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6 July 2021

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Paul Jennings, Chief Executive, Birmingham and Solihull Clinical Commissioning Group
Heather Wood, Local Area Nominated Officer, Birmingham

Dear Mr Crompton and Mr Jennings

Joint local area SEND revisit in Birmingham

Between 24 and 27 May 2021, Ofsted and the Care Quality Commission (CQC) revisited the local area of Birmingham to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the written statement of action (WSOA) issued on 3 September 2018.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the local area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 4 January 2019.

The area has made sufficient progress in addressing one of the 13 significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing 12 significant weaknesses. This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, headteachers, special educational

needs coordinators (SENCoS), the parent carer forum (PCF) and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the local area in addressing the 13 significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation. Inspectors also looked at a sample of education, health and care (EHC) plans and evaluated the online local offer. Inspectors considered the 641 responses to the parent and carer survey.

Main findings

- **The initial inspection found that there was a lack of an overarching approach or joined-up strategy for improving provision and outcomes for children and young people with special educational needs and/or disabilities (SEND).**
- Before the COVID-19 (coronavirus) pandemic, there was little evidence that things had improved for Birmingham children and young people with SEND. Leaders' self-evaluation acknowledges that there is significantly more to do. This inspection found leaders' self-evaluation to be accurate. Leaders recognise that the remaining issues include: a poor lived experience for children and young people with SEND and their families; long waiting times to access therapies; stakeholders' limited understanding of the SEND strategy; and the EHC plan quality assurance processes. The partnership is beginning to take appropriate action to address these issues. For example, the SEND strategy meeting enables leaders to share good practice across services. Information-sharing between leaders is increasingly effective. This has resulted in them being better able to signpost families to appropriate support. However, it is too early to see a significant and sustained impact of leaders' actions.
- Leaders feel that recent developments have been positive. They recognise that an inability to understand and resolve significant historical systemic issues has hindered progress. Leaders' focus is now on implementing strategies and processes that can be sustained, rather than on quick fixes. Leaders acknowledge that the SEND strategy is not fit for purpose. The strategy does not reflect a shared vision across education, health and care. There is little evidence that the strategy has been co-produced (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) with children and young people with SEND and their families. The SEND strategy does not reflect joined-up working and ambition across leaders in the city. This limits the ability of all partners to own and implement the strategy and vision.
- Turbulence in staffing and the changing portfolios of local authority officers in education have negatively affected the pace of change. It is not always clear whom to contact. Staff's changing roles and responsibilities add to this confusion. Joint working pathways are not established. Families do not experience a partnership response. A lack of established partnership working pathways means

that the area's progress is fragile. For example, if a person leaves or their role changes then any effective work or progress can be undone.

- Children and young people with SEND and their families cannot consistently access high-quality SEND provision nor achieve ambitious outcomes. At the moment, this is too hit-and-miss. Leaders need a better understanding of what families want to know about services and what they can expect when they are referred to a service. Children and young people's transitions from one school to another, or into employment and training, are not a positive experience for families in Birmingham. Poorly planned transitions lead to children not having a school place identified. Families do not know where to go for support. This is leading to children and young people not being able to access education and to stress and anxiety for their families. Some parents told us that they had to stop working to care for their child while they did not have access to education.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that inter-agency working was ineffective.**
- Therapy practitioners work with the special educational needs assessment and review service to ensure that EHC plan reports better reflect their work and assessments. This is an improving picture and ensures that relevant information informs a child's or young person's EHC plan. In addition, the implementation of electronic patient records has helped health professionals to work together to support children and families more effectively.
- The SEND therapy teams have strengthened joint working. For example, they are delivering bespoke training in schools. Partnerships between school and the PCF have developed processes to support children and families who are frequently missing school. The increase in the health SEND designate team has had a positive impact on supporting inter-agency work, for example in the development of quality assurance processes for the health elements of EHC plans at the draft stage, securing health advice for EHC plans and in the development of the Primary Care handbook.
- SENCOs have mixed opinions about the provision for pupils with SEND in Birmingham. On the positive side, they feel that multi-agency planning meetings are working well. There is a more bespoke approach for children and young people with SEND, resulting in high-quality training and staff development. However, all SENCOs recognised that a lot more work is needed to further improve outcomes for children and young people with SEND.
- Headteachers feel that working relationships with the area have developed. They feel positive about some aspects of the area's work, such as the joint working groups and developing local provision. However, the long-term legacy of poor communication and leadership from the city council remains. This hinders the impact of much of the positive work. Headteachers acknowledge that there are some good people trying to develop some good aspects. Nevertheless, they are

