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Jan Ledward, Chief Operating Officer, Knowsley Clinical Commissioning Group

Jill Albertina, Local Area Nominated Officer, Knowsley Metropolitan Borough Council

Dear Ms Moss and Ms Ledward

Joint area SEND inspection in Knowsley Metropolitan Borough Council

Between 14 and 18 March 2022, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Knowsley Metropolitan Borough Council to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

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

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

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required because of significant areas of weakness in the area's practice. HMCI has also determined that

the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement 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.

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

Main findings

- Leaders are passionate about improving outcomes for children and young people with SEND in Knowsley. However, the area was slow to respond to the 2014 SEND reforms. Since 2018, leaders have made progress at pace. Their vision and SEND strategy have been co-produced with parents, carers, children and young people. This partnership working has helped to ensure that leaders' assessment of the area's strengths and weaknesses is accurate.
- Leaders recognise that developments will take time to embed and result in improved outcomes for children and young people with SEND. While there are some strong signs of positive impact in Knowsley, and leaders should be commended for their recent work, there is still work to do to make up for lost time. These positive changes are not consistently impacting well on the lived experience of parents, carers, children and young people.
- Preparation for adulthood is the biggest concern for many parents and carers in Knowsley. For many children and young people with SEND, preparation for adulthood starts too late. This means that too many children and young people with SEND face uncertainty in their future education, training or employment pathways. Many parents report that they do not have the information and guidance needed to be well informed about the next stages of education, employment or training that are available for their child or young person.
- Joint commissioning works well in Knowsley. Leaders have ensured that this is based on the needs of their community by working strategically with the parent carer forum (PCF). Leaders' work has been informed by a comprehensive and updated SEND joint strategic needs assessment (JSNA). Planning involves a range of partners from both children's and adult services who support the 'Knowsley 2030' strategy. This approach promotes a shared vision for all children and young people and ensures joined-up decisions from health, education and social care.
- Leaders acted quickly at the start of the pandemic to ensure that vulnerable children and young people, including those with SEND, attended school if this was appropriate. They also provided creative support at this difficult time. An example of this was a 'toy bank' that provided children and young people out of education at that time with resources to stimulate sensory play.

- The healthy child programme is not delivered effectively in Knowsley. The service is limited due to current low levels of staffing. Universal antenatal and six-week contacts with health visitors are not offered. In addition, only two thirds of the one- and two-year-old reviews are completed. Consequently, young children's needs are not identified early enough.
- Since 2019, leaders have recognised the neurodevelopmental pathway was not fit for purpose. They have redesigned and strengthened the offer in partnership with other health providers. However, the impact of this, combined with the challenges of the pandemic, has not significantly reduced the high numbers of children and young people who are awaiting a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD). Professionals report that support is available to families while they are waiting. However, too many parents are not aware of this offer. Children and young people wait too long for an assessment.
- Leaders have strengthened the offer of support to schools and settings, including post-16 establishments. They have also improved the structure and capacity of the SEND service. As a result, schools and settings are better able to meet the needs of children and young people with SEND. School leaders described their improved trust and confidence in the local area's leadership of SEND.
- Co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) is at the heart of leaders' SEND strategy. This is well understood by parents, carers and professionals. The impact of this is shared ownership of strategic planning and decision-making, which is rapidly ensuring a more inclusive culture across Knowsley.

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

Strengths

- Midwives identify factors prior to birth that may impact the health and well-being of children. They work closely with partners in health and care to support families with identified needs. Consequently, these families benefit from having their children's needs identified from the earliest age.
- Leaders have worked effectively to check how accurately children's and young people's specific needs are identified. They recognise that many children and young people were previously incorrectly identified as having moderate learning difficulties. As a result of improved speech, language and communication training, more children now have their communication needs accurately identified.
- The team around the family process offers a robust way of working for the assessment of needs in the early years. When required, children and young people are referred to a range of services, including therapists and social care

professionals. This means that children's and young people's needs are considered and identified well by a range of agencies.

- Special educational needs and/or disabilities coordinators (SENCOs) are familiar with a range of specialist services. These services provide professional guidance and support. This includes advisory teachers, educational psychologists and speech and language therapists. Leaders in post-16 settings also receive this support. As a result, SENCOs have improved confidence and ability to identify and meet children's and young people's needs.
- Parents, carers and professionals value the delivery of health services in school settings. For example, an increasing number of therapists and mental health workers assess and support children and young people in their settings. This is improving engagement between families and professionals and reducing missed appointments.
- The youth offending service assesses all children and young people who need their support. For example, the youth offending service works closely with therapy services and educational psychologists to assess literacy and speech and language needs following referral to their service. This ensures the accurate identification of SEND for these children and young people.

