy, group support, family working, professional consultation, teaching and skills training, as well as having access to the Psychiatrists in the Child and Family service if required. Support can be offered at home, at school or in other community settings that best suit the young person and their family.

7.11.3 CAMHS - Crisis Intervention and Home Treatment Team (CIHTT)

- The Crisis Intervention and Home Treatment Team is a team of professionals including Community Nurses and Mental Health Practitioners, as well as having access to the Psychiatrists in the Child and Family service, if required.
- The team provides specialist services for children, young people and their families who present in a mental health crisis. They complete urgent mental health assessments for young people who present with acute mental health difficulties and may present with risks to themselves or others. The team offers advice and support to young people, families and professionals on how to cope in a crisis and can assist in the development of safety and intensive support plans.
- CIHTT also oversee the management of the 136 suite and any young people who require a hospital admission due to their mental health needs.

7.12 Children's Hearing Services

- The Children's Hearing Service (RWT) provides assessment of type, extent and nature of hearing loss, monitoring and/or treatment (e.g. hearing aids) and ongoing aftercare and support to children and young people with hearing difficulties who may additionally have tinnitus or other auditory difficulties requiring hearing therapy intervention.
- Dedicated paediatric ENT Clinics are held at the CDC - Gem Centre. Ear Nose and Throat (ENT) Services at New Cross Hospital also see children; those over 4 years old will have their hearing assessed within these ENT clinics. The Children's Hearing Service also sees children at Special Schools.
- Referrals for the Children's Hearing Service can be made by health professionals such as GP's, Nurses or Health Visitors as well as by parents of children aged 3 and over. Children from birth to 16 years old can access this service, and transition planning for children using hearing aids begins at 14, to transfer them to the Adult Hearing Service. Children with complex needs can be supported by the service until they are 18 years old.
- In addition, the service provides assessment and treatment of disorders of the balance system via referral from ENT.

7.13 Sensory Inclusion Service: Hearing Impairment Team

- The Sensory Inclusion Service Hearing Impairment Team (CWC) works with children and young people aged 0 to 25 years who have a hearing impairment, as well as their families and their schools/colleges/early years' settings.
- The service aims to support enable children and young people with hearing impairment to reach their full potential by:
 - Supporting families from the time of diagnosis of hearing loss, giving advice and guidance to carers, nursery settings and school staff
 - Assessing functional hearing (how hearing is used in everyday situations)
 - Giving audiological support
 - Providing in-service training for settings and directly supporting class teachers
 - Teaching one to one and small groups
 - Providing educational advice for EHC plans and offering support for transition to adult services.
- The service works closely with the Children's Hearing Services. In addition to this, the Educational Audiologist works with the services for half a day per week. The services are notified quickly if a child is identified as having a hearing loss, and they contact the parents to visit the child at home, pre-school or school.
- Referrals also come through from ENT colleagues, schools, and occasionally from parents. Demand for the service is managed through their benchmarking system to identify the level of support that they can offer. Urgent referrals are given priority.

7.14 Sensory Inclusion Service: Vision Team

- The Sensory Inclusion Service Vision Team (CWC) works with children and young people aged 0 to 25 years who have a visual impairment and their families. The team also works with the child's early years setting, school or college.
- The service aims to enable children and young people with visual impairment to reach their full potential by:
 - Supporting families from diagnosis of visual difficulty, giving advice and guidance to carers, nursery settings and school staff
 - Assessing functional vision (how vision is used in everyday situations)
 - Providing in-service training for settings and directly supporting class teachers and support staff

- Teaching one to one and small groups
- Providing educational advice for EHC plans and offering support for transition to adult services
- Offering habilitation (mobility and life skills) assessment and training for children and young people.
- Referrals are accepted from schools, medical professionals and parents via telephone, email or in writing.

7.15 Educational Psychology Service

- The Educational Psychology Service (CWC) works with 0 to 25 year olds and the SEND Specialist Teachers and Counselling/Behaviour Support Team work with children of school age -predominantly 5 to 16 years old. The work undertaken by these services are commissioned by individual schools, and referrals are received from schools.
- The service undertakes statutory and core work which includes:
 - Providing advice for EHC needs assessments
 - Contributing to multi-agency developmental pathways for Autism Spectrum Disorder and Attention Deficit Hyperactive Disorder
 - Supporting the Youth Offending Team and the Corporate Parenting and Education (COPE) Team
 - Responding to Early Years requests for assessments.

7.16 Information, Advice and Support Service

- The Information, Advice and Support Service fulfils the Local Authority's statutory duty to provide impartial and confidential information, advice and support (IAS) to children and young people with SEND aged 0 - 25, and their parents and carers.
- Based at the Gem Centre and at arm's length from the Local Authority, the nature of the IAS provided is on matters relating to a child or young person's special educational needs or disability across education, health and social care.
- The IASS offers information, advice and support about:
 - Education, health and social care matters and relevant law
 - Education, Health and Care plans
 - Support available in schools, early years and post 16 settings
 - Funding arrangements
 - How needs are identified and met
 - Resolving disagreements and moving forward
 - The Local Offer.

- This is done through individual support and through the provision of information resources, workshops and training sessions. The IASS website is a valuable source of information for local families - www.wolvesiass.org.
- IASS also offers individual support to parents/carers and children and young people which may include:
 - Support at and preparing for meetings
 - Help to understand relevant legislation, processes and procedures
 - Help to ensure involvement in discussions and decision making
 - Liaising with services and organisations
 - Looking at positive outcomes
 - Support through the Education, Health and Care needs assessment process

7.17 Wolverhampton Outreach Service

- The Outreach Service provides specialist support to mainstream schools to promote inclusion and improve outcomes for children and young people with SEND. The Service is commissioned by CWC and delivered by members of staff from five Special Schools in the City.
- The Outreach Service is arranged to cover the four broad areas of need identified in the SEND Code of Practice: Cognition and Learning; Communication and Interaction; Sensory and Physical; and Social, Emotional and Mental Health. The service offer includes:
 - Practitioner led advice and support (student and setting specific)
 - Training to support the Continuing Professional Development of staff in Wolverhampton schools
 - Post diagnostic support for parents/carers
 - Training for students
 - Operation of an equipment loan library.
- In 2018/19, the Outreach Service supported 390 students in mainstream schools (94% of whom remained on roll in mainstream provision at the end of the financial year). The principal needs of students who accessed the Outreach Service in 2018-19 was Communication and Interaction (36%), SEMH (32%), Cognition and Learning (24%) and Sensory and/or Physical (8%).
- In 2018/19, the Outreach Service offered delivered 30 training courses to 443 members of staff from 45 schools in the City. In response to changing City wide needs; 81% of courses focused on either SEMH or Communication and Interaction.

7.18 Short Breaks

- Short Breaks are funded by CWC for families living in the city with a child or young person aged 0 to 25 years with a disability. Short Breaks are services that support families by giving them a break from their caring responsibilities. They also enable children and young people to take part in positive activities.
- Short breaks are designed to help children and young people to:
 - Spend time with friends and make new ones
 - Take part in interesting activities and new experiences
 - Develop positive life and social skills
 - Be more independent or confident
 - Prepare for life as an adult
 - Be safe and have fun.
- Short breaks can also help families to:
 - Feel less pressured and have some time for themselves
 - Be able to get on with normal routines
 - Spend time with other children or together as a family
 - Be confident that their child is safe and having fun with skilled carers who understand their needs

7.19 Home to School Transport

- For children under 16 years of age and who have an EHCP or who are undergoing a formal assessment which includes trips to a proposed school, CWC may support with travel assistance through the Home to School Transport service.
- Assistance with travel arrangements may be provided for children up to the age of 16 who live more than 3 miles' walking distance (2 miles for 4 to 7 year olds), from the nearest suitable school.
- Assistance may also be considered for transport, regardless of how far a child lives from school, if a child's special educational needs are such that he or she is unable to walk to school (accompanied by a parent/ carer or another adult if needed) or use public transport services.
- When a young person remains at a special school or resource base beyond the age of 16, CWC will normally continue providing the same help with transport previously provided up to 16. This is reviewed on an annual basis.
- In addition, there may be travel assistance available for young people attending further education colleges. Each case is looked at on an individual basis.

7.20 Wheelchair service

- The Wheelchair Service (RWT) provides buggies, wheelchairs, postural supportive seating and powered wheelchairs to those who have a long-term condition which impairs their mobility.
- The service is available for all those registered with a GP in Wolverhampton and offers a weekly clinic dedicated to our Paediatric service users, home and school-based assessments. Currently, the service is accessed by 7,317 people of which 549 are under 18 years of age.
- Bi-monthly clinics are delivered at the Willows Green Park school and Penn Hall school. There are also monthly Special Seating clinics for people with more complex needs.

7.21 Understanding the gaps and plans for improvement

- Following the Community Children's Services Review, Wolverhampton CCG and RWT are working together to improve their data recording and reporting functions. Improvements within this area are expected within the next 12 months.
- The IASS has appointed a post to improve how the service reaches and meets the needs of children and young people. This is a fixed term post and work is underway to extend this role.
- The governance arrangements relating to the Health offer for SEND has been reviewed and the Wolverhampton SEND Health Steering Group has been established. The Steering Group which includes senior representatives from across the health economy and other partners, will oversee and seek assurance on the implementation of the recommendations from the Community Children's Services Review.
- The SEND Health Strategy has been developed in consultation with members of SEND PCB SEND Health Steering Group, children and young people with SEND, and their families, to ensure that services commissioned by the CCG are developed and delivered in line with and in response to local priorities and emerging needs in the city. The implementation of the strategy will be overseen by the SEND Health Steering Group.

8 Supporting Independence

Key findings

- Findings from the Health-Related Behaviours Survey highlight variation in self-reported experiences for children and young people across the city. These variations ranged from being more likely to have good emotional health and wellbeing to being more likely to report experiences of substance misuse and controlling relationships.
- Children and young people with SEND are significantly less likely to take up the local Free Swim offer. Self-reporting, staff recording, the bright, noisy environment, and limited awareness of the offer may have all contributed to this picture. When children with SEND do take up the offer, they appear to be more engaged, with a higher average number of swims per person than their peers of the same age.
- Limitations in Primary Care clinical reporting systems nationally and locally inhibit the ability of General Practices to understand their registered population of children and young people with SEND. This presents challenges when planning, providing and making reasonable adjustments within universal health services.
- Whilst uptake of Learning Disability health checks nationally and locally remains below the required levels set following the Learning Disability Mortality Review, there have been some positive improvements seen in Wolverhampton's most recent figures.
- In Wolverhampton, 85.8% of young people aged 16 and 17 with SEND were in education and training at the end of 2018. This is an improving picture compared to the previous year however remains lower than the proportion of young people with SEND in education or training at regional (91.0%) and national (88.6%) levels.
- Wolverhampton has a higher rate of adults aged 18-64 years with a learning disability in paid employment (6.7%) compared to the West Midlands (4.3%) and England (6.0%)
- The accommodation offer for adults with learning disabilities who receive long term support from the Local Authority requires improvement. The proportion of people in settled accommodation is significantly lower and unknown accommodation status is far higher than that seen in national and regional comparisons.