not confident that things will be improved. Headteachers are keen to develop partnership and inter-agency working further. However, their offers to work with area staff have often not been taken up. Staff leaving the service or changing their job role and no effective transition of responsibilities has also added to headteachers' frustrations in trying to develop partnerships.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that the coordination of assessments of children and young people's needs between agencies was poor.**
- Leaders are confident that they are setting up the right systems to support the coordination of assessments. For example, the locality model gives greater consistency as a team of professionals works with schools. However, leaders need to develop an understanding of the impact of this model on improving outcomes for children and young people.
- Leaders demonstrate a secure awareness of the need for health services to prepare for children and young people's transition to another educational setting or employment and training. Their plans include prioritising Year 9 reviews and the transfer to adult services. The school nursing service is also involved in planning for transitional care for children and young people with SEND known to them in mainstream schools. Birmingham Community Health Care NHS Foundation Trust has appointed specialist nurses to support young people with SEND to transition into adult services. This is a positive step, but it is too early to see the impact of this work.
- Transition is not a well-developed area of care within community paediatric services. Some services' approach to transitions between children and adult services are based on informal arrangements rather than formalised processes. This was corroborated by experiences that parents shared with inspectors. Often, people are fearful of what will happen next.
- Parents told us that education, health and care teams rarely work well together. Consequently, the support and advice they receive to meet their child's needs is not consistent or effective. There is a lack of a secure and well-understood process for annual reviews. As a result, all the services working with the family rarely attend. This means that parents still have to repeatedly tell their stories to professionals.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that joint commissioning was significantly underdeveloped across the local area.**
- The starting point for joint commissioning processes was low. The partnership has now developed a framework for joint commissioning. This supports education, health and care working to the same principles. It has taken some

time to get all partners around the table, but the partnership is starting to develop. Positive work on jointly commissioned services is beginning to make a difference. For example, the additional budgets used to meet speech, language and communication needs means that the changed model is starting to see a reduction in waiting times.

- Some joint commissioning arrangements are relatively new. Therefore, the changes made at a strategic level have not yet had a sustained effect on the lived experience of children and young people with SEND and their families. Much of the work has involved mapping what is currently available in Birmingham, for example the redesign of the speech and language therapy (SALT) service. It is important for further improvement that this work is an accurate reflection of local area provision.
- Leaders have a range of local data that is informing their commissioning priorities, including a SEND joint strategic needs analysis (JSNA). However, the SEND data dashboard needs further development if it is to be used as the main tool by which leaders will evaluate their commissioning arrangements.
- The development, impact and intent of joint commissioning is not well understood by families in Birmingham. Leaders need to make sure that they are using the right measures to assess their progress against their priorities.

The area has made sufficient progress to improve this area of weakness.

- **The initial inspection found that co-production was not embedded in the local area.**
- In October 2020, the CCG established a health SEND PCF forum to improve children and their families' engagement with the services they use. Other recent developments include a peer support model which engages parents with learning disability and/or autism (LD/A) on various projects. Parents value these opportunities.
- Members of the PCF and many parents feel that co-production is weak. Leaders do not seem to fully understand co-production. Parents feel that they are often asked to review things when they have already been decided or completed. Parents also feel that when they do contribute their views, they are not acted upon. They feel that it has been difficult to engage with strategic leaders to develop meaningful co-production. Parents say that they are often the ones pushing for involvement.
- Most health services recognise that co-production is underdeveloped. There are processes in place to gain feedback and some level of parent engagement, but this is not fully shaping services.
- Young people with SEND that we met told us that sometimes they are asked for their opinions. However, they are not convinced that their contributions are acted upon. For example, when they were asked for their views about the local offer, they feel that there was little evidence that their views had been considered.

- Results from the parent survey indicate that many parents do not feel involved in making decisions about the help and support their child receives. For example, only half of parents said that their child's school invited them in to talk about how they could meet their child's needs.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that parental engagement was weak.**
- There is an appetite from leaders for involving parents in a range of initiatives. Recent developments have included the use of surveys, webinars, the development of the link adviser role and the children development centres' (CDC) active advice lines.
- However, parents still do not feel that they have an active voice in their child's education or wider city council developments. For example, in the parent survey, nearly two thirds say that they have never been asked for their opinion about how services could be improved. Developments such as the introduction of the link advisers' role have not had the impact that leaders anticipated, or hoped for. Too many parents do not understand what this role is or how to engage with the service. Leaders do not keep parents informed as to what is going to happen next. As a result, too many parents do not know where they can access support or advice.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that there was a great deal of parental dissatisfaction.**
- Parents who feel that they have had a positive experience told us that they consider themselves to be the lucky ones. Parents who have a good knowledge of the SEND system, and/or work within the system, have a better experience than those who do not. It is evident that if a child is in a school with good SEND provision, including an effective SENCo, they are more likely to have a positive experience and better outcomes.
- Conversely, the opposite is true. Parents repeatedly say that, for those who are not as well informed, everything, including getting the advice and support they need, is a struggle. This is particularly true at crucial times in the lives of their children, for example when they move educational setting, to employment and training or between services. There are examples of good support given to parents when their child is in the early years. However, this is not sustained as the child gets older.
- Currently, there is no joined-up, formalised system to monitor and evaluate the views of parents across the partnership. As a result, leaders are unable to accurately identify and respond to parents' concerns. This lack of an effective

