

INDEPENDENT REVIEW OF BIRMINGHAM SENDIASS: NCB REPORT

Date: 31st May 2022

Part 1.

1.1 Executive Summary

Birmingham City Council (BCC) commissioned the National Children's Bureau (NCB) to conduct an independent review of its current Information, Advice and Support Service (IASS) to ensure the service design and offer was fully meeting its statutory obligations as described in the Minimum Standards (MS). This review aimed to illustrate the strengths of Birmingham SENDIASS whilst identifying areas for service improvements when non-compliance is identified.

This review commenced in March and concluded in May 2022 and is based on detailed discussions with key individuals and a review of the management information available. The review concludes that Birmingham SENDIASS is 85% non-compliant when assessed against the MS. This means the service is only compliant with 3 out of the 20 standards with 55% RAG rated red. These findings are a direct contrast to the information provided by the SENDIASS to the Information Advice and Support Programme in January 2022, where the service self-evaluation return reported it was fully compliant (100%) when assessed against the MS and the management information provided to this review in April 2022 where the service self-assessment return was 80%, when assessed against the MS.

The review found some inadequacies in the SENDIASS infrastructure, including weak policies, lack of a service development plan, an "exclusive" steering group, poor data collection and associated analysis and reporting that is essential to reliably fulfil annual national benchmarking activities (although it does participate in these) and to inform service development and delivery. This could include key data, not asked for by anyone else but necessary to support for example new initiatives or exploring a suspected concern.

This review found the service presents as insular, with entrenched ways of working that do not routinely empower parents or YP and appears to be operating in a silo. Unhelpfully it is seemingly encouraging families to do the same by not promoting constructive or positive engagement with other council related services working with families with SEND. This is further exacerbated by routinely not allowing opportunities for services, particularly SENAR, to put things right in a non-confrontational way at an earlier stage. It reinforces this insular approach by in recent months creating its own YP Participation Group and a parents' group both of which have an unclear remit and, as far as I can ascertain are unknown outside of the service including by the LA, and the Parent Carer Forum (PCF) who have expressed keenness to engage and work in partnership with SENDIASS but to no avail. Understandably this approach and an apparent reluctance to change, also seems to have alienated other departments across BCC.

A fundamental requirement is, and always has been since their statutory status in 2001, for IAS services (previously known as Parent Partnership Services) to be a distinct service that operates at armslength from the LA. This is achieved in a range of ways and from a parent or young person (YP) being perceived in this way can be key to their success. This perception has to be wide reaching for it to be meaningful and true but it was reported to the review by a parent, that they and many other parents they "knew" via a FaceBook local SEND page, didn't trust the service and would never use it unless they were desperate. Birmingham SENDIASS may consider itself to be operating at armslength, but it needs to address the perception of potential service users. Being so intrinsically linked with Front Door appears to be blurring those lines considerably.

Based on the past performance of the LA, particularly prior to May 2021 when OFSTED revisited, it's possible that SENDIASS thought there was little point in trying to get the LA to comply with the legal requirements of the C&FA 2014 and so used their legal knowledge to ensure parents and CYP's rights were protected and believed that appealing to the SEN and Disability Tribunal (SENDIST) was the most effective option. Based on a rather crude calculation (£253,000,000, reported widely since December 2021 as being spent by LAs defending appeals since 1.9.2014, divided by total number of nationally registered appeals = £6206.91 per appeal.) BCC has had approximately 1626 appeals registered since 1.9.2014 to 31.12.21 totalling an astonishing £10,092,435.70 which equates to half a new school. In 2019 Birmingham SENDIASS was the "named representative" in approximately 236 appeals (out of 295 appeals registered against BCC) or in 2020 in 209 (out of 261 appeals registered against BCC). To put this in context, the national average for a SENDIASS service's involvement in some capacity with tribunal cases is 40 a year, and attending and supporting a parent or young person directly is only 4. This latter figure may also include being the named representative. Please see appendices SE1a and SE1b. Even when taking into consideration the size of BCC, this requires significant attention by all departments including SENDIASS, to ensure all earlier options available to resolve issues are explored and exhausted, to avoid the SEN budget being used in such a negative and unproductive way.

The first and immediate decision to be made is how to enable SENDIASS to become a jointly commissioned, adequately funded, distinct and standalone service. There seem to be two options; restructure the existing service and this must include a significant staff training programme, or commission from a different supplier. The action plan is intended to act as a road map to get things on track so the service can deliver all it is required to do. Bringing about such change will bring challenges and will need accompanying support and resources, along with the backing of the SEND Improvement Board et al including HR, coupled with commitment and willingness by everyone, including SENDIASS, to agree a positive way forward. Only when this happens will more families living in Birmingham affected by SEND, be able to have a fully functioning SENDIASS that is fully compliant with the minimum standards and that can be easily "found", as well as being able to access the full range of support it is required to provide and that might be needed.

1.2 Background

This independent review for BCC was conducted by [REDACTED] (NCB associate). Since 2014, [REDACTED] has worked extensively in writing and delivering training to support government funded programmes. [REDACTED] has also carried out similar reviews and investigations both independently and on behalf of NCB following an established format.

It focussed on looking for evidence and formalised processes being in place to support the MS. An extensive investigation was carried out initially remotely looking at management information and documents from 2018 - 2022 shared by CDC in relation to DfE funding through the Information Advice and Support programme (IASP). The review also took into account other reports provided by [REDACTED] and information available in the public domain including the SENDIASS page on BCC website. The purpose of going back to 2018 was to give some idea of progress within the service and also to give a fairer and more accurate picture due to the necessary changes and limitations on practice that arose from Covid restrictions commencing March 2020. The paper exercise was followed up with face-to-face meetings with key LA staff, the SENDIASS and the PCF. The conclusions reached in this report are based on the evidence both written and verbal provided during this review process, or where there is lack of supporting evidence to the contrary, particularly where it has been requested. It has required an exceptional level of due diligence for a variety of reasons, including some confused, contradictory and vague information of which clarity has been sought.

From what I have come to understand, including from Baron Robert Kerslake's review in 2014, Birmingham Council as a whole has been in various states of disarray for many years possibly back to 1.1.2000 when

SENDIASS in its original form as a Parent Partnership Service (PPS), was first established. It would seem that this chaotic backdrop without a fully functioning infrastructure, may have not been conducive to a more conventional PPS/SENDIASS to develop, resulting in the service as it is today. In general, it is not “performing” like any service nationally.

For many IASS nationally, some of what they do isn’t formalised and is on an ad hoc basis. Although at times it may be necessary to work in this way, it can make it difficult to report or evidence. This means it may not be obvious to those outside of the service or possible to “prove” compliance with the MS rather than the service being non-compliant. Where this is thought to be the case, a recommendation for action to address this has been included as everything SENDIASS does, should be accurately recorded and reportable to measure success, progress and compliance, especially where nationally agreed processes exist. This in turn requires the service to have the correct infrastructure in place including for example an independent database; reliable, accurate and accessible information available easily found, usually on their own website; a current development plan; effective management structure; all staff trained and familiar with application of ALL aspects of C&FA 2014 in relation to SEND. As well as helping to “prove” compliance, all of this helps to improve transparency and supports how the service is armslength from the LA.

What should be a strength is that Birmingham SENDIASS has had the same manager since the service’s inception on 1.1.2000 as a Parent Partnership Service. This means the manager will have had numerous opportunities to participate in training, alongside access to extensive resources relating to setting up and maintaining a compliant service etc. and ensure it has all the key elements in place.

