



## SEND IMPROVEMENT PROGRAMME

### WRITTEN STATEMENT OF ACTION


#### 1.0 Introduction

Birmingham was inspected by OFSTED and CQC in June 2018 to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014. The Chief Inspector determined that Birmingham City Council (BCC) and Birmingham & Solihull Clinical Commissioning Group (BSol) were required to jointly submit a Written Statement of Action because of significant areas of weakness in the local area's practice. Whilst there were some examples of good practise, overall services and the SEND system across the city was failing children and families and not delivering good outcomes for individuals with SEND.

The areas of weaknesses identified in the Inspection report are the following:

1. 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.
2. The effectiveness of inter-agency working.
3. The coordination of assessments of children and young people's needs between agencies.
4. Integrated commissioning.
5. Co-production.
6. Parental engagement and satisfaction of parents.
7. The accessibility and currency of the local offer.
8. The quality of EHC plans.
9. Waiting times and access to therapies and professionals in Child Development Centres (CDCs).
10. Academic progress when compared to all pupils nationally.
11. Absence and exclusions.
12. Employment opportunities.

The purpose of this Written Statement of Action (WSOA) is to set out the immediate response of all partners in Birmingham to the June inspection. This Statement of Action focuses on our collective intent to bring about these necessary improvements for our children and young people and is underpinned by a detailed action plan (Appendix A).



*Our ambition is to provide an excellent SEND service for our children and young people that is personalised, empowers, and provides early support. Delivered by a united and integrated partnership across education, health and social care with the ultimate aim of ensuring our children and young people to reach their potential/educational attainment and make a smooth transition to adulthood.*

We will have a collective and co-produced strategic framework led and championed through a new Children's and Young Peoples Partnership Board for the city. This will ensure that there is robust system leadership and a single strategic direction for Children's Services (including SEND) for Birmingham. The Board and Framework will be supported by an integrated improvement team to ensure that there is pace and effective delivery on immediate actions for improvements, transformations and sustainability in commissioning the services offer required across children's services.

As equal partners, we have come together to ensure an early response to some immediate areas for remedial actions and to review our current service offer. We are committed to developing together our further integrated commissioning and integrated care model for a transformed SEND offer for our local children, young people and their families.

## **Our Collective Commitment**

Partners in Birmingham recognise that there needs to be fundamental change and improvement in how we work together and provide care and services to children and young people with special educational needs and disabilities (SEND) and their families. In response to this inspection, partners in Birmingham have taken stock. We recognise that Birmingham's implementation of the SEND reforms has collectively not been good enough.

Moving forward we have reset our partnership working, strategic direction and collective ambition to ensure the improved quality in outcomes for individuals with SEND both now and for future generations:

To realise the ambition, we aim to:

- Ensure our services are centred around the needs of the child, not organisations or sectors, are easy to access, and navigate.
- Deliver excellent services to children and families that include effectively identifying children and young people's special educational needs and disabilities.
- Ensure that our approach for transitions and preparation for adulthood is robust and explicit in all that we do.
- Develop excellent models of early support that enables and empowers families to develop their skills particularly at the start of their journey. Our early system should enable and empower parents to be able to support their children in the best possible way recognising that parents are the experts in their children.
- Enhance parents, carers and professionals understanding of the SEND system, SEND framework and local offer.
- We will ensure that the assessment and planning process involves children, young people, carers and families.
- Work jointly with children, families and carers and with other organisations, through honest and collaborative dialogue, and co-production.
- Deliver excellent services to children and families that include effectively identifying children and young people's special educational needs and disabilities.
- Making significant improvements to how we strategically plan and deliver services to achieve better outcomes for children and young people.
- Ensure we have a common set of values and behaviours and that we demonstrate these as leaders, colleagues, and at the front line.
- Promote independence and personalisation in our commissioning and services that are available to children and families.
- Ensure the workforce across the care pathway are empowered to work in partnership to meet those needs of the children.
- Ensure we are an attractive employer; demonstrated through how we value, support and offer development opportunities for our staff.
- Maximising our use of digital access, support and means of communicating and supporting families and children through their journey.

## **Parents and Third Sector Consultation**

The Improvement Board commissioned a number of activities to ensure that parents' voices were being heard and acted upon.

Birmingham Voluntary Sector Centre (BVSC) was commissioned to undertake a survey with parents and the voluntary sector. 291 responses were received. A full report of the consultation outcomes will be available on our website. This was enhanced by a SEND consultation event held in November 2018 with parents and the voluntary sector with the objective to determine to identify priorities for attention. Senior leads for the Improvement Board have held meetings with a number of members of the newly formed Parent / Carer Forum.

The SEND Improvement Board is committed to co-production with parents, learning the mistakes of the past and developing a new way of working. We are committed to quarterly oversight of progress against the WSoA by parents and involvement by parents in work streams and training and support to parents to ensure that they feel confident to express their views. Birmingham professionals needs to utilise the expertise of parents and is going to do so.

## **Journey of the Child Workshop**

A workshop was held in November 2018 attended by around 47 delegates with representatives from the Birmingham Parent Carer Forum, and senior managers and staff from strategic partners. Attendees discussed:

- The things that helped the adults in the workshop along their childhood journey, setting out a person-centred approach to the workshop.
- Consideration of the percentage of time spent by professionals in joint working – how we might spend more time joint working and what presently is stopping us.
- Pinch points and cross over points for children with send from pre-birth to 25 years of age – as experienced by the child / parent / carer / professional.
- How the journey of the child could be improved.

Output from the workshop will be used to inform the SEND programme action plan.

## **Headlines from SEND parents / Voluntary sector survey undertaken by BVCS for BCC, BCT, BCHT & BSol CCG**

In October 2018, BVCS undertook a survey with parent, carers and the voluntary sector regarding their experiences of using the current Birmingham SEND system - 291 responses were received, and a full report will be published shortly.

- Just 25% of respondents rated their experience of the EHC process as good or very good, and 84 parents gave feedback concerning issues such as delays, lack of assistance, and misunderstanding in the system.
- Nearly 64% of parents experienced challenges with the plan, and from the 138 detailed comments received, feedback included refusals, a gap in experiences and expectations, unsupportive, lots of avoidable mistakes, and timescales not being met.
- 60% of Parents rated contact with the SENAR service as unsatisfactory or very unsatisfactory. Parents were asked what changes they would make to SENAR services – 140 suggestions were received that included – “don’t write rubbish EHC Plans”, “could try caring”, “someone who communicates with parents”, “the whole system is wrong”, “answer phone calls”.
- Nearly 60% of parents and carers had to tell their child’s story more than 5 times to different members of the partnership in the past 2 years with only 15% of them finding it a positive experience.
- 119 parents had raised a concern, of which 79% did not feel that their complaint had been effectively resolved
- 43% of children had waited more than 40 weeks for speech and language therapy, 52% of children had waited more than 40 weeks for occupational therapy, 29% of children had waited more than 40 weeks for physical therapy.
- During the waiting times 91% of parents stated that they did not feel supported during the waiting period. 39% of Parents suggested that online support would have made a difference during that waiting period, 35% suggested telephone helpline would have helped.

The Improvement team will use this as a baseline to judge progress and impact of the WSoA, and to ensure that in two years’ time the system works better for parents, carers and children.

### **Engagement with Head Teachers**

An engagement workshop was held with head teachers on 21<sup>st</sup> November at which there was good representation across all sectors of educational provision. Head teachers recognised that the WSoA was a high-level strategic document and were keen to work with the local authority and partners to implement the recommended changes.

The outcome from this meeting was that the heads offered to become a reference group to the programme, that will meet half-termly, in order to challenge the partnership in regard to the differences that we were making at the front line.

## **Our Collective Response**

BCC and BSol, along with Birmingham Children's Trust (BCT), Birmingham Community Healthcare NHS Foundation Trust (BCHC) and Birmingham Women's and Children's NHS Foundation Trust (BWC) fully accept the findings of the Joint Local Area SEND Inspection and are committed to leading the key actions to improve outcomes for children, young people (0-25 years) and families.

