

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

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



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Sally Hodges
Director of Children's Services and Skills
Solihull Metropolitan Borough Council
Solihull Council House
Manor Square
Solihull
B91 3QB

Paul Jennings, Interim Clinical Commissioning Group Chief Officer
Ann Lowe, Local Area Nominated Officer

Dear Mrs Hodges

Joint local area SEND inspection in Solihull

Between 9 October and 13 October 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Solihull to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

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

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

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

Main findings

- The local area's special educational needs and/or disabilities (SEND) strategy is up to date and contains a clear vision.

- Leaders are aware of their strengths and weaknesses. Progress in implementing the reforms has speeded up significantly since January 2017.
- There is good practice across the local area but it is important that shared plans, underpinned by sound strategies, secure the further improvements that are still required.
- Solihull recently restructured services for SEND and now has a co-located SEND 0 to 25 service. This has brought together specialist early help, sensory services, educational psychology, SEND social care for children and young people and education, health and care planning.
- A head of service for SEND 0 to 25 has been in post since February 2017 and every team, apart from educational psychology, now has permanent managers.
- Many systems and structures that are in place are very new. Consequently, they are not embedded and they are yet to have a marked impact on improving aspects of the local area's provision.
- Systems for consulting with parents and strategic co-production of plans to improve local services are underdeveloped. Professionals from the local area have tried to keep parents involved in planning provision in Solihull. However, the previous parent carer forum disbanded and this has hindered communication. Parents can raise concerns and, at times, they are communicated with effectively. However, a number of parents told inspectors that they are unable to influence improvements and some believe that their concerns have not been addressed.
- Education, health and care (EHC) plans vary in quality and often do not contain relevant information about health or care.
- Academic outcomes are improving but pupils who have special educational needs and/or disabilities make slower progress from their starting points than all pupils nationally and other pupils in Solihull.
- Too many pupils who have special educational needs and/or disabilities do not attend school on a full-time basis. Levels of absence, persistent absence and exclusions are too high for pupils who have special educational needs and/or disabilities in the local area. A high proportion of pupils who have special educational needs and/or disabilities who attend mainstream settings are excluded from school.
- Although improving, there is a lack of suitable local education provision for pupils who have an autistic spectrum disorder (ASD).
- Progress in identifying and meeting the speech, language and communication needs of children and young people in education settings is slow. Too many children are also waiting for assessment by an occupational therapist in Solihull.

- Not enough young people who have special educational needs and/or disabilities are benefiting from the GP-led annual health check when they reach the age of 14. This hinders their transition into adult health care services.
- Staff within the local area are aware of their safeguarding responsibilities. They respond quickly and appropriately when concerns arise and robust processes are in place to keep children and young people who have special educational needs and/or disabilities safe. These processes are supported by the good links between the SEND social work team and the wider children's social work teams. The Local Safeguarding Children Board was judged to be good in May 2016.

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

Strengths

- Health practitioners and public health nurses identify needs well through antenatal and neonatal screening. Regular analysis of information and the effective delivery of the healthy child programme ensures that professionals identify a child's emerging needs effectively.
- Children and young people who are looked after in Solihull receive timely, comprehensive and meaningful initial and review health assessments. Emerging needs are identified early through the routine use of ages and stages questionnaires (ASQ) and strengths and difficulties questionnaires (SDQ). Where practice is most effective, health plans routinely inform EHC plans. This means that the EHC plan clearly identifies children and young people's needs.
- Children and young people who are unaccompanied asylum seekers have their needs assessed quickly. This ensures the early identification of previously unidentified and unmet needs, including emotional and physical trauma.
- Staff in a range of Solihull schools have had effective training to help to identify children and young people's special educational needs and/or disabilities. The youth offending service work well with health professionals to identify young people's additional needs.

Areas for development

- The multi-agency approach to identifying needs is inconsistent. Too many children and young people have EHC plans that are predominantly education focused and do not identify their health and care needs. This means that children and young people's needs are not fully identified within EHC plans.
- Compared to the English average, a smaller proportion of EHC plans have been issued within the 20-week timeframe and a large number of statements have not yet been considered for conversion to EHC plans. The local area still has a great

deal of work to do in order to ensure that this transition is completed by 1 April 2018. Consequently, the needs of some children and young people are not fully identified in the documentation about them.

- Local authority staff do not always notify the looked after and adoption team for children's health of children and young people who have special educational needs and/or disabilities who are coming into the care of the local authority. Therefore, the health team are not always aware of a young person's additional needs prior to reviews taking place.