SENDIASS services have a strong well established (predating the year 2000) support network consisting of quarterly or termly regional meetings and an eforum where tips and resources are frequently shared. They also have access to NCB dedicated staff who operate the IASS Network. Birmingham SENDIASS is able to access all or any of these to address service challenges they face should they need to.

Although Birmingham SENDIASS appears to be understaffed for such a large LA and is one of the more poorly funded services (see appendices IASSN 3 & SE 1b) ranging from £0.49 to £3.31 per head with an average of £1.20 and Birmingham SENDIASS being at only £0.53, this does not provide the full picture (as explained in 2.2E below).

In addition, Birmingham SENDIASS has received additional funding from the Information, Advice and Support Programme (IASP) administered by NCB on behalf of the DfE for the period 1.4.2018 to 31.3.22 totalling £115,792. No reference to this funding has been included in the annual reports covering these dates or the changes to the service that should have arisen. Given the combination of resources and training opportunities from 1.1.2000, it is not unrealistic to expect that Birmingham SENDIASS should be better placed to:

- comply with all legal requirements
- comply with majority if not all minimum standards (first introduced in SEN Code of Practice 2001)
- have a sound infrastructure including, policies, formalised practice and independent systems for effective recording, monitoring and reporting
- effective management structure to ensure armslength from LA and needs led.

Currently the service is not functioning in this way.

1.3 Agreed tasks

- I. Audit and provide the local authority (Sue Harrison, DCS) with assurance as to the quality of their current SENDIASS offer against the Minimum Standards.
- II. Identify for the LA good practice within current service delivery and where practice needs to improve.

- III. Review existing governance and quality assurance mechanisms and suggest improvements.
- IV. Provide a systematic action plan in light of the audit process to help the LA address non-compliance where this has been identified, or where service improvement should be focused.

1.4. Schedule of meetings to support review process

28.4.22

| Name | Position/role | How meeting was conducted |
|------------|---------------|---------------------------------------|
| [REDACTED] | [REDACTED] | Face to face ([REDACTED] home office) |

26.4.22

| Name | Position/role | How meeting was conducted |
|------------|---------------|---------------------------|
| [REDACTED] | [REDACTED] | Telephone |

10.5.22

| Name | Position/role | How meeting was conducted |
|------------|---------------|---------------------------|
| [REDACTED] | [REDACTED] | Face to face |

30.3.22 & 11.5.22

| Name | Position/role | How meeting was conducted |
|------------|---------------|---------------------------------------|
| [REDACTED] | [REDACTED] | Teams (30/3) & Face to face (11/5) |

12.5.22

| Name | Position/role | How meeting was conducted |
|------------|---------------|---------------------------|
| [REDACTED] | [REDACTED] | Face to face |

As well as the above meetings a range of documents dating from 1.9.2014 to current day, provided by the IASS and CDC were reviewed as well as an extensive appraisal of the IASS web pages included on the LA website being carried out.

1.5 Documents reviewed to inform this report

| Document title & date | |
|--------------------------------|---|
| IASP docs from NCB | |
| A | 2018 Birmingham Task Order IASP.11072018 |
| B | 2018 Case Study - Assessment and provision of Need |
| C | 2018 Case Study - Innovative Practice October 2018 |
| D | 2018 IASP self-review |
| E | 2019 Birmingham IASP service operational plan docx |
| F | 2019-20 Birmingham Task Order IASP TO SIGN |
| G | 2019-21 operational plan |
| H | 2020-21 Birmingham IASP contract variation SIGNED |
| I | 2020-21 Birmingham IASP service operational plan |
| J | 2021 B'ham Oct reporting |
| K | 2021 Birmingham IASP service operational plan updated |
| L | 2021 March report |
| M | 2021-22 Birmingham IASP Task Order |
| N | 2022 Bham contract check-in report form |
| From Parent Carer Forum | |
| O | bpcf-sendiass-partnership-agreement (1) (1) |
| From SENDIASS | |
| 1 | Appeal Rates Birmingham & Hampshire comparator Data included 2014-19 |
| 2 | myth busters created 18.2.21 |
| 3 | Staffing - SENDIASS Birmingham April 2022 |
| 4 | 1. Birmingham SENDIASS Board Remit Undated |
| 5 | 4. SEND Statutory Process Training - PFA Team 16th Sept 2021 |
| 6 | 5. SEND Statutory Process Training - CAMHS ST 4.10.21 |
| 7 | Agenda - Parents SENDIASS meeting dated 20.9.21 |
| 8 | Birmingham SEND Multi-Agency Front Door dated 3.1.22 |
| 9 | Birmingham SENDIASS Conference 30 Nov 2021 |
| 10 | Flyer SENDIASS Professionals Meeting Nov 19.11.21 |
| 11 | JD - SENDIASS Head of Service Created 3.3.19 last updated 29.9.21 |
| 12 | Minimum Standards Self-assessment template with notes - SENDIASS Birmingham 23.4.22 |
| 13 | Parent Partnership Group 2022 |
| 14 | pg3(A) Allocation Sheet (EHC Needs Assessment) |
| 15 | pg3(B) Allocation Sheet (EHCP Progress) |
| 16 | pg3(C) Allocation Sheet (EHCP Content) |
| 17 | pg3(D) Allocation Sheet (Placement) |
| 18 | pg3(E) Allocation Sheet (School or Setting Meeting) |
| 19 | pg3(F) Allocation Sheet (Annual Review) |
| 20 | pg3(G) Allocation Sheet (Exclusion) |
| 21 | pg3(H) Allocation Sheet (Other) |
| 22 | pg4 Professionals involved |
| 23 | pg5 Family Targeted Assessment |
| 24 | pg6 Genogram |
| 25 | pg7 CYP Views & Details of Direct Work |
| 26 | pg8 Signs of Safety Form |
| 27 | pg9(i) Working with Parents & Carers |
| 28 | pg9(ii) Working with CYP |
| 29 | pg14(i) Quality Assurance Form Parent Carer |
| 30 | pg14(ii) Quality Assurance Form - Young Person |
| 31 | SEND Statutory Process Training - BCT Disabled Social Care Team 8.10.21 |