This Written Statement of Action (WSOA) has been co-produced between BCC, BSol, and BCT. We have undertaken co-production engagement and consultation with Birmingham Parent Carer Forum, as well as wider consultation with schools, partners and providers. The WSOA includes the strategic improvements required to meet the requirements of the inspection and an action plan with specific areas of work explained in greater levels of detail and will be subject to wider engagement with schools, GP practices, wider partners and providers.

The Children's Strategic Partnership will take responsibility for this area of work, and the leaders of the main partnership organisations have taken ownership of the response and will oversee the actions taken to address the issues highlighted from this inspection. The Children's Strategic Partnership is chaired by the CEO of BCC and includes senior representation from the CCG, BCC, BCHC, BWCH BCT, West Midlands Police and the Independent Chair of the Birmingham Safeguarding Board.

The Statement was presented to the BCC Lead Member for Children's Services (5<sup>th</sup> December), Birmingham and Solihull CCG Governing Body (4<sup>th</sup> December), BCT Executive (22<sup>nd</sup> November) and BCHC Executive whereby all four governing bodies approved the draft Statement of Action, delegating powers to appropriate senior managers and officers to finalise the more detailed action planning underpinning the Statement.

We see the transformation of our SEND services in three steps:

1. A collaborative baseline assessment and services review of our current commissioning arrangements and service offer.
2. A jointly developed case for change for an integrated commissioning offer and integrated care delivery model.
3. Implementation and continuous cycle of improvement learning and evaluation of our new integrated commissioning and care delivery model.

## **Key new resources to enhance our initial response**

Across the partnership, we will appoint a jointly resourced and integrated Children's Partnership Improvement Team. These posts will all be advertised by the end of November 2018 and will start as soon as possible.

This additional capacity will include:

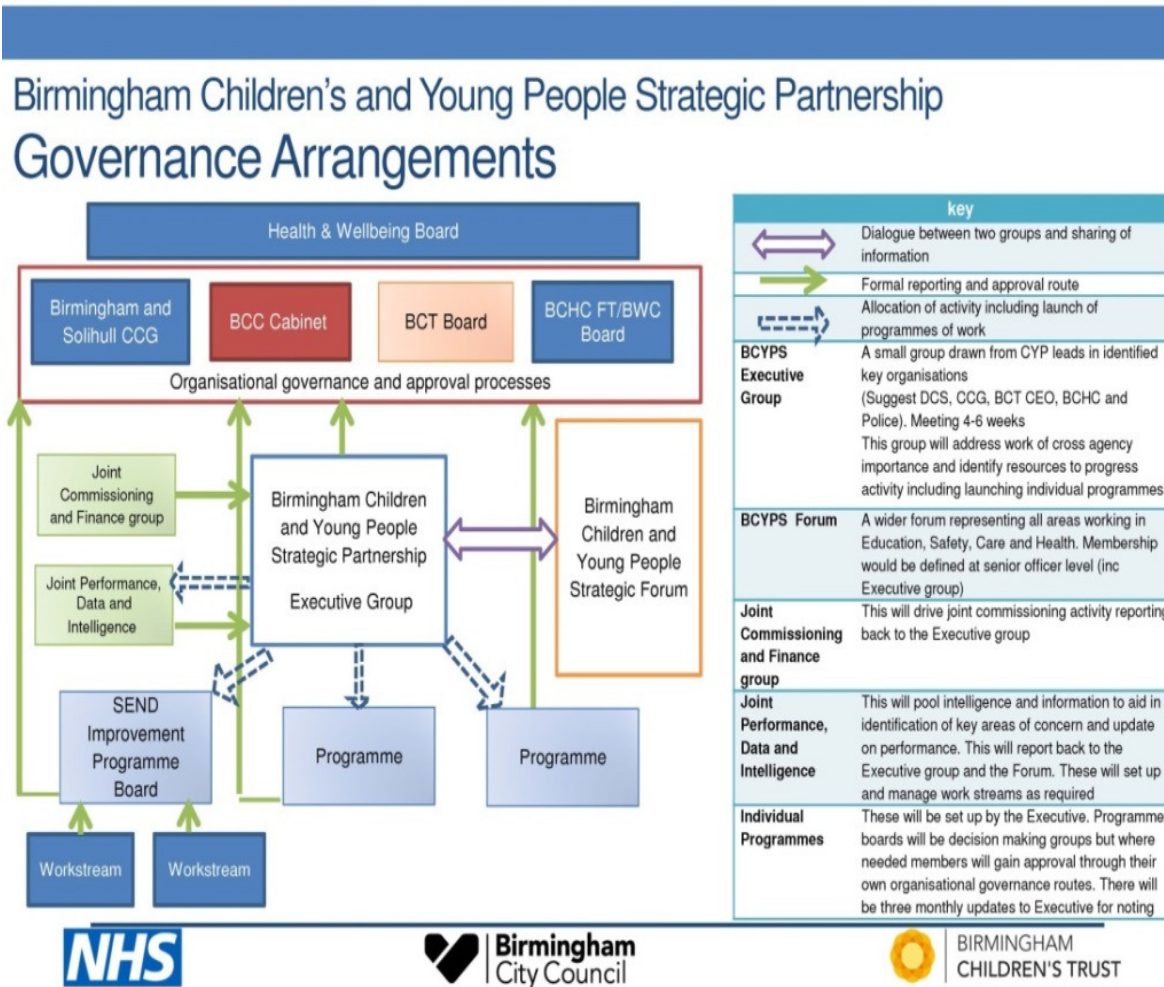
- a) A Senior Responsible Officer for the Programme to ensure overall governance and accountability for the SEND Improvement Programme; (The SRO has been in post since July 2018).
- b) An Improvement Programme Director who will be accountable for the co-ordination and delivery of the Statement of Action (interim in place since July) and the overarching Children Improvement Programme Plan.
- c) An Integrated Commissioning Manager for Children's Services.
- d) Officers to support the improvement plan delivery.
- e) BCHC PMO lead (In post August 2018).
- f) Partnership Commissioning manager for SEND and personalisation (in post August 2018).
- g) Dedicated time from across the partnership officers to lead the key workstreams of the plan (in place from August).

The outcome of the recent LA SEND inspection has resulted in a multi-agency response to underpin the actions required to improve outcomes for our children and young people. Multi agency partners have developed a set of principles that will support the delivery of these improvements. Underpinning these principles is the absolute commitment to a model that supports a child-centered approach modelled on behavior of trust and honesty irrespective of organisational boundary.

## **Children's Services and SEND Governance Structure**

A further key initial action has been the review and reframing our Children's Services and SEND governance to support joint strategy development and decision-making and multi-agency design and delivery.