system to engage with families means that positive experiences in the area are not always shared or used to inform the next steps of development.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that Birmingham had not ensured that the published local offer was a useful means of communicating with parents and it was difficult to locate.**
- Leaders have developed a new local offer that was launched in March 2021. This contains many of the aspects that are required, such as links to specialist services and schools. Leaders recognise that further improvements are needed. Recently, the area appointed someone to ensure that the local offer is regularly reviewed and kept up to date. A small number of parents and schools told us that they have used the local offer to find out information.
- Many families and school staff have a weak understanding of the local offer or they feel it is still too hard to use and navigate. Two thirds of parents who responded to the survey said that they had not used the local offer. For those who had, very few felt that the information had been helpful.
- Some required aspects are still missing from the local offer, such as being able to comment on the local offer and the area's response to those comments. This means that many stakeholders are unaware if their views and ideas are recognised or acted upon. In addition, there is a lack of information about leisure activities for children and young people with SEND. This limits children and young people's potential for engagement in a range of wider activities.
- Some children and young people with SEND were consulted about the local offer, but it is unclear if their responses were acted upon. For example, some young people we spoke to said that the local offer remains too complicated to use and there is too much irrelevant information.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that the quality of EHC plans was variable.**
- Inspectors' evaluation of EHC plans found that some plans were well devised and evidenced and promoted a high-quality provision. This includes, when appropriate, contributions from education, health and care professionals. In these cases, 'My Story' is well constructed. The voice of the child is strong, and this is reflected throughout the plan, for example what the outcomes will mean for that child or young person rather than what the adult will do. However, this is not the norm.
- The plans that are strongest seem to be those that have been created for the first time in the redesigned format. Conversions from statements to EHC plans are weaker. For example, in one plan, the 'My Story' had been copied from the young

person's statement that had been written six years before. As a result, the plan does not reflect the young person's current needs and is unlikely to result in positive outcomes for them.

- Systems to ensure high-quality contributions from health professionals have improved. This includes checking the quality of the contribution before the information is passed on. Checks are also made through a multi-agency panel of how the advice is used in the draft plan. However, inconsistencies remain in the quality of final plans. Leaders have plans to address this. This includes ensuring a more robust quality assurance partnership. This will require all partners reviewing and understanding the processes and benchmarks for the quality of final plans.
- Systems for monitoring EHC plans, including annual reviews, are underdeveloped. This is leading to outdated plans for children and young people. As a result, children and young people are often poorly prepared for the next stages in education, including key transitions from key stages or into adulthood. For example, parents told us that preparing for adulthood is rarely discussed as part of a young person's Year 9 transition review.
- Attendance at annual reviews by key services is inconsistent. It is not clear what the overview of annual reviews entails and how these are being monitored. Parents say that professionals who support their child rarely attend review meetings.
- Members of the PCF and parents feel that their contribution to EHC plans is weak. Their views are rarely sought. When they do contribute their opinions, they are not acted upon. Many parents told us that their views are often lost and they do not have a clear understanding of where they are held.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that waiting times were too long and children and young people were not seen quickly enough by therapists or professionals in CDCs.**
- More timely access to specialist assessment and interventions has been helped by service redesign and investment. This includes, for example, occupational therapy. Data to monitor waiting times is strong and leaders are using this information to monitor all waiting times in the system effectively.
- Currently, children and young people with SEND still wait too long to access SALT. However, recent changes are supporting a reduction in waiting times. Leaders are assured that this will continue to reduce. Therapists now have a secure understanding of the children on the waiting lists and respond to any identified risks. Inspectors' review of records shows that this means that children are seen more quickly.
- Recent investment has ensured that there is a school-age autism spectrum disorder pathway. Birmingham City Council has also supported additional CCG investment in SALT pathways. However, access to neurodevelopmental (ND)

pathways has not improved quickly enough. Children under seven years who are referred to the ND pathway may wait over two years. The average wait is around 48 weeks, which is still too long. The potential benefits of additional funding have been limited due to recruitment challenges. Short-term procurement of an online assessment for children over seven years has recently reduced the waiting times. Nevertheless, it is not clear how this will be sustained. System-wide attempts to reduce ND pathway waiting times are in their early stages. Leaders' next steps include developing a detailed recovery plan for the all-age ND pathway.

