



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

## Main findings

The initial inspection found that there was a lack of an overarching approach or joined-up strategy for improving provision and outcomes for children and young people with special educational needs and/ or disabilities (SEND).

Before the COVID-19 (coronavirus) pandemic, there was little evidence that things had improved for Birmingham children and young people with SEND. Leaders self-evaluation acknowledges that there is significantly more to do. This inspection found leaders self-evaluation to be accurate. Leaders recognise that the remaining issues include: a poor lived experience for children and young people with SEND and their families; long waiting times to access therapies; stakeholders limited understanding of the SEND strategy; and the EHC plan quality assurance processes. The partnership is beginning to take appropriate action to address these issues. For example, the SEND strategy 0 gG[0/0 5942w/m0 g0 G[s)6(t





that the area's progress is fragile. For example, if a person leaves or their role changes then any effectiv





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

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

The initial inspection found that the coordination of assessments of children and young people s needs between agencies was poor.

Leaders are confident that they are setting up the right systems to support the coordination of assessments. For example, the locality model gives greater consistency as a team of professionals works with schools. However, leaders need to develop an understanding of the impact of this model on improving outcomes for children and young people.

Leaders demonstrate a secure awareness of the need for health services to prepare for children and young people's transition to another educational setting or employment and training. Their plans include prioritising Year 9 reviews and the transfer to adult services. The school nursing service is also involved in planning for transitional care for children and young people with SEND known to them in mainstream schools. Birmingham Community Health Care NHS Foundation Trust has appointed specialist nurses to support young people with SEND to transition into adult services.





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

Some joint commissioning arrangements are relatively new. Therefore, the changes made at a stra





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

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

The initial inspection found that parental engagement was weak.

There is an appetite from leaders for involving parents in a range of initiatives. Recent developments have included the use of surveys, webinars, the development of the link adviser role and the children development ETQq0.000008866 0 594.96





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

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

The initial inspection found that Birmingham had not ensured that the published local offer was a useful means of communicating with parents and it was difficult to locate.

Leaders have developed a new local offer that was launched in March 2021. This contains many of the aspects that are required, such as links to specialist services and schools. Leaders recognise that further improvements are needed. Recently, the area appointed someone to ensure that the local offer is regularly reviewed and kept up to date. A small number of parents and schools told us that they have used the local offer to find out information.

Many families and school staff have a weak understanding of the local offer or they feel it is still too hard to use and navigate. Two





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





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

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

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

The initial inspection found that pupils with SEND make weak acade Tmen0 gq2 Tf0







The initial inspection found that pupils with SEND attend less often and are excluded more frequently than other pupils in Birmingham and all pupils nationally.

For the three-year period ending in 2018/19, overall absence rates and persistent absence for children and young people who receive SEND support is in line with national figures.

However, overall absence for those with an EHC plan is above national figures and persistent absence is significantly above national average. Both show little sign of sustained improvement. Leaders acknowledge the need for improvement in this area. A recent development has been the introduction of the home bridging scheme to address this issue. This is beginning to make a difference in engaging children and young people back into education.

In the three-year period ending in 2019, there was a reduction in the number of children and young people with SEND, including those children looked after, who received a fixed-term exclusion.

The number of pupils with an EHC plan who have been permanently excluded has reduced over time and is now broadly in line with the national picture. Leaders believe that this has been a result of ensuring better quality provision at the earliest stages for many of those who are the most vulnerable.

For pupils receiving SEND support, the number permanently excluded is still too high.

These figures do not include the number of children who are not able to access education. For example, information shared with inspectors indicated that in September 2020, over 500 children were not in education. Reasons for this included schools not being named on the EHC plan, families waiting to appeal a school placement, those on part-time timetables or those young adults who are not in employment, education or employment and training.

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

The initial inspection found that not enough young people with SEND are entering employment or supported employment and the proportion of adults with learning disabilities in paid employment is below the national average.

Too many young people who receive SEND support do not move into long-term, sustained education, employment and/or training effectively. A higher than national number transfer into employment, education and/or training at the age of 16. However, th









Ofsted	Care Quality Commission
James McNeillie HMI Acting Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Lesley Yates	Lucy Harte
HMI Lead Inspector	CQC Inspector
Chris Pollitt	Elizabeth Fox
HMI	CQC Inspector

cc: Department for Education Clinical commissioning group Director Public Health for the local area Department of Health NHS England