

Area SEND inspection of Plymouth Local Area Partnership

Inspection dates: 26 to 30 June 2023

Dates of previous inspection: 10 to 14 October 2016

Inspection outcome

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately 3 years.

As a result of this inspection, HMCI requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

Information about the local area partnership

Plymouth City Council and NHS Devon Integrated Care Board (ICB) are responsible for commissioning and planning the services for children and young people with SEND in Plymouth.

There have been recent changes to some senior leadership posts in the local authority's services for children and families. The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Devon ICB took over the commissioning of health services from the Devon Clinical Commissioning Group.

Plymouth City Council commissions a range of alternative provision. This provides education for children or young people, including those who cannot attend school due to social, emotional and mental health and/or medical needs, or for those who are at risk of or have been permanently excluded.

What is it like to be a child or young person with SEND in this area?

Children and young people with SEND are not placed at the centre of the essential services in health, education and social care. Leaders are not working closely enough together to ensure that children with the most need currently in the system are prioritised, particularly those children and young people with needs across different services. As a result, some children and young people wait too long to get the help they need and get 'stuck' in the system. These children's difficulties become greater while they wait to get the right support. This is leading to poor outcomes for some children and young people.

Leaders across health, social care and education are not working together well enough to give children and young people currently in the system the urgent attention they need. This lack of oversight means children with complex needs are not getting coordinated care and multi-agency support. This includes vulnerable children with complex needs, such as those children living out of area and those children accessing short breaks without proper monitoring, assessment or review of their needs.

Leaders recognise that their current approach must improve and are rightly creating new ways of working to meet the needs of children and young people with SEND. However, leaders across education, health and social care have not given enough attention to those children and young people who currently must be supported. This is because partnership leaders are not working effectively together to share information and identify those children and young people whose help they need to prioritise.

Children, young people and their parents told inspectors that many individual organisations and practitioners in Plymouth are working hard to meet their needs. However, children and young people do not get the same level of support from all providers. Not all services in Plymouth share the same understanding of how and when to help children with SEND. For example, some schools do not consistently apply the graduated response. This means that the success of the support children and young people receive is not guaranteed because the common approach is not consistently applied.

Too many pupils with SEND have long-term placements in alternative provision where it is not in their best interests, rather than being offered specialist provision or being supported to stay in their own school. Leaders are aware that the commissioning of alternative provision needs to be better if it is to improve outcomes for these children and young people.

Too many children and young people with SEND do not get the necessary help to succeed in secondary school. Sometimes, this is because they do not receive the support they need before secondary school, or for other pupils it is because they do not get the help they need when they are at secondary school. These pupils are also more likely to have poor attendance than other similar pupils nationally. There are also particularly high

incidents of suspensions and part-time timetables for pupils with SEND. Pupils with SEND in Plymouth are also more likely to be permanently excluded from school than other pupils with SEND nationally. Many parents are concerned that schools permanently exclude pupils with SEND for issues that result from particular needs that were not identified early enough or supported effectively once they were.

Many children and young people with SEND who have health and social care needs do not get the required help. This is because the partnership does not have sufficient oversight that the needs of these children and young people are being met. These weaknesses include delay and often repeated requests for early help support, inappropriate thresholds when statutory social care help is needed and lack of proper social care assessment when needs escalate. Currently, the oversight of these children and young people is not strong enough to stop their needs from growing. For example, although children and their families are supported while waiting to see a speech and language therapist, they must wait a long time for an appointment. In some cases, this lack of oversight places vulnerable children at risk of harm, particularly those children living outside of the local area whose needs are not effectively coordinated or met by all agencies.

The local area is going through a prolonged period of change. In recent years, key senior leaders, local organisations, strategies and approaches have changed. Recently, a new approach to meeting the needs of children and young people with SEND has been introduced. This has resulted in many sensible improvements in the area to improve the support for children and young people with SEND and to reduce the time it takes to get specialist support. It is too early to see the impact of these improvements, and leaders have not identified how they will evaluate the impact changes have on the progress and success of children and young people with SEND in Plymouth.

What is the area partnership doing that is effective?