8.1 Purpose of this chapter

This chapter is structured around the four outcomes considered to be important for children and young people with SEND when preparing for adulthood¹⁴⁷ whilst also supporting as independent, ordinary a life as possible.

The purpose of this chapter looks to consider a range of activities and provision that can support progress towards these outcomes.

8.2 Good Health

This means children and young people are supported to manage their own health as they get older and move into adulthood.

8.2.1 Health Related Behaviour Survey

- The Health-Related Behaviour Survey (HRBS) is funded by City of Wolverhampton Council Public Health Department and undertaken by the School Health Education Unit every two years. The survey is open to all schools in Wolverhampton including Special Schools and Alternative Provision. Findings are reported at individual school level.
- The most recent survey was undertaken in 2018 and more than 7,700 children and young people from 59 different schools (43 primary phase and 16 secondary phase) participated.
- It is not currently possible to determine the *total* proportion of respondents with special educational needs and disabilities as this information is not collected as part of the survey. However, there were two special schools that took part in 2018 and their results provide useful health related behaviour insight for the purposes of this JSNA.
- Northern House is a school for children and young people aged 7 – 16 years old who predominantly have social, emotional and mental health needs. Young people from Years 8, 9, 10 and 11 took part in completing the survey.
- Penn Hall is a school for children and young people aged 3 – 19 years old with physical disabilities, complex medical needs and a range of learning and communication needs. Children from Years 5 and 6 and young people from Years 9, 10 and 11 took part in completing the survey.
- The key findings for each of these schools are presented through the relevant sections of this chapter¹⁴⁸.

¹⁴⁷ Source: <https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/yeded5wb636481748062535810.pdf>

¹⁴⁸ The comparator group used in the explanation of these findings is all children and young people in Wolverhampton in the respective year groups that completed the survey. For Northern House, children from four year groups were involved and their results have been compared with the results for all children and young people who responded in those year groups. For Penn Hall Secondary, three year groups were involved so their comparison group reflects the results from the respective three year groups. This explains why the comparison figure for each school is different despite the same question being asked.

8.2.2 Eating Well

- Eating **breakfast** provides **children** and teenagers with nutrients and energy at an **important** part of the day for learning. The HRBS asks children and young people about eating well (Table 1).

Table 1: Eating breakfast and 5-a-day

| | Penn Hall (KS2) | | Penn Hall (Secondary) | | Northern House | |
|---|-----------------|------------------|-----------------------|------------------|----------------|------------------|
| | Children | Comparator Group | Children | Comparator Group | Children | Comparator Group |
| % reporting to have nothing to eat or drink for breakfast | 0% | 6% | 0% | 20% | 38% | 18% |
| % reporting to have eaten 5 portions of fruit /vegetables | 9% | 17% | 9% | 9% | 17% | 10% |

- Young people at Northern House were least likely to have had anything to eat or drink for their breakfast that morning (38%) but were more likely to have eaten five portions of fruit and vegetables on the day before the survey took place (17%).

8.2.3 Substances

- Alcohol** - The effects of alcohol on young people are not the same as they are on adults. While alcohol misuse can present health risks and cause careless behaviour in all age groups, it is even more dangerous for young people. The HRBS asks children and young people about alcohol consumption (Table 2).

Table 2: Alcohol consumption

| | Penn Hall (KS2) | | Penn Hall (Secondary) | | Northern House | |
|---|-----------------|------------------|-----------------------|------------------|----------------|------------------|
| | Children | Comparator Group | Children | Comparator Group | Children | Comparator Group |
| % reporting to have drunk alcohol (more than just a sip or taste) | 0% | 15% | 18% | 45% | 63% | 35% |

- Young people from Northern House School were significantly more likely to have drunk alcohol (63%) compared to their comparator group (35%). In addition, 38% of young people from Northern House School had reported getting drunk in the four weeks before the survey compared to 6% of their peers in the comparator group.

- **Smoking** - Most people start smoking and become addicted to nicotine when they are still children. Those whose parents or siblings smoke are around three times more likely to smoke than children living in non-smoking households. Children who start smoking at the youngest ages are more likely to smoke heavily and find it harder to give up. These smokers are at the greatest risk of developing smoking related diseases¹⁴⁹. The HRBS asks children and young people about their experiences with smoking (Table 3).
- Just over half of the young people at Northern House (58%) reported to have never smoked compared to 89% of their comparator group. In fact, almost one in five young people from Northern House School who reported to be a current smoker had smoked in the 7 days before the survey (17%) compared to only 2% of young people the same age across the city.

Table 3: Smoking behaviours

| | Penn Hall (KS2) | | Penn Hall (Secondary) | | Northern House | |
|--|-----------------|------------------|-----------------------|------------------|----------------|------------------|
| | Children | Comparator Group | Children | Comparator Group | Children | Comparator Group |
| % reporting to have never smoked | 100% | 97% | 91% | 84% | 58% | 89% |
| % reporting to have a parent/ carer who smokes | 36% | 30% | 36% | 28% | 57% | 29% |

- Young people at Northern House School were more likely to have a parent / carer that smoked cigarettes (57%) than their comparator group (29%). They were also more likely to be exposed to second hand smoke at home (39% compared to 15%).
- Young people take drugs for different reasons. Sometimes it's to cope with abuse or family problems, to fit in with a group, or just to try something new. The HRBS asks young people about their experiences with drugs.
- **Drugs** - Some of the most significant findings from the Northern House Survey related to substance misuse (drugs). Almost 40% of the young people that responded to the HRBS said that they had been offered drugs compared to 12% of their peers. One fifth had taken drugs during the last month (22% compared to 3%), more than a third of young people had taken drugs to get high (35% compared to 5%) and had taken cannabis (35% compared to 4%).

¹⁴⁹ Source: Action on Smoking and Health (ASH)

- In contrast, none of the young people from Penn Hall School (Secondary) reported any of those substance misuse (drugs) related behaviours.

8.2.4 Sports and Leisure

- Physical activity has benefits at every age. It helps children to keep their heart and lungs strong and healthy, become more flexible, develop strong bones, keep a healthy body weight, lower the risk of several diseases and health problems, improve emotional health and self-esteem, and learn well in school. The HRBS asks children about their involvement in sports and physical activities (Table 4).
- More children from Penn Hall School (KS2) said they enjoyed physical activities at their school 'quite a lot' or 'a lot' (91%) compared to children in their comparator group (80%). This may be in part due to the children's physical therapy being built into the curriculum. Young people from Northern House School were less likely to report enjoying physical activities at school (46%) than their peers (57%).

Table 4: Physical activities

| | Penn Hall (KS2) | | Penn Hall (Secondary) | | Northern House | |
|---|-----------------|------------------|-----------------------|------------------|----------------|------------------|
| | Children | Comparator Group | Children | Comparator Group | Children | Comparator Group |
| % reporting to enjoy physical activities at school | 91% | 80% | 100% | 49% | 46% | 57% |
| % reporting to attend a phys. activity / sports club after school | 17% | 54% | 9% | 33% | 25% | 38% |

- Children and young people from all three of the Special Schools that responded to the HRBS were less likely to attend a physical activity / sports club straight after school than children and young people in their respective comparator groups.
- **Free Swim Sessions** are funded by Wolverhampton Public Health and are available at the following swimming pools in the city - Wolverhampton Swimming and Fitness Centre, WV Active Bilston - Bert Williams and WV Active Central. Data is currently collected for children and young people aged 8 – 16 years participating in free swim at Wolverhampton Swimming and Fitness Centre (WSFC) in Wednesfield.

- During 2018/19, there were 6,711 children and young people registered for a Free Swim card at WSFC, of which 67 were registered to a child or young person who had declared a disability (1.0%). The following disabilities were declared by those accessing the provision: hearing (23), learning (16), physical (13), health/ other (11) and visual (4).
- During the same period, there were 12,699 free swims recorded; 158 of which were linked to a child or young person who had declared a disability (1.2%).
- Children and young people with SEND are currently severely underrepresented in this provision. Once they were registered however, they appeared to be more actively engaged; swimming on average 2.4 times during the period compared to 1.9 times for children and young people with no disability declared.
- A quarter of children at Penn Hall (KS2) said that they couldn't swim yet (23%) compared to one in ten children of the same age (11%), and less than one in ten (9%) responded that they can swim more than a length (25metres) compared to nearly half of children of the same age (46%). This difference may be in part due to the type of disabilities that the children at Penn Hall have which can make it very difficult for them to be able to swim.

8.2.5 Puberty and Sexual Health

- Relationships, sexuality and sex are central to health and well-being and adolescence is generally a time of learning and exploration, particularly regarding sexual identity and expression.
- All of the girls that responded from Penn Hall School (KS2) said they felt happy about growing up and body changes (100%) compared to only half of the girls of the same age across the city (53%). Similarly, 93% of the boys from Penn Hall (KS2) said they felt happy compared to 71% of boys of the same age.
- Almost three quarters of Penn Hall School (KS2) children said that they would go to the School Nurse if they wanted support, information or advice about growing up (70%) compared to a quarter of children of the same age (23%).
- Young people from Penn Hall School (Secondary) were less likely to be aware of contraception and sexual health services in the city (36%) than young people of the same age (44%). In contrast Northern House School young people were more likely than their peers to know of these services (45% compared to 35%).
- Significantly more young people from Penn Hall School (Secondary) reported that they got their sexual health and relationships information from Sex and Relationship Education (SRE) (91%) than their peers (66%). Despite this, three quarters of young people from the school said that they would like get information

(or more information) about sexual health and relationships from SRE (73%) compared to a quarter of their peers (25%).

- Findings from Northern House School for the same question were similar to that of their peer group (57% and 59% respectively). Young people from this school were likely to want more information about sexual health and relationships from SRE (14%) compared to a quarter of the young people of the same age in the city (25%).
- None of the young people from Penn Hall School (Secondary) knew where to get Emergency Hormonal Contraception (EHC) free of charge (0%) compared to 18% of their peers. At Northern House School, a quarter of the young people (24%) knew this information compared to 13% of their peers.
- Although young people at Northern House were less likely to know about condoms generally than their peers (57% compared to 80%), a larger proportion of them knew where to get them free of charge (52% compared to 39%).
- Penn Hall School young people had a similar level of knowledge about condoms (82% compared to 89%) but only a third of the young people knew where to get condoms free of charge compared to over half of their peers (55%).

8.2.6 Emotional health and wellbeing

- Penn Hall School (KS2) children were more likely to report their emotional and mental health as 'good' or 'excellent' (82%) compared to children of the same age from across the city (76%). They were also less likely to rate their emotional and mental health as 'not very good' (0%) compared to other children of the same age (5%).
- 85% of children from Penn Hall School (KS2) reported being happy with their life at the moment compare to 61% of children of the same age.
- Young people from Penn Hall School (Secondary) were more likely to rate their emotional and mental health as 'good' or 'excellent' (82%) and less likely to rate it as 'not very good' (9%) than young people of the same age (63% and 12% respectively).
- Three quarters of young people from Northern House School rated their emotional and mental health as 'good' or 'excellent' compared to two thirds of young people of the same age (65%). At the same time, they were slightly more likely to rate their emotional and mental health as 'not very good' (13%) compared to their peers (11%).

