Area SEND inspection of Birmingham Local Area Partnership

Inspection dates: 23 to 27 June 2025

Dates of previous inspection: 24 to 27 May 2021

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately three years.

Ofsted and the Care Quality Commission ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

The local area partnership is made up of Birmingham City Council, Birmingham Children's Trust and Birmingham and Solihull Integrated Care Board (ICB). They are jointly responsible for the planning and commissioning of services for children and young people with SEND in Birmingham.

The commissioning of health services changed across England in 2022. The Birmingham and Solihull ICB became responsible for the commissioning of health services in Birmingham in July 2022. The Director of Children's Services has changed since the last local area SEND inspection.

The local area partnership commissions a range of alternative provision (AP). These provide education for children or young people, including those who cannot attend schools due to social, emotional, mental health and medical needs. AP also provides education for those who are at risk of permanent exclusion from school.

What is it like to be a child or young person with SEND in this area?

In recent years, the experiences of children and young people with SEND in Birmingham have started to improve but remain inconsistent. Parents and carers who responded to the inspection survey recognise this; those who have engaged with services more recently are benefiting from a more positive experience. Leaders across the partnership are committed and passionate about driving improvement. They acknowledge that more needs to be done and have identified key priorities to further build on the improvements already made.

The collaboration between services has improved because of the proactive work the partnership has done in this regard. A focus on co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) with children and young people with SEND and their families has formed a cornerstone of the partnership's work to improve the experiences and outcomes of children and young people.

The needs of most children and young people are identified accurately, but some assessment waiting times are too long. For instance, many children and young people awaiting assessment and diagnosis for autism and attention deficit hyperactivity disorder (ADHD) wait too long for their needs to be identified and met. Although there is some support available to them and their families while they are waiting, this remains inconsistent and causes increased frustration and anxiety.

The quality and effectiveness of children and young people's education, health and care (EHC) plans in Birmingham is improving. Generally, newer plans more accurately reflect a child or young person's current needs. However, the contribution from health and care professionals is not as well represented in EHC plans as they are for educational professionals. For instance, a small number of children and young people, known to social care, do not have this reflected within their plans.

Children, young people and their families in Birmingham benefit from a strengthened working relationship between the parent carer forum (PCF) and the local area partnership. Some services have been improved by considering the views and wishes of children and their families. For example, improvements in the accessibility of mental health services, including 'Pause Birmingham', have been made in response to the views of children and young people with SEND and their families through the PCF.

Children and young people are benefiting from a renewed focus on AP, which is bringing about a positive change to the quality of provision as well as the number of available places in the local area. Education providers are increasingly seeing themselves as partners in the AP strategy, and this collaborative work is proving successful in helping to meet children and young people's needs.

Children and young people with SEND have inconsistent experiences as they transition into adulthood. Some young adults receive timely and effective support from personal advisers provided by the care leavers service or from adult social workers because of the complexity of their needs. Other young adults wait too long with their needs unknown and are only escalated to assessment within adult social care when they are in crisis.

What is the area partnership doing that is effective?

- The local partnership has gained a clearer strategic understanding of the needs across the city and better understand the historical weaknesses in services. The PCF plays an active role in helping the partnership maintain this accurate view.
- Over the past few years, an increased level of strategic leadership and a compelling

shared vision have brought about positive changes. A precise, comprehensive improvement plan is being implemented, underpinned by key priorities. Leaders across services are united in their ambitions for children and young people with SEND. Governance and oversight arrangements have been strengthened through the introduction of an executive board holding partners to account and overseeing the strategic commissioning of services.

- The needs of children are being identified earlier. For example, the healthy child programme is being delivered consistently well across Birmingham and provides opportunities for needs to be identified quickly and accurately.
- The partnership has established stronger working practices with schools and with special educational needs coordinators especially. Schools are well represented on executive boards and make a tangible contribution to policy and strategy. The strategy for improving the quality of AP is a good example of a collaborative approach. It takes account of the increased demand for places in the local area by working with providers to increase capacity appropriately.
- The voice of children and young people with SEND is increasingly sought across education, health and care settings. For instance, children's voices are central to pathway plans and are a fundamental element within EHC plans.
- Early help practitioners provide a wealth of inclusive support to children and young people with SEND. Strong partnership working, both with commissioned and voluntary services, enhance the ethos that early help is everyone's business. This help is enhanced by co-located services being in accident and emergency departments as well as being readily accessible for those in temporary housing.
- Social workers and social care practitioners have the skills and knowledge to provide effective support. They build trusting relationships with children and young people with SEND. Multi-agency partners contribute to children's plans, with most children receiving the right help at the right time. A good example of this is the support received by children being admitted to or discharged from tier 4 mental health provision.
- Social workers within the Children with Disabilities Team prepare children and young people with SEND for their next steps well. Social workers diligently create plans to avoid delay for children seeking permanency or for those transitioning to adulthood. Children moving into adult health services who have complex health needs also benefit from oversight and support from transitioning care nurses, and planning for transition to adult health services often starts early to allow for planning to have a positive impact.
- Health professionals are working increasingly well together. For example, the way in which professionals, such as occupational therapists, speech and language therapists and community paediatricians, work together as part of the autism assessment and diagnostic pathway has been strengthened. Specialist school nursing services and community nursing teams have been enhanced by the establishment of the discharge planning specialist practitioners in acute settings.
- Children and young people who are in specialist education settings are seen clinically in school to manage their day-to-day needs. For example, changes to medication and

care plans are discussed and implemented successfully using a multi-agency approach.

