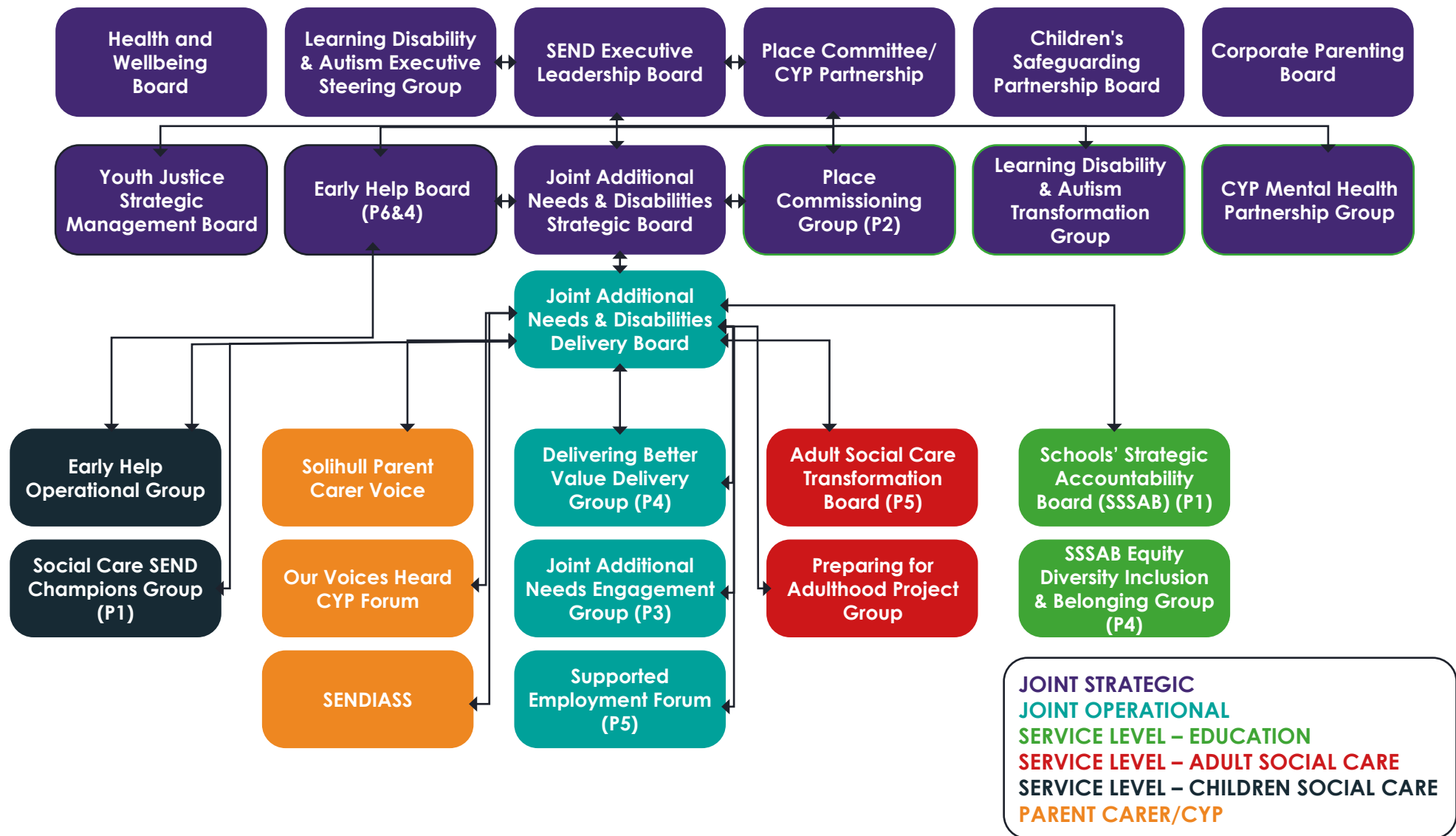


Solihull Local Area Special Educational Needs and Disabilities (SEND) & Alternative Provision (AP) Self Evaluation Framework: 2025/26



Joint Additional Needs & Disability Governance

Golden Thread Voice & Experience of Children, Young People (CYP) & Parents



Approved in April 2025. Next review:
April 2026 via JAND Strategic Board

Welcome

Our Additional Needs Strategy

In Solihull we believe that every child and young person matters and matters equally. We know that many children and young people with special educational needs and/or disabilities (SEND) or additional needs may need more support in their life. We have therefore worked with them, their parent carers, and those who support them to write our **Additional Needs Strategy** which was launched in January 2022. The Additional Needs Strategy underpins all our strategic work; so our aim has been to work with children, young people and parent carers to write this strategy in a different way. A way which is more user friendly for anyone to read and written directly to the children and young people whose lives we are working to improve. Always holding them at the heart of all we do.

About This Report

The regular and embedded practice of updating this self-evaluation document supports reflection of areas for development. Partners actively learn from other areas and there is a willingness to be challenged (particularly through feedback from Solihull Parent Carer Voice and Our Voices Heard), to listen, respond and adapt.

Our SEND Executive Leadership Board and ICB Place Committee provide senior leadership across the LA, ICB and other key partners. As ICS cluster arrangements are implemented across Birmingham, the Black Country and Solihull, we continue to review our joint governance and commissioning arrangements across the partnership. There is embedded practice of reviewing our activity based upon regular feedback and ensuring our plans reflect the wants and needs of our children and young people and their families. Our Joint Strategic Needs Assessment (**Strategic Activity**), SEN2 annual education reports and quarterly SEND key improvement measure provide data to support continuous improvement.



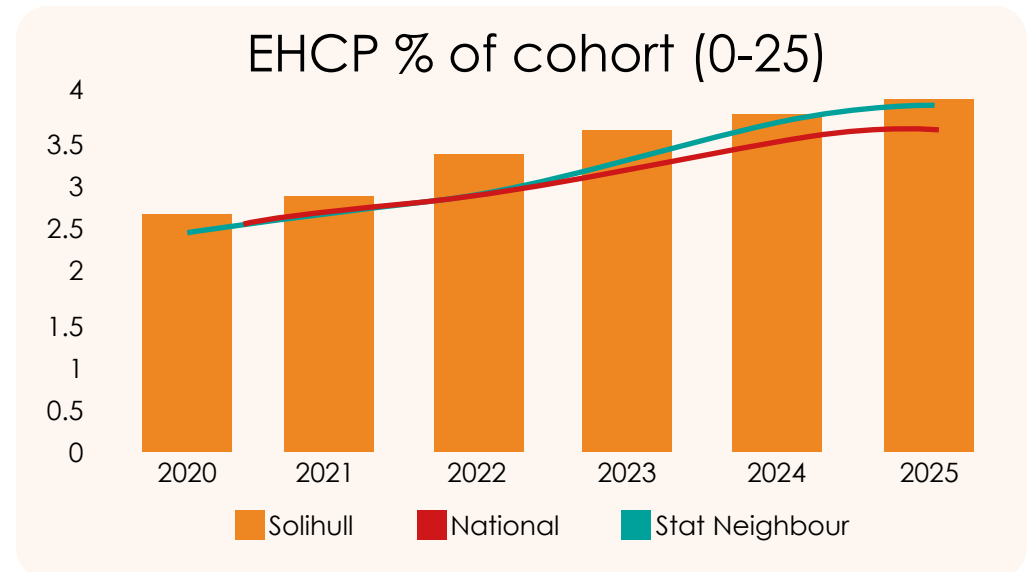
Summary- Data Overview



Our Data – January 2025

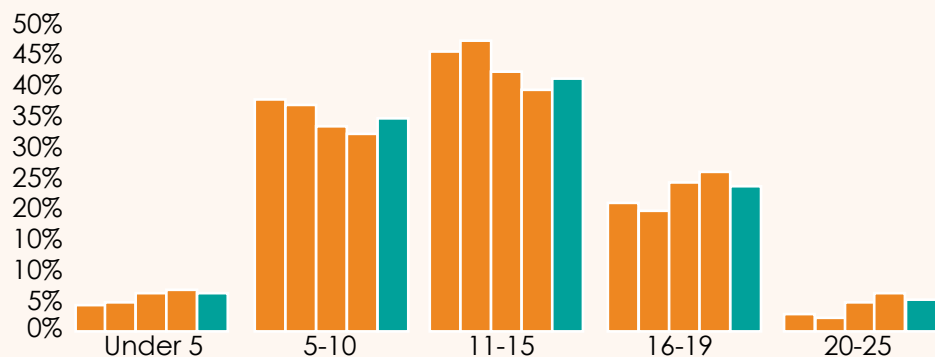
- 3.92% of children and young people (0-25) with an EHCP maintained by Solihull
- 38.2% of school-aged pupils with an EHCP maintained by Solihull attend a maintained special school and 36.9% attend a mainstream school
- Within the Solihull school population, there are 4.5% of children with EHCPs and 15.0% with SEN Support
- 8% of people receiving adult social care support for a learning disability are in paid employment and 84.5% have received an annual review of their care and support needs

	Number in cohort	SEND Support	EHCP
Children who are looked after	471	29.1%	21.9%
Children on child protection	143	22.4%	10.5%
Children in need	835	21.6%	12.5%

