

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

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



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Helen Riley
Deputy Chief Executive and Director for Families and Communities
Staffordshire County Council
Tipping Street
Stafford
ST16 2DH

Marcus Warnes, Clinical Commissioning Group Chief Officer
Tim Moss, Local Area Nominated Officer

Dear Mrs Riley and Mr Warnes

Joint area SEND revisit in Staffordshire

Between 18 and 20 January 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Staffordshire to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 8 January 2019.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 1 May 2019.

The area has made sufficient progress in addressing six of the significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two of the significant weaknesses. This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and local authority and National

Health Service (NHS) officers. Inspectors also spoke to school leaders, the parent carer forum (PCF), Staffordshire's Special Educational Needs and Disabilities Information Advice and Support Services (SENDIASS) and representatives of Voice for Change. Inspectors looked at a range of information about the performance of the area in addressing the eight significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation. Inspectors also looked at a sample of education, health and care (EHC) plans and the EHC hub. Inspectors considered the responses to the parents' and leaders' surveys, the emails received from parents and documentation sent to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

Main findings

At the initial inspection, inspectors found the following:

- **Leaders in education, health and care had not worked together to organise roles and responsibilities, establish a united vision and strategic plan, communicate effectively, drive improvement or share what works well.**
- Leaders acknowledged the findings from the last SEND inspection and identified that systemic and cultural change was needed to ensure long-term and sustainable improvements for children and young people with SEND in Staffordshire. Despite a strong commitment to move forward as a united area, the pace of change to achieve the outcomes in the written statement of action has been slower than originally planned. This is, in part, due to changes in leadership in both NHS services and the local authority. The COVID-19 pandemic has also, to some extent, hampered the pace of improvement.
- Nevertheless, since 2020/2021, momentum has gathered and there have been some improvements across the area. Stronger joint working relationships have been established across the education, health and care sectors. During the COVID-19 pandemic, area leaders improved collaborative work across services. SEND is now a priority in education, health and care services. The 2020–2025 SEND Strategy has been co-produced (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) and sets out four key priorities and a united and agreed strategic vision.
- The SEND and Inclusion Partnership Group is now well established. It has effective governance structures and responsibilities to support the joint vision and ambition to improve outcomes for children and young people with SEND. SEND and inclusion hubs are established across the eight districts. They promote a

whole-system approach to inclusivity and decision-making to improve outcomes for children and young people with SEND.

The area has made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors, found the following:

- **Aspirations and expectations for children and young people were not routinely high enough.**
- Leaders across education, health and care have worked with a range of stakeholders, including schools, children and young people and families, to make sure that everyone has the highest expectations and ambition for what children and young people with SEND can achieve. Developing an inclusive culture has been at the forefront of this work.
- The elective home education service has increased capacity by appointing more officers since 2018. Joint working has strengthened between parents and carers and other services to ensure children and young people with SEND can access suitable provision when being electively home educated. This is improving outcomes for these children and young people. Robust processes are in place to ensure that school attendance orders are used where home education is found to not be meeting a child or young person's needs.
- The Future Matters service works closely with the SEND and inclusion hubs. The service works with schools and professionals within the hubs to identify children and young people who may need additional support to help them to achieve their potential. This early identification of need is helping to prevent issues escalating for some children and young people.
- The youth offending service project has been very successful in supporting the reduction in exclusion rates for vulnerable children and young people. To date, the service has supported 150 children and young people and seen an 85% success rate for children and young people referred into the service. This project has strengthened communication and multi-agency working. For example, there is increased engagement and training with alternative providers and pupil referral units (PRUs).
- The area has introduced a 'relational and restorative practice' initiative. This is aimed at supporting schools to work with children and young people and their families to prevent permanent exclusions. This approach has already led to some permanent exclusions being rescinded by schools. The area leaders are continuing to roll this initiative out through the district hubs.
- The processes and quality of health assessments for children looked after have improved. There is better collaborative working between health and care services. For example, there are regular multi-disciplinary team meetings to ensure that children and young people's complex needs are met effectively. All health

assessments completed for children and young people who are placed in other local authorities are quality assured.

The area has made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

- **Co-production was weak. Parents felt that the local area did not listen to them or their child. The 'tell it once' approach was not embedded. The area's relationships with schools and families were fragile.**
- Co-production at a strategic level has improved. A new PCF was established in May 2021. The PCF and SENDIASS are integral parts of the written statement of action and improvements to the SEND agenda. Both have been actively involved in the co-production of the autism in school services. The PCF has had some limited input into other projects, such as the 'Voice of the Child' project. Their full integration into co-production is still developing.
- There remains a significant lack of co-production with parents more widely. For example, parents and children and young people with SEND are not fully involved in the development of EHC plans or the annual review process. Progress in this area has been too slow. Many parents and carers reported that they are very frustrated with the SEND provision across the area.
- Relationships with parents remain broken and fragile and show little sign of improvement. Too many parents and carers report that there continues to be a lack of joined-up working, that they do not feel listened to, and that they continue to have challenges in accessing provision across education, health and care such as therapy services and transport. During the inspection, several of their concerns were found to be justified.
- The area's relationship with schools and providers has improved since the last inspection. The development of the district hubs has helped to facilitate this. Across Staffordshire, schools are working more closely together. There is a better understanding of children and young people's needs and more effective information-sharing between professionals. School leaders appreciate the specialist input into meetings in the hubs. While relationships with schools have improved, school and provider leaders report that there continues to be significant issues with the EHC processes, and particularly annual reviews.