- Commissioning seeks appropriate assurance about the quality of care and education when considering a placement, including when a child with SEND who is looked after moves out of the area. Senior leaders maintain oversight of the commissioned placement to assure themselves that the child is appropriately placed and having their needs met.
- Children and young people are able to access advice and support more quickly following successful work to reduce waiting times across some health services. For example, the waiting times to access occupational therapy, physiotherapy and speech and language therapies, as well as mental health services, have been reduced.
- An effective 'SEND service' works in schools to support the delivery of therapy services, including speech and language therapy. This includes training and support for professionals. Professionals indicate that because need is met as part of a graduated offer, referrals into core services have not been required due to children's needs being met earlier.

What does the area partnership need to do better?

- Although there are areas where improvements in commissioning across the partnership have been made, the lack of formal systems and processes for the commissioning of some services mean there is a risk of improvements not being sustained. For example, the effectiveness of the SEND information, advice and support service (SENDIASS) is currently commissioned solely by the local authority rather than it being jointly commissioned across the partnership.
- There is variation in the effectiveness of governance for some services across the partnership. For instance, there is no specific SEND governance within the ICB. Systems for the collection and analysis of data across services are not always useful in informing those responsible for governance and strategic decision-making. This means that some strategic plans lack the precise focus on those actions that would make the greatest impact on improving services for children and young people with SEND and their families.
- The designated medical and clinical officers have a clear understanding of key priorities and what needs to be done to improve the SEND system. However, this is not currently supported by a workplan to deliver these improvements in a timely way.
- Leaders recognise waiting times for some services are excessive and this leads to delays in the right support being put in place when needed. Children and young people wait too long across all age ranges to access assessment and diagnosis for neurodevelopmental conditions including autism or ADHD, often waiting over a year to access an initial assessment. This is also the case for the diagnosis of a learning disability.
- The needs of children, young people with SEND and their families who require access to specialist equipment or home adaptations often wait too long. For example, home adaptations often take up to two years to complete, meaning that families are often left without what they require to meet their needs. In addition, waits for wheelchairs

can sometimes be extensive, increasing the risk of a negative impact on a child or young person's physical health.

- The local offer is extensive but poses difficulty for parents and young people to navigate. Many parents and carers reported that they do not know what services are on offer or how to access them and so do not take full advantage of them.
- Oversight of the dynamic support registers (DSR) in Birmingham is not strong enough. There are times when professionals have not worked well together to meet the needs of those who are at risk of an inpatient admission. Too many children and young people are only added to the register following an episode of escalation which could have been avoided.
- Children and young people with SEND have inconsistent experiences of short breaks. While the community resource panel is an effective mechanism for identifying support within children's social care, capacity and thresholds are a barrier to children accessing short break support in a timely way.
- Children and young people's EHC plans have improved recently in terms of their co-production and quality. However, weaker plans lack sufficient input from health and social care professionals and so all aspects of a child or young person's support are not captured in enough detail.
- The partnership recognises that education settings, including in early years, struggle to access higher levels of SEND funding. The application processes are difficult to navigate and are excessively complex. This means that the system for agreeing and providing funds is not as responsive to need as it should be.
- Children and young people who are looked after do not always benefit from timely health assessments. This means that there is a risk that new or emerging health needs are not identified at the earliest opportunity.
- Children and young people with SEND have limited engagement with clubs and organisations outside of education, including opportunities to engage with others in social activities or community involvement. During the inspection, children and young people told inspectors that they do not feel as visible and valued in their communities as they should do.
- Although children who are educated other than at school receive education packages aimed at meeting their individual needs, the local area partnership accepts there is variability in the quality of these. The partnership's commissioning of services is not strategic enough, and this leads to children and young people with SEND receiving variable support.
- Despite the improvement in processes around the appropriate use of AP, the number of places does not currently meet demand. This means some children and young people may be placed in AP which is out of their locality or does not meet their needs effectively.

Areas for improvement
The local area partnership should continue to improve the quality and consistency of EHC plans to ensure that they reflect up-to-date views from children and young people

and their families, along with information from education, social care and health services.
The local area partnership should ensure that there are effective systems in place to further support improved partnership working at a strategic level. This includes, but is not limited to: • The accurate use of data collected across the partnership • Commissioning arrangements • SEND governance being consistently embedded across the ICB, as well as health providers, social care and education.
Partnership leaders should reduce waiting times for neurodevelopmental assessment and diagnosis across all ages and also for the diagnosis of learning disabilities. They should also ensure that children, young people and their families have access to suitable support while they are waiting.
Partnership leaders should take action to reduce the amount of time that children, young people and families wait to access specialist equipment and for home adaptations to be made.
The local area partnership should ensure better oversight and use of the DSR to help prevent children and young people's needs escalating.
Partnership leaders should ensure that children, young people, their families and professionals are clear about the services available through the improvement and promotion of the local offer. This should include highlighting community activities, short breaks and social groups so that children and young people with SEND are increasingly valued and visible across Birmingham.

Local area partnership details

Local authority	Integrated care board
Birmingham City Council	Birmingham and Solihull Integrated Care Board
Sue Harrison, Executive Director for Children and Families	David Melbourne, Chief Executive
www.birmingham.gov.uk	www.birminghamsolihull.icb.nhs.uk
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Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and two Children's Services Inspectors from the CQC.

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