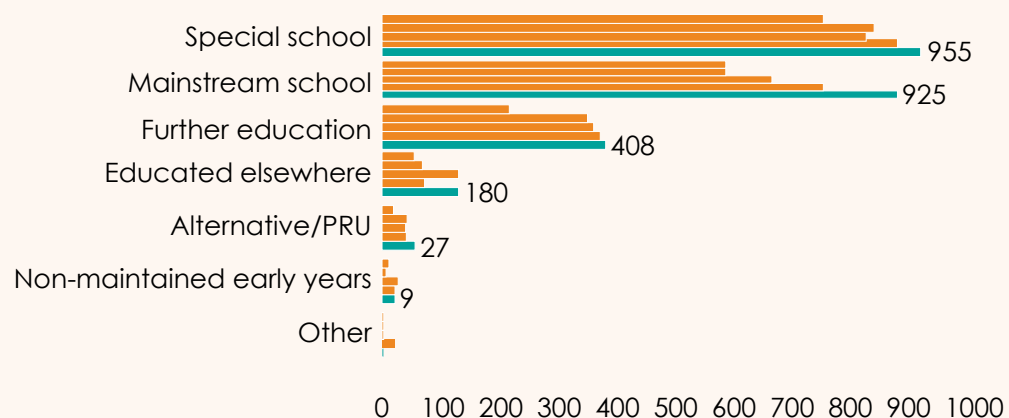


Summary- Data Overview

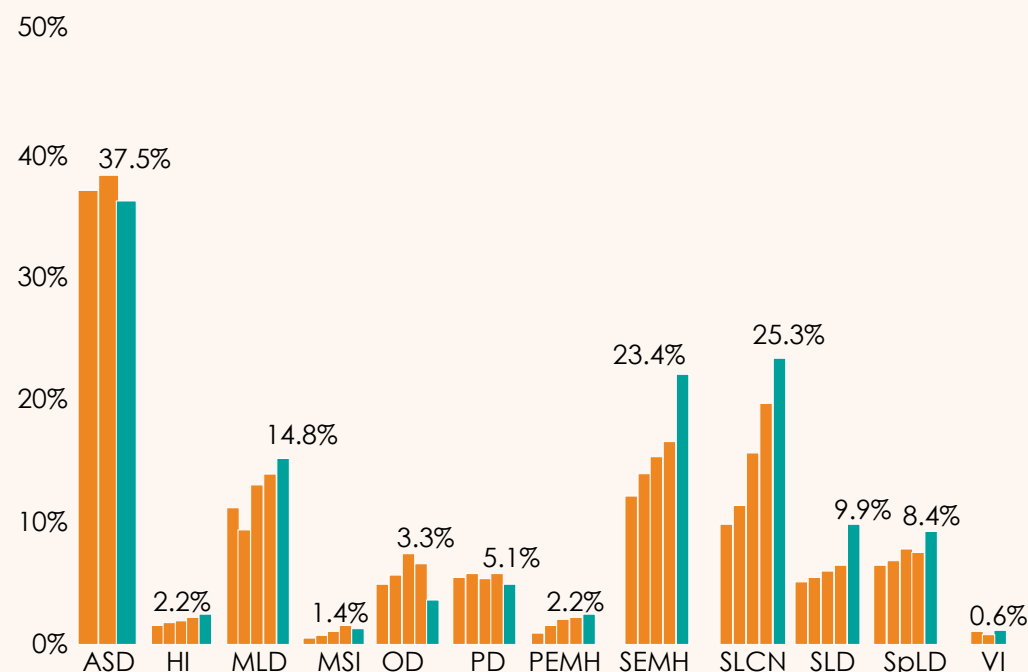
EHCP % 2020 - 2025



Where children with EHCPs are educated 2020-2025

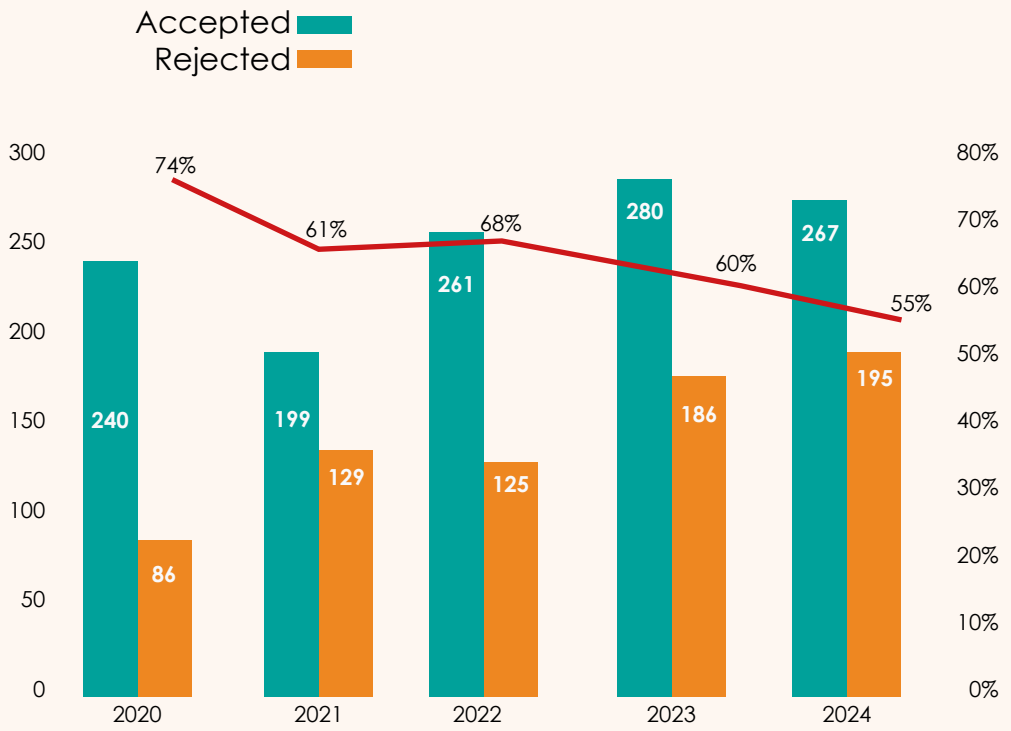


Primary needs types 2020 - 2025

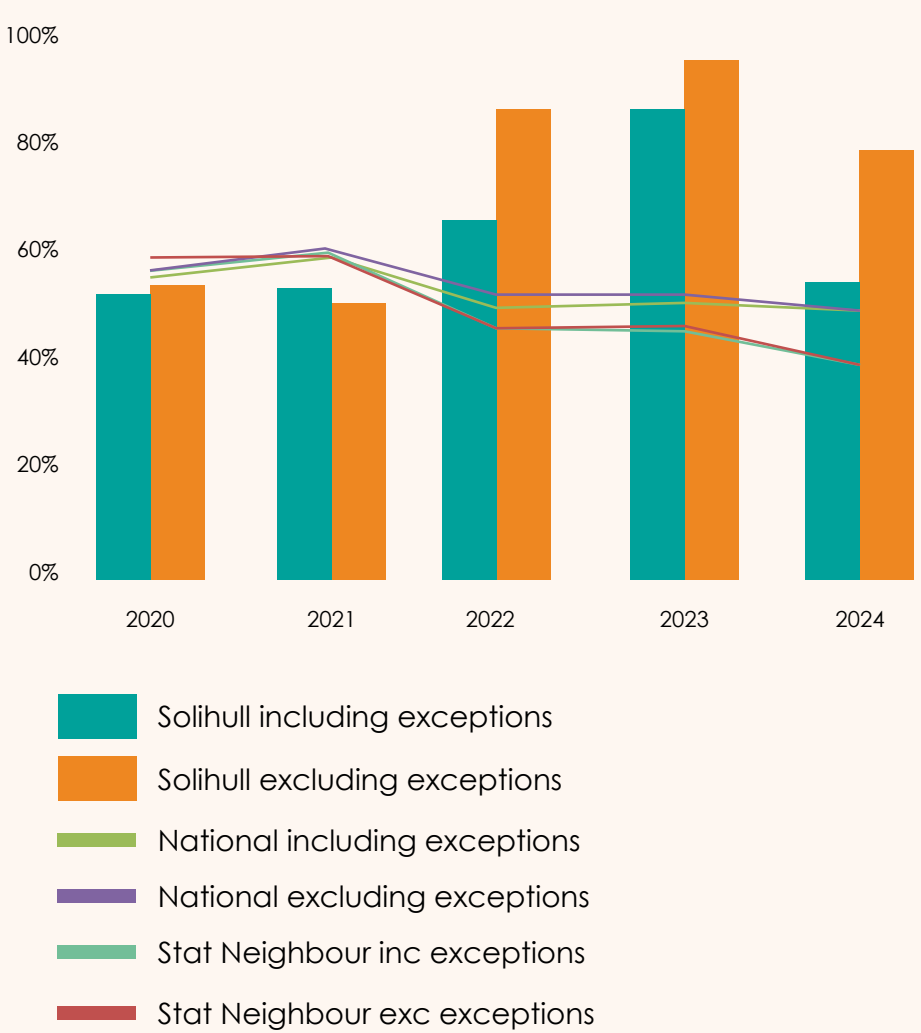


ASD - Autistic Spectrum Disorder | HI - Hearing Impairment |
 MLD - Moderate Learning Difficulty | MSI - Multi Sensory Impairment |
 OD - Other Difficulty | PD - Physical Difficulty |
 PMLD - Profound and Multiple Learning Difficulty |
 SEMH - Social, Emotional and Mental Health |
 SLCN - Speech, Language and Communication Needs |
 SLD - Severe Learning Difficulty | SpLD - Specific Learning
 Difficulty | VI - Vision Impairment

EHCP Requests



EHCP issued within 20 weeks



Our Children (compared to 2024 national data sets)

If you live in Solihull you are:

SEND SUPPORT COHORT

- **More** likely to receive SEND support
- **More** likely at Key Stage 2 to reach expected standard or higher in reading, writing and maths

SEND SUPPORT AND EHCP COHORT

- **More** likely to have autism
- **More** likely to have a specific diagnosis than moderate learning disability
- **Less** likely to achieve a good level of development in EYFS
- **More** likely to achieve a higher attainment 8 score
- **More** likely to achieve grade 9-4 in English and maths
- **More** likely to achieve level 2 or 3 qualification by 19 years old
- **More** likely to be in education or training at 16/17 years old
- **More** likely to be persistent or severely absent from school
- **More** likely to be excluded

EHCP COHORT

- **More** likely to have an EHCP, but less likely at school age
- **Less** likely to be looked after or a child in need
- **More** likely to have an EHCP in 20 weeks
- **More** likely to have an EHC assessment refused
- **More** likely to go to a tribunal
- **More** likely to be in a special school or an alternative provision
- **More** likely to be suspended in primary school but less likely at secondary



One of our fabulous young people talking about what he gains from being a part of Our Voices Heard, and why he thinks more children and young people should join | Facebook

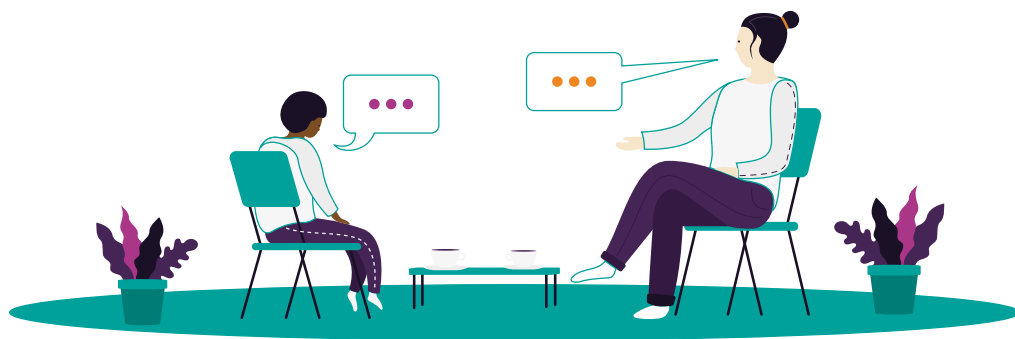
Summary

Governance

There is strong leadership across the Local Authority (LA), Integrated Care Board (ICB), NHS Trusts and other partners supporting aspirational ambitions for our children and young people with SEND and additional needs.

There is strategic agreement of borough-based partnership priorities for children and young people's health and well-being, developing robust joint governance processes and strategic involvement; including leadership from headteachers across several key priority areas.

There have been significant improvements in our SEND services over the past few years, but we acknowledge it takes longer than this for all families to experience positive change and that during this time the SEND system has become even more challenged. Solihull children's services are also on an ambitious improvement journey to achieve the best possible outcomes for all children, young people and families.



Our Additional Needs Strategy 2022-2025 recognises all Children and Young People have the right to have a say in the things that might affect them.



NHS
Birmingham and Solihull

**OUR VOICES
HEARD**

solar
Brightening
young futures

**Solihull Parent
Carer Voice**

**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Solihull
METROPOLITAN
BOROUGH COUNCIL



Recent Achievements

Some of our recent achievements towards our Additional Needs Strategic priorities:

- Strong partnership working with strategic plans in place, some being led by headteachers, and close monitoring of progress and outcomes.
- Active engagement with children and young people – including co-producing information for young people on neurodiversity and **podcasts** and celebrating the achievements of those with SEND and those who support them at our **SEND Awards**.
- Accurate identification and timely assessment of needs through sustained timeliness and quality of newly issued and amended EHCPs.
- Children being prepared for their next steps with strong joined up practice in the Early Years, further strengthened by stay and play activity in Family Hubs.
- Further strengthening transition support through increased capacity to work with young people and their families to improve their preparedness for adulthood.
- Young people successfully moving into adulthood with supported internships now at 14 placements for September 2025; rising from 6 in 2024.
- EHCP and SEND termly drop-in sessions for parents; attended by a wide range of services and parents.



- Children with SEND achieving strong academic outcomes to support their next steps.
- The first year of joint commissioning between Birmingham and Solihull ICB and Solihull Metropolitan Borough Council has seen important progress in building relationships and establishing a shared approach to delivering children's health services.
- Following the launch of our Early Help service, we are confident that, when a child's or family's needs are identified, they receive appropriate support. We introduced a dedicated Family Helpline to provide swift assistance and help redirect enquiries away from MASH. Our family hubs are well utilised and host support drop-in sessions, enabling us to provide immediate assistance and guidance to families when they need it most.
- MASH enquiries are comprehensive and timely with a 24-hour timeframe for partners to complete lateral checks, supporting prompt decision-making and preventing unnecessary delays.
- Each school is linked to a dedicated Early Help Coordinator based within a Family Hub, providing tailored support and expert guidance in completing Early Help Assessments and facilitating access to early help services.
- High levels of school engagement with training, support/ learning opportunities and way forward meetings to continue to improve inclusiveness.
- Strengthened commissioning oversight of alternative provision and enhanced focus on those children struggling to attend school.



Challenges

- Significant structural changes taking place across our system, delivering transformation at pace including children's improvement journey
- The high needs budget financial position; which reached a cumulative deficit of over £39million in March 2025
- Schools experiencing growing expectations of parents at a time when they are struggling more with teaching and support staff retention and stability
- The ongoing pressure on health waiting lists for assessment, diagnosis and treatment; especially for neurodiverse conditions and mental health support
- The reported level of inconsistency in the SEND offer across schools within the borough by parent carers
- The level of requests for EHC needs assessments which are turned down as they do not meet the two-part legal test
- The increasing demand for EHCPs and specialist provision, which means that some children are having to remain in their mainstream school whilst a special school place is found for them
- The previous constraints on our IT platform which has limited the child-friendly developments we have been able to make to the local offer
- The proportion of children and young people who are active participants in their EHCP reviews to inform their support and help them advocate for themselves in future
- We are entering into a transitional period whilst Birmingham & Solihull Mental Health Foundation Trust (BSMHFT) develop a transformation plan to respond to aspirations outlined within the mental health transformation strategy
- The increasing number of children and young people who are reporting to feel unable to attend an education setting due to mental health and trauma
- The limited post 16 offer for children with complex needs within borough as the size of this cohort begins to grow

Co-Production

Co-production is important to the partnership but more needs to be done to bring this into the heart of our practice so that children, young people and their families fully participate in decision-making about their collective and individual plans and support. Co-creating our ambition for their lives.

Our Let's Talk SEND, SEND Celebration and Our Voices Heard events provide a range of opportunities meet with children and young people to understand what their lives are like and what changes they want to see.

Children and Young People

Through Solihull Parent Carer Voice, Our Voices Heard (OVH) is a youth participation programme where children and young people are supported to use their voice and experience to change and design services whilst making friends and having fun. They also work with schools to gain a broader range of views.