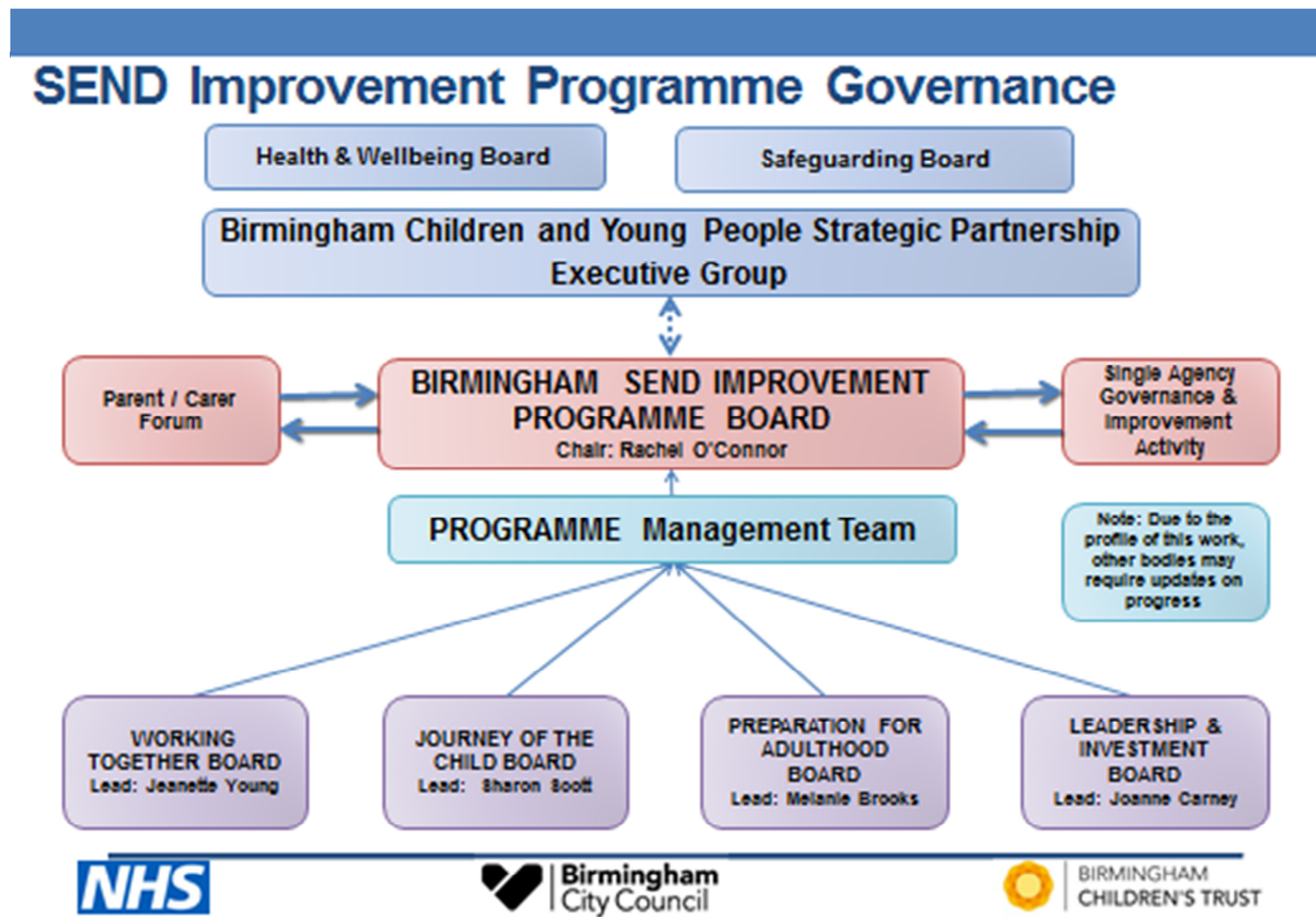
Figure 1. Birmingham Children’s and Young People Strategic Partnership Governance



Birmingham City Council and Birmingham & Solihull Clinical Commissioning Group are the two responsible bodies the delivery of the SEND Improvement Programme. Within BCC, Member oversight will be through the Children’s Social Care Overview & Scrutiny Committee and through the Learning, Culture, & Physical Activity Overview & Scrutiny Committee. BSoI CCG oversight will be through the Governing Body.



Figure 2. SEND Revised Programme Governance



## Delivery of the SEND Improvement Programme – Delivery Working Groups

Four delivery working groups have been established to deliver the actions identified within the WSoA:

Delivery Working Group	Areas of Focus
Working Together	<ol style="list-style-type: none"> <li>1. Voice and influence of children and families</li> <li>2. Communication</li> <li>3. Engagement and participation</li> <li>4. Workforce development</li> </ol>
Journey of the Child	<ol style="list-style-type: none"> <li>1. Identification</li> <li>2. Assessment</li> <li>3. Service provision</li> <li>4. Service review</li> </ol>
Preparation for Adulthood	<ol style="list-style-type: none"> <li>1. Transitions to adult services</li> <li>2. Outcomes for Young People with SEND</li> <li>3. Housing</li> <li>4. Employment</li> </ol>
Leadership & Investment	<ol style="list-style-type: none"> <li>1. Strategy and vision</li> <li>2. Finance</li> <li>3. Integrated Commissioning</li> <li>4. Integrated Intelligence (outcome monitoring, quality assurance, performance management)</li> <li>5. JSNA</li> </ol>

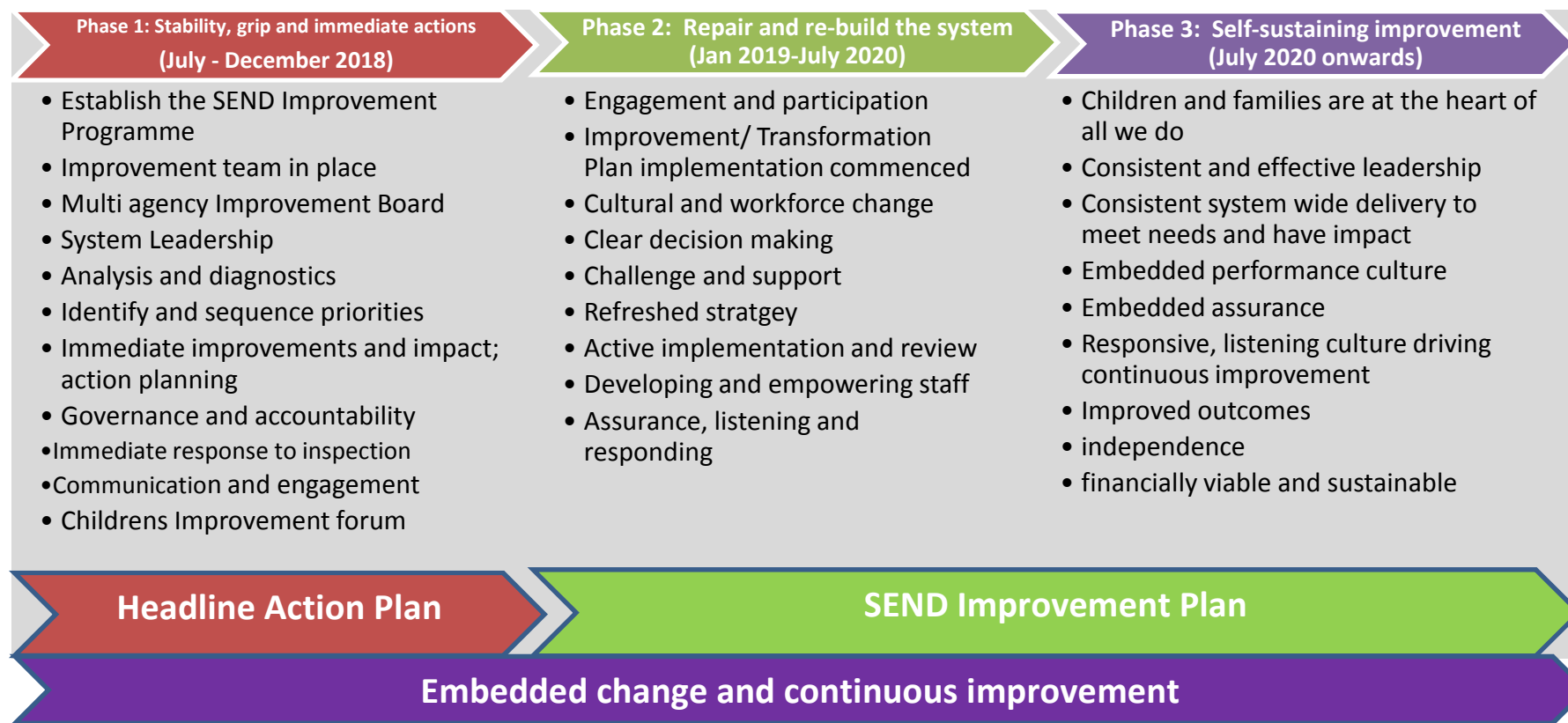
## Our Founding Principles for the SEND Transformation and Improvement Plan

<p>A needs-based model that is child centred and based on the journey of the child and is co-produced with parents, carers, children and young people</p>	<p>Health, education and social care will adopt a person-centred planning approach in how we commission and provide SEND services.</p>	<p>Parents and partners understand and agree that the SEND framework being used with individuals delivers outcomes</p>	<p>SEND pathway and services support and promote empowerment, personalisation and independence</p>	<p>Based on best practice and draws on learning from other areas</p>
<p>Our transformations will be underpinning by a cycle of continuous improvement and evaluation</p>	<p>Strong relationship-based working</p>	<p>The accountability and Governance as an integrated partnership empowers and drives the transformation for SEND strategy, operational and delivery changes</p>	<p>Is financially sustainable</p>	<p>Our commissioning and provision will be underpinned by a single quality monitoring and assurance process</p>

### SEND Improvement Plan 3 Phased Implementation

Multi agency partners have established a SEND Improvement Programme to drive the changes we need. At the heart of these changes is a dedication to putting children and families at the heart of all we do and ensuring that they have voice and influence; changing culture and practice; and working and communicating better together across and within organisations. We will have a more collaborative approach, working *with* children, young people and families rather than doing things *for* or *to* people. Workforce development, modernisation and change will also be a key priority in our transformation agenda alongside underpinning organisational and behavioural change. We recognise that a well-trained, well-led and well-motivated workforce, with the required capacity, is essential to deliver the impacts we need.

