

## SEND

# Joint Strategic Needs Assessment Data supplement July 2023

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## Still to action

Page	Task	Action
35	Table – Angela to add full year of absence data when available	Checked 16 <sup>th</sup> November 2023, not there
57	Section on Short Breaks - needs assessment, consultation	Asked Kam 20 <sup>th</sup> November 2023, followed up with email 21 <sup>st</sup> November 2023
68	Section on continence services	Asked Kam 20 <sup>th</sup> November 2023, followed up with email 21 <sup>st</sup> November 2023

## Introduction

This data supplement updates the data that formed part of the JSNA which was completed in 2020. It follows a care pathway approach. The data in this supplement gives a snapshot of the position as of the date it was created using the latest data and intelligence available.

The data within the supplement, is mainly from national sources, so that comparisons can be made between different areas, and statistical neighbours. Where national data isn't available local data has supplemented what we know, but there may be differences between the local data and national datasets. Local data can not be benchmarked against other authorities.

The methodology we followed was one that researched the national datasets and local data to draw up a position statement, then a series of focus groups were held to test out the findings. We circulated surveys to parents and school staff to get their input. We then held a series of individual interviews with commissioners, SEND board members and other key stakeholders. Finally we created a summary document which captures the main points in a readable format for our wider stakeholders.

## Contents

Introduction.....	2
Contents .....	3
Background and the need for a review .....	4
Summary of the key findings.....	5
Recommendations.....	6
Next Steps.....	8
Background - Coventry - Living and Growing up in Coventry City.....	9
Prevention .....	13
Early Identification.....	15
Services to help early.....	24
Demographics of SEND Children in Coventry City Nurseries and Schools. ....	31
Provision within Educational Establishments for Children with SEN Support .....	40
Provision within Schools for Children with EHCP .....	41
Outcomes.....	43
Children with SEND who appear in other settings .....	48
Specialist Provision .....	51
Alternative Provision .....	54
Short Breaks Provision.....	58
Adult Social Care – Supported Living Packages .....	59
Waiting Times for assessment.....	61
Physical Health needs of Children with SEND .....	68
Supporting Strategies. ....	69
Conclusion .....	70
And recommendations... ..	71
Next Steps.....	73
Annex A - Children and Young Peoples Profile 2023 .....	74
Annex B - Speech and Language needs Assessment .....	88
Annex C - Autism Needs Assessment .....	88
Annex D Recommendations from the 2019 SEND Inspection JSNA.....	88
Annex E Engagement with Parents and Staff .....	89
Annex F Key Statistics from Education 2018 – 2022 .....	94
Annex G – Impact of COVID on educational needs .....	95
Annex H – 2020 JSNA.....	95
With Thanks To .....	95

## Background and the need for a review

In 2019, Coventry was inspected by OFSTED. A good rating was received and in 2020 a JSNA chapter looking at SEND was written; this was developed at the beginning of a pandemic and as such not everything that we would have wanted to include was included. The pandemic also changed things for all, and so as the world returns to normal, we have decided to review the JSNA as it existed and provide a refresh.

The JSNA still stands and is attached as annex H. In addition to this, we have created additional documents to sit alongside the original JSNA to enhance our understanding. These documents are.

- A data supplement.
- A child Health Profile
- Complementing Needs assessments for Speech and Language Therapy
- Complementing Needs assessments for Autism
- Key Statistics for Education in Coventry
- An assessment on the impact of COVID
- Service Mapping
- A Parent/child Voice consultation and a School staff consultation

The information from these documents will be pulled together with a narrative summary including reviewing progress made since the last inspection and then making recommendations to inform planning for the future.

These documents have been developed explicitly for the SEND partnership board in Coventry, and to inform the Joint commissioning strategy.

## Summary of the key findings

This summary brings together information from many sources to create a narrative around the special educational needs of Children in Coventry. It should be remembered that the JSNA takes data at a single point, it looks back at what we know about children in Coventry and makes recommendations going forward to improve the system, the system is dynamic and change happens all the time so the recommendations must be adapted to meet the needs of a developing system. The data in this review, doesn't focus itself on just Special Educational Needs but takes a broader view so that we can understand the context of which our special children sit.

The keys findings are.

- The number of children who are identified as having a Special Educational Need is rapidly increasing, it is unclear whether this is a temporary increase caused in part by the impacts of the COVID19 pandemic or whether this increase will continue at the present rate. This is in part because the City of Coventry continues to grow, even though birth rates are dropping, the number of children moving into the area is creating that demand. Coventry has a younger than average population age, and higher ethnicity than other cities like Coventry, this is in part driven by the two universities within the city and the special welcome that Coventry residents give to those fleeing conflict.
- Coventry has a higher level of deprivation and as such more children living in Poverty than other areas in the region, this mixed with fewer children being school ready, makes for a challenging school environment. There is a known link between educational attainment and deprivation. Despite this, 86% of schools in Coventry are categorised with an OFSTED ranking of good or outstanding.
- In Coventry, we would want to see better outcomes for all our Children, as good school outcomes lead to better paid jobs which leads to healthier adults, and in turn, healthier families. The lower the number of children living in Poverty the better the outcomes will be in all areas of a child's life.
- There is a wide range of services, some universal, other specialists available to all families who have a child with additional special educational need in Coventry, however these services could work together better, thus reducing duplication, improving communication and therefore improving the lives of local children and their wider families.
- Much work has gone on since the last inspection to improve the services we offer, but as always more work needs to be done.
- The pandemic, had a significant impact on services and assessments across a wide range of stakeholders. The impact felt by schools and the clinical services run by our local NHS trusts for children has been doubly hit because of delays in undertaking assessments and increasing numbers of referrals. Whilst a lot of work has already happened, the significant growth in demand will put pressures on the improvement we have seen. We need to consider new ways of working to ensure that improvements continue within the financial resources available.
- We should ensure that all services across the partnerships are outcome focused, led by childrens need - thus developing needs based criteria rather than led by service need. Developing a joint commissioning strategy would ensure that all services were working together to a set of common outcomes.
- We continue to do well at identifying children early with additional educational needs however, some children fall through the net, we need to tighten up to ensure that children with a need are supported as early as possible.
- It is felt that Children in Coventry have move complexed needs than in our statistical neighbours, this need needs to be defined more accurately so that the need can be quantified. We need to look at how we can use data to express this better.

- We do well in supporting Children at the age of 16+ with supported internships that includes career coaching. We need to ensure that there are options for all young people 16+ to do what they want to do.
- Communication between partners is good, however, we need to tighten up on Governance and ensure that all communication is timely and allows all partners to work together to support children and their families get the best outcomes that they can get. This is needed across the system from strategic to frontline delivery. Any governance structure needs to pull together all the boards and strategic groups working on SEND including the Autism Strategy, the LDA board and other child related strategic groups
- Professionals tell us that some children cannot access regular services because of their SEND diagnosis, other children may require additional support to remain in school because of unmet health needs, this requires the system to work together to ensure all care is timely.
- We have heard that some children have a special educational need because they have unmet mental health needs. This is not acceptable, and we need to ensure our prevention pathway to support children with poor mental health provides support as soon as is practically possible so that children can engage with and make the most of the educational opportunities that are offered.

## Recommendations



**Develop a joint commissioning strategy which addresses the following across all our partnerships.**



**Improve how we use data across the system to map and model service delivery and demand so that planning is improved**



**Improve Communications between all levels of the system**



**Ensure that all children have the opportunity to reach their full potential including developing the workforce.**



**Further develop the Governance System to oversee the implementation of these recommendations.**

### **Develop a joint commissioning strategy which addresses the following across all our partnerships.**

- Although we have invested additional money into ASD assessments, we still do not have enough assessments, and ADHD has not had the same investment as ASD and so those waiting lists remain high. Can we redesign the pathway?
- Whilst the focus has been on assessment, we need to consider increasing the provision of services to meet the increasing numbers of children requiring treatment
- Continue to implement the Speech and Language therapy service redesign.
- Continue to implement the review and increase commissioning of Short Breaks in collaboration with Parents, families and children with SEND to ensure that there is a wide range of opportunities for children with SEND that parents can access.
- Consider the design of Physio/OT provision. We need to look in depth at who is providing what and ensure that the level of services are adequate for the current level of children requiring Special Educational Need support.

- Ensure that a diagnosis does not become a barrier to accessing support for conditions which all children have a right to access at the same time ensure unmet need doesn't lead to additional children requiring SEND support.
- Consider whether children in special schools fully access the resources in mainstream schools, particularly around health education
- By bringing organisations together to commission services together, we have an opportunity to reduce duplication, improve multidisciplinary working, understand better any blocks across the whole system and work together more effectively to address these blocks.
- Consider redesigning the continence service for children with disabilities
- Consider benchmarking service provision between our services and those of our statistical neighbours

**Improve how we use data across the system to map and model service delivery and demand so that planning is improved.**

- The ICB to lead work across the NHS and other partners to improve data sharing, ensuring that the SEND board gets the data it requires to make timely and effective decision making.
- Collect ethnicity for those taking up/not taking up school 2-year-old placements – what can we do if not statutory
- Consider how we can capture absences from early years setting, as this gives an indicator for how school ready children will be.
- Explore the disparity in outcomes data between 2 yr year HV check and the preschool checks in more depth, ensuring quality checks across the system, integrate checks where appropriate
- Consider collecting the SEND status of a child when referrals are made to secondary/community services such as CAMHS, this could include making the link between all ill health acute admissions and SEND.
- Understand whether the Mental Wellbeing Tier 2 service is supporting children with SEND effectively to prevent the need for tier 3 services?
- Consider linking and then using the education number and NHS number so the records talk to each other.
- Update the data supplement on a 2 yearly cycle.
- Consider how we might use data to explore the complexity of SEND children within Coventry.

**Improve Communications between all levels of the system**

- Explore whether multidisciplinary team meetings could be used to ensure that services are joined up and focused on the child need, develop a Best interest style meeting that is inclusive.
- Improve communication between all partners, and especially those who work on the frontline ensuring that all professionals can deliver the right care at the right time
- Consider how schools can support the uptake of the annual Learning Disabilities health check once children become 14 years old.
- Explore how we could improve partnership working around the annual reviews
- Ensure that interpreters understand the role they play in ensuring accurate data captured.

**Ensure that all children have the opportunity to reach their full potential including developing the workforce**

- Explore which children do not take up the free nursery offer for 2-year-old education offer, in particular understand what influences parents to take up this offer.
- Explore the impact changing free preschool offer will have on SEND children from September 2024.

- Ensuring that parents from ethnic minority groups are helped to understand SEND so that they recognise the benefits from taking up the support offer, with particular work to support parents from black heritage backgrounds and Asian backgrounds.
- Look at how we support the link with portage and Nursery placements to improve uptake of nursery placements by children with SEND.
- Understand further which parents take up private assessments and how we can support such assessments, making sure parents are clear about what the Coventry position is around such assessments.
- Upskill the workforce to ensure that all staff, from any sector are supporting the child in the right way, so that care is consistently being delivered in all settings.
- We need to increase the skillset of staff so that there is capacity to provide ongoing workforce development for early years settings. This work has started, but we need to go further.

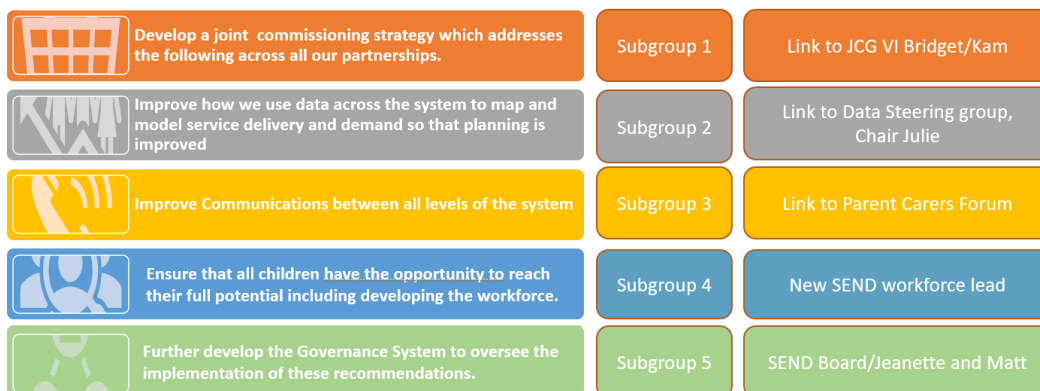
**Further develop the Governance System to oversee the implementation of these recommendations.**

- Further develop an inclusion dashboard across all partners so that the data elements are readily available and review on a regular basis by SEND board.
- Formalise the links between the Childrens Joint commission group and SEND Board through the Health and Wellbeing board.
- Hold systems partners to account for performance
- Ensure that all partners across the SEND board are sighted on issues which need addressing so that a collaborative approach to problem solving is adopted.
- Develop a quality assurance framework so that standards and improvements can be noted.

**Next Steps**

1. For this report to be received by the SEND Board, and relevant associated boards for discussion.
2. For the recommendations to be agreed, adapted and adopted.
3. For an action plan to be developed, in collaboration with the SEF findings to ensure a multi organisation approach to service development across Coventry. Each Workstream will decide how best to deliver the suggested work programme including potential financial implications, including prioritisation and what can be afforded when.
4. To set up a sub board structure to ensure the six areas for recommendations have identified leads who will take responsibility for delivery. Each workstream will appoint a lead who will sit on the SEND board and provide regular updates, including successes and risks to programme.

**Potential Sub Board Structure**



5. For the SEND Board to receive sub group reports on a regular basis. Delivery plans will be monitored by the SEND Board and reported to the Health and Wellbeing board as the oversight group.



## Background - Coventry - Living and Growing up in Coventry City

There were 345,300 (2021) people living in Coventry. Within the last 10 years the population has grown by 8.9% from 317,000 (2011). This is higher than both the overall increase for the West Midlands (6.2%) and for England (6.6%).

Coventry is a young city with a median age of residents of 35 years and this is falling over time, this is notably lower than the England median of 40 years. An estimated 68,300 children under the age of 16 live in Coventry, which makes up 19.5% of the population. The city's population has grown particularly amongst younger adults with the success of the city's two universities in attracting students locally and internationally. Birth rates have been decreasing by 9% in Coventry for the last 10 years however the number of children aged 5-14 living in Coventry has increased by 22% notably over the last 10 years. Whilst there is a natural growth in Coventry's population, with more births than deaths each year, migration now accounts for a larger portion of the city's expansion. The largest movements of people are from and to other parts of the UK, with students attending the two major universities in the city contributing to this.

Coventry welcomes many new residents from other parts of the world and international migration is a key factor in population growth. More people have moved to Coventry from overseas annually in the last 10 years (less so in the last 2 or 3) than those who move from Coventry abroad. Coventry's population is growing, changing and increasingly diverse, it is the seventh fastest growing local authority in the West Midlands region.

### Ethnic Diversity

Coventry is an ethnically diverse city, with around one-third (34.5%) of the population from minority ethnic groups, compared to 20% for England with just under half of its school-aged population from an ethnic minority background in 2021, up from around one-third in 2011. The largest minority ethnic group are Asian/Asian British communities, making up 16.3% of the city's population, including 8.8% with an Indian background. The next largest minority group are people with a White Other background, who make up 7.2% of the population. Coventry's population with a Black African background has grown to 4%, which is now more than double the English average (1.8%). The largest numbers of new communities are from Polish, Nigerian, Somali, Cameroonian, Chinese and Roma communities. The number of residents born outside of the UK has increased, highlighting the increasing diversity of the city.

### Impact of COVID 19

School closures, social distancing and lockdown measures have had a long-term effect on children and young people's emotional well-being and lived experiences. A literature review relating to this can be found in annex G.

- A study completed in Jan 2021 found higher rates of *mental disorders* among SEND (special educational need/disability) CYP.
- Parents/carers of SEND CYP had higher levels of *behavioural & emotional difficulties*.
- Lockdown period January 2021 to March 2021 was beneficial for some pupils with SEND – parents claimed their children were more motivated, engaged & responding well to independent working.
- Reduced stress for SEND CYP during lockdown because they hadn't been to school & enjoy increased family time, but school refusal increased once schools reopened.
- For those attending their educational setting during the pandemic, benefits included: smaller groups, quieter learning environments & more one-to-one input.
- Post lockdown in Summer 2021, staff & parents of pupils attending SEND schools/colleges reported poorer pupil mental wellbeing.
- Staff felt students were on average 5 to 8 months behind in their emotional health & wellbeing compared to pre-pandemic expectations.

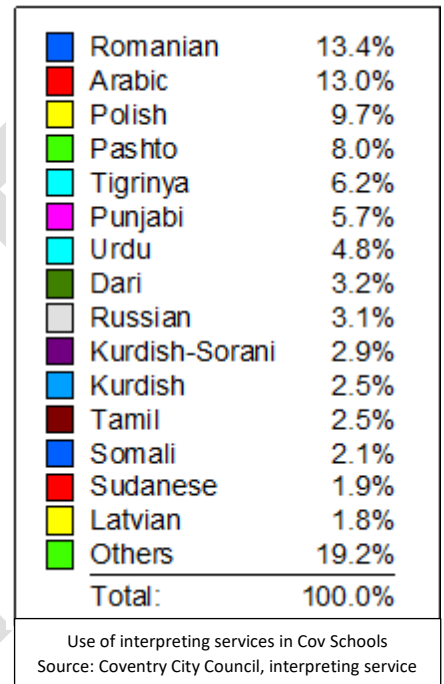
- Increased behavioural & attentional difficulties in both boys & girls & more emotional difficulties amongst girls.
- Primary school pupils found the pandemic had a positive impact on their family relationships. The lockdowns enabled more family time: better, deeper conversations between parents & their younger children but less so for older teens at secondary school.

**Languages spoken.**

Coventry has increasing diversity of languages spoken. In 2021, 82.5% of Coventry’s residents had English as a main language, compared to 86.1% in 2011. The school Census (Spring 2023) data shows that 68.4% of all children are learning English as an additional language (across all phases) Within Coventry, Polish (2.3%), Panjabi (2.3%) and Romanian (2.1%) are the three most spoken languages after English.

Coventry provides an interpretation service which is available to schools. The interpreter’s primary role is to facilitate communication between the service and the service user or a group of people. The Interpreter will be impartial, will not give advice, will interpret everything that is said during the session, will not add or omit any information and will clarify any linguistic or cultural ambiguities.

The main languages requiring an interpreter are shown to the right. This graph comes from Coventry City Council, interpreting service.



**Health Inequalities**

Inequalities in health arise out of inequalities in society. These inequalities are not inevitable. Reducing inequality in society has shown to lead to improvements in a person’s wellbeing, mental health, community and social relations, reduced levels of violence and better educational attainment. As a Marmot City, Coventry is working to address the causes of inequalities by resourcing and delivering universal services at a scale and intensity proportionate to the degrees of need.

**Children are getting a good education.**

In Coventry, uptake of funded early years childcare for all children aged two is higher than the national average. The 2-year-old up take has increased to above the national and regional average 74.8% in 2022, compared to 72% nationally and 67% regionally. The 3- & 4-year-old take up increased from 86% to 88% but was below national at 92% and regional 93% averages. In 2024, free nursery placements are being extended to more children, which may impact on these figures further.

Quality of teaching and learning in schools has rapidly improved in the city, with 89% of primary and 86% of secondary students now attending a school rated good or outstanding by Ofsted.

In 2022, the higher performing children in key stage 4 for Maths and English include pupils from Chinese backgrounds, followed by pupils from Asian backgrounds. The pupils doing less well in key stage 4 are Black Caribbean ethnic backgrounds. Key Stage 2 highest performing pupils for Maths and English are Asian pupils followed by black and white pupils. Pupils who have an Education Health and Care Plan or those receiving free school meals are still the least performing children at school of Coventry population are Children and Young People, which links back to the inequalities issues discussed earlier.

93% of school leavers aged 16 achieve a sustained destination and only 3.9% of Coventry 16 and 17-year-olds are Not in Education, Education or Training (NEET), which is an improvement on the last four years' performance and remains below national and West Midlands figures. Figures later look at how those young people not in Education, Employment or Training relate to the SEND population.

### Children living in poverty and deprivation.

The percentage of Coventry neighbourhoods that are amongst the 10% most deprived in England reduced from 18.5% to 14.4% between 2015 and 2019. Based on this measure (IMD 2019), Coventry ranked 64th nationally in 2019 (with 1st being the most deprived), an improvement in ranking from 46th in 2015.

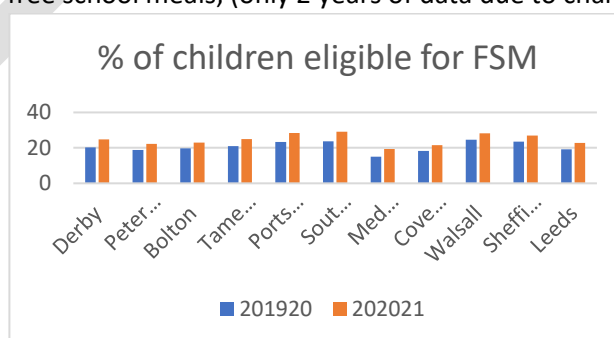
However, living in deprived areas limits resident's opportunities to succeed in life; transforming life chances require us to address the social inequalities that are established from children's earliest years. The latest available data, for 2020/21, suggest that 23% of Coventry children aged 0-15 live in relative low-income families compared to 19% nationally. Following COVID-19 pandemic the economic outlook for the city remains challenging and uncertain. While spending and other economic activity rapidly bounced back in 2021-22, employment has not yet returned to pre-pandemic levels. Additionally, rapid inflation in 2022 threatens the city's recovery, with rapidly increasing energy prices and cost-of-living impacting the finances of households and businesses.

### Some children are not getting the best start in life.

The infant mortality rate in Coventry is 5.7 per 1,000. This is similar to the rest of the West Midlands (5.6) however more than for England (3.9). This is partly due to a relatively high number of premature babies born in Coventry. Inequalities in reaching a good level of development within Coventry have already established themselves by the age of 5. Whilst 61% of the city's five-year-olds achieve a good level of development at age 5, this is 4% lower than the national average. Not only do fewer of the city's children achieve a good level of development than the national average, but the most disadvantaged five-year olds in Coventry are further behind than their national counterparts. Amongst disadvantaged children, 46.3% achieve a good level of development, compared to 63.4% for non-disadvantaged children, a 17-percentage point gap.

### Cost of Living

Across Coventry, more and more people are feeling the pressure from the increasing cost of living. Many families are living in homes that do not meet modern efficiency standards, meaning that too many Coventry residents live in damp, poorly insulated homes, and are paying too much to stay warm. As the cost-of-living crisis continues, it is expected that the proportion of households paying more than 10% of their household income to stay warm will increase from around 24% in summer 2022 to an estimated 62% by winter 2022; with around 12% of households in the city spending one-quarter of their household income to stay warm. This will disproportionately affect the most deprived families in Coventry. Against our statistical neighbours, Coventry has fewer children eligible for free school meals, (only 2 years of data due to change of eligibility criteria).



DfE, Free school meals: Autumn term 2019 – 21,

<https://explore-education-statistics.service.gov.uk/data-tables/free-school-meals-autumn-term>

**Children not living in their own home.**

There are increasing number of families at risk of/experiencing homelessness and may be living in temporary accommodation. There has been an increase in households seeking support from the Housing & Homelessness Service in Coventry. Since the implementation of the Homelessness Reduction Act in April 2018 to March 2023 there were over 11,000 households who were owed Prevention or Relief duties from the service as they were assessed as either homeless or threatened with homelessness. In March 2023 there were over 500 families in temporary accommodation provided by the council. The most common reasons for families losing settled accommodation include the end

of a private rented tenancy, being asked to leave by family members, or fleeing domestic violence. Coventry Homefinder has over 7,000 applicants live and able to bid on the register (as of March 2023) who have all been assessed as having a housing need. 13.5% of live applications have been assessed in the most urgent housing need category, including those who have been assessed as statutory homeless and those who are severely overcrowded. The 2021 census shows that 24.7% of properties in Coventry are Private Rented (increase from 20.6% in 2011) and 17% of properties are Social Rented (no % change from 2011).

# Coventry in Figures



## Prevention

All children have a right to be able to access and make the most of educational opportunities. Children can not learn if they are feeling unwell, stressed, hungry or frightened. In Coventry, we have an early help strategy which aims to ensure all families get the help they need before they present in crisis. The strategy can be found [here](#). The Early Help Strategy 2023 – 2025 describes how we can develop and deliver a whole system partnership offer. Coventry can collectively ensure children and their families receive the right help at the right time with the right people, to enable children to reach their full potential.

Principles and key deliverables have been collectively identified by the Early Help Partnership and form the foundation for the delivery of this whole system early help offer. This is how we will deliver the Early Help Offer together to all children, young people and their families, including the most vulnerable children who have experienced trauma in their lives.

The importance of children and their families influencing the design and delivery of the future early help offer is a key principle in the Strategy, ensuring that the voices of children are at the heart of everything we do. The Early Help Strategy defines the outcomes for children that the partnership will focus on, working together to improve children's lives and intervene at the earliest opportunity. There will be a focus on improving outcomes for children through the mobilisation of the Early Help "Doing it Together" outcome groups.

The Early Help Strategy focuses on the implementation of the national programmes that are the key drivers in the delivery of Early Help: The [Family Hub](#) and [Start for Life Programme](#) and the [Supporting Families Programme](#) will be developed and implemented by the Early Help Partnership to enable the delivery of the Early Help Strategy. These services, working together can ensure children get the best start in life.

Services which support early help include the parents offer (page 22), Mamta a service which supports Ethnic Minority women to improve Child and Maternal Health outcomes and a new service to support babies born prematurely to reach their growth targets across Coventry. We know premature babies have a higher incidence of SEND so supporting parents to care for their early babies is a key activity.

Coventry is a family hub pilot site. There are 8 family hubs in Coventry which enable parents to access a range of services, including universal services such as midwifery, health visiting and speech and language therapy. These 8 family hubs are also supported by a virtual offer, which can be accessed [here](#).

### Baby and Me

Baby and Me is a baby group which is offered in Family Hubs across the City. The sessions are for parents and babies to meet together with others, from their local area.

Baby and Me Group Attendance by gender and age(Local Data) September 2020 – August 2023

	No of groups deliver	Footfall		Gender		Age								
		Count of Individual	repeat attend	M	F	0-2	3-4	5-17	18-24	25-34	35-44	45-54	55+	NK
20-21	31	71	147	48	99	68	3	NK	19	34	18	4	NK	1
21-22	166	392	1455	329	1126	721	5	20	96	360	154	70	4	24
22-23	153	384	1249	397	852	648	5	18	66	319	147	14	NK	32

It should be noted that groups for 20-21 would have been impacted on by the pandemic

Looking at the data by ethnicity, it can be seen that the data collected is incomplete with over 1/3 of attendees not giving their ethnic group. Whilst the data is available by individual ethnic groups, the numbers need to be combined otherwise the percentages are too small.

Baby and Me Group Attendance by ethnicity (Local Data) September 2020 – August 2023

	2020-2021	2021-2022	2022-2023
Not Recorded	46%	39%	45%
White British	37%	35%	41%
Any other Ethnicity	17%	26%	14%

### Stay together, Play together

Stay together, play together is a stay and play toddler group for children aged from 0-4 which runs out of the 8 family hubs

Stay Together, Play Together Attendance by gender and age(Local Data) September 2020 – August 2023

	Num ber of group s deliv ered	Footfall		Gender		Age									
		Count Individ uals	repeat attend ance	M	F	0-2	3-4	5-17	18-24	25-34	35-44	45-54	55-64	65+	NK
<b>20-21</b>	13	96	206	84	122	85	17	14	6	32	42	6	2		2
<b>21-22</b>	298	859	3247	824	2422	1414	190	80	184	638	493	97	28	14	109
<b>22-23</b>	323	1192	4432	1437	2983	2022	296	85	209	939	514	133	29	6	199

Stay Together, Play Together Attendance by ethnicity(Local Data) September 2020 – August 2023

	2020-2021	2021-2022	2022-2023
Not Recorded	35%	41%	47%
White British	15%	20%	19%
Any other Ethnicity	52%	38%	34%

Again, ethnicity is poorly captured, however, there does appear to be a broader mix of families attending these sessions.

## Early Identification

One of the Healthy Child Programme core functions is to recognise disability and developmental delay early. This includes a responsibility to provide information, support, refer to and notify others, and there is a duty to inform the local education authority if it is suspected that a child may have special educational needs. Practitioners carrying out the Healthy Child Programme health and development reviews are expected to have knowledge and understanding of child development and of the factors that influence health and wellbeing.

One early indication of a potential learning need is whether a child can hear and see properly. These senses help a child interpret the world around them and deficits in either hearing and/or sight can impact on a child’s development.

### Vision

The Orthoptic Department at UHCW NHS Trust provides hospital and community services to patients in Coventry, Rugby and North Warwickshire. Orthoptic staff carry out assessments and where appropriate treatment of disorders of binocular vision and ocular motility in patients of all ages. Orthoptists are vital members of the NHS eye care team and work closely with ophthalmologists and optometrists, as part of a multi-disciplinary team.

Our department consists of 16 Orthoptists and 3 Orthoptic technicians who deliver a wide and varied comprehensive eye care service including the following:

- Paediatric Orthoptics
- Adult Orthoptics
- Visual field assessment
- Stroke assessment
- Community screening clinics for pre-school children
- Primary vision screening for children in reception
- Special school screening
- Biometry

These services are essential for identifying early vision problems. Children can also attend at Local opticians, where they can received free sight tests under the NHS.

### Hearing

The earliest test that are conducted to assess a child’s hearing, is the newborn hearing programme. Newborn hearing screening is offered to all babies in England, ideally within the first 4 to 5 weeks after they are born. The test can be done for babies up to the age of 3 months. Newborn hearing screening aims to identify permanent moderate, severe and profound deafness and hearing impairment in newborn babies. Finding out early can give these babies a better chance of developing language, speech, and communication skills. Coventry screened 97.8% of newborn babies, which is significantly less than regional and national counterparts.