- Leaders across the partnership share a commitment to improve the way they work together in the future. They have put this commitment into action and started to work more closely together. This can be seen in the plans for Family Hubs and ongoing work to establish local bases across the city that provide early help to children, young people and their families. Many leaders and practitioners told inspectors about the increase in collaboration that this is bringing about. Although this work is underway, it is too early to see the impact on children and young people with SEND.
- Leaders are strengthening the early support for young children with language and communication difficulties. This is in response to information showing communication and language as a growing need. Actions such as closer working between health and education partners and the development of training for all early years providers indicate the commitment to this work. This work is at an early stage of development, and it is too soon to see the impact on children.
- Children and young people with SEND benefit from a range of services to meet their social and emotional needs. For example, the Child and Adolescent Mental

Health Service (CAMHS) has developed a responsive early help offer with an initial assessment and brief intervention. Parents spoke positively about the support received from practitioners, including liaising with schools and often advocating for the child. Although children and young people are seen quickly by CAMHS for initial support, they have to wait a long time for more specialised support.

- Local leaders have started working together to reduce the high number of young people with SEND who are not in employment, education or training. A clear plan is in place that links this to wider strategies for work and employment in Plymouth. The range of support on offer, which includes supported internships, training and advice, opens up new opportunities for young people with SEND. The impact is beginning to be seen in the placements and interviews these young people are able to access.
- Plymouth Local Area Partnership effectively identifies and supports those children and young people with autism spectrum disorder or those with a learning disability to avoid hospital admission at times of crises. Process and guidance are in place with leaders implementing improvements in line with national guidance. Parents told us of the positive impact from key workers on their children and young people's mental health. As a result of this help and support, fewer young people require admission to hospital.
- In some schools, pupils with SEND are assessed in a timely way and get the help they need to do well. These schools have well-trained staff and effective special educational needs coordinators. This good practice is underpinned by a strong commitment from leaders to meet the needs of children and young people with SEND.

What does the area partnership need to do better?

- The identification of children and young people's needs is not happening early enough. Not all young children and their families benefit from the checks carried out as part of the Healthy Child Programme. This means some children's needs may not have been identified at the earliest opportunity. In primary schools, the formal assessment process does not always happen early enough. As they get older, young people do not receive timely assessment, help and advice when making the transition to adult services to help them plan for their futures.
- In social care, transitional planning is taking place too late for most young people, at 18 years or later, and is not providing effective support to help young people understand their rights or access to support into adulthood. Many young people moving from child to adult mental health services experience gaps in the provision of services. As a result, these young people do not receive the ongoing support they need.
- In schools, the delay in the identification of need is impacting on the timeliness of the support that children and young people receive. Some pupils do not have their needs fully identified until they come to the end of their time in primary school. This does not prepare pupils well for the move to secondary school. This can lead

to an increased likelihood of poor attendance and exclusion. Consistent early and accurate identification of needs would better support these pupils to sustain their secondary school place.

- The poor attendance of pupils with SEND in secondary school is, for some children, causing their needs to increase. Recent improvements are a step in the right direction, such as the way that information about attendance is shared between schools and other partners. However, it is too early to see if this is making a difference to children and young people with SEND in Plymouth.
- Many parents and carers told inspectors that their child did not get the help and support they needed to prepare them for their next steps. Children and young people wait too long for speech and language therapy, to see a community paediatrician and access an autism spectrum disorder assessment. These wait times exceed national guidelines. Although children and young people can access support while waiting, the delay in having their needs accurately assessed by a specialist professional slows the delivery of a joint approach to the child's care. Children told us that having the identification of their needs through specialist input increased their confidence and self-esteem.
- Most children are not getting timely help through early help or children's social care to address their SEND needs. Social care early help assessments are not analysing the vulnerabilities of children with SEND, including historical information and the potential impact this has on them and their future needs. Children and young people with SEND who need support from children's social care do not have their needs identified at the right time. Thresholds within children's social care are not appropriately applied to address risks and escalating needs for children with SEND. This leaves them at further risk and prevents them getting timely help across all areas of their lives.
- Services are not working in collaboration when children have complex health needs and may need access to continuing care, for example, which is causing strain and risk of family breakdown. Most children supported by the Children with Disabilities social care team are visited and their needs are understood by practitioners. However, this does not lead to these children and young people getting the right help soon enough. This is because there are delays in accessing statutory social care support because of social worker capacity, changes in managers and delayed responses to assess their needs in a timely way.
- A significant number of children receive short break support, including some who receive overnight care, without effective children's social care oversight and review. In addition, assessments are not taking place when needs and risks increase for these vulnerable children or to prevent family breakdown.
- The commissioning and oversight arrangements for vulnerable children living in residential special schools and children's homes at a distance is weak. Although children's social care ensures frequent visits take place, they do not take timely action when children's needs increase. Multi-agency partners are not working together to meet the health, education and social care needs of these vulnerable

children. Partnership leaders are not effectively monitoring vulnerable children's experiences and progress when living out of area. As a result, some children's needs increase because they have been out of education for some time or are not having their health and communication needs properly assessed and met.