| | |
|--|--|
| 32 | SENDIASS Board Agenda - Monday 17th January 2022 |
| 33 | SENDIASS Board Minutes 17th January 2022 |
| 34 | Young People's Participation Charter Undated see line 35 |
| 35 | Young Peoples Participation Charter Created 2.12.21 |
| xSENDIASS - Information Pack (not dated for creation, review or update) | |
| 36 | 1. SENDIASS Information Pack Contents Page |
| 37 | Leaflet SENDIASS |
| 38 | SENDIASS - Annual Review Process |
| 39 | SENDIASS - Annual Review Timescale Chart |
| 40 | SENDIASS - Appeals |
| 41 | SENDIASS - Areas of SEND |
| 42 | SENDIASS - Assessment Process |
| 43 | SENDIASS - Assessment Timescale |
| 44 | SENDIASS - Confidentiality Policy |
| 45 | SENDIASS - Definition of Advocacy |
| 46 | SENDIASS - Disability Discrimination |
| 47 | SENDIASS - EHCP 'Cease to Maintain' |
| 48 | SENDIASS - Exclusions |
| 49 | SENDIASS - Home to School Transport |
| 50 | SENDIASS - Impartiality Policy |
| 51 | SENDIASS - Information for Young People |
| 52 | SENDIASS - Issuing an EHCP |
| 53 | SENDIASS - Mediation |
| 54 | SENDIASS - Naming a Placement |
| 55 | SENDIASS - Personal Budget |
| 56 | SENDIASS - SEND Support & School Funding |
| 57 | SENDIASS - Tribunal Hearings |
| 58 | SENDIASS - What are Special Needs |
| 59 | SENDIASS - What is an EHCP |
| 60 | SENDIASS - Young People with SEND |
| SENDIASS Annual Report (6) (from SENDIASS) | |
| 61 | SENDIASS Annual Report (1) 1.9.14-31.8.15 |
| 62 | SENDIASS Annual Report (2) 1.9.15-31.8.16 |
| 63 | SENDIASS Annual Report (3) 1.9.16-31.8.17 |
| 64 | SENDIASS Annual Report (4) 1.9.17-31.8.18 |
| 65 | SENDIASS Annual Report (5) 1.9.18-31.8.19 |
| 66 | SENDIASS Annual Report (6) 1.9.19-31.8.20 |
| Joint Commissioning – 2021 (from SENDIASS) | |
| 67 | Item 1 - Covering Note 12th January 2021 |
| 68 | Item 2 - SENDIASS Joint Commissioning Paper 30th June 2020 |
| 69 | Item 3 - Schedule A SLA Joint Commissioning Created 28.12.19 |
| 70 | Item 4 - Schedule B Joint funding SENDIASS Created 27.6.20 |
| 71 | Item 5 - Schedule C Financial Overview SENDIASS Created 26.12.19 |
| 72 | Item 6 - Schedule D data processing Created 26.12.19 |
| 73 | Item 7 - Schedule E Joint Funding SLA SENDIASS Created 26.12.19 |
| 74 | Item 8 - Minimum Standards with DfE DH sign off |
| 75 | Item 9 - Birmingham IASP contract variation 20-21 SIGNED 31.3.20 |
| 76 | Item 10 - Cat 2 Restrictions. Action Plan Created 9.6.20 |
| 77 | Item 11 - SENDIASS Operational Plan Created 27.6.20 |
| 78 | Item 12 - SENDIASS Leaflet |
| 79 | Item 13 - The Role of SENDIASS in the Community Family Educational Recovery Programme (2020) Created 27.6.20 |
| 80 | Item 14 - Quality Assurance Form |

1.6 Documents created as additional supporting evidence

| APPENDIX REF | TITLE OF DOCUMENT |
|--------------|---|
| App SE 1a | SENDIST data costs re B/Ham |
| App SE 1b | SENDIST Data comparisons re B/Ham |
| App SE 2 | Summary of additional funding to IASS via IASP from NCB 2018-22 (ref 1.5 A-N above) |
| App SE 3 | Summary re casework numbers from each annual report |
| App SE 4 | B/Ham Quality Assurance Form Parent Carer (Evaluation form) |
| App SE 5 | Summary user satisfaction stats from each annual report |
| App SE 6 | Anonymised emails to SENAR |
| App SE 7 | Minimum Standards final RAG rating |
| App SE 8 | Notes of meetings with [REDACTED] |
| App SE 9 | Documents reviewed to inform report with comments |

1.7 SENDIASS – Overview (meetings with [REDACTED])

30.3.22 via Zoom and in person 11.5.22 in Birmingham City Council offices)

[REDACTED] expressed strong views that the LA really do not want a SENDIAS service or want to have anything to do with them. [REDACTED] feels they want to crush it because they “trample over their green shoots”. [REDACTED] believes they are not liked because they “are too truthful” and honest.

Topics of discussion

- Annual reports/data recording; purpose, level of detail and availability
- Parents Group and Young People (YP) Participation Groups; membership, publicity and purpose
- Outsourcing; pros and cons
- Staffing; structure and roles
- SENDIASS website; content and status
- Tribunals; SENDIASS role
- Service evaluation; content, roll out and return rate
- Steering Group; membership and role
- Young People (YP); casework and consent
- PCF; relationship

See Appendix SE 8 for further details of discussions

Part 2. Review outcomes

2.1 Identified strengths in the service offer

- A. It has an Access database – this means it will be easy to build in all the required elements of recording relating to casework.
- B. All staff seem to have accessed and completed levels 1 to 3 of the IPSEA Legal Training programme.
- C. The [REDACTED] speaks 5 community languages
- D. Some families like the service they receive. National IASSN reporting in 2021 regarding feedback received, included the following quote attributed to Birmingham SENDIASS

Q5 Overall how satisfied are you with the service we gave?

'We need you to continue doing what you do without barriers. Funding is an issue all round. You are a testimony of excellence considering funding struggles.'

2.2. Identified weaknesses in the service offer

A. Data recording is unreliable, incomplete, insufficient, and not being reported or analysed effectively

Poor data recording. The only data provided for this review, despite making several requests, is that which is included in the annual reports. However, this is very basic and relates mainly to gender, ethnicity, year group, postcode and breakdown of some types of cases. This is unusual and means that the service does not have the necessary evidence for the work it does, the work it is unable to do and the demand on the service/in Birmingham.

I asked [REDACTED] via email 25.4.22 for a breakdown of further information ([REDACTED] responses are in blue):

- i. How many for each of the national intervention levels (1-4) or certainly a split between helpline one-off calls and casework. **All these are LEVEL 4 as the requirement was to only report on these.***
- ii. How many cases relate to SEN Support vs EHCP related etc. **These are all EHCPs as the requirement was to only report on these as a comparator for the SEND EHCPs in the Department.**
- iii. How many direct referrals are there from CYP. **None, the CYP area of work has only started since September 2021. This is in contradiction to Annual Report 5; 2018-19 "A particular feature of this year's work has been providing information, advice and support to children and young people directly." Their stats since then include over 60 at one time of 16+ (>Y12).**
- iv. A breakdown re the route to the service i.e. how service is initially found. Again broken down to distinguish between parents and CYP. **This has not been captured as a reporting target previously and will begin from September 2021.**
- v. The Annual Report for 2020/21. **This has not been produced as SENDIASS casework data and SEND Early Help Front Door data have not been kept separate.**

* A follow up email was sent 25.4.22 asking who had specified this requirement – no reply was received.

The "Allocation forms" (parent details and recording forms) currently in use, possibly introduced for Front Door (see Section 2.2E for further information), mention IMPULSE and as SENDIASS uses an Access database it would seem they have 2 recording systems in use. I can only conclude SENDIASS is also now recorded only on IMPULSE, the LA system because if it was still on Access it would be available. Birmingham did participate in the IASSN annual benchmarking activity (IASSN Funding, Casework and Staffing Data Report) for 2021. I am unclear what data was submitted in relation to casework.

There appears to be no data analysis. Usually this would be a minimum of termly or quarterly to monitor changes in trends so that service delivery can be adapted accordingly, including service delivery such as developing resources or providing training for professionals or parents/YP. This should be clearly reported in an annual report (available publicly) and reflected in the service development plan. It should also inform strategic work with the LA and is usually a requirement for commissioning, including joint commissioning purposes or for making a business case for extending the service to inform and support the narrative. Services are expected to follow the nationally agreed 4 levels of intervention (Appendix IASSN 2). The 4 levels distinguish between the level of complexity of cases and the SENDIASS staff time factor involved. This is important for the purposes of national reporting and benchmarking as well as for service development. Level 1 equates to one-off enquiries at the helpline stage and could include signposting to additional resources etc and level 4 is "Detailed and continuing assistance and guidance with preparation and support during: First Tier Tribunal (SEND), including DDA complaints to Tribunal, Complaints to Ombudsman, Judicial Review, Disputes about Child Protection". The guidance included in Appendix IASSN 2 makes it clear to services what

is expected, including examples of casework for each level and when to send the evaluation form, an expectation for each of the 4 levels when the case is closed.