Indicator	Period	Coventry			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Newborn Hearing Screening: Coverage	2021/22	↓	3,824	97.8%	98.7%*	82.1%		100%

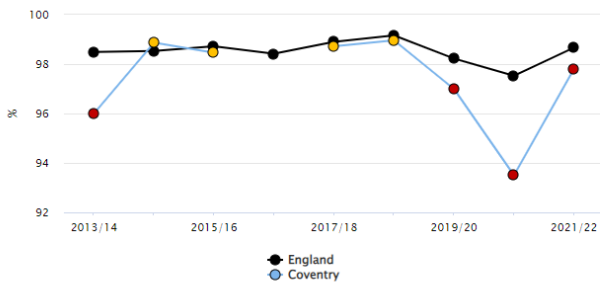


Newborn Hearing Screening: Coverage

Proportion - %

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: ▼ Decreasing & getting worse

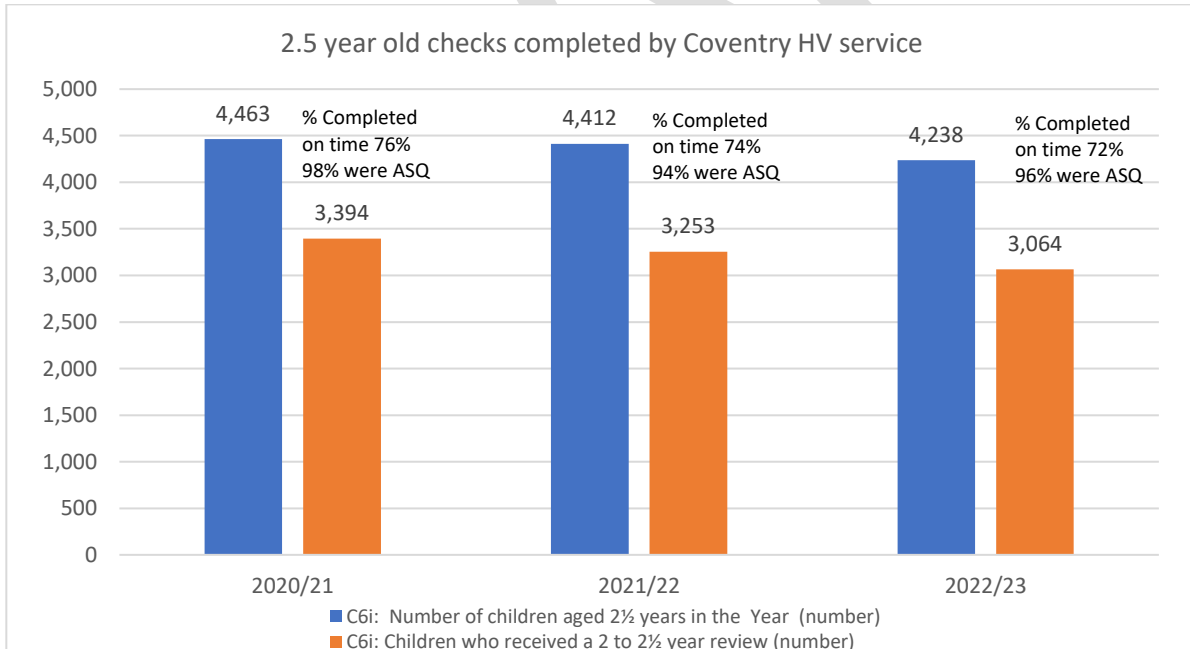
Period	Count	Value	Coventry		West Midlands	England
			95% Lower CI	95% Upper CI		
2013/14	4,229	96.0%	95.4%	96.5%	98.8%	98.5%
2014/15	4,445	98.9%	98.5%	99.1%	99.1%*	98.5%*
2015/16	4,421	98.5%	98.1%	98.8%	99.0%	98.7%
2016/17	-	-	-	-	98.5%	98.4%
2017/18	4,326	98.7%	98.3%	99.0%	98.6%*	98.9%*
2018/19	4,173	99.0%	98.6%	99.2%	98.9%*	99.2%*
2019/20	3,967	97.0%	96.4%	97.5%	98.0%*	98.2%*
2020/21	3,685	93.5%	92.7%	94.2%	97.5%*	97.5%*
2021/22	3,824	97.8%	97.3%	98.2%	98.7%*	98.7%*

Source: NHS Digital data not in the public domain, from the National IT system SMaRT4Hearing (S4H)

<https://fingertips.phe.org.uk/search/screen#page/4/gid/1/pat/6/ati/502/are/E08000026/iid/91324/age/2/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> accessed 02/11/23

**Health Visiting**

Health Visitors assess children throughout their development with the aim of identifying any developmental delay early. Assessment happens throughout the infant's life at 6-8 weeks, 12 months and 2 years. COVID-19 had a significant impact on Health Visiting services with many frontline staff being redeployed to other nursing duties including immunisation, however, during this period Health visitors still completed 74% of checks of which 96% were completed using the Ages and Stages Questionnaire (ASQ). This is an important, universal check to see whether the child has met developmental milestones and whether additional support may be required for the child or family.



This proportion is higher than England (71%) or the West Midlands (70%). We also know that some children not seen by age 2.5 did receive a review late rather than not at all. Across 2022/23, around 9% of children who had not had a review by age 2.5 did receive a check meaning 81% of checks were completed, this still means that some children are not receiving this development check in a timely manner. Looking at the results of our ages and stages questionnaires, in all areas and against both national and regional benchmarks Coventry performs well.



	2020-21					
	Communication	Gross Motor	Fine Motor	Problem Solving	Personal and Social	All Five Areas
Coventry	91.4%	96.8%	97.6%	94.7%	95.6%	88.3%
West Midlands	78.1%	81.2%	81.4%	81.0%	73.9%	81.6%
England	86.8%	91.8%	91.9%	91.9%	90.2%	82.9%
GAP Coventry to National	+4.6	+5.0	+5.7	+2.8	+5.4	+5.4
	2021-22					
	Communication	Gross Motor	Fine Motor	Problem Solving	Personal and Social	All Five Areas
Coventry	88.7%	96.8%	96.8%	94.3%	94.6%	85.1%
West Midlands	85.3%	92.8%	93.2%	91.8%	90.4%	79.3%
England	86.2%	93.1%	92.9%	92.4%	90.8%	80.9%
GAP Coventry to National	+2.5	+3.7	+3.9	+1.9	+3.8	+4.2

An analysis was carried out which compared Coventry's data with its statistical neighbours. Coventry scores high in all categories although not significantly higher than other areas.

#### Annual 2021 to 2022 child development outcomes at 2 to 2½ years (experimental statistics)

Area	C6iii: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in communication skills (%)	C6iv: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in gross motor skills (%)	
Walsall	95.6%	Medway	97.3%
Sheffield	89.5%	<b>Coventry</b>	<b>96.8%</b>
<b>Coventry</b>	<b>88.7%</b>	Sheffield	96.8%
Derby	87.8%	Derby	96.3%
Medway	86.9%	Tameside	96.1%
Leeds	86.9%	Southampton	95.2%
<b>England</b>	<b>86.2%</b>	Portsmouth	95.0%
Bolton	86.1%	<b>England</b>	<b>93.1%</b>
<b>West Midlands region</b>	<b>85.3%</b>	Peterborough	93.0%
Southampton	84.4%	Bolton	92.9%
Portsmouth	83.3%	<b>West Midlands region</b>	<b>92.8%</b>
Tameside	82.5%	Leeds	91.2%
Peterborough	80.9%	Walsall	88.5%

	<b>C6v: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in fine motor skills (%)</b>
Derby	97.4%
<b>Coventry</b>	<b>96.8%</b>
Sheffield	96.7%
Medway	96.6%
Southampton	95.5%
Tameside	95.4%
Portsmouth	95.2%
<b>West Midlands region</b>	<b>93.2%</b>
<b>England</b>	<b>92.9%</b>
Peterborough	92.8%
Leeds	91.6%
Walsall	90.4%
Bolton	89.7%

	<b>C6vi: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in problem solving skills (%)</b>
Sheffield	95.6%
Tameside	95.0%
Derby	94.6%
<b>Coventry</b>	<b>94.3%</b>
Walsall	94.0%
Southampton	93.0%
<b>England</b>	<b>92.4%</b>
Bolton	92.2%
<b>West Midlands region</b>	<b>91.8%</b>
Medway	91.0%
Portsmouth	90.7%
Leeds	89.7%
Peterborough	89.0%

	<b>C6vii: Percentage of children who received a 2 to 2½ year review in the quarter who were at or above the expected level in personal to social skills (%)</b>
Sheffield	94.6%
<b>Coventry</b>	<b>94.6%</b>
Derby	92.9%
Tameside	92.4%
<b>England</b>	<b>90.8%</b>
Medway	90.7%
Southampton	90.6%
<b>West Midlands region</b>	<b>90.4%</b>
Walsall	89.8%
Portsmouth	89.7%
Bolton	89.3%
Leeds	89.0%
Peterborough	86.0%

Data taken from <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-experimental-statistics-quarterly-data-for-2021-to-2022> site assessed 02/11/2023

### Pre School Offer

A key part of the early identification and support to parents is the early education offer which comprises of free nursery provision for those children most vulnerable children aged two years old whose parents meet the eligibility criteria related to certain benefits, including

- Income Support
- income-based Jobseeker’s Allowance (JSA)
- income-related Employment and Support Allowance (ESA)
- Universal Credit, and a household income is £15,400 a year or less after tax, not including benefit payments.
- the guaranteed element of Pension Credit
- Child Tax Credit, Working Tax Credit (or both), and a household income is £16,190 a year or less before tax.
- the Working Tax Credit 4-week run on (the payment will stop if you stop qualifying for Working Tax Credit)

Or if the two year old is 2-year-olds can also get free childcare if they:

- are looked after by a local authority.
- has an education, health and care (EHC) plan.
- is in receipt of [Disability Living Allowance](#)
- has left care under an adoption order, special guardianship order or a child arrangements order.

Looking at the data for Summer term (April – July) 2023 we know that 972, 2 year olds who are on the DWP list of entitled children had taken up the free offer of 15 hours free educational support. This equates to 71% of those who are entitled to the offer. However, local data is higher for the same period at 74.3% because national data does not include any late starters in a two year old funded place.

When it comes to 3 to 4 yr olds, 5941 are in universal funded places and 2370 in extended funded places. The 3&4 year old figures are counting the amount of Universal and Extended places across all providers, therefore if a child is splitting their hours between 2 providers it is counted as 2 funded places, but this equates to a small number of cases.

When we look at this data across the city, by family hub we can see that there are some differences in take up

#### What percentage of children living in each Family Hub area, accessed a free early learning place in Coventry?

2023 Summer Term	Estimated Population					No of Children in Provision					Estimated % in Provision				
	Eligible 2 Year Olds	3 Year Olds	4 Year Olds	3 & 4 Year Olds	Eligible 2 yr olds and 3 & 4 Year Olds	Eligible 2 Year Olds	3 Year Olds	4 Year Olds	3 & 4 Year Olds	Eligible 2 yr olds and 3 & 4 Year Olds	Eligible 2 Year Olds	3 Year Olds	4 Year Olds	3 & 4 Year Olds	Eligible 2 yr olds and 3 & 4 Year Olds
Aspire	155	603	602	1205	1360	109	455	509	964	1073	70%	75%	85%	80%	79%
Families for All	150	378	406	784	934	92	262	336	598	690	61%	69%	83%	76%	74%
Harmony	165	438	473	911	1076	87	285	390	675	762	53%	65%	82%	74%	71%
Mosaic	184	816	885	1701	1885	175	649	790	1439	1614	95%	80%	89%	85%	86%
Park Edge	180	560	607	1167	1347	116	446	513	959	1075	64%	80%	85%	82%	80%
Pathways	263	880	950	1830	2093	168	700	853	1553	1721	64%	80%	90%	85%	82%
The Moat	184	571	574	1145	1329	148	451	516	967	1115	80%	79%	90%	84%	84%
Wood Side	86	278	266	544	630	59	221	246	467	526	69%	79%	92%	86%	83%
<b>Total</b>	<b>1367</b>	<b>4524</b>	<b>4763</b>	<b>9287</b>	<b>10654</b>	<b>954</b>	<b>3469</b>	<b>4153</b>	<b>7622</b>	<b>8576</b>	<b>70%</b>	<b>77%</b>	<b>87%</b>	<b>82%</b>	<b>80%</b>
Out of City	0	0	0	0	0	18	122	106	228	246	N/A	N/A	N/A	N/A	N/A
Not Mapped	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A
<b>City Total</b>	<b>1367</b>	<b>4524</b>	<b>4763</b>	<b>9287</b>	<b>10654</b>	<b>972</b>	<b>3591</b>	<b>4259</b>	<b>7850</b>	<b>8822</b>	<b>71%</b>	<b>79%</b>	<b>89%</b>	<b>85%</b>	<b>83%</b>

These figures assume that if a child attends two providers there are fractional places adding to 1 at each provider.

Coventry City Council, Childrens Services internal dashboard, last accessed 02/11/23

The percentage of take up for 2 year olds varies from 53% to 95%, there is less difference for 3 year olds (65% - 80%) and even less difference at 4years of age (82% - 92%).

Family Hub	IDACI score	Ranking	% of children attending at 2yrs
Park Edge (Bell Green)	0.55	Most Deprived	64%
Harmony	0.51	2	53%
Woodside (Willenhall)	0.46	3	69%
The Moat (Woodend)	0.44	4	80%
Families for all (Foleshill)	0.39	5	61%
Aspire (Lower Stoke)	0.389	6	70%
Mosaic (Tilehill)	0.39	7	95%
Pathways (Radford)	0.28	Least deprived	64%

As we know that all the children being offered a place at 2, by definition, are from our most income deprived communities across the city, more detail about who does and doesn't attend would be useful. From the 2-year-old uptake point of view, it would be interesting to understand the approach Mosaic take to uptake as their 2 year old attendance is much higher than other areas, they also have the largest number of 2 year olds entitled to an offer. Across Coventry, of the 972, 2-year-olds who are eligible for a place, 690 take up the offer whilst 282 do not take up the offer.

From September 2024, all 2 year olds will be eligible for 15 hours of free nursery placements. This poses a significant risk to the work we do to ensure children from poorer backgrounds have early educational access. There are limited nursery placements for 2 year olds and those who are further developed may be more attractive to nurseries. We need to consider this and ensure those that need it most still receive the additional support they need to ensure they can make the most of their education. Leaving your child in a day caring setting can be a traumatic event for any parent. Parents and carers of children with identified Educational needs are even more likely to have concerns especially if the child has specific needs that need to be met by the nursery setting. To support parents to manage this additional stress, Coventry City Council has worked with nursery setting providers to develop stay and play sessions that enable the parent and child to adapt to the nursery environment. A second 2 year old test, completed by nursery staff who assess 2 year olds accessing the free 15 hours of nursery placement for 2 year olds, shows that these children are behind their counterparts.

### Identified SEND and early years

In Coventry our SEND provision starts at Birth with an integrated offer. The criteria for these services are outlined below.

#### The Portage service - Birth – 18 months

- An identified condition or syndrome where there is known to be an associated learning difficulty.
- Developmental delay associated with premature delivery.
- If a child meets the above criteria and is looked after by the Local Authority, they will be prioritised.

#### 18 months – 36 months

- Developmental delay of 9+ months in two or more areas, as identified in SEND Code of Practice 2014
- Physical difficulties that significantly impact the child's access to learning
- Significant social and/or communication difficulties
- If a child meets the above criteria and is looked after by the Local Authority, they will be prioritised.

**The wider SEND Early years team**

- Delay in 1 or more areas of need
- Communication and Language
- Cognition and Learning
- Social And Emotional and Mental Health
- Sensory and or physical
- Before referral we would expect evidence of 12 weeks intervention

Referrals come from settings both schools and private, voluntary and independent (PVI) sector which includes referrals from Health Visitors, physio's, speech and language therapists and paediatricians.

Whilst there are waiting lists across the team, Coventry City Council has recognised this and new staff were appointed in September 2023. As with all services, numbers of referrals have gradually increased over time, in July 2018 there were 359 referrals over the year and in July 2023 there were 786 new referrals. These figures are across all the services highlighted above.

The aim of these teams is to catch children early, the earlier that we work with the children the more impact the service can have. The Portage service is part of the wider SEND Early years team and is part of our birth to 5 offer when we support SEND children to transition into school.

The portage workers main role is to work with families in the home to support the development of early play skills and to empower parents to understand how important these skills are. They model and coach skills around play, developing early language and getting their children ready for nursery.

Since COVID numbers across SEND early years have increased particularly for the portage aged children. The portage workers are highly regarded by parents and this is reflected in the evaluations where generally the only comment on improvements is to ask for more!

It has been recognised that the link between services is hugely important in the early intervention space. Health Visitors are working with "Together We Can" to ensure that Community Nursery Nurses are working in partnership with portage. The group provides opportunities for children to play and learn in a safe environment, supporting children aged between 18 months and 3 years who are presenting with developmental delay by offering specialist play experiences and assessment. Also aiming to promote readiness for nursery and school. It is offered as a six week block of sessions to each family. This service will be evaluated. The Health Visiting Service are also developing a SEND pathway and a directory of services available to families which will enhance the local offer available to these families.

At the end of the nursery school stage, all Nursery children are offered a transition meeting and take up of these meetings is good; typically over 90%. Meetings are coordinated by the SEND EY team in partnership with the family, present and future settings, and key professionals. This means that schools understand children's strengths and needs and that they are well prepared to receive them in September.

The SEND Support Service work closely with children and young people, families and schools to coproduce outcomes for 'My Support Plans' and 'Individual Education Plans'. This means that there is a shared understanding of need and that the outcomes most important to children and families are prioritised.

All students with EHCPs receive a 'Summary of Guidance', following their career guidance interview. This summary supports the updating of the EHCP by capturing information about the young person's current

situation, support needs, and plans. It ensures that all relevant details are considered when considering and making decisions about their ongoing support.

**School readiness**

By the time our Children are 5 and entering formal education at the end of reception, our children are less ready for school than their counterparts.

Indicator	Period	Coventry				England		
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	–	2,556	61.1%	65.2%	53.1%		80.0%
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	2021/22	–	335	45.2%	49.1%	35.2%		67.0%
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	2021/22	➔	3,213	72.3%	75.5%	62.6%		83.4%
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	2021/22	➔	661	62.3%	62.0%	44.1%		78.7%

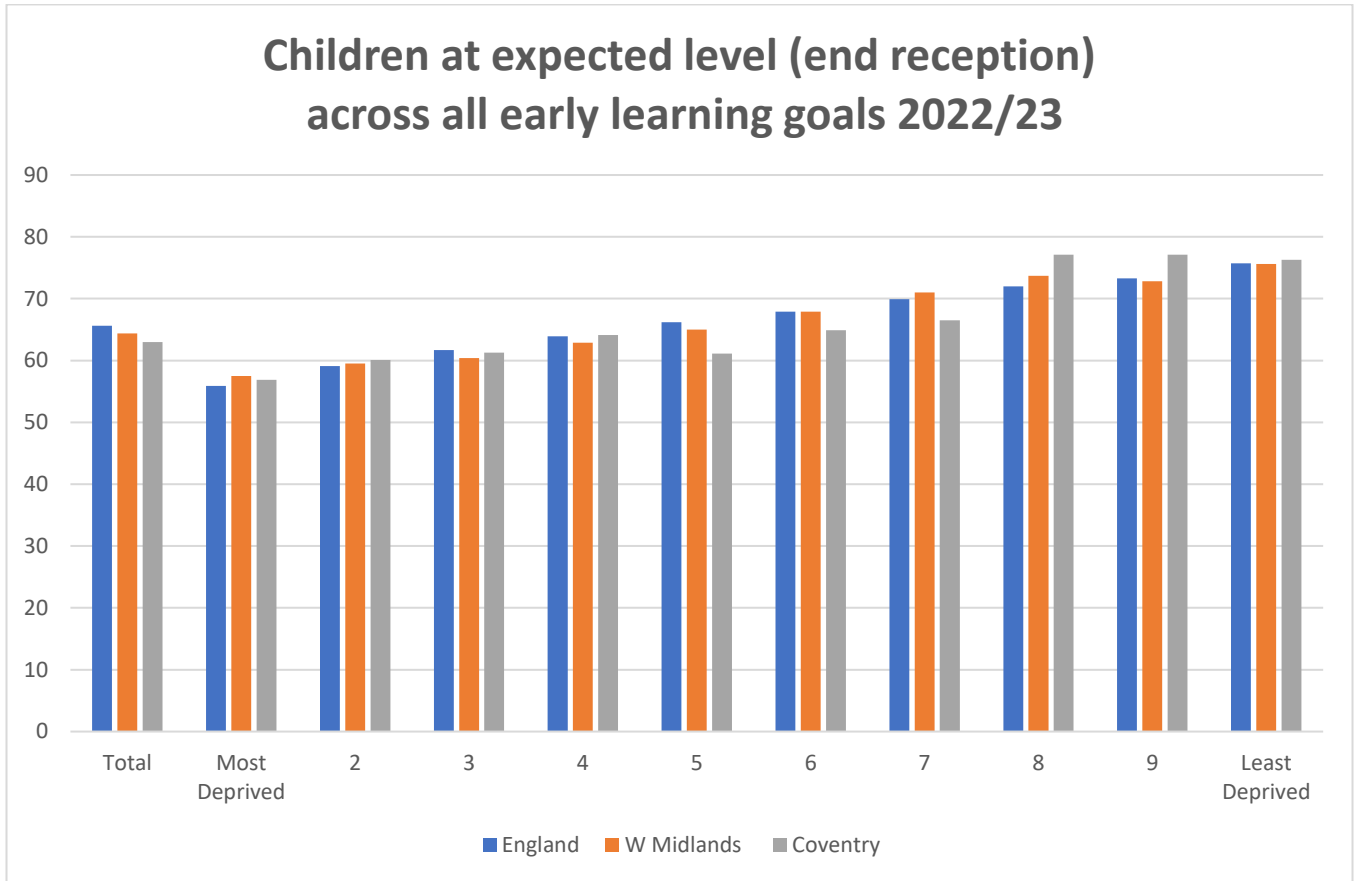
Fingertips Profile visited 19/09/2023 <https://fingertips.phe.org.uk/search/SCHOOL>

**Mental Wellbeing and the impact on learning**

Some children have special educational needs because of poor mental ill health, whilst others, with physical health conditions can develop poor mental ill health as a result. This impacts on how children can relate to adults and how they learn. In Coventry, we have 6,538 children with a mental ill health disorder. 2.7% of children in school have a social, emotional or mental health need and 35% of our looked after children have an emotional need which causes concerns: the right early support can stop these children needing more intensive care. The ICB has developed a children’s Mental Health Strategy as part of the LTP refresh. This can be found [here](#).

Indicator	Time Period	Coventry
Estimated number of children and young people with mental disorders – aged 5 to 17	2017/18	6538
% of school pupils with social, emotional and mental health needs	2021/22	2.7%
% of looked after children whose emotional wellbeing is a cause for concern	2021/22	35% (130 looked after children)
Hospital admissions as a result of self-harm (10-24 years) - Per 100,000	2021/22	295.8 per 100,000 (225 admissions)
Hospital admissions as a result of self-harm (10-14 years) - Per 100,000	2021/22	271.8 per 100,000 (60 admissions)
Hospital admissions as a result of self-harm (15-19 years) - Per 100,000	2021/22	436.2 per 100,000 (105 admissions)
Hospital admissions as a result of self-harm (20-24 years) - Per 100,000	2021/22	177.7 per 100,000 (55 admissions)

When we look at School Readiness by Social Gradient we can see there is a clear link between having good development at the end of reception. Children from the most deprived communities in Coventry are least ready for school although they do better than national counterparts. Children from the least deprived communities are more school ready than both national and regional counterparts. The children in the 5-7 deciles are where are children most differ from the national and regional averages.



<https://explore-education-statistics.service.gov.uk/data-tables/early-years-foundation-stage-profile-results/2022-23?subjectId=f0fcfd2-414d-459e-0c90-08dbe51f0bdf>

## Services to help early

In Coventry we have developed, with families, several early help strategies. This has some key priorities for supporting children with identified SEND, from birth until the child is 5 years old. These are

- Improving the quality of provision in settings so that all staff understand the needs of children with SEN and how to support them.
- To improve SEND provision within settings by offering a training programme to broaden SEND knowledge and Understanding
- Introduction of the Inclusion Framework to settings which will recognise their Inclusive provision. (IPSEY)
- Review SEND Early years offer to improve capacity for ever increasing demand and to ensure support is offered as early as possible.

### Speech and Language therapy in Coventry.

A separate needs assessment for Speech and Language therapy has been completed in May 2023. This document can be found as annex B, as it does not make sense to repeat the work here. The conclusions from this work suggest that

- **Early intervention:**
  - The early years provides a key window of opportunity to provide early support and ensure disadvantage children can enter school with the language development they need.
  - Take up of 2-year funded placements, can reduce the likelihood of not meeting expected levels of communication and language skills at the end of reception.
  - Early intervention and support can reduce the likelihood of severe problems in later life and improves life chances.
- **Vulnerable groups:**
  - Families from socially disadvantage backgrounds, and those with English as an additional language, are likely to require more intensive support in developing knowledge and maximising opportunities to support their child's home learning and may experience barriers to accessing services.
  - Children with an EHCP and SLCN needs is increasing, and further consideration is needed to meet these increased needs.
  - Better understanding of need with more intelligence data for groups of at-risk children e.g., Children with autism with SLCN is required.
- **System:**
  - The system is not 'balanced'.
  - The role of some universal services in supporting speech and language is not clear.
  - There is inequitable provision with some schools/setting buying in additional provision.
  - Provision is not joined up across universal, targeted and specialist.
  - Consistent screening tools across schools/settings are not in place and Referral/Access and discharge criteria is not clear.
  - The impact of the pandemic is increasing numbers of children in early years requiring support
- **Training/Advice:**
  - Whole school setting approach to universal speech and language training is more likely to be accessed.
  - More confidence in supporting SLCN (once needs are identified) is needed amongst professionals.
  - Training and access to resources will support early intervention and is valued by parents/carers. support.



### Local SALT services

The total predicted need for speech, language and communication for under 15 years population in Coventry, using Speech and Language UK prevalence rates (The Cost to the Nation of Children's Poor Communication – ICAN), is approximately 32,953 for affected children under 15 years in Coventry, (but estimated to be over 40,000 for the under 18 population). The level of need against the different categories is shown in more detail in the diagram below:

Age	Total population	Transitory SCLN (50%) (children who have poor or delayed language starting school)	Persistent SCLN with no other condition (7.6%)	Persistent SCLN with other condition (2.3%)	Persistent, severe and complex SCLN (1% of 'other conditions')	Total estimated need
0- 14 years	64,500	32250	490	148	65	32953

**Socially disadvantaged children** - are much more likely (than other children) to be identified as having SCLN, i.e., there is a strong 'social gradient'. There is a correlation between the highest number of referrals into the SaLT service, coming from the lowest super output areas. Coventry has more children living in the most deprived areas therefore the needs of our population are higher than in other areas.

**Ethnicity** - is an increased risk factor for prevalence of SCLN. Coventry is a diverse city with over 100 languages spoken. Children from ethnic minorities make up the majority of the caseload.

**Gender/Age** - Nationally boys are 2.6 times more likely than girls to be identified, as having a SCLN. Locally, boys represent the majority of the SaLT service caseload with approximately a 70:30 % split on average. This represents the highest proportion of children on the SaLT caseload, for the aged 5-9 years old.

**SEND** – Over a five-year period (2017-2022) there has been increased demand/caseload for SCLN provision within EHCPs - from over 600 to over a 1000.

### Early Years and Language outcomes

31 % of children in Coventry (1385 approx) did not meet Good Levels of Development (GLD) at the end of reception (in 2019). 22% of which (1009 approx) fell below expected levels related to communication and language skills. A high proportion of children who were not at expected level of communication at the end of reception, had a 3–4-year-old funded placement (65% - 651 children), in comparison to those who had 2-year funded placements (42% - 419 children).

9.5 % of children were identified from the health visitor led 2-2.5 Age and Stages Questionnaire (ASQ) check, as being below expected level of communication skills (between quarter 1 in 2019 to quarter 2 in 2022). Whilst this is below the national and regional averages of 12%. The rate of children not at expected level of communication/language skills and failing GLD at the end of reception is 22%, which is over double the rate, identified at the 2-2.5 years check.

### Local Provision/Gaps

Nearly half of all primary schools in Coventry commission additional speech and language (e.g., either from the complex communication team, NHS SaLT service and/or independent providers). This is primarily for those children that do not meet thresholds for NHS provision /or have been discharged from the SaLT NHS service. A range of screening tools are used across settings/schools. Although WellComm appears to be well embedded in early years and primary schools, there is no specific/ consistent screening tools used in secondary schools.

There are low referrals into NHS SaLT from mainstream secondary schools. National evidence suggests that many children and young people do not have their needs accurately identified or supported at secondary school, especially those absent from any educational setting or receiving home-schooling. More support is requested for young people and their parents/carers with a SLCN at key transition points, including when transition into adult services.

### **Conclusion**

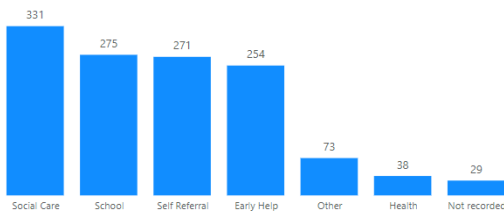
- The system is not balanced, there is inequitable provision, inconsistency in screening tools, and provision is not joined up across the system. The system needs re-balancing – with the role of universal services strengthened using the input of the specialist workforce, in line with the ‘balanced model’ (Better Communication 2022) as a framework.
- Early intervention approaches should be prioritized for children and young people, their families and professionals – as it is a critical window of opportunity to provide early support, improve life chances and ensure disadvantaged children can enter school with the language development they need.
- Vulnerable groups are more likely to require more intensive/targeted support, and further consideration is needed to strengthen support, for these groups of children.
- Clear information about referral, access and discharge criteria is needed.
- The pandemic is impacting increased numbers of children in early years who require support. The roll out of the Early Talk and Play programme in the City in partnership with Speech & Language UK and Education services will help provide early, targeted intervention to support those children living in areas of disadvantage, to make good progress prior to school entry. However this new provision does need to be incorporated into the wider system offer to ensure there is a cohesive system that delivers the balanced model to effectively meet need.
- Whole school setting approach to universal speech and language training is more likely to be accessed and increase confidence in supporting SLCN amongst professionals.

### **Parenting support in Coventry**

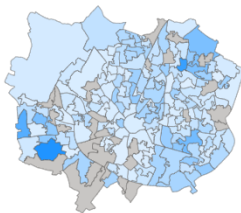
The Coventry Parenting Strategy (2018-2023) led by Public Health was launched in July 2018. A multiagency Coventry Parenting Strategy Steering Group was established to develop the strategy and oversee implementation. The aim was to improve coordination of parenting support offer across the city.

The Coventry Parenting Strategy is currently being refreshed and consultation work is underway to understand the needs of families in Coventry including the needs of parents and carers who have a child/ young person with SEN. A key partner in the parenting strategy is the SENDIASS team who offer a wide range of services to help families make informed decisions and enable them to take an active role in the education of their child/young person. The team help develop and encourage good communication and relationships between all parties – parents/carers, children, young people, educational settings, the Local Authority, voluntary organisations to achieve the best possible outcomes for children and young people and prepare them for adulthood. The city also offers ‘together we can’ parenting groups which supports children aged between 18 months and 3 years who are presenting with developmental delay by offering specialist play experiences and assessment. The sessions are delivered by Community Nursery Nurses from Health Visiting and Portage Workers from the SEND Early Years Team. The group aims to promote readiness for nursery and school and discuss a child’s progress and to make referrals onto other agencies if needed. Additionally, the parenting practitioners in the local authority also run sessions for parents using evidence based programmes such as Triple P Stepping Stones for parents and carers who have a child with a diagnosed disability. Evidence based parenting programmes such as Triple P have led to an improvement in parents depression, anxiety and stress scores.

