



# Special Educational Needs and Disability (SEND)

## 1 Purpose of the Paper

- 1.1 To provide background information to the Committee to aid the discussion.

## 2 Schools, Children and Families O&S Committee

- 2.1 Three Members of the previous O&S Committee were on the Inclusion Commission (Councillor Sue Anderson, Councillor Matt Bennett and Councillor Barry Bowles).
- 2.2 On 12<sup>th</sup> December 2017, Cabinet approved the strategy for SEND and Inclusion as recommended by the Inclusion Commission and approved the implementation of the priorities within the strategy from January 2018 by the SEND & Inclusion Steering Group and Programme Board.
- 2.3 Following the Cabinet decision, a request for 'call-in' was received from Councillor Matt Bennett and Councillor Ian Cruise. The Committee met on 8<sup>th</sup> January 2018 and voted not to 'call-in' the decision. However, a letter was sent to the Cabinet Member for Children, Families and Schools outlining the Committee's serious criticisms of the cabinet report and strategy. A response was received from the Cabinet Member on 6<sup>th</sup> February 2018.
- 2.4 Please find attached:
- Appendix A: Birmingham's Strategy for SEND and Inclusion 2017-2020.
  - Appendix B: Letter to the Cabinet Member.
  - Appendix C: Letter from the Cabinet Member.

## 3 Ofsted and Care Quality Commission (CQC) Joint Inspection

- 3.1 Between 25<sup>th</sup> and 29<sup>th</sup> June 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection to judge the effectiveness in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. Please find attached Appendix D.

The Council's response to Ofsted and CQC SEND inspection can be found on the Council's website <https://bit.ly/2DyES0G> and is also below:

A joint statement from Cllr Kate Booth, Cabinet Member for Children's Wellbeing at Birmingham City Council and Dr Richard Mendelsohn, Chief Medical Officer at NHS Birmingham and Solihull Clinical Commissioning Group (CCG):



"We are very disappointed with the findings of the recent inspection of special educational and disability needs services in Birmingham, which we fully accept. By working together in close partnership, we are committed to ensuring better support and outcomes for our local children and young people, who have special educational needs and disabilities.

"The report has highlighted several areas of strong and positive practice; however, a number of significant improvements urgently need to be made. This work is being prioritised by all organisations involved, to ensure a clear focus on improving standards and addressing the concerns that have been identified.

"In order to make the improvements required, we are very aware that there needs to be a fundamental change in how we work together, and also with children, their families and carers. We will do this by: engaging with the people who are already using the services, and working with them to co-produce the solutions with us, to ensure that they work for everyone; by ensuring more effective joint working between front line staff across the NHS, in education, and social care; and by addressing the difficulties that are currently being experienced with accessing the right local services, in a timely way.

"We are absolutely clear that services need to improve significantly, and rapidly, so that children and young people in Birmingham have their needs met and are properly supported; this is to ensure that they can achieve their full academic potential and can lead fulfilling lives."

Background notes:

A joint action plan will be co-produced across professional agencies and also with our children, young people, their families and carers. This action plan will focus on a number of key priorities:

- Establishing forums and networks to enable us to better engage and co-produce with families.
- A review of our referral process, and access to education health and care plans (EHCP), to ensure we continue to meet the 20-week standard.
- Improved access to, and shorter waiting times, for therapies such as speech and language and neurodevelopmental assessment services.
- Thoroughly examining complaints about services, identifying where the problems are, and producing a 'customer charter' that will clearly set out what the service offer is.
- Carrying out a review of our workforce capability and skills, and developing a comprehensive training programme.
- Reviewing the education and health care plan (EHCP) process and make any necessary changes to ensure all agencies work effectively together.

# Birmingham's Strategy for SEND and Inclusion 2017-2020

Making a positive difference for  
all our children & young people



## CONTENTS

FOREWORD.....	3
1. INTRODUCTION .....	4
1.1 BACKGROUND AND PURPOSE .....	4
1.2 SPECIAL EDUCATIONAL NEEDS AND DISABILITY IN BIRMINGHAM .....	5
2. REASONS TO CHANGE .....	12
3. THE SEND REVIEW .....	13
4. THE STRATEGY FOR SEND AND INCLUSION .....	14
4.1 VISION .....	14
4.2 MISSION .....	14
4.3 OBJECTIVES .....	14
4.4 IMPLEMENTING THE STRATEGY .....	15
5. CONCLUSION: BIRMINGHAM - A GREAT PLACE TO GROW UP .....	21
6. OUTLINE DELIVERY PLAN – October 2017 .....	22
7. GOVERNANCE & MONITORING .....	23
8. INFORMATION ON DATA SOURCES .....	23
9. APPENDICES TO THE STRATEGY .....	23

## FOREWORD

I am delighted to introduce Birmingham's Strategy for SEND (Special Educational Needs and/or Disability) and Inclusion 2017-2020. This has been produced by the Inclusion Commission, set up by the City Council in 2016 to improve the services for these children and young people.

We have set out our Vision of what we seek to achieve, our Mission stating how to do this and the Strategy which outlines the actions we will take to achieve this. A key feature of the Mission is a commitment to work in partnership to achieve the high quality provision that Birmingham's children, young people and their families deserve.

We have conducted a consultation exercise and a large majority of you supported the Vision, Mission, Objectives and Priorities included in the strategy. However, there was a lack of confidence that professionals could deliver the strategy within current resources. While in agreement about the need to work together, there was a lack of belief that organisations could genuinely work in partnership and recognition that all services are overstretched.

Following your feedback we have amended the strategy. We have strengthened the emphasis on partnership working and building trust and confidence with families. We now move into the implementation phase and we hope you will work with us to make this strategy a reality for the children of Birmingham.

Yours sincerely



**Professor Geoff Lindsay** FBPSS, FAcSS, HonMBPSS  
Chair, Inclusion Commission

***“Every child and young person aged 0-25 with a special educational need and/or disability (SEND) in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.”***

# 1. INTRODUCTION

## 1.1 BACKGROUND AND PURPOSE

Following the introduction of the Children and Families Act in 2014 and the Special Educational Needs & Disability Code of Practice: 0-25 years in 2015, Birmingham has implemented a range of new identification and assessment procedures to ensure that the needs of its most vulnerable children and young people are identified and met appropriately. Birmingham has many strengths including:

- Identification of special educational needs in the early years
- High quality Special Schools who work well with health and social care services
- Good outcomes for young people with SEND at aged 16 and 19
- Good quality of education support services
- A multi-agency panel to plan provision for complex cases
- High quality Special Educational Needs Co-ordinators (SENCOs)
- Meeting the national timelines for Education Health and Care Plans (EHCPs) and transfers.

Implementing the Government's SEND reforms in our large diverse city has been very challenging, and despite the strengths identified, there are still significant areas of work to address. The whole system has been under great strain and it has been challenging to try to meet deadlines and deliver within the allocated budget. Key roles in SEND have been covered on an interim basis and trying to integrate with health and social care while they undergo their own organisational change has been difficult.

Birmingham City Council members and officers have identified the need for a root and branch review of the city's approach to making provision for children and young people with SEND. As a result, Birmingham City Council established an Inclusion Commission in October 2016 to explore the effectiveness of current arrangements in the City for children and young people with SEND across the 0-25 age range. The membership of the Inclusion Commission has included representatives from early years settings, mainstream schools and colleges, resource bases, specialist providers, independent non-maintained schools and independent specialist colleges. Following this a new strategy for SEND and Inclusion has been developed, supported by an outline delivery plan. A consultation exercise was undertaken between 9<sup>th</sup> June and 30<sup>th</sup> July 2017 with partners and families.

## 1.2 SPECIAL EDUCATIONAL NEEDS AND DISABILITY IN BIRMINGHAM

In this Strategy document, a number of different data sources have been referred to which include different cohorts of young people. Where possible the Statistical First Release issued by the Department for Education has been used because this is the most widely available public source. Where further breakdown is needed, other more appropriate sources have been used including School Census and the SEN2 Survey. Further information relating to these sources can be found in Section 8 of this document.

**Numbers of Pupils with Special Educational Needs in Birmingham Schools**  
(Source: Statistical First Release (SFR) Special educational needs in England: January 2017, SFR37/2017, 27 July 2017).

As of January 2017 the number of pupils with special educational needs in Birmingham schools was **35,155\***. Proportionately in Birmingham, **16.7%** of pupils have special educational needs, which is higher than the national average (14.4%), the average in the West Midlands (15.4%), and core cities and statistical neighbours (15.6%).

**6784** of school pupils have a statement of special educational needs or an Education Health and Care Plan (EHCP). This is an increase since 2016, but remains equal to **3.2%** of the total pupil population, compared to **2.8%** nationally.

**28,371** pupils are on SEN support. This is equal to **13.5%** of the total pupil population, compared to **11.6%** nationally.

Nationally, there is a correlation between poverty and SEND. In Birmingham this correlation is more pronounced with 39% of children with SEN entitled to Free School Meals, compared with 27% of the overall school population.

**Statements of Special Educational Needs and Education Health & Care Plans** (Source: SEN2 return 2017)

There were **5,224** statutory EHCPs and **2,388** statements maintained by the local authority at January 2017. This gives a combined total of **7,612**. The combined total of statements and EHCPs has increased each year since 2010. However this does not include 1085 individuals who are known to be transferring from a SEN Statement to an EHCP and therefore the total figure is significantly higher. Part of this increase will also be due to the extended age range of the young people to between 0-25 years in 2015.

Birmingham, as the largest urban local authority, has the largest volume of children and young people with a Statement or EHCP of all the main cities in England – more than **2.5 times** the next nearest which is Manchester (2,600).