8.2.7 Accessing universal healthcare in General Practice

- Having as good a health as possible is an important starting point for people living ordinary lives in their communities. The basic health and dental care needs of children and young people with SEND are the same as everyone else's.
- There are currently no reporting templates on the clinical systems in Primary Care locally or nationally to support SEND which means it is not possible to identify children and young people with SEND within the registered population. This is particularly challenging when designing and planning appointment schedules, identifying practice training requirements, or understanding in advance the reasonable adjustments that should be made to support children and young people with SEND and their families to access universal health services.
- Children and young people with a learning disability often have poorer physical and mental health than other people. They can also find it hard to communicate that they are unwell¹⁵⁰. The annual health check can improve health by spotting problems earlier. It gives people time to talk about anything that is worrying them and means they can get used to going to visit the doctor.
- Anyone over the age of 14 with a learning disability should be included on the General Practice Learning Disability Register. They will then be eligible to have an annual health check. Children would usually see a different doctor until they are 14 years old.
- The annual health check aims to reduce health inequalities by ensuring that undetected health conditions are identified early, ongoing treatment is appropriate, and that trust and continuity of care are established. It also provides an opportunity for additional information to be added to the Shared Care Record (with consent) so that quality of care is improved should the young person be treated by other services, including emergency and urgent care.
- As a result of key learning from the Learning Disability Mortality Review (LeDeR), the Long-Term Plan states that NHS England and NHS Improvement will improve uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability, so that at least 75% of those eligible have a health check each year¹⁵¹.
- Latest comparison data¹⁵² shows that so far 40.3% of eligible adults with a learning disability had a GP health check in Wolverhampton; significantly lower than the national (48.9%) and regional (47.8%) rates during the same period.

¹⁵⁰ Source: <https://www.england.nhs.uk/learning-disabilities/improving-health/annual-health-checks/>

¹⁵¹ Source: <https://www.england.nhs.uk/wp-content/uploads/2019/05/action-from-learning.pdf>

¹⁵² Source: PHE Learning Disability Profile – 2016/17

- In the last 12 months¹⁵³, there were 437 young people aged 14 – 25 in Wolverhampton identified on the Learning Disability Register. In total, 45.5% (199) of the young people registered had an annual health check recorded as complete. There were 12 young people that declined their health check (2.7%), and 10 young people that did not attend their appointment (2.3%).
- Table 5 presents the population young people on the Learning Disability Register by Primary Care Network.

Table 5: Young people on the Learning Disability Register by Primary Care Network

| Primary Care Network | No. of young people on LD Register | % who had an annual LD health check |
|----------------------|------------------------------------|-------------------------------------|
| Primary Care Hub 1 | 91 | 46.2% |
| Primary Care Hub 2 | 132 | 55.3% |
| Unity Group | 130 | 42.3% |
| VI Group | 84 | 34.5% |

- Primary Care Hub (PCH) Group 2 had the highest number of young people listed (132) and the highest completion rate for annual health checks (55.3%). VI Group had the lowest number of young people on their Register (84) and the lowest completion rate of all the PCNs in the city (34.5%).

8.2.8 Dental Health and Access to Dental Care

- Tooth decay is largely preventable, yet it remains a serious problem. A quarter of 5-year-olds experienced tooth decay in England, and the vast majority goes untreated¹⁵⁴. The HRBS asks children and young people about their dental health (Table 6).
- Responses to questions about dental health were very similar between children from Penn Hall School (KS2) and children of the same age in their comparator group; 91% of Penn Hall (KS2) said they had brushed their teeth on the morning of the survey compared to 95% of all children, whilst 74% of both cohorts said that they had brushed their teeth at bedtime.

¹⁵³ Source: Graphnet Health – 04 June 2019

¹⁵⁴ Source: PHE Child and Maternal Health profile

Table 6: Dental health and hygiene

| | Penn Hall (KS2) | | Penn Hall (Secondary) | | Northern House | |
|--|-----------------|------------------|-----------------------|------------------|----------------|------------------|
| | Children | Comparator Group | Children | Comparator Group | Children | Comparator Group |
| % reporting to have brushed their teeth that morning | 91% | 95% | 82% | 94% | 83% | 95% |
| % reporting to have brushed their teeth at bedtime | 74% | 74% | 55% | 75% | 95% | 76% |
| % reporting to have never been to the dentist | 13% | 5% | 0% | 3% | 8% | 8% |

- Penn Hall (Secondary) young people were less likely to brush their teeth in the morning (82%) than their peers across the city (94%). Just over half (55%) of Penn Hall (Secondary) young people brush their teeth at bedtime compared to three quarters of young people of the same age in the city (75%). The type of disabilities young people at Penn Hall have may make it more difficult to complete these types of tasks and this may explain some of the variation in findings.
- Everyone needs to be able to have dental care. However, some people need special facilities or services to have this care provided. Children and young people with physical disabilities may have problems getting into the surgery or into the dental chair. People with learning disabilities and those on the autistic spectrum may become anxious at the thought of going to the dentist or may need extra reassurance. People suffering from severe medical problems may need extra precautions or care. Dental teams are able to take account of all these things when providing dental care.
- When asked whether they had ever been to the dentist, 13% of Penn Hall (KS2) children said they hadn't compared to only 5% of all children of the same age. Dental Services are provided on site at Penn Hall school for children. The dentist comes in to Penn Hall school so children may not consider that they have actually 'been' to the dentist.

8.3 Employment

All children and young people should be supported to develop the skills and experience, and achieve the qualifications they need, to succeed in their chosen careers.

8.3.1 Educational Attainment

8.3.1.1 Early Years Foundation Stage: SEN Support

- In Wolverhampton, the outcomes for 2018 indicated a three year upward trend in the proportion of SEN Support children who achieved a Good Level of Development (GLD) at EYFS. This remains slightly lower than that seen at regional and national levels although these improved outcomes locally resulted in the gap to the national comparison decreasing from 10% to 5%, and the gap on West Midlands reducing from 7% to 4%.
- In 2018, 23% of children accessing SEN Support achieved a Good level of Development (GLD) at EYFS. The gap between Wolverhampton children with no SEN compared to SEN Support was 3% greater than seen nationally during the same period¹⁵⁵.

8.3.1.2 Early Years Foundation Stage: EHCP

- Due to the small numbers in the 2018 cohort the Wolverhampton figure for children with an EHCP has been suppressed.

8.3.1.3 Key Stage 1: SEN Support

- In reading, the proportion of children accessing SEN Support who achieved the expected standard in Wolverhampton has remained similar for the last three years.
- In 2018, 28% of children accessing SEN Support achieved the expected standard (EXS) in reading. The gap on their peers nationally increased to 5% and on West Midlands increased to 3%. The gap between Wolverhampton children with no SEN and children accessing SEN Support was 5% greater than seen nationally.
- In writing the proportion of children accessing SEN Support who achieved the expected standard has increased 2% over the last three years. One fifth (19%) of children accessing SEN Support achieved the expected standard (EXS).
- In writing, the gap on their peers nationally increased to 6% and on West Midlands to 4%. The gap between Wolverhampton children with no SEN and children accessing SEN Support was 7% greater than seen nationally.

¹⁵⁵ Source: School Improvement Team

- In mathematics the proportion of children accessing SEN Support who achieved the expected standard has decreased 5% on 2017 outcomes. In mathematics 30% of children accessing SEN Support achieved the expected standard (EXS).
- In 2018 in mathematics the gap on their peers nationally increased to 6% and on West Midlands 3%. The gap between Wolverhampton children with no SEN and children accessing SEN Support was 7% greater than seen nationally.

8.3.1.4 Key Stage 1: EHCP

- In reading the proportion of children with an EHCP who achieved the expected standard has decreased 3% over the last three years. In reading 10% of children with an EHCP achieved the expected standard (EXS).
- In 2018 in reading the gap on their peers nationally increased to 3%, when compared to the West Midlands outcomes remain 1% above. The gap between Wolverhampton children with no SEN and children with an EHCP or statement was 3% greater than seen nationally.
- In writing the proportion of children with an EHCP who achieved the expected standard has increased 1% over the last three years. There were 7% of children with an EHCP that achieved the expected standard (EXS).
- In 2018 in writing the gap on their peers nationally decreased to 2% and when compared to the West Midlands outcomes were 1% above. The gap between Wolverhampton children with no SEN and children with an EHCP or Statement was 3% greater than seen nationally.
- In mathematics the proportion of children with an EHCP who achieved the expected standard has decreased 2% over the last three years. One in ten (10%) of children with an EHCP achieved the expected standard (EXS).
- In 2018 in mathematics the gap on their peers nationally increased to 3%, when compared to the West Midlands outcomes returned to 2% above. The gap between Wolverhampton children with no SEN and children with an EHCP or statement was 4% greater than seen nationally.

8.3.1.5 2018 Key Stage 2: SEN Support – Attainment

- There is a three year upward trend in proportion of children accessing SEN Support who achieved the expected standard for reading, writing and mathematics combined (RWM).

- RWM combined for children accessing SEN Support was in the B quartile and ranked 58 nationally. A quarter (25%) of children accessing SEN Support achieved the expected standard (EXS) for RWM.
- RWM for children accessing SEN Support has been ahead of the national average for two of the last three years and was 1% above in 2018. For RWM combined, outcomes for children accessing SEN Support have been at least 3% above the West Midlands average for the last three years, 3% above in 2018. The gap between Wolverhampton children with no SEN and children accessing SEN Support was 1% greater than seen nationally.

8.3.1.6 2018 Key Stage 2 - SEN Support – Progress

- Reading progress for children accessing SEN Support has been above their peers nationally for the last two years. Reading progress for children accessing SEN Support was 0.3, this was 1.3 above their peers nationally and 1.8 above the West Midlands average for their group. The gap between reading progress for Wolverhampton children with no SEN and children accessing SEN Support was 0.4 less than seen nationally.
- Writing progress for children accessing SEN Support was -1.3. Although below 0, it has been above their peers nationally for the last two years. Writing progress was 0.5 above their peers nationally and 0.8 above the West Midlands average for their group. The gap between writing progress for Wolverhampton children with no SEN and children accessing SEN Support children was 1.1 greater than seen nationally.
- Mathematics progress for children accessing SEN Support was -0.6. Although below 0 in 2018, it has been above their peers nationally for the last two years. In the latest year, it is 0.4 above their peers nationally and 0.7 above the West Midlands average for their group. The gap between mathematics progress for Wolverhampton children with no SEN and children accessing SEN Support was 0.2 greater than seen nationally.

8.3.1.7 Key Stage 2: EHCP - Attainment

- The proportion of children with an EHCP/ Statement who achieved the expected standard for RWM combined has remained constant for the last two years. Due to small numbers, 2016 outcomes were suppressed.
- RWM combined for children with an EHCP/ Statement was in the D quartile and ranked 132 nationally. 4% of children with an EHCP/ Statement achieved the expected standard (EXS) for RWM combined.
- For children with an EHCP/ Statement, RWM outcomes have been below the national average for the last two years, with the gap increasing to 5% in 2018.