Statistical evidence is also helpful to demonstrate if the service doesn't have capacity to meet demand. This again would be a typical requirement to support a business case or commissioning. When asked if SENDIASS recorded service deficit (occasions when they could not provide support to families due to lack of staffing capacity), SENDIASS said (30.3.22) they didn't because such occasions never occurred as everyone gets support, including a same day service if needed. Unexpectedly the service manager still carries a caseload. When asked about other barriers that might prevent the service being able to offer support such as local geographical challenges or language, this was quickly dismissed as the [REDACTED] informed me [REDACTED] speaks 5 languages and they are perfectly located centrally with good transport links.

The "Allocation forms" being used have SENDIASS as their heading with no mention of Front Door. They have titles for different types of enquiry relating to elements of SENDIASS work such as EHC Needs Assessment, EHC Progress, Placement, Annual Review etc. with each form also stating: "Ensure you have obtained all the relevant information to complete the Family Targeted Assessment, Genogram, and Signs of Safety straight away." These additional forms are also cause for concern:

- "Family Targeted Assessment" this very much follows the medical model of disability and consequently not at all person centred as intended by the C&FA. All casework should be underpinned by the Section 19 Principles. There is no mention of aspirations or desired goals, interests etc. No reference to impact on home life or what family needs to be different and what that might look like. It does not reflect the values included in the YP charter which hold true for all CYP and their families. Not a typical or relevant approach for IASS to adopt.
- "Genogram" Most of this info is not relevant or required for IASS work and again is too intrusive. Could use person centred circles of support instead if relevant.
- "Signs of Safety" It is not standard or necessary for IASS to have such a form. It is not their role to identify signs of risk and try to intervene but to escalate appropriately whenever safeguarding might be an issue. This is another example of blurring the boundaries, compromising being armslength and also breaching the "impartiality policy" i.e. non-judgemental. Staff may not be "qualified" to make this judgement call, if they are it is not relevant to the role they are fulfilling in SENDIASS i.e. they are not employed as social workers.

NB. GDPR requires services to only have info that is relevant to the task in hand.

B. Poor infrastructure, weak unimplemented policies, failure to empower families or deliver casework or operate in line with typical practice of IAS services

- i. Based on the evidence available it would appear that the service is focussing on, or prioritising cases that can be escalated to formal and publicly reportable redress namely SENDIST. Despite the review making several requests, including on 11.5.22 when it was agreed to provide full breakdown of casework by 5pm 13.5.22, there is no evidence to demonstrate what levels of casework exist apart from Level 4 intervention (Tribunals). What's more, during this review worrying examples have emerged where SENDIASS has not provided accurate information that would have meant situations raised with them could have been resolved at casework levels 1-3. This included where a simple telephone enquiry asking why Section I was left blank in the draft EHCP, resulted in being told "don't worry about that – go to Tribunal!". When the same parent spoke to other (Birmingham) parents about this, they all said they had received a similar response from SENDIASS. Furthermore, an example was provided of SENDIASS explaining to a parent "I am so sorry SENDIASS cannot help you as we do not have a Decision to Appeal – you should have received a response to the Annual Review by now." This clearly looked like a situation that "qualified" for SENDIASS to be offering information, advice and support and yet the parents, who from the content of the email appear to be really struggling and in desperate need for support, were refused any further assistance from SENDIASS.

- ii. **Not being armslength or operating within permitted and widely accepted SENDIASS boundaries** meaning it is unlikely to fulfil the armslength requirement all the time, therefore, it cannot be viewed as armslength per se. Impartiality and being armslength from the LA with regard to parents and YP usually comes down to perspective. It is important therefore, particularly for an in-house service to establish consistent and clear boundaries around the service to ensure it can maintain its distinct and unique position. This can in part be achieved by having strong impartiality and confidentiality policies, shared with parents or CYP from the outset and that are understood by everyone within SENDIASS and all stakeholders, and upheld to the letter (see “x” below). Neither of these things appear to be happening in Birmingham. [REDACTED]
[REDACTED] It is also acting at times as if it is the LA representative by directing or telling a school what it should do, or speaking with an authority to parents/carers that SENDIASS services do not have such as informing them they can take the child off role (parents do have this right) and the LA will provide 4 hours of home tuition each day (this is for the LA to decide and would usually be dependent on the individual circumstances). It is possible this is raising unrealistic expectations and is certainly not empowering families or making them aware of all their options.
- iii. **Not respecting/recognising boundaries of others.** This includes sending emails on behalf of parents and/or cc’ing parents and numerous people within the LA, often at an inappropriate level. For example a situation that should be addressed at an operational level such as a SENAR caseworker in the first instance. SENDIASS recently contacted a senior LA officer requesting a copy of an EHCP on behalf of a school. They were refused – it is unclear why the school, if for example they had mislaid their copy, couldn’t have made the request to the LA directly themselves. SENDIASS then contacted an even more senior LA officer (DCS) with the same request, except this time it was reported as a safeguarding issue and was making the request under the guise of Front Door. It is still unclear why usual and established safeguarding protocols weren’t implemented either by the school, SENDIASS or Front Door. This could have caused avoidable delay and unnecessary confusion. Given the recent high national profile arising from professional confusion leading to potentially avoidable tragedy, this approach should be avoided at all costs. Everyone should follow the LA existing protocols and policies regarding safeguarding without adding unnecessary additional levels.
- iv. **Duplication and insular approach.** Although many SENDIASS have developed their own YP participation group and some a specific parent group, what is unusual about the Birmingham arrangements are that the already established PCF and those in the LA that I spoke to, knew nothing about their existence. Neither of the SENDIASS groups are “advertised” and it is unclear what their remit is, or visible/accessible to others who may want to join. It is also unclear if it is the YP or the parents themselves who are reaching out, or if SENDIASS staff are doing so in their name or on their behalf. This lack of transparency reinforces how the service is operating in a silo.
- v. **Representing in all Tribunal appeals instead of making case by case decisions according to individual circumstances.** It is reported in all annual reports that the LA states that SENDIASS is representing (confirmed by LA this means acting as their representative not “supporting” or “involved with”) 80% of all Birmingham Tribunals. This equates in 2019 to SENDIASS representing in approximately 236 appeals or in 2020 in 209. To put this in context with regard to the national picture, the IASSN Funding, Casework and Staffing Data Report 2021 reported, that *“Tribunal numbers continue to rise. Services are supporting an average of 40 tribunal cases a year in some form, and attending and supporting a parent or young person directly with 4”*. [REDACTED]
[REDACTED] IASSN, clarified that “directly” in this instance means attendance at the actual hearing or representing. [REDACTED] confirmed that SENDIASS details are on the Tribunal forms in the “representative” fields and the “representative” box is ticked for them to be the contact from SENDIST. This means that SENDIST communication is NOT going to parents at all but directly to SENDIASS. Usual practice would be to get the parent to get back in touch when they receive communication and forward it to SENDIASS not the other way round, unless there are exceptional circumstances requiring a representative. The requirement is stated in MS 3.5 as “The IASS provides

information, advice and support before, during and following a SEND Tribunal appeal in a range of different ways, dependent on the needs of the parent or young person. This will include representation during the hearing if the parent or YP is unable to do so."

SENDistT guidance on this states:

Who can be a representative?