Number of referrals by referral source - Spring Term 2022



Referrals current at any time between 01/01/2022 and 08/04/2022  
 # Referrals and LSOA Area - Spring Term 2022



There are many programmes available across Coventry including positive parenting. Here we present a snapshot of referrals to positive parenting. It can be seen that the most common referral routes into the parenting programmes are

- Social Care
- Schools
- Parents self-referring
- Early Help services

The parenting team website offers a range of resources to support parents, including online courses.

<https://www.coventry.gov.uk/children-families/positive-parenting>

### Primary Care

Indicator	Period	Coventry and Warwickshire ICB - B2M3M		ICBs		England		England	
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
CKD: QOF prevalence (18+ yrs)	2021/22	—	44,602	5.3%	5.3%	4.0%	2.1%		6.9%
Epilepsy: QOF prevalence (18+ yrs)	2021/22	—	6,469	0.8%	0.8%	0.8%	0.5%		1.2%
Learning disability: QOF prevalence (all ages)	2021/22	—	4,839	0.5%	0.5%	0.5%	0.3%		0.9%
% reporting learning disability <span style="color: green;">New data</span>	2022	→	-	1.9%*	1.9%*	1.9%	0.9%		3.6%
Palliative/supportive care: QOF prevalence (all ages)	2021/22	—	4,218	0.4%	0.4%	0.5%	0.2%		1.2%
% reporting blindness or partial sight <span style="color: green;">New data</span>	2022	↓	-	1.4%*	1.4%*	1.4%	0.7%		2.5%
% reporting deafness or hearing loss <span style="color: green;">New data</span>	2022	→	-	6.0%*	6.0%*	5.9%	3.2%		9.3%
VI004 - Patients, aged 80, who received a shingles vaccine between the ages of 70 and 79 yrs	2021/22	—	3,081	55.9%	55.9%	56.6%	37.6%		68.0%

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice, community pharmacy, NHS dentistry, and optometry services. Primary care professionals, such as GPs, practice nurses or pharmacists, help take care of the basics of care, focusing on preventing illness, making diagnoses and treating conditions that don’t need hospital care.

The aim of primary care is to provide an easy, accessible route to care. Primary care professionals help treat common minor illness and long term conditions. They also help to prevent future ill-health through advice, immunisation and screening programmes.

In the NHS, the main source of primary health care is general practice. GPs deal with a broad range of physical, mental and emotional problems rather than specialising in a particular disease. As well as finding out what’s causing a person’s symptoms, GPs also act on behalf of the patient as an advocate, making sure that people who are living with health problems get all the care they need. Depending on the health problem, patients may be referred by the GP to hospital or to a specialist.

Most children with a Special Educational Need will have contact with their GP services, who will be overseeing and co-ordinating their patients care. They will be able to refer children for tests and assessments, support families in understanding their child’s special needs and consider more broadly the needs of the whole family. Often a family might have more than one child with a special need and so considering the care and support for all those in the family is of importance, to ensure all the family get the best outcomes.

### Ethnic Minority Achievement Service

The Ethnic Minority Achievement Service is a small team of teachers, multilingual assistants and admin staff whose role is to support schools in meeting the needs of newly arrived and more advanced English as an additional language (EAL) learners/children. They can provide first language speakers to support children to access the curriculum, and offer a wide range of relevant training courses online. All the teachers are experienced EAL specialists, and they provide bespoke CPD, whole-school reviews and advice or support for Inclusion Managers and Senior Leaders.

EAL Specialist Teachers can provide a range of support to schools, EAL Learners and their parents. We are able to advise and assist with:

- Newly arrived EAL learner projects
- Advanced EAL learner projects
- Working with EAL parents
- SEN/EAL identification and assessment
- Assessing and tracking the English proficiency progress of EAL learners
- Identifying additional learning or language needs in EAL learners.

The Multilingual Education Assistants service can provide:

- Face to face in class support
- Support for one-off meetings with parents and other educational professionals
- Support for Microsoft Teams meetings
- Support for 3 way phone calls with parents
- To make phone calls on behalf of schools and other Council departments to parents.

The languages that MLAs currently on our register speak are:

Amharic	Arabic	Badini Kurdish
Bengali – virtual only	Cantonese	Dari *
Farsi	French	Hindi
Hungarian	Italian	Kurmanji Kurdish*
Latvian	Mandarin	Pashto *
Polish	Portuguese *	Romanian *
Russian	Sinhala	Somali
Sorani Kurdish	Spanish *	Taiwanese
Tamil	Telugu	Tigrinya
Turkish *	Twi	Ukrainian
Urdu		

\*limited or no current availability

During the Academic year 2022/23, Multilingual Education Assistants completed 716 one off face to face meetings/phone calls/Teams meetings over 31 languages and provided in class support across 54 Coventry Educational establishments over 21 languages

## **Autism Strategy across Coventry and Warwickshire**

In 2021, Coventry and Warwickshire system completed an Autism Strategy, a needs assessment was completed to provide a common evidence-base to establish population need, supply and demand for neurodevelopmental services, now and in the future. The report focussed on the two most common neurodevelopmental conditions, Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD), across Warwickshire and Coventry. The report first summarises what is known about the prevalence and outcomes of people with ADHD and ASD nationally, before exploring what is known about the needs, support services and demand on services across Warwickshire and Coventry. The full report is in Annex E

### **Main messages**

The true local picture of the number of people with ASD or ADHD in Coventry and Warwickshire, as elsewhere, is poorly understood, as are their needs. This will remain true unless specific efforts are made to improve data collection locally. There have been significant positive changes since the last needs assessment in 2013, namely, the commissioning of a specialist neurodevelopmental service, clearer diagnostic pathways, better diagnosis of ASD in girls, new universal and targeted support resources, and rising awareness and demand for diagnosis and support from the public, locally and nationally.

However, current demand for an ASD or ADHD diagnosis, as well as pre and post diagnostic support, is far outstripping supply; resulting in a large, long, and growing waiting lists for children and adults.

The diagnostic services appear to be dealing with a large historic backlog of undiagnosed cases. If they were dealing with new cases only, current supply would likely meet demand.

New pilot projects are in place, and planned, to better support those on the waiting lists in school and at home, but they too are oversubscribed.

Given current demand, and the size and growing nature of current waiting lists, it is unlikely that small changes to the system will be enough to meet current or future population needs. More large-scale change needs consideration for both services and support available.

People with ASD and their families consistently stated that if there was more accessible support available early on, their needs would not have escalated to require specialist services. There is no reason to assume this wouldn't be the case for people with ADHD too.

Based on the above, and the body of the report that follows, it is clear a system response is required from health, education, social care, voluntary sectors and others. Changes to one part of the system will affect another, so we need to be careful not to replace one bottle neck e.g. in diagnosis, with another e.g. in post-diagnostic support.

### **Community Autism Support Service**

Residents in Coventry and Warwickshire of all ages, who may self-identify as autistic, those awaiting an autism assessment and those with an autism diagnosis can access the Community Autism Support Service known as CASS. The service draws on the collective strengths of local organisations Coventry and Warwickshire Mind and Act for Autism, working in a collaborative partnership with Autism West Midlands. The CASS service is commissioned by Coventry City Council, Warwickshire County Council and the Coventry and Warwickshire Integrated Care Board.

First contact with CASS will be with the Navigation Service – a single phone number with a dedicated support team, available Monday to Friday, 8am to 8pm. The team will help with emotional support and, based on individual

needs, then signpost, provide information and, if required, identify further personalised support. [www.casspartnership.org.uk](http://www.casspartnership.org.uk). In Qtr 2 of 2023/24 1112 referrals were received by the Navigation service, and 31% of those were for Coventry residents. 46% of referrals were for children. The majority of individuals accessing Navigation already have a diagnosis of Autism (57%) a further 14% are on the waiting list for an assessment.

The majority of individuals accessing Navigation were calling for information about CASS services, followed by triage and queries related to mental health, education and accessing peer support groups. Out of all referrals received for community outreach support, 27% of referrals for children were for Coventry residents. The top 3 issues where families or professionals sought support with were for Improving Social Interaction Skills, Developing/Maintaining Relationships and Building Resilience and Emotional Self Regulation.

### **Dimensions Tool and booklet**

An e-booklet, aiming to improve the information and support available for neurodivergent people and their families has been published and is available on the news page of the Dimensions of Health and Wellbeing website. This e-booklet has been co-produced with neurodivergent people, their families and professionals across Coventry and Warwickshire. It provides a wealth of information all in one place about services and support available for those who are diagnosed or who are waiting for a neurodevelopmental assessment, and those who care for and support them.

The Booklet can be accessed on Coventry and Warwickshire Partnership Trust Dimensions website:

<https://dimensions.covwarkpt.nhs.uk/News.aspx?NID=26>

The Dimensions of Health and Wellbeing is a free online tool providing self-care information to support adults, children and young people in Coventry and Warwickshire. People can rate themselves or another person against a number of 'dimensions' related to health and wellbeing. The Dimensions tool is available 24/7 and creates a Dimensions report which provides information about self-care, local services and support.

<https://dimensions.covwarkpt.nhs.uk/>

### **Oliver McGowan Training**

In July the Health and Care Act 2022 introduced a mandatory requirement that service providers regulated by the Care Quality Commission must ensure that their staff receive training on learning disability and autism at a level which is appropriate to the employee's role. The Care Quality Commission have issued guidance about [training staff to support autistic people and people with a learning disability](#), the new requirement and their approach to assessing quality of the regulated service provision, which includes assessment of the legal requirements in relation to training for the provider workforce. The Oliver McGowan Mandatory Training on Learning Disability and Autism, developed by Health Education England, is the government's currently preferred and recommended training for health and social care staff. The training is named after Oliver McGowan, a young man who died in 2016. It is felt that his death would have been prevented had the people who cared for him had a better understanding of his needs. The training is delivered in 2 tiers:

- a) one mandatory e-learning module to be accessed for both Tier 1 and Tier 2 learners. Anyone can access the e-learning by registering on the Health Education England website: <https://portal.e-lfh.org.uk/Component/Details/781480>
- b) interactive learning which dependant on the role will be delivered either as:
  - Tier 1 online interactive session (60 mins long) , or
  - Tier 2 face to face training (whole day)

## Demographics of SEND Children in Coventry City Nurseries and Schools.

Coventry is a growing city. Our population has increased from 316,915 to 345,300 residents between 2011 and 2021<sup>1</sup>. This is an 8.9% increase, which is higher than the average rate for the West Midlands region (6.2%) and for England (6.6%). Key drivers for growth have been:

- The success of our two universities in attracting students both locally and internationally.
- Migration to the city of young adults from other parts of the UK, seeking better-paid jobs in emerging sectors of the local economy, in particular: technology and manufacturing.
- Coventry's open and welcoming stance toward people fleeing from distress overseas.

Since 2011, we have become a younger city. In 2021, 22% of our population were children and young people aged under 18; 65% were of working-age (18-64), and the remaining 13% were aged 65 and over.

### School population

More children are seeking a school place in Coventry. This is due to our growing population and to an increase in the number of people from outside the city seeking a Coventry school place, including those who are new to the UK. Total school applications for each year between 2018 and 2023 are presented in Table 1.

Primary School Transfers	Total Applications Made	Secondary School	Total Applications Made
01/09/2018 - 31/08/2019	1255	01/09/2018 - 31/08/2019	1267
01/09/2019 - 31/08/2020	1454	01/09/2019 - 31/08/2020	1117
01/09/2020 - 31/08/2021	2243	01/09/2020 - 31/08/2021	1399
01/09/2021 - 31/08/2022	3124	01/09/2021 - 31/08/2022	1794
01/09/2022 - 09/06/2023 (To Date)	2643	01/09/2022 – 17/04/2023	1844

Increase in applications to Coventry Schools. Source: Schools Capacity Survey, 2023<sup>2</sup>

More Coventry children have Special Educational Needs. Since 2018, the proportion of Coventry children on SEND Support has increased from 13.5% to 15.8% and the proportion of children with EHC Plans has increased from 2.5% to 3.4%.

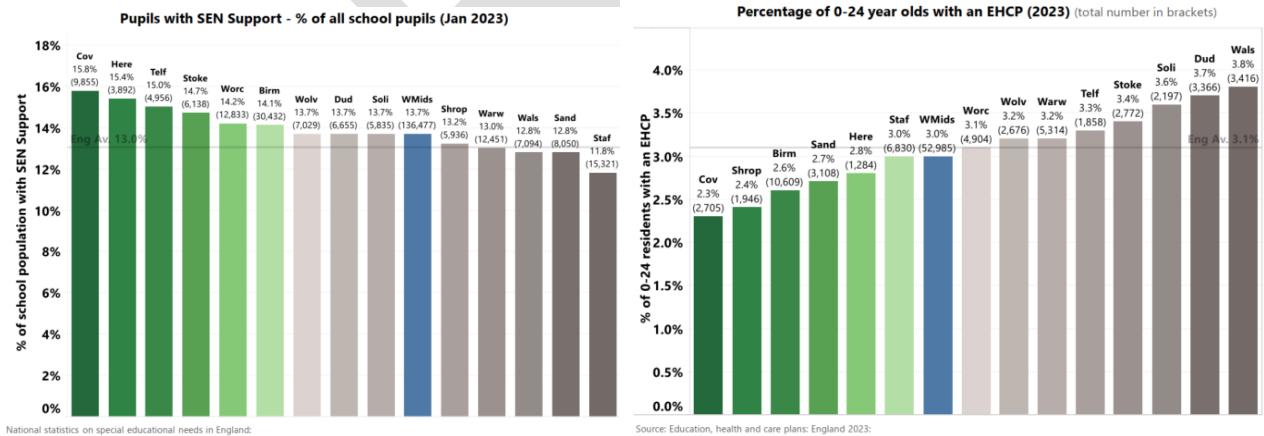
### SEND population changes

Our population increase over this period means that our local Area Partnership is supporting more children in 2022/23, than in 2017/18. Over this period, the number of children on SEND Support has increased by 24% and the number of children with an EHC Plan by 51%.

Academic year	EHCP						SEND Support					
	17/18	18/19	19/20	20/21	21/22	22/23	17/18	18/19	19/20	20/21	21/22	22/23
Number in Cohort	58,584	59,374	60,078	60,090	60,770	62,377	58,584	59,374	60,078	60,090	60,770	62,377
Number of children with Education need	1444	1539	1632	1822	1979	2117	7930	8149	8436	8624	9075	9855
% of whole cohort	2.5%	2.6%	2.7%	3%	3.3%	3.4%	13.5%	13.7%	14.4%	14%	14.9%	15.8%
Increase from 2017/18	0	95	188	378	535	733	0	219	506	694	1145	1925
% increase from 17/18 baseline	n/a	6.5%	13%	26%	37%	51%	n/a	3%	6%	9%	14%	24%

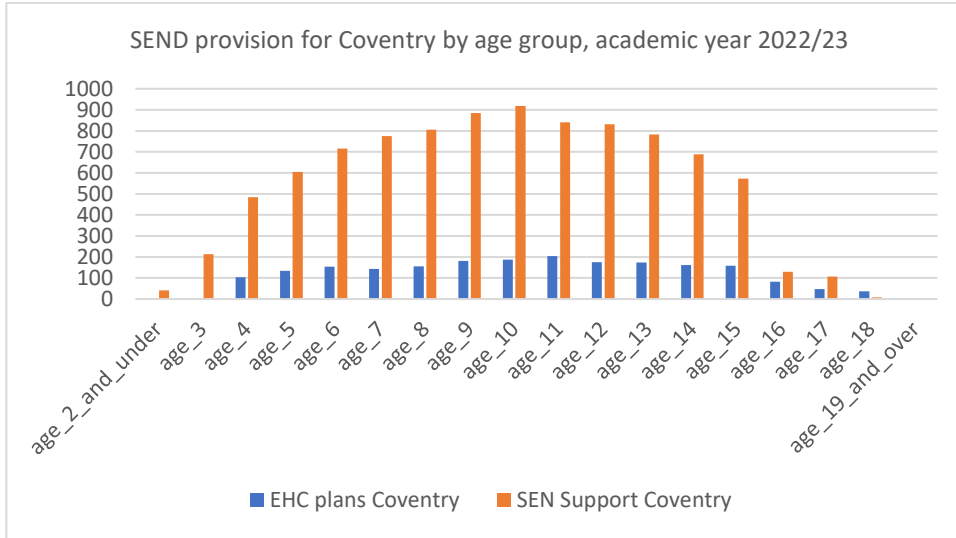
Proportion of children with SEND and an EHCP: Source Local Data Coventry City Council

Despite this our partnership continues to deliver the right support at the right time, which means intervening early. As a result, we continue to support a higher proportion of children with SEND than any other Local Authority; whilst at the same time having one of the lowest proportions of children with an EHC Plan<sup>4</sup>.

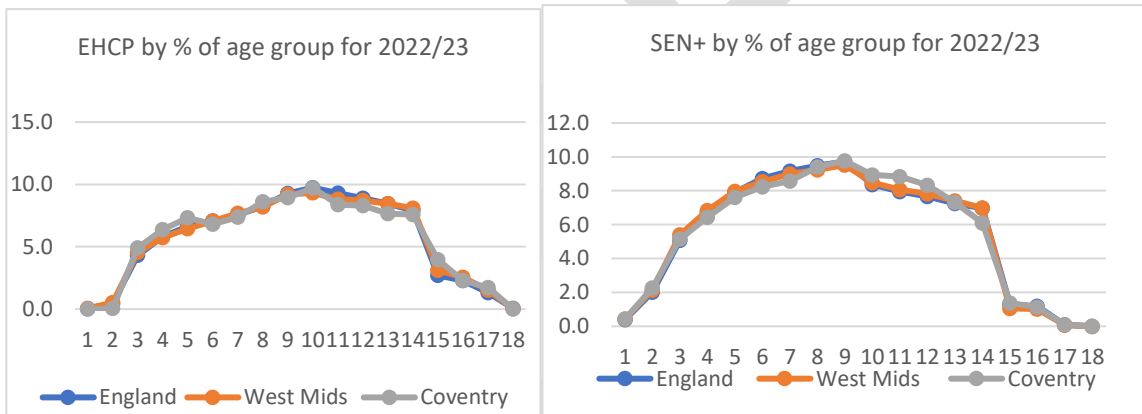


Looking at the age of those who receive a SEND provision, it can be seen that need increases to the age of 10 and then begins to decrease.

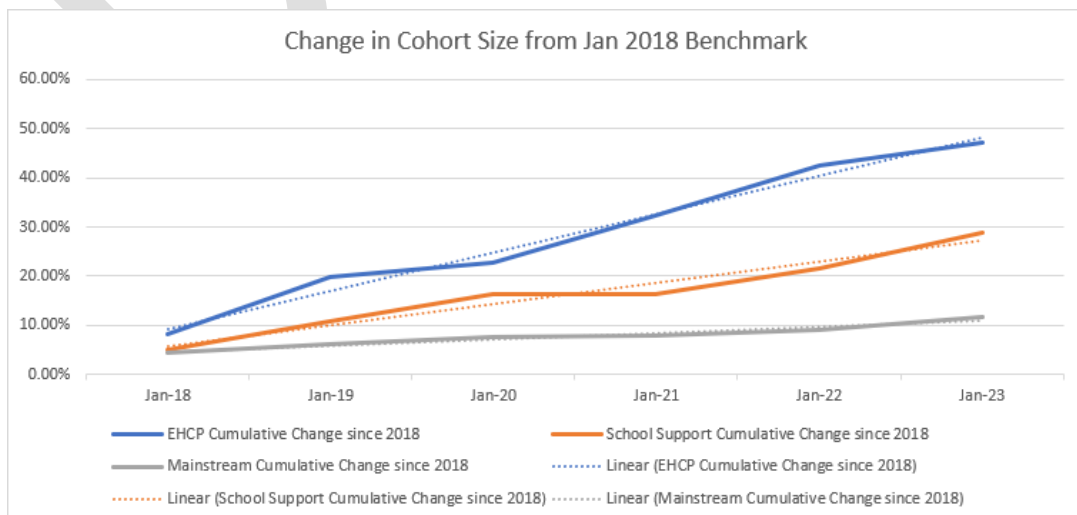


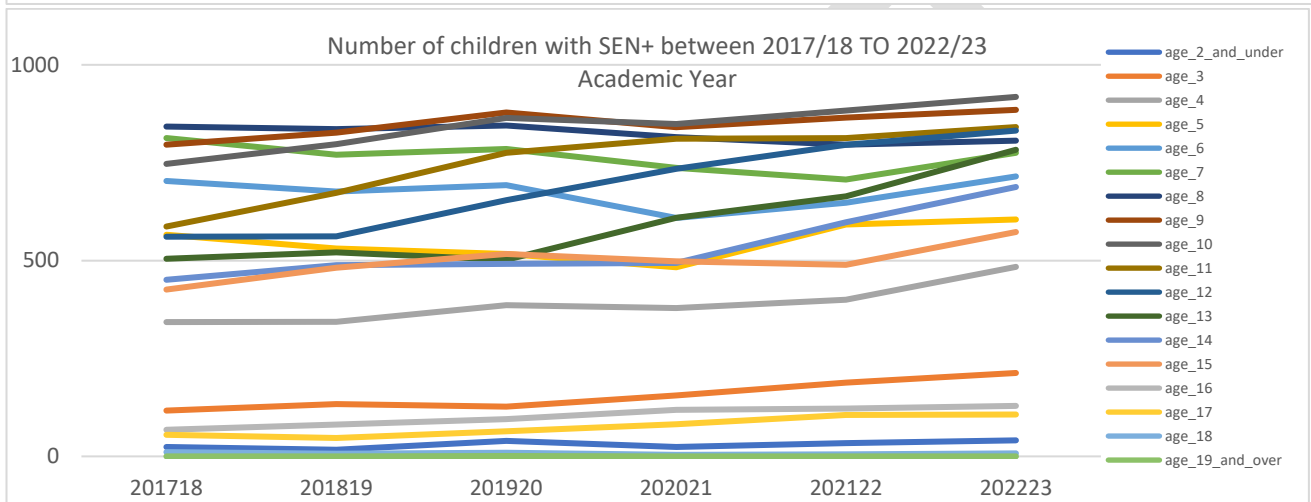
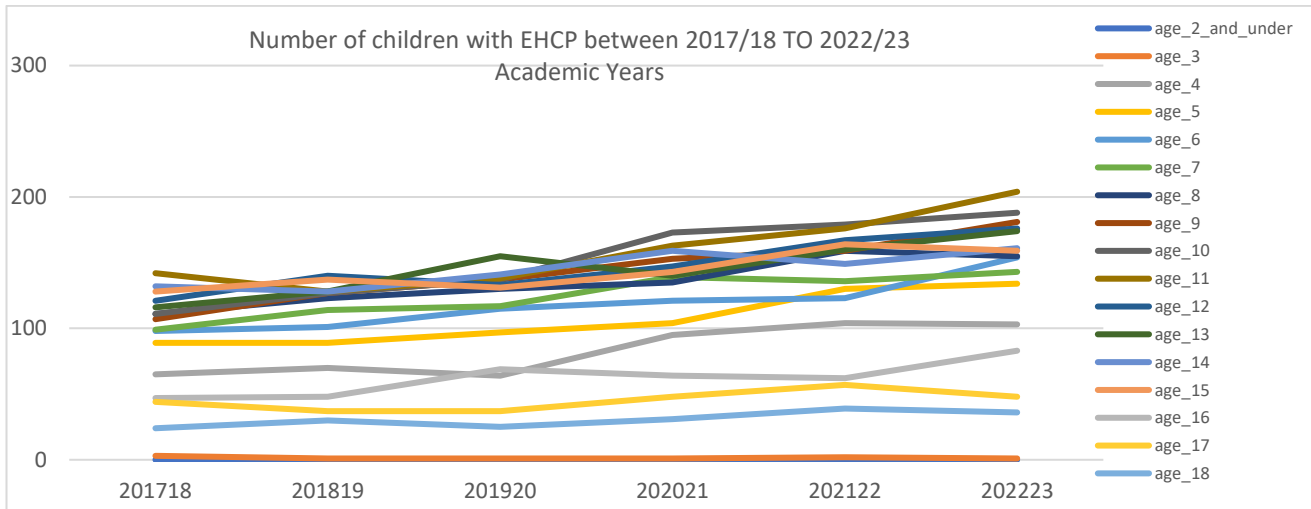


When we look at SEND identified needs as a % of an age group we can see that Coventry broadly follows the trend of both national and the region. Coventry has more EHCP's for under 5's but less for 10-12. Whilst this age group have less EHCP's, they have more SEN+.



Looking back, it can be seen that the general trend of need is increasing, with 11 year olds being the category which has seen the steepest climb between 21/22 and 22/23, followed by 6 year olds and then 16 year olds. These are all key transition points and the increase in demand may be due to educational disruption due to COVID19.



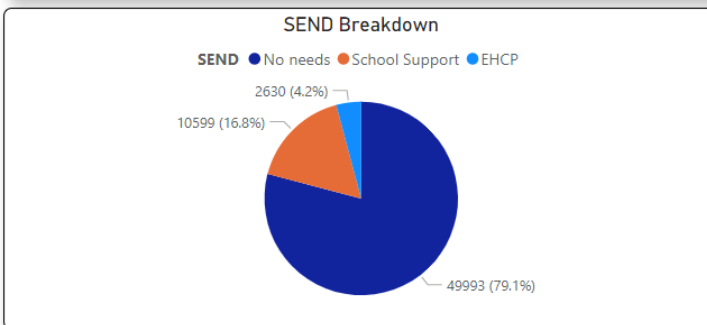


Summer Term

Phase and School	# Students	# EHCP	% EHCP of all students
1. Primary	31261	656	2.10
2. Secondary	21759	467	2.15
3. Special	1269	1249	98.42
4. PRU	100	7	7.00
5. Post 16	1863	213	11.43
6. Pre school	1003	38	3.79
<b>Total</b>	<b>57255</b>	<b>2630</b>	<b>4.59</b>

During the summer term of 2023, the SEND school population could be broken down as the chart to the left shows.

There were 2,630 children across Coventry that had EHCP in place and 10,599 with SEN support in place. As we have already discovered the majority of these are in special schools.



### Attendance and Absences across all Pupils in Coventry

To ensure that you get a good education, it is important that children attend school regularly.

In this instance, data has not only been compared with national and Regional attendance but also against our statistical neighbours, these are below

Autumn 2022/23	Authorised Absences	Unauthorised Absences	Severe Absence (more than 50%)
England	5.4%	2.1%	1.7%
West Midlands	5.4%	2.1%	1.8%
<b>Coventry</b>	<b>5.3%</b>	<b>2.4%</b>	<b>2.1%</b>
Peterborough	6.0%	2.0%	1.7%
Leeds	4.6%	2.9%	2.2%
Walsall	5.0%	3.0%	1.8%
Sheffield	4.1%	3.8%	2.5%
Tameside	4.0%	2.7%	1.6%
Medway	5.6%	2.4%	1.6%
Portsmouth	5.6%	2.7%	2.5%
Bolton	5.2%	1.9%	1.4%
Derby	5.5%	2.4%	1.8%
Southampton	5.5%	2.7%	2.1%

DfE - <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>  
 update with full year when available – checked 16<sup>th</sup> November

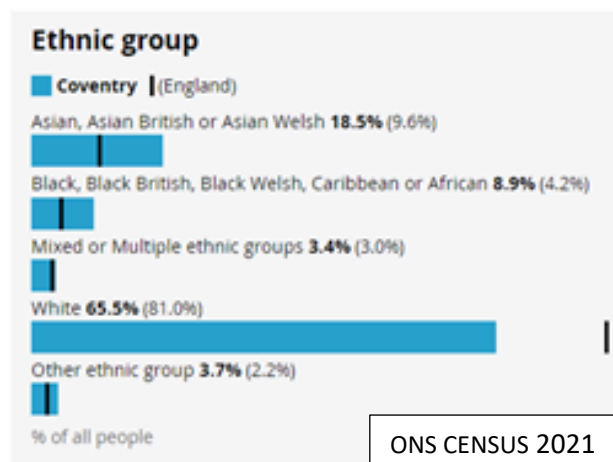
Whilst absences are in line with national and regional trends, severe absences of over 50% of the school year are higher than both national and regional trends.

## Coventry Schools

Coventry is a diverse and vibrant City, young at heart with a significant multicultural population.

Diversity within Coventry is not static but is increasing with more people from minority ethnic backgrounds than both the West Midlands and the England averages

Since the 2011 census, Coventry has continued to diversify with a drop in the white population from 66.5 % to 65.5% and an increase in all broad ethnic population grouping (34.5%) which means our populations from ethnic minority grouping are higher than in other areas of the West Midland (Ethnic Minority groups = 20.8%) and England (20.2%) averages. It means that a notably higher proportion of Coventry residents belong to black and minor ethnic (BME) groups.



Annual School Census - number of pupils at Coventry state-funded primary, secondary & special schools By Ethnic Group of pupil - % of total (Annual School Census, Department for Education)	January 2012	January 2017	January 2022
White - White British	60.3%	50.9%	44.2%
White - Irish	0.5%	0.4%	0.3%
White - Traveller of Irish heritage	0.0%	0.0%	0.1%
White - Gypsy/Roma	0.5%	1.0%	0.9%
White - Any other White background	4.1%	7.4%	8.9%
Mixed - White and Black Caribbean	2.2%	2.3%	2.2%
Mixed - White and Black African	0.5%	0.8%	1.1%
Mixed - White and Asian	1.4%	1.6%	1.9%
Mixed - Any other Mixed background	1.5%	1.8%	2.2%
Asian - Indian	8.7%	8.8%	8.9%
Asian - Pakistani	5.1%	5.5%	5.2%
Asian - Bangladeshi	1.7%	1.8%	1.7%
Asian - Chinese	0.3%	0.4%	0.5%
Asian - Any other Asian background	3.4%	4.1%	5.5%
Black - Black Caribbean	1.0%	0.8%	0.6%
Black - Black African	6.6%	9.3%	11.4%
Black - Any other Black background	0.7%	1.0%	1.2%
Any other ethnic group	1.1%	1.6%	2.1%
Unclassified	0.4%	0.6%	1.1%

DfE - <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

As this table shows, the white British population has decreased in the last decade, whilst the white other population has increased, as has the Black Caribbean population. Most other ethnic backgrounds have remained consistent, but all these will also have seen an increase as the overall population has increased.

**Ethnicity and SEND IN Coventry Schools**

Coventry has a even distribution of pupils from other ethnic minorities represented amongst the population of children with SEND Support and EHC plan<sup>7</sup>.

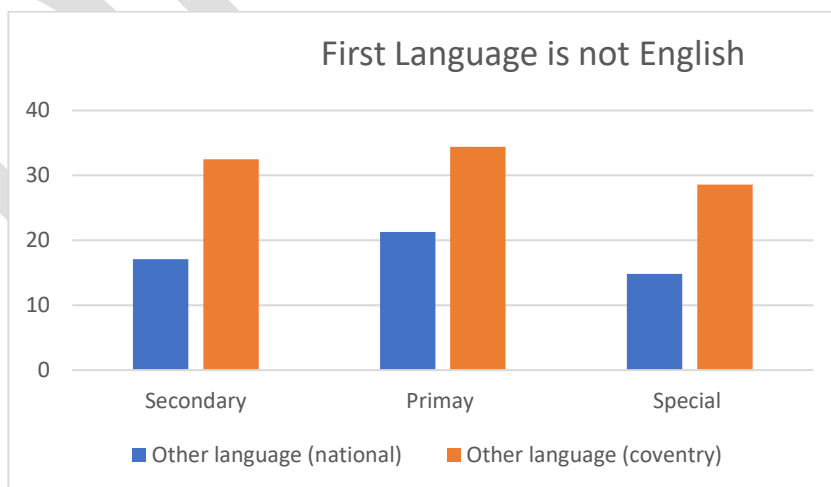
It should be noted that white children are overrepresented in the SEN support category and we might expect more children from Black heritages to have EHCP’s compared to national trends, although it should be noted that these numbers are small.