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

At the initial inspection, inspectors found the following:

- **The quality of EHC plans was poor. Health and care workers did not contribute to the process effectively. The targets and outcomes in plans were not aspirational enough. The annual reviews of EHC plans were**

often not completed on time or did not contribute effectively to the review of the children and young people's needs or the support and help they received.

- The area has developed an EHC hub, which is a digital portal for EHC assessments and annual reviews. The hub is accessible to multiple professionals and stores a range of evidence in the development of assessments and reviews. The area now has a central panel process for all EHC assessment decisions, which includes links with health and care partners. This process is aimed at promoting a consistent approach to referral and assessment across Staffordshire.
- However, the EHC assessment and annual review processes remain a significant concern. While initial assessments and the issuing of plans are showing signs of being more timely, the plans issued continue to be of poor quality. The drive to improve the timeliness of issuing new plans within the statutory deadline has been to the significant detriment of the annual review process and the quality of the plans issued. Over the last 12 months, only approximately 50% of annual reviews have been completed. This is unacceptable and does not ensure that the plans reflect up-to-date information about children and young people's needs. There continues to be limited input into needs assessment requests from health and, particularly, care.
- The majority of EHC plans reviewed during the inspection had missing information, including the voices of children and young people and parents. The outcomes are vague and do not clearly set out how the plan will improve outcomes for children and young people with SEND. In addition, some plans do not include outcomes for children with social care involvement. Many plans are not fit for purpose. Parents, carers and schools are frustrated and angry about the poor quality of EHC plans, the ineffective identification and assessment processes, the long waits for documents to be completed and shared, and the delays in completing annual reviews. On some occasions, parents have had to wait as long as three years for an annual review to be updated. Inspectors found that parents' and schools' concerns are justified.
- The area's quality standards for EHC plans were launched in 2021. However, they have not led to an improvement in the quality of the plans issued. The area is developing a multi-agency quality assurance process to review the plans. However, this is yet to be launched. Work to improve the quality of EHC plans is at an early stage of development and is yet to show any positive effect in improving the quality of EHC plans. Area leaders recognise that the quality of EHC plans remains inconsistent.
- It is clear that there is a significant lack of capacity within the EHC needs assessment panel. This will not enable the area to address the current backlog of EHC needs assessments and annual reviews. In addition to this, the parents' and school leaders' concerns that key workers do not attend annual reviews can also not be addressed. The area has recently recruited additional key workers, but

they are not yet in post. The lack of capacity within this team is a significant concern.

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

At the initial inspection, inspectors found the following:

- **The review of children and young people’s needs at transition points between key stages in education and from one phase of education to another was weak. As a result, children and young people were often not prepared for the next stage of learning, training or adulthood.**
- Community health services have developed integrated pathways across a range of children’s services to coordinate care and enhance the provision for families. A transition group has been established across children, young people and families’ health services. There is a clear ambition and a strategic commitment to improve the transition for all children and young people within community health, for example by completing a benchmarking tool of children’s health services in order to shape and influence service improvements.
- A preparation for adulthood pathway has been developed to support young people’s progression into adulthood. A guide to post-16 education and additional training for practitioners, developed in conjunction with schools, careers and care colleagues, has been recently launched and is available on the local offer.
- Some school leaders report that the district hubs have improved the transition of children and young people as they move from one school to another. Leaders share detailed information about children and young people’s SEND needs in the hub meetings and work together to ensure that there is a smooth transition between schools. However, other leaders report that information-sharing in hubs where primary and secondary schools are separate is more challenging, so transition is not as effective.
- The preparing for adulthood strategic group has clear plans to drive the programme forward and has identified key areas that need to be focused on further, for example the need to acknowledge that there may be different outcomes for young people who may require bespoke commissioning solutions for different pathways. Area leaders reported that COVID-19 has negatively impacted on some of the area’s work. For example, the preparing for adulthood and progression to post-16 education and training professionals guide is yet to be fully rolled out across the area.

