

## Area SEND inspection of Sandwell Local Area Partnership

Inspection dates: 3 to 7 July 2023

Dates of previous inspection: 18 to 21 March 2019

### 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

Sandwell Metropolitan Borough Council, NHS Black Country Integrated Care Board (ICB) and Sandwell Children's Trust are jointly responsible for the planning and commissioning of services for children and young people with SEND in Sandwell. Children's social care services transferred to Sandwell Children's Trust on 1 April 2018.

There have been changes to the senior leadership of Sandwell's SEND services since the previous inspection. These include the appointment of a new chief executive officer for Sandwell Council, a new director of children's services and education, a new cabinet member for children, young people and education, an interim director of public health and a new chief executive officer for Sandwell Children's Trust. The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Black Country ICB became responsible for the commissioning of health services in Sandwell. In addition, Black Country Healthcare NHS Foundation Trust became the lead provider for mental health services, having already had this responsibility for learning disabilities and autism services.

Sandwell Council commissions a range of alternative provision inside and outside of the borough. This is to provide education for children and young people, including those who cannot attend school due to social, emotional and mental health (SEMH), and 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 valued in Sandwell. However, their experiences are variable due to the inconsistencies that exist across the local area partnership. Area leaders are aware of the inconsistencies and are taking appropriate action to address them. For example, they acknowledge the current reliance on out-of-area specialist provision and are pursuing a 'Sandwell first' approach. This approach aims to make better use of available space in existing education settings within the area. Some of the local area's improvement plans are in the early stages of development.

Many children and young people with SEND in Sandwell thrive when their needs are identified accurately, without unnecessary delay, so that the best possible provision can be put into place. However, for some children and young people with SEND, this does not happen. A lack of multi-agency working means that too often the identification of need is delayed, which hinders putting the right help into place. Parents and carers comment that the SEND system works better if an individual professional, such as a teacher, a therapist, or a social worker, champions their child's cause.

Children and young people with SEND appreciate the help they get in their education and training settings. There are examples where tailored support is put into place, which helps them to flourish and achieve well. This includes children and young people with SEND following speech and language therapy programmes in their education setting. However, setting leaders at times become frustrated when multi-agency partners do not work well together, which hinders children and young people with SEND receiving the support they need.

Children and young people with SEND value the extra-curricular activities that their education settings offer. For example, pupils with SEND in a secondary school attend an after-school cadets club, where they learn life skills. Plus, they are proud of what they achieve in their role as careers ambassadors supporting other pupils. However, children and young people with SEND and their families would value a wider range of out-of-school activities being made available through the short breaks offer, especially during school holidays. Currently, the offer is limited.

Young people with SEND access a range of post-16 provision, including specialist colleges, supported internships and support for employment. However, there is a lack of post-16 provision in Sandwell, which leads to a reliance on out-of-area providers. This means that some young people with SEND travel out of their local community to attend an appropriate setting. Area leaders have a vision that their reliance on out-of-area providers will reduce over time. To support this, they have increased the number of supported internships at The Westminster School. In addition, area leaders have made a commitment that no child or young person will travel more than 50 minutes to their education or training setting.

Children and young people say that teachers, therapists, social workers and other practitioners listen to their views. They give examples of how their targets and provision have been changed in response to their comments. However, these views are not always captured in education, health and care (EHC) plans. Overall, there remains variability in the quality of EHC plans. Area leaders recognise this and have established a quality assurance system. As a result, more recent EHC plans are of a higher quality.

## What is the area partnership doing that is effective?

- There is a renewed dynamism in Sandwell. Leaders across the local area partnership, which includes the children's trust and the ICB, are making sustained improvements for children and young people with SEND. Area leaders know the region well. They have created eight workstreams to address inconsistencies in the SEND system, which reflect areas for improvement identified in their self-evaluation. The workstreams are intrinsically linked so that there is a clear direction of travel, rather than plans pulling in opposite directions. Practitioners across the workforce recognise the appetite and commitment for change demonstrated by area leaders. As a result, practitioners are invested in the drive for improvement. For example, school leaders are supportive of the fair access protocol, which aims to secure a school place for children and young people who are not currently in an education setting.
- In many instances, mainstream education settings go 'above and beyond' what is expected of them in supporting children and young people with SEND. In some settings, focused provisions have been established to help children and young people with particular needs, such as autism. An 'early years intervention grant' is used well to fund early help for the youngest children, without the need for an EHC plan. Early years practitioners value this support but find the paperwork burdensome. Despite these initiatives, some mainstream education settings struggle to cater for children and young people with SEND whose needs would be better supported in a specialist setting.
- Parents and carers value the bespoke provision that is put into place for their children in special schools. However, they report that securing a place can be a struggle. Area leaders are aware of the shortage of special school places and the increasing demand for them. They have responded to this by producing a specialist place planning strategy in order to increase the number of places and extending the age range in some special schools. However, there are still children and young people remaining in mainstream settings on reduced timetables, or who are attending alternative provision on a long-term basis while they wait for a special school place.
- Alternative provision has different functions within Sandwell. This includes providing placements for children and young people who cannot attend school due to medical needs or short-term intervention places to support children and young people with SEMH needs. The latter is reducing the number of exclusions for children and young people with SEND. However, area leaders recognise that there remains some variability in the quality of alternative provision. Leaders have evaluated the quality and range of alternative providers across the region to pave the way for a new alternative provision strategy. A key aim of the strategy will be to iron out inconsistencies and continue to improve the quality of alternative provision across the local area.
- There are strong examples of joint commissioning at an individual level and in response to specific needs. For example, the 'STEPS centre' was jointly commissioned. This centre provides bespoke support for families who are new to the country and speak English as an additional language. The centre helps children and young people, including those with SEND, to secure a school place. However, at a strategic level, joint commissioning is underdeveloped and is often reactive, rather than proactive.
- The dynamic support register (DSR) has been mapped against the minimum standards outlined in the statutory guidance. The team's responsiveness in arranging care, education and treatment reviews is a strength. Leaders have ensured that the DSR is