When compared to the West Midlands average the gap for children with an EHCP/ Statement has increased to 3%.

8.3.1.8 Key Stage 2: EHCP – Progress

- Reading progress for children with an EHCP/ Statement was in line with their peers nationally in 2017, but below in 2018. Reading progress for children with an EHCP/ Statement was -5.2.
- In 2018 reading progress for children with an EHCP/ Statement was 1.4 below their peers nationally and 0.9 below the West Midlands average for their group. The gap between reading progress for Wolverhampton children with no SEN and children with an EHCP/ Statement was 2.3 greater than seen nationally.
- Writing progress for children with an EHCP/ Statement was in line with their peers nationally in 2017, but below in 2018. Writing progress for children with an EHCP/ Statement was -5.7.
- In 2018 writing progress for children with an EHCP/ Statement was 1.6 below their peers nationally and 1.3 below the West Midlands average for their group. The gap between writing progress for Wolverhampton children with no SEN and children with an EHCP/ Statement was 7.7 greater than seen nationally.
- Mathematics progress for children with an EHCP/ Statement was above their peers nationally in 2017, but below in 2018. Mathematics progress for children with an EHCP/ Statement was -6.0.
- In 2018 mathematics progress for children with an EHCP/ Statement was 2.2 below their peers nationally and 1.5 below the West Midlands average for their group. The gap between mathematics progress for Wolverhampton children with no SEN and children with an EHCP/ Statement was 2.8 greater than seen nationally.

8.3.1.9 Key Stage 4: SEN Support - Attainment 8

- There is a three-year downward trend in the Average Attainment 8 Score of children accessing SEN Support. In 2018, Attainment 8 Score for children accessing SEN Support was in the C quartile and ranked 75 nationally.
- In 2018 the Attainment 8 Score for children accessing SEN Support was 0.4 below their group nationally and 0.2 above the West Midlands average for their group. The gap between the Attainment 8 Score for Wolverhampton children with no SEN and children accessing SEN Support was 0.8 less than seen nationally.

8.3.1.10 Key Stage 4: SEN Support - Progress 8

- The 2018 Average Progress 8 Score of children accessing SEN Support was ahead of the 2016 figure, but below the 2017 figure. The Progress 8 Score of this cohort was in the B quartile and ranked 54 nationally.
- In 2018 the Progress 8 Score of children accessing SEN Support was 0.7 above their group nationally and 0.9 above the West Midlands average for their group. The gap between the Progress 8 Score for Wolverhampton children with no SEN and children accessing SEN Support was 0.8 less than seen nationally.

8.3.1.11 Key Stage 4: EHCP - Attainment 8

- There is a three-year downward trend in the Attainment 8 Score for children with an EHCP/ Statement. Most recently, the Attainment 8 Score for children with an EHCP/ Statement was in the D quartile and ranked 142 nationally.
- In 2018 the Attainment 8 Score of children with an EHCP/ Statement was 5.8 below their group nationally and 4.3 below the West Midlands average for their group. The gap between the Attainment 8 Score for Wolverhampton children with no SEN and children with an EHCP/ Statement was 5.3 greater than seen nationally.

8.3.1.12 Key Stage 4: EHCP - Progress 8

- The 2018 Average Progress 8 Score of children with an EHCP/ Statement was ahead of the 2016 figure, but below the 2017 figure. Average Progress 8 Score for children with an EHCP/ Statement was in the C quartile and ranked 94 nationally.
- In 2018 the Average Progress 8 Score of children with an EHCP/ Statement was 0.09 below their group nationally and equivalent to the West Midlands average for their group. The gap between the Progress 8 for Wolverhampton children with no SEN and children with an EHCP/ Statement was 0.08 greater than seen nationally.

8.3.2 Further Education

- The Code of Practice expects all students aged 16 to 19 (and, where they will have an EHC plan, up to the age of 25) to follow a coherent study programme which provides stretch and progression and enables them to achieve the best possible outcomes in adult life.
- Colleges should be ambitious for young people with SEN, whatever their needs and whatever their level of study.

- In Wolverhampton, 85.8% of young people aged 16 and 17 with SEND were in education and training at the end of 2018¹⁵⁶. This is an improving picture compared to the previous year (+1.7%) however this remains lower than the proportion of young people with SEND in education or training at regional (91.0%) and national (88.6%) levels.
- As at 29 August 2019, there were 905 young people aged 16 – 25 with SEND in Wolverhampton¹⁵⁷. The majority of these young people were in further education (39.1%), school sixth form (17.6%) or were still registered at school (8.7%).

8.3.3 Training and Skills

- **Supported Internships** are personalised study programmes for young people with learning difficulties and/or disabilities aged 16 to 24 with an EHCP who want to move into employment and need extra support to do so.
- They are designed to enable young people with learning difficulties and/or disabilities to achieve sustainable paid employment by equipping them with the skills they need for the workplace. Delivery of the programme mainly takes place at an employer's premises through a 'train on the job' approach, with the support of a job coach.
- In Wolverhampton, the programme is delivered by the following providers:
 - Wolverhampton College
 - Wolverhampton Vocational Training Centre
 - Nova Training
- In 2018/19, 14 young people took part in the Supported Internship Programme. The majority of these attended Wolverhampton Vocational Training Centre (8), followed by Wolverhampton College (4) and Nova Training (2).
- **Wolves Workbox**¹⁵⁸ is an online resource for jobs, training, apprenticeships and more in Wolverhampton. It acts like a one stop hub, forming part of the wider Skills and Employment action plan to tackle unemployment in the City.
- The Workbox website helps people to find local organisations who can offer them support to get ready for work and get on in work. Workbox can assist an individual aged 16 and over to get ready for work, get into local support and training, and get on in work.

8.3.4 Employment

- The expectation that all young people should be helped to develop the skills and experience, and achieve the qualifications they need, to succeed in their careers is set out clearly by the SEND Code of Practice. The vast majority of young

¹⁵⁶ Source: Local Authority Interactive Tool

¹⁵⁷ Source: CWC CCIS Team

¹⁵⁸ Source: <http://www.wolvesworkbox.com/>

people with SEN are capable of sustainable paid employment with the right preparation and support.

- Not only that but young people with SEND *want* and *expect* to have jobs. They want their schools, families and city to have high expectations of what they can achieve, and they want support and encouragement from them¹⁵⁹.
- Employment is a wider determinant of health and social inequalities and many young people with a disability find that there is no clear pathway to employment once they have finished their education.
- In 2018, two thirds of people of working age (16 – 64 years) are in employment in Wolverhampton (65.9%) compared to three quarters of the equivalent population in England (75.4%)¹⁶⁰.
- By improving the employment outcomes for adults with a learning disability, the risk of social exclusion is reduced. There is a strong link between employment and enhanced quality of life.
- Wolverhampton has a higher rate of adults aged 18-64 years with a learning disability in paid employment (6.7%) compared to the West Midlands (4.3%) and England (6.0%) (Table 7)¹⁶¹. Paid employment is measured using the following two categories:
 - Working as a paid employee or self-employed (16 or more hours per week); and,
 - Working as a paid employee or self-employed (up to 16 hours per week).

Table 7: Adults with a learning disability in paid employment

| Area | Adults with a learning disability in paid employment (18-64 years) | | |
|---------------|--|-----------|-------------|
| | Total (%) | Males (%) | Females (%) |
| Wolverhampton | 6.7 | 8.0 | 4.6 |
| West Midlands | 4.3 | 4.7 | 3.7 |
| England | 6.0 | 6.6 | 5.2 |

- In Wolverhampton, females with a learning disability are half as likely to be in paid employment (4.6%) that their male peers (8.0%). This pattern is repeated nationally and regionally but to a much lesser extent.
- By improving employment outcomes for adults with mental health difficulties, the risk of social exclusion and discrimination is reduced. Supporting someone to

¹⁵⁹ Source: Changing our Lives (2018) Real Talk Report: Design a city that works for you

¹⁶⁰ Source: <https://insight.wolverhampton.gov.uk/Home/Report/893f663a-737f-4295-b376-84241fbedbe7>

¹⁶¹ Source: NHS Digital Adult Social Care Outcomes Framework – Indicator 1E

become and remain employed is a key part of the recovery process. Employment outcomes are a predictor of quality of life and are indicative of whether care and support is personalised.

- In Wolverhampton, 2% of adults in contact with secondary mental health services are in paid employment – a rate that is 3.5 times lower than seen regionally and nationally (7% respectively) (Table 8)¹⁶². Again, the measure is predicated on ‘paid’ employment. Voluntary work has been excluded.

Table 8: Adults in contact with secondary mental health services in paid employment

| Area | Adults in contact with secondary mental health services in paid employment (18-64 years) | | |
|---------------|--|-----------|-------------|
| | Total (%) | Males (%) | Females (%) |
| Wolverhampton | 2.0 | 3.0 | 1.0 |
| West Midlands | 7.0 | 6.0 | 9.0 |
| England | 7.0 | 6.0 | 9.0 |

- In Wolverhampton, 1% of females in contact with secondary mental health services were in paid employment - equivalent to 9 times fewer than seen regionally and nationally (both 9% respectively).

8.4 Independent Living

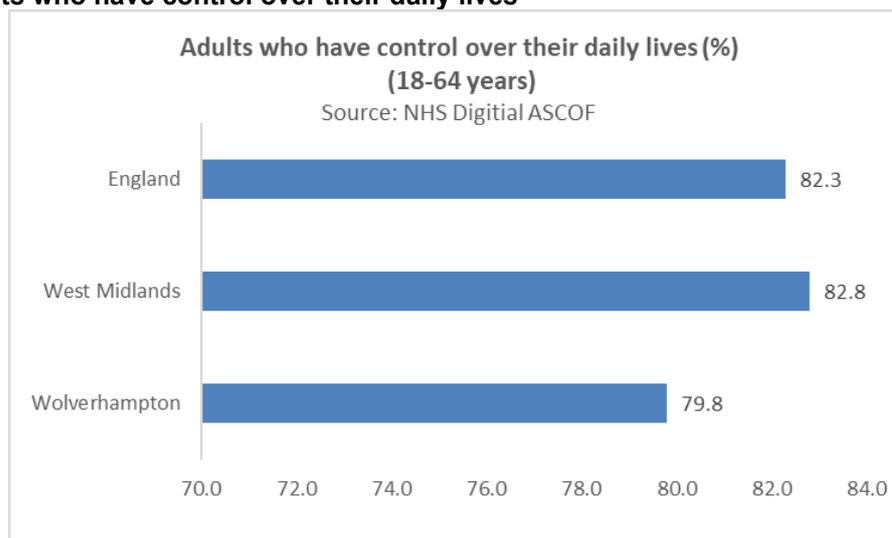
This means young people and their families are provided with the tools and resources they need to fully understand what options are available in relation to housing and accommodation in the future. Young people are encouraged to think about who they would like to live with and where they would like to live.