There were **1,039** new EHCPs made during the 2016 calendar year - a rise on 2015 levels (915).

*Please note \* Total number includes all academies including free schools, maintained and non-maintained special schools, middle schools as deemed, all-through schools, city technology colleges, university technology colleges, studio schools, direct grant nursery schools, pupil referral units and general hospital schools.*

### **Provision** (Source: Local Ofsted Tracking)

There are currently **27** special schools in the city, and **42** resource bases within mainstream provision. Resource bases provide specialist teaching alongside the opportunity for integration into mainstream classes. **81%** of special schools are outstanding or good and **77%** of SEN children overall are attending good and outstanding schools.

There are **27** Local Authority nurseries and over **1,500** PVI (private, voluntary or independent) early years providers. **79%** of Early Years settings overall are good or outstanding and **94%** of pre-school SEN children with identified high needs access their early educational entitlement in good or outstanding PVI settings or maintained nursery schools. **80%** of Post-16 provision overall and **69%** of special schools with sixth forms are outstanding or good.

### **Placements** (Source SEN2 return 2017)

Of the **7,612** EHCP and Statements that the Local Authority maintained in January 2017, **41.8%** were placed in either Maintained Special schools (35.0%) or Academy Special schools (6.8%). This is higher than the national proportions of **36%** (28.3% in a Local Authority Maintained Special and 7.7% Academy Special schools). Despite a large special school provision in Birmingham, there were still approximately **4.3%** of children with an EHCP placed in the Independent Sector. There is a lack of places available to meet demand in our Special Schools and while some of these students may have very complex needs, there may be others who could have their needs met more cost effectively in Birmingham setting, if capacity was developed. Approximately **8%** of young people with Statements or EHCPs are in placements out of the city.

### **Finance** (Source: Birmingham City Council Finance)

The High Needs Budget, which funds special schools places, top-up funding for pupils in mainstream and SEN services is **£144m**. Birmingham had a deficit of £9m for the year ending 31<sup>st</sup> March 2017 which it is planned to fund over 2017/18 and 2018/19. Any in year deficit in 2017/18 will compound the situation. Mainstream schools receive **£161m** notional SEN funding to meet the needs of pupils with SEN across the city. Currently different settings and sectors are funded in very different ways.

### **Post 16** (Source: 2017 SEN2 return and Insight, Jan 2017)

**17%** of young people aged 16-25 who are known to the city council have an identified special educational need. Of the 16-18 age group, **26%** of those who are currently not in education, employment or training (NEET) have a special educational need. The vast majority are in the SEN Support group.

Young people aged 16-25 years old account for **27%** of the current EHCPs.

### **School Transport** (Source: Birmingham City Council local data)

We provide school transport arrangements to over 4,500 young people, mostly in the form of specialist mini-buses or taxis, using over 45 externally commissioned transport providers, visiting over 300 schools at an annual cost of £18m including guides and an average annual cost of approximately £4600 per pupil.



# Overall Special Education Needs **Birmingham**

## Total Statements and EHCPs – SEN2 Jan 2017\*

Statements and Education Health and Care Plans in Birmingham -  
(0 to 25 years old)

# 7,612

5,224 (EHCPs)  
2,388 (Statements)  
+ an additional 1085 transferring from Statements to EHCPs

## SEN in Schools – January 2017 School Census\*

Pupils in Birmingham Schools with SEN

• Total	34,531
• LA Nursery	580
• Primary	18,780
• All-through	746
• Secondary	9,607
• PRUs	563
• Special	4,255

Total EHCP/Statements in Schools

• Total	6,483
• LA Nursery	36
• Primary	1,305
• All-through	94
• Secondary	972
• PRUs	19
• Special	4,057

## Early Years – Academic Year 2016/17

Autumn and Spring Term

- **414** accessing ISEY (Inclusion Fund)
- **300** with SEND require special educational support at home before they access any early years provision
- **165** children with sensory impairments requiring SEND support at home before they access Early Years provision
- **89** children with sensory impairments accessed their Early Education Entitlement in mainstream nursery settings
- **285** 2 year olds with SEND accessed their Early Education Entitlement
- **918** 3/4 year olds with SEND accessed their Early Education Entitlement

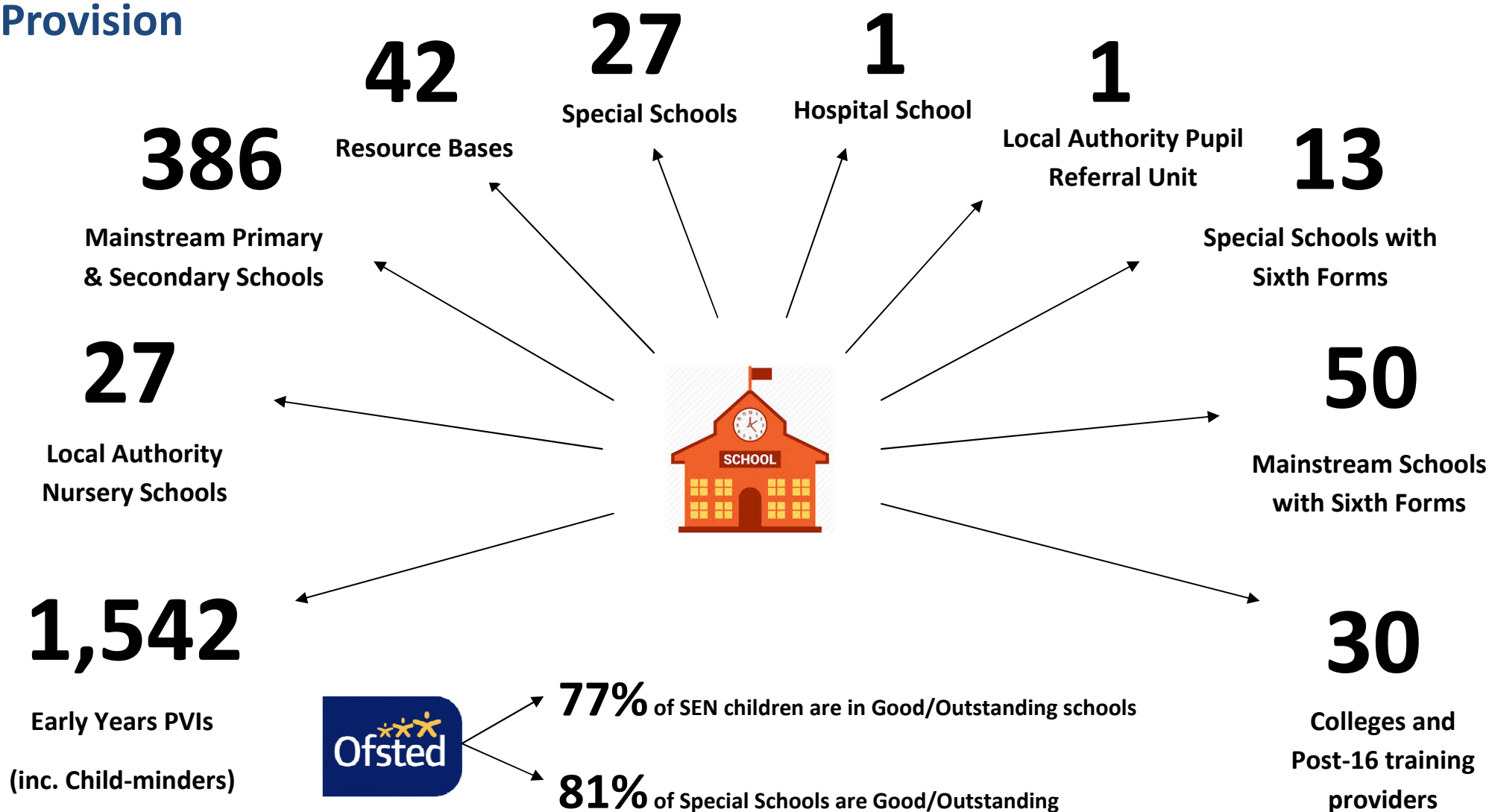
## Post 16 – SEN2\* and Insight, January 2017

- **17%** of young people aged 16-25 have a special educational need or disability
- **26%** of those aged 16-18 who are not in education employment or training have a special educational need or disability

*\*Please note several sources of data referred to in this strategy which include different groups of young people – School Census is statutory school age, and SEN2 covers those individuals for whom the local authority maintains an EHCP or Statement, aged 0-25.*

# Overall Special Education Needs **Birmingham**

## Provision



# SPECIAL SCHOOLS - BIRMINGHAM

## Key

- ASC - Autistic Spectrum Condition
- C&L - Cognition and Learning
- HI - Hearing Impairment
- SEMH - Social, Emotional and Mental Health
- PD - Physical Disability
- VI - Visual Impairment