Parent Carers

Solihull Parent Carer Voice (SPCV) are a key partner in the Local Area Partnership and their network has been growing at pace. They also ran a key project, funded through the Delivering Better Value grant, to facilitate support groups in local schools across Solihull – building relationships and facilitating discussions between school staff and parent carers. This is now a traded offer with schools.



Our annual SEND Community Event is an opportunity to talk together about what has changed for children and young people with SEND in Solihull and their families. Looking at what is going well, what isn't working and what are the priorities for change and improvement moving forward.



Co-Production (new)

Continuous improvements

- It has been identified that co-production is not as fully embedded in all areas as presumed, which means that the experience of co-production can be inconsistent for parent carers and children and young people. This is because in some areas good co-production has relied upon individual relationships rather than embedded systems and practice.
- Our Let's Talk SEND events are becoming increasingly more successful, and a greater number of partners are involved in their co-production. Children, young people and their families particularly enjoyed the celebration event in December 2024 and there is good involvement in planning for the 2025 event.
- Children and young people are telling us that they are not always asked to input into decisions that affect them.
- We have noted that 'survey fatigue' in parent carers has begun to reduce the feedback provided to the partnership over this past year. We recognise we need to find alternative ways to address this to ensure voices are heard.
- We are revisiting the co-production of our Partnership Agreement to help us monitor the effectiveness of co-production practice across the system, rather than just the impact of the work undertaken. Children and young people have asked us to rename this to "Working together to achieve together".
- University Hospital Birmingham (UHB) are working with SPCV to develop workforce training on co-production.
- SPCV are an active member of the children and young people's mental health transformation programme.
- We have begun a focus on children and young people attending their EHCP annual reviews, working with schools and parents to remove potential barriers, so they can understand and influence how they are supported.
- We are seeking the experiences of individual parents and young people through our audit process so professionals can reflect on their first-hand experience when evaluating practice.
- We have reduced the number of surveys to help parents. Strategic partnership questions were included in the annual survey produced by SPCV and have been feedback to system leaders in September 2025.

Co-Production Examples

Co-Production and engagement are increasingly 'business as usual'

We have held three further Let's Talk SEND events. In December 2024 we celebrated the achievements and qualities of our children and young people at our SEND awards. In January and July 2025 children and young people asked for a focus on mental health and were given information and guidance on how to look after themselves and others. They have taken this back into school and shared with their peers.

Adult Social Care Directorate - A number of documents have been co-produced using feedback from focus groups including a Preparing for Adulthood referral letter, refreshed vision statement and leaflet. In addition, using feedback from SPCV and OVH, we refreshed and updated the **Preparing for Adulthood web pages** that sit on the Council website. As part of this, a 'bitesize' video animation was also produced.

The children's commissioning team work closely with SPCV throughout the whole commissioning cycle to ensure a truly co-designed approach to the development and delivery of services. Co-producing services has ensured they are designed in a way that meets the needs of children, young people and families. Most recently SPCV have been a key partner in the targeted short breaks review and re-design of SEND Mediation and SENDIAS.

SPCV are a key partner in the work to redesign diagnostic pathways for autism and ADHD. SPCV sit on both the ICS system-wide oversight group and the local Solihull Design Group. Our work has been informed by views expressed through a SPCV survey and we are working with SPCV to plan co-production activities to support the work going forward. They have also worked with the Mental Health Provider Collaborative on supporting and reviewing communications.

An independent review of Birmingham Heartlands Hospital children's Outpatient Department was carried out by Solihull 'Our Voices Heard' – a young person's forum for those with special educational needs and disabilities. There was some immediate verbal feedback to the area and a formal report. An action plan is in place and being monitored with updates into system meetings.

The Employment and Skills Team have strengthened links and process across Adults Services and Children's services, to achieve better outcomes for young people. An example is jointly funded posts, working across directorates where there are shared responsibilities for young people. Young people directly benefit by receiving faster access to appropriate support.

How we know ourselves

Surveys and feedback

The EHCP team issue a parental survey with each finalised EHCP. From January 2025 to June 2025 the 81 surveys returned indicated that 96.4% received a response from the EHCP team within five working days and 95.2% of respondents reported they were kept updated through the annual review process. For new assessment requests, 100% stated they felt listened to during the process; 94.7% stated they were kept updated throughout the process and 100% reported they felt either very satisfied or satisfied with their experience of the whole process.

We are aware that this is different feedback from that given by parents in the recent SPCV survey and in light of the concerns raised in that survey a communication improvement plan has been jointly developed to unpick these apparent inconsistencies. The EHCP service will continue to flag the parental survey link to ensure good parent representation.

SISS hold an annual survey for schools and parent carers to seek feedback which is used to plan any changes to the offer for each new academic year. The results are published on the local offer to keep stakeholders informed.

SPCV hold an annual SEND Community Event where parents and professionals come together to share experiences and discuss areas for improvement. They also run an annual survey where they gather feedback from a range of parent carers on their SEND experiences and present these to the Council's Children's Services Education and Skills Scrutiny Committee for oversight and through the Joint Additional Needs governance structure - so the feedback informs future transformation plans.

Our Voices heard produce a termly report for the partnership on the feedback they have been receiving through their work with children and young people so this can inform plans. In addition, professionals hear feedback directly from children and young people through our Let's Talk SEND events (which are planned according to their feedback).

Outcome measures

We work with MIME to regularly analyse SEN2 and education data at a borough-wide and school level to help us understand our SEND cohort and their outcomes and this is shared across the partnership. The regular monitoring of current data through our Key Improvement Measures reported through our leadership and JAND governance structure enables leaders to assess how services are meeting the needs of children and young people; in addition to progress reporting on the improvement journey.

There are a number of quality assurance steps for EHCP content. The DCO oversees the quality assurance audits carried out by UHB on health advice submitted and EPs have their advice evaluated by a senior EP. In relation to all EHCP content, monthly QA meetings are attended by multi-agency professionals to assess EHCPs against a quality assurance framework. EHCPs are graded, content changed if needed, and the grades feed into staff performance reviews. In the first and second quarters of 2025, 74% and 79% of EHCPs were graded good or higher respectively.

How we know ourselves (multi-agency audits – MAA)

1. What Our MAA Process told us ...

Parents wanted:

To have better explanations when their request for an EHCP was refused or the LA did not agree with either the parent or school staff that a school could not meet a child's needs.

They also wanted to know why the LA felt that current provision could meet need and what the outcomes were of reasonable adjustment meetings held between the LA and schools.

What's happened since ...

EPAS now offer way forward meetings with parents and schools if a request to assess for an EHCP is refused. Systems have changed in the EHCP team to ensure that the parent is contacted by their allocated officer to explain the outcomes of reasonable adjustment meetings held with schools; or why the LA feels that a school can better meet needs.

What still needs to happen ...

Senior officers are carrying out spot checks on a monthly basis to ensure that this is happening. A feedback loop still needs to be put in place to assess the impact of these changes.

2. What Our MAA Process told us ...

To enable us to better focus support in the right places for the right children, we needed more robust processes and capacity to deal with monitoring students who are enrolled in school but not attending regularly.

What's happened since ...

There were already systems in place, but these have been extended to utilise Family Hubs to connect with parents and join up early help arrangements. There has been greater use of data so EPAS could concentrate their efforts over the summer term on children and young people whose attendance is 85-95%. New processes have been introduced to utilise existing data sources to better identify and track those on part-time timetables.

What still needs to happen ...

We will track the impact of these new systems using DfE and internal data.

3. What Our MAA Process told us ...

We needed to put a system in place for young adults with an EHCP, aged 18+ who become NEET. It was felt that we needed to identify and offer multi-agency support to those young people who had made the decision not to return to education and were therefore at risk of having their EHCP ceased.

What's happened since ...

Additional tracking is now in place with two additional communication points with parents and young people in the Autumn term.

What still needs to happen ...

There are now systems for better communication between the EHCP team and the Education and Skills team about these young people to support them into further training or into work; but Post 16 tracking systems will be reviewed during 2025/26.

Our Evaluation Framework

Our evaluation highlights areas that are working well and key areas of development. We also use case studies to highlight impact from across our community. The content of this SEF evaluates our progress against the following descriptors.....

1. Leaders create an environment in which effective practice and multi-agency working can flourish
2. Children and young people's needs are identified accurately and assessed in a timely and effective way
3. Children and young people receive the right help at the right time
4. Children and young people are well prepared for their next steps, and achieve strong outcomes
5. Children and young people are valued, visible and included in their communities
6. Alternative Provision



Leaders create an environment in which effective practice and multi-agency working can flourish

1

Key areas that are working well

We have an established local partnership that develops and delivers services for children and young people with SEND to support them through their childhood and prepare them for their adult lives. Our SEND Executive Leadership Board includes representatives from Solihull Parent Carer Voice, headteachers, and partners. It is chaired by the CEO of Solihull Council alongside the Leader of the Council/ Cabinet Portfolio holder. There are strong strategic and delivery boards within this governance chain to ensure multi-agency work can flourish, information can be easily shared across the partnership and service improvements can be delivered. The key messages from each monthly JAND Delivery Group meeting are identified by SPCV and SENDIAS representatives and then shared with all stakeholders through the **SEND Newsletter**. The sustainability of outcomes and improvements includes financial and service planning and modelling which is monitored by the Council's DSG oversight group.

The EHCP process is well supported by cross agency working. The decision-making panel is attended by social care, health, a variety of education services and is observed by Solihull Parent Carer Voice. This means that every draft plan is seen by social care and health representatives before they are issued and can be amended if needed and that all decisions are made collaboratively.

We have placed significant focus on developing our offer for children and young people with SEND needs below the threshold for an Education, Health and Care Plan. Utilising the **Delivering Better Value Programme**, we have delivered whole system approaches for speech language and communication needs and attachment and trauma. The success of the nurture approach in our Refresh intervention provision has led us to roll out nurture training to over 50 schools in Solihull. This means that children who are struggling are more able to be supported in their home school rather than move to an intervention setting; improving their sense of belonging. We have therefore moved the specialist staffing capacity at the Refresh centre to our outreach team to support within schools and enhance their own offer and will be developing an offer through The Canopy to support schools in enhancing

Our Family Hubs (Kingshurst, Elmwood, Hatchford Brook, and Riverside) enable effective multi-agency practice. They promote partnerships with schools, SENCOs and SEND services across the 0-25 age range and offer multiple opportunities to identify need and provide an integrated response across that age span. **This is alongside health and community integrated models of care (Connected Care Network which means that services can be better joined up so children and families should only need to tell their story once.**

The **Local Offer** has been prioritised by the partnership this year, with co-produced improvements to the content on EHCPs, early years and health. Data shows us that visits to the Local Offer pages are increasing over time and we continue to collect feedback. Everyone having the same understanding of SEND and a consistent approach and language across education, health and social care is key.

We have been working closely with some of our young people to create podcasts about neurodiversity (**local offer**) and have begun to develop our local offer content to include these and helpful tips/resources suggested by those young people to support others.

Health services support whilst waiting for assessment resources are also now available on the local offer.

Our well-established cycle of **multi-agency SEND audits** brings together all professionals working with an individual child or young person to understand their (and their families) experience and reflect on areas of good practice and opportunities for improvement. Immediate actions for the child or young person are agreed if required and thematic learning is shared with the wider partnership for discussion and action through the existing governance channels; with closing the loop activity in place and general outcomes shared as part of our 'You Said, We Did' approach.

Through Year 3 of the **Autism in Schools Project**, Solihull Parent Carer Voice and specialist teachers have worked with the pupils of two secondary schools and one secondary alternative provision on "understanding my autism profile and sharing information with staff to support me better". Year 4 will roll this new resource out to Autism Champions in schools co-producing across SPCV and Birmingham teams. SPCV have also set up parent engagement groups within these schools so the work reflects the views of the whole school community.

The partnership has recently completed a **learning disability and autism needs assessment**, which includes children and young people and SEND to inform future commissioning.

A new specification has been completed for Children and Adolescent Mental Health Services, alongside new reporting requirements to ensure SEND is fully embedded into operational practice and reporting, with an increased focus on addressing and improving health inequalities.



Our **Children's Social Care services** are on an ambitious improvement journey to achieve the best possible outcomes for all children, young people and families. Solihull's Ambitious for Children programme provides an effective infrastructure for improvement through a coherent framework for planning and delivery, including the development and embedding of our Social Care Plan for Children and Families.

Our progress has been significantly strengthened by the steadfast support of Council leadership. Their guidance has secured valuable protection from the pressures of necessary savings, upheld a clear and ambitious vision to transform the lives and services for local children, young people, and families, and maintained a well-informed approach that holds the DCS and their leadership team accountable for the quality of practice. Our progress in practice has been acknowledged not only during Ofsted Monitoring Visits, but also through evaluation by external partners, including Birmingham Children's Trust and the Local Government Association (LGA).

This includes our children with disabilities team, who have a bespoke improvement plan and have received positive feedback in recent monitoring visits. Social workers know their children well and we have various tools to capture their wishes and feelings; including using Mind of My Own. SEND Champions meetings are held regularly to share learning and feedback from OVH and SPCV across services.