8.4.1 Being in control of daily life

- A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting people in control of their care and support. Therefore, asking people who receive care and support services about the extent to which they feel in control of their daily lives is one means of measuring whether this outcome is being achieved.
- In Wolverhampton, 79.8% of people receiving services from Adult Social Care felt that they had control over their daily life compared to 82.8% of adults in the West Midlands and 82.3% of adults in England¹⁶³ (Fig. 58).

¹⁶² Source: NHS Digital Adult Social Care Outcomes Framework – Indicator 1F

¹⁶³ Source: NHS Digital Adult Social Care Outcomes Framework – Indicator 1B

Figure 58: Adults who have control over their daily lives

8.4.2 Travel and transport

- Travelling independently is very important for children and young people with SEND to be able to go to new places, meet up with friends and eventually get to work. Children and young people with SEND want to feel safe and confident to travel alone and with friends and should be encouraged to support each other travelling in the community¹⁶⁴.
- The Real Talk report explains that young people think it is good to travel independently, but some are unsure and may need additional support from family or school to feel safe. Young people thought it was important to travel independently. Some of the reasons young people gave included:
 - It develops confidence and communication
 - It means getting to spend more time with friends and not having to rely on parents
 - It provides opportunities to visit new places / places of interest
 - It provides a realistic view of what travel costs and highlights that walking and buses are cheaper than taxis
 - It is preparation for adult life.
- The report goes on to highlight that lots of young people want to be able to travel on their own and think that they should start working towards this goal as soon as they can. Travel training was suggested as a positive start to doing this, along with using public transport with family and friends, and having safe public transport options in the city.
- The HRBS asks children and young people about their journey to school (Table 9).

¹⁶⁴ Source: Changing Our Lives (2018) Real Talk Report: Design a City that works for you.

Table 9: Travelling to school

| | Penn Hall (KS2) | | Penn Hall (Secondary) | | Northern House | |
|---|-----------------|------------------|-----------------------|------------------|----------------|------------------|
| | Children | Comparator Group | Children | Comparator Group | Children | Comparator Group |
| % reporting to have walked, scootered or cycled to school | 0% | 50% | 0% | 49% | 0% | 50% |
| % reporting to have travelled by car, van or taxi | 35% | 50% | 33% | 33% | 25% | 35% |

- No children from any of the Special Schools that responded to the HRBS said that they walked, scootered or cycled to school on the day of the HRBS. This may in part be due to the type of disability children and young people have. It may also be because school is simply too far away from home to travel this way for children who are physically able to do so.
- Just over a third (35%) of Penn Hall School (KS2) children and a quarter of young people from Northern House (25%) said they travelled by car, van or taxi, compared to 50% and 35% of their respective comparator groups.

8.4.3 Accommodation

- Despite the range of housing options that exists for people with support needs, there is still an over reliance on traditional forms of housing and support such as residential or nursing care. Although current health and social care policy and legislation emphasises person-centred approaches and use of community-based options and discourages residential settings which are segregated from family and communities, this does not appear to be having a significant enough impact¹⁶⁵.
- The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life, and the risk of social exclusion. In Wolverhampton, 52.1% of working age (18-64) people who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family – also known as ‘settled’ accommodation. This was significantly lower than the proportion seen living at home nationally (77.2%) and regionally (72.3%)¹⁶⁶ (Table 10) and was the lowest of all regional neighbouring authorities.

¹⁶⁵ Source: National Development Trust for Inclusion

¹⁶⁶ Source: NHS Digital Adult Social Care Outcomes Framework – Indicator 1G

Table 10: Adults with Learning Disabilities Living at Home

| Area | Adults with a learning disability living at home (18-64 years) | | |
|---------------|---|-----------|-------------|
| | Total (%) | Males (%) | Females (%) |
| Wolverhampton | 52.1 | 53.1 | 50.5 |
| West Midlands | 77.3 | 72.1 | 72.7 |
| England | 72.3 | 76.9 | 77.8 |

- In Wolverhampton, males with learning disabilities were more likely to be living at home (53.1%) compared to females (50.5%).
- 'Unsettled' accommodation is that which is either unsatisfactory or, where, like in residential care homes, residents do not have security of tenure. In Wolverhampton, 23.5% of working age adults with a learning disability who were receiving long term support from the Local Authority were living in unsettled accommodation. This was significantly higher than that seen nationally (18.4%) and slightly higher than seen regionally (22.6%)¹⁶⁷.
- In Wolverhampton, accommodation status was unknown for almost a quarter (23.5%) of working aged adults with a learning disability who were receiving long term support from the Local Authority. This was more than five times higher than the national rate (4.3%) and four times higher than the regional rate (5.1%). Whilst these areas have seen an overall decline in 'unknown' status over recent years, locally these figures have increased 4-fold¹⁶⁸.
- Stable and appropriate accommodation for people in contact with secondary mental health service is closely linked to improving their safety and reducing their risk of social exclusion. In Wolverhampton, one fifth of adults in contact with secondary mental health services live independently, with or without support (21%) compared to over half of adults in the West Midlands (55%) and in England (57%)¹⁶⁹ (Table 11).

Table 11: Adult in contact with secondary mental health services living independently, with or without support

| Area | Adults in contact with secondary mental health services living independently, with or without support (18-64 years) | | |
|---------------|--|-----------|-------------|
| | Total (%) | Males (%) | Females (%) |
| Wolverhampton | 21 | 25 | 14 |
| West Midlands | 55 | 54 | 57 |
| England | 57 | 56 | 59 |

- Most significantly, only 14% of females in contact with secondary mental health services in Wolverhampton were living independently, with or without support.

¹⁶⁷ Source: PHE Learning Disability Profile

¹⁶⁸ Source: PHE Learning Disability Profile

¹⁶⁹ Source: NHS Digital Adult Social Care Outcomes Framework – Indicator 1H

8.4.4 Disability Living Allowance

- Disability Living Allowance (DLA) is a benefit that may help with the extra costs of looking after a child who is under 16 and has difficulties walking or needs much more support than a child of the same age who does not have a disability¹⁷⁰.
- Locally the number of DLA claimants for children under 16 years of age has increased by 20.3% over the past 5 years, from 1,730 in 2014 to 2,070 in 2018. This is consistent with the increase seen regionally (20.9%) but lower than that seen nationally (24.1 %) over the same time period¹⁷¹.
- In Wolverhampton, boys under 16 years are 2.2 times more likely to be claiming DLA than girls of the same age. The over representation of boys as DLA claimants is also seen regionally (2.3) and nationally (2.3).
- The number of DLA claimants has been steadily increasing for both boys and girls in recent years and this trend is reflected at national and regional levels. What is apparent locally however is that the rate of increase is disproportionately high for boys compared to girls (24.6% and 10.2% respectively) (Table 12).

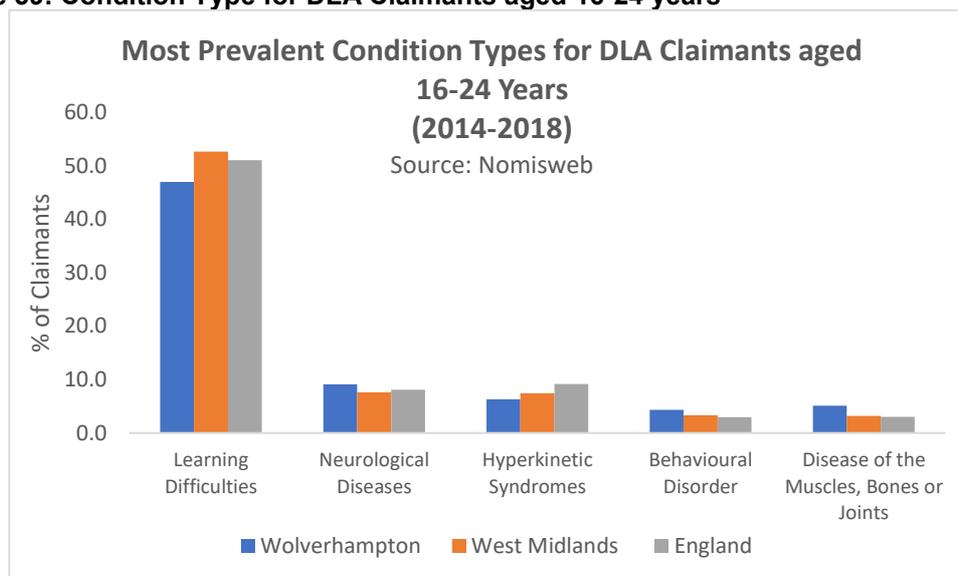
Table 12: Growth in DLA Claimants aged <16 Years Between 2014 – 2018

| Area | Claimants Age <16 Years | 2014 | 2015 | 2016 | 2017 | 2018 | % Change 2014-18 |
|---------------|-------------------------------|---------|---------|---------|---------|---------|------------------------|
| | | England | Boys | 232,340 | 244,420 | 260,220 | 275,680 |
| | Girls | 100,690 | 105,300 | 111,520 | 117,880 | 123,810 | 23.0 |
| West Midlands | Boys | 27,040 | 28,220 | 29,940 | 31,710 | 33,090 | 22.4 |
| | Girls | 12,170 | 12,640 | 13,290 | 13,830 | 14,310 | 17.6 |
| Wolverhampton | Boys | 1,140 | 1,150 | 1,260 | 1,360 | 1,420 | 24.6 |
| | Girls | 590 | 590 | 630 | 630 | 650 | 10.2 |

- DLA claimant information by condition type is suppressed at the local, regional and national level for claimants aged $0 \leq 5$ years, $5 \leq 11$ years and $11 \leq 16$ years.
- DLA has now been replaced by Personal Independence Payments (PIP) for people with a disability aged 16 and over which has resulted in a significant decline in DLA claimant numbers for this cohort in recent years.
- However, this cohort has historically represented the largest group within the under 25 claimant cohort for DLA and therefore some analysis by condition type is available when combining data for the latest five years (2014 - 2018). The five most prevalent condition types that DLA claimants aged 16-24 report are presented in Figure 59.

¹⁷⁰ Source: <https://www.gov.uk/disability-living-allowance-children>

¹⁷¹ Source: <https://www.nomisweb.co.uk/>

Figure 59: Condition Type for DLA Claimants aged 16-24 years

- Overall, learning difficulties were the most prevalent condition type for this age cohort last five years. In Wolverhampton, 47% all claimants reported their condition type to be related to learning difficulties. This was lower than that seen by comparator cohorts at national (52.7%) and regional levels (51.0%).
- Locally this was followed by neurological disorders (9.1%), hyperkinetic Syndromes (6.3%), Diseases of the muscles, bones or joints (5.1%) and behavioural disorder (4.3%). Nationally, severe mental illness replaces behavioural disorder in the five most prevalent condition types.

8.5 Community Inclusion

This means children and young people have opportunities to spend time with their peers outside of school and college. They are supported to develop and maintain friendships and relationships. They are part of their community and feel safe and confident.

8.5.1 Friendships and Relationships

- The Ordinary Life White Paper¹⁷² explains that young people in Wolverhampton think friends are very important as they helped with understanding emotions, cheering each other up, and boosting confidence.
- Young people with shared hobbies such as ice skating, horse riding, and athletics were more likely to see their friends outside of school. To expand this further, young people wanted more interests available to them locally, so that they could meet up with their friends on an evening or weekend.

