### **Representation Form (Part A)**

# Development Management in Birmingham Development Plan Document (DMB)

Publication (Reg. 19) Consultation



(For office use only)			
Date Received	Date acknowledged	Ref:	

#### How to use this Representation Form

Please complete this Part A in full. Please note that anonymous comments cannot be accepted. Then please complete a Part B form for each representation that you wish to make.

The Development Management in Birmingham DPD (DMB), including all supporting and accompanying documentation, is available to view in full online at <a href="https://www.birmingham.gov.uk/DMB">www.birmingham.gov.uk/DMB</a>

Representations on the Publication version of DMB can be made from **Thursday 9<sup>th</sup> January 2020 to <u>17:00hrs</u> on Friday 21<sup>st</sup> February 2020**. Please note that the Council is unable to accept representations after this point.

The Council strongly recommends the use of this Representation Form for submitting any comments. This will help to ensure that any formal representations that are made are matters of relevance to the subsequent examination by the Planning Inspectorate – an Inspector will only consider issues relating to the 'soundness' or 'legal compliance' of the DMB at examination.

#### PART A

1. Personal Details*					
* if an agent is appointed, please complete of	nly the Title, Name and Organization boxes below				
but complete the full contact details of the ag	ent in Section 2				
Title: Mrs					
First Name: Tracey					
Last Name: Linton					
Job title (where relevant): Quality Improveme	nt and Safeguarding Strategy Manager				
Organisation (if relevant): Early Years and Ch	nildcare Service				
Address Line 1: Children and Young People,	Floor 1 Zone 5				
Address Line 2: PO Box 17550					
Town: Birmingham County: West Midlands					
Postcode: B2 2DP	Telephone: 0121 464 4882				
Email address: Tracey.Linton@birmingham.gov.uk					

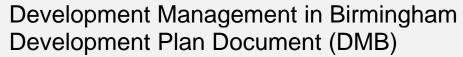
2. Agent Details*  * only complete this section if an agent has be	een appointed				
Title:					
First Name:					
Last Name:					
Job title (where relevant):					
Organisation (if relevant):					
Address Line 1:					
Address Line 2:					
Town:	County:				
Postcode:	Telephone:				
Email address:					
3. Requests for Notifications					
This section is for requests to be notified of program a formal representation. If you do submit a representation automatically be notified of all stages of the DME.  I wish to be notified of the following stages of	sentation using a part B form then you and can disregard this section.	ı will	J		
Submission to the Secretary of State for Commu					
Publication of the Planning Inspector's Report on	the Publication Version Y/N				
Adoption by the Council Y/N					
			l		
4. Declaration					
If you are submitting Part B form(s), please confirm how many:  3					
Data Protection					
The personal information that you provide as par Birmingham City Council for the purposes of prep	•	ed by			
<b>Declaration:</b> I understand that any representations submitted will be made public and that my personal details will not be passed to any third parties without my prior written consent.					
Name: Tracey Linton  Date: 19 <sup>th</sup> February 2020					

Please ensure that you submit this form no later than <u>17:00hrs</u> on Friday 21<sup>st</sup> February 2020

Email completed forms to: <a href="mailto:planningstrategy@birmingham.gov.uk">planningstrategy@birmingham.gov.uk</a>

Post to: Planning Policy, Planning and Development, PO Box 28, Birmingham, B1 1TU.

### **Representation Form (Part B)**



Publication (Reg. 19) Consultation



(For office use only)					
Date Received		Date acknowledged		Ref:	
How to us	se this Represe	ntation Form			
Please comp	plete the <u>Part A</u> (Pe	ersonal Details) fo	orm in full.		

Then, please complete this Part B form <u>for each representation that you wish to make.</u> It is important that you identify on this Part B form which part of the DMB (e.g. paragraph and / or policy number) on which you are making the representation. <u>Please use a separate form for each representation that you wish to make.</u>

### PART B

5. Confirmation of Name*  * please print your name on each separate representation (the Part A form)	e name s	hould m	natch that ente	red on the
Full Name: Tracey Linton				
Organisation (if relevant): Early years and Childcare serv	ice			
6. Your Representation Important Note: For each question, please mark with an X, C complete a separate form for EACH of your comments. Please note for an explanation of the terms used.			•	-
Q1. Do you consider the DMB to be legally compliant?	YES	X	NO	
Q2. Do you consider the DMB to be sound?	YES	X	NO	
Q3. Does the DMB comply with the Duty to Cooperate?	YES	X	NO	
If you have answered yes to both Q1 Q2 and Q3, please proceed please proceed to Q5. If you answered NO to Q2, then please go to		lf you ar	nswered no to	Q1 or Q3,
Q4. Why do you believe that the DMB is NOT sound?				
a/ It is not positively prepared				
b/ It is not justified				
c/ It is not effective				
d/ It is not consistent with national policy				
			•	