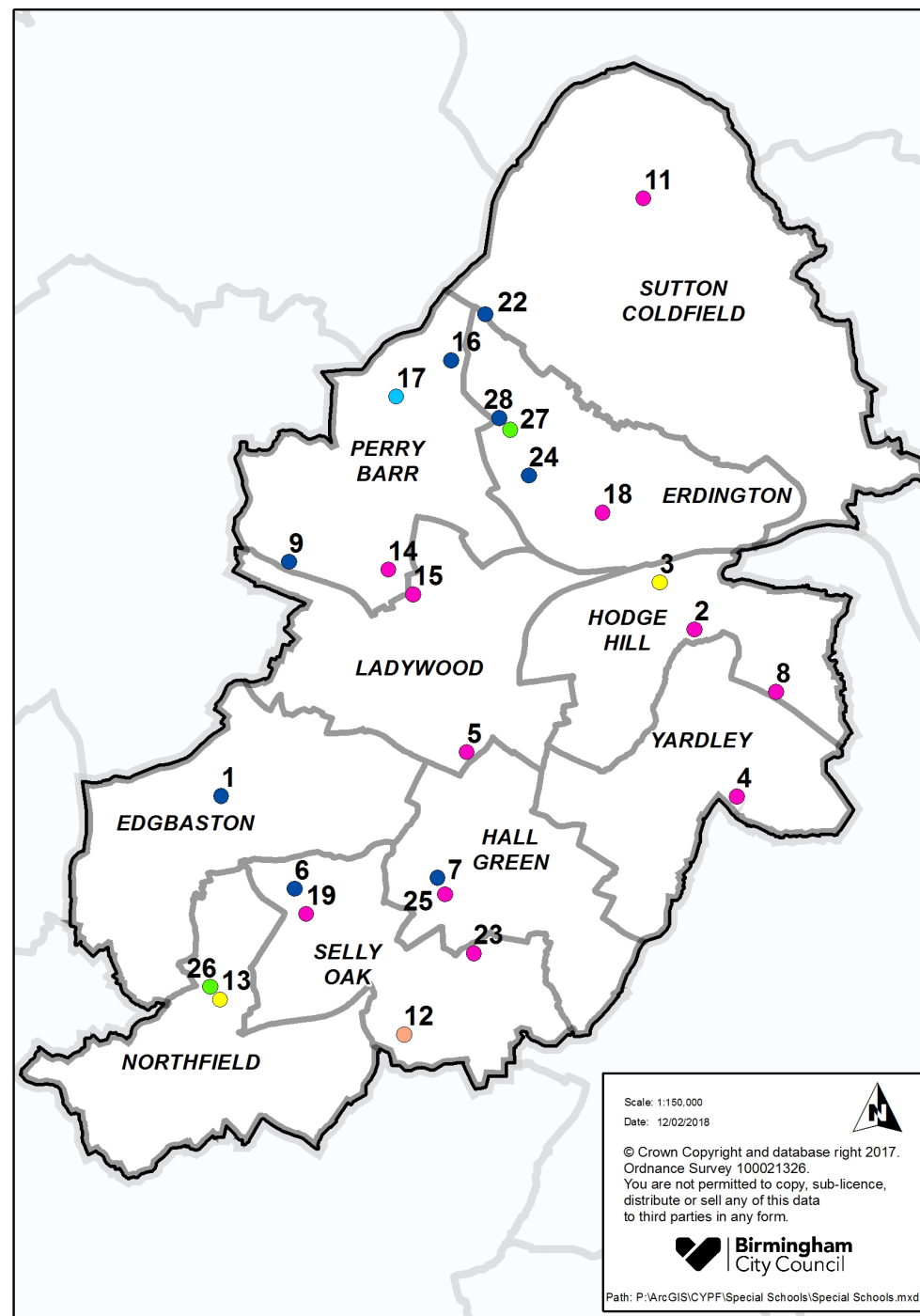
- District Boundaries
- City Boundary

1	Baskerville School*	16	Oscott Manor School*
2	Beaufort School	17	Priestley Smith School*
3	Braidwood School for the Deaf*	18	Queensbury School*
4	Brays School	19	Selly Oak Trust School*
5	Calthorpe Teaching Academy**	22	The Bridge School
6	Cherry Oak School	23	The Dame Ellen Pinsent School
7	Fox Hollies School and Performing Arts College*	24	The Pines Special School
8	Hallmoor School*	25	Uffculme School *
9	Hamilton School	26	Victoria School**
11	Langley School	27	Wilson Stuart School**
12	Lindsworth School		
13	Longwill A Primary School for Deaf Children	28	Dovedale (James Brindley)
14	Mayfield School (Primary)		
15	Mayfield School (Secondary) *		

\* School has linked Sixth Form provision  
 \*\* School has linked Post-19 provision through a partnership

## Schools not featured on map due to being located outside Birmingham boundary

10	Hunters Hill Technology College (SEMH) - Bromsgrove, Worcestershire
20	Skills School (SEMH) - Redditch, Worcestershire
21	Springfield House Community Special School (ASC) - Knowle, Solihull



Scale: 1:150,000  
 Date: 12/02/2018

© Crown Copyright and database right 2017.  
 Ordnance Survey 100021326.  
 You are not permitted to copy, sub-licence,  
 distribute or sell any of this data  
 to third parties in any form.

**Birmingham**  
 City Council

Path: P:\ArcGIS\CYPF\Special Schools\Special Schools.mxd

# RESOURCE BASES - BIRMINGHAM

## Key

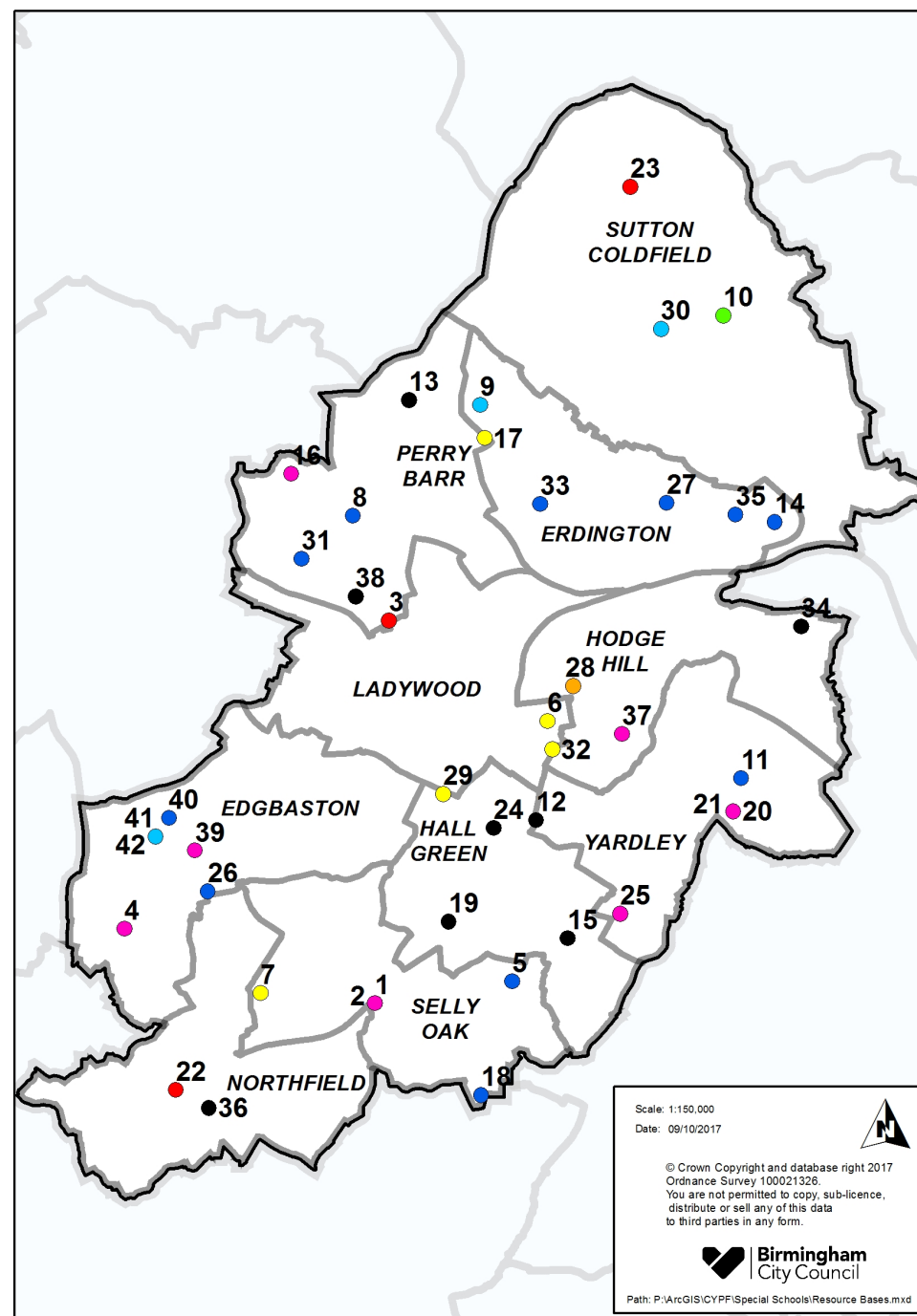
- ASC - Autistic Spectrum Condition
- BESD - Social, Emotional and Mental Health
- C & L - Cognition and Learning
- FAM - Fully Accessable Mainstream
- HI - Hearing Impairment
- PD - Physical Disability
- SLCN - Speech, Language and Communication
- VI - Visual Impairment

— District Boundaries

— City Boundary

1	Allens Croft Nursery	24	Nelson Mandela
2	Allens Croft Primary	25	Ninestiles School
3	Anglesey	26	Paganel Primary
4	Bartley Green	27	Paget
5	Billesley	28	Parkfield
6	Bordesley Green*	29	Percy Shurmer
7	Bournville	30	Plantsbrook*
8	Cherry Orchard	31	Rookery
9	Christ The King	32	Small Heath*
10	Fairfax	33	Stockland Green
11	Garretts Green Nursery	34	Timberley
12	Golden Hillock	35	Topcliffe
13	Great Barr	36	Turves Green
14	Greenwood Academy*	37	Waverley*
15	Hall Green	38	Welford
16	Hamstead Hall*	39	Welsh House
17	Hawthorn	40	Woodhouse
18	Hollywood	41	Worlds End Infant
19	Kings Heath	42	Worlds End Junior
20	Lyndon Green Infant		
21	Lyndon Green Junior		
22	Meadows Primary (The)		
23	Mere Green		