The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities

Strengths

- The quality of EHC plans in Solihull is variable but they are improving. In the most effective plans, there is evidence that parents, children and young people and local area professionals work well together to develop the EHC plans. These co-produced plans focus on what young people can do and address their aspirations. They are well presented, tailored to the individual and they have clear next steps within them. An EHC plan quality assurance panel, with health, education and social care representatives, is now in place but it is relatively new. Consequently, it is yet to ensure that EHC plans are always of the highest quality.
- The published local offer contains appropriate information. There are opportunities for parents, professionals and children and young people to give feedback and this has been used to make improvements. Further developments to the local offer are planned.
- The Solihull SEND information, advice and support (SENDIAS) service is well used and highly regarded by parents. It is proactive in engaging with families to support them. Representatives meet regularly with professionals from the local area to feed back themes of requests and concerns.
- Long-standing arrangements to support joint commissioning, including the use of pooled budgets, are leading to positive changes within services. Although the local area was late in implementing some of the reforms, there is renewed commitment, enthusiasm and progress following the recruitment to key posts. Commissioners are challenging but understanding, committed and fair.
- Mental health services have been commissioned to reflect local and national priorities. Good progress is being made so that children and young people are able to access a more timely and flexible service that meets their needs.
- Review health assessments for children looked after by the local authority are comprehensive and child centred. Good information sharing between agencies is leading to well-informed, holistic health assessment and planning. The looked

after team for children's health have made significant improvements in the way they engage and communicate with young people who have special educational needs and/or disabilities. Joint visits regularly take place with the learning disability nurses to provide specialist input. Professionals write individualised letters in easy to understand language that help to engage children and young people in their healthcare.

- Children and young people with a GP in Solihull can access effective physiotherapy and health-focused speech and language therapy in a timely manner. This offer is extended to those children who are educated in Solihull and have a health need for speech and language therapy support.
- Children and young people discharged from the physiotherapy service benefit from being able to access telephone advice. This helps to allay anxiety and provides an opportunity to identify need for further intervention.
- The multi-disciplinary complex medical disorder team provide a specialist and co-ordinated service to a small number of children between birth and five years of age with complex health needs. The team work with families in their home or in settings and offer group work for children and families. This flexible and inclusive approach provides effective practical and emotional support to these potentially vulnerable children and their families.
- Children and young people needing a specialist assessment for an ASD and pathological demand avoidance (PDA) benefit from a comprehensive and thorough assessment that is compliant with the National Institute for Health and Care Excellence (NICE) guidance. Detailed final assessment reports provide clear information for parents, carers and other professionals on which to base their support and interventions. Families are able to access a good range of post diagnostic support, including input from the specialist inclusion support service (SISS) and attendance at targeted workshops.
- Planning for pupils' transition into post-16 provision starts in Year 9. There is a 16 plus transition panel, comprised of education and care professionals, which aids this process. Some parents value the help that they have been given with understanding transition, particularly by staff in schools.
- A transition pathway is in place for children with complex health needs. The 'Ready Steady Go' programme, with good support from the children's community nurse, is an excellent example of how a young person can be supported to lead their own transition arrangements.

Areas for development

- The quality of education, health and care plans is inconsistent. Too many contain little information about young people's health and care needs. A process to ensure that health and care professionals confirm that plans contain suitable information about health and care is not yet established. Health practitioners are not routinely asked for health advice and, when they do provide this, they are

not asked to comment on a draft plan nor copied into the final plan. Separate health plans are in place, though often there is no synergy between the EHC plan and the health plan.

- An inefficient information management system and a high turnover of staff contributed to the variability of EHC plans in the past. The lack of educational psychologists, in particular, contributed to delays in completion and the inconsistencies in the quality of the plans.
- Staff from Birmingham and Solihull mental health service (Solar) do not carefully check the advice given within the EHC planning process. As a result, some reports by practitioners lack clear outcomes and do not usefully inform EHC plans.
- Some pupils experience delays in being provided with specialist equipment by schools. The lack of clear guidance and a cohesive strategy across Solihull means that obtaining equipment and, in some cases, transferring equipment across educational settings is reliant on specific people, individual school policies and goodwill.
- Professionals in Solihull identify insufficient special school places as an area for development. Early plans to address this are in place but parents have not been involved in this process. School leaders, parents and governors are concerned about a lack of local specialist provision in Solihull.
- Parents are particularly concerned about a lack of local provision to meet the needs of the most able pupils who have an ASD. The local area has conducted an autism needs assessment that has led to a strategy and a delivery plan. However, the impact of this has not addressed parental concerns.
- Delays in obtaining an appointment with staff within the SISS to plan how to meet the needs of a pupil with an ASD compounds parental concerns about provision in the local area.
- Staff in Solihull have developed a wide-ranging early help offer, but parents of children who have special educational needs and/or disabilities told inspectors that they are unclear about what is available to them and how to access it. Parents are also concerned that the service is not focusing on key issues, that responses are not timely and that the threshold to access support is too high. Leaders have rightly identified that staff need further training and that the early help offer needs to develop. In addition, leaders correctly say that communication with the 0 to 25 SEND team needs to improve so that a more efficient way of collecting and analysing information can be developed. This will help to ensure that their team is providing a good-quality service to meet the needs of children and young people and their families in Solihull.
- The short-breaks offer does not meet the needs of families of children and young people who have special educational needs and/or disabilities. Too many families are unaware of what is available or they are unable to access short breaks because of limited choice and availability.
- Solihull's approach to key working through families choosing a trusted