Areas for development

- Children in Knowsley are not offered the universal healthy child programme. A change in provider in February 2022, and the subsequent loss of staff, have resulted in a reduced offer from the health visiting service. Specifically, antenatal and six-week contacts with a health visitor are not offered to all families. This negatively impacts the timely identification of needs in the earliest years.
- School nurses have limited capacity to provide support in schools and colleges. They only offer targeted provision due to a change in service provider and a reduction in staffing levels. School nurses told inspectors that their focus is primarily on supporting children and young people who are vulnerable. This means that some children's and young people's needs are not identified as access to school nurses is not universally available.
- Speech and language therapists told inspectors that referrals for children and young people in secondary education are low. The service was limited before 2020. Therapists are certain that there are children and young people who have not had their communication needs identified fully. Leaders have invested in the speech and language service since 2020, but this is yet to be fully embedded in secondary schools and post-16 settings. This means that there is the potential for children and young people to have unmet speech, language and communication needs.

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

Strengths

- Education, health and care plans (EHC plans) contain the child's or young person's aspirations, their voice and the voice of their parent or carer. Outcomes are person centred and ambitious. They are often matched closely to the identified aspirations. The health, social care and educational provision is generally detailed. This means that professionals, parents and carers know what children and young people require to have their needs met effectively.
- Leaders in schools, colleges and early years settings have noticed the considerable and recent improvements to the quality of EHC plans. Annual reviews of EHC plans are completed in a timely way. Since the pandemic, health professionals attend meetings more often, utilising online technology. As a result, a wider range of professionals are contributing to the annual review process. This improves the quality of support in place for the child or young person.
- The work of specialist teaching teams is appreciated by parents and professionals. These services, including services for children and young people with hearing and visual impairments and autism spectrum disorder, support education professionals, parents and carers to meet their needs well.
- The graduated approach to meeting children's needs in early years settings is well embedded. Early years leaders report an improved ability to assess and meet needs due to a range of effective tools and interventions. Clearer systems for onward referral are also acknowledged by professionals. This jointly contributes to children's needs being met more appropriately in the early years.
- Knowsley Parent Carer Voice (KPCV), the local PCF, engages closely with leaders of many workstreams and agencies. Due to the actions of area leaders, this engagement has improved significantly since 2018 and ensures that the voice of parents and carers is heard. KPCV also provides information to more than 5,000 active users on social media. Parents and carers feel supported by KPCV and the SEND information, advice and support service to navigate through the SEND process. For example, these groups provide guidance to parents and carers when filling out forms or they signpost parents and carers to useful charities.
- Leaders have developed an effective dynamic risk register. This helps all professionals working with children and young people with SEND to identify families who are moving towards crisis. These families include those at risk of placement breakdown or those requiring emergency admission to health services. This helps professionals to target work innovatively and support those families to maintain stability for the child or young person.

- Children and young people newly diagnosed with ADHD are offered support in the form of workshops for families around what to expect, the use of medication and support with sleep and behaviour difficulties. This supports parents and carers to manage the condition and its effects more easily and promotes informed decision-making.
- Joint commissioning in Knowsley is strong. There are many examples of how leaders have identified needs and acted together, with parents, carers and professionals, to make improvements. An example is the jointly commissioned positive behaviour support service. Leaders react proactively to needs that are identified in the area. For example, during the pandemic, leaders commissioned contingency workers to support children and young people who needed continuing care so that they could access education. Parents and carers' voice is more central to these commissioning decisions now. For example, leaders acted on the need to improve sensory provision for children and young people with SEND following parental feedback.
- Children and young people with SEND who have the most complex health needs receive highly effective support from the community children's nursing team. This team supports the family, often continuing to support them after the loss of a child. The team works with children and young people with complex SEND who are aged between birth and 18 with a meticulously well-planned transition to adult learning disability services. This means that the community nurse is there for the child, young person and their family throughout the young person's journey into adulthood. It also ensures that families do not need to repeat their stories to different professionals.
- Waiting times for the child and adolescent mental health service have been reduced to 12 weeks from referral to initial appointment. This is due to significant investment and a revised model of care which has increased the capacity of the team. Leaders have also developed a more blended model of care since the pandemic, for example offering the child or young person the option to meet remotely or in person. This has increased attendance and engagement with the service.
- The local area offers a range of short breaks to children and young people with SEND. During the pandemic, parents and carers on the short breaks waiting list were offered a personalised service so that parents could meet their needs during this difficult time. For example, parents and carers purchased sensory toys to support children's needs during the lockdown restrictions. Children and young people access leisure and social participation opportunities in the local area. This is more limited for those with complex needs.

Areas for development

- Children and young people in Knowsley wait too long for assessment on the neurodevelopmental pathway. This pathway assesses ASD, ADHD and other

neurodevelopmental conditions. The local area identified this weakness in 2019 and started to address the long waiting times. By 2020, waiting times were improving. However, at the time of the inspection, over 700 children and young people are still waiting for an assessment. A small number have waited for more than three years. Families told inspectors that they have limited communication from agencies while they wait and do not know where to go for support.