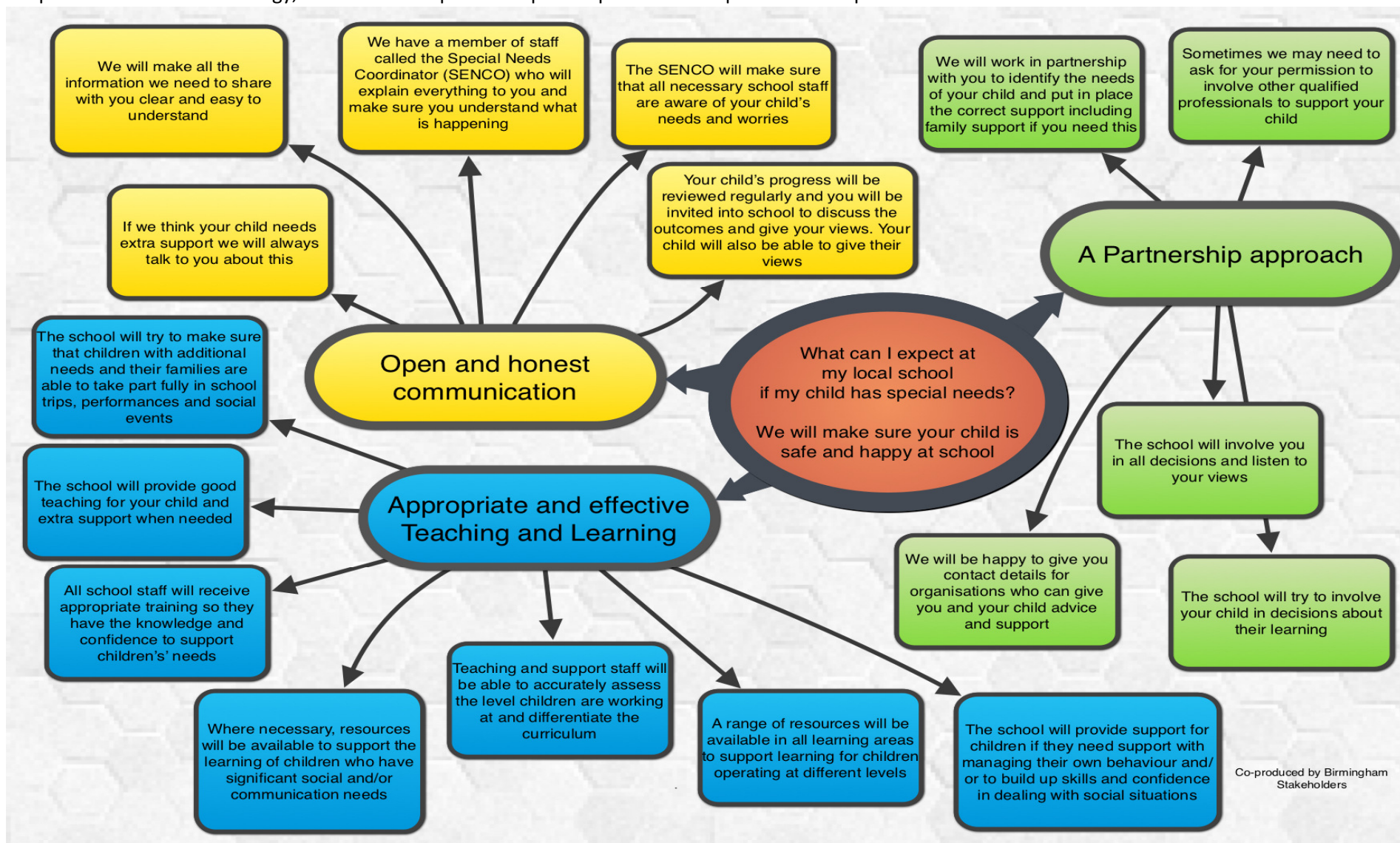
\* School has linked Sixth Form Provision





## WHAT CAN I EXPECT AT MY LOCAL SCHOOL IF MY CHILD HAS SPECIAL EDUCATIONAL NEEDS?

A set of expectations for schools have been co-produced with Birmingham Stakeholders (including parents and schools) as part of the Local Offer. As part of the implementation of the strategy, we will work in partnership to co-produce what parents can expect from health and social care sectors.



## 2. REASONS TO CHANGE

There are a number of convincing reasons why Birmingham needs to change, which offer opportunities to improve our approach to SEND and Inclusion:

- There is a lack of clarity about the package of SEND support which families should expect in all mainstream schools and settings from 0-25.
- Many families are not satisfied with the level of support for their children and as a result there are too many complaints and appeals to the SEN and Disability Tribunal.
- There are too many exclusions of pupils with special educational needs.
- We have higher than average numbers of Education, Health and Care Plans and there is a perception that this is the only way to guarantee needs are met.
- Most of the high needs funding is spent on specialist provision, which is under huge demand. Many young people are placed in costly independent placements, which is unsustainable.
- There are too many vulnerable children with SEND, without a school place.
- Too few Education Health and Care Plans have a genuine contribution from health and social care agencies.
- Too many young people with SEND are not being enabled to reach their potential and achieve independence as they move into adulthood. Too few adults with learning disabilities find meaningful employment in our city.

Consultation underlined these reasons and gave a strong message from stakeholders about the lack of trust and confidence from families about the ability of education, health and social care to deliver what has been promised.

### 3. THE SEND REVIEW

A review of SEND services has been overseen by the Inclusion Commission which has been led by an independent Chair, Professor Geoff Lindsay from Warwick University. The Inclusion Commission Board comprises representatives from stakeholder groups including education, health, social care, parents, young people and Birmingham City Council members. The work of the Inclusion Commission has been informed by six work streams:

- |   |                               |
|---|-------------------------------|
| 1. Learners with social emotional and mental health needs | 4. Specialist provision       |
| 2. SEN Assessment   | 5. SEN Support                |
| 3. High Needs funding                                     | 6. Preparation for adulthood. |

These work streams met during a period of three months from September to December 2016. The work streams were chaired by senior leaders from schools and Birmingham City Council. SEND4change, an independent organisation with expertise in understanding arrangements for children and young people with SEND, was commissioned by the City Council to facilitate a consultation exercise with a wide range of stakeholders. This has informed the work of the Inclusion Commission and made recommendations about key priorities which should be included in a new strategic approach for inclusion in Birmingham.

Throughout the review process, the views of parents were actively sought and every effort was made to ensure that their voice is valued and heard and their views are embedded within the draft strategy. Parents' contributions were made either as members of work streams or as part of a separate event facilitated by the Parent Carer Forum. As plans move forward, it will be ensured that young people have also an opportunity to contribute. It was agreed there is a need for collective responsibility between the Inclusion Commission, Health, Providers, Services and the Local Authority in order to deliver the necessary changes.

From the outcomes of the review, a number of common themes emerged and there was consensus in the working groups about three key priorities which are needed to strengthen and improve the current arrangements for SEND across Birmingham. Building on this work, a joint vision statement has been developed with the Inclusion Commission to help set the overall direction of the strategy. From this a mission and series of objectives were agreed alongside the three key priorities. The Inclusion Commission has given agreement for the draft strategy, vision, mission, objectives, priorities and outline delivery plan to be issued more widely for formal consultation prior to drafting the final strategy.

## 4. THE STRATEGY FOR SEND AND INCLUSION

### 4.1 VISION

Every child and young person aged 0-25 with a special educational need and/or disability (SEND) in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.

### 4.2 MISSION

To implement an efficient and inclusive system where practitioners work with families, children and young people aged 0-25, to develop trust and confidence in order to build genuine and good quality partnerships. This will be achieved by practitioners from all sectors working together collaboratively to deliver the most appropriate local provision and support.

### 4.3 OBJECTIVES

- We will develop joint commissioning to ensure resources are used fairly and effectively to provide maximum impact on outcomes.
- We will provide services that ensure the needs of children and young people who have special educational needs and disabilities and their families are at the heart of all that we do. We aim to offer this as locally as possible.
- All Birmingham mainstream provision will be welcoming, accessible and inclusive, adhering to the SEND Code of Practice, so that they can meet the needs of most children and young people, aged 0-25 who have special educational needs and/or disabilities.
- We will develop flexible pathways to enable children and young people to access the right provision and services to meet their individual needs at different stages. This will deliver the best possible outcomes, including education, employment and training, as young people move into adulthood.



## **4.4 IMPLEMENTING THE STRATEGY**

A detailed implementation plan will be developed to deliver the priorities for action below. All work will be underpinned by the key principles of:

- Effective communication
- Building trust and confidence
- Working in partnership together

### **PRIORITIES FOR ACTION**

**1. Develop a framework of SEND assessment and planning from 0-25 years to enable professionals and partners to meet the full range of individual need and raise achievement**

**2. Ensure there is a sufficient and appropriate range of quality provision to meet the needs of children and young people with SEND aged 0-25 years and improve outcomes from early years to adulthood**

**3. Develop a unified resource allocation system to distribute the range of SEND funding across all schools and settings in order to make the most effective use of available resources and maximise the impact on outcomes for young people**

## **PRIORITY 1: Develop a framework of SEND assessment and planning from 0-25 years to enable professionals and partners to meet the full range of individual need and raise achievement**

**Assessment Framework** There is a need to develop an assessment and planning framework with all partners and agencies which:

- meets the legal requirements of the Children and Families Act 2014 and the SEND Code of Practice: 0-25 (2015).
- places children, young people and their families at the heart of the process.
- is accessible to settings, schools, colleges and partner agencies, health and social care partners
- describes what is expected of all schools and settings via the Local Offer.
- describes the framework for SEN Support Plans and EHC Plans.
- provides a clear description and understanding of learners who will need an SEN Support Plan and those who might need an EHC plan.
- ensures that the majority of children and young people where appropriate will have their needs met through an SEN Support Plan.
- ensures that the children and young people with the most significant needs have a statutory EHC Plan.
- sets out the processes for applying for and developing these plans within the local offer.
- describes the process for transitioning into adult services.