We have seen a **successful year one PINs partnership delivery** improving neurodiversity understanding and support within 15 primary schools and are in a strong position to expand this for the second year of the programme. Year 2 provides an embedding offer for each school linked to their key priorities, with 6 Communities of Practice events run until Easter 2026 facilitated by multi-agency professionals and SPCV where schools can share the work they have been doing.

There has been a huge response from new primary schools in the summer term wanting to participate in second cohort. The ICB and Council alongside SPCV and a further 10 schools in Solihull have created a plan to deliver 37.5 hours of bespoke training and consultancy support between September 2025 – April 2026. This will be linked to each schools' self-assessment and establishing parent participation or engagement groups to enable greater understanding of how to better meet the needs and celebrate the strengths of neurodiverse pupils.



Leaders create an environment in which effective practice and multi-agency working can flourish

1

Leaders share performance data to understand strengths and challenges across the local area; but our systems to measure the impact of the partnership on children and young people's experiences and outcomes is underdeveloped. We have begun this journey through our focus on multi-agency audits and learning cycles but need to do more to embed these impact measures into the design of any new plan.

Achieving financial sustainability of the SEND and AP system remains challenging, with increasing high-needs budget deficits despite the success of the delivering better programme and other associated developments. A management plan is in place and school leaders are now being more fully involved in looking for opportunities to provide earlier intervention to mitigate needs, and costs, escalating unnecessarily.

Key areas we are working on

After a period of time where education and children's social care services have been managed separately within the Council (following a recommendation made by the commissioner as a result of Solihull's 2022 ILACs outcome), we have now begun the journey to reintegrate education into children's services to strengthen multi-agency collaboration and improve the flow of information, thereby supporting better educational outcomes for our children.

Work has already begun on rolling out Togetherness (previously **Solihull Approach**) training to education practitioners following its success within children's social care so there is a consistent approach and offer to parents across a coherent children's services and with health colleagues.

Our Strategy for Inclusive Education ends in 2025. We have taken the decision to not renew this limited strategy but take the principles forward into the development of a new Education Strategy (**Scrutiny Board item 6**). This will enable us to fully embed equity, diversity and inclusion across all aspects of the education system to create an environment where settings pre-emptively remove any potential barriers to learning so everyone can belong and succeed in their local school community. We are currently engaging with the education system, children, young people and their families to shape this work and improve consistency of expectations within the borough.

Solihull Family Hubs case study - Building Foundations

Starting point / reason for contact with the hub

A parent with three children (aged 4, 2, and 1) moved into Solihull from another local authority after experiencing domestic abuse. Two of the children are visually impaired. The family had previously been on a child protection plan in their former area and were stepped down to early help prior to moving.

Initially, the family visited Hatchford Brook Family Hub with a Family Support Worker from the previous local authority. The parent explained that she had previously felt judged and blamed by social workers and family support workers for the impact of domestic abuse on her children. As a result, she was reluctant to engage, fearing that she would be “watched” and reported on again. She admitted she only came to Stay & Play at first because she felt she would be judged for not attending.

Support provided and over how long

After attending several Stay & Play sessions, the parent began to see the benefits for her children and herself. She received informal conversational support from the Family Support Service, which helped rebuild her trust and gave her a better understanding of the Early Help process. Although she has not needed to access Early Help support since moving to Solihull, she has said that she now knows where to go and who to speak to if she ever does need help in the future.

Over time, her confidence grew, and she began to attend independently. She has since engaged in a wider range of Hub activities, including the Guide Dogs Group, Early Years Music sessions, and regular use of the sensory room. The family are now also receiving support from SISS (Specialist Inclusion Support Service).

Situation now – what has changed and what is the impact on the children

- The children are thriving in Stay & Play and other Hub activities, with the sensory room providing particular benefit for the visually impaired siblings.
- The parent has grown in confidence and is now positively engaging with services rather than out of obligation.
- The family are better connected to community and specialist support, ensuring the children's additional needs are being met.
- The parent feels reassured that if challenges arise, she knows how to access Early Help and will feel confident doing so.

Any comments from parents, carers and children

The parent shared: "At first, I only came because I thought I'd be judged if I didn't. I felt blamed in the past. But the Family Support Workers here have listened to me, not judged me. I can see how much my children benefit from coming, and I actually want to come now. I feel supported, and I know if I need help in the future, I can ask for it."

How this has linked into Solihull Family Hubs and next steps

This family's journey demonstrates how Family Hubs can rebuild trust for those who have had negative past experiences with professionals. By embedding Family Support within universal services like Stay & Play, parents can engage informally and gradually build confidence. Even without formally accessing Early Help, the parent now understands the process and feels able to use it in the future if required. The next steps will include continuing to support the family's involvement in specialist services such as SISS, and ensuring the parent feels included in decision-making about her children's care and development.

Positive impact on children:

The children now access a variety of stimulating, inclusive activities that meet their developmental and sensory needs. They are building social connections, and their parent feels more confident in advocating for them, creating stronger long-term outcomes.



Right support, right place, right time

Feedback on projects funded by the Delivering Better Value grant funding.

Nurture UK training (feedback from NurtureUK):

"We are impressed with the level of engagement and participation from schools enrolled on the Solihull Nurturing Schools Programme.

"Schools are in a strong position to progress on their journey on the programme and towards applying for the National Nurturing Schools Award. We are pleased with the award submissions so far and the number of schools who have achieved this.

Delegates are highly engaged in session's; many of whom have made connections with each other across the programme to help embed nurturing interventions and support best practice.

"Delegates have reflected well on the strengths of their existing nurture provision, while also identifying a range of areas they would like to enhance as they move into the new academic year.

"Enrolled Solihull schools have made effective use of the two-year Boxall Profile® Online subscription and school leaders are using the tool to inform interventions. "

Outreach support – practice partnerships:

"There has been a wealth of experience and expertise available over TEAMS with ongoing support and advice to resolve any issues or suggest adaptations to our approach. There has been such a positive climate for taking action, having a go and sharing outcomes to improve current SEND practice." (School)

"Working with specialist and current practitioners who are working day to day in a similar environment with high needs pupils was valuable." (School)

"It has given the schools great opportunities to collaborate and discuss the main challenges for SEND that mainstream education is facing. Developing professional relationships and not feeling isolated has been such a benefit". (School)

"Developing a total communication approach has empowered other pupils, both SEND and non-SEND, to engage more with the resources and strategies especially for their emotional regulation." (School)

Trauma informed training:

"Very informative and practical to transfer to school to support children." (School)

"Excellent content, supported by useful video links and references to relevant reading material for us to access in our own time." (School)

"It was very informative. It was good to have the opportunity to refresh my knowledge and also listen to other ideas." (School)

SPCV School Engagement:

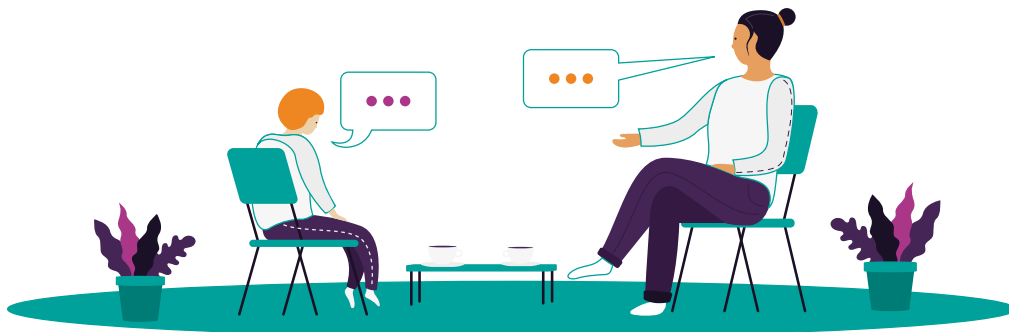
"The session was so supportive and informative. I am really grateful for you hosting and hopeful that we can make a real difference for the parents that attended." (School)

"It has created a safe space for parents on what can be a lonely and frustrating journey." (Parent)

"It was a real success, with parents engaging very well, demonstrating that they felt that they were in a safe space. Parents spoke very positively about having such an opportunity and they have provided some suggestions for areas of focus for future sessions." (School)

"It made me feel a part of something and that I'm not alone." (Parent)

"It also gave me the opportunity to listen to other parents and also the opportunity to learn something new from other parents and their personal experience." (Parent)



Right support, right place, right time

Outcomes

School engagement with DBV projects:

All **83 schools** have taken part in at least one of the projects funded by the DfE DBV grant

- Take-up of places by schools across the DBV projects has been **strong**.
- The **training** offer was the most popular across our schools. The offer covered whole school speech, language, and communications needs training, NurtureUK training, Trauma Informed Training.
- **93%** of schools took part in at least one of the training offers, with **70%** taking up two offers.
- **95%** of primary schools have taken up at least one of the training offers, with **68%** taking up two or more training offers (**31%** took up all three training offers).
- **80%** of secondary schools took up at least one training offer, with **53%** taking up two training offers.
- **All** special schools and alternative provisions have taken up at **least one** of the training offers.

Engagement projects:

- Two of the three engagement projects were limited on the number of places we could fund; but schools **took up all the places** available.
- **60%** of schools engaged with the EDI audit project.
- The SPCV engagement project was **oversubscribed** so was **extended to increase** capacity to 30 schools.

School support projects:

- Four of the five school support projects had limited places; but schools **took up all the places available**.
- Take-up of the SEND visits is currently **41%** and the School Education Improvement Service (SEIS) **continue to complete visits** to schools.

Improvements:

- Earlier identification of SEND needs, ensuring **better-tailored support**.
- Improved emotional regulation for pupils, **reducing behavioural incidents**.
- Increased access to external support, ensuring **timely interventions**.
- Stronger school cultures of inclusion, making pupils **feel more represented and valued**.
- More confident and skilled staff, leading to better **teaching and intervention delivery**

Challenges:

- **Staff shortages and workload pressures** reduce intervention effectiveness.
- **Time constraints and competing priorities** make implementation difficult.
- **Long waiting lists for external services** delay pupil support.
- **Funding limitations** restrict schools' ability to expand programs.
- **Parental engagement varies**, with some schools struggling to maintain momentum.
- **Training gaps and staff turnover** lead to inconsistencies in practice.

Excerpt from Mental Health in Schools Team (MHST) - Case study written by Solar

- A mainstream secondary school has received support from Solar's MHST and initially there was minimal engagement and concerns flagged about how the school and the MHSTs were working together. Work has continued and there has been significant improvement in engagement with MHSTs by working together much more closely.
- The MH lead in the school had multiple roles in the team and had capacity constraints but proactively raised student concerns with the MHST lead. This resulted in sessions with three heads of years where discussions took place on students they were concerned about. By understanding the support available from Solar, we have regular dialogue to address issues early. As a result, there has also been good communication with the SEND team and DSLs and a new mental health lead was allocated to the school to ensure the school could engage with students' mental health needs and the MHST more proactively.
- This has resulted in joint planning for the Whole School Approach for the academic year which gave a good structure and regular support for the school, staff and parents. It resulted in assemblies, staff training and parent sessions during anti-bullying week, which included staff training on self harm.
- Parent engagement was very positive in the Transition to Secondary School Coffee morning and parents shared they felt more relaxed about their child starting secondary school now they'd had the chance to come into the school, meet staff and discuss concerns with other parents. Two evening sessions with parents were delivered to help parents on supporting children with friendship difficulties and cyber bullying, and parents fed back saying they felt better equipped to deal with these situations. The school's Family Support Worker also attended and noted that the ongoing engagement with the MHST team was really helpful in terms of ongoing connections and a regular face to deal with.
- This approach continues to strengthen the relationship between schools, mental health services.



Testimony: EHCP Team Complex Care Officer

Attendance at the DSR register meetings has enabled us to have a good understanding and working relationship with all professionals working with Sean such as Solar and Social Care but most importantly with Sean himself, parents and other external professionals. The LA have agreed for Sean to access Education Other Than in School (EOTIS) in accordance with Section 61 of the Children and Families Act 2014.

Since exiting a school provision, the LA have arranged for Sean to receive education tuition within the home environment, fulfilling our Section 19 duties. This has offered Sean stability and routine which has helped with the risk towards DSR and ultimately a continued access to education.

Through liaison with Sean, his parents (who are best placed to advocate his wants and aspirations on his behalf due to current mental health difficulties) and professionals supporting him from Solar, the LA have also commissioned alternative provisions to build upon his access to an educational programme.

A good understanding of his diagnoses, needs and aspirations has ensured that the educational programme is bespoke to Sean as well as ensuring that it aligns with Section F provision within the EHCP. Sean remains on the DSR register, however fortnightly updates provided in these collaborative meetings ensure that all multi-agency service partners are well informed of the current situation including education, and can react quickly to concerns and information shared to prevent any risk of admittance to Tier 4 hospitalisation.

*Names and courses changed to provide anonymity



Children and young people's needs are identified accurately and assessed in a timely and effective way

2

Key areas that are working well

Training is a key feature of our workforce development at an individual professional level (**AVUK**) and system-wide. Health and Early Years professionals have been involved in large scale training programmes this year. Oliver McGowan mandatory training is now embedded across Solihull health services for professionals.