The area has made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

- **A wide range of leaders and families raised concerns about the quality of the graduated response and the spirit of inclusion in Staffordshire.**
- The area has continued to develop the graduated response toolkit (GRTK). It consists of toolkits for early years, schools and post-16. The GRTK took longer to implement than area leaders anticipated. However, there is evidence that the GRTK is being used by a high proportion of schools across the area. In addition to this, there is evidence to show that schools are increasingly using the GRTK more effectively. For example, the number of school requests for an EHC needs assessment that are accepted is increasing. Area leaders stated that this is because of a more effective use of the GRTK and the use of the 'assess, plan, do, review' cycle.
- Leaders have a strong oversight of the number of part-time timetables that are currently being used. They review the live data that schools submit to the area's digital portal to track the use of the timetables. Leaders review this information and identify children and young people with SEND who may need additional support and intervention to help them to return to full-time education. This more detailed oversight of the use of part-time timetables means that children and young people are returning to full-time education in a timelier way.
- The district hub model has resulted in closer working relationships between schools. This enables special educational needs coordinators (SENCOs) to share best practice, advice and information. Leaders report that regular hub meetings enable schools to have detailed information about children and young people with SEND and their needs.
- Hubs have engaged with multi-agency partners such as care, early help, autism outreach and sensory impairment teams. Stronger multi-agency work is enabling schools to obtain specialist advice to support children and young people in their schools.

The area has made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

- **The oversight of improvement work in schools, alternative provision and the independent sector was weak.**
- Since the last inspection, the area has carried out considerable work to improve the monitoring, evaluation and oversight of alternative provision, PRUs and independent settings. The area has a better oversight of the quality of the providers now.
- The alternative provision panel is made up of representatives of a range of settings and services. The panel checks that an alternative provision placement is appropriately matched to a child or young person's needs and monitors their progress while in the provision. This oversight and close working relationship with

schools means that children and young people's needs are supported well and helps them to better engage with education.

- In response to the increasing number of exclusions in primary schools, area leaders recognised that alternative provision was needed in the primary sector to provide early intervention to prevent permanent exclusions. This has now been developed and the primary alternative provision is supporting primary pupils at risk of exclusion and/or with social, emotional and mental health difficulties effectively.
- There has been increased investment in the PRUs to improve the area's provision. This includes providing additional funding for children and young people, opening a new site and upgrading another. The PRUs work closely with schools to support excluded and vulnerable children and young people. Area leaders have developed a range of benchmarks and assessments that enable them to evaluate the effectiveness of the provision and how well it is improving outcomes for children and young people. In addition to this, annual school improvement partner visits have been funded to provide further quality assurance of the provision.
- There are detailed tracking systems in place to monitor where children and young people are placed in independent schools and how long they have been in the placement. Following a placement in an independent setting, reviews of the provision are carried out within set timeframes. The area now has detailed monitoring systems in place to check the effectiveness of the provision in independent schools. The vast majority of independent schools have signed up to this process.
- As a result of the close monitoring of alternative provision, PRU and independent settings, pupils on part-time timetables and excluded pupils now have access to better quality provision that more effectively meets their needs.
- The SEND training offer for education, health and care professionals has been expanded. It has been developed by utilising national resources and support from the council for disabled children. Whole-school SEND training has been completed with 25 schools, and a further 200 have accessed the initial training at this stage. School leaders recognise the work of area leaders to build capacity and expertise within their schools through this training programme.

The area has made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

- **Children, young people and their families did not yet have access to the right help and support. Arrangements for accessing some services were confusing and complicated.**
- Since the last inspection, there have been fundamental changes in area leadership, and health providers have merged. This has led to a significant shift in

more integrated working across services. This is improving pathways to help children and young people have access to the right health support. SEND champions across health services have been identified to promote and influence provision for children and young people with SEND and their families.

- The review of access pathways for child and adult mental health and autistic spectrum disorder services up to 25 years was finalised to simplify access to their services and improve provision. The autism service in South Staffordshire has been recommissioned and there is now a single provider for autism and children's mental health services with the same leadership and oversight.
- Since the last inspection, education, health and care attendance at a range of multi-agency meetings and panels has increased. This strengthens operational professional relationships to support early intervention and coordinate care for children and young people. The SEND and inclusion hubs and district model have enhanced joint working.
- The local offer has been revised. Stakeholders have been told about the changes. Information is regularly reviewed and updated to more accurately reflect the local area's SEND offer. This means that parents have better information about resources to help and support their children. The number of people accessing the local offer has more than doubled since the last inspection.
- However, some parents and carers still report challenges with accessing some education, health and care provision and services. For example, some parents have paid for private assessments to form part of their child's EHC needs assessments to ensure that their child's needs are fully reflected in the EHC needs assessment process.

The area has made sufficient progress to improve this area of significant weakness.

The area has made sufficient progress in addressing six of the eight significant weaknesses identified at the initial inspection. As not all the significant weaknesses have improved, it is for DfE and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Ann Pritchard
Her Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook Regional Director	Manir Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Ann Pritchard HMI Lead Inspector	Rebecca Hogan CQC Inspector

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