¹⁷² Source: Wolverhampton Challenge Board (2017) Ordinary Life White Paper

- They also recognised that parents and carers could get worried about them being safe and that this was a barrier to meeting up with friends. Having somewhere to go that made them feel safer to meet friends would make it easier for parents to let them go. Feeling safe and confident to travel independently was an additional solution to this barrier.
- Nationally, research by UK Youth suggests that youth loneliness is a 'common experience' and could affect all young people¹⁷³. Loneliness is a problem for young people with many drivers and consequences. It is simultaneously a 'common experience' yet complex, subjective and difficult to pin down at an individual level.
- The Good Childhood Survey (The Children's Society) collects data on children aged 10-17. The Community Life Survey (CLS) is a major survey of adults aged 16 and above in England. Tables 13 and 14 describe the prevalence of reported youth loneliness in England¹⁷⁴.
- Nationally, 11.3% of young people aged 10-15 years and 9.8% of young adults aged 16-24 years reported feeling lonely often.
- Low satisfaction with health was a key indicator for youth loneliness for young people aged 10-15 years; 28.3% of this group reported feeling lonely often compared to 10.4% of young people who were very satisfied with their health.
- Young people eligible for FSM were 5x more likely to report feeling lonely often (27.5%) than those who were not eligible (5.5%).

Table 13: Prevalence of reported youth loneliness in England for young people aged 10-15 years

| Young People reporting to 'often' feel lonely (%) | | | | | | | | | | |
|---|------|--------|-----------|-----------|------|-----|--------------------------|--------|------|--------|
| Total | Sex | | Age Group | | FSM | | Satisfaction with Health | | | |
| | Male | Female | Age 10-12 | Age 13-15 | Yes | No | Low | Medium | High | V.High |
| 11.3 | 12.6 | 10.1 | 14.0 | 8.6 | 27.5 | 5.5 | 28.3 | 8.7 | 11.3 | 10.4 |

- Bad or very bad satisfaction with general health was a key indicator for young adults feeling lonely often; 40.3% of young adults in this group said that they felt lonely often.
- Long term illness or disability was also a key indicator – 17.6% of young adults that had a long-term illness or disability said that they felt lonely often compared to 8.6% of young adults with no disability/ illness.

¹⁷³ Source: UK Youth (2018) A Place to Belong

¹⁷⁴ Source: ONS (2018) Loneliness in Children and Young People

Table 14: Prevalence of reported youth loneliness in England for young adults aged 16-24 years

| Young adults reporting to 'often' feel lonely (%) | | | | | | | | | |
|---|------|--------|-----------|---------|----------------------------------|------|-----------|------------------------------|-----|
| Total | Sex | | Ethnicity | | Satisfaction with General Health | | | Long Term Illness/Disability | |
| | Male | Female | BME | Not BME | Good/V.Good | Fair | Bad/V.Bad | Yes | No |
| 9.8 | 9.1 | 10.4 | 10.3 | 7.6 | 8.2 | 16.1 | 40.3 | 17.6 | 8.6 |

- The HRBS asks children and young people about their interactions with other young people. Penn Hall School (KS2) children were less likely to use social networking sites to arrange meetings with friends (29%) compared to children in their comparator group (53%) but twice as likely to use social networking sites to chat to people that they don't know (14% compared to 7%).
- Children from Penn Hall School (KS2) reported lower levels of online bullying (10%) but were also less sure that they had been taught how to keep themselves safe online (86%) compared to children of the same age (14% and 94% respectively).
- They were much less likely to worry 'quite a lot' or 'a lot' about being bullied (5%), reported fewer experiences of bullying in the last 6 months (5%) and were less likely to feel afraid of going to school because of bullying (10%) compared to children of the same age (23%, 18% and 28% respectively). Penn Hall School (KS2) children also felt much more confident that their school deals with bullying very well (71%) compared to other children of the same age (42%).
- When looking at peer pressure, 67% of Penn Hall (KS2) children said that they can usually or always say no when a friend wants them to do something they don't want to do compared to 57% of all children of the same age.
- More than half of the young people at Northern House School said that they had experienced at least one controlling behaviour from a current or previous boyfriend/girlfriend (53%) compared to just over a quarter of their peer group (27%). In contrast, young people from Penn Hall School (Secondary) were less like to have experienced this behaviour (18%) compared to their peers (28%).

8.5.2 Personal budgets

- A Personal Budget for special educational needs is money which the Council makes available to pay for support for a child or young person whose needs have been identified in an EHCP. This budget can also include money from the Council for social care needs and from the Clinical Commissioning Group (CCG) for health needs. Personal budgets are available to all children and young people

aged 0 - 25 years to provide more choice and control. For young children, parents are able to advocate on their behalf.

- A Direct Payment is a cash payment paid directly to the child's parent, the young person or nominee to arrange and pay for special educational needs instead of the Council arranging those services. Direct Payments offer greater flexibility, choice and control than support that is arranged by the Council.
- In 2017/18, 17.3% of people with a learning disability who were receiving long term support from the local authority were in receipt of direct payments in Wolverhampton¹⁷⁵. This was the lowest rate of all regional neighbours and significantly lower than the national (29.4%) and regional (30.7%) rate.

8.6 Understanding the gaps and plans for improvement

- The development of the new HRBS for 2020 has commenced and Public Health are working with Education and the School Health Education Unit to ensure that demographic indicators - including SEN and disability - are included. This will support an improved understanding of the health-related behaviours of children and young people who participate in the survey and will help to inform any localised PSHE support that is available.
- There is work between WCCG and RWT to ensure that all eligible young people with a learning disability who are known to local Community Childrens Health Services are also registered on the Learning Disability Register. This will help to ensure that all eligible young people are invited for and encouraged to have their annual GP health check.
- Some of the limitations experienced locally are a direct result of for example national limitations in the functionality of recording and reporting systems in universal health services. That is not going to be resolved over night however there are other efforts being made to support non-SEND specialist health staff who come into contact with children and young people with SEND. An example of this is the development of a CDP programme on awareness of and working with children and young people with SEND which is being led by WCCG.

¹⁷⁵ Source: PHE Learning Disability Profile

9 Special education provision for children and young people with SEND

Key findings

- City of Wolverhampton has eight special schools, 11 resource bases, four pupil referral units and 98 mainstream schools.
- Wolverhampton Special Schools are net importers of students which has implications for local education and SEND community health service provision; almost one in ten students educated in Wolverhampton special schools are from another local authority area.
- Sometimes it necessary to place local children with SEND in out of City or Independent provision to meet their needs. Understanding the characteristics of this cohort provides valuable information regarding gaps in local provision and supports the development of future commissioning priorities
- Wolverhampton's SEND cohort is dynamic; the local education estate must respond to changes in need in a timely fashion to ensure the sufficiency, efficiency and quality of provision available to children and young people with SEND.
- Adopting a pro-active and strategic approach to the planning of educational provision will enable students' needs to be met effectively and their potential to be fulfilled.

9.1 Purpose of this chapter

The purpose of this chapter is to describe the current special education provision in the city and identify how this provision is changing to meet community needs.

9.2 Current Provision

- The City of Wolverhampton has a wide range of state school provision available to support the needs of children with SEND including mainstream schools, resource bases and special schools.
- In the 2019-20 academic year, the City of Wolverhampton has eight special schools, 11 resource bases, four pupil referral units and 98 mainstream schools (Fig. 60).

- The characteristics of local settings providing High Needs provision are outlined in Table 15.
- In January 2019, 64% of school age students with an EHCP in Wolverhampton schools were educated within special schools or pupil referral units and 99% of students accessing SEN Support were educated within mainstream provision¹⁷⁶.

Table 15: Local Settings Providing High Needs Provision

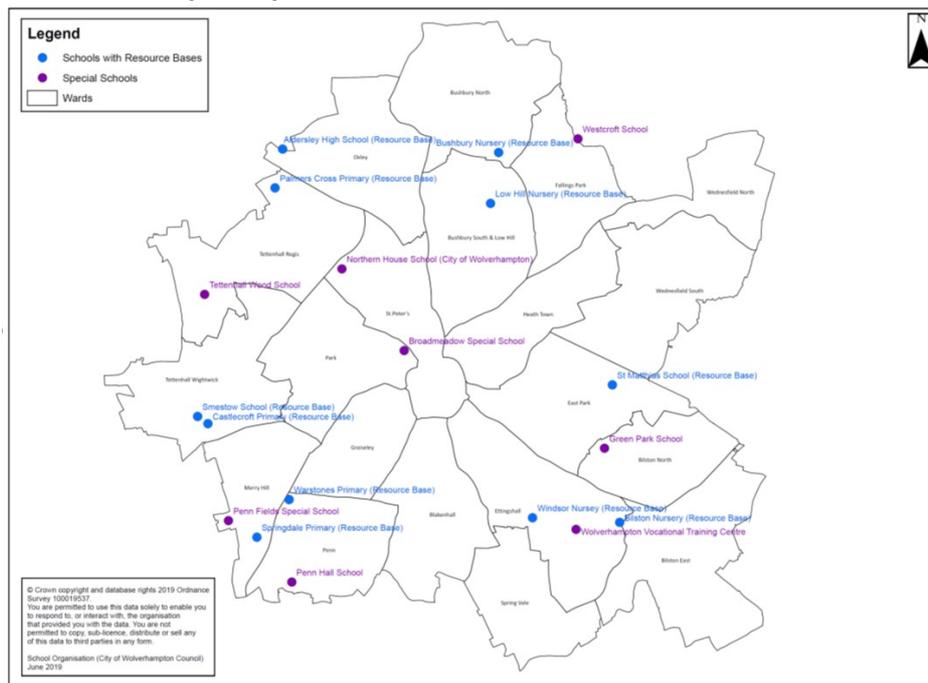
| Establishment ¹⁷⁷ | Provision Type | SEND Designation | 2018/19 Academic Year | | 2019/20 Academic Year | Further Information |
|---|----------------|--|-----------------------|---------------------------|-----------------------|---|
| | | | Commissioned Places | Number on Roll (Jan 2019) | Commissioned Places | |
| Broadmeadow Special School | Special School | PD, SLD | 54 | 53 | 53 | Broadmeadow Special School Local Offer Page |
| Green Park School | Special School | SLD, PMLD | 134 | 132 | 144 | Green Park School Local Offer Page |
| Northern House School (City of Wolverhampton) | Special School | SLCN, SEMH, PD, MLD | 112 | 105 | 120 | Northern House School Local Offer Page |
| Penn Fields Special School | Special School | SpLD, SLD, SLCN, ASD, MLD | 160 | 154 | 156 | Penn Fields Special School Local Offer Page |
| Penn Hall School | Special School | PD, SL, PMLD, ASD | 100 | 96 | 100 | Penn Hall School Local Offer Page |
| Tettenhall Wood School | Special School | ASD | 120 | 120 | 128 | Tettenhall Wood School Local Offer Page |
| Westcroft Special School | Special School | MLD, SLD | 180 | 187 | 180 | Westcroft Special School Local Offer Page |
| Wolverhampton Vocational Training Centre | Special School | SLD, VI, HI, SLCN, ASD, SEMH, MLD, SLD | 35 | 27 | 35 | Wolverhampton VTC Local Offer Page |
| Aldersley High School | Resource Base | SLCN | 10 | < 5 | 8 | Aldersley High School Local Offer Page |
| Bilston Nursery School | Resource Base | Severe/Complex Needs | 10 (PT) | 7 | 10 (PT) | Bilston Nursery School Local Offer Page |
| Bushbury Nursery School | Resource Base | Severe/Complex Needs | 0 | 0 | 6 (PT) | Bushbury Nursery School |