Our work has been structured into three key phases of development to ensure that we drive impact and improvements at pace and to ensure that we develop an accountable and self-sustaining improvement system.



### Key Progress from July – November 2018

At the point of publication, the following progress has been made towards our plans for improvement.

#### Leadership and Governance - Progress since June (Rachel O'Connor, Assistant CEO, BSol CCG)

- Establishment of the Children's Strategic Partnership Executive (Senior Leaders).
- New multi-agency leadership and improvement team established including SRO and Programme Office and supporting resource plan
- Briefing and awareness of inspection findings to internal boards/cabinet, partners, key stakeholders.
- Redesign of SEND governance centred around workstream themes – weekly improvement Board in place while these are established
- Date set and planning complete for Children's Improvement Forum.
- SEND JSNA commenced.

**Co-Production and Engagement** - Progress since June (Jeanette Young, Director of Commissioning & Innovation, BCT)

- Support the re-establishment and relaunch of the Parent Carer Forum.
- Commissioning of an independent partner to undertake parent / carer and voluntary sector survey and consultation event. Output from the survey and event has been analysed and used to inform development of the WSoA.
- Co-production with parents and carers on values, outcomes and success criteria for the programme.

**Commissioning** - Progress since June (Joanne Carney, Associate Director Joint Commissioning, BSol CCG)

- Integrated Commissioning - mandate and road map to develop integrated commissioning agreed by Children's Strategic Partnership Executive.
- Baseline review of scope of integrated commissioning and service offer commenced.
- CCG Approval of increased DCO and DMO wte – recruitment commenced.
- Approval of increased LAC nursing WTE to reduce nursing caseloads to 320 by November 2018 and further to 180 by February 2019.
- Approval of waiting list initiative for CDC for ASD and ADHD assessment, for all children due to start school.
- Commissioning review of SENAR services including out of area school placements completed.
- Multiagency workshop to review of complex children across the City completed.

**Local Service Offer** – Progress since June (Claire Paintain, Deputy Divisional Director, Children & Families, BCHC)

- A workshop was held on the 13<sup>th</sup> November to look at the Journey of the Child. From this workshop four focus areas were identified to improve the journey of the child and these will be developed as part of the work stream associated with the journey of the child.
- Multi-agency review of assessment to inform training packages.
- Tool kits have been developed for multi-agency use when writing assessment reports and ascertaining the voice of the child. The tool kits are in the process of being rolled out to all partners
- DMO capacity increased – further recruitment progressing.
- Aligning health assessments for Children in Care with SEND and EHCPs.
- Training of health colleagues on SEND related issues.
- Transitions:
  - Group and CQC issues.
  - Adoption of BCC Strategy and moving through BCHC governance.
  - Transition Policy and operational plan in place.
  - 'Adopted Ready Steady Go Hello' transitional care plan now live on RiO.
  - Recruitment of children's nurses and assistant psychologists to complete comprehensive transition care plans on all Year 14 children (300 children) by the end of December 2018, and monitored weekly.

- BCHC now attend the Transitions Operational Group.
- Contribution to developing Preparation for Adulthood theme.
- Cases for Change – Therapy Services and Neurodevelopment pathway developed.
- Identification of CYP with EHCPs on RiO system.
- Best practice visits.
- Review of evidence base of EHCPs and School Placements to inform required redesign.
- Exploring options to create new educational places in the city – through the expansion of existing provision and the creation of new.
- Prioritising those children who currently do not have a suitable school place into any new/expanded provision.
- Review of staffing, locations, capacity and skill sets.
- Review of all educational services that relate to SEND, and of sufficiency and banding arrangements for SEND pupils and students.

**Waiting times and access to therapies and professionals** – Progress since June (Claire Paintain, Deputy Divisional Director, BCHC)

- BCHC has worked with referring maternity units to ensure timely notification of pregnant mothers requiring an antenatal contact. Where a midwife identifies a higher level of need a Maternity Services Liaison Form is used to notify the Health Visiting service that an antenatal contact is to be prioritised. A leaflet explaining the antenatal Health Visiting offer has been developed to be available at maternity units, as well as a letter for the pregnant mother and her GP when an antenatal appointment has not been attended.

## 2.0 Inspection Main Findings and Collective Actions in Response

### 1. 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

**1.1 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.**

#### **Context/barriers**

There has been an unacceptable lack of strategic and coordinated leadership for SEND in Birmingham. Strategic partnerships for children's and young people's services in Birmingham have been lacking for several years. There has not been a single strategic vision for Children's services (including SEND) nor a delivery plan for realising those strategic aims and outcomes for children and young people. There has been significant change in leadership and a lack of continuity for SEND in BCC and there has been limited oversight and leadership for SEND in

NHS partners. Until April 1<sup>st</sup>, there were two CCGs in the City, one whom had the lead for Children's Services. Those CCGs did not have a single commissioning voice and strategic leadership was not as effective as it needed to be for the city. Those CCGs were merged into a single CCG, Birmingham and Solihull CCG on the 1<sup>st</sup> April 2018 with a new leadership team including CEO, Executive lead for Children's Services and revised structure and roles within the Children's commissioning team.

There has not been a single form or supporting governance for how the system comes together to lead and make strategic decision for SEND and/or the wider Children's services in the city.

## **Our response**

Immediately after the inspection, senior leaders in Birmingham established the SEND Improvement Programme identified a Programme SRO and deputy and established a joint programme team. This programme has been established to lead and coordinate the response to the inspection and the new SEND improvement programme. BCHC and BSol CCG have increased Designated Medical Officer capacity to provide clear and robust clinical leadership for SEND. The programme steering group has senior representatives from BCC, BSol CCG, BCHC and BCT.

In August 2018, senior strategic leaders and chief executives approved the establishment, governance and terms of reference for a Children's Strategic Partnership Executive. Monthly meetings have been scheduled and a forward plan of programmed activity developed. That group approved the development of a proposal for Cabinet and Governing Body (November) for how we integrate our Children's Commissioning and integrated commissioning roles across health and social care.

We acknowledge that the system leaders and wider public sector stakeholders need to come together to consider the current issues across children's services and consider together what our strategic system approach is to address those. A Children's Improvement Summit will take place on the 26 November 2018.

The aim of the Children's improvement summit will be to bring the leaders together from across the public-sector service and voluntary service for Children's Services together to:

- Agree a Children's Services concordat of our behaviours and values that will underpin how we work as a partnership to bring about the necessary changes in Children's services.
- Discuss and agree the key themes of weakness in our partnership working, commissioning and services offer and agree key actions as leaders we will commit to as in a Children's improvement plan.
- Make personal pledges for what we will bring to partnership working and improvement in Children's services.