It should be remembered that, some cultures have a different attitude to Children and Education, Roma children are not clearly identified here due to their nomadic lifestyles, whilst children from Eastern European cultures tend to start school later.

	Coventry					England				
	Asian	Black	Mixed	White	Other	Asian	Black	Mixed	White	Other
<b>% population</b>	23%	14%	8%	53%	2%	13%	6%	7%	72%	2%
<b>Number</b>	13,658	8348	4492	31,536	1430	1,089,910	508,685	578,368	5,973,953	195,998
<b>% EHC Plans</b>	3%	3%	4%	4%	3%	3%	5%	4%	4%	3%
<b>Number</b>	420	283	177	1156	37	37,301	24,848	25,244	259,645	6,750
<b>% SEN support</b>	10%	11%	17%	<b>20%</b>	12%	9%	12%	13%	14%	10%
<b>Number</b>	1303	882	755	6218	167	94,959	59,249	72,678	830,152	19,987

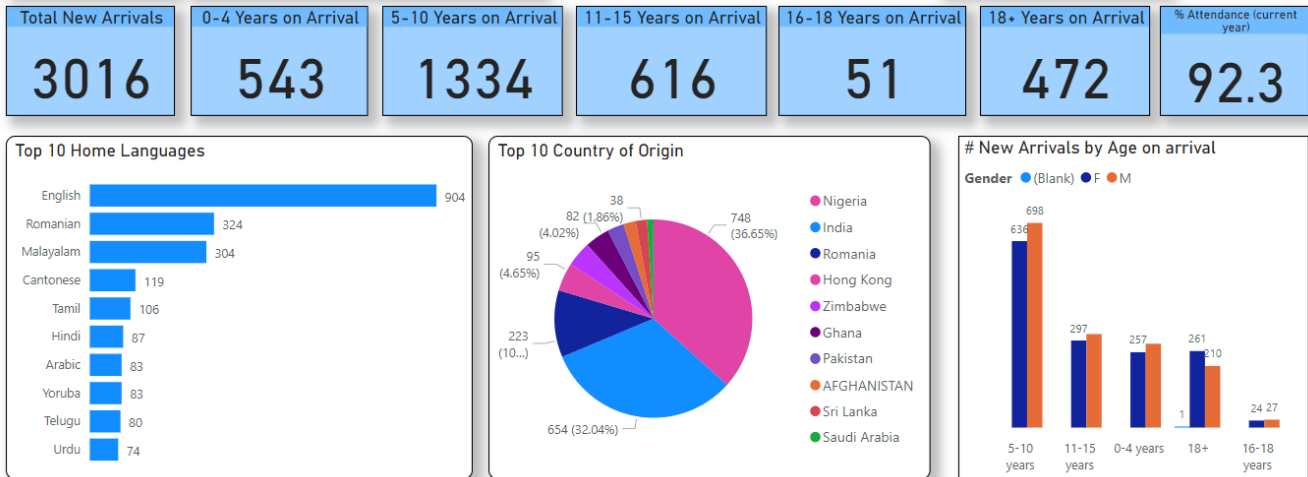
DfE <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

A higher than average proportion of children in Coventry speak English as an additional or second language. In primary schools the proportion is 34.4% (the national average is 21.3%); in secondary schools it is 32.5% (the national average is 17.1%) and in special schools, it is 28.6% (the national average is 14.8%).



### Newly Arrived Families

Whilst children from newly arrived asylum seeking families may not have an identifiable SEND need, we recognise that these children have additional support needs to help them adapt culturally to an English school environment, this adds additional strain on the education system. Last year the numbers of newly arrived families is displayed below.



Coventry City Council, Children Service dashboard

### Ongoing work

Our Local Area Partnership have committed to understanding the relationship between SEND identification and ethnicity in greater depth. For example through:

- The Council’s ‘Anti-Racism’ training, which has been delivered to all Council senior leaders and is now rolling out to schools.
- Our Family Hubs working with the Central England Law Centre to support Migration Rights in the Community.
- Our Start for Life Programme delivering Infant Feeding initiatives to address the inequalities faced by some ethnic communities and a programme of action addressing the recent ‘Health Watch’ report and seeking to improve the maternity pathways and support available to parents from an ethnic minority group.
- Our Family Hub work with the voluntary and community sector and faith-based organisations to support ethnic communities, for example through programme such as ‘Carriers of Hope’.
- As part of our ongoing JSNA development work, we will consider data pathways and how we can use the data more effectively to improve outcomes for all children with Special educational needs, this includes the development of an inclusion dashboard.

Coventry is a city of strong partnerships, exemplified through our ‘One Coventry’ commitment to partnership working and the ongoing development of Coventry as a Marmot City, which is now in its 10 year. Part of that work is Coventry’s ‘One Coventry Plan’ sets out our vision and priorities for the city, based on our commitments to the people of Coventry and the things that residents have told us are most important. It is more focused on the needs and aspirations of our communities than ever before.

Our Local Area Partnership’s SEND Strategy is governed by our SEND Board, which is chaired by the Council’s Chief Partnerships Officer. The board membership includes parents and carers alongside representatives from the Council, ICB, NHS Trusts, and schools. The overarching priorities of the board are to:

- Improve outcomes and tackle inequalities for children and young people with SEND in Coventry
- Ensure that co-production is embedded culturally across the local area and that the voice of children, young people and their families is heard and informs all we do.

**Educating Children at Home**

Since the Pandemic, more parents have chosen to educate their child at home.

	Spring 2023
England	86200
West Midlands	9990
Coventry	380

Of those children, 160 were in primary school (reception number suppressed as lower than 10)

	Reception	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6
England	800	2700	3800	4300	4800	5500	6200
W Midlands	110	360	490	530	600	660	720
Coventry	low	20	30	20	30	30	30

Of those children, 240 were in secondary school

	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11
England	7700	9800	11800	13600	15000
W Midlands	920	1120	1280	1550	1670
Coventry	40	40	50	60	50

The main reasons why parents home schooled were

	Physical	Mental	SEND
England	1600	9100	2200
W Midlands	160	1170	220
Coventry	0	80	30

DfE <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

## Provision within Educational Establishments for Children with SEN Support

In Coventry, more children receive SEN Support (15.8%) than in any other area of the West Midlands and the West Midland average (13.7%). The England average is 13%. This contrasts with our lower numbers of EHCP's and shows that a focus on early help and support is preventing more children needing EHCP's.

Children are supported for a variety of different reasons.

Primary Need	Coventry %	Regional %	National %
Autism Spectrum Disorder	12%	8%	8%
Speech, Language Communication Need	30%	25%	25%
Moderate Learning Difficulties	23%	26%	18%
Specific Learning Difficulties	9%	11%	14%
Social, emotional Mental Health	16%	18%	21%
Sensory and Physical	4%	3%	5%
No specific Assess	5%	4%	5%
Other	4%	5%	4%

DfE <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

It is interesting to note that

- Coventry has more children requiring support for autism than regional and national benchmarks
- There are a higher proportion of children requiring support with language and communication needs,
- Less children require support with Emotional health/mental wellbeing than the regional and national benchmarks which is seen as a challenge in terms of supporting pupils across the city.

Coventry invests in early intervention for SEND, providing the right help at the right time. This means we have maintained a strong traded service offer which is highly valued by schools. Despite budget constraints, buy in to this offer has grown year on year, every year for the past five years, as shown below.

	2019-20	2020-21	2021-22	2022-23	2023-24
Total commissioned hours	16718	16936	17976	20933	22523

Coventry City Council - Total commissioned time for Specialist SEND Services



## Provision within Schools for Children with EHCP

This analysis uses 2022 nationally available published data so that benchmarking can be added to understand the true position of Coventry's SEND provision. The assessment Process for children identified with having a potential educational need can be broken down into stages.



In 2022, Coventry received 699 initial requests for EHCP assessments, which equates to 0.59% of the school cohort. This is lower than both the England average (0.70%) and the West Midlands (0.66%).

1 on 4 (25%) of EHCP requests were refused, higher than the national average (21.9%) but lower than the regional average of 27.1%. Whilst this appears high, the number of EHCP's turned down after assessment for 2022 was 6, only 1.6% which would suggest that the criteria for refusal, adequately filters requests.

Of the 6 refused, 4 went to mediation and 2 were then assessed. For Coventry, 69 (2.3%) appeals were made to the Ministry of Justice which is equal to the England average (2.3%) and lower than the regional average (2.6%). Of these 69 appeals, 11 went on to be assessed. Of the 699 initial requests for EHCP's 367 were issued. The table below shows the age range of new EHCP's by age

Age Group	Number, Cov	Percentage (WM, England)
under 5	107	29% (28%, 25%)
5 - 10	161	44% (44%, 45%)
11 - 15	88	24% (24%, 26%)
16 - 19	11	3% (5%, 5%)
20 – 25	0	0%

Coventry City Council – Childrens services dashboard

2.3% of the Coventry residents aged between 0-24 have been issued with an EHCP, this is lower than the regional (3.0%) and national averages (3.1%) and can be seen as an indicator of inclusive practice and that our help early strategy is working.

### Why are EHCP's issued?

Primary Need	Coventry %	Regional %	National %
Autism Spectrum Disorder	31%	28%	32%
Speech, Language Communication Need	17%	18%	19%
Severe Learning Difficulties	12%	10%	9%
Moderate Learning Difficulties	15%	12%	9%
Specific Learning Difficulties	4%	5%	5%
Profound Multiple Learning Difficulties	4%	3%	2%
Social, emotional Mental Health	13%	14%	15%
Sensory and Physical	3%	8%	7%
Other	1%	2%	2%

DfE <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

In Coventry, early intervention and additional support at identification means that children are identified early preventing the need for more intense support later, this reduces the need for EHCP's. Those with an EHCP therefore have higher level of need.

### Where do Pupils with EHCP receive their education?

In Coventry, there is a range of places where young people with EHCP's can receive their education.

- 30% of Coventry children with EHCP's are schooled in state-funded mainstream schools with no specific resourced unit (Nationally 36%, regionally 30%)
- 3% of Coventry children with EHCP's are schooled in state-funded mainstream schools with a specific resourced unit (Nationally 4%, regionally 4%)
- 47% of Coventry children with EHCP's are schooled in state-funded special school (Nationally 28%, regionally 36%)
- 3% of Coventry children with EHCP's are schooled in independent non maintained schools (Nationally 6%, regionally 6%)
- 13% of Coventry children with EHCP's are schooled in other provision (Nationally 20%, regionally 21%)
- 3% of Coventry Children with EHCP's have unknown placement (Nationally 6%, regionally 6%)

In 2022, once young people hit 16 years old, 19 of Coventry's EHCP pupils entered into supported internships.

### Funding

Type of provision	Average Cost Coventry	Average Cost Region	Average Cost National
SEN Support and support for Inclusion	£66	£48 Range £25 - £104	£57
Top up funding – maintained providers	£190	£161 Range £65 - £266	£168
Top up funding – academies and free schools	£79	£137 Range £48 - £206	£142
Top up funding – Independent Providers	£113	£120 Range £56 - £230	£141

DfE <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

## Outcomes

There are a range of outcomes which we measure the effectiveness of our provision against, these are aimed at supporting Children reaching their full potential.

### Key Stage 1 End of Key Stage Outcomes

At the end of Key Stage One, children in England are currently assessed in Reading, Writing, Phonics and Maths using formal assessment. Outcomes for pupils finishing Key Stage 1 were adversely affected by the pandemic and have not yet returned to pre-pandemic levels, neither in Coventry nor in England as a whole.

The proportion of all Coventry children (inclusive of those without an identified SEND) achieving at the expected level in Reading, Writing and Maths is below the national average. However, the gap between the Coventry and National averages is reducing. The proportion of Coventry children with an EHCP or on SEND Support achieving at the expected level in Reading, Writing and Maths is also below the national average. Attainment for children accessing SEND Support increased by 1%, but this is less than the 2% increase in the national average. Attainment for children with an EHCP has also increased, and at a faster rate than the national average, from 1.6% to 2.7%.

This positive trend for these same EHCP pupils was also seen in the phonics screening at the end of Y2 with 24% at expected increasing by 6.5ppts since 2022; this over 5 ppts higher than the national rate. The SEN support pupils has also increased, this was by 4.1% to 64.8% and only just lower than the national rate

KS1 Outcomes		No SEN			SEN Support			EHCP		
Year		2019	2022	2023	2019	2022	2023	2019	2022	2023
Number of Pupils		3647	3,569	3,647	703	642	703		122	150
<b>Reading</b> Percentage of children achieving the expected level.	Coventry	80.5%	70.0%	73.6%	34.1%	28.8%	33.1%	4.4%	4.1%	6.0%
	England	83.3%	75.2%	77.0%	33.0%	29.6%	32.0%	12.7%	12.0%	12.5%
	<b>Gap</b>	-2.8	-5.2	-3.4	+1.1	-0.8	+1.1	-8.3	-7.9	-6.5
<b>Writing</b> Percentage of children achieving the expected level.	Coventry	74.4%	59.8%	64.8%	24.2%	19.3%	21.3%	2.2%	2.5%	3.3%
	England	78.0%	65.8%	68.9%	24.5%	19.7%	21.7%	8.5%	7.3%	7.7%
	<b>Gap</b>	-3.6	-6.0	-4.1	-0.3	-0.4	-0.4	-6.3	-4.8	-4.4
<b>Maths</b> Percentage of children achieving the expected level.	Coventry	81.6%	72.2%	76.3%	39.6%	32.6%	37.6%	7.8%	7.4%	9.3%
	England	83.5%	75.5%	78.7%	36.2%	33.2%	36.7%	14.0%	13.7%	14.6%
	<b>Gap</b>	-1.9	-3.3	-2.4	+3.4	-0.6	+0.9	-6.2	-6.3	-5.3
<b>Combined</b> Percentage of children achieving the expected level.	Coventry	69.7%	55.8%	60.9%	21.5%	17.3%	18.3%	2.2%	1.6%	2.7%
	England	73.4%	61.1%	64.5%	20.8%	17.2%	19.1%	7.4%	6.4%	6.6%
	<b>Gap</b>	-3.7	-5.3	-3.6	+0.7	+0.1	-0.8	-5.2	-4.8	-3.9

## Key Stage 2

The attainment picture at Key Stage 2, the end of primary school, is somewhat different from that at Key Stage 1, since the rates of pupils on SEN Support reaching the expected standard in all three subjects did not fall after the pandemic hiatus, and in fact increased; early data for 2023 suggests they have remained unchanged, while the national rate increased by 1%. For pupils with EHCP, the rate did fall and has continued to decline, while the national rate increased by 1.2%

National figures are likely to increase over the course of the official releases, as Coventry's data is adjusted for likely removals under the Newly Arrived from Overseas rule; not all authorities submitting to Nexus do this.

KS2 Attainment		No SEN			SEN Support			EHCP		
Year		2019	2022	2023	2019	2022	2023	2019	2022	2023
Number of Pupils		3479	3492	3600	786	880	909	127	177	186
Reading % @ expected	Coventry	78.9%	82.0%	78.4%	37.2%	40.5%	40.6%	7.1%	6.2%	8.7%
	England	81.5%	84.0%	81.7%	40.9%	43.8%	44.8%	16.4%	16.2%	18.2%
	Gap	-2.6	-2.0	-3.3	-3.7	-3.3	-4.2	-9.3	-10	-9.5
Writing	Coventry	88.9%	78.2%	81.8%	41.4%	28.9%	34.8%	4.7%	2.8%	3.8%
	England	88.3%	80.3%	82.7%	38.8%	30.5%	34.0%	13.6%	10.6%	12.1%
	Gap	+0.6	-2.1	-0.9	+2.6	-1.6	+0.8	-8.9	-7.8	-8.3
Maths	Coventry	87.3%	78.8%	81.7%	44.5%	38.7%	42.1%	7.1%	6.8%	7.1%
	England	87.1%	80.9%	82.7%	46.2%	39.8%	42.3%	17.0%	14.8%	16.4%
	Gap	+0.2	-2.1	-1.0	-1.7	-1.1	-0.2	-9.9	-8.0	-9.3
Combined	Coventry	73.2%	65.4%	67.5%	23.4%	18.2%	22.0%	3.9%	2.3%	1.6%
	England	74.3%	68.9%	69.8%	25.3%	21.2%	23.5%	9.2%	7.1%	8.4%
	Gap	-1.1	-3.5	-2.3	-1.9	-3.0	-1.5	-5.3	-4.8	-6.8

## Secondary School

In 2023 Attainment 8 increased for "All Pupils" across the city compared to 2019 with the gap narrowing with national. This gap also increased for our SEN Support cohort where Attainment 8 actually increased by over 1 point. EHCP pupils statistic increased compared to 2022 but was lower than 2019 and the gap is wider in comparison.

Progress 8 increased for both SEN Support and EHCP with the gap narrowing with national.

Category	Indicator	Coventry performance	Regional Performance	National Performance
Attainment 8***	Attainment - SEN+	33.9%	34.2%	34.5%
	Attainment - EHCP	8.8%	13.1%	14.3%
Progress 8***	Progress8 - SEN+	-0.48	-0.41	-0.47
	Progress8 - EHCP	-1.58	-1.33	-1.33
Overall Absence****	Absence - SEN+	9.7%	10.9%	10.1%
	Absence - EHCP	13.2%	12.7%	12.1%
Suspensions*****	Susp - SEN+	10.8%	10.5%	11.9%
	Susp - EHCP	14.3%	11.5%	13%
Permanent Exclusions *, ****	Perm Exc - SEN+	0.06%	0.19%	0.15%
	Perm Exc - EHCP	0.11%	0.08%	0.08%
Not in Education, Employment or training *****	NEET - SEN+	7.0%	11.3%	9.3%
	NEET - EHCP	9.6%	9.7%	10.1%

DfE <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

\*= small numbers will impact on statistics

\*\*= includes all primary schools

\*\*\*= includes all secondary schools

\*\*\*\*= includes all schools

\*\*\*\*\*= 16/17 year olds

Whilst it is not possible to look at SEN+/EHCP by outcomes at a statistical neighbours level as the numbers become too small to draw a comparison, it is possible to compare the overall pupil outcome at attainment 8 by ethnicity with our statistical neighbours.

	All
Geography	Score
All England	48.9
Medway	47.9
Leeds	47.8
Walsall	46.4
Bolton	46.3
Coventry	46.2
Peterborough	46.2
Sheffield	46.1
Southampton	46.1
Derby	44.8
Portsmouth	43.4

	Asian
Geography	Score
Medway	63.9
All England	55
Southampton	54.6
Portsmouth	54.2
Coventry	54.1
Walsall	54
Bolton	51.1
Leeds	50.3
Derby	49.6
Peterborough	48.5
Sheffield	48.3

	Black
Geography	Score
Medway	59.6
Southampton	52.9
Portsmouth	50.2
Peterborough	49.2
All England	48.9
Leeds	48.1
Derby	47.5
Coventry	47.5
Walsall	47.5
Sheffield	44.7
Bolton	44.6

	Chinese
Geography	Score
Medway	75.9
Peterborough	75
Southampton	70.2
Leeds	69.1
Walsall	68.8
Coventry	68.2
All England	66.8
Bolton	65.8
Derby	63.4
Sheffield	62.9
Portsmouth	54.6

	Mixed
Geography	Score
Southampton	49.9
All England	49.5
Medway	48.8
Portsmouth	48.2
Leeds	46.7
Peterborough	46.1
Bolton	45.6
Derby	44.7
Sheffield	44.7
Coventry	44.5
Walsall	44.1

	White
Geography	Score
Leeds	48
All England	47.9
Sheffield	46.1
Peterborough	45.4
Medway	44.8
Bolton	44.6
Southampton	43.9
Walsall	43.6
Coventry	43.3
Derby	43.1
Portsmouth	41.8

	Other
Geography	Score
Southampton	53.5
Medway	53.3
Walsall	52.6
Leeds	52.4
Derby	49.4
Coventry	49.3
All England	48.9
Bolton	47.1
Peterborough	45
Portsmouth	44.7
Sheffield	44.1

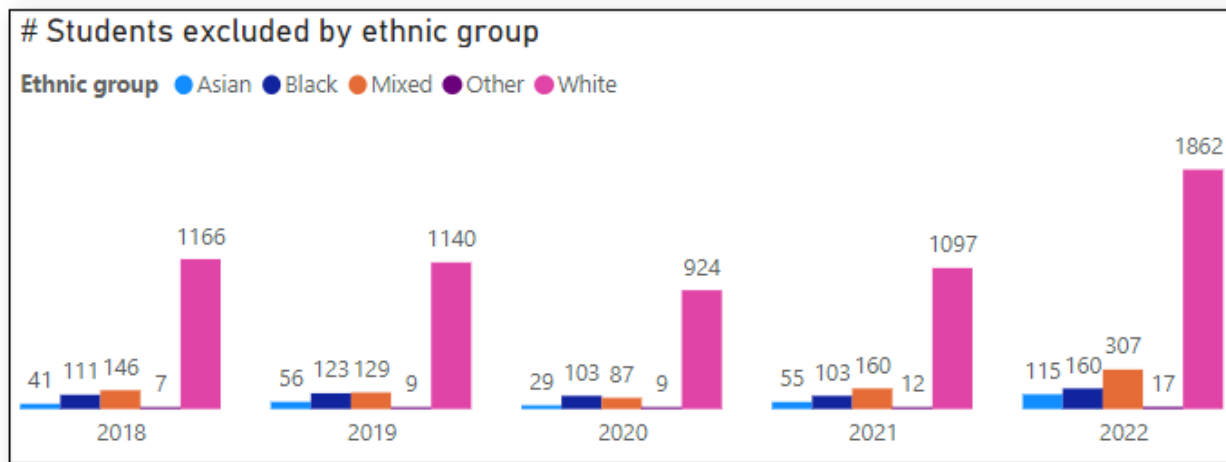
Geography	Score
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DfE <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

Coventry’s performance is middle to low in terms of outcomes. It should be noted that this data is 2021/22, released October 2023.

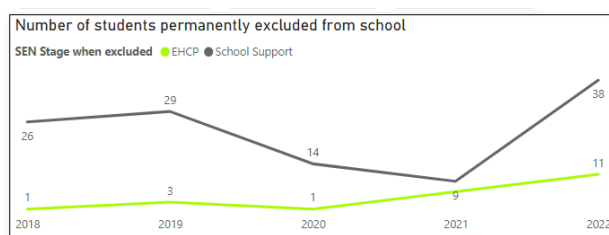
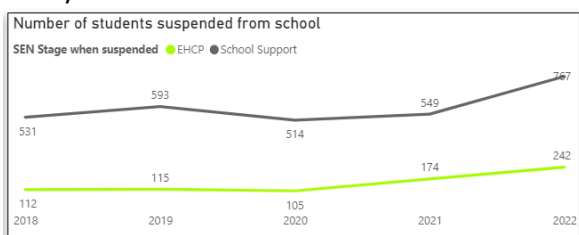
### School Exclusions and Suspensions by SEND

Children being excluded and suspended from school impacts on the educational outcomes of that child and those impacts are more profound for a child with additional needs. In the school year 2021/2022, 1329 pupils were removed from school. 307 (23%) of these young people were identified as female and 1022 (77%) were identified as male. Removals came from a range of ethnic backgrounds.



Coventry City Council – Childrens services dashboard

The trend of exclusion and suspensions was dropping or steady/stable up until the pandemic, after which a steady increase in removals has been seen.



Coventry City Council – Childrens services dashboard

**SEND children at the age of 16**

As all other Local Authorities, we track children at the end of their formal education. Young People can either go on with their education, enter employment or further training.

Whilst our numbers are very small, particularly for EHCP children they are higher than the national and regional comparator. Given the small numbers of young people involved, we should continue to monitor carefully to ensure that opportunities increase.

		England			West Midlands					
					West Midlands			Coventry		
		2021	2022	2023	2021	2022	2023	2021	2022	2023
EHCP	Number NEET	3,400	3,670	4,550	350	360	450	26	24	28
	NEET %	6.9%	6.9%	7.8%	6.5%	6.4%	7.6%	8.9%	7.7%	8.1%
SEND support	Number NEET	5,280	5,110	5,770	520	530	610	3	11	11
	NEET %	5.9%	5.3%	6.0%	4.9%	4.5%	5.9%	2.1%	3.2%	4.3%
No SEND	Number NEET	24,630	22,100	24,470	2,570	2,180	2,530	148	129	139
	NEET %	2.4%	2.1%	2.3%	2.2%	1.8%	2.1%	2.0%	1.8%	1.9%

DfE <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

Since 2018, the number of pupils within special schools Post-16 year groups has grown from 103 pupils to 149 pupils in September 2022. This growth is in excess of the increase in the total special school population increases that have been brought about by special school expansions, this means that a larger proportion of special school places are being filled through the placement of Post-16 pupils within the special schools. There is finite space available on the land surrounding special schools to continue to expand them, and as there are alternative pathways available to Post-16 pupils as opposed to the statutory school age pupils, Coventry City Council intends to strengthen and enhance these Post-16 options so that the number of pupils continuing from Year 11 to Post-16 can have a multitude of options available to them.

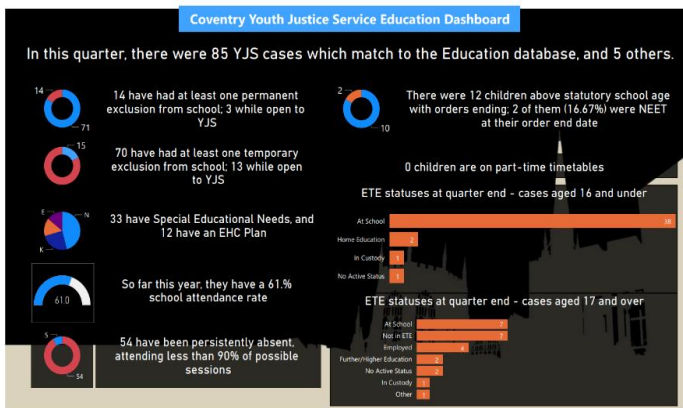
## Children with SEND who appear in other settings

We know that children with Special Educational Needs and Disability, are over represented in other settings, by recognising this, we can begin to develop a better understand of SEND in other services. So that we can work together to reduce the impact of SEND on both the child, by ensuring better outcomes, but also the family and the community.

### Youth Justice Settings and children with SEND

The Youth and Justice services in Coventry have reviewed the number of children coming through their services by EHCP. 19.1% of children who accessed YJS in 2022/2 had an Education, Health, and Care Plan (EHCP) and 65% some form of identified special education needs as identified through their assessment.

This represents an increase of 3% and 14% on the previous year, which is likely to reflect that the Service now has a Speech and Language Therapist improving the ability to detect, assess and respond to a child’s need. Looking at the ethnicity of children accessing direct SALT support, it was: 61.5% white, 15.5% mixed white and Black, 11.5% Asian, 7.5% white other, 3.5% mixed other.



Recently at a Youth Offending Management board, there was data presented which suggests the youth offending and SEND prevalence of the YJS cohort are linked. There is also a higher prevalence of speech and language issues for young people within the YJS which has led to the continuation of a programme of work that recruits Speech and Language therapists as part of the YJS embedded team, funded by NHS. ([Youth Justice Plan 2021-2023](#)).

In Quarter 1 of 2023/2024 (April 2023/June 2023) of the 85 children and young people entering the YJS there were 33 children who have been recorded as having special educational needs, 12 of these had an EHCP, that equates to 39% of this population, far higher than we would expect to see.

Some children are high risk of Child Sexual Exploitation. Coventry has health navigators which support children identified as being of risk at exploitation. From the data below, it can be seen children who are entered into the Multi-Agency Child Exploitation meeting process (MACE) have other needs which contribute to their vulnerability. Of the children assessment between April and December 2022, (192) 43 had an ASD/ADHD diagnosis and another 45 had Mental ill health concerns. This is concerning.

	MACES	ASD/ADHD	MH	Epilepsy	Diab t1	Paeds Respiratory
April:	9	2				
May	20	8	3	1		
June	14	2	8			
July	19	5	5	1	1	1
August	22	3	6			
September	35	11	8			
October	22	3	3			
November	40	7	9			
December	11	2	3			



### Mental ill health settings

A quarter of the general population have problems with their mental health at some point in their life. In autistic people, this number is much higher with almost 80% of autistic adults experiencing mental health issues during their lives. For many people with autism, mental illness can be more difficult to recognise and treat effectively. It's widely recognised that much more needs to be done to support autistic people with their mental health.

Research shows that autistic people are at increased risk of mental health problems. Anxiety and depression are particularly common. This might be because autistic people's brains are slightly different, or it could be due to the problems that they have interacting with the world around them. Either way, it's a serious problem that impacts lives. The issues are likely to be different for every person.

Depression is a mental health problem that is common in autistic people. Depression can have a big impact on daily life and can lead to suicidal thoughts. Depression in autistic people is more common during adolescence and young adulthood. It often occurs with other conditions, such as anxiety.



**2 in 5**

2 in 5 autistic people are diagnosed with an anxiety disorder but many more will experience symptoms of anxiety that affect how they live their lives



**42%**

Anxiety disorders affect 42% of autistic children compared with just 3% of children without autism



**79%**

Mental health issues affect 79% of autistic adults, but many do not get the help and support they need



**5 in 10**

More than 5 in 10 autistic adults have had depression



**79%**

Mental health issues affect 79% of autistic adults, but many do not get the help and support they need



**9 x**

Autistic adults (without an intellectual disability) are over 9 times more likely to consider suicide than the general population

(Adults and children with neurodevelopmental conditions, Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019)

Currently we have no local data about the impact of mental ill health on our children with SEND, we should work to rectify this omission.

### Newly Arrived Communities and SEND

Migration accounts for a larger proportion of the increase in the cities school age population. Across the mainstream and special school population for the September 2021 academic year there were c.2000 applications received from pupils newly arrived in the UK or from pupils in other parts of the UK moving to Coventry for the first time. Of these pupils 122 either had an EHCP at the time of arrival or would go onto to receive an EHCP from the Coventry SEN department. This equates to 6% of newly arrived pupils being in receipt of an EHCP 1 year after arrival in Coventry. Given that in the total school age population of Coventry 4.2% of pupils are in receipt of an EHCP, new arrivals are one factor (among many) for increases in EHCP numbers. However, it should be noted that EHCP growth, even discounting new arrivals, is still more than increases in the total school age population.