professional is not well understood or embedded. Parents told inspectors that they are often the coordinator of their child's care.

- Solar has recently reintroduced practitioner support into the specialist assessment service for autism. However, care pathways between the two services are not yet agreed. This means that some children who need to access both services as part of the diagnostic pathway may experience additional delay.
- Too many young people who have special educational needs and/or disabilities are not benefiting from the GP-led annual health check when they reach the age of 14. This means that additional health needs are not identified and an opportunity to support transition into adult health services is missed.
- Recent commissioning decisions mean that only children who have a health condition requiring speech and language therapy are supported through the Heart of England Foundation Trust speech and language therapy service. The local area has not yet identified and commissioned a speech and language therapy service to meet the needs of other children and young people in Solihull. The speech, language and communication needs group are developing a cohesive strategy.
- Too many children are waiting for assessment by an occupational therapist. Over a hundred children are waiting up to seven months for an appointment. The situation is being closely monitored by commissioners and service leaders and a recovery plan is in place to ensure that waiting times meet national guidance.
- Despite additional investment from commissioners, the specialist assessment service for autism has very recently seen an increase in its waiting times from 18 weeks to 26 weeks. This is due to unplanned staffing shortages and an increase in the number of referrals received.
- Transition processes from children's health into adult health services are underdeveloped. Families told inspectors that their child turning 18 is still a 'cliff edge' in both health and education.

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

Strengths

- Academic outcomes for children and young people who have special educational needs and/or disabilities are improving. The gap between the attainment of pupils who have special educational needs and/or disabilities in Solihull and all pupils nationally is smaller than average.
- The proportion of children who reach a good level of development in early years settings and the proportion who attain the expected standards in reading, writing and mathematics by the end of key stage 1 are increasing. Outcomes in phonics are also strong for pupils who have special educational needs and/or disabilities in Solihull.

- The attainment gap at key stage 4 between pupils who have special educational needs and/or disabilities in Solihull and all pupils nationally is smaller than the average for all local areas. Academic outcomes at key stage 5 are also a relative strength.
- A larger proportion of young people who have special educational needs and/or disabilities, aged 16 to 24, move onto educational destinations or find employment than nationally. Consequently, participation rates are higher than the national average and the proportion of young people who are not in education, employment or training is lower than the national average. The proportion of adults with learning disabilities in paid employment increased in 2017.

Areas for development

- Pupils who have special educational needs and/or disabilities make slower progress by the end of key stage 2 and 4 than all pupils nationally and other pupils in Solihull.
- Although there is evidence of improvement, levels of absence, persistent absence and exclusions are too high for pupils who have special educational needs and/or disabilities in the local area. Mainstream school settings exclude too many pupils who have special educational needs and/or disabilities.
- Too many pupils who have special educational needs and/or disabilities do not attend school on a full-time basis. Leaders within the local area have plans to address this but, as they are very new, they are yet to have an impact.
- Outcomes are not thoroughly analysed in Solihull in order to inform improvement. This is starting to happen but systems to assess the impact of actions are not cohesive or fully developed.
- Public health nurses are not using robust outcome measures to record progress in most families they are working with. There is an over-reliance on recording activities rather than assessing their impact.
- The arrangements for the designated medical officer (DMO) role have not provided assurance to the Solihull clinical commissioning group (CCG) on the operational impact of the reforms.

Yours sincerely

Simon Mosley

Her Majesty's Inspector

Ofsted	Care Quality Commission
Lorna Fitzjohn HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Simon Mosley HMI Lead Inspector	Sue Knight CQC Inspector
Rosemary Henn-Macrae Ofsted Inspector	Lea Pickerill CQC Quality Assurance

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