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Have an agreed strategic approach to SEND underpinned by a SEND Improvement Programme - this will have been co-produced by partners and consulted on with schools, GP's, children, young people, parents and carers. (by Jan 19)
- b) Agreed a Children's Services concordat of our behaviours and values which will inform and is embedded across all our practice. (by Jun 20)
- c) Established a children's improvement team to take forward the SEND and other wider children improvement programme. (by Dec 18)
- d) Have embedded the Birmingham Children's Strategic Partnership Executive and be demonstrating our agreed set of partnership behaviours and improvements in children's outcomes. (by Dec 18)
- e) Have an agreed memorandum of understanding to identify areas for integrated commissioning or services (either integrated commissioning for individuals or commissioning services for groups) informed by SEND JSNA. (by Apr 19)
- f) Have in place substantive senior leadership capacity for SEND. (by Mar19)

*Outcome Evaluation:*

*We will know we have made an impact when there are robust levels of challenge and support to agencies through the Children's Strategic Partnership Executive delivering the improvements, with commitment from Members and senior leaders, with understood routes of escalation that lead to practical changes and improve outcomes for children and young people with SEND.*

**1.2 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.**

**Context and barriers**

Birmingham has experienced a significant amount of change and instability over recent years, both from a lack of consistency in leadership in BCC for SEND, lack of a single health commissioning voice, changes in CEO leadership across agencies and multiple system challenges across Children's services. We are also aware of the environment within which the commissioning and provision of services has operated in recent years, with reduced multi agency funding, significant cost pressures within BCC. Combined with a lack of 'joined up' strategic planning, decision-making, impact assessment, quality monitoring and assurances has clearly contributed to the current inadequacies in our commissioning and provisions of quality SEND services to children and young people. This has led to poor partnership working and a lack of a shared strategic approach for improving outcomes for children and young people with SEND. A consequence of this has been poor outcomes for children and young people with SEND and a number of workforce challenges.

**Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:



- a) Learn from best practice examples across the country to develop a transformed SEND services in Birmingham. (by Apr 21)
- b) Use the full baseline review across the partnership of the commissioning and provisions of SEND to inform a future integrated commissioning and integrated care delivery for SEND – including, for example, SENAR and Access to Education (A2E). (by Sep 19)
- c) Implemented the new integrated commissioning and care delivery model and be monitoring its outcomes. (by Apr 22)
- d) Have co-produced a shared SEND strategy that has been formally approved by the relevant decision-making bodies. (by Mar 19)
- e) Have established the governance framework and structures to support joint-working across all key stakeholder organisations and will have made integrated commissioning decisions which impact positively on children’s services for SEND. (by Apr 19)
- f) Have put in place joint training on key areas that will improve the quality of information and documentation for families (for example, report writing). (by Oct 19)
- g) Have embedded our quality assurance as a single framework across the partnership. (by Jul 19)
- h) Self-regulate through our Children’s assurance governance. (by Mar 20)

*Outcome Evaluation:*

*We will know we have made an impact when service user and partner sampling demonstrates greater awareness and ownership of the SEND strategy and shared vision across the city.*

**1.3 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.**

**Context and barriers**

There has been limited, consistent strategic leadership for SEND in Birmingham and an absence of strategic planning. Work has taken place in isolation and has not been integrated and joined up. There has been no strategic forum or group for children’s services generally or for SEND specifically.

**Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Develop and agree a shared SEND JSNA for the city. (by Feb 19)
- b) Align the priorities captured within the updated SEND JSNA and other needs assessments and ensure any gaps in provision (and data) are identified. The JSNA will also map out current and projected future demand for services, including the impact of predicted population growth. (by Sep 19)

- c) Have reviewed the SEND inclusion strategy to reflect and promote a multi-agency holistic approach across health and social care. (by Mar 19)
- d) Fully established the Birmingham Strategic Partnership Executive for Children with a clear set of improvement priorities. (by Feb 19)
- e) Fully established the SEND Improvement Programme, and have consistent integrated reporting through the SEND governance and statutory bodies. (by Dec 18)
- f) Where appropriate explore the alignment of budget and or resources across partner organisations. (by Aug 20)

#### *Outcome Evaluation:*

*We will know we have made an impact when there is a single, shared strategic approach to SEND in Birmingham that drives the implementation of service changes, improved outcomes and improved value for money.*

*Children and Young People's needs are understood and resources applied so they get what they need when they need it.*

## **2. The effectiveness of inter-agency working**

**2.1 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.**

### **Context and barriers**

Birmingham has not effectively worked together to fully implement the 2014 reforms; this has had an adverse impact on the quality and outcomes for children and young people with SEND. There has been no clear overall leadership for SEND, with key gaps in relation to SEND leadership. Whilst there now is a strategic commitment to improve outcomes for children and young people with SEND, there is a significant amount of improvement activity that is needed both within individual organisations and across the partnership.

### **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Undertake a collective baseline review of current service delivery and practice against the 2014 reforms and the 2015 Code of Practice (in part informed by SEND JSNA. The outcomes of this review will contribute to the development of the SEND Improvement Programme and the case for change for integrated commissioning and integrated care delivery model. (by Oct 20)

- b) Develop from the SEND improvement plan and baseline reviews a new model of commissioning and case for SEND to transform and sustain our services for current and future generations. (by Jul 20)
- c) Put in place information and training for professionals on the SEND reforms and Code of Practice and establish an information repository of 'what good looks like'. (by Apr 19)
- d) Have developed an outline workforce development strategy and plan, including skills and expertise relating to service transformation and improvement, joint and integrated working, cultural and behavioural change and co-production. (by Mar 20)
- e) Have deployed the increased capacity in Designated Clinical Officer and Designated Medical Officer roles to provide assurance around meeting the health need requirements of the Children and Families Act and improve the quality of health input into EHCPs. (from Jan 19)
- f) Have developed and started to embed a new culture – as set out in the Code of Practice – that creates a culture of aspiration and independence. (by Jun 19)
- g) Have in place an integrated SEND Outcomes Framework to monitor and self-regulate our improvement activity to ensure we are making progress in inputs and outcomes for individuals with SEND. (by Jul 20)
- h) Ensure transitions at key points will be standardised through multi-agency approaches – this will include necessary focus on preparation for adulthood. (by Jul 19)
- i) Improve communication and co-ordination through the recommissioning of SENAR as a multi-agency service. (by Apr 19)
- j) Ensure robust information sharing agreements, developed by specialist information governance leads across the system, are in place to support and promote effective sharing of information. (by Aug 19)

*Outcome Evaluation:*

*We will know we have made an impact when the experiences and outcomes of children and families using our services have improved and families understand and can navigate the local offer, as evidenced through the parent carer survey tool. We will know we have made an impact when we fully meet the requirements of the Act.*

### **3. The coordination of assessments of children and young people's needs between agencies**

**3.1 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.**

## **Context/barriers**

There has been a history of poor partnership work in relation to children with SEND in Birmingham. Part of this has been an absence of a joint and shared approach to integrated working and workforce development. This has contributed to disconnect within and across services. We recognise that this needs to be transformation programme of activity. Inclusion of health services within the EHC planning processes is poor. Practitioners are not routinely invited to contribute to EHC assessments or review processes, and do not regularly receive copies of plans or when information is provided this is not routinely nor effectively referenced within plans. No health service was able to provide evidence of working knowledge about the number of children with EHC plans within their caseload.