Q5. Which part of the DMB are you commenting on?	
Page Number	26
Policy Number	DM9
Paragraph Number	3.16
Table / Figure / Appendix	
Other	
	·
Q6. Why do you feel that this part of the DMB is not le	gally compliant, sound or does not
comply with the Duty to Cooperate?	
Important note: There will not normally be another opportunity to invited to do so by the Planning Inspector, based on the matters h	•

invited to do so by the Planning Inspector, based on the matters he/she identifies for examination. As such, please be as clear and detailed as possible in your response, including any information, evidence or supporting documentation that you are relying on to justify your representation.

## Q7. What changes do you consider are necessary in order to make the DMB legally compliant, or sound?

Please note: it would be helpful if you could suggest revised wording for any policy or text, being as precise as possible.

## Q8. If your representation is seeking a modification, do you wish to participate at the oral examination (i.e. in person at the hearing sessions rather than via written representations)?

If you answered yes to Q7, please outline why you consider this to be necessary. Please note that the Planning Inspector will determine the most appropriate procedure to adopt in order to hear those who have indicated they wish to participate in person

#### Q9. Are there any additional comments you would like to make with regard to the DMB?

 Paragraph 3.16 'To ensure that basic standards are maintained, the council will seek to ensure that all facilities are appropriately located' could include the words 'prior to registration with Ofsted and/or regulatory body' within that statement.

7. Declaration						
Data Protection						
The personal information that you provide as part of this representation will only be used by Birmingham City Council for the purposes of preparing this DMB document.						
<b>Declaration:</b> I understand that any representations submitted will be made public as set out above, and that my personal details will not be passed to any third parties without my prior written consent.						
Name: Tracey Linton	Date: 19 <sup>th</sup> February 2020					

Please ensure that you submit this form no later than <u>17:00hrs</u> on Friday 21<sup>st</sup> February 2020, with an accompanying Part A form completed.

Email completed forms to: <a href="mailto:planningstrategy@birmingham.gov.uk">planningstrategy@birmingham.gov.uk</a>

Post to: Planning Policy, Planning and Development, PO Box 28, Birmingham, B1 1TU.

### **Representation Form (Part B)**



Publication (Reg. 19) Consultation



(For office use only)					
Date Received		Date acknowledged		Ref:	
How to us	se this Represe	ntation Form			
Please comp	plete the <u>Part A</u> (Pe	ersonal Details) fo	orm in full.		

Then, please complete this Part B form for each representation that you wish to make. It is important that you identify on this Part B form which part of the DMB (e.g. paragraph and / or policy number) on which you are making the representation. Please use a separate form for each representation that you wish to make.

### PART B

8. Confirmation of Name*  * please print your name on each separate representation (the Part A form)	e name s	hould m	natch that ente	red on the
Full Name: Tracey Linton				
Organisation (if relevant): Early years and Childcare serv	ice			
9. Your Representation Important Note: For each question, please mark with an X, C complete a separate form for EACH of your comments. Please note for an explanation of the terms used.			•	-
Q1. Do you consider the DMB to be legally compliant?	YES	X	NO	
Q2. Do you consider the DMB to be sound?	YES	Х	NO	
Q3. Does the DMB comply with the Duty to Cooperate?	YES	Х	NO	
If you have answered yes to both Q1 Q2 and Q3, please proceed please proceed to Q5. If you answered NO to Q2, then please go to		f you ai	nswered no to	Q1 or Q3,
Q4. Why do you believe that the DMB is NOT sound?				
a/ It is not positively prepared				
b/ It is not justified				
c/ It is not effective				
d/ It is not consistent with national policy				
			•	

Q5. Which part of the DMB are you commenting on?				
Page Number	26			
Policy Number	DM9			
Paragraph Number	3.18			
Table / Figure / Appendix				
Other				

### Q6. Why do you feel that this part of the DMB is not legally compliant, sound or does not comply with the Duty to Cooperate?

Important note: There will not normally be another opportunity to make further representations, only unless invited to do so by the Planning Inspector, based on the matters he/she identifies for examination. As such, please be as clear and detailed as possible in your response, including any information, evidence or supporting documentation that you are relying on to justify your representation.

## Q7. What changes do you consider are necessary in order to make the DMB legally compliant, or sound?

Please note: it would be helpful if you could suggest revised wording for any policy or text, being as precise as possible.

### Q8. If your representation is seeking a modification, do you wish to participate at the oral examination (i.e. in person at the hearing sessions rather than via written representations)?