Seven **Dingley's Promise** modules have been available at no cost to early years providers and 12 providers have so far have been awarded the mark of achievement for their commitment to inclusive practice.

We have developed other areas of training to establish on-going specialist and peer support for practitioners to maximise opportunities for embedding learning and continual development.

Our programme of SEND visits to all schools has identified areas of good practice and school leaders have begun to share these approaches and resources with school colleagues through online events – supporting development in other schools and establishing networks for resources.

Teams from across education, health and social care have been working together to make sure that the initial Education, Health Care Needs assessment is carried out as close to 20 weeks as possible, that they are well written and that when the review takes place, the updates are recorded and any amendments are made as close to 4 weeks as possible. The national SEND data set published in June 2025 saw a decrease nationally in the proportion of assessments carried out on time to 46.4%.

Solihull has been challenged by Educational Psychology capacity in the past 18 months which has also led to a decline in the proportion of assessments carried out on time - but at **80.4%** it still remains much higher than regional and national figures.

An early year's pathway for an Autism Spectrum Disorder assessment identifies pre-school children who are experiencing a significant level of need and support. This offers a consultative approach to assessment and diagnosis at an earlier opportunity which in turn enables the child to access appropriate support and educational placement earlier in their life. SISS work closely with the Early Years Team to support pre-school children with a diagnosis to ensure they have a smooth transition into school with the same professionals working with them and their family.

An All-Age Autism Service provides a reliable and easy point of children with autism and their families given the prevalence of autism in our community.

Notable **joint commissioning** successes include the effective collaboration on panel meetings and contract oversight for Lyndon House overnight short breaks service. Strengthened engagement between commissioning teams, and updated children's therapy service specifications which are now embedded in future contracting arrangements. There is also a growing system-wide understanding of how to better leverage joint commissioning to meet local needs.

Our **Early Help** service is designed to meet children's needs in the right place at the right time, with a focus on prevention and supporting families. We continue to develop our early help system, including our offer for families where a child has SEND.

- We have established a new Early Help Partnership Board, chaired by the DCS, to develop our local early help system.
- Early help strategy and operational delivery plan implemented with partners to ensure a more coherent, coordinated approach to support children and families as their needs first emerge.
- We have introduced a Team Around the School approach. Each school is linked to a dedicated Early Help Coordinator based within a Family Hub, providing tailored support and expert guidance in completing Early Help Assessments and facilitating access to early help services. We introduced a dedicated Family Helpline to provide swift assistance and help redirect enquiries away from MASH and our four family hubs are well utilised and host support drop-in sessions, enabling us to provide immediate assistance and guidance to families when they need it most.
- We have implemented new data capture and assessment forms to support improved oversight of early help performance and quality.



- We have carried out thorough engagement across the partnership with early help roadshows to drive the culture of early help as everyone's responsibility and to build a joint understanding of the impact of early help system.
- Feedback from children, families and schools is showing the impact of changes we have made so far. There are now no families awaiting intervention.
- Our sector-led improvement partner (SLIP) from Warwickshire further developed our early help vision and pathways as well as providing mentoring and coaching for key Solihull staff and working with the voluntary, community and faith sector. They have now become one of our permanent Assistant Directors to continue to drive change.
- Since September 2024, the number of individuals accessing support at the Family Hubs has risen from approximately 2,000 to over 11,000 each quarter. In addition, more than 70 agencies are now delivering Early Help services through the hubs.
- MASH enquiries are comprehensive and timely with a 24-hour timeframe for partners to complete lateral checks, supporting prompt decision-making and preventing unnecessary delays.



'We work together so that children and young people in Solihull are heard and receive help at the earliest opportunity to keep them safe from harm and neglect and have the opportunity to thrive.'

The **Preparing for Adulthood (PfA) Team** continues to drive improvements to internal social care processes and pathways between Children's and Adults Services. This team sits in the Adult Social Care (ASC) Directorate and the developments have strengthened joint working, meaning relevant information is being discussed with young people and their families about preparing for adulthood at an earlier stage. Additionally, referrals are now being received by ASC in a timely manner ie. from age 14.

To support with earlier discussions, a suite of co-produced accessible public facing PfA information has been developed that has been well received by parent carers and young people, alongside a new role of "support worker" who can build relationships and links with young people and their families in preparation for adulthood pathways.

Further work to replicate the success and impact noted between the Children's Disability Team and the Adult Disability PfA Team is progressing, including development of a cross directorate PfA Training event in early 2026. Within ASC, appointment of a new PfA Support Worker has strengthened existing processes and has enabled earlier ASC engagement. In addition, there is now a monthly drop-in session between PfA Team and Children's Services and the PfA Team Manager has recently put together some training resources around Care Act eligibility for practitioners in Children's Services. Robust performance reporting confirms that there have been no "missed" referrals in 2025 with all ASC assessments completed before the young

The **National Healthy Child Programme (HCP)** is a universal evidence-based programme delivered by the Health Visiting Service aimed at supporting parents, listening to and acting on concerns through a series of mandated checks in a child's early life and at any time in between. All key metrics are performing above target thresholds, reflecting strong service delivery and effective early childhood support initiatives (2025/26 quarter 1 data):

- New baby visits: slight dip from 93% to 92% but consistently remains above target.
- Development at age 2: improvement from 86% to 87%, supported by Health Visiting Service.
- Communication at age 2: increased from 91% to 92%, aided by Family Hub initiatives.
- 2–2.5 year checks: up from 86% to 87%, having been consistently above 80% for years.

Good timeliness of these developmental checks leads to more timely interventions, referrals and earlier additional support and is a key plank of our overall partnership Early Help approach, that includes integrated working via Family Hubs, the first 1001 Days and the Start for Life initiatives.

As part of the HCP we commission the Family Nurse Partnership programme. This is a voluntary, intensive, targeted home-visiting programme for first-time vulnerable young mothers and families. The programme aims to improve children's life chances. The family nurse visits the mother regularly from early pregnancy until their child is aged 2 yrs.



Children and young people's needs are identified accurately and assessed in a timely and effective way

2

Key areas we are working on

We have seen high levels of school engagement with training, support and learning opportunities to continue to improve their inclusive practice; especially through our Delivering Better Value programme. However, despite this, and our relaunch of our SEND Graduated Approach and toolkits for schools, we are still seeing too many requests for EHC needs assessments being turned down as children's needs can be met within the school's ordinarily available offer. This is creating unnecessary tension within the whole system. We have introduced Way Forward meetings to bring parents and schools together in these instances to discuss what else can be done to support the child at SEND support – and hope the wider learning of this work will further develop practice and confidence across the school system. We are also updating the EHCP information on the local offer website to make it easier for parents to understand the process.

We are seeing an increase in the number of children who are advising they are unable to attend school for mental health reasons. Health representatives have joined the alternative provision decision making panel to ensure children's needs are understood when making provision. There are plans for a wider piece of work across the partnership to have a tiered response to these challenges.

The EHCP service is continuing to develop robust processes for education other than in school (EOTIS) and providing bespoke educational packages where needed and is working closely with commissioners to explore better ways to procure the child-led focused services.

The partnership has begun to deepen its understanding of the links between SEND and involvement in crime, anti-social behaviour and exploitation and is being progressed through a neurodiversity project group under the Safer Solihull Partnership Board to promote better awareness across community safety agencies and changes in their engagement with young people.

We are going to enhance the availability of overnight short breaks for families of children with disabilities by strengthening our commissioning arrangements, ensuring this vital support are both sufficient and accessible.

Looking ahead, key areas of focus will include embedding of joint commissioning and further clarification of roles and responsibilities, as the system continues to develop and shift. There is a need to embed co-production with parent carers, strengthen governance and programme management arrangements, which will support an improved transparency of reporting and spend, all of which are critical to progress pathway redesign plans effectively and efficiently.

A refreshed joint commissioning strategy will be developed to better align resources around specific population needs. Priority projects will include the redesign of speech and language therapy and neurodevelopmental pathways - two areas with the most significant wait time pressures.

Early Identification and Intervention: early years case study

Parents of Ian expressed their concerns about his development to the health visitor. Using the Ages and Stages Questionnaire (ASQ, the health visitor supported identification of significant developmental delays across all ASQ areas (communication, gross and fine motor, problem solving, personal, social and emotional domains). As a result, an Early Years Team Around the Child (EY TAC referral) was completed, requesting support from the Early Years Team and Speech and Language Therapy.

The Early Years Team Inclusion Support Practitioner (ISP) arranged a series of home visits. During the first few visits, the ISP continued to observe Ian's needs through play-based activities. Following these assessments, a support plan was developed, including suggested strategies tailored to Ian's needs. The ISP modelled these strategies for the parents and supported them in building their confidence to implement them at home.

After eight visits, the ISP reassessed Ian's developmental progress using the team's assessment tools. Encouragingly, Ian had made some progress in communication. He had begun to express a desire to continue enjoyable activities using gestures, indicating early signs of intentional communication. Ian was then invited to attend the Early Years Stay and Play sessions, which are held fortnightly and specifically designed to be SEND-friendly. These sessions are calm, with low numbers of children, providing a supportive environment for children with additional needs. Ian had previously struggled in busier settings, but he enjoyed these sessions.



His mother also benefited from seeing him engage in a group environment and connecting with other parents of children with similar needs. Following this positive experience, Ian's mother felt more confident about exploring nursery options. The ISP supported the family in identifying a suitable local nursery.

Once a place was offered, the ISP liaised with the nursery staff, sharing assessments and the SEND support plan. Together, they discussed the support Ian would need and arranged funding to assist with his transition. When Ian started nursery, the ISP visited him in the setting and provided tailored advice to help staff support his development. She worked closely with the nursery's SENCo to review and update Ian's SEND support plan.

As a result of this early identification and intervention, Ian has demonstrated increased communication, independence and engagement in activities. All those involved with Ian and his parents have worked hard to ensure continuity of approach. The impact being that Ian has the appropriate support he needs and the transition to the early years setting has been successful. Parents, through support from health visitors, the EY ISP and now the setting (who are in turn supported by the EY Area SENCo) have more confidence to respond appropriately to meet his needs. The family have also been made aware of community support in the Family Hub (where our stay and play sessions are held).

*Name changed to provide anonymity

Solihull children in early years are identified early so their needs can be met at the earliest stage in their education. There is 99.6% involvement in early years children with SEN, Reception, Y1 and Y2 accessed early education funding, or involvement with LA support. Only one was not known to us.

There have been 4446 individual Dingley's Promise training courses accessed. This is 609 individuals accessing the 7 courses currently available.

92% of children on the Area SENCo caseload, who were entitled to Early Education Funding, were accessing their full early education entitlement. Helping conclude that Solihull settings are inclusive.

22 settings had funding in 2024/5 to support transitions from home to setting (23 children).

In 2024/25, 119 children had an early years team around the child application with 100 children supported in the home by the early years team.

Case Study: Early Help Support

C was referred to the Family Support Service for the following:

- Parenting work to enable the family to better understand and manage her behaviours, which were exasperated by her diagnosis of ASD
- C was not feeling heard and her school support plans were not being complied with

The team began work with the family and a plan was agreed. The plan was to achieve the following:

- Direct work sessions to be completed, so C felt listened to
- To act as an advocate to support C and her family to feel heard in school planning
- To support a joint work approach including SOLAR involvement

The Family Support Worker was allocated due to the level of skill and knowledge of SEND. The worker supported C and the family with a 'Team Around the Family' approach. With regular meetings and a clear joint plan, there were a lot of positive changes for C and the family.

C struggled with regulating her emotions and the Family Support Worker showed her and her family coping strategies, like breathing exercises and distraction techniques which she implemented.

During our involvement, C agreed to use colour cards to show teachers how she was feeling. The aim of this was to support teachers to be aware of C's emotional state on the day. C chose red, blue & green as her 'advisory colours' and using these, she felt better being in class. C began to report that her voice was being listened to more. She said she had been struggling to get teachers to understand her and due to this, she would either not go into school or would display some really challenging behaviours within school to get sent home.

The change in C meant that teachers changed their response to her and relationships improved significantly. C reported that teachers were helping her now. C also started using the quiet and sensory rooms and was approaching teachers more often when she needed help. One challenge was helping teachers to be consistent, and respond in the same way to C. This was difficult and required work to support those teachers who didn't fully understand C's needs. C's parents had put in place positive strategies for helping C to better regulate her emotions and they reported that these helped. This was shared with school teams.

In addition, we made a referral to Urban Heard (Youth Engagement Specialists) and C joined their youth group and started to engage with similar young people.

The impact on C has been phenomenal. By working together as a team to support C and her family, we have seen real change. C has put herself forward to be on the Youth Club committee and she is taking an active part in supporting other young people at the club. Her family and school report improvements.



Children and young people receive the right help at the right time

3

Key areas that are working well

Health colleagues are undertaking work to improve the way Dynamic Support Register (DSR) information is shared and updated through procurement of an online portal so that key named professionals understand the needs of children and young people they are supporting when they are on the register. All relevant professionals have access to the portal. Meetings are now established for all individuals with Learning Disabilities and Autism on the DSR within Solihull. Providers bi-monthly meetings have now been set up to support quality improvement across Birmingham and Solihull and sharing of ideas and learning around the DSR.