**SEN Support Plans** The development of SEN Support plans to support learners in mainstream schools and settings will need to ensure that:

- settings, schools and providers have systems in place for identifying the needs of children and young people with SEN.
- parents, carers and young people are fully involved in decision making and developing plans which describe the child's needs and the arrangements that will be put in place to meet those needs. (Children & Families Act Part 3 Section 19).
- practitioners are trained and understand how to write these plans and there is a good level of understanding about what constitutes a good SEN Support plan.
- the local authority has developed resources which provide examples of good practice, guidance and pro-formas for SEN Support Plans for completion by SENCOs with families.
- parents feel confident that settings, schools and colleges understand the needs of their children and young people and understand what they must do to support their learning and development.
- schools and settings clearly describe their approach to SEN Support Plans on their website which is linked to the Local Offer.

- schools and settings have a multi-agency approach and health and care colleagues commit support when developing SEN Support Plans.

**Education Health and Care Plans (EHCPs)** The EHC planning process should be reviewed to ensure that:

- Birmingham has a robust set of factors for determining who would benefit from a statutory EHC assessment and this is well understood by all stakeholders.
- a multi-agency panel, including health and social care, reviews decisions for initiating an EHC assessment.
- the application process and factors to be considered are available on the Local Offer.
- the EHC process is regularly quality assured to assess the quality of final plans, the quality of multi-agency reports and contributions from professionals, the timeliness of the production of the plans and the impact of the outcomes specified in the plan.
- the Special Educational Needs and Disability Assessment & Review (SENAR) service strives to improve the quality of the plans and conforms to a customer charter in their communication and interaction with families. The service will also need to evaluate the experience of those families where a statutory assessment was not deemed to be necessary and ensure that an effective SEN Support Plan is in place.
- parents, carers and young people co-produce the plans which describe the child's or young person's needs and the arrangements that will be put in place to meet those needs.
- Social Care Teams need to ensure that operational social workers and support workers respond to requests for information in a timely manner. Where social workers are not involved, other professionals who know the child or young person should comment on their needs.
- Health service workers are fully involved in the EHC plan process.
- parents feel confident that settings, schools and colleges understand the needs of their children or young people and understand what they must do to support their learning and development.
- where there are disagreements between families and the SENAR service about the EHC process, every effort is made to find agreement through negotiation and mediation without the need to resort to the SEN and Disability Tribunal, without infringing rights to appeal for parents and young people.
- a rigorous annual review process to monitor outcomes and ensure focus on independence and preparation for adulthood, including travel arrangements.
- appropriate professional development is available in relation to legislation, person-centred practice and outcome focused planning.

## **PRIORITY 2: Ensure there is a sufficient and appropriate range of quality provision to meet the needs of children and young people with SEND aged 0-25 years and improve outcomes from early years to adulthood**

Children, young people and their families will need to be able to access a range of settings so that parents and carers can be confident that the needs of the child or young person can be met and outcomes are being achieved. These placements should be jointly commissioned where appropriate and include:

- Early years settings, including nursery schools, nursery classes and Private Voluntary and Independent (PVI) providers
- Mainstream primary and secondary schools, including maintained, academies, free schools and independent
- Mainstream post-16 provision including colleges and sixth forms
- Locally managed partnership arrangements for pupils with Social Emotional and Mental Health (SEMH) needs
- School resource base provision
- Local special schools (Maintained, Academy or Free Schools)
- Alternative Provision
- Independent or non-maintained schools or colleges.

Most children and young people can have their needs met in their local mainstream setting or school. It will be necessary that:

- there is a shared understanding of a 'good' SEN offer and in schools, Quality First Teaching is the cornerstone.
- effective interventions are in place in line with the graduated approach as set out in the SEND Code of Practice: 0-25 (2015).
- SEN Support Plans are used when appropriate.
- SEN funding is used effectively.
- all legislation regarding equality and disability are adhered to.

Schools, Settings and Colleges must work collaboratively in partnerships to develop local Social Emotional and Mental Health (SEMH) arrangements in order to:

- share good practice, expertise and resources.
- manage devolved financial resources.
- develop a range of local alternative provisions which are commissioned and managed by them.

Some children and young people will need to access high quality alternative provision. Where this is the case:

- there will need to be a quality assured framework of alternative providers.
- Schools and settings will need to monitor the quality of providers and keep in close contact with the children and young people that they have placed and be confident that the young people accessing these provisions are safe and making appropriate progress.

Some children and young people require access to resource bases located on mainstream school sites. Birmingham City Council will need to ensure:

- there are sufficient places at resource bases, particularly for secondary aged pupils particularly for children with autism.
- there is clarity about the process for becoming a resource base.
- there is sufficiency for differing needs and in all localities where appropriate.

Some children or young people will require special school provision. Birmingham City Council will need to ensure that:

- sufficient specialist early years provision is available.
- sufficient special school provision is available for Birmingham pupils.
- there is a plan for emerging needs and development of provision where necessary.
- there is coverage for areas of need across all localities is planned for.
- clear pathways exist both into and out of special schools.
- there is a clear pathway post-18 into adult services

A small number of children or young people will require a placement in an independent non- maintained special school provision. Access to such provision should be for learners who:

- for their safety and/or complexity require a placement out of the city.
- have needs that are so individual or complex that Birmingham cannot make provision for them.

### **PRIORITY 3: Develop a unified resource allocation system to distribute the range of SEND funding across all schools and settings in order to make the most effective use of available resources and maximise the impact on outcomes for young people**

The system for distributing financial resources will need to ensure that:

- there is a systematic, fair and transparent and graduated system for distributing financial resources across all types of settings which is well understood by providers and aligned with DfE guidance. This system facilitates the decision making and distribution of funding to all settings including:
  - Early years settings
  - Mainstream schools
  - Post-16 providers
  - Resource Bases
  - Special schools
  - Alternative provision
  - Independent and non-maintained provision
- there is a funding continuum which describes how incrementally financial resources can be allocated to a range of children or young people, from those with least need receiving small amounts of high needs top up funding, to those with the most complex needs or in the most complex circumstances receiving higher levels of funding.
- there is adequate funding for early years settings to ensure children get a good start.
- the Notional SEN Budget totalling £161 million which is available to Birmingham's schools is utilised flexibly in order that they can make arrangements for children in their school.
- there is guidance to schools and SENCOs about the types of interventions or arrangements they may be expected to make using this resource.
- there is a system in place for young people without an EHCP, which allows top up funding to be allocated within mainstream schools. This system should be based on the best aspects of the existing funding model for mainstream schools, CRISP (Criteria for Specialist Provision) and the banded funding model for special schools.
- families or young people with an EHCP should be offered a personal budget so that they have increased choice and control over the arrangements that affect their lives.
- there are arrangements for jointly funding placements where health, social care and education are all involved
- there is a system for funding via adult services for young people post-18.

## 5. CONCLUSION: BIRMINGHAM - A GREAT PLACE TO GROW UP

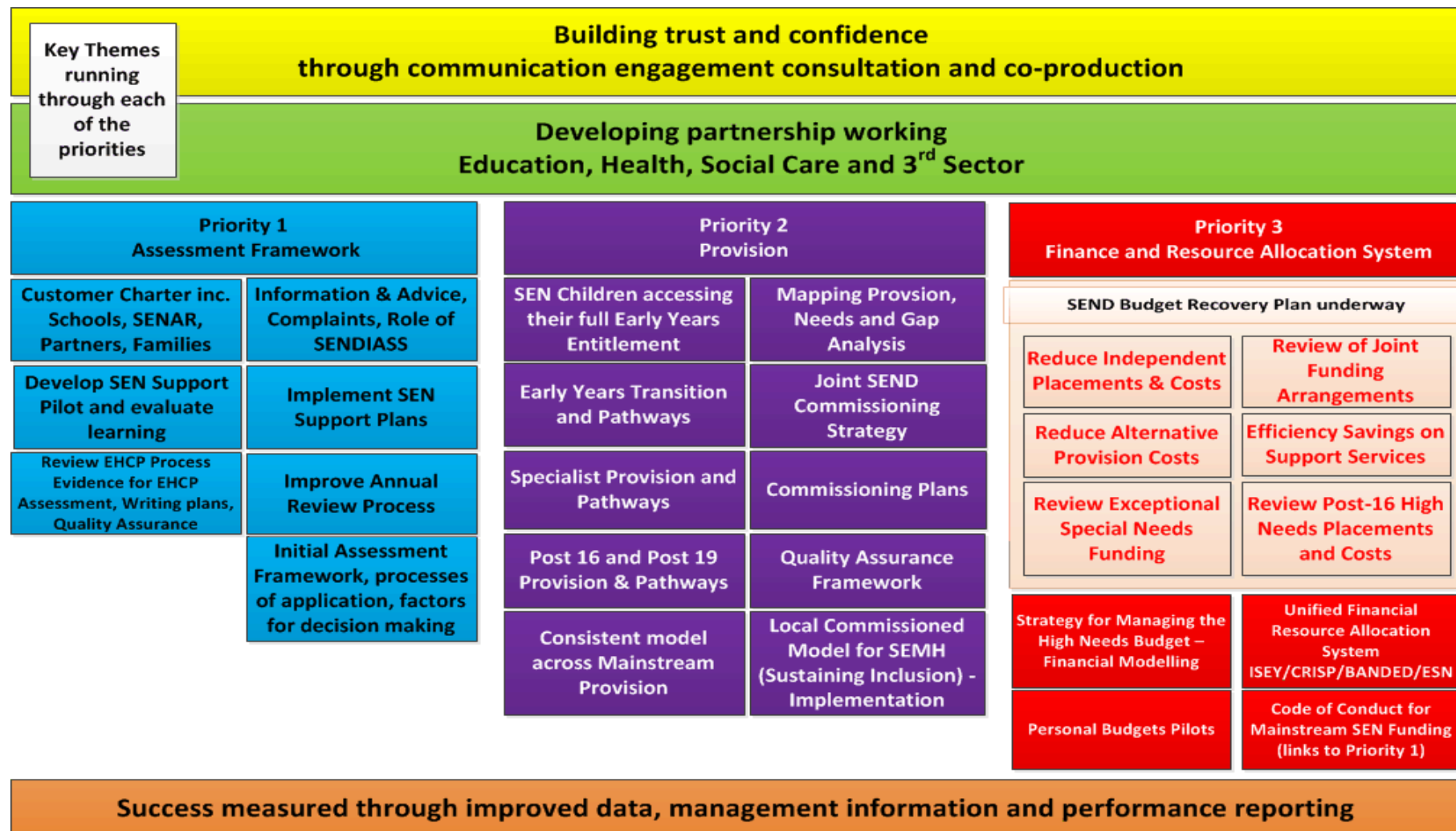
The new approach in Birmingham outlined in this Strategy centres on inclusive practice and the commitment that all children and young people will make a successful journey through our provision into adulthood. It is underpinned by strong principles of raising achievement and working in collaboration with families. This strategy aims to use the available resources effectively and maximise the impact on the lives and adult outcomes of our citizens.