- Health professionals shared a desire to be able to deliver the right service at the right time for children and young people in the area. They feel supported by leaders, are engaged in the new models of delivery and are considering different ways of working. Some of these changes have happened because of COVID-19, for example remote consultations. We also heard that therapists delivering short-term locum posts are staying in Birmingham. This is important as it maintains consistency for children and young people and their families.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that pupils with SEND make weak academic progress when compared with all pupils nationally.**
- For the three-year period up to 2019, there is an improving picture in some aspects of pupils' academic outcomes. This is most noticeable for those children looked after with SEND and young people who receive SEND support.
- For those pupils with an EHC plan, outcomes are positive for key stage 2 reading progress and the percentage of English Baccalaureate entries. Pupils do not achieve as well in mathematics at key stages 1 and 2, but there are signs of improvement over time. Overall, outcomes are more favourable at key stage 4.
- However, there are several areas of concern where outcomes show little sign of improvement. For pupils who receive SEND support, they do not achieve as well as they should in the early years foundation stage or in reading in the primary phase. Also, outcomes are weak and declining over time for 19-year-olds achieving a level 2 qualification, including in English and mathematics.
- For those with an EHC plan, outcomes are weak across all key stages. Not enough pupils achieve as well as they should in English and mathematics in the primary phase. This continues into key stages 4 and 5. This means that pupils are ill-prepared for the next stage in their education, employment or training.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that pupils with SEND attend less often and are excluded more frequently than other pupils in Birmingham and all pupils nationally.**
- For the three-year period ending in 2018/19, overall absence rates and persistent absence for children and young people who receive SEND support is in line with national figures.
- However, overall absence for those with an EHC plan is above national figures and persistent absence is significantly above national average. Both show little sign of sustained improvement. Leaders acknowledge the need for improvement in this area. A recent development has been the introduction of the home bridging scheme to address this issue. This is beginning to make a difference in engaging children and young people back into education.
- In the three-year period ending in 2019, there was a reduction in the number of children and young people with SEND, including those children looked after, who received a fixed-term exclusion.
- The number of pupils with an EHC plan who have been permanently excluded has reduced over time and is now broadly in line with the national picture. Leaders believe that this has been a result of ensuring better quality provision at the earliest stages for many of those who are the most vulnerable.
- For pupils receiving SEND support, the number permanently excluded is still too high.
- These figures do not include the number of children who are not able to access education. For example, information shared with inspectors indicated that in September 2020, over 500 children were not in education. Reasons for this included schools not being named on the EHC plan, families waiting to appeal a school placement, those on part-time timetables or those young adults who are not in employment, education or employment and training.

The area has not made sufficient progress to improve this area of weakness.

- **The initial inspection found that not enough young people with SEND are entering employment or supported employment and the proportion of adults with learning disabilities in paid employment is below the national average.**
- Too many young people who receive SEND support do not move into long-term, sustained education, employment and/or training effectively. A higher than national number transfer into employment, education and/or training at the age of 16. However, this number is not sustained by the age of 20. When young adults reach this age in Birmingham, there is a significant rise in the 'not known' category. This means that leaders do not have an accurate understanding of where these young people are.

- Young people who spoke to inspectors said that they have a clear idea of what they wanted to do when they finished school or college. However, specialist help was not always provided to help them realise this ambition. When advice and support was provided, it tended to be from family, friends, or sometimes a particularly caring teacher. Formal careers advice to help them fulfil their aspirations was lacking.
- Those with EHC plans are more likely to transfer into employment, education and/or training at the end of key stage 4. In addition, those at the age of 19 with an EHC plan are also likely to secure employment or employment and training.

The area has not made sufficient progress to improve this area of weakness.

During the inspection, we considered the impact of COVID-19 on the lived experiences of children and young people with SEND and their families. We also considered the actions leaders had taken when schools were only open to some children due to COVID-19 restrictions and beyond. We know that the area had systems in place to track and monitor vulnerable children and young people, including those with SEND, during this period. Leaders have reflected upon their actions. This has resulted in developments such as the creation of the 'bridging team'. This multi-agency team works closely with families to support their child in returning to education. As a result, over the last 12 months, 162 families have secured placements in an educational setting. Leaders plan to expand this service.

The area has made sufficient progress in addressing one of the 13 significant weaknesses identified at the initial inspection. As not all the significant weaknesses have improved, it is for DfE and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Lesley Yates
Her Majesty's Inspector

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