¹⁷⁶ Source: CWC Spring School Census 2019¹⁷⁷ Source: City of Wolverhampton Council & School Census 2019

| | | | | | | |
|------------------------------|---------------|----------------------|---------|-----|---------|---|
| | | | | | | Local Offer Page |
| Castlecroft Primary School | Resource Base | VI | 6 | < 5 | 8 | Castlecroft Primary School Local Offer Page |
| Low Hill Nursery School | Resource Base | Severe/Complex Needs | 10 (PT) | 6 | 10 (PT) | Low Hill Nursery School Local Offer Page |
| Palmers Cross Primary School | Resource Base | SLCN | 10 | 10 | 13 | Palmers Cross Primary School Local Offer Page |
| Springdale Primary School | Resource Base | SLCN | 28 | 25 | 30 | Springdale Primary School Local Offer Page |
| Smestow School | Resource Base | VI | 6 | < 5 | 6 | Smestow School Local Offer Page |
| St Matthias School | Resource Base | HI | 10 | 8 | 8 | St Matthias School Local Offer Page |
| Windsor Nursery School | Resource Base | Severe/Complex Needs | 10 (PT) | 6 | 10 (PT) | Windsor Nursery School Local Offer Page |
| Warstones Primary School | Resource Base | HI | 0 | 0 | 12 | Warstones Primary School Local Offer Page |

- Wolverhampton has consistently been a net importer of school age special school students over the past decade and local provision continues to cater for significant numbers of pupils from out of City. In 2018-19 academic year, 7% of pupils (60 pupils) in Wolverhampton's special schools were from other local authority areas.
- Northern House School – Wolverhampton (15% of pupils) and Penn Hall School (11%) have high proportions of pupils from outside of the City.

Figure 60: Wolverhampton Special Schools and Resource Base Locations 2018/19



9.3 External and Independent Placements

- To appropriately meet the needs of students with SEND it is sometimes necessary to place pupils in out of City or Independent provision. However, these placements can result in students needing to travel long distances and are often more expensive than local placements.
- In April 2019, 15% of Wolverhampton students with EHCPs were placed in out of City or Independent provision. Identifying the characteristics of this cohort provides valuable information regarding gaps in local provision and supports the development of future commissioning priorities (see 5.8.3).

9.4 How the Local SEND estate has changed

- The development of provision for students with SEND is guided by the following principles:
 - Local solutions are developed to support a reduction in the required number of out of city placements.
 - The number of transitions experienced by children with SEND should be minimised wherever possible.
 - Solutions should be developed to offer opportunities for students with SEND to attend mainstream provision, unless doing so would be incompatible with the provision of efficient education for other children.

- To ensure sufficiency and ensure the local school estate can effectively cater for community needs, the following changes to the organisation of the local High Needs education estate have been instigated by the City of Wolverhampton Council in the last two years:
 - Bushbury Nursery – Establishment of Resource Base provision (September 2019)
 - Green Park School – Expansion (September 2019)
 - Penn Hall School – Expansion and extension in the type of needs catered for (September 2018)
 - Tettenhall Wood School – Expansion and lowering of age range (September 2018)
 - Warstones Primary School – Establishment of Resource Base provision (September 2019).

9.5 The Development of Provision for Students with SEND

- To support the future development of the local education estate the City of Wolverhampton Council is working in partnership with providers, parents and partners to develop a transparent estate development plan. The key features of the estate development plan are:
 - Local solutions are developed to support a reduction in the required number of out of City placements
 - Clear and consistent pathways are available within Wolverhampton's special estate
 - The development of a broad range of provision and the creation of a comprehensive graduated response in the City
 - Solutions should be developed to offer opportunities for students with SEND to attend mainstream provision, unless doing so would be incompatible with the provision of efficient education for other children.
 - Development of effective partnerships with all providers in the City.

9.6 Estate Development Priorities

- To meet anticipated sufficiency challenges and improve experiences and outcomes for Wolverhampton's children and young people with SEND the following priorities for the development of the local estate have been identified:
 - Introduction of additional resource base provision to enhance the local offer for pupils with SEMH, ASD and SLCN

- Develop local alternative provision to ensure sufficiency
- As appropriate, special school age ranges to be amended, to enable timely access to provision and reduce transitions experienced by pupils with SEND
- Explore opportunities to extend inclusive resource base provision into both the primary and secondary phases.
- Effective and transparent outreach offer to provide specialist support to mainstream schools to promote inclusion.

9.7 Understanding gaps and plans for improvement

- To ensure the sufficiency of local provision, the City of Wolverhampton Council are working closely with special schools to ensure the maximisation of the capacity of the existing special school estate in the City.
- Partners are continuing to work closely to ensure that annual place commissioning processes are transparent, and that students' education, health and care needs can be supported effectively.
- Recently implemented new reporting arrangements for the Outreach Service should enable service planning to be informed by robust evidence.
- The City of Wolverhampton Council are working closely with mainstream schools to develop new resource base provision in the City.

10 Evidence Review

10.1 Purpose of this chapter

The purpose of this chapter is to provide a summary of the evidence of what works.

10.2 Reviewing the evidence

A search of the literature was carried out to understand the most effective ways of improving independence and supporting children and young people with SEND to live an ordinary life.

The databases used to search the literature are highlighted in Table 16 along with the number of articles returned.

Table 16: Databases and search results

| Database | Results |
|--------------------------|---------|
| Social Care Online | 143 |
| HMIC | 5 |
| Social Policy & Practice | 40 |
| Scopus | 227 |
| Web of Science | 27 |

Abstracts from the articles were reviewed and key publications were retrieved for appraisal and synthesis.

10.3 Summary of findings

The section below presents a summary of the evidence relating to the preparing for adulthood themes – further education and employment, good health, inclusive communities and independent living.

10.3.1 Further education and / or employment

Transitions

There is some evidence to suggest that young people with SEND experience a range of challenges in making transitions from school (Evans et al., 2010¹⁷⁸, Robinson et al., 2018¹⁷⁹). Such barriers are complex for all young people but young people with SEND have additional barriers to overcome. These may include the movement from a high support environment to one where there is less support.

Evangelou, M. (2008) on the other hand suggested that it was not necessarily a less successful transition that young people with SEND experienced but that they were more likely to be bullied. Experiences of bullying was seen as a key inhibitor of successful transitions.

¹⁷⁸ Evans, K. et al (2010) *Ensuring that all children and young people make sustained progress and remain fully engaged through all transitions between key stages*. Centre for Excellence and Outcomes in Children's Services funded by the Department for Education.

¹⁷⁹ Robinson, D. et al (2018) *Ensuring an independent future for young people with special educational needs and disabilities (SEND): A critical examination of the impact of education, health and care plans in England*. British Journal of Guidance and Counselling 46 (4) 479-491.

Supporting young people to think about career and transition (including supporting development of independent living skills) early on in their schooling is seen as an effective way of providing transition support (Carter et al., 2010¹⁸⁰).

The provision of consistent and committed adult support including the involvement of teachers, families and multiagency partners, is seen as critical in supporting effective transition (Davies et al., 2009¹⁸¹)

Aspirational careers

Occasionally some young people with SEND are let down by their school or college's lack of ambition for what they can achieve. Whilst the best providers were found to have a relentless focus on education and outcomes for their young people, others seemed to prioritise their therapeutic or pastoral support at the expense of ambition (Lenehan et al., 2017¹⁸²).

Many young people with SEND would benefit from additional career support such as supported internships, apprenticeships and employment, extended workplace interviews, and supported enterprise activities. With the right support and encouragement, many young people with SEND are able to access the broad range of career options available to their non-disabled peers, including university and employment (Careers and Enterprise Company¹⁸³).

People with disabilities have aspirations similar to their non-disabled peers however evidence from youth cohort studies suggest they typically temper these aspirations in recognition of the likely barriers and obstacles that they perceive in the world of work and assume that career guidance services will be less relevant to them (Robinson et al., 2018).

A recent report from OFSTED¹⁸⁴ found that career guidance for young people with high needs were rarely specialised enough. When still at school, young people did not receive guidance that was sufficiently focused on providing information on the full range of options available to them. In addition, very few young people received careers guidance from staff with the necessary level of expertise and specialism. There is a body of evidence which reflects the need to increase ambitions and opportunities for children and young people with SEND (Hoskin, 2017¹⁸⁵, OFSTED 2016, Hunter, 2019¹⁸⁶). Ambitions that may initially seem unrealistic should not be

¹⁸⁰ Carter, E. et al (2010) *Availability of and access to career development activities for transition-age youth with disabilities*. Career Development for Exceptional Individuals 33 (1) 13-24

¹⁸¹ Davies, M. et al (2009) *Transitions from school for young adults with intellectual disability: Parental perspectives on 'life as an adjustment'*. Journal of Intellectual and Developmental Disability 34 (3) 248 – 257.

¹⁸² Lenehan, C. et al (2017) *Good intentions, good enough? A review of the experiences and outcomes of children and young people in residential special schools and colleges* - https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/Good_intentions_good_enough_-_a_review_of_residential_special_schools_and_colleges.pdf

¹⁸³ The Careers and Enterprise Company: *The SEND Gatsby Benchmark Toolkit – Practical information and guidance for schools and colleges*.

¹⁸⁴ OFSTED (2016) *Moving forward? How well the further education and skills sector is preparing young people with high needs for adult life*.

¹⁸⁵ Hoskin, J. (2017) *Taking charge and letting go: exploring the ways a Transition to Adulthood project for teenagers with Duchenne muscular dystrophy has supported parents to prepare for the future*. British Journal of Special Education 44 (6) 165 - 185

¹⁸⁶ Hunter, J. (2019) *Plans that work: Employment outcomes for people with learning disabilities*. Institute for Public Policy Research.

dismissed and instead be recognised as identifying the area/ field of interest that the young person has. This should lead to further research into other opportunities in these fields that could be more appropriate for their physical / cognitive abilities (DfE, 2015¹⁸⁷).

Employment

The overwhelming majority of young people with SEND can progress into paid employment with the right preparation, opportunities and support. For some, this may be traditional employment, maybe with support from a job coach. For others, it may mean entry into work via a work trial, and longer-term help to stay in employment through supported employment. For others it could mean self-employment (Lenahan et al., 2017).