We continue to expand our special school provision each year. For the 2025/26 academic year, 16 additional places were available at The Heights in line with the phased approach to opening this new school. Forest Oak have seen an increase of 26 places and Merstone an increase of 6 places. Our revised Education Sufficiency Strategy will focus on providing more specialist places within the borough, with further expansions at existing special schools and a programme to deliver additional resource provisions under development.

The Connected Care Network (CCN) was established as one of several nationally funded pilot sites to test new approaches to delivering more **integrated care for children in local neighbourhoods**. The pilot has since been highlighted in national good practice guidance, shaping the new requirement for all health systems to develop children's multi-disciplinary teams (MDTs) that bring together primary and secondary care with other local services.

The CCN has experienced high levels of demand and strong satisfaction, clearly demonstrating how a more integrated approach can help to "join the dots" in meeting children's needs earlier.

As the Solihull Early Help offer and Family Hub infrastructure have matured (and with pilot funding coming to an end) health and LA partners are working together to design a new MDT model that builds on the lessons learned to date. This work is being overseen by the Birmingham and Solihull Children's Health Board and will play a key role in reducing unplanned admissions to hospital and avoidable attendances at A&E.

The Employment and Skills Team deliver a preventative programme of **support to young people in years 11 - 13 at risk of becoming NEET** (not in employment, education or training). Support includes one to one needs assessment and small group workshops. Year 10's at risk of becoming NEET were registered by schools at the end of July 2025 so that a programme of timely support can be delivered throughout their Year 11.

The Employment and Skills team supported 176 pupils declaring neurodiversity from July 2024 with 40 declaring an EHCP.

Our number of children in care and care experienced young people in EET has increased and we are in line with regional average. There are preventative actions in place, to work with schools, parents and young people to promote careers opportunities while young people are still in school or college. Where young people are at risk of becoming NEET, there are practical workshops delivered in schools or college throughout the year and a new joint funded link worker will focus on children we care for, care experienced young people and those with SEND.

There has been a greater **partnership focus on health waiting lists** through the JAND governance arrangements, leading to more regular data reporting, a better understanding of the position and plans and emerging relationships between UHB and SPCV.

Clinical prioritisation with the Solar service takes place on referral. Check in calls are provided to everyone who is on the intervention waiting list for their children's and adolescents' mental health services. Priority is based on clinical need and length of time waiting. Alongside these check in calls, all young people and their families have access to a Duty Worker as well as the Solar Crisis Team. Crisis team availability has been extended from 8am-8pm to 24 hours. A recent survey raised parental concerns about these services and we will be working with SPCV to see where information and/or improvements are needed.

In 2024, we initiated the Mental Health Transformation Programme to drive better outcomes, improve access and address health inequalities. This work is a long-term transformation plan for children and young people's mental health and is focused on support for vulnerable children, early intervention and prevention, linking in with locality based delivery and help whilst waiting for families. This work has resulted in a new specification, service development and improvement plan and reporting framework to go live in Q4 2025/26. We acknowledge that mobilisation has not yet taken place and this work will start in the new year, focusing on specific pathways in the first instance.

The **Mental Health Support Team** (MHST) currently consists of 5 waves which now means that MHST school coverage is in 79/83 education establishments across the Solihull area, which equates to approximately 94% coverage. The implementation of wave 12 also saw the implementation of the SEND and Alternative Provision Cluster within the MHST which oversees all the SEND and AP schools covered by the MHST. (continues next page)



Having a dedicated team to support the SEND and AP education establishments, including elective home education (EHE), allows for a bespoke, adapted whole school approach to suit the needs of each of the schools. Alongside this the cluster senior, who has previous experience as a school SENCo, is also completing a specialist training course in autism and learning difficulties, enabling the team to further meet the needs of the children and young people who attend a SEND or AP school.

Early years inclusion funding (EYIF) is well received, and summer monitoring highlighted the impact upon the children and the progress made supported by the additional funding. One SENCo stated *"I think the application form has covered all areas for us as a setting to complete and hopefully gives you an insight on the importance that the funding is so much needed"*. A reply from another stated *"We feel ... we have been supported well by EYIF and this has allowed our children to receive the best care they can and their individual learning needs to be supported. Thank you"*.

To continue our support for children in the early years to remain in their local setting we have introduced a model of enhanced funding when they receive an EHCP. This is responding to increasing levels of need in the early years and the financial challenges faced by some of those providers.



Children and young people receive the right help at the right time

3

Key areas we are working on

Over the past year, Solihull has seen sustained high demand across children and young people's community services, with the greatest pressures in therapies, autism, ADHD and mental health. Occupational Therapy waits have increased but remain within 18 weeks on average. Recruitment and service changes are expected to improve capacity. Physiotherapy is now fully staffed but constrained by equipment reviews, while Speech and Language Therapy has strengthened its workforce and is actively reducing waiting lists through "opt-in" reviews and improved parent information.

Community Paediatrics has benefited from additional posts, reducing waits for general and EHCP clinics and, since June 2025, contributing to ADHD assessments to help ease pressure. Whilst progress to improve waiting times for autism and ADHD assessment has not been as rapid as we would have wished, we have importantly achieved stability in waiting times and numbers for autism. Further work is now underway to enhance clinical prioritisation, so that children with the greatest needs and additional risk factors are seen most quickly.

In mental health, Solar has maintained access in line with targets and reduced longest waits through a "circuit breaker" review. However, long waits remain an ongoing challenge, which is reflected locally and nationally. This is being monitored closely and work will continue to reduce the longest waits through caseload management and ongoing review of the waiting lists.

Additional special school capacity was opened at The Heights in September 2023. At this time the Special School Nursing (SSN) service has not been extended to support provision at the school and capacity has not grown within the team in line with increased special school placements. Emergency care planning is provided to the Heights and SSN have offered school staff to attend annual update days.

The ICB is working with SMBC and UHB to review the SSN service in 2025/26.

As a system, we are also redesigning the neurodevelopmental assessment pathway. Our aim is to create a more graduated, needs-led approach, co-produced across the partnership. With support from Health Innovation West Midlands, we are applying system modelling tools to test ideas in a virtual environment before putting them into practice. Following the current exploration stage, we plan to identify and implement changes from early 2026.

There has been an expansion of access to services and interventions available to children who are looked after with SEND but we are working to develop an approach for neuro-diversity prioritisation of those who are at risk of placement breakdown or to enable adoption to take place.

Alongside these developments, we are working to improve the quality of information available for parents and carers, helping to address common myths about assessment and clarifying the support available to children and families before, during and after assessment.

We are focusing on responding to recommendations made on the Dynamic Support Register through NHS England's peer review in January 2025; especially to ensure we can demonstrate impact. This includes a more consistent system wide understanding of the DSR, and full implementation and ownership of actions across agencies regardless where the young person resides.

We were advised in May 2024 that the Department for Education (DfE) had **approved our bid** for a new free school. This was planned to offer 150 places for children with severe learning difficulties from September 2027 so more children could be educated in the borough. However, despite this being a key element of our sufficiency strategy; there has been no further update from the DfE on progress. This means that we are cautious about the future of this provision, with any potential opening date already pushed back two years.

We know that this potential new school alone will not meet the expected need for special school places going forward. We are actively working with our existing special schools to identify expansion opportunities. Our upcoming all-age sufficiency strategy will begin to outline our plans for that in more detail, along with the role of resource provisions in mainstream schools.

In the meantime, there are some children in mainstream schools who are having to wait for a special school place to be found for them - but this group is subject to regular monitoring.

We have developed a joint protocol for continuing care and complex health needs across the whole partnership to provide opportunities for joint funding arrangements and a mechanism for system planning to improve outcomes for children and young people. This forum for earlier conversations to prevent escalation of children and young people's needs will now begin to be implemented and embedded.



Case study: Solihull Careers Hub - Castlewood & BBV Partnership

- Solihull Careers Hub supports schools and colleges to deliver a good careers programme, progress against the Gatsby Benchmarks, and ensure that all young people are aware of careers and learning pathways and can access the support they need.
- As part of this, they have been working on developing school / employer partnerships. Andrea Riley – Assistant Headteacher Careers – Castlewood School, shares her experience with BBV.

"We are delighted to share our exciting news about our recent partnership with Balfour Beatty Vinci (BBV). This will have a positive impact on our pupils within the curriculum and beyond. The partnership began in April with Naomi from BBV delivering a STEM activity where pupils worked to a brief to produce a Tower using giant Meccano."



Naomi returned with five volunteers in May. Pupils took part in a 'Guess My Job' activity, where they interacted with the props bought in by the volunteers to work out their job roles.

Pupils enjoyed this activity and learned about the variety of careers available to them within BBV.

They hope to see some of these jobs in action during the site visit that will take place in June. Special thanks to the BBV volunteers"



Case study: Successful transition from Children's to Adult Social Care Directorate

James is a resilient and determined young person with a diagnosis of Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and a learning difficulty. James, from the age of 10, had been placed in a children's residential home outside of the Solihull borough due to some complexities around the management of his behaviours. Despite experiencing behaviours that challenged services, James had consistently demonstrated a strong desire to grow, learn, and live independently.

At age 17, during James' transition to adulthood, James engaged with the Preparing for Adulthood Team and actively participated in a Care Act Assessment. James clearly articulated his personal goal being to live independently in his own home. James' aspiration became the foundation for a strengths-based assessment and support plan.

To support James, achieve his goal, the Adult Social Worker coordinated a multi-agency approach, involving, Children's Services, Solihull Community Housing (SCH), Health professionals and the Technology Enabled Care (TEC) Team (Adult Social Care). Together, the agencies identified a suitable property, for James, and the Adult Social Worker developed a tailored support package that built on James' existing strengths. Assistive technology was introduced to enhance James' independence, including Alexa to support daily routines; ring doorbell to promote safety and confidence and other tools to encourage self-management and autonomy for James.

Following James' 18th birthday, and a successful 6–8 week Adult Social Care review, James' support package was reduced, reflecting his growing independence and ability to manage his tenancy. James is now living independently in the community, with his own tenancy agreement and minimal support whilst also continuing to access education, through an Education Health Care Plan.

*Name changed to provide anonymity



Children and young people are well prepared for their next steps, and achieve strong outcomes

4

Key areas that are working well

The Employment and Skills Team at Solihull Council hold stakeholders/providers accountable for **Supported Internship delivery** in Solihull, working with National Development Team for Inclusion, we ask providers/stakeholders to adhere to nationally recognised frameworks to improve opportunities for young people with an EHCP in Solihull, offering a work first approach. This year (2025/26), Solihull College have confirmed 14 Supported Internship placements and we continue to work with the college to maximise the take-up of placements for Solihull residents.

The collaboration between the providers/parent carer voice/schools has enabled much better promotion of opportunities and EHCP pupils are being asked to consider final destinations as their route into employment, **work first** is being applied throughout our engagement to help all pupils understand that employers want to recruit and jobs are there to move into, and to support better uptake in Supported Internships both Mencap and Solihull College are offering up pre-internship placements to help learners plan for an internship in 2026/27.

2024/25 was our first year where SEND schools/SEND in mainstream had quiet hours at the apprenticeship shows specifically helping those with neurodiversity to find out more about inclusive apprenticeships and supported internships.

Over 90% of our mainstream schools in Solihull are graded good or better according to Ofsted outcomes. School leaders led a revision of the schools transition guidance with input from parents and children ready to be used for those transitioning in September 2025. This included a toolkit of resources for schools to access based upon good practice and evidence based learning with the University of Exeter. The impact of this will be reviewed later in the year.

In 2025 we saw the following percentage of transitions cases receiving a finalised EHCP with a named setting by the statutory deadline: 93% of primary-secondary transition; 98% of year 11 cases; 92% yr12-14 in Solihull special schools; 83% of year 13 and post 18 cases.

Solihull Parent Carer Voice observe our decision-making panels about Education Health and Care Plans and they have reported seeing robust processes in place.

There are health transition nurses in our local NHS services.

The All Age Continuing Health Care (CHC) service has recognised the vital role that the Transition Nurse plays in ensuring a smooth transition process into adulthood and therefore have funded an additional post for the learning disability service. Therefore, the service will have two Transition Nurses supporting the CHC function and one transition nurse working closely with young people aged 14-18 who are known to the continuing care service.

A continuing care training programme is delivered across Birmingham and Solihull and this covers the topic of transition. Full transition training day has been delivered in partnership with UHB.

Adult Social Care have developed a new support worker role to further strengthen our transition support to improve young people and their families' preparedness for adulthood. For young people already engaged in the children with disabilities service, transition is planned with adult services and families, with referrals from age 14. Children known to other teams, e.g. looked after children, have often come into contact with services after age 14, especially for mental health conditions or moves into care, and robust pathways are modelled on the success of the disabilities services approach.