### Looked After Children and SEND

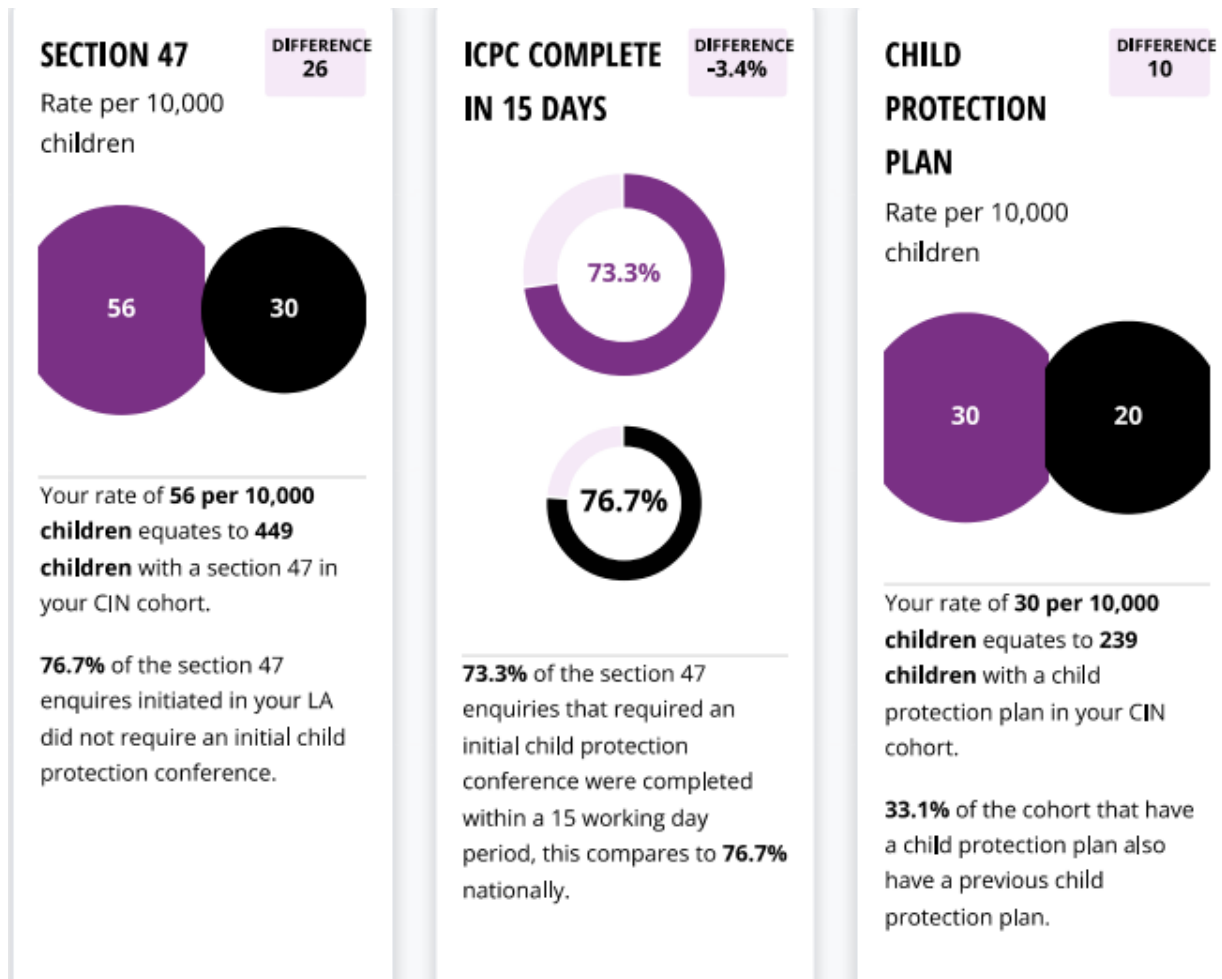
Nationally, around 70% of looked after children have some form of SEN. The Coventry SEN department works closely with the Coventry Virtual School as well as social care to ensure that there are effective and joined-up processes for meeting the SEN of looked after children. There is a specific Education Plan Co-ordinator within the SEN team who manages Children Looked After EHCP requests, and maintenance of existing plans. This provides a level of continuity of care and consistency of information. There are 85 EHCPs currently maintained by Coventry City Council for Children Looked After for pupils of statutory school age.

The VSH has certain duties and responsibilities towards looked after children with a statement of needs or an Education, Health and Care Plan (EHCP). They must ensure that:

- the **SEND code of practice**, as it relates to looked after children, is adhered to; and
- the EHC plan works in harmony with their care plan and PEP to tell a comprehensive story of how the child's needs are being met.

A significant number of children may be undiagnosed when they begin to be looked after. During the process of putting a PEP in place for looked after children, Coventry will ensure that any undiagnosed SEN are addressed as soon as possible if they are identified through this process, this is particularly relevant for any newly arrived pupils who are recently known to the relevant authorities.

The table below shows the rate of CIN under Section 47 in Coventry is significantly higher than national average, unsurprisingly this high demand impacts on how quickly conferences can be call, which is slightly lower than the national average which the number of children with Child Protection plans is higher than the average by a difference of 10 children per 10,000.



## Specialist Provision

Coventry offers a wide range of specialist provision to pupils with additional needs, from specialist resource bases within mainstream schools to special school provision. Specialist provision is only accessible to those pupils with an Education Health and Care Plan. This includes all maintained special schools and any non-maintained independent schools. In Coventry, most specialist provision is provided by the "Broad-spectrum" special schools. There are also 2 specialist schools that cater for more specific need – Corley and Woodfield (see below). There are also some "enhanced resource bases" which are attached to mainstream schools, supporting young people with speech and language needs, ASD/social communication needs and hearing impairments.

Special School SEND Provision located in Coventry is comprised of 8 special schools split across 9 sites.

The 8 schools are outlined in more detail below:

- **Castle Wood Special School** - For pupils aged from 4 -11 with a range of learning difficulties from profound and multiple, severe to moderate and with varying degrees of autistic spectrum conditions.
- **Baginton Fields** - For pupils aged from 11-18 with a broad range of special educational need and disability, Autism, Sensory Impairment, Physical Disability, Communication Difficulties and Challenging Behaviours.
- **Corley Academy** - For pupils aged from 11-18 with complex social and communication difficulties.
- **Sherbourne Fields** - For pupils aged from 2-19 with a broad spectrum of need including physical disabilities, medical conditions and learning needs.
- **Tiverton** - For pupils aged from 3-11 with severe learning difficulties or profound and multiple learning difficulties. They may also have some physical or sensory impairment, or an autistic spectrum disorder.
- **Woodfield** - Based across two sites, a Primary for pupils aged 4-11 and a Secondary for pupils aged 11-16 (and support until the age of 18). Many of the pupils needs range from dyslexia, dyspraxia, being on the Autistic Spectrum (ASC), or having Attention Deficit Hyperactive Disorder (ADHD), Pathological Demand Avoidance (PDA) and attachment difficulties.
- **Kingsbury Academy** - For pupils aged 4-11 with learning difficulties and additional needs, with over half of the pupils having autism spectrum conditions (ASC) and others have additional needs, including sensory impairment, communication difficulties and physical difficulties.
- **Riverbank Academy**- For pupils aged 11-19 with a broad range of special educational need and disability. Learning is influenced by Autism, Moderate and Severe Learning disabilities, Sensory Impairment, Physical and medical difficulties, Communication Difficulties and Social, Emotional and Mental Health difficulties linked with their special educational needs.

### Growth in Coventry special school placements.

In the last five years through a programme of capital works to expand existing special school provision, which has enabled a 44% rise in the commissioned numbers across all of Coventry's special schools (see table below). Woodfield has seen a rise of 7% of pupil placements over this period, Corley a rise of 59% and the Broad-Spectrum schools have risen 50%.

The number of pupils in special schools has increased over the years as the table below outlines, but the percentage of pupils with an EHC plan aged 5-19 years attending Coventry state-funded special schools has been slowly declining over the years. This is due to a drive towards inclusion and the rate of EHCP increases being over the rate of additional special school places being provided. In September 2020 the proportion of CYP in Coventry special schools were 53.5%, then 51.7% in September 2021 and 51.1% as of September 2022, this is in line with national trends.

Special School	Specialism	17/18	18/19	19/20	20/21	21/22	22/23	23/24
Castlewood	Broad Spectrum	128	136	139	156	160	160	160
Kingsbury	Broad Spectrum	81	84	84	84	92	100	100
Riverbank	Broad Spectrum	150	158	164	164	188	200	200
Corley	Autism Spectrum Disorder	88	88	96	118	129	129	140
Tiverton	Broad Spectrum	42	60	74	95	110	112	119
Baginton	Broad Spectrum	100	100	100	116	116	118	126
Sherbourne	Broad Spectrum	135	139	148	158	220	240	251
Woodfield	Social, Emotional, & Mental Health	144	144	160	152	155	155	152
	<b>Total</b>	<b>868</b>	<b>909</b>	<b>961</b>	<b>1057</b>	<b>1,170</b>	<b>1,214</b>	<b>1,248</b>

*Table: Growth in special school commissioned numbers between 17/18 and 23/24*

In addition to this, the local authority has specialist resource units within mainstream schools. The LA currently supports units at Alderman's Green, Aldermoor Farm, Courthouse Green, Whittle Academy, & Howes Primary Schools. These units currently support 76 children with Education, Health & Care plans.

The allocation of places is determined on the basis of need and in accordance with section 39 Children and Families Act 2014 ('CAFA 2014'). For pupils with an EHCP, the local authority must prepare a draft plan and share that draft with the child's parent giving them at least 15 days, beginning with the day on which the draft plan is served, in which to make representations about the content of the draft plan and to request that a particular school or other institution be named in the plan. The local authority is then required to send the finalised EHC plan to the child's parent, the named school, and any responsible commissioning body. It is the basis on the information with the EHCP that determines the allocation of places of pupils within schools.

#### **Future Plans - Primary**

Due to the increase of pupils with additional needs, the number of pupils in primary mainstream with additional needs has also been rising requiring schools to have to meet a broader range of pupils needs. In order to meet the needs of these pupils, who may not require intervention in a special school, Coventry is looking to create several resourced provision units on mainstream school sites making use of existing education assets.

New specialist provision attached to mainstream schools has proved able to meet some of the needs of many complex learners with Autism Spectrum Condition and Social, Emotional and Mental Health (SEMH) needs whilst allowing the individuals to remain in their own communities and not face long travel times and distances. Coventry

has developed a hub model of provision based on best practice and experience, both internally and that of other local authorities.

It is envisaged that the increased demand arising from the projected increase in primary pupil numbers, could be accommodated within resourced provision (RP) over the next 5 years. The RP would need to be targeted for primary age pupils with ASC and SEMH. Due to the rising demand, it is anticipated that an additional 3-5 resourced provision would be required over the plan period, assuming a population of 8-12 pupils per provision. Work is underway to identify areas of the city where education provision will be released and can be utilised for this purpose.

#### **Future plans – Secondary**

Woodfield Special School (all-through school) is in the process of relocation and expansion. This will create an additional 104 SEMH places across both primary and secondary phases. These additional places will be available from September 2025. Work is also being undertaken at Sherbourne Fields Special School to provide specialised provision and classroom space for Post-16 pupils within the school. In a similar vein to primary plans, Coventry is also looking to establish bases within mainstream schools at a secondary age, expressions of interest are being sought from headteachers who would integrate such a provision within the secondary school life and curriculum. Don't think we are moving forward with this.

We are also looking to provide an additional 75 secondary places at Baginton Fields special school through a refurbishment and expansion.

## Alternative Provision

Coventry City Council believes that every child deserves an education that enables them to fulfil their potential, whatever their background, location within the city or individual needs. Alternative provision can provide support to children at challenging moments in their lives, above and beyond support already made available in their school

The Alternative Provision Commissioning Strategy for Coventry City Council sets out the statutory responsibilities relating to the commissioning of alternative provision places, the range of alternative provision that is available in Coventry and the key priorities to improve the range of provision available.

The aims of this Alternative Provision Commissioning strategy are to:

- provide high quality alternative provision locally, operating alongside mainstream and special schools to meet the needs of Coventry children and young people for some or all their education.
- create a shared understanding with parents/carers, schools and providers about when alternative provision may be appropriate, what is available in Coventry, and how it can be accessed.
- identify the gaps in alternative provision in Coventry and identify the key priorities for development.
- provide an inclusive education system with effective early intervention, supported by a skilled workforce able to access additional support when it is needed.

### National Context

The recently released 'Green Paper' titled "[The SEND Review](#)" by the Government outlines their vision for creating a system that empowers children and young individuals to thrive. This involves providing them with the right support at the right time, in the right place to help them reach their full potential and lead fulfilling adult lives. The paper's main aim is to establish a consistent national standard for both SEND (Special Educational Needs and Disabilities) and alternative educational options.

The 'Green Paper' acknowledges that alternative provision schools often excel in assisting children and young individuals facing learning barriers due to behaviour or other needs. However, it also points out that the role of alternative provision is often unclear, and its utilisation is sometimes delayed or not aligned with individual needs.

To overcome these challenges, the paper proposes the following measures:

- Give alternative provision schools the funding stability to deliver a service focused on early intervention by requiring local authorities to create and distribute an alternative provision specific budget.
- Develop a bespoke performance framework for alternative provision which sets robust standards focused on progress, re-integration into mainstream education or sustainable post-16 destinations.
- Deliver greater oversight and transparency on children and young people's movements into and out of alternative provision.
- Launch a call for evidence, before the summer, on the use of unregistered provision to investigate existing practice.

### Local Context

This Strategy is part of a wider framework of policy documents that support the wider SEND and Education Priorities. Coventry wants to ensure all children and young people have access to a funded, high-quality inclusive education which empowers them to lead independent and successful lives. However, we recognise that to achieve this there is more work to do.

The LA must ensure that it has systems, services and alternative provisions, which will enable it to discharge its statutory responsibilities and do the right thing for children and young people, ensuring that where possible,

they can be supported to receive their education through regular attendance at school. Where this is not possible, and/or they require access to alternative provision, there must be sufficient suitable and local places available that can be accessed by schools and the Local Authority to meet their duty to ensure that all children can receive a suitable full-time education.

In May 2023 a 'Coventry Alternative Provision Working Group' for Secondary Schools was established, consisting of LA representatives, School leaders and wider educational representatives.

The aim of the group is to review the current landscape of alternative provision within Coventry, identify gaps and develop a graduated model of provision in line with the Governments three tier alternative provision system, focusing on:

- Targeted early support within mainstream school.
- Time-limited intensive placements in an alternative provision setting and,
- Longer-term placements to support return to mainstream or suitable post-16 destination.

The commissioning strategy seeks to build on that initial work and provide an outline for the next steps in creating a more cohesive alternative provision system.

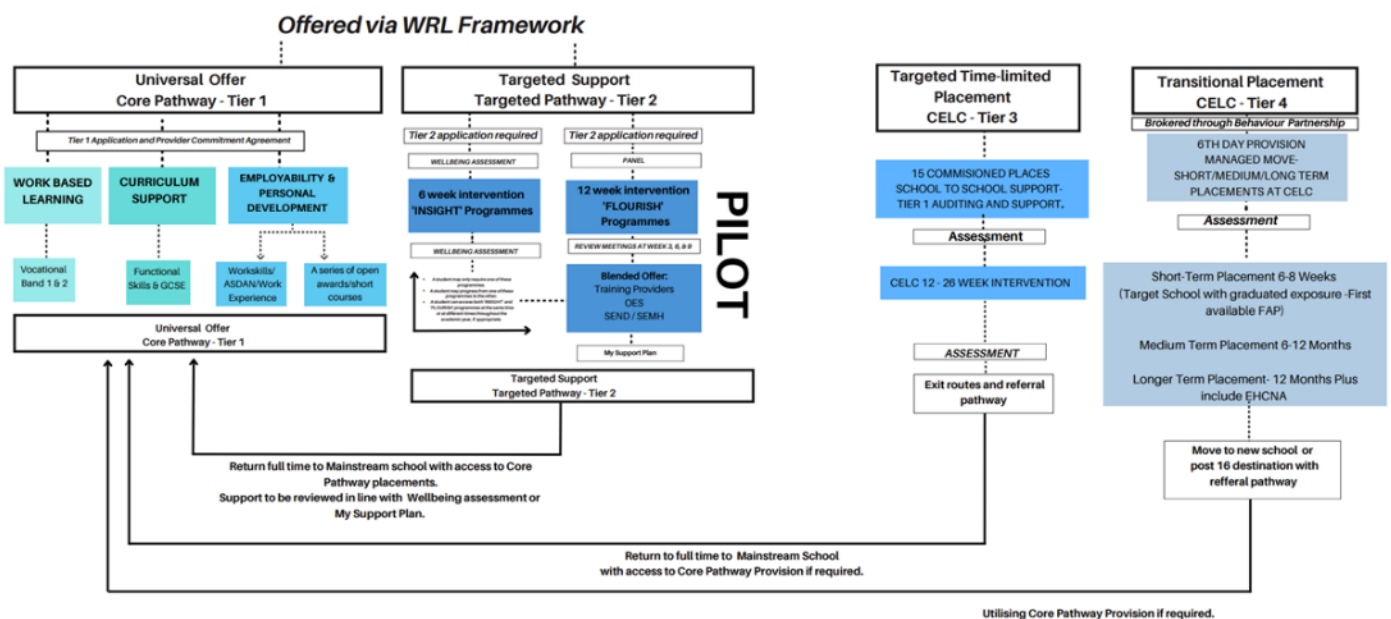
### Coventry Graduated Alternative Provision Model of Support

Coventry Alternative Provision (CAP) provides a diverse alternative provision offer which supports children and young people to flourish through a purpose-built graduated model.

The graduated pathway aims to support each individual member of the school community through universal, targeted and specialist support; that will be appropriate for the assessed needs of the individual.

The CAP graduated model of support, currently designed for students aged 11 – 17 (ages 9 plus for specific tiers), provides a 4-tiered approach which enables the local authority to meet its statutory duties\*, whilst also providing an alternative provision service focused on early intervention:

## COVENTRY ALTERNATIVE PROVISION PATHWAY PROPOSAL 2023



There are currently 24 AP providers on the Tier 1 framework. Young people accessing tier 1: (September 2022/August 2023)

**Totals**

Provisions	523
Students	239

CLA	27
EHCP	71
FSM	141

Female	76
Male	163

**Ethnicity**

WBRI - White British	178
WOTH - Any Oth White b'ground	12
MWBC - White & Black Caribbean	9
NOBT - Info not yet obtained	9
BAFR - Black African	8
MOTH - Any Oth Mixed b'ground	6
AOTH - Any Oth Asian b'ground	4
APKN - Pakistani	2
MWAS - White and Asian	2
OOH - Any other Ethnic Group	2
ABAN - Bangladeshi	1
AIND - Asian or Asian British: Indian	1
BCRB - Black Caribbean	1
MWBA - White and Black African	1
REFU - Refused	1
WROG - Gypsy	1
WROM - Gypsy/Roma	1

**\*\*Tier 2** also quality assured through the purpose-built framework aims to support schools through providing programmes of targeted early support. This includes

- Insight programmes – focused on specific subject /topic awareness and intervention e.g. organised crime or substance misuse
- Flourish programmes – focused on character Education and Personal Development through therapeutic approaches.
- There are currently 7 AP providers on the Tier 2 Insight Framework and 2 providers on the Flourish Framework.
- Currently there are two Flourish programmes being piloted with 12 young people.

**\*\*\*Tier 3** provides Time-Limited placements in an alternative provision setting (CELC) which focus on early intervention through targeted approaches.

**Tier 4** provides a mixture of short to Longer-Term Placements all with an aim to return the young person to mainstream or suitable post-16 destination.

Current Offer at Tier 4:

**Coventry Extended Learning Centre** – 120 place pupil referral unit for secondary school age pupils operating across 2 sites:

- Wyken – KS3 short and longer term placements for students who have been permanently excluded
- Herald – KS4 short and longer term placements for students who have been permanently excluded

**The Hospital Education Service** is a Transition Service with three key provisions:

- Hospital school at University Hospital Coventry and Warwickshire – 40 bed capacity
- Home tuition service
- Pupil referral unit based at Whitmore Park Annexe – 24 placements for pupils who are unable to attend school due to mental health and have extended non-attendance.



Pupils are referred to the service in the following ways:

- By a hospital consultant following a child's discharge from hospital due to injury or surgery
- By a CAMHS consultant recommending a period of intervention
- By medical professionals following a child's discharge from a Tier 4 provision
- By the local authority, more specifically the Inclusion and Attendance Team
- Via the 'Extended Non-Attendance at School' Panel (ENAS pathway)

\*The Section 19 Education Act 1996 places a duty on local authorities to provide suitable alternative education for children of statutory school age who cannot attend school because of illness, exclusion or 'otherwise'.

\*\* Under development, including referral pathways

\*\*\* Under development, including referral pathways

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## Short Breaks Provision

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## Adult Social Care – Supported Living Packages

Some young people who require support into adulthood transfer to adult social care. These packages of care can be defined as follows

- **Day Care:** Day opportunities, often known as Day Services, help people to live as independently as possible in the community through the use of buildings such as Day Centres and community-based support. Most of these services help people to get involved in community activities with the support of paid care workers. This can either be in groups or as individuals. In Coventry, there is a range of day opportunities schemes run by both the Council and private companies. Some schemes can be accessed directly, but for some, people have to be eligible for social care.
- **Direct Payment:** A direct payment is the sum of money that Coventry City Council will pay directly to the client so that they can buy and arrange their own care and support, instead of the Council arranging it for them.
- **Home Support:** Home support, also known as domiciliary care, is a service provided by paid care workers in someone's own home to help them manage their day to day tasks. Support can include (but is not limited to) personal care, giving medication, washing and generally making sure people's health and wellbeing is being maintained.
- **Shared lives :** Shared Lives offers adults the opportunity to live with approved Carers in ordinary family homes, experiencing all the advantages, joys and sometimes difficulties of family life.
- **Supported Living:** Supported living services can help people who do not want to live in residential care but are finding it difficult to cope within their home without support. They're a combination of suitable accommodation with some forms of personal care (like help with washing or cooking).
- Some supported living homes are shared by 2 or 3 people with a similar health problem, such as a substance misuse problem or a particular disability. Staff usually visit the home to help residents get out of bed, go out to college or work, and do simple tasks such as shopping, housework and repairs. They can also help with administrative tasks and personal care.

The numbers of people receiving care is increasing, below shows the number of people under the age of 65 receiving adult social care support

Fiscal Year	People
2021/22	4,564
2022/23	4,724
2023/24	4,165
Total	6,123

Coventry City Council, Insights team, October 2023

Of these, 13% have been identified as having a primary care need relating to a learning disability

Fiscal Year	People
2021/22	870
2022/23	895
2023/24	974
Total	979

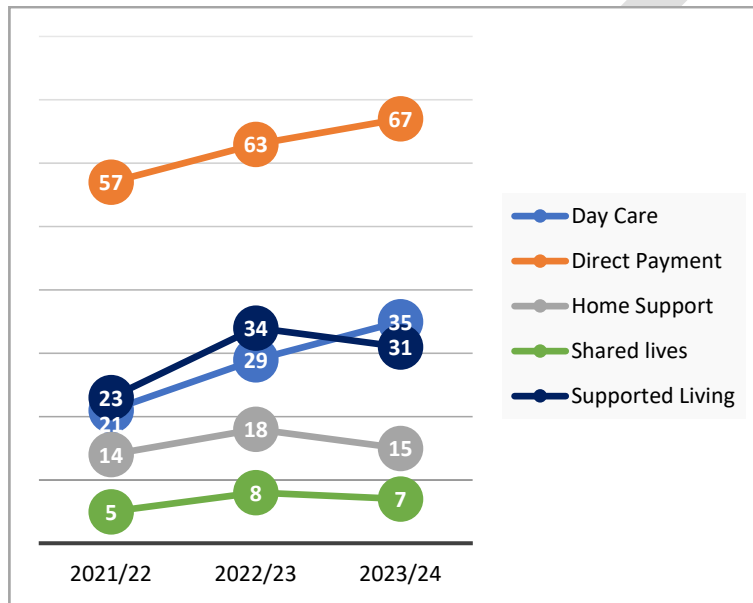
Coventry City Council, Insights team, October 2023

There are 227 people under the age of 65 with a learning disability of which 160 are aged between 18- 24

Fiscal Year	People
2021/22	110
2022/23	135
2023/24	144
Total	160

Coventry City Council, Insights team, October 2023

Of the 160 above, their care needs are distributed across a range of community based services with 9 people receiving individual care



Coventry City Council, Insights team, October 2023

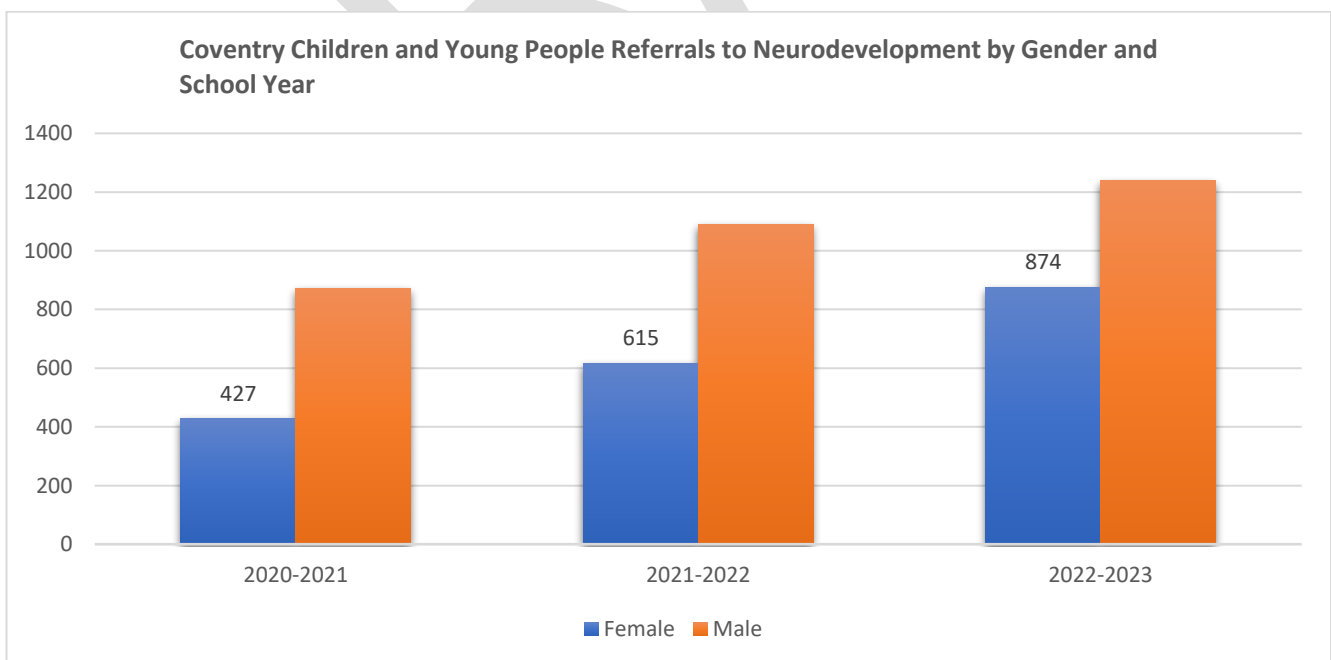
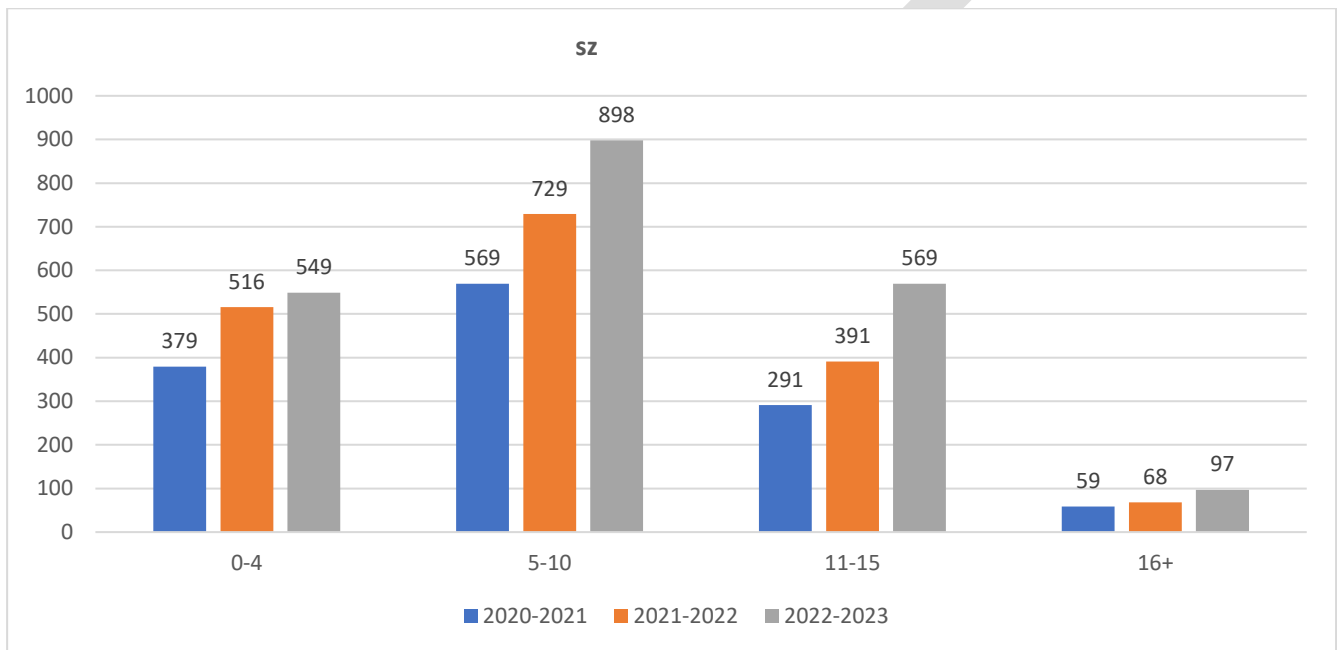
Whilst the numbers receiving adult social care support are small, these services are essential to ensure that people can live their lives independently and to enable people to reach their full potential.