A representative is someone who will give advice on the issues in the appeal, prepare the paperwork and represent the person making an appeal to the Tribunal. They can also be an advocate. They could be a volunteer from a charity, a paid representative, a solicitor or barrister. **Most appeals to the Tribunal are made without a Representative. The Tribunal will support both parties through the process of making an appeal to ensure that it is decided fairly and justly.**

- vi. **Casework for YP either over 16 or over 18s.** This is very confusing. The way that stats are reported in all the annual reports since 1.9.2014, illustrates casework for year groups from Y12 upwards i.e. YP. For period 1.9.2014 to 31.8.2020, 250 YP feature in stats, 127 of these are 18 or over. In report 5; 2018/19 it stated **"A particular feature of this year's work has been providing information, advice and support to children and young people directly."** Which implied that prior to that, the casework relating to YP was still carried out with their parents. It seems unlikely they all could be assumed as lacking capacity. Annual report 6 2019/20 noted a significant increase in referrals relating to YP i.e. 66 compared to 48 in previous year but didn't mention anything else about this during its report nor does it at any time include any stats relating to parents referrals compared to CYP directly contacting the service. I asked SENDIASS for clarification via email 25.4.22 "How many direct referrals are there from CYP?" The reply **"None, the CYP area of work has only started since September 2021."** Nationally many services reported an increase in referrals from CYP during lockdown. This was down to a range of reasons e.g. they were at home and not in school so were around when their parents were contacting the service and they liked and were comfortable using various technology to contact the service. Unclear why the national pattern of contact with CYP wasn't replicated in Birmingham. Although SENDIASS said they always explain they will need to speak directly with the YP to get their views if their parent contacts the service and always get written consent from YP before they engage with them, an anonymised email copying the LA in, dated Aug 2021, shows SENDIASS in contact with a parent re Post 16 placement for a YP described by the parent as "quite capable". It doesn't make any reference to speaking directly to the YP or requiring consent. The vagueness regarding data recording and the mixed information provided when direct work actually started, unfortunately makes it very difficult to understand what exactly is going on.
- vii. **Not all SENDIASS staff equipped with appropriate skills and knowledge to do the job including providing IAS to empower families.** It is fundamental that SENDIASS services do not take over but empower parents and YP in every way, not just with their rights but to enable them to engage and contribute including with all aspects relating to EHCPs. The SENDIASS "allocation sheet – EHC Needs Assessment" includes the following *guidance* **"If the CYP is on roll at a school/setting, ask the parent to arrange a meeting for you and the parent to also attend to discuss the CYP's learning and for the parent/carer to discuss their concerns. (You can contact the school to ask for a meeting/more information if you feel that is more appropriate)"**. This is potentially disempowering parent from the outset. It is unknown how schools respond to such a direct request from SENDIASS. It is hoped they would ask to see written permission before sharing information however, if the request is made under the guise of a qualified or student social worker, would a school realise they are only acting in the capacity of a member of SENDIASS and their professional qualifications are irrelevant and would go along with such a request. Another example of how confusion can arise and the boundaries being blurred.
- The review has received worrying recollections from the LA and a parent. In a recent mediation meeting where a SENDIASS member of staff supporting a parent with a refusal to access appeared to have adopted an advocacy model of taking on the issue as if it was their own. The SENDIASS member

of staff is described as insisting on a special school (assuming this is what the parent wanted) without understanding this is not even possible without an EHCP and the meeting was about refusal to assess. A parent reported how when she first contacted SENDIASS because she wanted some assistance requesting a statutory assessment. She was very surprised by the response she received when she phoned them – she was asked what exactly she expected them to do about it, they were too busy and expecting an important phone call and hung up. Mum made a complaint and received a response from [REDACTED]. (NB SENDIASS in their annual report state they do not receive any complaints).

- viii. **Evaluations/feedback.** Although in annual reports since 2018, it states it requests feedback based on the QA form that CDC have produced (Appendix IASSN 4). It has changed Q2b completely. The national one is carried out anonymously and contact details are optional. They are sent out at the end of all enquiries when the case is closed. The Birmingham SENDIASS version (Appendix SE 4) requests contact details not offering this as optional. The forms are then added to case files. This is not in the spirit that is intended. According to feedback from a small sample from PCF recently involved with SENDIASS, none of them knew anything about a feedback form. In every annual report from 1.9.2014 to 31.8.2020 It includes similar wording “it is worthy of note, over the 4 years since the changes in legislation, the service has received no ranking below satisfactory;”. Only Q5 has a “satisfaction” rating (0=Very unsatisfactory to 4=Very Satisfied) so this cannot be assumed they are positive about all aspects included in the other questions in the evaluation form.
- ix. **Annual reports** are vague and repetitive from one year to the next, much of it cut and pasted without any changes. They do not include sufficient detail or include information relating to such as new initiatives or service development. There is also no reference to any of the service changes or projects being funded by IASP including the website development. There has not been an annual report since 31.8.2020. The reason for this is being given as because there’s no separate data for SENDIASS as it’s all mixed in with Front Door. The annual report should consist of several elements with stats being just one of them. I am unclear who the annual reports were shared with in the past, but they were not available in the public domain and they should be.
- x. **Policies** available for the review were the Confidentiality Policy and Impartiality Policy. Neither are sufficiently detailed meaning they are weak. The Confidentiality Policy is far too vague and doesn’t explain what confidentiality means and its boundaries or how it is applied operationally. The Impartiality Policy is also not robust enough as it doesn’t explain how the service delivers or maintains impartiality. What it does correctly state it doesn’t implement e.g.
- “We will help families with decisions regarding services and options in relation to schools and other service providers in a similar, open manner
 - We will provide full information and advice distinguishing between guidance, legislation and local policy to assist families to fully explore all options and to come to their own decisions. We will avoid advising people ‘what to do’”
 - We will build good cooperative relationships with our colleagues throughout the local authority, Children’s Trust and Health to ensure that our respective roles are well understood and respected.

Based on the written information shared via its web page and provided to this review, there is little to no evidence to suggest it delivers on these points.

- C. **Poor quality, misleading and unclear information being provided.** The little information available on the SENDIASS web pages on the LA website is geared towards formal address and not early intervention or non-confrontational resolution. It also includes incorrect information biased towards the assumption the LA is wrong. It is not impartial meaning it should relate to the law and in context, clearly explaining any wider implications it may have. None of them are written in plain English and do not empower parents or YP by outlining what all their options might be or include any reference to how SENDIASS might be able to assist at all stages. None of the animations relating to EHCPs produced by CDC are included and there is no separate or accessible information for children or YP.

D. **Service is virtually invisible - no website.** The service has minimal presence online and does not use social media and was not keen on my suggestion to use it as a quick way of disseminating information. The fact that a page on the LA website, containing only brief information and considerably less than the MS require, was seen by SENDIASS as sufficient for it to be considered compliant with the MS 3.3 is worrying. The web page also doesn't include any accessible or plain English information. It also doesn't have a complaints policy included as stated in the MS. A copy of a complaints policy has not been submitted to the review amongst key documents, so it is unclear if they do have one. The refusal to consider social media such as FaceBook when nationally, when managed well, it has been found to be a very effective way of disseminating information to parents and also easy for them to share to an even wider audience.

E. **Ineffective staffing structure breaching the requirement for the service to be armslength.** Birmingham SENDIASS is no longer a "distinct" standalone service due to the overlap with the "Front Door" project it created although it provides a different service to SENDIASS. Once again the boundaries between the two being blurred or non-existent. It was explained the Front Door project came into existence at the start of lockdown in March 2020 and was funded until 31.3.22. It is unclear if it currently has any official status within the LA as it seems to be a Social Care based approach but is not in the Children's Trust with the other Social Care departments and services. See appendix SE 8.