There are **positive educational outcomes for pupils with SEND**. At primary and secondary phase, children and young people on SEND support or with EHCPs in Solihull generally achieve in line or better than their national peers; with the exception of those achieving a good level of development in the early years.

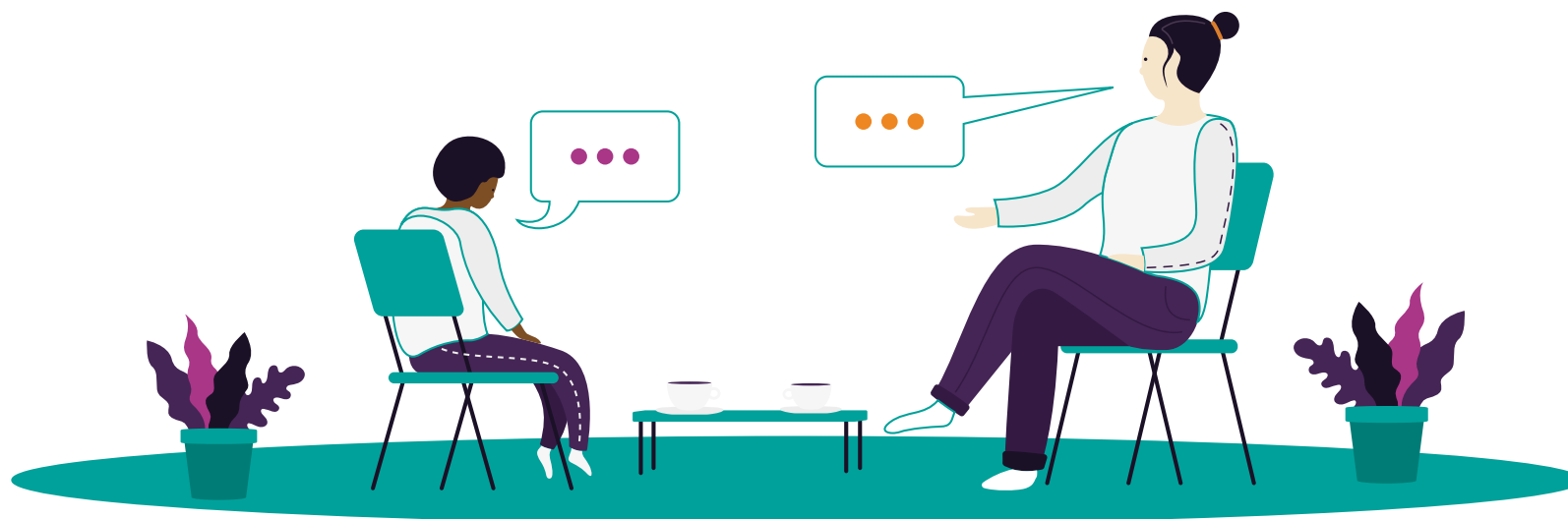
In 2024, the percentage of SEN Support pupils achieving a good level of development (GLD) in Early Years Foundation Stage (EYFSP) decreased by 9% points to 20%. The EYFSP (GLD) for SEN Support in 2025 increased by 6.9% from the 2024 percentage. The percentage of SEN Support pupils reaching the Year 1 phonics check standard was 63%, an increase of 14% from the 2023 results, and ranking Solihull top against statistical neighbours and in the top 10 local authorities in England.

32% of Key Stage 2 (KS2) SEN Support pupils achieved the expected standard or higher in reading, writing and maths (combined). As in previous years, this was well above the England average and SEN. There were no KS2 progress scores in 2023 or 2024. Previous years for both SEN Support and EHCP pupils mostly remained in line with the England average.

Solihull's average Attainment 8 score for SEN Support pupils was greater than the statistical neighbour, regional and England averages in 2024, and at 35.4%, it was the highest among local authorities in the West Midlands. The average Attainment 8 score for EHCP pupils in Solihull was above the statistical neighbour average, at 16.7%, above the national and second highest amongst statistical neighbours. The average Progress 8 score for SEN Support pupils is in line with statistical neighbour and regional and England averages.



Over the last 3 years Adult Social Care (ASC) have been undertaking a focused project approach to **improve uptake of people with learning disabilities and identified social care needs into employment**, which includes people transitioning from Children's Services support into Adult Social Care. The group is led by ASC, formed across a broad spectrum of services, third sector support, community groups and associated stakeholder and partners. Across a series of initiatives, results have been very encouraging with supported employment figures now at 8%, which is a significant improvement and places Solihull in the top quartile of the country. These improvements are as a result of the appointment of a specialist Supported Employment Coordinator in ASC who develops, liaises and progresses case work with residents, families and partners; closer strategic work with the Employment and Skills team to maximise opportunities and best use of Council resources, and devised implement council-funded part-time supported employment posts, demonstrating the Council as a practice leader; closer work with providers and third sector in support arrangements and commissioned activity; closer work across stakeholders and a successful bid with DWP for Local Supported Employment offer which is now well underway and showing positive results. Further planned work, for 2025/2026, includes workshops within schools and educational establishments around supported employment in Solihull in addition to ongoing engagement, at schools and college open evenings.



Children and young people are well prepared for their next steps, and achieve strong outcomes

4

Key areas we are working on

Improve the achievement of children reaching a good level of development in the early years foundation stage (EYFSP). We need to compare and share the outcomes for children across Solihull schools to provide opportunities for schools to reflect on areas that may need further attention and share approaches with similar schools who have higher achievement in these areas (including for vulnerable children such as those with SEND).



Post-16 provision in Solihull has long maintained a strong foundation, with all settings rated 'Good' or better and learners progressing into education, training, and employment. Supporting those with SEND, vulnerability, and complex needs has always been central to planning, delivery, and quality assurance.

We have reviewed the clarity of our post-16 offer and improved relationships with providers. However, young people with SEND have told us they need more local options. Learner voice is being embedded more consistently into planning and delivery, with further development planned to ensure lived experience shapes future strategy.

Sufficiency planning, informed by local intelligence, has identified areas for growth. Work is underway to expand in-borough capacity and reduce reliance on external placements, ensuring learners with complex profiles can access high-quality, local provision. The relocation of an existing special school's post-16 offer will increase available places over the coming years. Providers and settings are working together to broaden progression routes, with a focus on expanding technical and vocational pathways for SEND and vulnerable learners.

A SEND Transition Community has been established for 2025/26 to help services linked to SEND schools and pupils better understand post-16 opportunities and contribute to future planning.

In partnership with a local FE provider, we've identified the need to be increasingly innovative in supporting learners at risk of early disengagement. Relationships developed this year have enabled joint working on a bespoke curriculum that will offer a structured, supportive entry point for new starters — particularly those with SEND, vulnerability, or complex needs. This work is in development and, if successful, will form the basis of a scalable model for wider rollout.



Case study: Nathan

Young people with additional needs are gaining work experience across the council through Supported Internships. This structured programme aims to equip young people aged 16-24 with Education, Health and Care plans (EHCP) with the skills they need to secure paid work through learning in the workplace and classroom-based training. Nathan is one of the interns who have been gaining work experience at a storage unit with the adult social care directorate. A dedicated skills coach from Mencap has been supporting Nathan and the team throughout the process. The placement has given him valuable work experience that includes building equipment for residents who need it to make their day-to-day lives easier.

Nathan said: *"Unlike my previous work experience, this placement really feels like a proper job. I was quite shy at first, but I have become more confident as the team have been very supportive. They let me get on with things and if I struggle with something, I know that I can always ask them for help. It feels really nice to have their trust and support."*

Andy Cartwright and Will Konadu work closely with the interns. Andy shared: *"We get really busy sometimes, so it is great having them as extra support. It is great to see that they are coming out of their shells and learning valuable skills for their future careers."*

Nathan added: *"I feel more ready and confident for work now. This placement will make my CV more impressive, which will hopefully help me find a similar job in the future."*

Gary Devlin, Solihull Council's Community Equipment Services Manager, offered placements to the interns. He said: *"This programme has helped us to support more residents. As the inventory builds up, the interns have been a great help for us. I remember one day when both Andy and Will weren't around, the interns ran the place just like any other day. It proves how their skills have developed."*

After completing the programme, Nathan continued to get our support for job search. He recently shared some exciting news with us - he has got his first paid job offer!

Nathan secured a full time job with the Adult Social Care Stores Team and he's about to be the Council's first Inclusive Apprentice.



Children and young people are valued, visible and included in their communities

5

Key areas that are working well

GPs are often the primary source of support for parents and carers with children or young people with special education needs and disabilities (SEND) who may face challenges within their educational provision. The **GP SEND handbook** provides guidance to GPs with respect to matters related to SEND support within education provision, the EHCP process and information regarding support available via the Local Offer.

Solihull Music delivers weekly **inclusive music sessions** for children and young people with additional and complex needs. The groups aim to develop inclusive musical communities for families, with a focus on giving a voice to people with severe and profound learning disabilities. In 2025 the groups which have a membership of over 50 children and young people have been invited to perform at the Together for Music Festival at Symphony Hall, Birmingham and more recently the National Festival for Music for Youth in July 2025. Sessions have provided many families with the opportunity to access performance opportunities and celebrate that every child has a voice. A carer from one of the groups stated *"This choir makes her so happy. I never thought she would be able to sing along (she is largely non-verbal), but she has learnt so many songs and skills."* Another parent provided feedback following the performance: *"He loves the choir and can enjoy time with peers in a safe environment"*

A Council team are dedicated to supporting children and young people with **SEND to travel safely and independently to their education or employment setting**. This includes direct support for individuals as well as a 'train the trainer' programme for staff in schools and colleges so more young people can access the training. It is well received by families due to its flexible and individualised approach. For children and young people with a **visual impairment we commission Guide Dogs for the Blind** to deliver habitation and independent skills support to promote independence for this group of young people.

Aged just 19, Alfie Ford is a local Parish Councillor and seasoned campaigner in raising awareness of autism. A former pupil at one of our local special schools, Alfie worked with us on a new initiative during Learning Disabilities week where he visited Cheswick Green Primary and spoke to children in years 4, 5 and 6 about his journey and his fundraising. Headteacher, Tom Griffiths had this to say *"Teachers all commented on how open you were with the children Alfie and your presentation was really interesting and inspiring. One Y6 pupil said to his teacher that when he was clapping, he'd wished he had more hands as he loved listening to you so much!"*. Alfie went on to open our summer Let's Talk SEND Event and there are further bookings in other local schools for this **amazing young person, advocating for others**.

The Solihull community takes steps to include children and young people's SEND needs in their offers:

Family Hubs offer **Sensory Rooms** for children and families to help regulate emotions and provide a supportive environment.

Solihull Libraries have specific offers for children with SEND to include **Sensory Storytime**, access to specialist mental health and wellbeing resources and regular children's activities.

Touchwood shopping centre holds a weekly **Quiet Hour** on Saturday mornings when lights are dimmed, music is turned off and announcements are kept to a minimum.

Sensory panels have been installed at three parks in Solihull to offer more inclusive and accessible play opportunities for children who may find traditional playgrounds overwhelming.

In partnership with the charity Sense, Solihull Active has created **Sensory Walks** in several parks and green spaces which are accessible for people with complex disabilities.

School leaders are being supported by the council and ICB to lead collective action on **smartphone free childhood**. Most schools in the borough have formally signed up to this approach and are working to change their in-school practices as well as promoting messages to children and families on the harms associated with high smartphone usage.

Work is also taking place to support children in alternatively creating 'real life' connections with their friends, peers and families, encouraging social opportunities for children and engagement in community activities.



Children and young people are valued, visible and included in their communities

5

Key areas we are working on

As part of plans to develop the "Youth Offer" for all young people, aged 11yrs+, we have assessed the provision across the borough, including identifying what is specifically for young people with SEND and what is more generally accessible to young people with SEND. This information, and the voice of children and young people, has been used to plan the future development of this offer. We are now entering into the second year of these plans, taking a more focused neighbourhood approach to build provision where it's lacking, and to make it more inclusive and accessible to children and young people with additional needs and/or who might be considered vulnerable, where there is a good offer in place.

We are reviewing and assessing several community buildings to understand how visible and accessible the buildings, and the activities that they host, are to children, young people and adults with SEN and disabilities. This will inform recommendations for those buildings and the organisations that are responsible for them, as well as develop a standard approach to assessing buildings, and providing organisational development support across the borough.

We have introduced the concept of Universal Design for Learning (UDL) with the school system and SEND parents to build a culture where the diversity of learners is pre-empted within the classroom and children, and young people can be offered multiple means of engagement, representation, expression and action; developing their knowledge and agency. Training and support to change practice will be rolled out with primary schools through a UDL centre during 2025/2026 and with a pilot group of schools covering all phases. External expertise has been commissioned to support this change in approach.

Success Stories: HAF Programme

2024/25 Overview

- 4,073 unique children took part (2,904 primary aged and 1,169 secondary aged)
- 27% of those children attending have identified as having SEND needs which aligns closely with the profile data
- 91% of children in receipt of FSM
- 9% of children attended as a result of a professional referral
- 46 different providers across the borough
- 96% of parents reported that their children enjoyed the activities
- 84% of parents felt the programme met the needs of children with SEND

This video gives an overview of the HAF programme, featuring interviews with parents, staff, and footage from a number of the different providers and settings children and young people experience.