## **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Have held a multiagency and multi-professional head of services workshop to map together the current journey of the child and discuss areas where that journey is not delivering for the child, staff and partners to deliver the best services we can. (by Apr 19)
- b) Have developed mechanism for sharing of good practice across and within agencies. (by Jun 20)
- c) Identify immediate improvements areas from the journey of the child mapping and those which will inform our wider transformation of the SEND commissioning and service offer. (by Sep 19)
- d) Share multi-agency SEND performance management information across the partnership that will inform decision making and report caseload management'. (by Jan 19)
- e) Have an agreed approach to integrated workforce planning and development. (by Jun 20)
- f) Have an agreed and embedded process between SENAR and Health to communicate the need for a health assessment or report at both the initial and review stage of the process and compliance is monitored. (Action completed)
- g) Have implemented changes to how we work to ensure the engagement and involvement of professionals in service planning, development, delivery and review. (by Sep 19)
- h) Promote education / awareness of the needs of children and young people with SEN and/or disabilities with professionals. (by Dec 19)
- i) Explore the opportunity to develop the case for change for a new model of integrated care delivery for SEND. (by Sep 19)
- j) Include NHS numbers on all plans and plans to be shared between contributing agencies. The plans will be uploaded and flagged on the respective clinical information systems within health. (by Jan 19)
- k) Review and consider implementation of multiagency care plans for those not eligible for EHCP but who have additional educational, social and / or health needs. (by Jun 19)

#### *Outcome Evaluation:*

*We will know we have made an impact when there is clear evidence of pride and ownership in regard to professional engagement and involvement in our SEND services and an improvement in our staff survey results, retention and recruitment rates.*

*Increased understanding, support, and challenge of SEND improvement action plan in the city which will be evidenced in Quality Assurance reports.*

## **4. Integrated Commissioning**

**4.1 Integrated 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 integrated 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.**

### **Context and barriers**

Integrated commissioning has not developed effectively in Birmingham and there are no pooled budgets. There is no integrated commissioning strategy or plan and commissioning practice, skills and capacity varies significantly across the partnership. Commissioning decision making across partners is weak. There are no agreed commissioning priorities across partners for Children's Services. The current JSNA is not up to date, so there is a lack of joint understanding of need and outcomes we must address through our commissioning intentions. There is limited shared understanding of contracts currently in place and of capacity and demand. There is limited understanding of current use of resources and of the impact and effectiveness of commissioning spend. There is limited evidence of engagement and involvement of children, young people, parents and carers in commissioning and informing our commissioning intentions. Commissioning decisions have been undertaken in isolation and impacts not shared, understood across the partnership. We have not collectively reviewed our commissioning activities to review opportunity for efficiencies and freeing up resources as an integrated prioritisation or commissioned plan.

### **Our response**

In August 2018, CEO's of BCC, BSol CCG and BCT gave the mandate to produce a strategy for aligning commissioning for SEND, and a draft framework has now been produced. A proposal for how we take forward integrated commissioning will be going to the November Governing Bodies, Trust Boards and Cabinet to seek a mandate to develop a plan and road map for Integrated Children's Commissioning. We are starting integrated commission by working more closely together to jointly review services and this will be more evidence as we fully establish our integrated improvement team and commence our phase 1 stage of the improvement plan.

By phase 3 of self-sustaining improvement, July 2020, we will have:

- a) Secured mandate to proceed to establishing integrated commissioning and roadmap for when and how we will achieve this. (by Jan 19)
- b) Developed our strategic approach to aligned and integrated commissioning, including the development of a shared outcomes framework, recognising the different approaches for individual and strategic level commissioning. The first outline framework to be considered for approval by partners by November / December 2018 to enable effective co-production with partners and formal approval by January 2019. This strategy development will include: (by Mar 19)
  - Identifying the current commissioning arrangements for all partners;
  - Identifying all budgets that are allocated to services that could be jointly commissioned; and
  - Identifying the current capacity and demand for all services to understand and then address current gaps. A key focus will be on speech and language therapy, occupational therapy and physiotherapy.
- c) Provided clear oversight and governance for aligned and integrated commissioning, including reviewing the outcomes of panel requests and decisions, and the introduction of a complex care panel. (by May 19)
- d) Identified the current capacity and skills of associated commissioning capacity across the partners and will have produced a plan to pool or align resources, including developing additional capacity to improve the speed of our response to deliver on the action plan. (by Apr 19)
- e) Developed an agreed approach to co-production, defining all partners' roles and responsibilities and ensures that the views and experiences of children, young people and parents and carers are at the centre of all planning and delivery of provision. (by Feb 19)
- f) Gained an improved understanding of unmet needs through co-producing our outcomes framework with all partners and through improved analysis of panel requests, Early Help Assessments and other local intelligence. This will include gathering qualitative information from children, young people, parent carers and all partners. (by Mar 19)
- g) Considered and taken decisions on models to bring waiting lists for assessment and therapies back in line with 18 weeks. (by Sep 19)
- h) Ensure a life-course approach to commissioning including integrated commissioning with adult services for preparation for adulthood. (by Mar 19)

*Outcome Evaluation:*

*We will know we have made an impact when we can evidence that our integrated commissioning activity enables the provision of services that better meet need and that provide good value for money.*

*Children and Young People's needs are assessed and met in a timely and purposeful manner, with needs identified at the earliest point and appropriate support put in place.*

## 5. Co-Production

**5.1 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.**

### **Context/barriers**

There has been a lack of engagement with children, families and carers in Birmingham and an absence of the 'expectation' that co-production is standard. We have done things 'for' or 'to' people or done 'nothing at all'.

### **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will have:

- a) Reviewed and mapped our current engagement and communication activities and engage with children and families to make recommendations for how we can make improvements. (from Mar 19)
- b) Embedded co-production across our services. (by Sep 19)
- c) Regularly engaged and surveyed children and families to seek their views of key elements of the SEND service to inform our improvements and service delivery, and the published Local Offer. (by May 20)
- d) Significantly improved our online Local Offer 'portal' and support material for children, families, and professionals. (from Apr 19)
- e) Active partnership forums with parents and carers to share plans to improve the provision of services. (by Feb 19)
- f) Developed strategies for obtaining the 'voice of the child', especially those with communication difficulties and very young children. (by Mar 19)

### *Outcome Evaluation:*

*We will know we have made an impact when children, parents and carers tell us, consistently, that we do things differently and that co-production is getting to be the 'norm'.*

*A culture of co-production is evident in future commissioning projects and services appear more responsive to CYP and their family's needs resulting in:*

- *improved access to services*
- *improved satisfaction*
- *reduction in complaints.*

## **6. Parental Engagement and Satisfaction of Parents**

**6.1 Communication within and between services is ineffective. Parents consistently report that the ‘tell it once’ approach is not established in the local area. Parents having to repeat their stories over and over again.**

### **Context and barriers**

Partners in Birmingham acknowledge that there is significant need for improvement in relation to how we communicate across and within organisations. Services have not been fully focused towards the needs and lives of children with SEND and those who care for them.

### **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will have:

- a) Reviewed best practice and embedded change that enables families to share their story once in digital ways that can be shared between services as appropriate. (by Jul 19)
- b) Consider approach for putting in place the ‘lead professional’ model or similar to improve lines of communication with parents, parental satisfaction and act as a conduit for questions and concerns. (by Jun 20)
- c) Have secured agreement across partners in relation to shared record keeping and information management systems. (by Mar 19)
- d) Digital single care records accessible across the partnership. (from Jan 20)
- e) Developed an annual work plan for the engagement and listening to parent and carers with the parent carer forum. (by Apr 19)

### *Outcome Evaluation:*

*We will know when we have made a difference when parental satisfaction with the services have improved and this will be judged using our survey tools*

**6.2 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.**

### **Context and barriers**

We do not have a joined up and easy to access process for patients and families to share their concerns and issues with us. Equally, there is then now a joined up and triangulated process for be aware of concerns and understand the themes of issues being raise for us to identify actions to make continuous improvements.



## Our response

By phase 3 of self-sustaining improvement, July 2020, we will have:

- a) Developed a strong critical friend type relationship with parent/carer forum. (from Apr 19)
- b) Developed the relationship with all stakeholders, including parents and carers, that support the co-production of provision and services. (from Oct 19)
- c) Baselined satisfaction with existing service provision, and use this information as a tool to continually inform decision making to support improved levels of satisfaction of parents and carers. (Action completed)
- d) Undertaken regular reviews of complaints and comments across our services, sharing themes and learning. (from Feb 19)
- e) Undertaken regular parent consultation regarding the SEND Ofsted findings and then our progress on transformation. (from Oct 18)
- f) Ensured the findings of this review and consultation will be used to improve services and experiences of children with SEND and their parents and carers. (from Sep 19)
- g) Ensured that the SEND strategy has clearly set out, and effectively communicated, to parents and carers what they can expect from the SEND system and how it will improve outcomes for their children. (by Apr 19)
- h) Trained of staffed and raised the confidence of staff to engage with parents in an enabling manner. (by Mar 20)
- i) Clear mechanisms in place that are well communicated to families for how to raise concerns, complaints and complements with us. (from Apr 19)
- j) A joined up approach for analysing and acting on the themes of complaints, embedded in our self-regulation process ensuring that complaints are logged appropriately and responded to within fifteen working days. (by Jul 20)

*Outcome Evaluation:*

*We will know we have made an impact when increasing numbers of our families and children rate our services as good or better, and we see a reduction in the complaints received by services.*

## **7. The accessibility and currency of the local offer**

**7.1 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.**

### **Context and barriers**

The Birmingham Local Offer is not as comprehensive or as well published as it should be. This means that it is not well understood by families and easy access to services is hampered, which could be delaying access to services and leads to a poor experience of children, young people, parents and carers.