There is such confusion and crossover between SENDIASS and Front Door roles, as it seems to be the same staff, with over 30 agency staff, operating across both. They all appear to use SENDIASS in their job titles e.g. in emails or in attendance at meetings. The staff structure originally provided to the review on 13.4.22 included only 4 posts and makes no reference to vacant post(s) or volunteers, yet SENDIASS has for many years had 12 Social Work students at a time on placement (up to 60 in a year), who are unpaid with zero costs in terms of out-of-pocket expenses, who are supported by 2 agency staff also not included in that staffing structure. On 11.5.22 SENDIASS described their structure as much greater than the original document (up to 50 members of staff) and agreed to provide a full staff structure but didn't. It is impossible to understand the current staffing arrangements, which could provide useful evidence going forward in understanding the levels of staffing needed to meet the actual demands on SENDIASS. The review has been unable to ascertain what the overall budget for all this is or where/how the core SENDIASS funding is being applied. The review was told that an enquiry might start off as SENDIASS case but then becomes Front Door or possibly the other way round. No information has been offered regarding the referral pathway for Front Door in its own right.

[REDACTED]

F. **Ineffective management structure including Steering Group (SG).** The terms of reference, agenda and minutes from January 2022 meeting provided for the review raise some concerns, such as the agenda and minutes not making any reference to being updated by or monitoring SENDIASS performance or overview of a service development plan. SG minutes for a longer period of time might have given a different perspective but they were not provided as agreed. Although PCF are not on the SG because SENDIASS doesn't want to "add to their burden..." the PCF confirmed they had actually asked SENDIASS to be on SG but had been refused. They are prepared to be on it. They also confirmed there are no parents, YP or CVS on it. Given the profile of the current SG, minutes from 17.1.22, which was well attended, 13 attendees (excluding SENDIASS staff) included 8 "Independent Members" (described to the review as "those with an interest in SEND which could include parents" – but none of them are), with

apologies from a further 13 that included 3 more “Independent Members” and 2 city councillors, it could be quite an intimidating and overwhelming atmosphere for parents and YP to feel they have any voice never mind an equal voice. The current profile of the SG, although may look impressive on paper, means it does not fulfil the requirements of MS 1.7. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

G. Non-compliance with majority of Minimum Standards

The self-assessment completed by Birmingham SENDIASS for national reporting in January 2022 rated the service as fully (100%) compliant with the MS and on 25.4.22 for this review at 80%. The reason for the difference in the 3 months was attributed to the external review stalling the joint commissioning process.

Based on the evidence provided for this review it is considered to be non-compliant with 85% of the MS. This means it is only compliant with 3 out of the 20 standards and 55% are RAG rated red.

Examples of non-compliance that are not separately covered in A to F above are:

- i. No Service Development Plan
- ii. Not jointly commissioned – the one that the SENDIASS manager cites as being responsible for 3 of her 4 identified areas of non-compliance and was being championed because of the extra funding it is expected to bring
- iii. No strategic work either within service or with stakeholders

2.3. Proposed aims to address weaknesses

Given the overall non-compliance with the minimum standards, there is a need for drastic action to be taken here.

1. SENDIASS to become a distinct and standalone service again with its own staff who are not employed in any other LA department or service. Consideration needs to be given whether this can be achieved by keeping the service in-house with a major restructure or whether it should be commissioned to a different supplier. If the latter, given the size of Birmingham Council and the low starting point of where the service currently is, there will be a need to consider restricting the tendering applications in terms of efficiency and reliability, to only coming from larger organisations with established systems in place and experience at running successful SENDIAS services, compliant with at least 85% of minimum standards, in larger size authorities.

The following points need to be factored in with either option in point 2.3:1 above.

2. Service to be restructured to include employing sufficient permanent staff and dedicated admin support, with JDs and grades to match the levels of responsibility to reduce reliance on student social workers (they can still be deployed within the service, if it appropriate to their placement requirements but e.g. in level 2 cases only). All staff, existing and new, will be required to participate in a prescribed “back to basics” training programme.
3. Effective management arrangements for staff, finances etc and a properly functioning steering group in accordance with MS.

4. For the service to be jointly commissioned in line with MS 1.1. For a Service Level Agreement (SLA) to be produced, pinned tightly against MS, including management arrangements, quality assurance, monitoring and reporting requirements etc.
5. To ensure it has a sound infrastructure to include robust policies, formalised processes and sufficiently detailed data recording in place.
6. For the Birmingham SENDIAS Service to adopt a transparent, streamlined, methodical, evidence based and systematic approach across all aspects of their service underpinned by robust quality assurance and reliable data.
7. To be compliant with all of the MS e.g. website, development plan, armslength, impartial etc.
8. To improve and increase visibility and transparency of the Birmingham SENDIAS Service for all families entitled to receive a service and not just those with a right of appeal.
9. For the Birmingham SENDIAS Service to be proactively and constructively engaged strategically, informed by reliable evidence and data, to start to promote positive relations between the IASS and key LA partners/depts and for a culture of trust to start to grow. This should ultimately lead to achieving better outcomes for families by helping others “get it right” and reduce the need for IASS to be involved in a negative and reactive way.

2.4. Required action to deliver on the aims

Uncouple SENDIASS from Front Door with immediate effect i.e. each has its own staff without any crossover and distinct database.

Explore both options in point 2.3:1 above with agreement established for joint commissioning and the level of core funding required for the service to become and maintain full compliance, and meet the needs of the community it is required to serve effectively and efficiently. Whichever option is decided upon the following and all the actions outlined in the table 2.2A to 2.2G below still apply.

Ensure the service has a sound infrastructure, adopts typical approaches employed nationally and is compliant with the Minimum Standards

The time factor and the range of skills, knowledge and experience to effectively deliver the aims outlined in 2.3 above and the actions outlined in the table 2.2A to 2.2G below, are not to be underestimated and it is expected that a range of additional resources, including external support will be required to achieve it all.

This action plan below is expected to act as a road map to establish a fully functioning and compliant strong SENDIASS capable of meeting local needs across all levels of SEND and with the correct systems and processes in place to keep it so. This plan needs to be considered in the spirit it is intended and what mustn't happen is scrutinisation to seek out gaps to be exploited as an opportunity to derail any attempt to improve outcomes for SEND families living in Birmingham.

A relaunch of the service should be considered once all the basics are in place and new practice is established, to make it clear to all stakeholders it's an “out with the old and in with the new” approach.

2.5. List of appendices to support delivery of the aims

| APPENDIX REF | TITLE OF DOCUMENT | REPORT REF |
|--------------|--|-----------------|
| App IASSN 1 | IASS Minimum Standards | |
| App IASSN 2 | Intervention levels for IASS August 16 | 2.2.A3 |
| App IASSN 3 | Funding, Casework and Staffing Data Report 2021 | |
| App IASSN 4 | IASS Service User Evaluation EXTENDED Oct 15 | 2.2.B5 |
| App RK 5 | Sample Initial Enquiry doc to illustrate key fields | 2.2.A1; 2.2.A2 |
| App RK 6 | Sample STATS CODING examples re nature of enquiry | 2.2.A1; 2.2.A2 |
| App RK 7 | Monitoring report template | 2.2.A5; 2.2.B10 |
| App RK 8 | Confidentiality policy suggested wording | 2.2.B1 |
| App RK 9 | Impartiality Policy suggested wording | 2.2.B1 |
| App RK 10 | EMPOWERMENT MODEL and evaluation 2022 | 2.2.B2; 2.2.B8 |
| App RK 11 | Evaluation by professionals | 2.2.B5 |
| App RK 12 | Complaints procedures and IASS | 2.2.B9 |
| App RK 13 | Volunteer JD or description | 2.2 E6 |
| App RK 14 | Volunteers advert | 2.2 E6 |
| App RK 15 | Steering Group TOR | 2.2 F2 |
| App RK 16 | SLA draft against MS - 2 appendices incl TOR and AR template | 2.2 G1 |
| App RK 17 | IASS Dev Plan re MS blank template | 2.2 G2 |
| App RK 18 | Section 19 principles | 2.2 B4 |