This strategy is written in line with the SEND Code of Practice and the United Nations Convention of the Rights of Persons with Disabilities which states a commitment to *inclusive education of disabled children and young people and the progressive removal of barriers to learning and participation in mainstream education*.

Following a consultation on the draft strategy, this document has been re-drafted to address the concerns of stakeholders. There is now greater emphasis on good communication, partnership working and building trust and confidence. All professionals charged with delivery of aspects of this strategy are committed to embedding these key principles into all the work they do.

As the youngest city in Europe with over 40% of the population under the age of 25, we need a future for all young people ensuring they have the support and opportunities they need as they grow into the future citizens of our city.

## 6. OUTLINE DELIVERY PLAN – October 2017





## 7. GOVERNANCE & MONITORING

The SEND & Inclusion Steering Group will continue to oversee the implementation of the Strategy and monitor progress. The SEND & Inclusion Programme Board will meet monthly to ensure delivery of the plan. Working groups will focus on the three priorities and the golden thread of communications, engagement, consultation and co-production and partnership working.

## 8. INFORMATION ON DATA SOURCES

### **The Statistical First Release (SFR)**

The SFR issued by the Department for Education each year contains information about pupils with special educational needs. This information is derived from school census returns, general hospital school census and school level annual school census (SLASC) returns made to the department in January each year. The SFR for 2017 can be found on the government website through the following link:

<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017>

### **School Census**

The School Census is collected every January and covers statutory school aged children. Further information can be found on the government website through the following link: <https://www.gov.uk/guidance/school-census>

### **SEN2 Survey**

The SEN2 survey takes place every January and covers those individuals for whom the Local Authority maintain an EHCP or Statement, aged 0-25 years old. Further information can be found on the government website through this link: <https://www.gov.uk/guidance/special-educational-needs-survey>

## 9. APPENDICES TO THE STRATEGY

- Consultation Feedback Report on Be Heard – [www.birminghambeheard.org.uk/people-1/send-inclusion/](http://www.birminghambeheard.org.uk/people-1/send-inclusion/)
- Implementation Plan (under development)
- Final documents are available on Birmingham City Council's Local Offer (SEND) pages [www.birmingham.gov.uk/SENDStrategy](http://www.birmingham.gov.uk/SENDStrategy)



## **BIRMINGHAM CITY COUNCIL**

**Councillor Barry Bowles**

**Deputy Chair, Schools, Children and Families Overview and Scrutiny Committee**

The Council House  
Victoria Square  
Birmingham B1 1BB

c/o Scrutiny Office Tel: 0121 675 8444  
Email: [barry.bowles@birmingham.gov.uk](mailto:barry.bowles@birmingham.gov.uk)

18 January 2018

Dear Cllr Carl Rice, Cabinet Member for Children, Families and Schools

### **Re: Birmingham's Strategy for SEND and Inclusion**

The Schools, Children and Families O&S Committee decided not to call in the Cabinet decision made on the 12<sup>th</sup> December 2017. However, it is noteworthy that the three Councillors that were on the Inclusion Commission voted to 'call-in' the decision and the committee have the following serious criticisms of the cabinet report and strategy:

- There was a lack of transparency, clarity, data, objective information and incorrect statements contained within the Cabinet report and strategy:
  - In the Cabinet report, paragraph 6.1 states 'have considered a range of options for delivery of our statutory duties effectively'. This is factually incorrect as only one option was considered at the Inclusion Commission meetings.
  - There are a number of examples of selective and misleading use of data in the Strategy. For example sub heading 1.2 states 'Birmingham, as the largest urban local authority, has the largest volume of children and young people with a Statement or EHCP of all the main cities in England – more than 2.5 times the next nearest which is Manchester (2,600).' This does not mention that Birmingham has 2.5 times more children and young people than Manchester, which means that we are more or less in line. Also, information provided to the Schools Forum states that Manchester has experienced a higher increase (38.6%) than Birmingham (18.9%) from January 2015 – January 2017) and this was not included in the strategy. The important point here is that where data is used it should be clear, consistent and accurate. That is not the case in this document.

- Cabinet report, paragraph 5.6 states 'the Inclusion Commission will be replaced by a smaller steering group, chaired by Colin Diamond DCS – this group will be made up of relevant senior officers accountable for the delivery of the strategy'. However, the Strategy states that the Inclusion Commission will continue to oversee the implementation of the strategy and monitor progress.
- An equality impact assessment on the potential impact of the strategy, including the legal implications, was not completed. As serious concerns about the impact of the strategy have been raised both within the Inclusion Commission and the Scrutiny committee it seems odd that a full assessment was not deemed necessary, if only to understand how well founded these concerns might be and what can be done to mitigate risk. A full assessment should be completed and shared with the committee as soon as possible. This should include the Public Sector Equality Duty as contained in section 149 of the Equality Act 2010.
- More evidence on how any savings might be achieved should be provided.
- Other councils have experienced a spike in tribunal appeals following the introduction of this approach. This should be examined and efforts to mitigate this taken as appropriate.

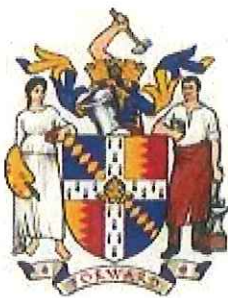
There needs to be a structure and mechanism in place to monitor and scrutinise the implementation plan and progress. The Committee appreciate that you would welcome our input in the development of the delivery plan and implementation of the strategy and this will be included in the committee's work programme. The Committee would expect the implementation plan within a month and would hope that this is provided for when you attend our committee meeting on the 14<sup>th</sup> February 2018.

The clear feedback from consultation was that parents lack trust and confidence in the Council's intentions and ability to make improvements in this area. In order for this to change it is vital that there is more openness and transparency in the implementation of this strategy than there has been in its design.

Yours sincerely



Councillor Barry Bowles  
Deputy Chair, Schools, Children and Families O&S Committee



## Birmingham City Council

**Councillor Carl Rice**  
**Cabinet Member, Children, Families & Schools**  
**The Council House**  
**Victoria Square**  
**Birmingham B1 1BB**

**Telephone: 0121 303 4789**  
**E-Mail: [Carl.Rice@birmingham.gov.uk](mailto:Carl.Rice@birmingham.gov.uk)**

---

Our ref: CR/sf/10004/ceg

6<sup>th</sup> February 2018

Councillor Barry Bowles  
Schools, Children and Families Overview & Scrutiny Vice Chair  
The Council House  
Victoria Square  
Birmingham B1 1BB

Dear Councillor Bowles

I note your concern regarding the SEND and Inclusion Strategy which appeared at the Cabinet Meeting on 12<sup>th</sup> December 2017. I have spoken to officers and would like to respond to the specific concerns raised in your letter.

You raised the issue of the Inclusion Commission considering a 'range of options'. Whilst you are correct that only one option was presented to the Commission, I can tell you that a range of options was considered as part of the SEN Review led by SEND4CHANGE. The outcome was that one recommendation, which met our statutory duties, was then presented to the Commission for approval.

You also raise the issue of the data included in the document. It is true to say that this has been problematic from the outset and was the subject of much discussion. The final data was approved by the commission which included Geoff Lindsay, Christopher Robertson and Anne Barnes. The reference to the Manchester figure was meant to illustrate the sheer size of the Birmingham challenge and yes on reflection percentage figures should have been included.

With reference to your query regarding the steering group, I am sorry that you were under the impression that the steering group would continue. However the Commission agreed that a smaller group would be more efficient to monitor progress during the implementation phase.

Continued/.....

The Equality Impact Assessment was completed in line with due process in preparation for the Cabinet Report. Whilst doing this the online tool stated that a full assessment was not necessary. However, since the call-in meeting I have asked officers to identify opportunities for conducting further impact assessments at key points of the implementation. Most of the impact identified was deemed to be positive as the Strategy is designed to improve SEND provision for children and families across the city.


