Area SEND inspection of Solihull Local Area Partnership

Inspection dates:	6 to 10 July 2026
Dates of previous inspection:	9 to 13 October 2017

Inspection outcome

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

The next full area SEND inspection will be within approximately 3 years.

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

Information about the local area partnership

Solihull Metropolitan Borough Council and the NHS Birmingham, Black Country and Solihull Integrated Care Board (ICB) are jointly responsible for planning and commissioning services to meet the needs of children and young people with SEND in Solihull. The partnership oversees the commissioning of local education, social care and health provision for children and young people with SEND.

The commissioning of health services changed across England in 2022. On 1 July 2022, the responsibility for health services in Solihull passed from the NHS Birmingham and Solihull Clinical Commissioning Group to the NHS Birmingham, Black Country and Solihull ICB. From 1 October 2025, they have been working as part of a cluster arrangement, known as NHS Birmingham, Black Country and Solihull ICB.

The Solihull local area partnership commissions registered alternative provision (AP) for children and young people with SEND. AP provides education for children and young people, including those who cannot attend school due to social, emotional and mental health and medical needs, or for those who have been, or are at risk of being, permanently excluded from school. Some use of AP is also commissioned by local schools and colleges.

What is it like to be a child or young person with special educational needs and/or disabilities (SEND) in this area?

Delays and shortfalls in support create variable experiences and outcomes for children and young people with SEND in Solihull. Children and young people frequently wait too long for health assessments, including for their neurodevelopmental and mental health needs. Families often report further dissatisfaction because of gaps in communication regarding these waits.

Some children and young people experience accurate identification of their SEND. For example, children in the early years typically benefit from coherent assessment of needs. Early help teams enhance timely and joined-up identification, such as by working collaboratively at the family hubs. However, there are inconsistencies. Sometimes, speech, language and communication needs do not get identified early or thoroughly. This is because, too often, children and young people do not have access to appropriate speech and language therapy support.

Children's and young people's education, health and care (EHC) plans vary in quality. EHC plans often lack important advice about health and social care support. The most effective EHC plans capture the views and aspirations of the child or young person and their families accurately across education, health and social care. Most EHC plans are issued and updated in a timely way. This means that, during this vital process, children and young people typically have their needs assessed within statutory timescales.

Many children and young people who are educated in AP, or other than in school or college, receive well-considered support that the partnership maintains effective oversight of. This often leads to them getting back on track and achieving positive outcomes. Children and young people with EHC plans who are electively home educated (EHE) are closely monitored and get the help they need. Some children and young people with SEND have high levels of absence from school. Nevertheless, they receive persistent, wraparound support that gives them a plan to attend better. Children and young people with SEND who are permanently excluded receive appropriate help, with close oversight from partnership leaders. This means many of these children and young people re-engage with education.

Children and young people with SEND often experience joined-up support. Community nurses and social workers offer useful help as part of a coordinated system of support. While there are delays in accessing help, disabled children receive effective support once they get it. For example, social workers take time to understand the experiences and needs of disabled children and provide appropriate support.

Children and young people with SEND generally achieve well in national school assessments compared to others with SEND nationally. Employability programmes helpfully develop their skills. Many young people with SEND access programmes such as supported internships. If a young person with SEND is not in education, employment or

training (NEET), the area sometimes gives them a clear forward plan. However, the area's provision for preparation for adulthood is inconsistent. Sometimes, young people with SEND who are NEET fall through the cracks and do not get picked up quickly enough. The support for preparation for adulthood on EHC plans typically lacks the necessary detail to be useful for young people, families and professionals.

Children and young people with SEND get to shape their support. For instance, they have developed podcasts on understanding autism with professionals. Children and young people told inspectors that they find doing this highly rewarding. These podcasts are published on the local authority's website. Older young people with SEND help younger peers and act as successful ambassadors for SEND. Children and young people with SEND are celebrated, such as at the well-attended and supportive SEND awards. This helps them to develop a sense of belonging to their community.

During school age, there is a lot of help for children's and young people's social lives. Clubs and support groups that are carefully matched to their needs help to reduce their social anxiety. However, older young people with SEND can find there is little to do socially that is adapted well to their needs. This can hamper how well they develop their confidence, resilience and independence.

What is the area partnership doing that is effective?

- The local area partnership's strategy is coherent. Leaders know where improvement is needed. They face challenges honestly and seek to solve them as a team. There are some notable successes. For example, EHC plans and annual reviews are mostly completed promptly.
- The partnership works very effectively with the parent carer forum (PCF), Solihull Parent Carer Voice (SPCV). This has led to a culture of children and young people with SEND and their families shaping support. Children and young people with SEND critique draft publications, such as preparation for adulthood leaflets, to make them more accessible and engaging. Families are routinely at the heart of leaders' decisions.
- There are many positive examples of multi-agency working. In particular, the Single Panel brings together leaders across education, health and care. This helps agencies and schools work jointly to put timely support in place for children and young people with SEND.
- AP is typically effective in supporting children and young people with SEND who face challenges. These children and young people often reintegrate successfully into a mainstream provision or move on to positive next steps in education, employment or training. The partnership's oversight of AP helps to ensure that it is safe and suitable.
- Early help services support the prompt identification of SEND. The family hubs are integral in this. Early help practitioners are skilful at developing trusting relationships with families. This gives children and young people with SEND a strong start in education.
- Social care oversight of children and young people with SEND is robust, including

those who are statutorily supported by social care services. This is comprehensive for those who may need out-of-area residential provision. Those children who are at risk of exploitation continue to receive multi-agency support and oversight when they become adults, due to their increased vulnerability.