Proposed Action Plan

| 2.2 A | To establish reliable and sufficiently detailed data recording so it can be analysed effectively to inform strategic planning | | |
|-------------|--|--------|--------------|
| Action ref. | Suggested actions to take | By who | completed by |
| 1 | To update and maintain SENDIASS Access database to accommodate wider level of detail to support all aspects of service development and delivery and to fully support national benchmarking. (Sample Appendices RK 5 and RK 6 to illustrate level and type of detail to be considered). The database is to be exclusively used for recording SENDIASS work only. To clearly distinguish between direct contact with YP vs parents and record appropriate permissions received. Referral pathways are easily reported on | | |
| 2 | To develop new referral forms to record appropriate personal details and key information relating to the casework issues to be recorded in line with GDPR requirements i.e. no "one size fits all" recording extraneous information not pertinent to the individual circumstances. (Sample Appendices RK 5 and RK 6 to illustrate level and type of detail to be considered). | | |
| 3 | Service to adopt, apply and accurately record the nationally agreed 4 levels of intervention (Appendix IASSN 2). | | |
| 4 | To ensure they ask and then record and date if parents give permission to speak to others stating exactly who e.g. school staff, EP, SEN case worker etc. and also to note anyone they refuse to give permission for (this may form part of a discussion). This needs to be routinely checked and updated. It is not to be assumed as an open-ended agreement. | | |
| 5 | Data should be routinely "pulled off", ideally monthly but a maximum of termly, for analysis. All key data should be presented for a range of audiences including e.g. commissioners, steering group, etc and be included in regular public reports e.g. termly or annual reports (sample template for reports attached Appendix RK 7) made available e.g. on website. See 2.2 B9 below | | |
| 6 | Database is exclusively accessed by SENDIASS employees and volunteers only. Ensure all staff within SENDIASS understand the recording requirements and establish system for database to be routinely and efficiently updated i.e. without unnecessary delay preferably by dedicated member of staff i.e. administrator post to reduce or avoid mishaps. | | |

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|--------------------|---|---------------|---------------------|
| 2.2 B | All operational processes and procedures are formalised and policies are sufficiently detailed to be clear and watertight | | |
| Action ref. | Suggested actions to take | By who | completed by |
| 1 | To update confidentiality and impartiality policies (Sample policies attached Appendices RK 8 & RK 9) to ensure they are watertight and improve transparency. To add dates re: created, amended and next review and make them widely available. Make sure all SENDIASS staff including temporary or volunteers, are fully briefed and understand how they are applied operationally. Make sure all stakeholders have a clear understanding of them. | | |
| 2 | To adopt an empowerment model of service delivery supported by improved information being available. (See Appendix RK 10) See 2.2 B7 below Develop plain English step-by-step truly impartial resources to support parents/YP in understanding of what their rights are outlining all their options to implement them, promoting an engagement model and not a confrontational approach from the outset. Make available on website and everywhere else that is relevant. Can also be mailed out. (See 2.2 D3 below) If appeal made to tribunal ensure it takes a “supporting” role and can explain any exceptional circumstances that requires it to “represent” i.e. representation will be the exception not the norm. Routinely provide training sessions for parents/YP on common themes such as SEN Support and reviews, Draft EHCPs, Annual Reviews, including how to get the most out of meetings. (NB encourage parents to identify who their natural supporter is i.e. within their family, friendship circle or community and invite them to training sessions with them.) offer via face to face or virtual and at different times to improve reach. | | |
| 3 | For all staff to clearly understand and stick to the boundaries of their role and the SENDIASS remit. This includes when supporting parents in escalating a concern, it is done with respect, at the appropriate level, promotes and encourages partnership working. Only suitably trained and experienced staff should be dealing with level 4 interventions. Lesser inexperienced staff could joint work and shadow at meetings (with all party agreement) e.g. mediation to continue their professional development. | | |
| 4 | Staff handbook to include step-by-step processes Accelerating completion of IPSEA legal training (levels 1-3) should be considered alongside the need to consolidate learning and application before taking next level. All casework should be underpinned by Section 19 Principles (See Appendix RK 18). | | |
| 5 | The nationally agreed evaluations to be sent out at the end of each case (according to the guidance in Appendix IASSN 2) preferably the extended version (Appendix IASSN 4) The short version is the 6 questions in the yellow boxes only. These should be sent out in the spirit that is intended, that is anonymously and kept separately i.e. not attached to case file. These should be fully recorded, analysed e.g. service practice might need to adjusted, and included in the Annual Report in full i.e. all questions. Numbers sent out and percentage return should also be included. Evaluation forms should also be adopted for capturing professional feedback e.g. those attending a meeting with SENDIASS and parents. (Appendix RK 11 sample) | | |

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| 6 | To consistently follow and apply at all times the impartiality policy. This includes being clear with all stakeholders that the service only accepts direct referrals from parents or CYP and only in exceptional circumstances will it deviate away from this principle. The service will not store or have access to reports without the consent of the parent/YP. | | |
| 7 | Service development plan to address all areas of non-compliance. Consider involving permanent members of staff as each taking an area of responsibility e.g. website, resources, training, CYP, etc. to foster a collective ownership and pride in the service. | | |
| 8 | Introduce a formalised triage system (when to ensure cases are consistently prioritised according to set criteria. Service deficit recording to be introduced and reported See 2.2 B 2 above. Appendix RK 10 NB this can only be piloted when range of step by step resources are available | | |
| 9 | To have its own complaints procedure (Appendix RK 12 sample) | | |
| 10 | To produce an annual report based on termly/quarterly reports. (Appendix RK7 suggested template) These should be available publicly e.g. website, LO, mailshot etc. It will include as a minimum: <ul style="list-style-type: none"> I. Self-assessment e.g. RAG rating of Minimum Standards with examples of evidence if green and explanations or actions if amber or red II. Full stats broken down re casework, referral pathways etc and analysis including comparison to previous reporting period(s) III. Reporting on evaluations/feedback received and any changes this has brought about to service practice IV. Relevant national and local issues or changes impacting on families in relation to their reason for contacting SENDIASS V. Pressures on service e.g. increase in referrals, staff sickness, office relocation, funding e.g. cut, new source, etc VI. Overview of service activity including breakdown of training sessions provided, themes, audience (parents, YP professionals – stating who e.g. SENCo, SEN governors, YOT. VII. Updates to policies or website VIII. New initiatives e.g. a volunteer programme, monthly drop-ins, weekly evening help-line IX. Training attended by staff X. Steering Group – how many times it met, changes or vacancies | | |

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|-------------|---|--------|--------------|
| 2.2 C | Establish stringent quality assurance processes across all aspects of service, with an external element (initially at least) | | |
| Action ref. | Suggested actions to take | By who | completed by |
| 1 | Agree key principles of quality assurance e.g. accuracy, plain English, accessibility, relevant to the intended audience (especially those new to the “system”), truthful and in context. It should also include references/links to original source e.g. SEN Code of | | |