At a time when the local authority has lost over £660m since 2010; all city finances are under pressure and it is in this context that the evidence regarding savings was considered. Obviously this remains an ongoing piece of work and remains a challenge.

The final point about 'a spike in tribunals following the introduction of this approach' is difficult to answer. However, an emphasis on a less formal approach through SEN support plans is contingent upon a consensus being agreed with parents of children with special educational needs. If this is not forthcoming their legal right to apply for an EHCP will of course be honoured.

Finally, I and Officers will be very happy to keep Committee updated with activity and progress. At the last informal O&S meeting I set out clearly that our top priority is to increase SEN provision in the City located far closer to where recipients of the service live.

Whatever the Committee's view on the Strategy I hope I have reassured you that the Directorate is committed to openness and transparency and that the involvement of the O&S Committee is a crucial element in ensuring this as we move forward. I do hope this letter has to some extent restored your trust and confidence in the SEND Strategy.

Yours sincerely



**Councillor Carl Rice**  
**Cabinet Member – Children, Families & Schools**



Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
enquiries@ofsted.gov.uk  
www.gov.uk/ofsted  
lasend.support@ofsted.gov.uk



3 September 2018

Colin Diamond CBE  
Director of Children's Services  
Birmingham City Council  
Council House  
Victoria Square  
Birmingham  
B1 1BB

Paul Jennings, Chief Executive, Birmingham and Solihull Clinical Commissioning Group  
Simon Field, Local Area Nominated Officer

Dear Mr Diamond

### **Joint local area SEND inspection in Birmingham**

Between 25 and 29 June 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Birmingham to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including an Ofsted Inspector, an HMI and three children's services inspectors from the CQC.

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

## Main findings

- A lack of strategic and coordinated leadership means that pupils who have SEN and/or disabilities have failed to achieve as well as they should have done.
- Pupils who have SEN and/or disabilities make weak academic progress, attend less often and are excluded more frequently than other pupils in Birmingham and all pupils nationally. Not enough young people who have SEN and/or disabilities are entering employment or supported employment. The proportion of adults with learning disabilities in paid employment is below the national average.
- Leaders have not ensured that the 2014 reforms have had a marked impact on improving provision and outcomes for children and young people who have SEN and/or disabilities. Until very recently, health, education and social care teams have not worked together effectively at a strategic level. As no one has taken a clear and cohesive overview of provision and outcomes for children and young people who have SEN and/or disabilities, the local area has not implemented the reforms effectively.
- Significant periods of change across the partnership have led to a lack of an overarching approach. There is not a joined-up strategy for SEN and/or disabilities across Birmingham.
- Actions to benefit children and young people who have SEN and/or disabilities have been happening in isolation. There has been a complete lack of strategic planning. A great deal of what is good is the result of the qualities of the individuals who are delivering aspects of the provision.
- There has not been a robust and coordinated implementation plan to realise the desire of professionals who want to do the right things for children and young people in Birmingham. The local area cannot simply adapt what is already in place to improve provision and outcomes.
- The current designated medical officer (DMO) role is underresourced and lacks capacity. This restricts the effective discharge of the CCG's strategic responsibility for implementing the reforms. There is a lack of training and awareness across the health providers about the reforms. There is no strategic oversight of health professionals' contribution to education, health and care (EHC) plans.
- The quality of EHC plans is variable. Some are good but many of them are poor. They tend to focus on short-term educational outcomes and contain little information about health and social care needs and provision. Outcomes are not sufficiently aspirational or measurable.
- The special educational needs assessment and review (SENAR) service lacks the capacity and culture to meet its intended aims. In common with other services, there are individuals who are making a difference to children and young people. However, there is a lack of strategic oversight.
- Joint commissioning is significantly underdeveloped across the local area. Professionals were unable to identify or articulate a clear view, either individually or as a partnership, about their main priorities for joint commissioning. As service

development and capacity does not match demand, the needs of children and young people are not being met. This is particularly evident within the speech and language therapy (SALT) services.

- Co-production (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) is not embedded in the local area. Actively engaging with parents to help shape services and commissioning is very rare in Birmingham.
- Communication within and between services is ineffective. Parents consistently report that the 'tell it once' approach is not established in the local area. Parents have to repeat their stories over and over again.
- There is a great deal of parental dissatisfaction. During the inspection, parents raised several concerns about the needs of children and young people who have SEN and/or disabilities not being met in Birmingham.
- Waiting times are too long. Children and young people are not seen quickly enough by a range of therapists or professionals in the child development centres (CDC).
- Birmingham has not ensured that the published local offer is a useful means of communicating with families. It is difficult to locate information and many parents and young people are unaware of its existence. Very few were involved in its development.
- A strategy for 'SEND and inclusion' is now in place, but it contains very little about health and social care.
- Many systems and structures are new, and they are not yet embedded. Consequently, the effect on children and young people's outcomes cannot be measured.
- In April 2018, the previous three CCGs were merged into a single CCG. Although it is too early to see the effect, this has the potential for greater consistency in commissioning across the city. The CCG have also approved funding for a designated clinical officer (DCO) post to support the DMO function of providing operational assurance regarding the impact of the reforms.
- The local area's self-evaluation indicated an awareness of Birmingham's strengths and weaknesses. However, actions have been too slow and too late for the many children and young people who have not achieved as well as they could.
- Birmingham's children's trust, the council and CCG recognise that they need to work together to address the issues highlighted above quickly. A new interim director of children's services will be in post from September 2018.
- Parents told inspectors that safeguarding concerns are dealt with as a priority by a range of professionals. Children and young people also told inspectors that they feel safe.



## **The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities**

### **Strengths**

- The establishment of a centralised system for several health services has improved information sharing. Consequently, support is now provided in a more timely and coordinated manner. As assessments are carried out more swiftly, children's unmet needs are now identified promptly.
- Health visitors are closely linked to partner agencies. They receive regular updates from other services to keep them informed of emerging concerns. They are also proactive in conducting home visits, liaising with other professionals and placing alerts within general practitioner (GP) services.
- The children's complex care and community nursing teams refer directly to specialist health services. This helps to ensure that children with complex needs receive appropriate support. The team have completed advanced training, such as non-medical prescribing, enabling children and young people to receive appropriate intervention in a timely manner.
- The new specialist sexual health service for young people who have SEN and/or disabilities, up to age 25, is a positive step in supporting this cohort of young people. This tailored service provides a range of appropriate sexual health information that helps young people and their families address matters linked to sexualised behaviour.
- Forward Thinking Birmingham (FTB) has an open referral process for parents and young people, as well as professionals. This reduces potential barriers in the referral process and puts the young person's voice at the forefront of the referral. There is clinical oversight of referrals to monitor any deterioration while awaiting assessment.
- There is some good provision for young children across early years providers. Parents feel children's needs are usually identified well in these settings. Several parents told inspectors that partners effectively support them.
- Identification of hearing impairment and support for children who are deaf are a strength of the local area.

### **Areas for development**

- Not enough pregnant women in Birmingham receive an antenatal contact from the health visiting service. This restricts the opportunity to identify additional needs at the earliest opportunity. Leaders are aware of potential reasons for this, but limited progress has been made in addressing these issues.
- Processes for the early identification of needs are not robust. Poor performance by health visitors in undertaking the two-and-a-half-years developmental review and the slow progress of an integrated developmental review are contributory factors to this.

- 'Every child a talker' is no longer offered. This means that children who require universal and targeted support miss out on the opportunity for early intervention.
- There is no autistic spectrum disorder (ASD) diagnostic pathway for children over five years old. Furthermore, children cannot be referred before their second birthday and wait a year to be seen in a CDC. As the window of opportunity for assessment for those under five years old is narrow, some parents believe that their children's needs are not identified or are identified incorrectly.
- There is a lack of a robust information-sharing agreement between acute and community health services following the decommissioning of the paediatric liaison service. Special school nurses no longer routinely receive key information. This creates fragmented delivery of care. Information sharing between partners is poor.
- A much greater proportion of pupils who have SEN are identified as having moderate learning difficulties than can be found nationally. Leaders are aware that children and young people's needs have not been accurately identified in the past.
- A much higher proportion of primary-aged pupils who have SEN and/or disabilities are identified as having no specialist assessment of need than can be found nationally. Long waiting times to see specialists have contributed to this.
- Too many parents and carers report that they have to fight to have their child's needs identified.

### **The effectiveness of the local area in assessing and meeting the needs of children and young people with special educational needs and/or disabilities**

#### **Strengths**

- There are examples of good provision to meet needs in Birmingham. Sensory support, staff within pupil and school support, early years support and the communication and autism team (CAT) all provide a good service.
- Specialist teams within the children's hospital are responsive to requests for support from early years settings and readily provide ongoing advice and guidance to nurseries.
- Once placed in the appropriate setting, many parents report that schools and colleges are making a positive contribution to outcomes for their children. They value specialist provisions in particular.
- The comparatively small number of parents who have accessed advocacy services have found them helpful. Some parents also praised the service that they have received from the special educational needs and disabilities information advice and support service (SENDIASS). However, some felt that it lacks capacity to meet demand. It needs to do more to engage with hard to reach parents.
- EHC plans are usually completed within the prescribed timeline and they emphasise what children and young people can do.