Effective engagement between colleges and employers is key to create opportunities for young people with learning disabilities to get experience of the workplace, develop skills and progress into steady employment. However very few businesses recognise the case for employing people with disabilities (Hunter, 2019).

Young people with SEND experience a range of challenges when they join the labour market, including the prejudice and expectations of employers as well as the fact that they are competing for jobs in a market where success is increasingly based on sophisticated numeracy and literacy skills.

Furthermore, the workplace is a rapidly changing environment which demands a level of flexibility and responsiveness which some young people with SEND find challenging (Robinson et al., 2018).

Government policy in recent years has focused on the supply side of the market by encouraging and supporting individuals to increase their personal capital rather than attempting to shape and develop the demand side of the labour market; in effect taking the responsibility away from employers to secure more inclusive workforces and improve the employment context that barriers to participation currently operate within (Robinson et al., 2018).

Whilst entering and sustaining paid employment is important to opening up other opportunities linked to an ordinary life, it shouldn't be at the expense of recognising the other social contributions young people with SEND make.

10.3.2 Good health

There is an increased prevalence of health conditions and impairments amongst children and young people with disabilities. In some instances, this variation in prevalence may also lead to health inequalities (Allerton et al., 2011¹⁸⁸).

¹⁸⁷ Department for Education (2015) *How to support young people with special educational needs and disabilities into work: A short guide for schools, colleges and careers advisors*. DfE London.

¹⁸⁸ Allerton, L. et al (2011) *Health inequalities experienced by children and young people with intellectual disabilities: A review of literature from the United Kingdom*. *Journal of Intellectual Disabilities* 5 (4) 269 – 278.

Oral health is often considered to contribute to health inequalities for people with disabilities. Prevalence of poor oral health is increased in children and young people with disabilities and this situation worsens with age. Improving oral hygiene, defining specific training for dental professionals, and allocating resources to cover dental care access and utilisation were considered key to improving oral health for this population group (Hennequin et al., 2008¹⁸⁹).

Promoting health behaviours during adolescence has the potential to improve quality of life as young people get older. Despite this, young people with learning disabilities are considered to at risk of multiple negative health outcomes including obesity, poor mental health, and poor access to health care (Grove et al. 2018¹⁹⁰).

Access to sexual health education is highlighted by Grove as limited for many young people with learning disabilities despite there being evidence that these young people are more likely to get sexually transmitted infections and experience a higher incidence of sexual abuse and assault. Additional barriers to this education included stigma, misconceptions about disability and sexuality, and assumptions about comprehension which may prevent them from achieving the same independence and quality of life as their peers (Sinclair et al. 2015¹⁹¹).

Limited access to sexual health education leads to a lack of basic knowledge of reproductive processes, anatomy and hygiene. This knowledge was considered a critical backdrop to learning activities focused on risk, behaviours, and ultimately supporting healthy behaviour change and choice (Grove et al., 2018).

10.3.3 Inclusive communities

Making and maintaining friends

Children and young people with SEND can experience challenging peer relationships and may have limited social networks. Compared to children without additional needs, children and young people with SEND have lower levels of peer acceptance, fewer reciprocated friendships, and were less integrated into peer groups (Pinto, 2018¹⁹²). This is particularly so for children and young people in mainstream schools who may be more likely to experience loneliness, poor friendship quality and social status (Cook et al., 2016¹⁹³).

To be socially included, young people must be able to actively participate in society yet there are times when instead, young people with SEND experience marginalisation. Benstead goes on to suggest that to increase social inclusion for

¹⁸⁹ Hennequin, M. et al (2008) *Inequalities in oral health for children with disabilities: A French national survey in special schools*. PLoS One 3 (6) e2564.

¹⁹⁰ Grove, L. et al (2018) *The Birds, Bees and Special Needs: Making evidence-based sex education accessible for adolescents with intellectual disabilities*. Sexuality and Disability 2018 (36) 313 - 329

¹⁹¹ Sinclair, J. et al (2015) *Barriers to sexuality for individuals with intellectual and developmental disabilities: A literature review*. Education and Training in Autism and Developmental Disabilities 50 (1) 3 – 16.

¹⁹² Pinto, C. et al (2018) *The peer relations of pupils with special educational needs in mainstream primary schools: The importance of meaningful contact and interaction with peers*. British Journal of Educational Psychology

¹⁹³ Cook, A. et al (2016) *The experiences of learning, friendship and bullying of boys with autism in mainstream and special settings: A qualitative study*. British Journal of Special Education 43 (3) 250 – 271.

young people with SEND, it is vital for theory, policy and practice to work together – elements that the author refers to as ‘primary influencers (Benstead, 2019¹⁹⁴).

Grouping children by ability at school meant that young people with SEND were isolated, could not engage in peer learning or exchange ideas with their peers as they mainly interacted with the Teaching Assistant. This separation was summarised as an inhibitor of social inclusion, interactions and informal communication (Efthymiou et al., 2017¹⁹⁵).

The development of friendship requires opportunities to meaningfully interact through time spent together. The primary determinants of friendship are considered to be proximity, contact, and similarity of interest. The quality and frequency of opportunity for peer interaction, particularly with non-disabled peers is likely to influence young people’s ability to make and maintain friendships (Holt et al., 2017¹⁹⁶).

OFSTED found very few children with SEND over the age of eight who were without friends. It was recognised however that the opportunity for children and young people to meet friends outside of school was severely limited especially for children and young people with the most complex needs (OFSTED, 2010¹⁹⁷).

Impact of bullying

Bullying among school-aged children and young people is recognised as an important social problem, and the adverse impact for those that experience it are well-established. Experiencing bullying during early childhood and adolescence has a strong negative impact on social and psychological later life outcomes, over and above the influence of other risk factors such as parental socio-economic background (Chatzitheochari et al., 2014¹⁹⁸).

Bullying is not inevitable for any child but for children and young people with SEND, there are a series of studies which suggest that it is more likely (Evangelou et al., 2008¹⁹⁹, Benstead, H., 2019). The impact of bullying on mental health, learning, and ability to build and maintain positive relationships is particularly detrimental for children with SEND who may already be experiencing difficulties with their position in society.

Evangelou et al (2008) suggests that children with SEND were more likely to be bullied in secondary school. Continued experiences of bullying was thought to affect enjoyment of school and motivation to learn. It also impacted on self-esteem and confidence.

¹⁹⁴ Benstead, H. (2019) *Exploring the relationship between social inclusion and special educational needs: mainstream primary perspectives*. Support for Learning 34 (1) 34 – 53.

¹⁹⁵ Efthymiou, E. and Kington, A. (2017) *The Development of inclusive learning relationships in mainstream settings: A multimodal perspective*. Cogent Education 2017: 4: 1304015

¹⁹⁶ Holt, L. et al (2017) *‘Everyone knows me...I sort of like move about’: The friendships and encounters of young people with Special Educational Needs in different school settings*. Environment and Planning 2017; 49: 1361 – 1378.

¹⁹⁷ OFSTED (2010) *The special educational needs and disability review: A statement is not enough*.

¹⁹⁸ Chatzitheochari, S., et al (2014) *Bullying experiences among disabled children and young people in England: Evidence from two longitudinal studies*. Institute of Education - University of London

¹⁹⁹ Evangelou, M., et al (2008) *What makes a successful transition from primary to secondary school? Effective Pre-School, Primary and Secondary. Education 3 -14 Project*. Department for Children, Schools and Families Research Report 019.

Supportive friends can be highly influential in limiting the impact of bullying by acting as a powerful protective buffer, reinforcing the importance of supporting children with SEND to make and maintain good positive friendships and relationships as they grow up (Hebron et al., 2013²⁰⁰).

Research by Brennan (2015²⁰¹) focused on early years experiences of friendship for children with learning disabilities and introduced the concept of 'Circle of Friends'. This approach is not specific to SEND but is used to help children and young people at risk of being marginalised from mainstream settings.

The aim of the approach is to build a team around the child or young person by inviting their peers to become part of circle. This helps everyone in the circle develop a better relationship with and understanding of the child or young person, and they also help to think about what help they may need to be fully included. By being part of the circle, they become part of the solution.

Role models

The importance of having a variety of friends is well recognised in supporting the achievement of an ordinary life. For children with life limiting conditions, this is balanced with the value of older / adult role models. There is evidence that young people with these conditions do find it helpful to share possibilities and experiences as well as be in the company of other people that fully understand the physical and emotional challenges that they face. This helps families understand what aspirational could mean as having a life limiting condition can severely limit understanding of what could be possible (Hoskin, 2017²⁰²).

10.3.4 Independent living

Life Skills

Bouck, C (2010²⁰³) described life skills as typically those which contribute to the successful, independent functioning of an individual into adulthood, and considered them to be critical to the success of young people with disabilities, particularly learning disabilities.

A recent OFSTED report²⁰⁴ looked at how well the Further Education and Skills sector was preparing young people with high needs for adult life. It found that there was a wide range of well-planned practical learning activities in nearly all of the providers visited but very few successfully ensured that young people could reinforce the skills that they had developed in everyday environments. This reiterates the importance of not just learning life skills but also learning to apply them in a context

²⁰⁰ Hebron, J. and Humphrey, N. (2013) *Exposure to bullying among students with autism spectrum conditions: A multi-informant analysis of risk and protective factors*. *Autism* 18 (6) 618 – 630.

²⁰¹ Brennan, R. (2015) *With a little help from my friends: 'Circle of Friends' – supporting children and young people with additional support in Scotland's mainstream schools*. ENABLE Scotland.

²⁰² Hoskin, J. (2017) *Taking charge and letting go: Exploring the ways a Transition to Adulthood project for teenagers with Duchenne muscular dystrophy has supported parents to prepare for the future*. *British Journal of Special Education* 44 (2) 165 – 185.

²⁰³ Bouck, e. (2010) *Reports of life skills training for students with intellectual disabilities in and out of school*. *Journal of Intellectual Disability Research* 54 (12) 1,093 – 1,103.

²⁰⁴ OFSTED (2016) *Moving Forward? How well the further education and skills sector is preparing young people with high needs for adult life*. Reference no. 160017

that is relevant to the young person so that they are able to maintain this functioning into the future.

Housing

Young adults with SEND face barriers to choosing where they live and who they live with. They may want to live alone with support or with a small number of people in shared accommodation. It should also be recognised that as with non-disabled young people, some young people with SEND may choose to live at home for a while longer.

The standard requires professionals to discuss individual housing preferences and support needs with the person, and their families and carers if required. In addition, commissions should work with housing providers to ensure that young people with SEND are being considered within housing plans (NICE, 2019²⁰⁵).

10.4 Conclusion

To improve ordinary life outcomes such as employment, independent living, and community inclusion, is challenging without detailed planning and resourcing to support it. Tailored, personalised support where young people identify their aspirations and needs and where provision follows the young person rather than dictate their future is key to ensuring that they can live an ordinary life.

10.5 Acknowledgements

Particular thanks to the Health Services Management Centre, University of Birmingham for their support with searches of journal databases and retrieval of articles.

²⁰⁵ National Institute for Health and Care Excellence (2019) *NICE Quality Standard - Service model for people with a learning disability and behaviour that challenges – Draft for consultation*.