### Waiting Times for assessment

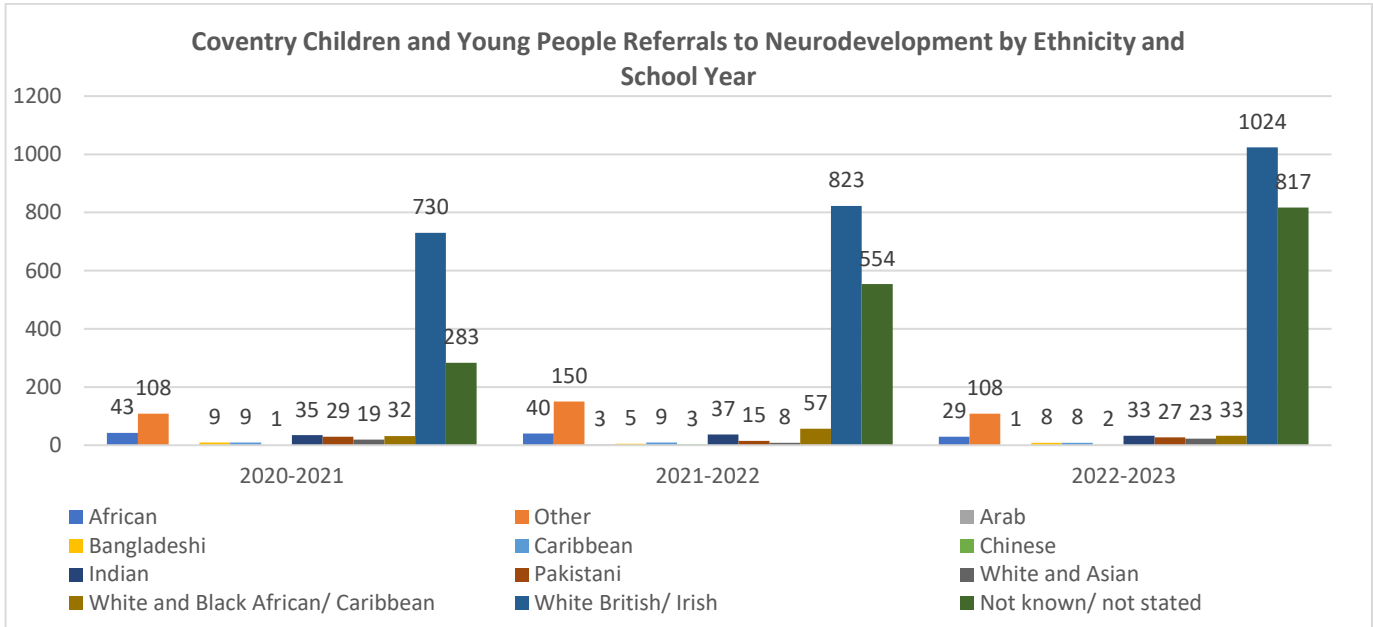
The main provider of ASD/ADHD assessments in Coventry is Coventry, Warwickshire Partnership trust. The Trust’s clinical system was subject to a national outage by the supplier of the clinical system from July 2022 to March 2023, data continues to be restored and validated and therefore this data is likely to be in subject to data quality issues, this section will be reviewed as the data quality improves.

Referral data combines both ASD and ADHD as children may be assessed for both. There continues to be an increase in referrals for assessment.

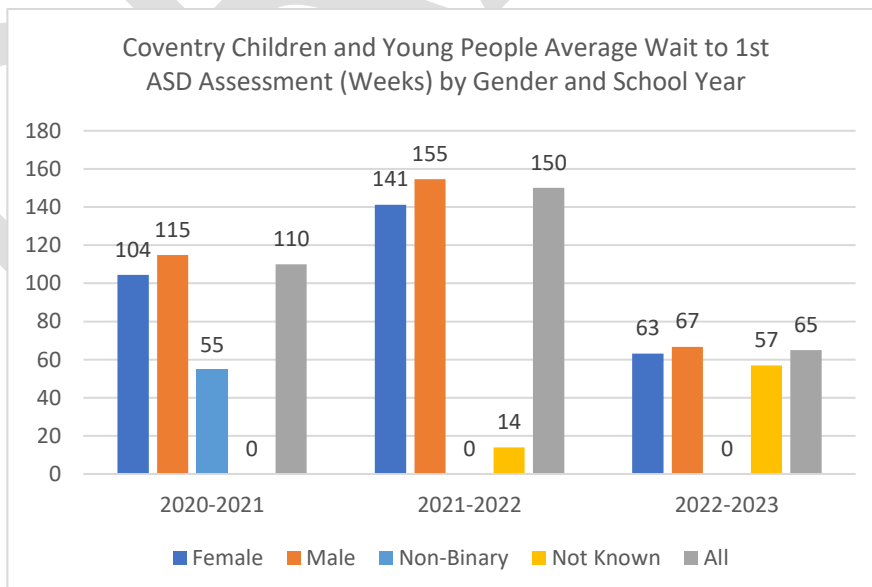
All the data from this section has been supplied by CWPT, our primary community providers if Community services.



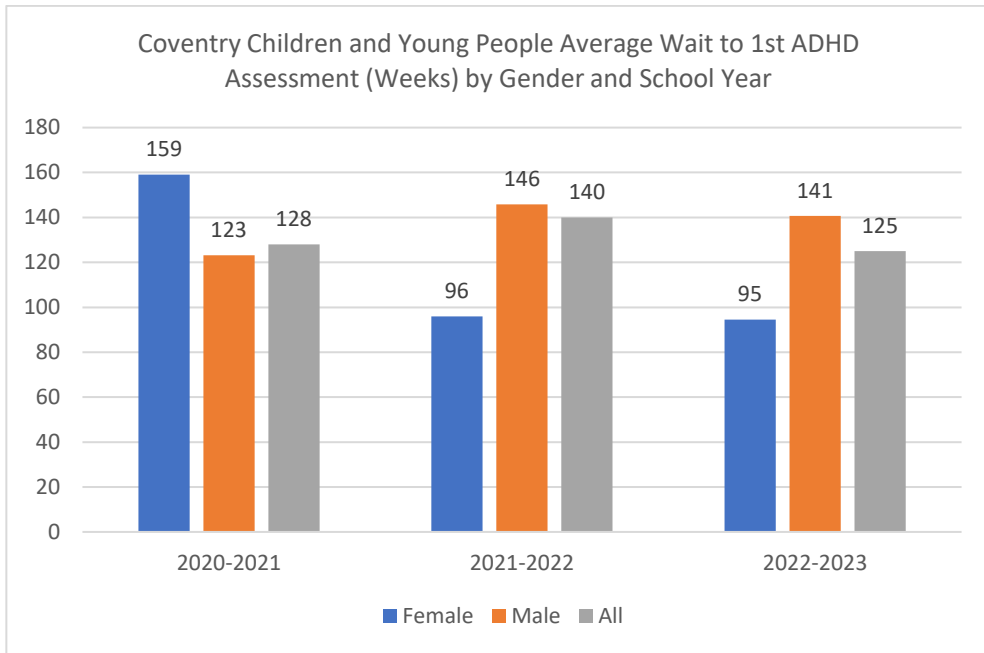
It can be seen that most children are referred between the ages of 5 and 10. In terms of ethnicity, the following chart shows us that, as expected, a largest group for referral are white followed by unknown/not stated. This group will include both those who have not had ethnicity recorded as well as those who say they do not want their ethnicity shared.



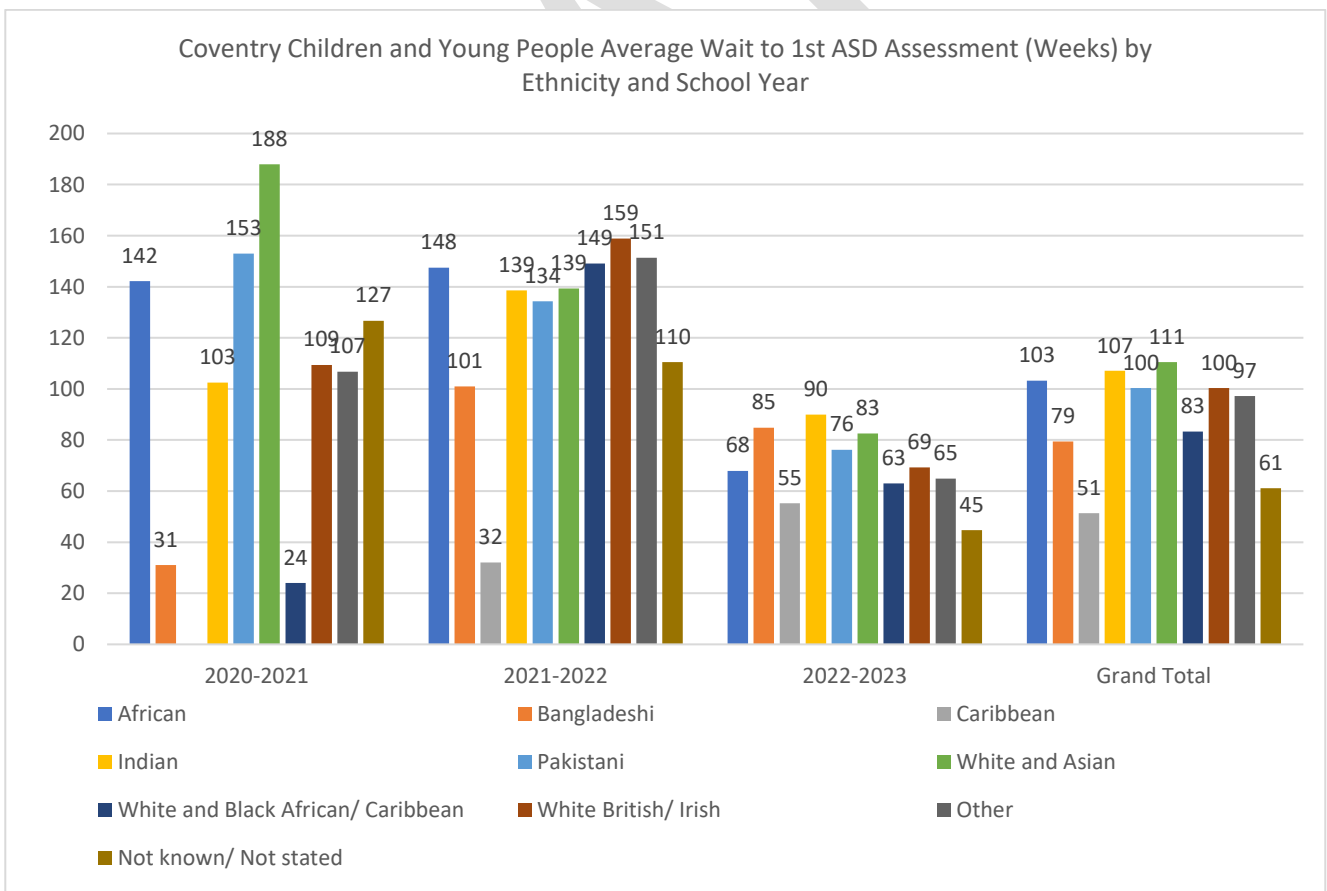
Across the CYP neurodevelopment pathways the service was recommissioned on the basis of 160 referrals a month being received across Coventry and Warwickshire (as this is how the service is commissioned), calculated using a 3 year average, for the investment case in December 2021. Since this time the referral rate into these services has far exceeded this number therefore increasing the waiting list and whilst the new investment for ASD assessments has reduced the waiting time significantly. The same investment has not been applied to ADHD and so that waiting list continues to grow. The ASD wait is currently an average of 65 weeks wait, much improved on two years ago when the average was 110 weeks.

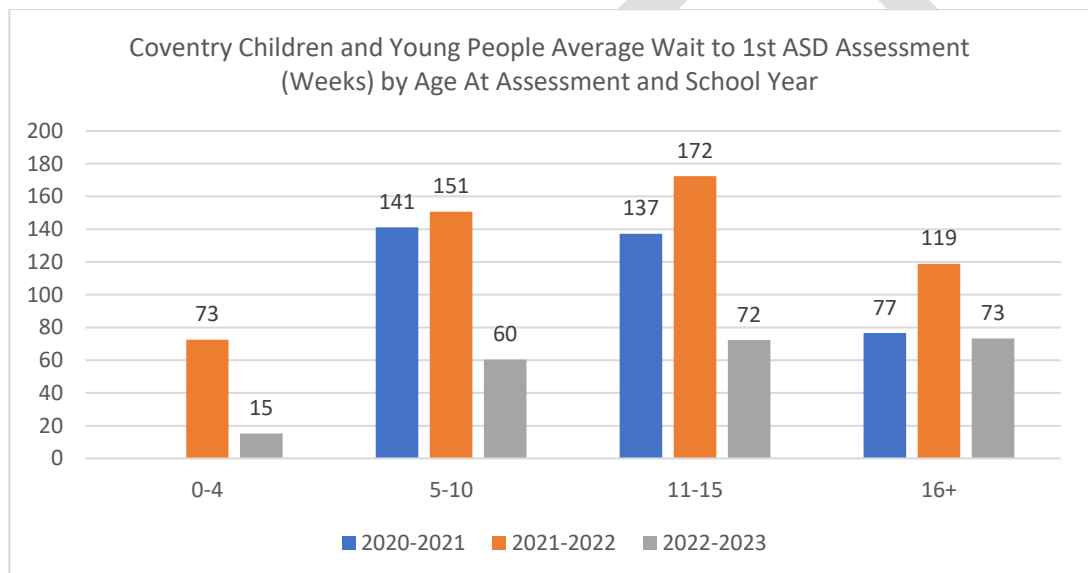
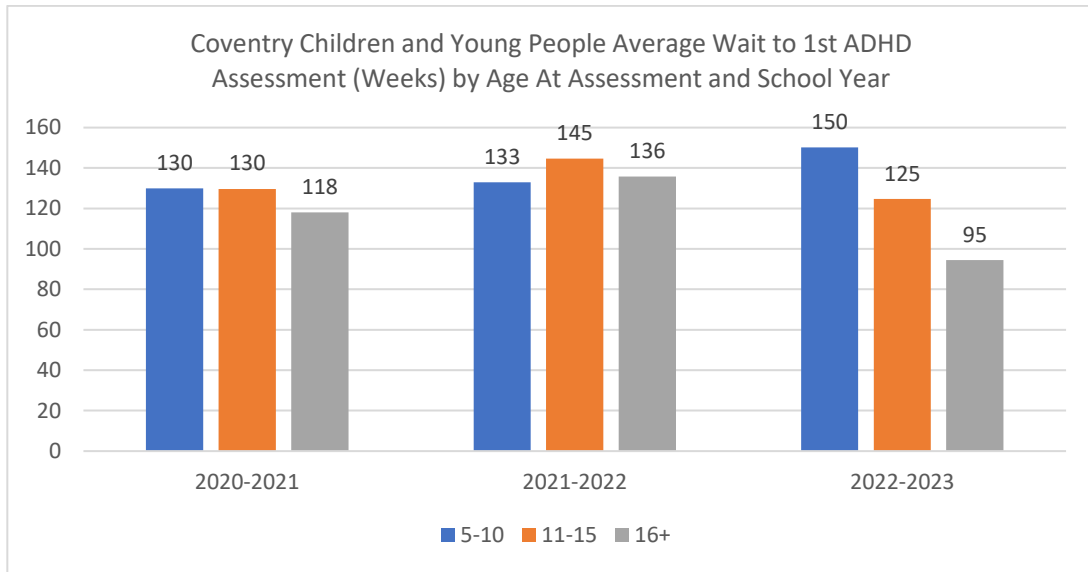


The ADHD wait is currently an average of 125 weeks wait, which is similar to two years ago when the average was 128 weeks.



There is little difference in ethnicity in terms of waiting times to first assessment, small numbers will affect some of these figures.



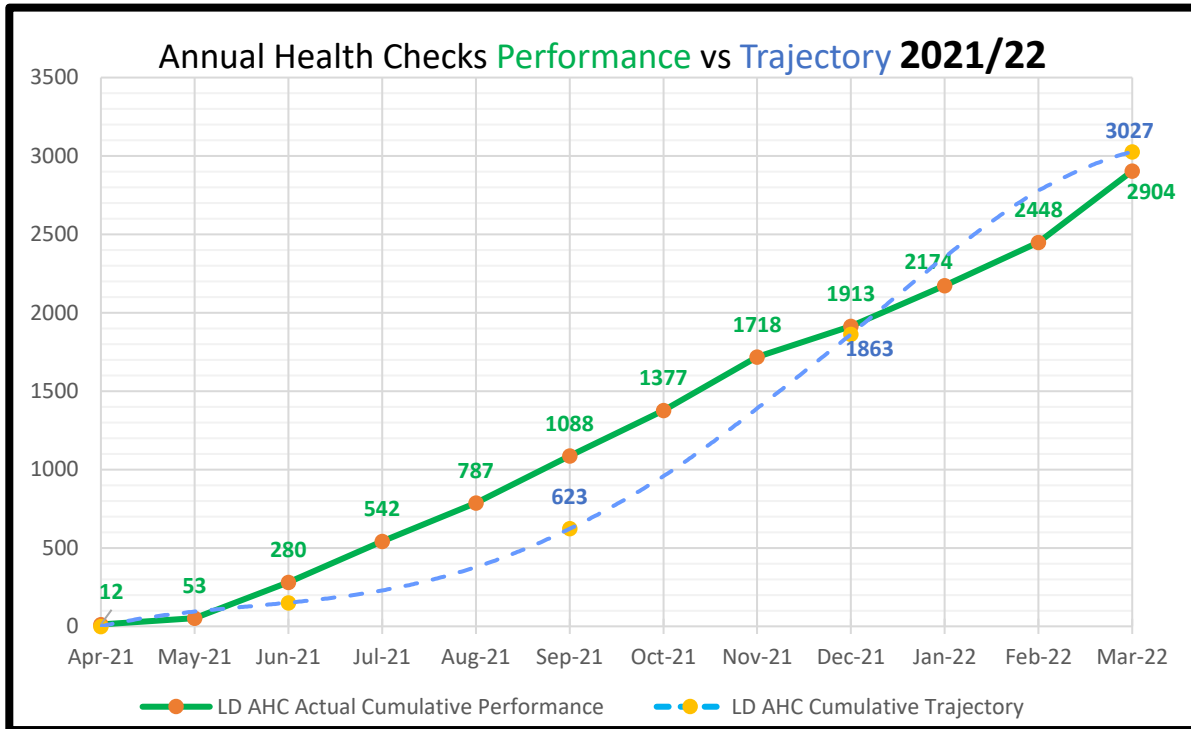


Age also has little impact on waiting times. Recording of diagnosis code following assessment is an ongoing piece of work to improve completeness, in addition the data outage has created a backlog of diagnoses being added due to the volume of assessments completed as part of the investment has created a bigger backlog. These data will be updated in the next round of analysis. Some parents choose to have their child assessed privately, which causes some concerns, particularly over the quality of such assessments which vary between providers. West Midlands doing work on private assessment framework, and as such Coventry may wish to consider how it uses such a framework to support parents with decisions about such assessments.



**Learning Disability Health Checks**

People with a learning disability often have poorer physical and mental health than other people. This does not need to be the case. It is important that everyone over the age of 14 who is on their doctor's learning disability register has an annual health check. An annual health check can identify health needs early and help people to stay well. Coventry and Warwickshire ICB have been monitoring LD Health Checks, to ensure that people who have learning disabilities are offered a check. Below is the current position.



2021/22 Performance Vs Trajectory (people aged 14+)  
 Source of Data: [Learning Disabilities Health Check Scheme - NHS Digital](#)

**Performance in 2021/22:**

- The Annual Health Check delivery target for 2021/22 was 70%, i.e. 70% of people on GP practices' Learning Disability registers aged 14+ to have an Annual Health Check.
- At the end of the year, the uptake was 67%, meaning that the target was not met.
- Of the 2,904 people who had an Annual Health Check, 218 were aged between 14-17 out of 312 on practices' LD registers as at March 2022 (70% uptake).

**Performance in 2022/23:**

- The Annual Health Check delivery target for 2022/23 was 72%.
- At the end of the year, the uptake was 81%, meaning that the target was exceeded by some margin. This meant we were the third highest performing region out of the 11 Midlands regions and 10<sup>th</sup> highest in England.
- Of the 3,562 people who had an Annual Health Check, 241 were aged between 14-17 out of 322 on practices' LD registers as at March 2023 (75% uptake, which was the highest in the Midlands).

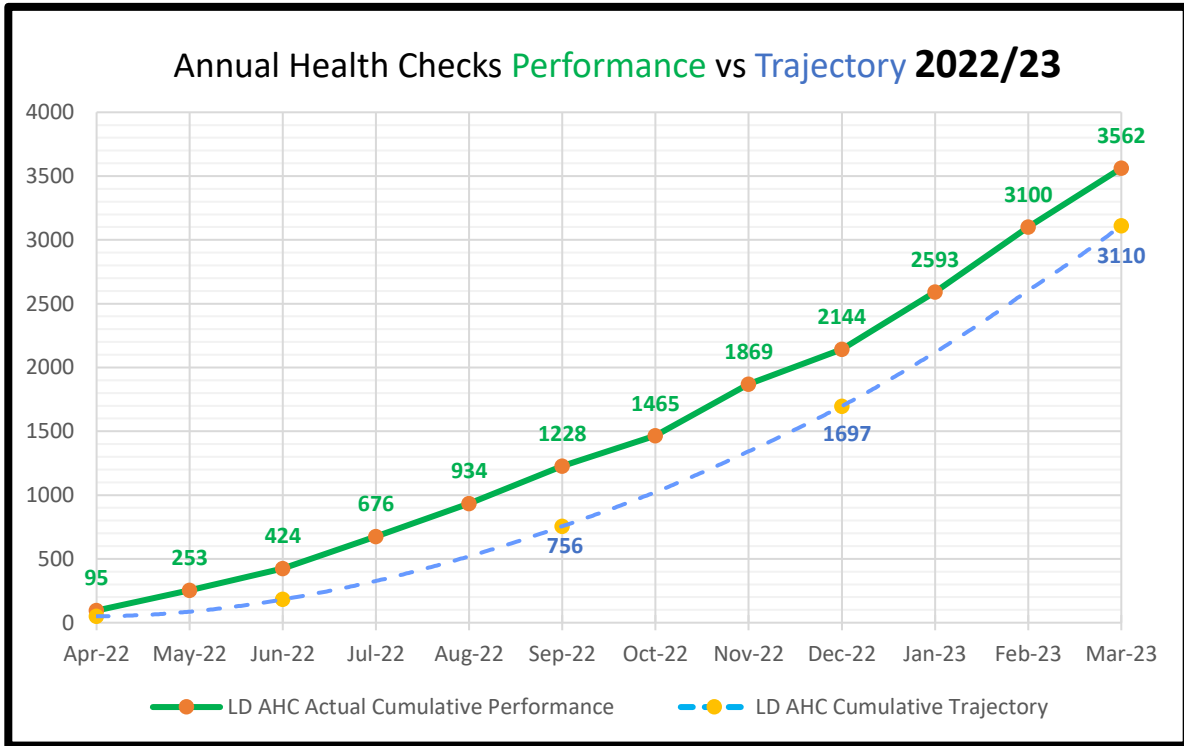


Table 2: 2022/23 Performance Vs Trajectory (people aged 14+)  
 Source of Data: [Learning Disabilities Health Check Scheme - NHS Digital](#)

Going forward into 2023/2024 our performance has dipped and so work I going on to ensure that targets are hit.

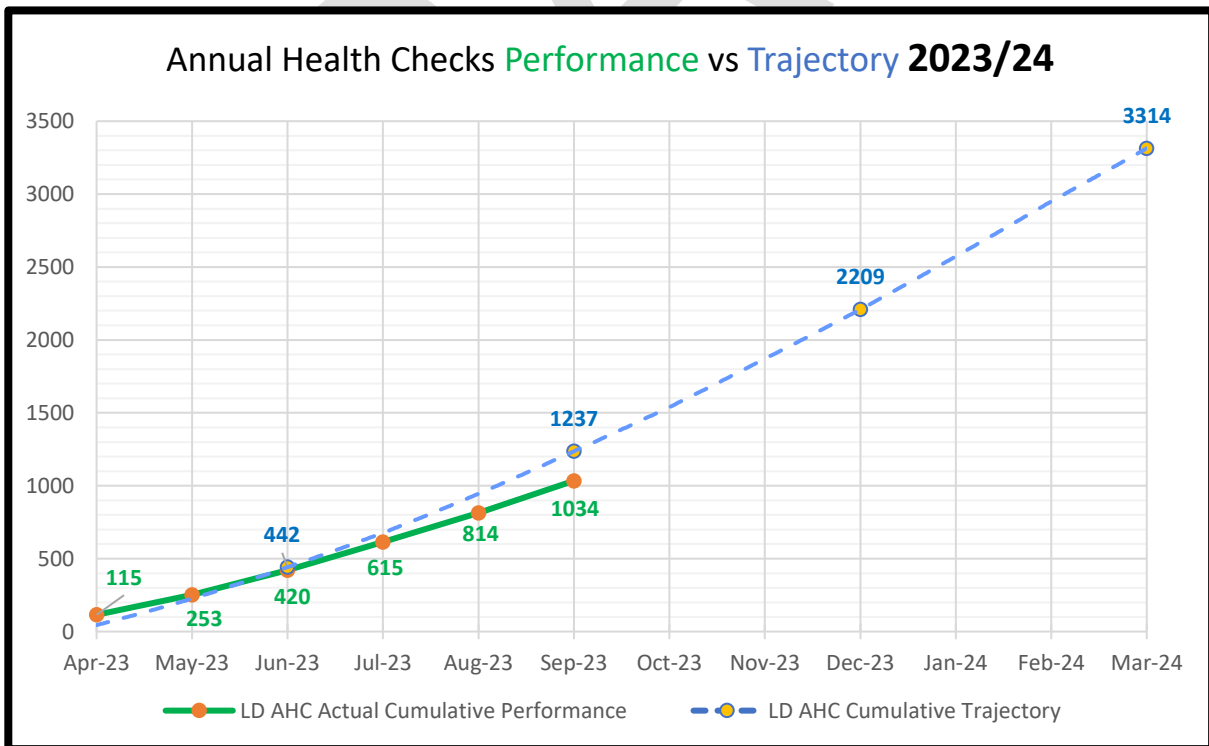


Table 3: 2023/24 Performance Vs Trajectory (people aged 14+), April – Sept (Quarters 1 & 2)  
 Source of Data: [Learning Disabilities Health Check Scheme - NHS Digital](#)

**Performance in 2023/24:**

- The Annual Health Check delivery target for 2023/24 is 75%.
- By September 2023 (the latest official data available at present), the uptake is 23%.
- Of the 1,034 people who have had an Annual Health Check by September 2023, 58 are aged between 14-17 out of 319 on practices' LD registers as at September 2023 (18% uptake to date).
- Actions are being taken to look at ways to increase the current Annual Health Check uptake.

**General points to note:**

- The eligibility criteria for someone to have an AHC is to be aged 14+ and be on their GP practice's Learning Disability register.
- There are 120 GP practices in Coventry & Warwickshire, spread over 19 Primary Care Networks (PCNs) and four 'Places' (Coventry, Rugby, South Warwickshire and Warwickshire North). Of these 120 practices, 50 are in Coventry and 70 are in Warwickshire.
- Annual Health Check activity at GP practices tends to increase significantly each year in Quarter 4, i.e. between January – March.

## Physical Health needs of Children with SEND

Being overweight or obese increases your risk of multiple health conditions and may exacerbate existing ones.<sup>78</sup> Nationally, disabled children are significantly more likely to be overweight or obese than non-disabled children. Data from the Health Survey for England, pooled for 2012, 2013 and 2014, showed that 40.7% of children with a disability aged 2–15 were overweight or obese (with this defined as greater than or equal to the 85th percentile), compared with 28.7% of children without a disability; this suggests that a child with a disability is about 42% more likely to be overweight or obese than a child without a disability, although it should be noted that not all children with SEND would be considered to have a disability.

We also know that a key risk factor for childhood overweight/obesity is deprivation and that this risk factor is more prevalent in children with SEND, so in the absence of more detailed data, we may want to start with a cautious assumption that there is likely to be a higher risk of overweight/obesity in children with SEND than in children without SEND. In order to explore this locally, we could look into the possibility of linking National Child Measurement Programme data (containing information on overweight/obesity) with school census data (containing information on SEND) to be able to assess overweight/obesity in children with SEND specifically in Coventry.

Physical activity is an important means of improving wellbeing and reducing the risk of ill health. National data from the Active Lives Children and Young People's Survey 2018/19 suggests that pupils with SEND in Years 7–11 are significantly more likely to be 'less active' (less than 30 minutes of physical activity per day) than those without SEND, with 34.4% of children with SEND inactive, compared with 30.6% of children without SEND. In addition, a significantly lower proportion of children with SEND were 'fairly active' compared with those without SEND (21.5% compared with 24.0%; 30–59 minutes of physical activity per day). However, the proportions of 'active' children (60 minutes of physical activity per day) appeared similar (44.1% and 45.4% respectively for children with and without SEND). This suggests that while children with SEND are as likely to meet the recommended 'active' physical activity levels as those without SEND, of those children who do not meet this target, children with SEND are less likely to be close to meeting it. We know that being physically active improves mental wellbeing as well as physical health.

To support practitioners and families of children with SEND, CMO guidance was produced to support those involved in the day to day care of children with disabilities.

[UK Chief Medical Officers' physical activity guidelines for disabled children and disabled young people: methodology - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/uk-chief-medical-officers-physical-activity-guidelines-for-disabled-children-and-disabled-young-people-methodology)

### Continence Services

For more information about child health in Coventry, a health profile is attached in Annex A

## Supporting Strategies.

This data supplement does not sit in isolation. Much work is ongoing across the system which supports the SEND agenda and as such there is the need to read this document in conjunction with

- Autism strategy
- Child Friendly Cov
- Early Help Strategy
- Early Years Strategy
- SALT Commissioning plan
- SEND Joint Commissioning Strategy
- Youth Justice Strategy and Plan 2021-2023
- Marmot City Partnership Monitoring tool
- ICB strategy
- Mental Health LTP Refreshed

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## Conclusion

The keys findings are.

- The number of children who are identified as having a Special Educational Need is rapidly increasing, it is unclear whether this is a temporary increase caused in part by the impacts of the COVID19 pandemic or whether this increase will continue at the present rate. This is in part because the City of Coventry continues to grow, even though birth rates are dropping, the number of children moving into the area is creating that demand. Coventry has a younger than average population age, and higher ethnicity than other cities like Coventry, this is in part driven by the two universities within the city and the special welcome that Coventry residents give to those fleeing conflict.
- Coventry has a higher level of deprivation and as such more children living in Poverty than other areas in the region, this mixed with fewer children being school ready, makes for a challenging school environment. There is a known link between educational attainment and deprivation. Despite this, 86% of schools in Coventry are categorised with an OFSTED ranking of good or outstanding.
- In Coventry, we would want to see better outcomes for all our Children, as good school outcomes lead to better paid jobs which leads to healthier adults, and in turn, healthier families. The lower the number of children living in Poverty the better the outcomes will be in all areas of a child's life.
- There is a wide range of services, some universal, other specialists available to all families who have a child with additional special educational need in Coventry, however these services could work together better, thus reducing duplication, improving communication and therefore improving the lives of local children and their wider families.
- Much work has gone on since the last inspection to improve the services we offer, but as always more work needs to be done.
- The pandemic, had a significant impact on services and assessments across a wide range of stakeholders. The impact felt by schools and the clinical services run by our local NHS trusts for children has been doubly hit because of delays in undertaking assessments and increasing numbers of referrals. Whilst a lot of work has already happened, the significant growth in demand will put pressures on the improvement we have seen. We need to consider new ways of working to ensure that improvements continue within the financial resources available.
- We should ensure that all services across the partnerships are outcome focused, led by childrens need - thus developing needs based criteria rather than led by service need. Developing a joint commissioning strategy would ensure that all services were working together to a set of common outcomes.
- We continue to do well at identifying children early with additional educational needs however, some children fall through the net, we need to tighten up to ensure that children with a need are supported as early as possible.
- It is felt that Children in Coventry have move complexed needs than in our statistical neighbours, this need needs to be defined more accurately so that the need can be quantified. We need to look at how we can use data to express this better.
- We do well in supporting Children at the age of 16+ with supported internships that includes career coaching. We need to ensure that there are options for all young people 16+ to do what they want to do.
- Communication between partners is good, however, we need to tighten up on Governance and ensure that all communication is timely and allows all partners to work together to support children and their families get the best outcomes that they can get. This is needed across the system from strategic to frontline delivery. Any governance structure needs to pull together all the boards and strategic groups working on SEND including the Autism Strategy, the LDA board and other child related strategic groups

- Professionals tell us that some children cannot access regular services because of their SEND diagnosis, other children may require additional support to remain in school because of unmet health needs, this requires the system to work together to ensure all care is timely.
- We have heard that some children have a special educational need because they have unmet mental health needs. This is not acceptable, and we need to ensure our prevention pathway to support children with poor mental health provides support as soon as is practically possible so that children can engage with and make the most of the educational opportunities that are offered.