- Transition arrangements for children moving between providers and services are not meeting the needs of all children. This is often the case for children and young people as they move from children's to adults' services in social care and health and when pupils move from one stage of education to another. Consequently, for some children and young people, transition results in an escalation of their needs. In some services, there is no process in place to monitor and review the number of children transitioning from children to adult services, or a categorisation of their needs to assist in the earliest planning possible to help plan for their futures. Most children are not benefiting from a consistent or early enough transition to meet their needs when entering adulthood, across health, education and social care.
- Leaders and practitioners in Plymouth do not have a shared understanding of the role and purpose of education, health and care plans (EHC plan(s)). This confusion increases the risk of poor outcomes for children and young people. Sometimes, EHC plans are seen as forms to be completed to access additional funding or a specialist placement. In other examples, the EHC plan was seen as a way of strengthening transition from one school or service to the next. Consequently, EHC plans do not show the knowledge of, or support needed for, the individual child.
- EHC plans do not always contain the health and social care information they need. Leaders have identified the need for more specific health advice in EHC plans. Currently, health services only review a very small number of EHC plans each year. This limits the opportunity of leaders to monitor and review the quality of health contributions. Many EHC plans do not contain information about a child or young person's social care needs when they should do.
- Leaders have worked to ensure that EHC plans are produced within the nationally set timescale. However, they are often overly long and unnecessarily complicated. This, combined with the lack of meaningful contributions from health and social care, makes the plans difficult for practitioners to deliver and, therefore, less likely to have a positive impact on children and young people.
- The local area's alternative provision is having to respond to the high number of pupils excluded and at risk of exclusion. Many pupils arrive at the alternative provision with unidentified SEND. Too many young people with SEND stay in alternative provision for too long. This 'blocks' places and reduces the capacity to offer support to others who need it. Leaders are aware that commissioning needs to improve so that pupils are either able to remain in their own schools or receive the right specialist support. Actions are underway to address these issues, but it is too early to see the impact of these actions.

Areas for priority action

Responsible body	Areas for priority action
Plymouth City Council, NHS Devon Integrated Care Board, school and college leaders.	Leaders, including Plymouth City Council, Devon Integrated Care Board, and school and college leaders, must put children and young people with SEND at the centre of all improvement plans by ensuring that those plans contain clear oversight and tracking in order to measure the direct impact on children, young people and their families.
Plymouth City Council, NHS Devon Integrated Care Board, school and college leaders.	Leaders, including Plymouth City Council, Devon Integrated Care Board, and school and college leaders, should work together and share information to enable the earlier identification of children and young people with SEND who are at risk of increased vulnerability and negative outcomes.
Plymouth City Council, school and college leaders	Leaders, including Plymouth City Council and school and college leaders, should work together to reduce the likelihood of exclusion for pupils with an EHCP.
NHS Devon Integrated Care Board	Devon Integrated Care Board should work with partners to risk assess children on waiting lists, ensuring that those with multiple needs get the earliest support possible.
Plymouth City Council	<p>Plymouth City Council leaders should ensure that children and young people with SEND who also have social care needs get the care and support they need, particularly:</p> <ul style="list-style-type: none"> ■ vulnerable children living in residential special schools and children's homes at a distance; and ■ children receiving short breaks without effective oversight and review, including reassessment when needs escalate.

Areas for improvement

Areas for improvement
<p>Leaders across health, social care and education should improve the consistency of the support offered to children and young people with SEND by ensuring:</p> <ul style="list-style-type: none"> ■ all children receive the mandated checks in line with the Healthy Child Programme; and ■ all children and young people benefit from a consistently applied graduated response.
Leaders across the partnership should continue to address long waiting times for

children and young people requesting support from health services.

Leaders must ensure that all social care, health and education practitioners have the training they need to provide consistent identification, care and support for children and young people with SEND.

Leaders should use the information available to them to plan ahead, ensuring the right services and support are in place to meet the future needs of children and young people with SEND in Plymouth.

Local area partnership details

Local Authority	Integrated Care Board
Plymouth City Council	Devon Integrated Care Board
Sharon Muldoon, Director of Children's Services	Jane Milligan, CEO Devon Integrated Care Board
www.plymouth.gov.uk	www.onedevon.org.uk
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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 from Ofsted, with a team of inspectors, including one of His Majesty's Inspectors and an Ofsted Inspector from Education and Social Care, a lead Children's Services Inspector from Care Quality Commission (CQC) and a Children's Services Inspector from CQC.

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