If you answered yes to Q7, please outline why you consider this to be necessary. Please note that the Planning Inspector will determine the most appropriate procedure to adopt in order to hear those who have indicated they wish to participate in person

#### Q9. Are there any additional comments you would like to make with regard to the DMB?

- Further consideration needs to be given to early years education in TP36 in addition to higher and further education so that statutory duties and sufficiency can be met for early years. TP36 to take in to consideration early years from 0 years not just compulsory school age.
- Also, the government manifesto around additional funding for the early years sector is to deliver extra
  childcare through the creation of 250,000 places. Plans need to reflect pre-compulsory school age
  children so that TP21 consider the wider local authority statutory duties as well as other regulatory
  duties for example Ofsted.
- DM9 may impact Early years statutory duty to provide childcare places for 2-year old, offer free 15 and 30 hour childcare places.

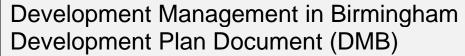
10. Declaration					
Data Protection					
The personal information that you provide as part of to Council for the purposes of preparing this DMB documents.	this representation will only be used by Birmingham City nent.				
<b>Declaration:</b> I understand that any representations submitted will be made public as set out above, and that my personal details will not be passed to any third parties without my prior written consent.					
Name: Tracey Linton	Date: 19 <sup>th</sup> February 2020				

Please ensure that you submit this form no later than <u>17:00hrs</u> on Friday 21<sup>st</sup> February 2020, with an accompanying Part A form completed.

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Post to: Planning Policy, Planning and Development, PO Box 28, Birmingham, B1 1TU.

### **Representation Form (Part B)**



Publication (Reg. 19) Consultation



(For office use only)			
Date Received	Date acknowledged	Ref:	

### How to use this Representation Form

Confirmation of Name\*

Please complete the Part A (Personal Details) form in full.

Then, please complete this Part B form <u>for each representation that you wish to make.</u> It is important that you identify on this Part B form which part of the DMB (e.g. paragraph and / or policy number) on which you are making the representation. <u>Please use a separate form for each representation that you wish to make.</u>

#### **PART B**

11. Communation of Hame				
* please print your name on each separate representation (the Part A form)	he name	should m	atch that ent	ered on the
Full Name: Tracey Linton				
Organization (if relevant), Forby years and Children con	do o			
Organisation (if relevant): Early years and Childcare serv	rice			
12. Your Representation				
Important Note: For each question, please mark with an X,			•	-
complete a separate form for EACH of your comments. Pleas note for an explanation of the terms used.	se aiso rei	rer to the	accompanyir	ig guidance
Q1. Do you consider the DMB to be legally compliant?	YES	X	NO	
Q2. Do you consider the DMB to be sound?	YES	X	NO	
•		+		
Q3. Does the DMB comply with the Duty to Cooperate?	YES	X	NO	
If you have answered yes to both Q1 Q2 and Q3, please proceed please proceed to Q5. If you answered NO to Q2, then please go to		If you an	swered no to	Q1 or Q3,
Q4. Why do you believe that the DMB is NOT sound?				
a/ It is not positively prepared				
b/ It is not justified				
c/ It is not effective				

d/ It is not consistent with national policy				
Q5. Which part of the DMB are you commenting on?				
Page Number	26			
Policy Number	DM9			
Paragraph Number	3.19			
Table / Figure / Appendix				
Other				

### Q6. Why do you feel that this part of the DMB is not legally compliant, sound or does not comply with the Duty to Cooperate?

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## Q7. What changes do you consider are necessary in order to make the DMB legally compliant, or sound?

Please note: it would be helpful if you could suggest revised wording for any policy or text, being as precise as possible.

### Q8. If your representation is seeking a modification, do you wish to participate at the oral examination (i.e. in person at the hearing sessions rather than via written representations)?

If you answered yes to Q7, please outline why you consider this to be necessary. Please note that the Planning Inspector will determine the most appropriate procedure to adopt in order to hear those who have indicated they wish to participate in person

#### Q9. Are there any additional comments you would like to make with regard to the DMB?

- Registration as a childcare provider under the Childcare Act is not aligned with Planning department regulations therefore causing some confusion. Does planning regulations take into consideration the Ofsted's new inspection framework?
- Is this policy in line with all of the Ofsted registers Early years register, childcare register; both parts voluntary and compulsory?
- Clarification is needed on the definition of 'minded' children does this include childminder's own children that may be at home before and after school?

13. Declaration			
Data Dratastica			
Data Protection			
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<b>Declaration:</b> I understand that any representations submitted will be made public as set out above, and that my personal details will not be passed to any third parties without my prior written consent.			
Name: Tracey Linton	Date: 19 <sup>th</sup> February 2020		

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