Inclusive Music groups »

During 2024-25 Solihull Music delivered FREE weekly music sessions for over 60 children and young people with additional and complex needs.

Our groups aim to provide a safe, inclusive space for all young people with additional needs to access and enjoy, developing inclusive musical communities for families, with a focus on giving a voice to children and young people with additional needs.

[Click here to find more about more about our local SEND music offer.](#)



Success Stories: Young People's Voice

During a Let's Talk SEND event, young people from Alderbrook School came up with the idea of us creating podcasts where young people discussed the positives and challenges of living with additional needs.

We challenged them to work with us on developing these – and they were very excited to accept!

Working with officers in the Local Authority, the young people have created four podcasts so far. They were also very happy to allow us to share some of the resources which had helped them and are now also advising us on the content and layout of our local offer.

Information for children and young people | Solihull Metropolitan Borough Council



There has been an increase in money spent on **Alternative Provision** over the past 3 years to increase options and places.

We have strengthened our commissioning oversight of alternative provision (AP). Solihull spends more money per head of capital on AP than its neighbours, and we are only just seeing the beginning successes of children returning to mainstream schools after a period of intervention. During 2024/25, 20 young people returned to mainstream from AP, compared to 9 in 2022/23. Whilst this is not yet a trajectory for every child, an EPAS AP lead now has responsibility for monitoring these children's progress and outcomes.

A primary AP has been established with a focus on Tier 1 support (outreach) - supporting more children in their mainstream setting and providing education for the few children who find themselves excluded from school.

A comprehensive review of existing systems and processes has been undertaken to strengthen the quality, consistency, and accessibility of data relating to children and young people accessing AP across the borough. This review has led to the development of **enhanced reporting mechanisms that enables more granular analysis of AP placements**, including demographic breakdowns, duration, provider type, and educational outcomes.

As a result, the local authority now benefits from:

- Improved visibility of AP cohorts; enabling earlier identification of trends and emerging needs.
- Enhanced outcome tracking; supporting more informed evaluations of provider effectiveness and pupil progress.
- Greater strategic oversight; allowing for more robust scrutiny by senior leaders, elected members, and multi-agency panels.
- Data-driven commissioning; with insights directly informing future service design, market shaping, and resource allocation.

The **AV1 robot initiative** supports socially isolated pupils by enabling virtual attendance in school. Over the 2024/25 academic year there has been a significant increase in engagement from schools and utilisation of the robots. We have reviewed and improved our processes and devices are being used more creatively by schools in response to children's needs.

Increased engagement from new schools using the AV1 devices in Spring term (112.5% increase)

Device utilisation has significantly increased (269% increase)

Average session duration has increased (118% increase)

This means that children who are struggling to attend school can continue to access their education in a virtual environment, maintaining their learning and connection with their school/peers as a step to reintegrate them back into the physical school community.

Thank you very much for your response. Yes, someone did contact me a few minutes after I wrote to you this morning confirming the details.

Both myself and [redacted] Mom, [redacted], would also like to say thank you to you and the staff at Blackwater. [redacted] really enjoyed attending and is going to miss the school so much. The staff supported [redacted] at a difficult time for him and our family and you all left a great impression on him. We really hope he's going to use the lessons he's learnt and encouragement he's received from you all to do well in his new school. We really hope Blackwater can help so many children like [redacted] to get back on the right path.

Letter from parent to Headteacher at one of Solihull's AP providers.

School leaders told us that the offer for Alternative Provision was unclear, so improvements have been made to address this to ensure that **children get the right support at the earliest opportunity.**

We have shared an updated LA commissioned AP offer document with schools to provide clarity on support available and how it can be accessed. **"The Single Panel for AP"** provides one front door for all LA commissioned alternative provision and ensures children cannot fall through the gap of multiple pathways.

Membership includes health, education and social care representatives and school leaders to review referrals and to place appropriately across the system, also increasing system ownership.

Additional documentation including a Section 19 policy, FAQ's and flowcharts have been revisited and shared.

Alternative Provision 6

Key areas we are working on

We are working more closely with school leaders to better understand the provision and resources required to further reduce exclusions and enhance our impact on those children struggling to attend school.

Plans are in place to deliver targeted training workshops for school leadership and staff, with a focus on increasing awareness and confidence of exclusion toolkit and its application.

We are establishing a peer support network or community of practice for schools to share strategies and learnings around reducing suspensions and exclusions, with documented examples of effective collaboration. The network will also support schools in building resilience and developing their capacity to manage behaviour effectively.

An embedded cycle of termly attendance termly meetings provide periodic reviews between with school staff and attendance advisors to analyse attendance data, identify trends and plan targeted interventions - particularly for persistent absentees. From the 2025/26 autumn term, representation at this meeting will be expanded to include staff from the vulnerable children in education team to provide additional advice and support focused on exclusion prevention.

An AP quality assurance framework (underpinned by 7 key standards and led by subject matter experts) and audit processes were developed and piloted with our largest provider (SAPMAT) in the 2024/25 summer term.

The aim of the audits is to:

- provide a transparent external evaluation of the effectiveness of the alternative provision providers
- recommend, where appropriate, mutually agreed targets for development
- report back to the local authority and commissioning partners on the quality of provision

Following feedback through this pilot we have implemented process and procedural changes and will begin to undertake further quality assurance audits of all commissioned AP in line with the schedule of visits for 2025/26.

Given the success of AV1 robots, the offer is now being planned for extension to children who are looked after where the robots could offer educational stability through the virtual school for those children who are more transient due to their care needs.

Case Study: Successful return to school following an exclusion

Tommy's Background

Tommy, aged 14, was attending a Secondary School but was permanently excluded for Persistent Disruptive Behaviour, following ongoing disruption in class and an altercation with another student.

A CLD Assessment highlighted a range of speech, language and communication needs, particularly around understanding higher-level language, including double meanings and difficulties interpreting social etiquette and interactions. Tommy had also been referred for an ADHD assessment. Prior to exclusion, his difficulties often presented as frustration, conflict with peers, and disengagement in lessons.

Plan and outcomes

On joining Saturn, Tommy was supported through a number of strategies and interventions, including:

- Approaches recommended in his CLD assessment
- Foundations for the Future mentoring
- Reasonable adjustments such as movement breaks and explicit vocabulary teaching
- Access to restorative practices and nurture-based principles

Whilst at Saturn Tommy did not engage in disruptive behaviour and there were no suspensions nor negative behaviour points recorded. He engaged consistently with staff and peers, building positive relationships.

Transition

A mainstream placement was identified that could provide appropriate SEND support. Tommy was supported by the Saturn Outreach Programme for 12 weeks, which included weekly check-ins, a key mentor in school and a tailored timetable for gradual reintegration. He initially struggled with some aspects of mainstream expectations:

- Uniform and equipment – Tommy experienced body dysmorphia and felt his blazer made him look overweight. The school responded by allowing him to leave it in the Head of Year's office overnight.
- Medical needs – once aware of problems with his feet, school permitted him to wear plain black trainers.

- Punctuality – Tommy's anxiety about what others thought of him sometimes delayed him leaving the house, and he insisted his mother drive him to school. This was complicated by her need to take his younger sibling to primary school, leading to lateness. To address this, the school agreed a slightly later start time, which successfully prevented further detentions and helped Tommy arrive calmly and ready to learn.

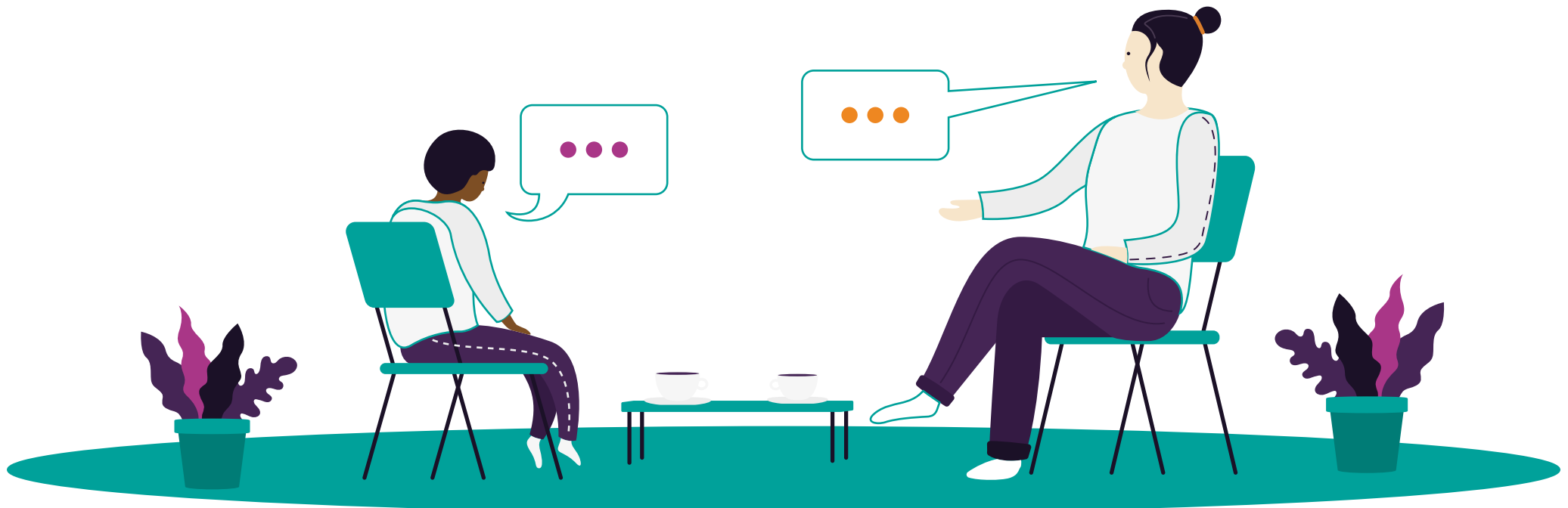
It was recognised that Tommy needed ongoing interventions to build self-confidence. While he had accessed this at Saturn, he sometimes struggled to apply strategies consistently.

To support him, school staff encouraged Tommy to take part in extracurricular activities such as the football team and the gym, giving him positive outlets to develop resilience and self-esteem.

Current Position

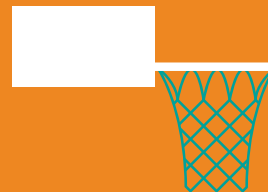
Tommy has now fully reintegrated into mainstream and is accessing all timetabled lessons. He is engaging well academically, forming friendships, and benefitting from structured SEND support around ADHD and communication needs. Staff describe him as settled, motivated, and increasingly confident, with marked improvements in punctuality, self-image, and behaviour.

His involvement in football and the gym has further supported his wellbeing, giving him a positive identity in school and helping him manage anxieties. Overall, Tommy has made significant progress and continues to show that with the right adjustments and consistent support, he can thrive in a mainstream setting.



Key Areas of Development

- Continue to **build capacity in schools** to successfully meet a wider range of SEND needs and enable more children and young people to receive the right help at the right time within their community – increasing the provision within mainstream schools whilst ensuring specialist provision is available locally for those who need it.
- Plan and deliver an inclusive and robust offer for **post-16** education which effectively responds to the increase in demand for places within young people's local community and enables positive transition into adulthood.
- Develop and embed systems to consistently **measure the impact** of the local area partnership on children and young people's experiences and outcomes.
- Development of **new model of care for children and young people's mental health**, with a specific focus on addressing health inequalities, support for vulnerable children and for parents and carers and preparation for their future.
- Utilise outcomes from the Families First pathway finders, building on our system wide partnership to provide **a fully integrated response** across all levels of need regardless of threshold level by 2027.
- Continue to embed the pathway for **children with disability** identified as being in need of a statutory intervention to support timely response to concerns identified.
- Continue to work with early years and school leaders and parent carers to identify opportunities for improving the **financial sustainability** of the SEND system alongside the consistency of outcomes for all.



Key Areas of Development »

- Looking ahead, key areas of focus will include embedding of **joint commissioning** and further clarification of roles and responsibilities, as the system continues to develop and shift.
- Reduce **health waiting lists**, working towards implementation of a more graduated approach to meeting need, from prevention to specialist treatment across community therapies and mental health. Evaluate the Support Whilst Waiting offer based upon feedback of children's, young people's and family's experiences.
- Develop an approach for **neuro-diversity prioritisation** of children who are looked after and at risk of placement breakdown.
- Increase **children and young people's input** to their reviews so they can actively participate in decisions which affect them.
- Advance work with school leaders to better understand the provision and resources required to further reduce **exclusions** and increase **attendance**.
- Embed a structured model for effective quality assurance of **Alternative Provision** to ensure a continued growth in offer which successfully meets children and young people's needs.
- Continue to support partners in the delivery of **Early Help** - building the offer to health and early years providers and revising the data set to measure compliance and outcomes regardless of which partner is delivering support.