## And recommendations...



**Develop a joint commissioning strategy which addresses the following across all our partnerships.**



**Improve how we use data across the system to map and model service delivery and demand so that planning is improved**



**Improve Communications between all levels of the system**



**Ensure that all children have the opportunity to reach their full potential including developing the workforce.**



**Further develop the Governance System to oversee the implementation of these recommendations.**

### **Develop a joint commissioning strategy which addresses the following across all our partnerships.**

- Although we have invested additional money into ASD assessments, we still do not have enough assessments, and ADHD has not had the same investment as ASD and so those waiting lists remain high. Can we redesign the pathway?
- Whilst the focus has been on assessment, we need to consider increasing the provision of services to meet the increasing numbers of children requiring treatment
- Continue to implement the Speech and Language therapy service redesign.
- Continue to implement the review and increase commissioning of Short Breaks in collaboration with Parents, families and children with SEND to ensure that there is a wide range of opportunities for children with SEND that parents can access.
- Consider the design of Physio/OT provision. We need to look in depth at who is providing what and ensure that the level of services are adequate for the current level of children requiring Special Educational Need support.
- Ensure that a diagnosis does not become a barrier to accessing support for conditions which all children have a right to access at the same time ensure unmet need doesn't lead to additional children requiring SEND support.
- Consider whether children in special schools fully access the resources in mainstream schools, particularly around health education
- By bringing organisations together to commission services together, we have an opportunity to reduce duplication, improve multidisciplinary working, understand better any blocks across the whole system and work together more effectively to address these blocks.
- Consider redesigning the continence service for children with disabilities
- Consider benchmarking service provision between our services and those of our statistical neighbours

**Improve how we use data across the system to map and model service delivery and demand so that planning is improved.**

- The ICB to lead work across the NHS and other partners to improve data sharing, ensuring that the SEND board gets the data it requires to make timely and effective decision making.
- Collect ethnicity for those taking up/not taking up school 2-year-old placements – what can we do if not statutory
- Consider how we can capture absences from early years setting, as this gives an indicator for how school ready children will be.
- Explore the disparity in outcomes data between 2 yr year HV check and the preschool checks in more depth, ensuring quality checks across the system, integrate checks where appropriate
- Consider collecting the SEND status of a child when referrals are made to secondary/community services such as CAMHS, this could include making the link between all ill health acute admissions and SEND.
- Understand whether the Mental Wellbeing Tier 2 service is supporting children with SEND effectively to prevent the need for tier 3 services?
- Consider linking and then using the education number and NHS number so the records talk to each other.
- Update the data supplement on a 2 yearly cycle.
- Consider how we might use data to explore the complexity of SEND children within Coventry.

**Improve Communications between all levels of the system**

- Explore whether multidisciplinary team meetings could be used to ensure that services are joined up and focused on the child need, develop a Best interest style meeting that is inclusive.
- Improve communication between all partners, and especially those who work on the frontline ensuring that all professionals can deliver the right care at the right time
- Consider how schools can support the uptake of the annual Learning Disabilities health check once children become 14 years old.
- Explore how we could improve partnership working around the annual reviews
- Ensure that interpreters understand the role they play in ensuring accurate data captured.

**Ensure that all children have the opportunity to reach their full potential including developing the workforce**

- Explore which children do not take up the free nursery offer for 2-year-old education offer, in particular understand what influences parents to take up this offer.
- Explore the impact changing free preschool offer will have on SEND children from September 2024.
- Ensuring that parents from ethnic minority groups are helped to understand SEND so that they recognise the benefits from taking up the support offer, with particular work to support parents from black heritage backgrounds and Asian backgrounds.
- Look at how we support the link with portage and Nursery placements to improve uptake of nursery placements by children with SEND.
- Understand further which parents take up private assessments and how we can support such assessments, making sure parents are clear about what the Coventry position is around such assessments.
- Upskill the workforce to ensure that all staff, from any sector are supporting the child in the right way, so that care is consistently being delivered in all settings.
- We need to increase the skillset of staff so that there is capacity to provide ongoing workforce development for early years settings. This work has started, but we need to go further.



**Further develop the Governance System to oversee the implementation of these recommendations.**

- Further develop an inclusion dashboard across all partners so that the data elements are readily available and review on a regular basis by SEND board.
- Formalise the links between the Childrens Joint commission group and SEND Board through the Health and Wellbeing board.
- Hold systems partners to account for performance
- Ensure that all partners across the SEND board are sighted on issues which need addressing so that a collaborative approach to problem solving is adopted.
- Develop a quality assurance framework so that standards and improvements can be noted.

**Next Steps**

1. For this report to be received by the SEND Board, and relevant associated boards for discussion.
2. For the recommendations to be adapted, agreed and adopted.
3. For an action plan to be developed, in collaboration with the SEF findings to ensure a multi organisation approach to service development across Coventry. Each Workstream will decide how best to deliver the suggested work programme including potential financial implications, including prioritisation and what can be afforded when.
4. To set up a sub board structure to ensure the six areas for recommendations have identified leads who will take responsibility for delivery. Each workstream will appoint a lead who will sit on the SEND board and provide regular updates, including successes and risks to programme.

**Potential Sub Board Structure**



5. For the SEND Board to receive sub group reports on a regular basis. Delivery plans will be monitored by the SEND Board and reported to the Health and Wellbeing board as the oversight group.

## Annex A - Children and Young Peoples Profile 2023

### Key points:

- There are around 120,000 children and young people aged 0–25 in Coventry, making up around three and a half in every ten residents (35%) – a higher proportion than the national average (31%).using 2021 Mid Year Population estimates from ONS.
- The census of 2021, put the Coventry under 16 population at 72,983 and the 18 -24 population at 54,284 which makes the number of under 25 year olds 127,267 more than the mid year estimates for 2021.
- The 0–25 population has been growing faster than Coventry as a whole, driven largely by increases in the student-age/young adult population, who are a large and distinct subgroup of the 0–25 population.
- Coventry's 0–25 population is more predominantly male (52.4%) than the national average (51.3%). However, this is largely driven by the student-age population; a similar proportion of under 18s are male in Coventry compared with England.
- Coventry has a diverse school-age population. Of children attending Coventry schools, just under half are White British (47.9%), with the next three largest ethnic groups being Black African (10.2%), Indian (8.9%) and those from 'other' White backgrounds (8.5%).
- The first language of around two-thirds (66.3%) of pupils attending state-funded schools in Coventry is known or believed to be English, but this varies markedly from 2.0% to 87.1% by school.
- Across Coventry, around one in six children attending state-funded primary and secondary schools are eligible for and claiming free school meals. This rises to around two in five for those attending special schools and more than half for those in pupil referral units.
- More than one in five children in Coventry (21.8%) live in an income-deprived household, the 43<sup>rd</sup> highest proportion among 151 local authorities in England. This hides wide variation by area within Coventry, ranging from 2.6% to 55.1%.

### Population size, structure and trends

In 2021, using Census 2021 data there were around 127,267 children and young people aged 0–24,364 days in Coventry, three and a half residents for every ten (35%) of the total population of around 366,800 people.<sup>1</sup> This is higher than the proportion across England, which is closer to three in ten (31.3%).

Between the 2011 Census and 2021 census, there has been an 13.5% increase (+8,794).

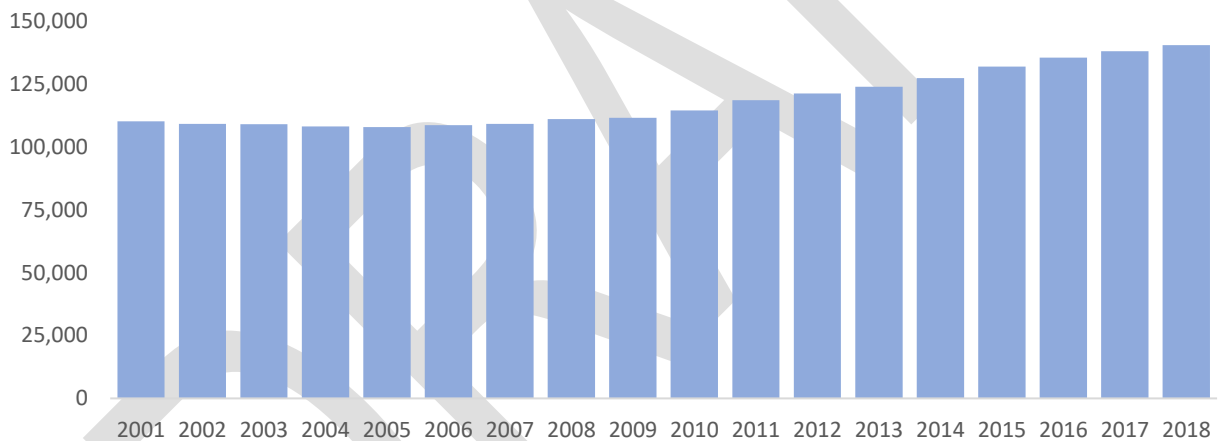
The census population records 34,087 less people in Coventry than updated ONS data (December 2021) this is because not everyone will receive a census form, particularly those who have newly arrived from other countries. ONS have undertaken an analysis of the differences which can be found here. For West Midlands, the census recorded less females than estimated but more males overall the balance meant the estimate was 0.4% over the census data.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/reconciliationofmidyearpopulationestimateswithcensus2021englandandwales/2023-02-28#reconciliation-of-mid-year-population-estimates-with-census-2021-england-and-wales-data>

<sup>1</sup> Office for National Statistics mid-2018 population estimates, rounded to nearest 100.

Population by age (%of total population)	Coventry		West Midlands region	England	Period
	count	rate	rate	rate	
Total population	379,387		5,961,929	56,550,138	2020
Total Population (Census)	345,300		5,950,800	56,489,800	2021
Median age		34	39 ▼	39 ▼	2011
Population aged 0-15	72,983	19.2%	19.6% ◆	19.2% ◆	2020
Population aged 16-64	255,941	67.5%	61.7% ▲	62.3% ▲	2020
Population aged 65 and over	50,463	13.3%	18.7% ▼	18.7% ▼	2020
All persons aged 0 to 4	22,395	5.9%	5.9% ◆	5.7% ◆	2020
All persons aged 18 to 24	54,284	14.3%	8.8% ▲	8.3% ▲	2020
All persons aged 85 and over	6,785	1.8 %	2.5 % ▼	2.5 % ▼	2020

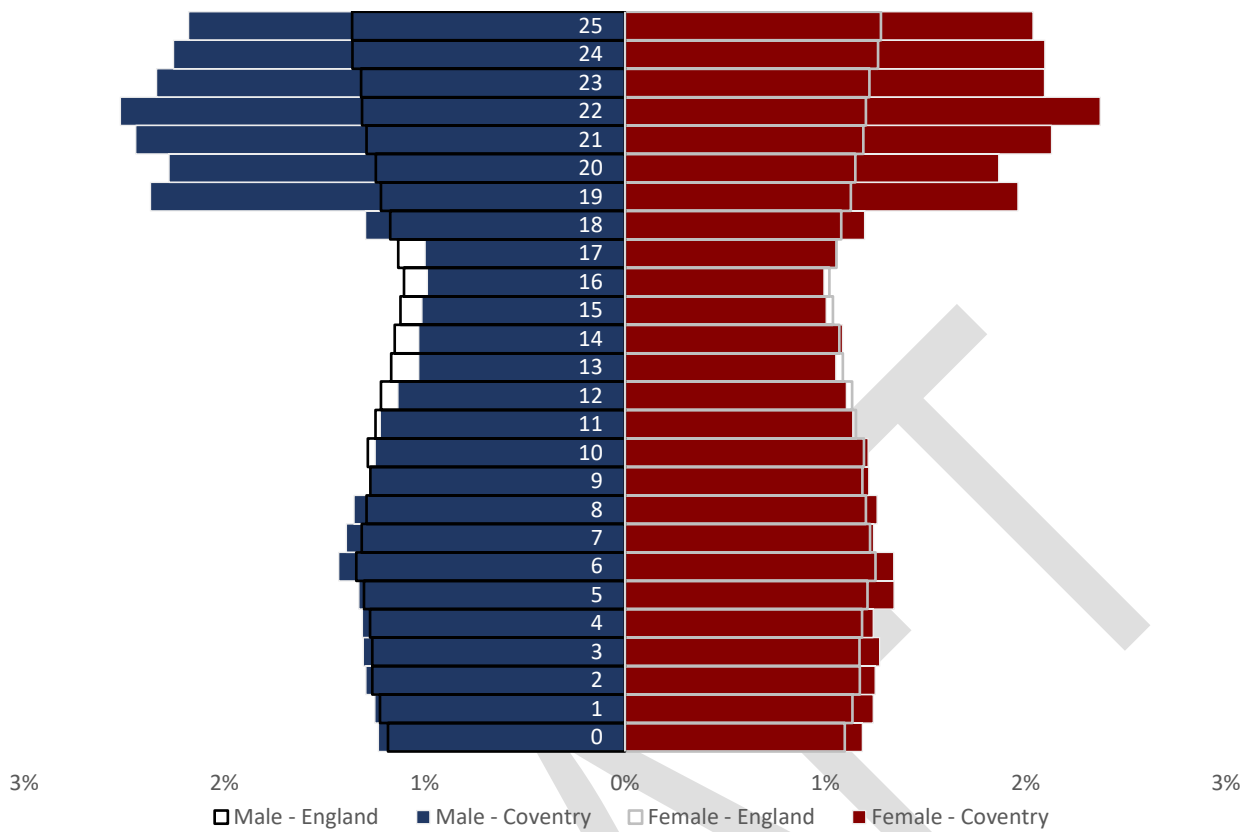
Population aged 0–25 in Coventry, 2001–2018



Data: Office for National Statistics mid-2018 population estimates.

A large, distinct subgroup within the 0–25 population are young people aged 19–25 (40.5% of the 0–25 population; 56,800 people). This group make up a much higher proportion of the overall population in Coventry than England (Figure A.2). The ‘jump’ in population size by age seen in Coventry from age 17 to ages 18/19 is likely to reflect that the fact that Coventry’s two universities attract young people from elsewhere to move to the city for their studies.

Population pyramid of 0–25 population, Coventry and England, 2018



Data: Office for National Statistics mid-2018 population estimates. Note: Shows percentage of overall population by sex.

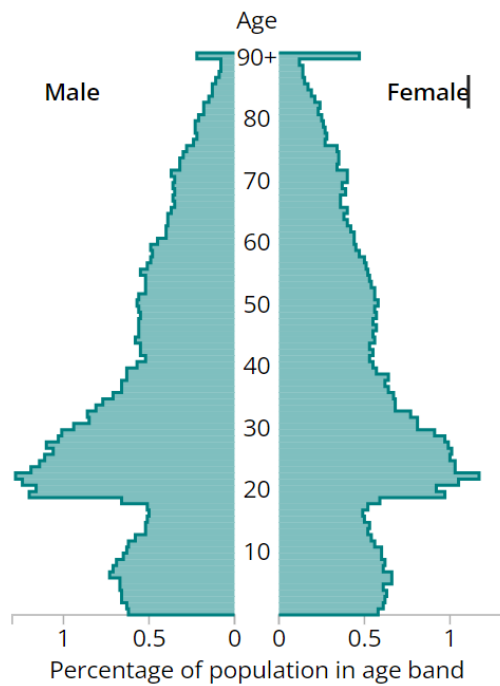
Population pyramid 2018 Coventry with all people below

**366,785** people in 2018

All ages

**186,154** males 50.8%

**180,631** females 49.2%



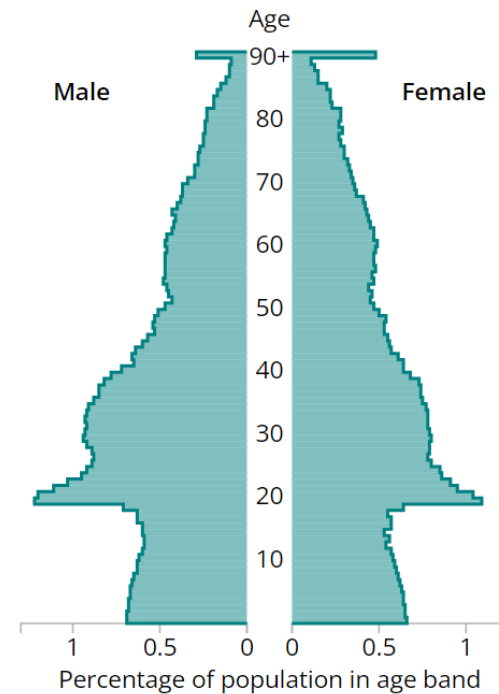
Population pyramid 2028 Coventry with all people below

**414,847** people in 2028

All ages

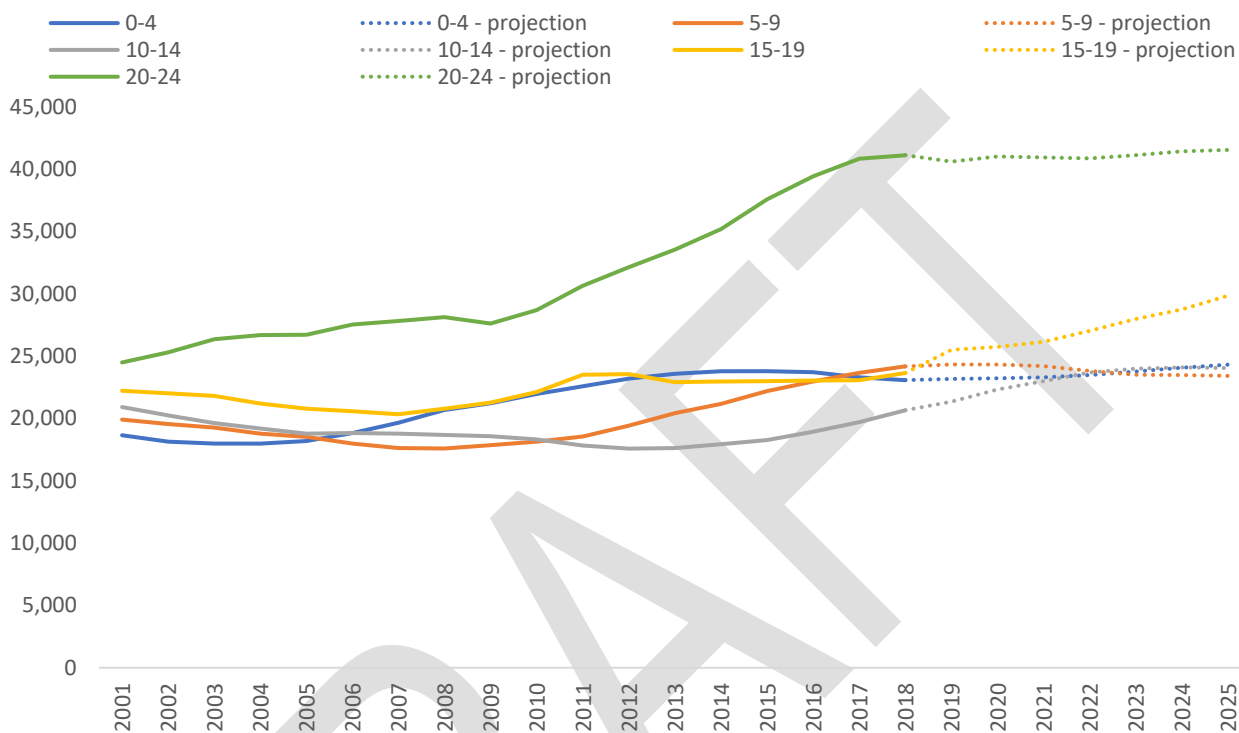
**212,607** males 51.2%

**202,240** females 48.8%



Each Population pyramid suggests that the student-age/young adult population is where the largest increase among 0–25 year olds has come from over the last 10 years (the 20–24 year old population increased from 27,600 in 2009 to 41,100 in 2018), although other age groups have also been increasing following declines in the early 2000s.

**Population aged 0–24 by 5-year age bands in Coventry, 2001–2018, showing 2018-based population projections to 2025**



Data: Office for National Statistics mid-2018 population estimates, Office for National Statistics 2018-based subnational population projections.

Projections suggest that all age groups apart from 5–9 year olds will increase between 2018 and 2025, with this increase projected to be most marked in 15–19 and 10–14 year olds (Table A.1).

**Population projections, 2018 to 2025**

Age group	2018	2025	Change	% change
0–4	23,100	24,300	+1,200	+5%
5–9	24,200	23,400	–800	–3%
10–14	20,600	24,000	+3,400	+16%
15–19	23,600	29,800	+6,200	+26%
20–24	41,100	41,500	+400	+1%
<b>0–24</b>	<b>132,600</b>	<b>143,100</b>	<b>+10,500</b>	<b>+8%</b>
<b>All ages</b>	<b>366,800</b>	<b>400,500</b>	<b>+33,700</b>	<b>+9%</b>

Data: Office for National Statistics 2018-based subnational population projections. Note: 25 year olds not represented in 5-year age group data.

## Sex

Nationally, a higher proportion of children and young people are male than female: of 0–25 year olds across England in 2018, 51.3% were male and 48.7% were female. In Coventry, this population is even more predominantly male (52.4% male and 47.6% female). This relates to a difference of around 6,700 more males than females. The greater prevalence of males is seen particularly among those aged 18 and above, but also among those aged 0–12. Looking at just those under 18, the breakdown is 51.4% male and 48.6% female, very similar to the national picture (51.2% and 48.8% respectively). Limited data on gender identity exists, although a voluntary question for those aged 16 and above is planned for the 2021 census.<sup>2</sup>

## Ethnicity

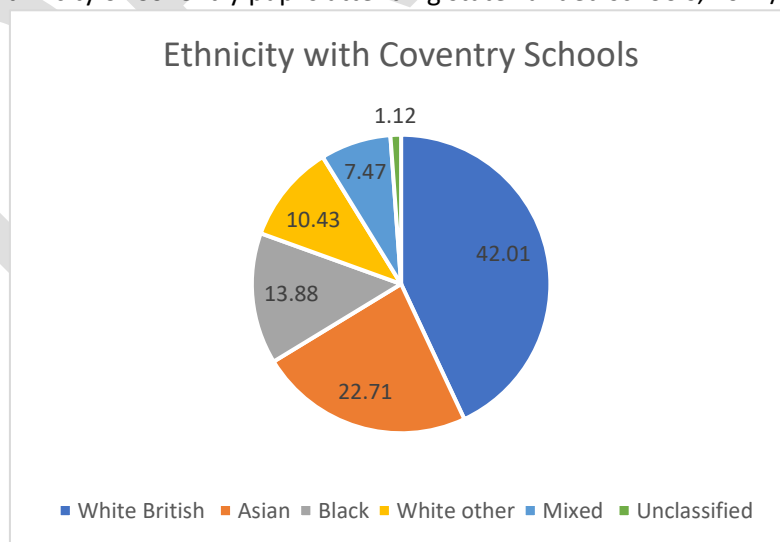
In the latest census 2021, around 242,100 Coventry residents said they were born in England. This represented 70.1% of the local population. Whilst the figure has risen from around 240,100 in 2011, the percentage of people born in England has fallen as in 2011, this represented 75.8% of Coventry's population.

India was the next most represented, with just over 15,600 Coventry residents reporting this country of birth (4.5%). This figure was up from just over 13,400 in 2011, which at the time represented 4.2% of the population of Coventry. The number of Coventry residents born in Poland rose from just over 6,400 in 2011 (2.0% of the local population) to just under 8,900 in 2021 (2.6%).

In 2021, 8.9% of Coventry residents identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category, up from 5.6% in 2011. The 3.3 percentage-point change was the largest increase among high-level ethnic groups in this area.

Of pupils attending Coventry state-funded schools, just under half (47.9%) are White British. The next most common ethnic groups are Black African (10.2%), Indian (8.9%), those from 'other' White backgrounds<sup>3</sup> (8.5%), Pakistani (5.3%) and those from 'other' Asian backgrounds<sup>4</sup> (4.5%).

Ethnicity of Coventry pupils attending state-funded schools, 2022/23



Data: Department for Education, Schools, pupils and their characteristics 2023.

<sup>2</sup> United Nations Economic and Social Council. [Economic Commission for Europe. Conference of European Statisticians. 67th plenary session. Paris, 26-28 June 2019. In-depth review of measuring gender identity. Note by Canada and the United Kingdom.](#) [Geneva]: UNECE; 2019; HM Government. [Help Shape Our Future. The 2021 Census of Population and Housing in England and Wales.](#) [London]: HM Government; 2018.

<sup>3</sup> Defined as those from White backgrounds other than: White British, Irish, traveller of Irish heritage or Gypsy/Roma

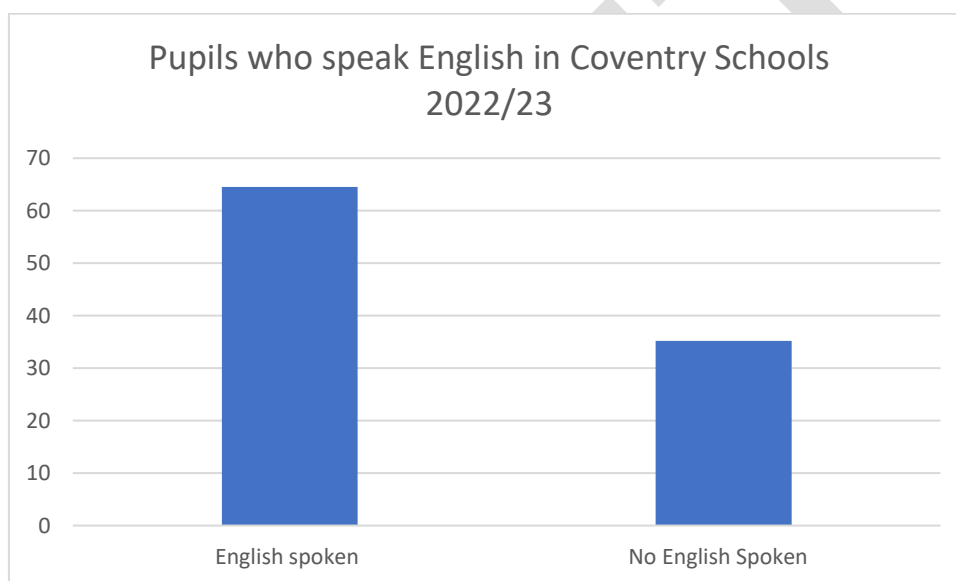
<sup>4</sup> Defined as those from Asian backgrounds other than: Indian, Pakistani, Bangladeshi or Chinese

In 2021, 65.5% of people in Coventry identified their ethnic group within the "White" category (compared with 73.8% in 2011), while 18.5% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 16.3% the previous decade). The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 1.7% in 2011 to 3.7% in 2021.

### English as an additional language

In 2022/23, the number of pupils who can speak English has fallen slightly on 2019 (66.3%) to 64.5% of pupils attending any state school provision, while it is known or believed to be another language other than English for one-third of pupils for 35.2%. There was no classification for 0.4% of pupils. This is not a measure of pupils' level of proficiency in English, only that they are exposed to another language at home. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

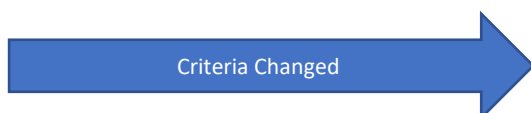
### Language spoken of Coventry pupils attending state-funded schools, 2022/23



### Deprivation - Free school meals

The number of children claiming free school meals in Coventry continues to rise.

FSM eligible pupils taking free school meals	2015/16	14.6	7,936
	2016/17	12.5	6,885
	2017/18	12.3	6,899
	2018/19	13.7	7,809
	2019/20	14.8	8,521
	2020/21	18.7	10,784
	2021/22	18.1	10,596

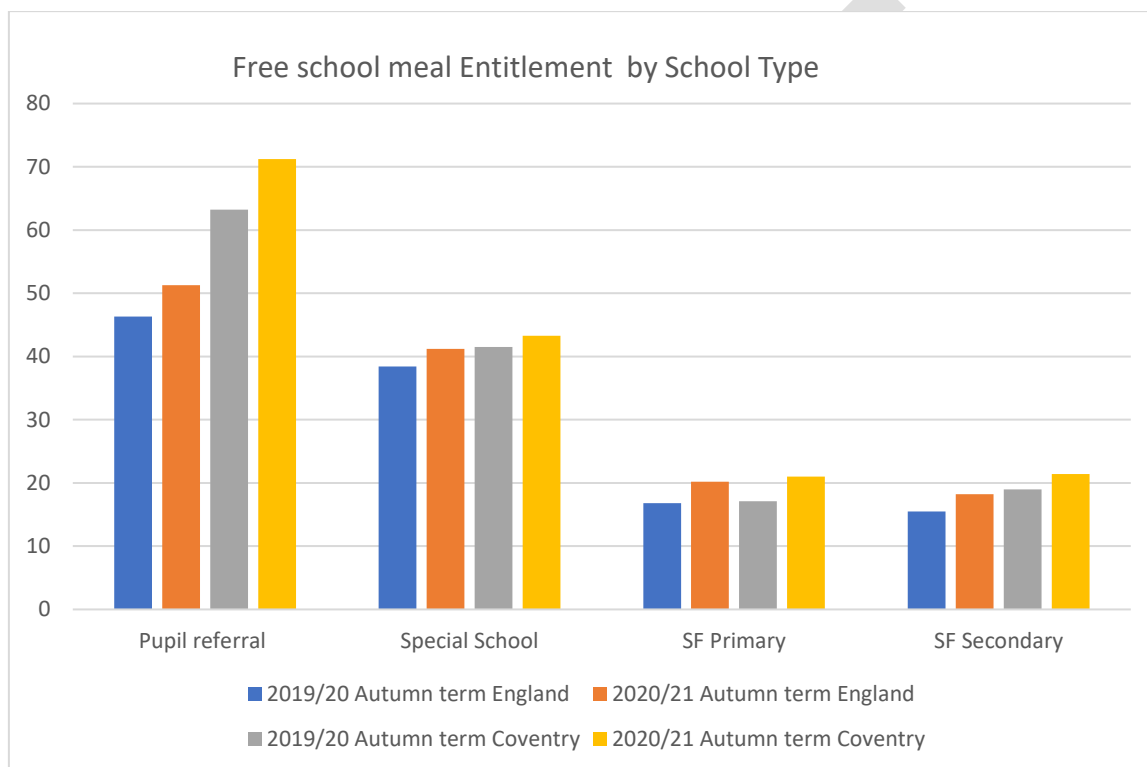




Across Coventry, 18.5% of children attending Coventry State funded schools are known to be eligible for and claiming free school meals (around one in five pupils in each setting) (Figure A.5).<sup>5</sup> This rises to 43.8% for those attending special schools and 51.0% for those in pupil referral units.