underpinned by an effective risk management process. Risk ratings give clear indications of need and suggested actions for practitioners working with children and young people.

- Health leaders have responded creatively to delays caused by long waiting lists. For example, they have prioritised the development of a needs-led neurodevelopment pathway. The pathway makes better use of clinicians' time and means that parents and carers can access support from clinicians during the waiting period. In addition, children and young people who are in mental health crisis can access a 24-hour support service. Plus, therapists run weekly drop-in clinics at community locations across Sandwell, where they assess needs and signpost parents and carers to other professionals who can offer support with mental health.

### **What does the area partnership need to do better?**

- There is variability in relation to how well children and young people's needs are identified and assessed. When this works well, their needs are identified accurately in a timely manner, and appropriate provision is put into place at the earliest opportunity. In contrast, there are examples when this is not the case. This is mainly due to a lack of multi-agency working across education, health and social care. Also, a lack of responsiveness from relevant agencies and long waiting times to see paediatricians impacts negatively on the identification and assessment of need. Parents and carers find these delays upsetting and frustrating because it means that the best support for their children is not put into place quickly enough. This impacts on how well their children achieve and puts pressure on family life. However, health providers oversee waiting lists so that increasing need can be identified and support can be offered while children and young people with SEND are waiting.
- Area leaders seek the views of children and young people through various means. This includes the 'SHAPE programme', a child and young persons' forum, and 'Voices of Sandwell', a group of 11- to 18-year-olds who are in the care system. Also, there are strong examples of child-centred and culturally sensitive work in the children with disabilities team. However, leaders do not engage in co-production with children and young people with SEND at a strategic level. Area leaders have prioritised this because they want children and young people with SEND to have a say in current and future improvement plans.
- The parent carer forum (PCF) sits on a range of strategic boards within the local area partnership. As a result, they are actively involved in co-production. The members of the PCF are strong advocates for parents and carers and champion their views at a strategic level. For example, they worked with the occupational therapy team on a sensory project. However, area leaders should support the PCF to gather views from a broader range of parents and carers so that the PCF's representation is wider and more far reaching.
- Short breaks provision is available within the local area. The Sandwell Parents of Disabled Children group has been tasked by area leaders to commission part of the offer. However, there is not enough capacity within the local area. For example, the summer holiday schemes are accessible, but places fill up quickly on a 'first come, first served' basis, leaving some children and young people with no provision at all. The range of short breaks is also limited, especially for children and young people with complex needs and for post-16 young people. This leaves some families feeling isolated. In addition,

parents and carers say that the local offer is not helpful. They say the local offer 'looks good', but it does not give them the up-to-date information they need in respect of the available services in Sandwell.

- Young children have their level of emotional and physical development screened. Where concerns or developmental delays are apparent, children benefit from a formal, comprehensive health visitor assessment. This supports good practice to identify need at the earliest opportunity. However, there is no integrated health and education review for two-year-olds in the area due to the lack of a coordinated approach.

## Areas for improvement

Areas for improvement
Area leaders should strengthen multi-agency working across the partnership, between education, health and social care, so that children and young people's needs are identified and assessed in a more efficient and timely manner.
Area leaders should develop co-production with children and young people with SEND at a strategic level so that children and young people play a key role in developing improvement strategies and plans.
Area leaders should increase the number and range of short break opportunities to support the needs of all children and young people with SEND, including those with complex needs and post-16 young people.

## Local area partnership details

Local Authority	Integrated Care Board
Sandwell Metropolitan Borough Council	Black Country Integrated Care Board
Michael Jarrett, Director of Children’s Services and Education	Mark Axcell, 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: two of His Majesty’s Inspectors from education and social care, a lead Children’s Services Inspector from Care Quality Commission (CQC), and another Children’s Services Inspector from the CQC.

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