## **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will have:

- a) Undertaken a comprehensive review of the Birmingham Local Offer, in partnership with children, parents and carers and professionals across the partnership. (from May 19)
- b) Considered other Local Offers and identified the key factors for success. (by May 19)
- c) Improved knowledge and awareness of the Local Offer by having a well-publicised re launch with clear direction to the SEND website that will also provide an 'Annual Review of Parent / Carer Feedback and Partnership Response'. (by Apr 19)
- d) Ensured that the Local Offer will be compliant with the requirements in the SEND Code of Practice 2014, and which will be automatically updated according to changes and improvements to service provision. (by Apr 19)
- e) Ensured that staff will be trained to routinely use the Local Offer with parents/carers when they phone in with enquiries about where they might find help and assistance. (by Dec 19)
- f) Ensured that personal budgets are well publicised to parents and carers, especially where the opportunity supports an efficient use of resources. (by Jun 20)
- g) Ensured that parents are aware of which short breaks are on offer and how to access them. (by Jul 19)

### *Outcome Evaluation:*

*We will know we have made an impact when the statutory annual survey shows positive feedback from parents /carers and young people on how easily they were able to find the support and or information they were looking for. The methodology for this will be to use the ladder of engagement model which has been developed by the national parent carer forum. Parents/carers routinely refer to the Local Offer and demonstrate they understand what the Local Offer is for.*

## **8. The quality of EHC plans**

**8.1 The current designated medical officer (DMO) role is under-resourced 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.**

### **Context/barriers**

There has been insufficient DMO resource and capacity in Birmingham which has hampered the ability of NHS partners to fully and properly implement the 2014 reforms and the 2015 code of practice. Consequently, we have not had sufficient clinical input and leadership to EHCP, review and clinical challenge to EHCPs and review or satisfactory quality improvement of EHCPs. Knowledge and skills levels are patchy with a general low level of awareness across the workforce supporting EHCPs or 'what good looks like' in relation to SEND provision and outcomes.

## **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Have increased DMO capacity to 1.5 wte and DCO capacity to 1.0 wte which will greatly enhance the clinical strategic leadership for SEND across the city. (by Feb 19)
- b) Have developed and commenced an education and awareness programme to staff and leaders of the 2014 reforms and the 2015 code of practice and roles and responsibilities in together meeting those requirements. (from Aug 19)
- c) Have a clear commitment from all partners in making full contributions and information to EHC Plans including final report writing and sharing of final versions across organisations. (by Feb 19)
- d) Have ongoing quality assurance and clinical audit to ensure EHCP process and plans are working effectively and meeting the outcomes for our individuals. (by Feb 19)
- e) Have rolled out a partnership wider education and awareness session for the reforms, it will be a key element of induction and supervision. (from Aug 19)

### *Outcome Evaluation:*

*We will know we have made an impact when there is visible clinical leadership that is driving clinical improvements that lead to enhanced services, and health providers know and understand the 2014 reforms and their role in meeting these.*

*We will know we have made an impact when we are achieving improved educational, health and social care outcomes for children with EHCPs.*

**8.2 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.**

## **Context/barriers**

Lack of capacity to support SEND, particularly with regard to Designated Clinical Officer and health input from both commissioners and service providers has led to inconsistency of health input and to poor quality of EHCPs and lack of review. Closer working between health and SENAR has not been well developed. Whilst there have been processes in place to undertake quality assurance of EHCPs, there has been no dissemination of the learning from these reviews or changes to operational practice. There has not been a single quality assurance process of EHCP and governance that support the assurance and escalation of issues in relation to quality.

### **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Enable the new DCO posts will provide continuity of input into EHCPs from a health perspective including review and quality assurance. (by Feb 19)
- b) Ensure Clinical professionals who provide therapy services will be supported to input into EHCPs, including the identification of Holistic Wellbeing outcomes. (by Mar 19)
- c) Develop much more effective joint working between partners who jointly work to assess, develop and review EHC plans that will be embedded in new operational policies. (from Nov 18)
- d) Agree a joint quality assurance framework for EHCPs, to ensure that Plans are thorough, comprehensive and detailed, and produced within a 20 weeks' timeframe, and reviewed annually. (by Apr 19)
- e) Ensure robust processes and sufficient capacity to undertake Year 9 EHCP reviews that will include preparation for adulthood outcomes. (by Dec 19)
- f) Have made improvements to the EHCP information request form and implemented these improvements. (by Jan 19)
- g) Support the increased uptake of annual health checks by inclusion within the CCG Universal Offer to GPs. (by Oct 19)
- h) Have referral guidelines in place to support appropriate referrals, with sufficient information, to undertake an EHCP assessment. (from Apr 19)

#### *Outcome Evaluation:*

*We will know we have made an impact when EHCP assessments will:*

- *Establish and record the views, interests and aspirations of the parent and child or young person.*
- *Provide a full description of the child or young person's special educational needs and any health and social care needs,*
- *Establish outcomes across education, health and social care based on the child or young person's needs and aspirations, and help them to prepare for adulthood.*
- *Specify the provision required and how education, health and care services will work together to meet the child or young person's needs and support the achievement of the agreed outcomes*
- *Use person-centred approaches, transparent systems and decision-making processes with clear lines of governance involving education, health and care.*

- Have an increasing number of parents / carers report satisfaction with EHCPs.
- Have improved timeliness of Annual Reviews.

**8.3 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.**

### **Context/barriers**

There are long standing challenges that face the SENAR service and which need to be addressed before sustainable improvements can be made. Challenges include workforce capacity and skills, culture and ways of working, finances and resource allocation and operational practice.

### **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Undertaken a comprehensive review of the SENAR service and made recommendations regarding an improved operational model, within the context of a wider model of care review. (Mar 19 onward)
- b) Undertaken a review of complaints and Tribunals, using the findings of the review to inform service improvement. (by Dec 18)

### *Outcome Evaluation:*

*We will know we have made an impact when parents / carers report increasing levels of satisfaction with the services / processes of the SEND delivery model in Birmingham.*

## **9. Waiting times and access to therapies and health professionals**

**9.1 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).**

### **Context/barriers**

There is no autistic spectrum disorder (ASD) diagnostic pathway for children over four years old. Children under 4 years old can be assessed through the child development centre pathway - however, children cannot be referred before their second birthday for this assessment and wait a year to be seen in a CDC. As the window of opportunity for assessment for those under four years old is narrow, some parents

believe that their children's needs are not identified or are identified incorrectly. Children are not placed on the MDT list at the point of the referral. Children are all seen by community paediatricians in the first instance.

The provision of community therapy services (SLT, OT and physiotherapy) has not kept pace with rising demand and consequently there has been a rise in waiting times which have impacted on the provision of services for children and with parent and carer satisfaction levels.