- Some outcomes in EHC plans, relating to preparation for adulthood and social, emotional and mental health needs, are not sufficiently specific. Leaders do not know how well children and young people are doing. This causes some confusion for parents, carers and professionals.
- Occupational therapy teams only provide parent and carer sensory advice sessions. They do not offer direct work with children and young people. This is due to high vacancy levels in the service. As a result, children and young people with sensory needs receive a less-personalised offer of care.
- Leaders do not communicate the recent improvements to the area's provision for SEND to parents and carers well. Parents and carers also report that they are not aware of the range of supportive services across health, education and social care that are available. For example, parents and carers were not aware of the support available while they were on waiting lists for ASD assessment. Leaders know this is an area for improvement. However, this limits parents and carers' confidence and their ability to access the support that could meet their child's or young person's needs in a more timely way.

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

Strengths

- Leaders' self-evaluation of the area is accurate. They have used multiple sources of information, including peer review and a detailed JSNA, to craft their ambitious SEND strategy. This has ensured that their vision for SEND has started to improve outcomes for children and young people with SEND since 2018.
- Leaders have reviewed the speech and language service since 2020 and have increased the capacity of the service. Waiting times have been reduced from 18 months to 18 weeks. This process has been further enhanced by having therapists linked to each school. As a result, the speech, language and communication skills of children and young people with SEND are improving.
- Speech and language therapists have become locality based to support families to be seen in a setting, their home or a local clinic. This is particularly important for those children under five years old. This personalised approach is improving outcomes and increasing attendance at appointments.

- Therapy teams and education professionals report strong multi-agency partnerships because of the new ways of working. This is resulting in better outcomes for children, young people and their families, such as improved access to health and social care support and guidance.
- The improved understanding of children and young people's needs, and specific support and challenge from the local area, contribute well to there being no permanent exclusions for children and young people with SEND in recent years. This means that more children and young people with SEND remain in school and receive an education.
- Most children with SEND get off to a strong start in school. There is ongoing support to develop children's early language skills. Most children with SEND in the early years achieve well.
- An attendance panel keeps a close eye on children and young people's attendance. When required, education improvement advisers challenge settings to improve children and young people's attendance. There is a specific focus on pupils with SEND. This approach is improving children and young people's attendance in schools and settings.
- Transition to adult health services is well planned for young people with the most complex SEND. The adult learning disability service has transition leads for speech and language therapy, occupational therapy, physiotherapy and nursing. These professionals work together to ensure a smooth transition from children's to adult services. This means that children and young people in special school settings with the most complex needs will be monitored from when they reach 14 years of age. Professionals also attend the young person's final EHC plan review meeting so that adult services are ready to provide continued support when the young person reaches 18.
- Most respondents to Ofsted and the CQC's survey indicated that educational settings are improving their child's or young person's outcomes. Many parents reported positively on the impact of individual schools and SENCos. School leaders are assured that developments introduced by area leaders since 2018 have had a positive impact on the health, education and social care outcomes for children and young people in Knowsley. They have seen a continued drive for improvement in recent years.

Areas for development

- Preparation for adulthood starts too late for too many young people with SEND in Knowsley. Parents and carers report this as one of their biggest concerns. The vast majority of parents who responded to Ofsted and the CQC's survey stated that they do not believe their child is well prepared for adulthood. They are worried about their child or young person's future. For example, they worry about whether their child or young person will be able to live a happy, independent life. They are also concerned about whether their

child or young person will be able to access suitable settings and services in adulthood and participate well in society.

- A significant proportion of young people who are post-16 with an EHC plan are not in education, employment or training. This impacts negatively on their outcomes, including how well prepared they are for adulthood.
- Children and young people with SEND, including those at SEND support, do not achieve well in secondary education or post-16 settings. This position has not improved over time. These young people are not as prepared for life beyond secondary education as they should be.
- Parents and carers reported that some secondary schools are less inclusive than they should be. 'They just don't want to know about us,' was how it was described by some parents and carers. Some parents believe that special schools are the only answer to meeting their children's needs. As a result, some children and young people with SEND attend schools which are not in their home community. This prevents some children and young people from maintaining relationships with peers in their local community and participating successfully in leisure activities.
- Parents and carers report that they are incredibly worried about their children's move to secondary school and then on to post-16 education. They are unsure what is available and say that conversations start too late. This is especially the case for parents and carers of children and young people with more complex needs, who are not introduced to a suitable next step early enough. This results in worry, stress and a lack of time to prepare for a suitable transition.
- School and college leaders explained that transition is not always strong for learners post-16. While there has been a significant improvement in transition for children and young people with an EHC plan, the same is not true for those at SEND support. For example, SEND support plans that describe useful support strategies are not routinely passed from secondary schools to further education providers. This means that education leaders are not informed about young people with SEND as early as they should be.

The inspection raises significant concerns about the effectiveness of the area

The area is required to produce and submit a WSOA to Ofsted that explains how it will tackle the following areas of significant weakness:

- the planning for and communication about preparation for adulthood that starts too late for too many young people with SEND
- the lack of a universal birth to 25 public health offer, resulting in poor identification of needs in children with SEND in the earliest years

- the high number of children and young people who wait too long to have their neurodevelopmental needs assessed, compounded by variable communication and support to families while they wait.

Yours sincerely

Adam Sproston
Her Majesty's Inspector

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Cc: Department for Education
Clinical commissioning group(s)
Director of Public Health for the area
Department of Health and Social Care
NHS England