A higher proportion of children are eligible for free school meals in each setting in Coventry compared with England, most notably in pupil referral units, although it should be noted that numbers are small.

**Percentage of children known to be eligible for and claiming free school meals in four educational settings, 2019-2021, England and Coventry** <https://explore-education-statistics.service.gov.uk/data-tables/free-school-meals-autumn-term/2020-21-autumn-term?subjectId=804ed031-cbd-4aa3-c285-08d89c342db1>



### Income deprivation affecting children index

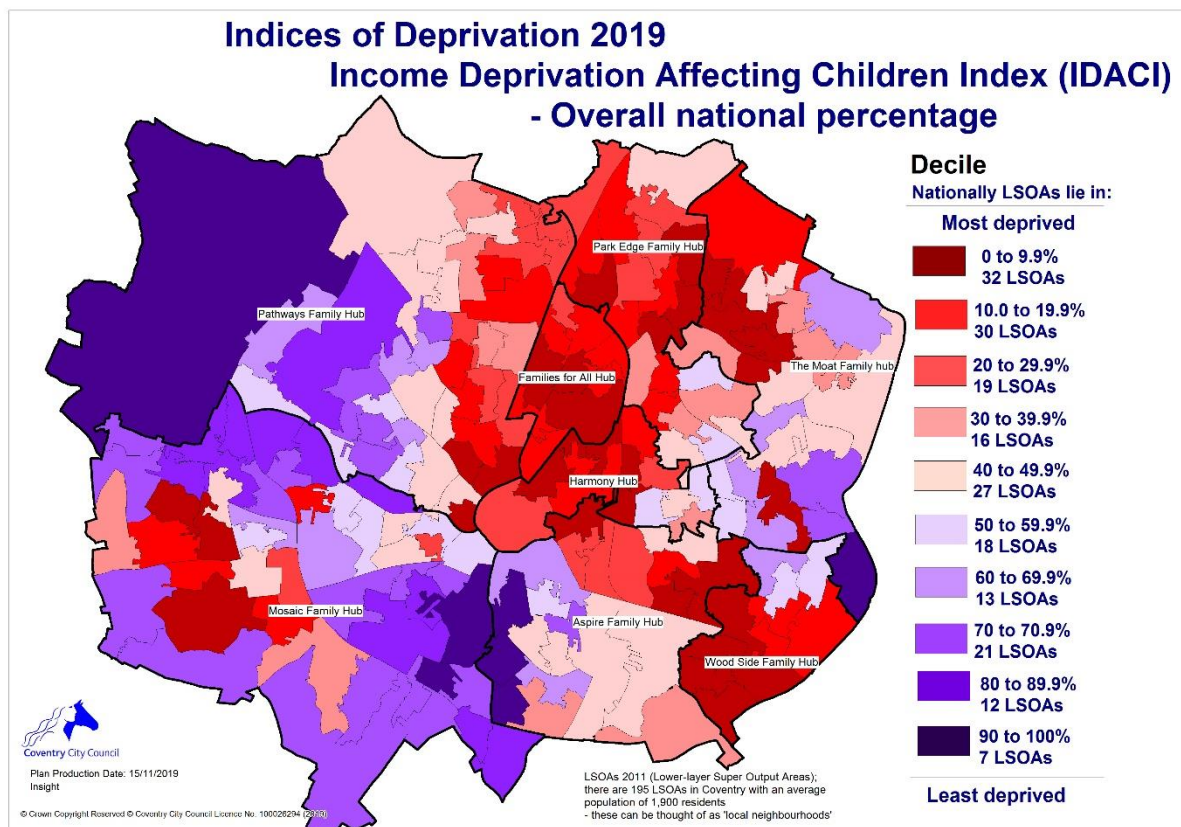
According to the 2019 index of deprivation affecting children, 21.8% of children in Coventry live in income-deprived households, the 43<sup>rd</sup> highest proportion among 151 local authorities in England.<sup>6</sup> This proportion is higher than both England (17.1%) and the West Midlands (16.0%).

The local authority level figure also hides wide variation by lower layer super output area (LSOAs, small areas with a median population of around 1,700),<sup>7</sup> ranging from 2.6% to 55.1% in Coventry (from around 1 in 38 children to more than 1 in 2).

Mapped by national deciles (i.e. where decile 1 is made up of the LSOAs across England with the lowest 10% of values, decile 2 is made up of the LSOAs with the lowest 10–20% of values, and so on), there is a clear geographical pattern, with higher areas of income deprivation affecting children in the eastern half of the city, especially the north-east, with another area of greater deprivation around Tile Hill in the west of the city (Figure A.7).

<sup>6</sup> Ministry of Housing, Communities & Local Government, English indices of deprivation 2019: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>.

<sup>7</sup> Office for National Statistics, [Lower layer Super Output Area population estimates \(supporting information\), Mid-2018](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/physicalhealth/bulletins/lowerlayeroutputareapopulationestimates/superoutputareapopulationestimates). There are 195 LSOAs in Coventry, which range in population size from 1,200 to 7,500 (median 1,700, mean 1,900).



Data: Ministry of Housing, Communities & Local Government, English indices of deprivation 2019. Note: The indices of deprivation were updated in 2019, but the data they are based on is less recent.

DRAFT

Health Profile of children in Coventry

## Child and Maternal Health

Data view  
Area profiles



Geography  
Coventry  
Counties & UAs in West Midlands region

Topic  
Child Health Profiles

[Legend](#) [Benchmark](#) [More options](#)

Geography version Counties & UAs (2021/22-2022/23)

CSSNBT neighbours of Coventry

Indicator	Period	Coventry		Region England			England		Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	
Infant mortality rate	2019 - 21	=	70	5.7	5.6	3.9	7.5		1.2
Child mortality rate (1-17 years)	2018 - 20	=	34	15.0	11.0	10.3	17.7		6.1
Population vaccination coverage: MMR for one dose (2 years old)	2021/22	↑	-	88.5%	89.4%	89.2%	65.4%		97.7%
Population vaccination coverage: Dtap IPV Hib (2 years old)	2021/22	→	-	93.0%	93.4%	93.0%	70.6%		99.1%
Children in care immunisations	2022	→	502	94.0%	83.0%	85.0%	30.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	=	-	61.1%	63.7%	65.2%	53.1%		74.4%
Average Attainment 8 score	2021/22	=	179,865	46.4	47.5	48.7	39.2		61.3
Average Attainment 8 score of children in care	2021	=	910	19.8	24.5	23.2	14.2		38.3
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2021	↓	-	3.9%	5.0%	4.7%	14.7%		1.4%
First time entrants to the youth justice system	2021	↓	47	138.0	134.8	146.9	446.9		56.3
Children in absolute low income families (under 16s)	2021/22	=	14,586	21.4%	21.4%	15.3%	35.3%		4.2%
Children in relative low income families (under 16s)	2021/22	=	18,267	26.7%	27.0%	19.9%	41.7%		5.4%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2021/22	=	915	20.1	15.2	14.4	39.3		4.5
Children in care	2022	=	723	94	88	70	218		26
Children killed and seriously injured (KSI) on England's roads	2018 - 20	=	48	22.1	16.1	15.9	55.0		2.6
Low birth weight of term babies	2021	→	106	3.0%	3.0%	2.8%	5.0%		1.5%
Reception: Prevalence of obesity (including severe obesity)	2021/22	→	385	10.4%	11.3%	10.1%	14.9%		5.4%
Year 6: Prevalence of obesity (including severe obesity)	2021/22	↑	1,080	26.7%	26.2%	23.4%	34.0%		12.4%
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	=	-	34.2%	23.8%	23.7%	46.0%		9.7%
Hospital admissions for dental caries (0 to 5 years)	2018/19 - 20/21	=	25	30.3	87.0	220.8	7.5		931.3
Under 18s conception rate / 1,000	2021	=	109	18.6	15.2	13.1	31.5		2.7
Teenage mothers	2021/22	→	25	0.7%	0.7%	0.6%	2.4%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	=	65	27.1	24.9	29.3	83.8		7.7
Hospital admissions due to substance misuse (15 to 24 years)	2018/19 - 20/21	=	130	66.5	66.9	81.2	229.4		16.9
Smoking status at time of delivery	2021/22	↓	354	9.3%	9.8%	9.1%	21.1%		3.1%
Baby's first feed breastmilk	2020/21	=	2,365	73.8%	68.3%	71.7%	1.3%		98.6%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2021/22	=	2,000	*	*	49.2%*	-	Insufficient number of values for a spine chart	-
A&E attendances (0 to 4 years)	2021/22	=	23,025	1,135.5	827.4	762.8	2,080.6		387.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2021/22	=	510	79.4	83.7	84.3	162.2		38.8
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2021/22	=	525	95.4	112.4	118.6	252.2		53.3
Hospital admissions for asthma (under 19 years)	2021/22	=	75	92.4	165.6	131.5	438.0		47.0
Hospital admissions for mental health conditions (< 18 yrs)	2021/22	=	55	72.0	91.0	99.8	355.1		33.3
Hospital admissions as a result of self-harm (10-24 years)	2021/22	=	225	295.8	397.8	427.3	1,051.7		127.6

Child health outcomes are generally worse in Coventry than the rest of England, this is not surprising given the overall levels of deprivation but there a number of indicators in which we could have a significant impact.

Whilst vaccination coverage is good for Children in Care, it is worse than the England average for our wider population.

When Children go into reception class, they are less likely to be ready for school than in other areas. This measure includes being able to dress self, sit still and listen as well as hold pencils. Children who are behind at this stage are at a disadvantage to other children and it becomes more difficult for those children to catch up. The impact on COVID is likely to have amplified this impact.

### Self Reported Mental Wellbeing from the School Nursing health needs assessment data

Each year pupils in year 6 and year 9 complete a health survey. This is the latest DATA (school year of 2022/23)

#### Year 6

(1) Do they have an adult they can talk to when they are worried or sad

No	114	5%
Not sure	284	12.5%
Yes	1,874	82.5%
Total	2,272	100%

(2) Are you being bullied

Yes	293	12.9%
No	1,979	87.1%
Total	2,272	100%

(3) If you are being bullied where is it taking place

Home	26
School	210
Way to school / on way home	14
Club	17
Other	30

(4) How are you feeling today

Happy	578	25.4%
Okay	1,133	49.9%
Unhappy	198	8.7%
Very Unhappy	51	2.2%
Very Happy	312	13.7%
Total	2,272	100%

(5) Of those who feel unhappy or very unhappy do you feel like this most days

	Yes	%	No	%
Very unhappy	41	80.4%	10	19.6%
Unhappy	127	64.1%	71	35.9%

#### Year 9

(1) Do they have regularly experience feelings of anxiousness

No	572	59.7%
Yes	386	40.3%
Total	958	100%

(2) Of those who said yes, does it prevent them from doing day to day actions

Yes	%	No	%
196	50.8%	190	49.2%

(3) Are you being bullied

Yes	68	7%
No	902	93%
Total	970	100%

(4) If you are being bullied where is it taking place

Home	5
School	55
Online	12
Community	5
Club	6
Other	5

(5) How are you feeling today

Happy	285	29.7%
Okay	458	47.7%
Unhappy	105	10.9%
Very Unhappy	36	3.7%
Very Happy	77	8%
Total	961	100%

(6) Of those who feel unhappy or very unhappy do you feel like this most days

	Yes	%	No	%
Very unhappy	32	88.9%	4	11.1%
Unhappy	89	84.8%	16	15.2%

## Impact of COVID19 on all pupils in educational settings.

Much has been written about the impact school closure, social isolation and remote learning has had on children during the COVID19 pandemic. The main findings were that

- Children who were registered as SEND or had an EHCP in place were more likely not to be at school, these young people found remote learning extremely hard and therefore fell further behind their peers without identified learning needs
- Children with Social Workers also suffered detrimentally due to the need to isolate, children going into children's homes often had to isolate for 14 days and this had detrimental impact on their mental health, as well as their learning. Children who were isolating due to bubble isolation did better than children who had to isolate individually.
- The number of children being home schooled has risen. Almost three-fifths of schools told inspectors they had at least one pupil whose parents had removed them from school to be home educated since the start of the autumn term 2021.
- Whilst impacting on every child in the country, COVID-19 is likely to have a particularly pernicious impact on the estimated four million children and young people already living in poverty in the UK. Furthermore, it is estimated that 1.7 million children aged 10-17 are living in a household with problem debt and another 2.1 million children are living in a household where there has been difficulty paying the bills. Financial instability rose during the COVID-19 crisis and low-income families already unable to budget for unexpected expenses were hit the hardest. This has continued with the cost of living crisis that followed on from the pandemic
- Free school meals are worth approximately £400 to a family for each child in receipt of free school meals, whilst action eventually did take place to fill this gap there was a delay in children accessing a suitable nutritional substitute. Families whose children have free school meals are also less likely to have access to the technology or the time to support their children with remote learning, particularly if, these parents were key workers who needed to attend work. Whilst provision was made for key worker children to continue at school, this did not support families during outbreaks where school bubbles were sent home to isolate.
- In Coventry, we have a significant number of children who have no recourse to public funding, this includes children whose parents are asylum seekers or refugees. Research published by the Mayor of London's office, estimated 215,000 undocumented children are living in the UK and they will have no recourse to public funds because of their parent's status. In addition, the majority of those who have lawful status will do so with 'no recourse to public funds' (NRPF) condition applied to their visa or their leave to remain in the UK which means that thousands more children and families will not be able to access vital welfare benefits and support even in an emergency. Many of these children will in fact be British themselves or will have been born here and know no other home. Having NRPF means that affected children and families are prevented from accessing in-work and out-of-work benefits such as child benefit, tax credits, Universal Credit, income-related Employment and Support Allowance, income support, free school meals, local welfare assistance schemes, housing benefit and social housing.
- Early in the pandemic, schools did not have the resource to teach remotely, nor did all pupils have the equipment at home to access remote learning.
- Children's health suffered during COVID, due to lack of access to Clinical staff, whether this was due to parents being afraid of healthcare settings, for routine healthcare (immunisations, routine appts or early identification of learning problems) to a worsening of children's mental health caused by loss of connection with peer friendship groups, routine or social connection.
- Child and Adolescent Mental health services reduced or suspended new assessment and treatment clinics in many parts of the UK at a time when children and young people are experiencing higher levels of anxiety and depression.

These findings will continue to impact on children as they move through their childhood. It is likely that we will continue to see the impacts of the pandemic on children, young people and their families for the foreseeable future.

## Annex B - Speech and Language needs Assessment



SALT EXECUTIVE  
SUMMARY .docx

## Annex C - Autism Needs Assessment



Annex C Autism  
Needs ASSESSMENT I

## Annex D Recommendations from the 2019 SEND Inspection JSNA



Action log - 2019  
Inspection.docx

DRAFT



## Annex E Engagement with Parents and Staff

During the last JSNA, which was conducted at around the time of COVID19, there was limited consultation work. The engagement that took place, took a practical approach and made use of existing meetings; however, this meant that it could not engage with those who were not already involved in these meetings, professional meetings limited themselves to those working within the education sector.

Nonetheless, some key themes that arose in 2020 were

- **Parenting and early intervention.** This was raised by the headteachers and SENCOs. The headteachers commented on the need for very early intervention to support vulnerable parents so that children would be ready to start school in Reception. The SENCOs also commented on ways in which parents' level of engagement affected outcomes, with a specific barrier noted for parents with English as an additional language.
- **Joint working.** There were examples from the headteachers, SENCOs, and parents/carers where better joint working between professionals would better help meet children's needs. For example, the headteachers commented on a mismatch between their views and those of social care. The issue of joint working seemed to be especially important in relation to transitions between services (for example, in sharing data).
- **Transitions.** The differences between children' and adults' services were raised at the parent/carer event. SENCOs also commented on difficulties arising from transition from early years services and from other local authorities.
- **Waiting lists.** These were raised by both parents/carers and SENCOs, although health services at the 'Ask the Experts' event could point to reductions in waiting times and better processes for those on the waiting list.
- **Information and transparency.** This was raised by parents/carers but was also apparent in some of the responses from SENCOs. The question and answer session with parents/carers highlighted that the system/pathways and what was available did not necessarily feel clear to all parents.
- **Support for parents.** This was raised by parents/carers and SENCOs, especially around support for challenging behaviour.
- **Removing barriers for young people to do the things that are important to them.** Young people with SEND gave examples of a huge range of hobbies, activities, people and concepts that were important to them. However, there were some examples of barriers to these as a result of their SEND status, such as accessibility of public transport and greater understanding from teachers.

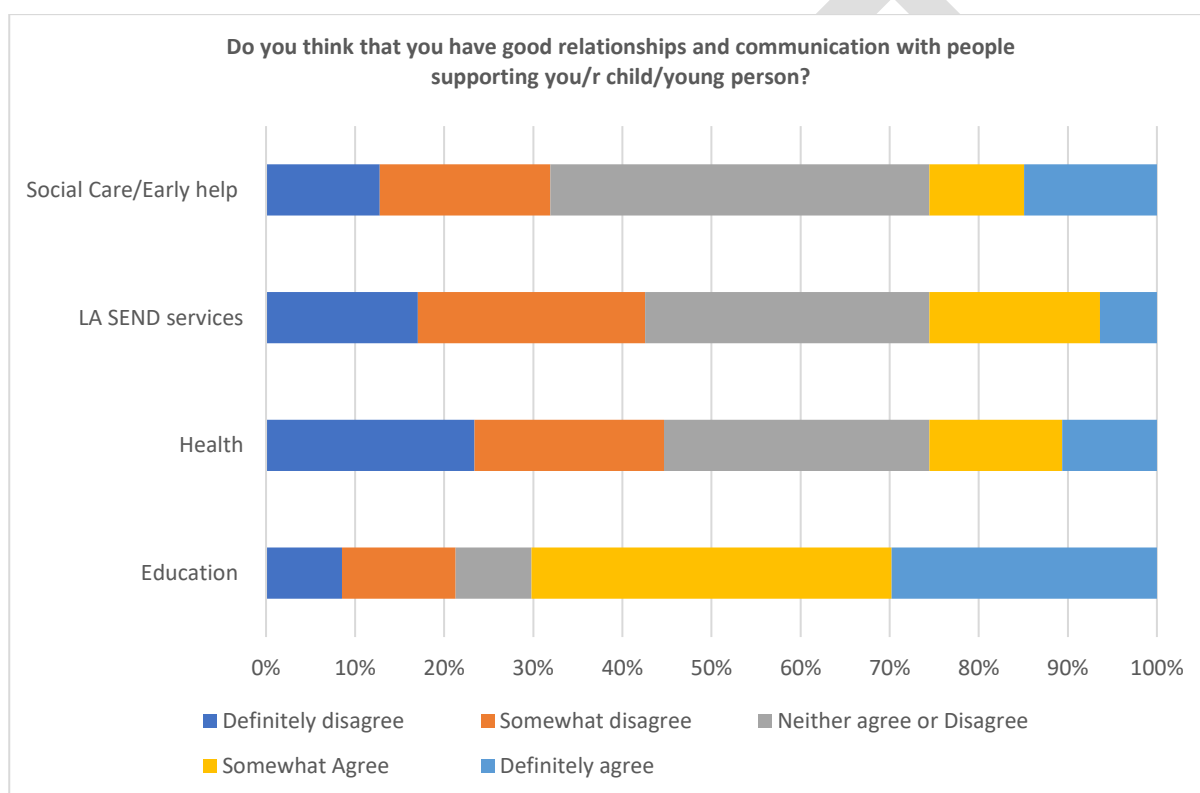
Since then, and post pandemic, the respondents of the survey below are still raising the same issues, with lack of transparency, long waiting times for diagnosis and poor communication.

In 2023, we started the engagement process by collecting views of parents for a Hackathon event. These views can be found in appendix A (as raw data)

The main finding from this engagement exercise were.

There were 47 responses from this exercise 48.9% had children aged 5 – 11 and 18 responses came from those aged 12-16. 6 children came from other age groups. This is important because the main respondents are reflecting the experiences of School aged children with other age groups not well represented.

In terms of relationships and communication with professionals, parents gave a range of responses showing that there are mixed experiences relating to the relationships with professionals, educational setting seemed to do this better than others whilst health services had the most responders who were dissatisfied with the services they received.



Responders were asked to identify what made relationships successful, and a wide range of responds were given including

- Being available and able to understand issues in a broader context.
- Listening to concerns as they are raised
- Good communication between agencies and child/carer
- Understanding of the issues which families/young people face
- Knowing what is going on
- Having a named person to contact
- Honesty and being believed
- Being treated as an individual both for carers and the young person
- Access to services
- Professionals being interested in child/carer and other siblings/family members
- Professionals doing what they say they are going to do and know it has happened

## Reasons for poor relationships included

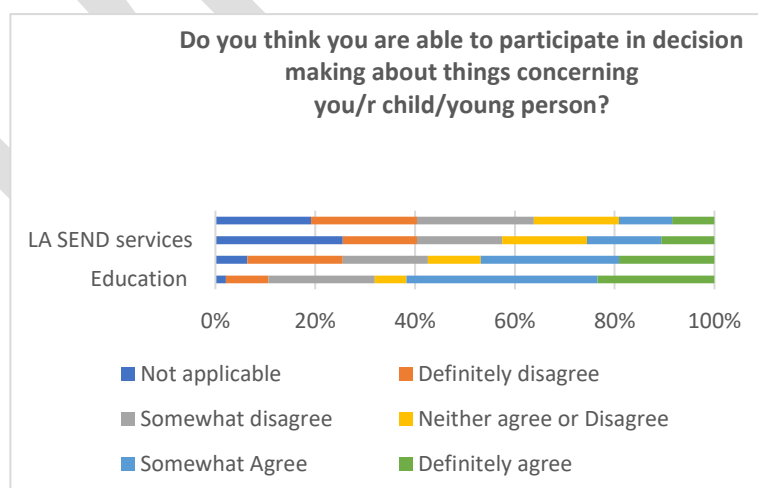
- Poor Communication
- Length of waiting lists, and the need for urgent help when it is needed, feeling abandoned
- The need to ensure practice within settings is up to date and “best”
- Transition between nursery and primary school, primary and secondary school, childrens services to adult services (health)
- A feeling like its about ticking the box
- Changing individuals and no consistent person to talk to
- Lack of care/passion
- Cost of living and additional expense as a family with a child in need
- Workload of professional staff
- Always having to push for things.
- Lack of honest feedback
- Staff who do not have specific knowledge/training/skills
- Funding
- Always having to fight for services, being on the offensive to get what is right for your child
- Disruptive children taking a disproportionate amount of classroom time
- Not knowing/reading/understanding the child’s plan

25 of the 47 responders felt that there were no activities within the community which could safely meet there child’s needs, 18 other respondents felt that what was available was limited. Only 4 respondents felt that community activities were adequate.

Word of mouth was the most common way that families found out about activities, followed by communication from education and then Web searches.

When asked whether the young person/child had an ordinary life 11 responded positively, 20 responded negatively and 16 were unsure.

The questionnaire then went on to ask how involved the carer/young person child was in their own care. Education and Health scored most positively here

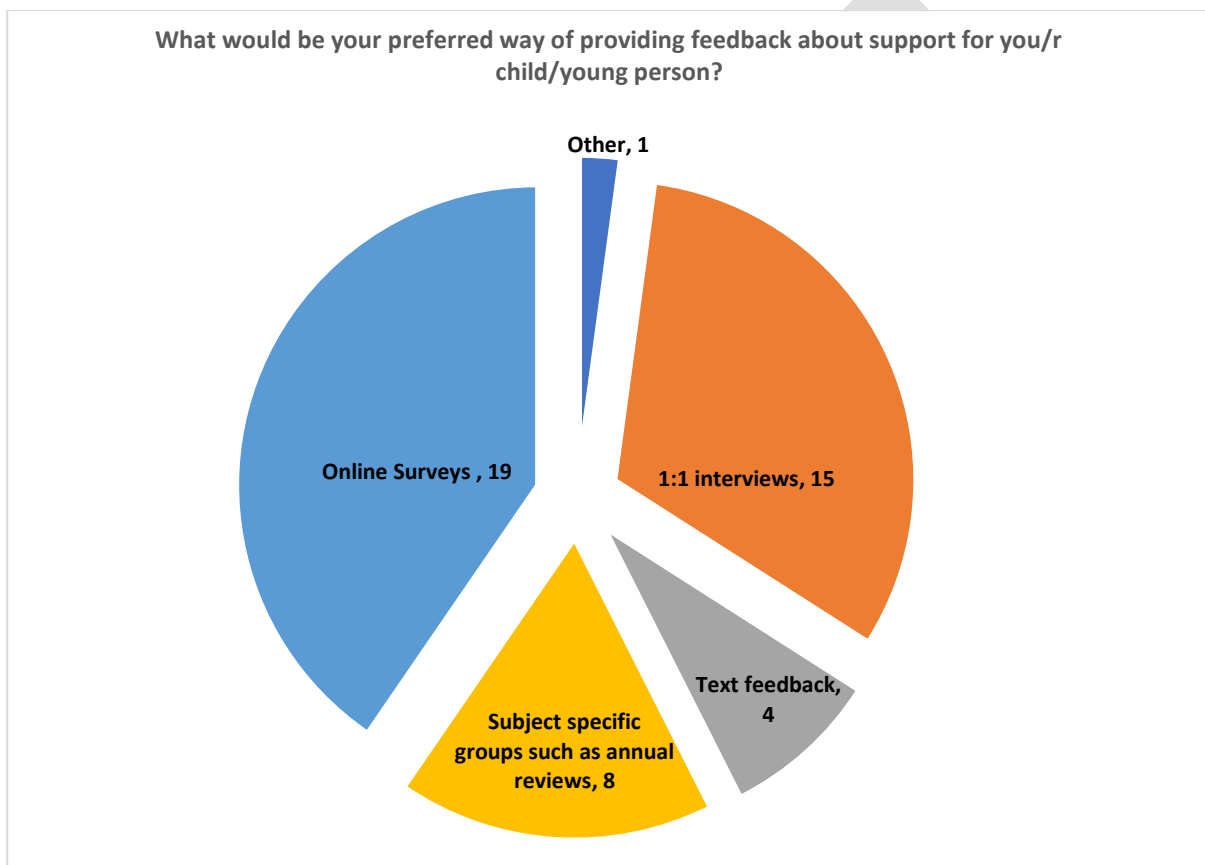


Respondents felt that the barriers to decision making included

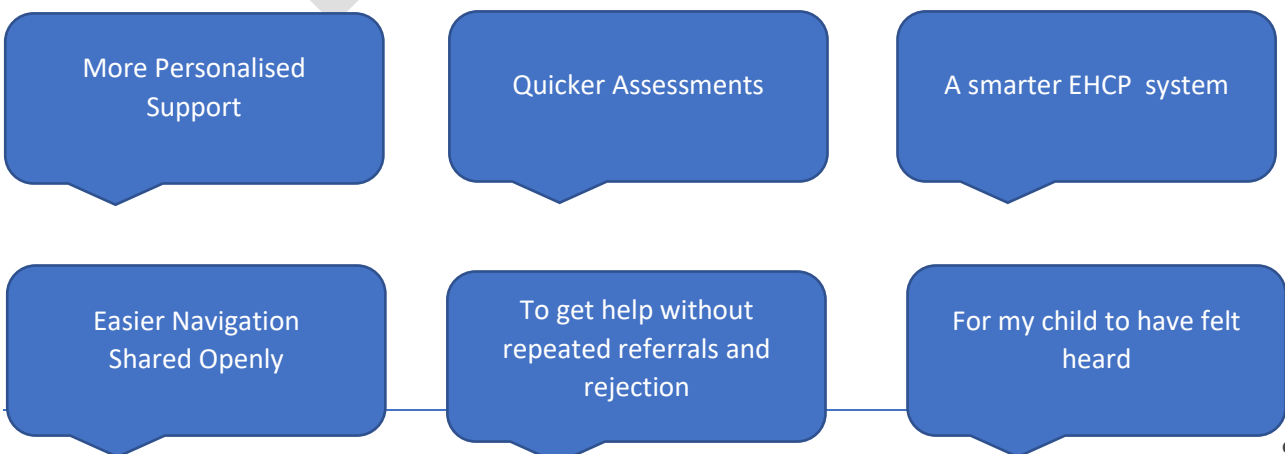
- Language Barrier (0)
- Other (4)
- Technological Barrier (1)
- Not aware of Opportunities (28)
- Meeting times not flexible (12)
- Not enough face to face opportunities (30)

26 respondents felt that they were able to give feedback at times, 12 often gave feedback, whilst 9 felt that they were unable to give feedback.

Preferred ways of collecting feedback were



In a perfect world respondents wanted





These asks are not unrealistic and with better, carefully considered pathways we should be able to achieve these asks

## School Staff Feedback

For teachers, the main themes for improvement were

- More in way of training and support for new SENCOs.
- Better Speech and Language Therapy provision
- More mental health support/training including SENCO's and support staff
- Provision to be put in place quicker for children who really need it
- Nursery ehcp support, Increased specialist provision - including for 0- 5
- Help with students who have high need but no current EHCP plan.
- More of a joined up approach to managing additional needs that we are dealing with on an unprecedented level
- Acceptance for statutory assessment for ECHP is challenging.
- More transparency of how funding decisions are made and link to this an increase in level of funding to support and manage the increase of SEND pupils.
- Help around SEND students with low attendance due to SEND related anxieties.
- more communication with EHCP coordinators regarding specific children.
- An EHCP request (portal) and Annual review process training session/workshop.
- Support in working with children with significantly complex needs that are expected to access a mainstream classroom
- More special school places for the children where school can't meet the need fully or as much as they would like to be able to.
- Setting SMART targets, local network meetings, sensory processing, identifying the primary need in children.
- stop the unnecessary admin
- support in talking with parents who can't get specialist placements



SENCO Survey for  
SEND JSNA.docx



Results SENCO  
Survey November 20

## Annex F Key Statistics from Education 2018 – 2022



Annex F Key statistics  
education 2018.2022.

## Annex G – Impact of COVID on educational needs



COVID.pptx

## Annex H – 2020 JSNA



16b - SEND NA - full  
report CLEAN.pdf

### With Thanks To

- SEND strategic Board, Coventry City Council
- Coventry City Council Education Data teams
- Coventry City Council Insights teams
- CWPT and ICB data teams
- CCC Childrens teams including Early Help, schools' teams and family hub teams
- Clinical Leads for Autism and ADHD, CWPT
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- Jeanette Essex, Head of Service, Coventry City Council
- Rachael Sugars, Head of Service, Coventry City Council
- Kirston Nelson, Chief Partnership Officer, Coventry City Council
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- Dr Anita Morgan, Safeguarding Doctor CWPT
- Chris Heeley, Strategic Lead, Help and Protection, Children's Services
- Aalia Khanhom, Parent Carer Forum, Coventry
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