## **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Have agreed a fast-track proposal to tackle the backlog of dysphagia assessments for speech and language therapy assessments. (by Mar 19)
- b) Consider proposals for the re-commissioning of the SALT pathway to reduce waiting lists. (by Mar 19)
- c) Have developed a universal offer in regard to self-help and care published within the Local Offer. (by Oct 19)
- d) Have reviewed the current activity, demand and capacity and consider proposals for how we keep pace with rising demand. (by Feb 19)
- e) Have completed work with providers to develop business plans for consideration to improve access to community therapies (SLT, OT, Physiotherapy). (by Jun 19)
- f) Continue to improve therapy pathways to make the best use of the available resources to support children and young people, parents, carers and schools. (from Nov 18)
- g) Look at how we can develop the workforce and parents' / carers' skills to better support children. (from Jun 19)
- h) Develop and consider a case for change for an integrated all age neurodevelopment pathway with direct access to the MDT team at the point of referral. (by Mar 19)

### *Outcome Evaluation:*

*We will know we have made an impact when waiting times for services are closer to national and regional averages. Parents and carers report better access to support / tools (available from strategic partners and schools) during the waiting period for services.*

## **10. Academic progress when compared to all pupils nationally**

**10.1 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.**

### **Context and barriers**

We know Birmingham is below the national average for attainment and progress for SEND at Early Years KS1 and KS2 and that too many young people are not entering employment or supported employment. There are currently inconsistencies with Year 9 Reviews, ensuring the Preparing for Adulthood outcomes are discussed and the relevant high aspirations are set. We also know that we need to build sufficiency of high quality Early Years places. Our recording and use of data to improve service is weak and needs urgent improvement. We know that, compared to our peers, we have greater proportion of children in special schools (especially in the younger age groups).

## **Our response**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Have completed a baseline review of attendance and exclusions for children and young people with SEND, using the baseline review to set out clear improvement actions that will be delivered by July 2020.
- b) Commenced contract negotiations with specialist colleges in order to improve service quality, value for money and outcomes for young people. (by Jul 19)
- c) Provided briefings for Careers Advisers around inputting into Year 9 Reviews so they capture the young person's aspirations and PfA outcomes has been delivered and further support is planned as part of the Careers Strategy. (by May 20)
- d) Ensured EHCP reviews consider transition needs including moving from primary to secondary care, and to ongoing higher education, apprenticeships and work. (by Jul 19)
- e) Have in place a robust strategy for supporting ambitions, attendance and attainment for children with SEND in Key Stages 1, 2, 3 and 4, and to promote awareness across all schools and academies of the services available to support inclusive practice. (by Jul 20)
- f) Enable the sharing of best practice, culture and leadership in relation to the inclusion of children in mainstream settings and create 'excellence of inclusion practice'. (by Dec 19)
- g) (As BSoL STP) have gifted of up to 10% of our apprenticeship levy to smaller organisations across the city to be priorities to offer all children leaving care an apprenticeship opportunity across our partnership (from Jun 19).

### *Outcome Evaluation:*

*We will know we have made an impact when the achievement gap between children with SEND and their peer group has reduced and when more young people with SEND are in (supported) employment.*

## **11. Absence and Exclusions**

**11.1 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.**

**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.**

### **Context / Barriers**

The behaviours demonstrated children and young people in mainstream settings can often be seen as disruptive and challenging. The current financial position of many schools has seen the number of support staff being reduced. This has led to a decrease in the capacity of schools to meet the individual needs of children and young people.

### **Our Response**

By phase 3 of self-sustaining development, July 2020, we will have:

- a) In collaboration between the local authority and schools, worked together to unpack the reasons sitting behind persistent absence, fixed term and permanent exclusions for those children who have SEND, and then to develop strategies to address these reasons. (by Jun 20)
- b) Ensured all schools are aware of Education and Emotional Well-being Strategy group which will oversee the development of skills, knowledge and understanding of the school workforce. (by Sep 19)
- c) Ensured all mainstream schools undertake a collaborative approach to inclusive education, reflecting the national priorities of Ofsted, DfE and enhance connectivity with special schools. (by Sep 19)
- d) Integrated initiatives such as New Start, Attachment & Trauma Aware Schools, SEMH Pathfinder and Vulnerable & Adolescent Support (via Early Help), allowing and encouraging new and emerging initiatives to be integrated. (by Sep 19)
- e) Reduced the number of children with SEN without a school place by working with 'good' or 'outstanding' Alternative Providers. (by Aug 20)

*Outcome Evaluation:*



*We know we will have made an impact when we have reduced the gap in attendance between children with SEN or disabilities and those who do not. The number of fixed-term and permanent exclusions of pupils who have SEN and/or disabilities is lower than other pupils in Birmingham and all pupils nationally.*

## **12. Employment Opportunities**

### **12.1 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.**

#### **Context and Barriers**

We know that Birmingham has poor performance for supporting working age adults with Disability into employment and that too many young people are not entering employment or supported employment as the offer, processes and systems for preparing for adulthood are not yet developed or integrated across the system. A Transitions Strategy was agreed by the Council in February 2018, but has not yet been fully implemented. Once implemented, the strategy will provide a strategic and operational platform for improve life course planning and commissioning, which in turn would improve performance for access to employment. Whilst we expect preparing for adulthood and more effective transitions planning to feature across all actions, there will be specific governance to lead improvement for Preparing for Adulthood of which increasing Employment Opportunities will be a central aspect of delivery.

#### **Our response:**

By phase 3 of self-sustaining improvement, July 2020, we will:

- a) Have completed a baseline review of employment opportunities for children and young people with SEND, using the baseline review to set out clear improvement actions. (from Apr 19)
- b) Have specific mechanisms in place to ensure the quality of ECHP plans to address Employment Opportunities from year 9. (by Dec 19)
- c) Provided briefings for all services that support 14-25 year olds for inputting into Year 9 Reviews (and then becomes part of Annual Reviews) so they capture the young person's aspirations and PfA outcomes have been delivered and further support is planned. (by Dec 19)
- d) Further reviewed the sufficiency and effectiveness of Post 16 pathways into adulthood, particularly higher education pathways, employment pathways and the availability of supported housing options. (by Jul 20)
- e) Ensure the right culture and leadership in relation to the delivering an aspirational service offer for those aged 14-25 with SEND that feels seamless and integrated to the family and based on principles of inclusion, promoting independence and attainment. (by Jun 20)

*Outcome Evaluation:*

*We know we will have made an impact when we have increased numbers of young people who have SEN and / or disabilities who enter employment or supported employment, and when the proportion of adults with learning disabilities in paid employment is closer to the national average.*

## Glossary

A2E	Access to Education
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
BCC	Birmingham City Council
BCHC	Birmingham Community Healthcare NHS Foundation Trust
BCT	Birmingham Children's Trust
BSol	Birmingham & Solihull Clinical Commissioning Group
BVSC	Birmingham Voluntary Sector Centre
BWC	Birmingham Women's and Children's NHS Foundation Trust
CCG	Clinical Commissioning Group
CDC	Child Development Centre
CEO	Chief Executive Officer
CQC	Care Quality Commission
DCO	Designated Clinical Officer
DfE	Department for Education
DMO	Designated Medical Officer
EHC / EHCP	Education, Health & Care / Education, Health & Care Plan
GP	General Practitioner
JSNA	Joint Strategic Needs Assessment
KS1 / KS2	Key Stage 1 / Key Stage 2
LA	Local Authority
MDT	Multi-Disciplinary Team
OT	Occupational Therapy
PfA	Preparing for Adulthood
PMO	Programme Management Office
RiO	An NHS electronic care records system
SALT	Speech And Language Therapy
SENAR	Special Educational Needs Assessment and Review
SEN / SEND	Special educational Needs / Special Educational Needs and Disabilities
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Partnership
WSoA	Written Statement of Action
WTE	Whole Time Equivalent

## SEND Improvement Programme - Timeline Overview

Workstream		Initial stabilisation and programme set-up						18-month SEND Improvement Programme												Post-programme								
		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1	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																			Through to Apr22								
2	The effectiveness of inter-agency working																											
3	The coordination of assessments of children and young people's needs between agencies																											
4	Integrated Commissioning																											
5	Co-Production																											
6	Parental Engagement and Satisfaction of Parents																											
7	The accessibility and currency of the local offer																											
8	The quality of EHC plans																											
9	Waiting times and access to therapies and health professionals																											
10	Academic progress when compared to all pupils nationally																											
11	Absence and Exclusions																											
12	Employment Opportunities																											