

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



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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.
- BCHAT 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

Ofsted	Care Quality Commission
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