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|---|---|--|--|
| | Practice, C&FA 2014, LA policy so they can be cross referenced by the reader if they wish to ensure transparency. They should also reflect PCP principles as the C&FA 2014 was built on these too. | | |
| 2 | Establish quality assurance reviewing group (suitable for remote working). Members need to be selected for appropriateness for different aspects according to nature of materials. Ideally at least one member will not have any professional connection with SEN or education etc. for some of not all parent/YP targeted resources because if it makes sense to them it will likely make sense to others. For example training materials for professionals may need different input for sessions required for parents or CYP even if same topic e.g. Annual Reviews so the QA reviewing membership will need to be adjusted accordingly. | | |
| 3 | All resources for parents and CYP will enable empowerment by clearly reflecting the law and associated rights and responsibilities, local (lawful) practice in context i.e. you have a right to appeal to tribunal but also clearly outline all the options to be taken to promote engagement and encourage a culture of trust between parents/CYP and the professionals they will be required to engage with, before it gets to the point of making an appeal. Resources will be step by step, to enable those unfamiliar with SEN terminology and processes, to be able to understand, be fully informed and follow them with minimal support but will also highlighting how SENDIASS might be able to assist at each step. | | |
| 4 | Back to basics training programme, including person centred planning, to be created for ALL SENDIASS staff. This programme must be developed externally of any existing, or past staff or associates of Birmingham SENDIASS and could be commissioned externally. | | |

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|--------------------|---|---------------|---------------------|
| 2.2 D | To improve visibility of service including standalone website to include resources to support empowerment | | |
| Action ref. | Suggested actions to take | By who | completed by |
| 1 | In the interim and asap, upload all CDC animations to SENDIASS page on LA website and/or LO. Add links to external sources of support e.g. IPSEA, ACE Education Advice and Training, SOSSEN, Coram Children's Legal Centre | | |
| 2 | Carry out an immediate review of all wording on SENDIASS information currently available with relevant others i.e. those external to SENDIASS e.g. PCF, NCB etc. Covert to plain English, make all required corrections and update asap. | | |
| 3 | Develop a range of new step-by-step guides for parents for a range of common themes e.g. getting the most out of a meeting, requesting a statutory assessment, annual reviews etc. These should be added to SENDIASS page on LA website as soon as they become available until the new website is ready. See 2.2 B2 above | | |
| 4 | To develop standalone website (see MS 3.3) with ideally a dedicated section for CYP. | | |
| 5 | Clear and distinct identifiable logo on all resources (MS 3.2), training e.g. Powerpoint slides. Materials and resources should also acknowledge original source where data is included from other sources. | | |
| 6 | To implement social media e.g. FB especially to promote events or changes and is easy for parents to share and disseminate information. | | |

| 2.2 E | Effective staffing structure including an admin post, all appropriately trained | | |
|-------------|--|--------|--------------|
| Action ref. | Suggested actions to take | By who | completed by |
| 1 | Review staffing structure, hierarchy etc and introduce dedicated admin support post (with knowledge of Access or database) with a view to becoming main first point of contact i.e. operating helpline (included in JD and graded to reflect these anticipated additional responsibilities). Part of restructure should consider all roles within service and have relevant JDs and graded accordingly. This should be transparent so anyone outside of SENDIASS knows who they work for and their role | | |
| 2 | Clear staffing structure included on website with photos e.g. "meet the team" Job titles for all SENDIASS staff should say the service and title in the first line to avoid confusion with other services e.g. SENDIASS Manager, SENDIASS support worker, SENDIASS caseworker depending on what titles are decided upon. SENDIASS Manager and staff do not have additional LA roles or responsibilities outside of SENDIASS to avoid conflict with confidentiality etc. All SENDIASS staff to conduct themselves according to their role and JD in SENDIASS and not to their previous, or future in case of students on placement, jobs i.e. they are not employed as social workers or teachers. | | |
| 3 | To ensure all staff act professionally at all times including in all forms of communications and their engagement with others e.g. by understanding and respecting the boundaries of other services or individual professionals. | | |
| 4 | Compulsory "back to basics" training to be developed for ALL staff, existing and new to reflect all new ways of working, including the role of carrying out casework, Person Centred Planning/Approaches and how this applies to all EHCP processes. Solution Focus training might also be useful. | | |
| 5 | All staff to be provided with their own copy of the SEN Code of Practice and if possible extra copies to be available for volunteers or students to be able to have access to and how to access it electronically. | | |
| 6 | Give careful consideration to deployment of student s/w and/or volunteers e.g. to be trained to support parents and CYP in writing their "report" for statutory assessment, to ensure all CYP receiving a casework service from SENDIASS have a One Page Profile, carry out level 2 casework only. Appendix RK 13 & RK 14 | | |
| 7 | Quarterly staff appraisals (careful consideration to be given regarding who should conduct these, initially at least). Objectives should reflect the changes of working practice within SENDIASS and be linked to service Development Plan. | | |

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| 2.2 F | Have an effective management structure in place | | |
| Action ref. | Suggested actions to take | By who | completed by |
| 1 | Line management for Service Manager to be clear and at an appropriate level within directorate | | |
| 2 | Current steering group to be disbanded and start afresh. The balance of new membership must be given careful consideration to enable parents and young people to be effectively involved without being overwhelmed. Membership (MS 1.7) to include e.g. PCF, parents, young people, max 2 head or deputy head teachers (primary and secondary), SENCo, one special school, EP, SEN dept, Health, Social Care, 1 elected member (if necessary – not usual for them to be included) etc. Service manager's line manager should not be part of SG to distinguish be line management of employee from managing service direction to help fulfil armslength requirement. Appendix RK 15 sample Terms of Reference Its role will be to oversee service direction etc.– TOR, membership, minutes, routine agenda items e.g. going through service report including data, review development plan. SG meetings need to ordinarily be maximum of quarterly or minimum of termly. | | |

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| 2.2 G | Compliance with remaining Minimum Standards not addressed in 2.2A to 2.2F above | | |
| Action ref. | Suggested actions to take | By who | completed by |
| 1 | Joint Commissioning in accordance with MS 1.1 against a tight SLA pegged against the MS. Appendix RK 16 sample document. including reviewing, monitoring and reporting arrangements. | | |
| 2 | Development plan (MS 1.8) to address all areas of minimum standards to either address non-compliance or ensure continued compliance. Improvement targets should be informed by data and there should be a "thread" to link why everything is happening. Appendix RK 17 sample document. | | |
| 3 | Constructive strategic involvement (MS 2.3) once the majority of the above (2.2 A – 2.2F) are underway or achieved based on evidence and data. | | |
| 4 | Establish partnership working and agreement with PCF (MS 2.3) | | |
| 5 | Develop a training programme (MS 3.6) to include stakeholders, parents and CYP once the majority of the above (2.2 A – 2.2F) are underway or achieved based on evidence and data. | | |

| 2.2 | Actions required by LA from issues arising during this review outside of SENDIASS | | |
|-------------|--|--------|--------------|
| Action ref. | Suggested actions to take | By who | completed by |
| 1 | Front Door – uncouple from SENDIASS with immediate effect and decide its purpose and where it “sits” i.e. in the LA or in Children’s Trust. | | |
| 2 | Rename Parent Link e.g. SENAR Gateway and reconsider description as it is misleading as sounds like SENDIASS. Ensure when parents contact “Parent Link” they know who exactly they are speaking to and what their role is. | | |
| 3 | Improve communication options in SENAR letters – add contact name and details e.g. email and phone number so parents can directly and easily contact to try and resolve issues. | | |
| 4 | Improve content of EHCP letters – explain in letters that are sent with draft EHCP that Section “I” must be left blank so parents can request the school they want named, reassure them they can stay at their existing placement (it is known to worry parents when it is blank that their current placement might be under threat) be honest and explain current situation e.g. pressure on school places particularly special school and reassure LA is willing to work with parents to come up with an acceptable solution e.g. an interim arrangement if appropriate. | | |
| 5 | Update parents/PCF/SENDIASS – share good news as things are being introduced or changing e.g. all SENAR staff training, recruitment etc. | | |