- Children and families benefit from the thorough and timely delivery of mandated visits as part of the Healthy Child Programme. Public health nursing teams work collaboratively with practitioners across education, social care and health to respond quickly and flexibly to identify and meet emerging need.
- Some health support is effective. Children with SEND in schools access a responsive school nursing service. Once in the physiotherapy service, children and young people with SEND receive support that reduces barriers to learning. This ensures that, where possible, they can remain in mainstream education.
- Children in early years receive the support they require for their speech and language needs. The therapy service provides settings with useful consultation and training. The partnership's support of early years settings, for instance from area special educational needs coordinators, is effective at helping them assess and support need.
- The dynamic support register (DSR) demonstrates successful multi-agency working. The tenacity of practitioners helps to meet children's and young people's social, emotional and mental health needs. Other prompt and collaborative interventions also support some of these children and young people. For example, a specialist mental health team works closely with practitioners from the DSR team to help prevent escalation of need for those children who are not eligible for formal inclusion on the DSR.
- Leaders collaborate very well with education providers. This leads, for example, to wide-ranging SEND training. Education leaders and staff buy into the partnership's aims and priorities. The result is better outcomes for children and young people with SEND, such as those who are out of school quickly finding a new and suitable setting.

What does the area partnership need to do better?

- There is inconsistency in the quality of children's and young people's EHC plans. In particular, EHC plans do not routinely or accurately reflect children's and young people's health and social care provision. There are gaps in information about speech, language and communication needs. EHC plans often have minimal information about preparation for adulthood. This creates shortfalls in children's and young people's support.
- The partnership's provision for children and young people with SEND as they progress into adulthood is not coherent enough. For example, transitions to adult attention deficit hyperactivity disorder services often start too late to be meaningful. Specialist health transitions can be fragmented. This is particularly the case for speech and language, dietetic or incontinence support. Variation in approaches to diagnosing learning disabilities creates unnecessary barriers for young people as they move into adult services and access the GP register. There are delays in assessment as disabled children transition from children's into adult social care. This can make the transition

rushed and less personalised and results in some young people's needs escalating.

- Many parents and carers report dissatisfaction. The numbers of complaints about SEND are high. Furthermore, many cases reach tribunal without a successful resolution. These frustrations are not helped by poor communication from some services.
- Sometimes, disabled children do not get the help they should. While an EHC plan is not required for a referral to the children with disabilities social work team, some practitioners are unclear whether this is the case. This is, in part, due to limited communication and understanding about the service. This creates frustration and unhelpful delays.
- Waits to access occupational therapy and speech and language therapy are too long. There is not sufficient resource in the services to meet needs. Issues are further exacerbated by overly complex and unhelpful commissioning arrangements. Sometimes, children's and young people's conditions worsen because of the lack of support.
- Children and young people wait too long for neurodevelopmental assessments. At times, they experience a lack of support during these long waits. For example, sometimes families turn in distress to GPs for help rather than receiving timely communications and support from the partnership.
- Waits are too long for some aspects of mental health support. The partnership mitigates some of the effect of this. For example, children and young people with SEND and their families can access guidance from a duty line staffed by clinicians. However, many miss out on the support they need, particularly post-16 young people with SEND as they become adults and transition out of child and adolescent mental health services (CAMHS).
- Some aspects of the area's work are not as joined up as they could be. For example, the partnership does not routinely share information on children and young people with SEND who are EHE with the school nursing service to ensure that they are able to access support. GPs sometimes do not know which children and young people are EHE. There is not a system to make GPs aware of EHC plan content. This means the care that GPs provide may not be fully matched to children's and young people's needs and situations.

Areas for improvement

Local area partnership and ICB leaders should establish clear accountability processes and milestones in their work to reduce waiting times and improve outcomes across speech and language and occupational therapy services, neurodevelopmental pathways and mental health services so that improvements are achievable, sustainable and equitable.
The local area partnership needs to improve its provision for children and young people with SEND as they progress into adulthood, coordinating services effectively

across education, health and social care and ensuring the support is specified in EHC plans, where these are in place.
Local area partnership and ICB leaders should prioritise reducing waits for post-16 young people approaching adulthood within CAMHS pathways and ensure appropriate interim support, risk management and transition planning are in place so that needs are addressed effectively before transition to adult services.
Leaders across the partnership should accelerate their work to improve the quality of EHC plans. They should ensure that: • EHC plans accurately reflect children's and young people's health and social care needs and provision • EHC plans better reflect children's speech, language and communication needs, and the support required to meet those needs
The local area partnership should ensure that there are clear pathways and access to support provided by the social care children with disabilities team. In particular, when the need for support is identified, this should be communicated well and understood by children, young people and professionals.

Local area partnership details

Local authority	Integrated care board
Solihull Metropolitan Borough Council	NHS Birmingham, Black Country and Solihull ICB
Rasheed Pendry, Director of Children's Services	David Melbourne, Chief Executive Officer
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Information about this inspection

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

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

Inspection team

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