- Children and young people who are electively home educated, including those who have SEN and/or disabilities, are well supported in the local area. Lord Lucas stated in the House of Lords in November 2017: 'Birmingham...is concentrating on drawing home educated children into its orbit. All the services it now offers to schools are offered to home-educating parents.'
- Children have good access to the school nursing, special school nursing and children's community nursing service. These services support children and their families with a range of health and social needs. The services are flexible and have positive engagement with children and families.
- School nurses have delivered medical needs training to early years settings, which has been well received. Special school nurses have trained other professionals about how to support children and young people with complex health needs. This increases professional knowledge and ensures that children and young people have appropriate care to meet their individual needs.
- Children in Birmingham have good access to community physiotherapy. Communication is effective between the children's hospital trust physiotherapy service and the Birmingham Community Healthcare Trust (BCHT) physiotherapy service. This facilitates effective liaison and cooperative working across the service.
- Once engaged with therapy services, intervention plans are developed around outcomes for the child rather than the number of sessions within a package. Work is also carried out with parents to help them understand the approach.
- The recently launched rapid response service has improved accessibility for families working with the children's community nursing service. The team provide specialist health care which reduces hospital admissions for children and young people with complex health needs.
- FTB have established a service for the 0 to 25 years age range. Care planning takes account of the young person's emotional and developmental age and supports flexible progress into adult services, including close working with the children in care team.
- The FTB children in care pathway lead is offering a training workshop to school staff to improve their understanding of children who have suffered trauma. Primary mental health workers within the early help team are an effective resource for the schools in managing emotional health and well-being in schools, acting as a conduit to FTB when needed. This is helping staff to manage pupils' behaviour more effectively.

### **Areas for development**

- There are excessive waiting times for children and young people to access speech and language therapies, occupational therapies and neurodevelopmental assessments. Leaders report that waiting time is typically between 12 and 18 months but parents stated that waiting times are longer.

- Access to CDCs is 'gate kept' by community paediatricians. This reduces the opportunity for other professionals to refer into the service and causes delays. It also places additional pressure on community paediatricians as the conduit for referrals.
- BCHT SALT have a high threshold. Consequently, only children and young people with the most complex needs can access SALT. The service is focused on specific conditions rather than speech, language and communication needs. Pupils with EHC plans that identify speech and language as a need may not meet the threshold for SALT intervention.
- There is inequality in the speech and language service provided by the three trusts in the local area. The offer is varied and lacks consistency for children and young people, both regarding therapeutic input and towards ASD assessment.
- Joint commissioning is not in place, despite the benefits it would have in addressing some of the key areas of development. Professionals do not know their main priorities for joint commissioning.
- Co-production is not evident, and parents do not appear to be viewed as equal partners. Parents have to initiate their involvement to make their voice heard.
- The quality of EHC plans is variable and too many are not of a good standard. Outcomes are not sufficiently aspirational and measurable. Many plans do not make a clear link between needs, provision and preparation for adulthood. Often short-term outcomes do not lead to long-term goals and targets are usually too generic. EHC plans tend to be education-focused, with little information about health and particularly social care. Some plans contain outdated information and detailed reviews undertaken in settings are not always reflected in plans that are shared at key transition points at age 11, 16 or 19.
- Despite some nursing teams working very closely with children and young people and their families, inclusion of health services within the EHC planning processes is poor. Practitioners are not routinely invited to contribute to EHC assessments and do not regularly receive copies of plans. No service was able to provide evidence of working knowledge about the number of children with EHC plans within their caseload.
- The quality assurance process for EHC plans is not thorough, comprehensive or detailed. Birmingham is more concerned with meeting deadlines than the quality of the plans that are produced.
- There are inconsistencies with Year 9 reviews. Preparing for adulthood outcomes are not always discussed and appropriate targets reflecting high aspirations are not consistently set.
- Mainstream schools' willingness and ability to meet the needs of pupils who have SEN and/or disabilities is inconsistent. Most parents and children and young people, with whom inspectors spoke, felt that they were now in the right provision. However, many reported negative experiences in at least one setting prior to their current placement. These included needs not being identified, high

levels of fixed-term exclusions and some special educational needs coordinators (SENCOs) not having the skills or experience to help pupils make good progress.

- Parents raised concerns about children and young people who are not in education. As leaders are aware that too many pupils who have SEN and/or disabilities are not in school, one of the targets within the education delivery and improvement plan is to reduce this number. This is yet to have a significant and sustained impact.
- Many parents are dissatisfied with the quality of provision in Birmingham. During the inspection, parents raised several concerns about waiting times; needs not being met in the local area; poor communication; not being heard; having to 'battle' to get what they need; not knowing how to access services and having to tell their story several times.
- The local area has not worked closely with parents to develop provision and services. Many parents are extremely disillusioned. There is a lack of parental engagement. Too few parents have been asked what would be best for their children.
- Many parents do not know what the local offer is; others find it difficult to access information via the published version and most who have used it do not find it helpful. Most services are not actively involved in regularly updating the local offer and do not promote its use to parents. The local offer recently changed with little consultation.
- Few parents are aware of which short breaks are on offer and how to access them. The criteria are not clear on the local offer and there was very little evidence of families accessing them in the evidence seen during the inspection. Although the local area has maintained expenditure in this area in recent years, Birmingham has spent less than other areas over time.
- Many parents are unaware of personal budgets and very few have been taken up. Personal health budgets, although available and utilised by children and young people with complex needs, are not well publicised. Within children's community nursing, staff are not familiar with the process and they have found it difficult to support parents who may be interested in this funding option. This limits choice and control over aspects of their child's care.
- The parent carer forum has recently been re-formed. It is beginning to rebuild links with parents and the local area, but relationships need to be re-established so that parents feel fully involved and consulted about their views.
- Several parents expressed high levels of dissatisfaction with GPs. This included a view that GPs lack an awareness of the needs of children and young people who have SEN and/or disabilities. Furthermore, there is a low uptake of GP annual health checks for those aged 14 and over.
- Transition at key points in a child or young person's life are not always well supported by standardised and embedded multi-agency approaches.

## **The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities**

### **Strengths**

- Since the reforms, some pupils who have SEN and/or disabilities have achieved very positive outcomes. For example, a significant minority of learners with learning difficulties and/or disabilities (LLDD) have gained qualifications at a high level in different subjects.
- Achievement rates for LLDD aged between 16 and 25 have improved since the reforms. The achievement gap between LLDD and other learners aged between 16 and 18 has narrowed over time.
- The proportion of young people who have SEN and/or disabilities who are moving onto education, employment and training is improving. Better careers education is helping 16-year-olds move onto positive destinations.
- FTB are working with a third-sector organisation to support young people aged between 18 and 25 who have ASD and attention deficit hyperactivity disorder (ADHD) to move into employment. Joint bespoke training and multidisciplinary meetings help to identify young people who would benefit from tailored support. This has led to increased employment opportunities for this group of young people.
- Special school nurses work closely with parents and carers to meet the health needs of children and young people who have SEN and/or disabilities. This supports the progress that they make.
- The part-time transport occupational therapy role is effectively supporting positive outcomes for young people. It helps those who are not accessing education, due to issues with transport, to attend more regularly.
- Good-quality 'travel training' is having a positive impact on young people's outcomes. Parents and pupils acknowledge that this helps to develop independence.
- Most children and young people who spoke with inspectors said that they are happy in their current setting. They feel that they are well supported and that they are listened to. They take part in a range of activities and have friends. They are encouraged to be healthy and they are well prepared for the next stage of their lives. They value the careers education that they have received but feel that there are limited options for them in Birmingham post-16 and post-19.
- Professionals from the local area have worked closely with leaders of secondary schools to help them to manage behaviour more effectively. This has led to a reduction in permanent exclusions, including a decline in the number of pupils who have SEN and/or disabilities who are excluded.



## **Areas for development**

- Academic outcomes for pupils who have SEN and/or disabilities do not match those of other pupils. Over time, pupils who have SEN and/or disabilities make slower progress from their different starting points.
- By the end of key stages 2 and 4, pupils who have SEN and/or disabilities make slower progress than all pupils nationally and other pupils in Birmingham. Although there were improvements in key stage 4 and key stage 2 mathematics in 2017, progress remains particularly slow in reading and writing in key stage 2.
- Since the reforms, achievement rates for LLDD aged between 16 and 25 have been lower than for other learners. The achievement gap between LLDD and other learners aged between 19 and 25 did not close between 2014 and 2017.
- Attendance of pupils with who have SEN and/or disabilities is lower than for other pupils in Birmingham and below the national average. Persistent absence is higher than for other pupils in Birmingham and higher than the national average.
- Fixed-term and permanent exclusions of pupils who have SEN and/or disabilities are higher than for other pupils in Birmingham and all pupils nationally.
- Not enough young people who have SEN and/or disabilities are entering employment or supported employment. The proportion of adults with learning disabilities in paid employment is below the national average.
- Although BCHT therapy services use outcome measures to monitor progress, they do not consider holistic well-being outcomes.

## **The inspection raises significant concerns about the effectiveness of the local area.**

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the lack of an overarching approach or joined-up strategy for improving provision and outcomes for children and young people who have SEN and/or disabilities across Birmingham
- the effectiveness of inter-agency working
- the coordination of assessments of children and young people's needs between agencies
- joint commissioning
- co-production
- parental engagement
- satisfaction of parents
- the accessibility and currency of the local offer
- the quality of EHC plans

- waiting times and access to therapies and professionals in CDCs
- academic progress when compared to all pupils nationally
- absence and exclusions
- employment opportunities.

Yours sincerely

Simon Mosley  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Lorna Fitzjohn Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Simon Mosley HMI Lead Inspector	Kaye Goodfellow CQC Inspector
Jonathan Keay HMI	Jan Clarke CQC Inspector
Julie Killey Ofsted Inspector	Liz Fox CQC Inspector

Cc: DfE Department for Education  
Clinical commissioning group(s)  
Director Public Health for the local area  
Department of Health  
NHS England  
Healthwatch England