

Area SEND inspection of Kingston upon Hull Local Area Partnership

Inspection dates: 20 to 24 November 2023

Date of previous inspection: 15 to 17 October 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 three years.

Ofsted and the Care Quality Commission (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

Since the previous inspection in 2019, there have been several changes to the senior leadership of SEND services in Kingston upon Hull. These include: the director of children's services, assistant director for learning and skills, assistant director for safeguarding and head of SEND. Within the NHS Humber and North Yorkshire Integrated Care Board (ICB), this includes the place nurse director, assistant director of community integration & transformation (children & young people) and a head of SEND and continuing care.

On 1 July 2022, NHS Humber and North Yorkshire ICB became responsible for the commissioning of health services in Kingston upon Hull. Kingston upon Hull City Council and NHS Humber and North Yorkshire ICB are jointly responsible for the planning and commissioning of services for children and young people with SEND in Hull.

Kingston upon Hull City Council commissions alternative provision (AP) for primary and secondary age pupils through several registered settings. A notable number of school-age children with SEND attend places in additionally resourced provision in mainstream schools. An increasing number of children and young people with complex SEND access education through specialist settings. A small number of children and young people access education in unregistered education settings through the local authority's education other than at school arrangements.

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

Children and young people with SEND in Kingston upon Hull make their voices heard. They feel valued, visible and included in their communities. The Hull Youth Parliament enables children and young people to raise the issues that matter most to them at the most senior levels in the partnership. The Youth Parliament holds leaders to account well for children and young people's lived experiences. Children and young people speak highly about the opportunities they have to socialise, be part of the community and take part in sports and art activities.

Children and young people have worked effectively with Humber Teaching NHS Foundation Trust to design and launch the Humber Youth Recovery and Wellbeing College. This project is in its early stages, but initial indicators demonstrate it is already having a positive impact on the emotional health of children and young people with SEND.

Children and young people access a range of early support for their emotional health and well-being. This includes: the Mental Health Support Teams in Schools, and the SMASH Grows project in special schools which aims to get children and young people outdoors. However, waiting times to access specialist Child and Adolescent Mental Health services are too long.

Children, young people and their families benefit from the local area partnership's work with community partners. For example, families speak highly of a local neurodiversity hub for children and young people aged between 13 and 25 years. This provides young people with somewhere they can feel accepted as they move towards adulthood.

Overall, school attendance in Kingston upon Hull has not returned to its pre-pandemic position. However, the attendance of pupils with SEND who attend special schools and alternative provision compares well with the averages for similar children and young people nationally. Support for children and young people at points of transition is inconsistent, however. Some children and young people with SEND wait for lengthy periods before accessing school placements.

Local area partners monitor children and young people's health closely. The Healthy Child Programme is delivered effectively. The school nursing team carry out the National Child Measurement Programme in Reception and in Year 6. Reception-age children also receive audiology screening. Furthermore, all secondary-school-age young people are offered 'drop in' clinics to support their individual health needs. However, input from health and care to children and young people's education, health and care (EHC) plans varies. Many plans typically have an education focus and lack the specific detail of the child and young person's health and care needs.

Children in the early years experience a responsive SEND support system. The Integrated Physical and Sensory Service acts effectively to provide specialist support to children with physical, sensory and speech and language difficulties. Practitioners speak favourably of the timely support provided by the Portage and the speech and language therapy

services. Leaders have developed an initiative to identify and assess communication needs earlier for children who are under five years old. Children who are waiting to be assessed by the speech and language therapy and neurodiversity teams receive a single assessment by a dual-trained therapist. However, support for older children and young people is less consistent. They wait too long for similar speech and language therapy and neurodiversity assessments.

Children, young people and their families who receive consistent professional social care support make and sustain progress. However, a minority of children and young people experience frequent changes of social worker. This delays the continuity and provision of their support. In these cases, their documentation and planning does not consistently include vital information about the child and young person's needs.

What is the area partnership doing that is effective?

- Leaders have strengthened the quality assurance of the administration of EHC plans. This has enabled leaders to identify where they need to make improvements more quickly. Leaders have increased capacity in the SEND team. This is helping to ensure that newer EHC plans more fully reflect the individual needs of children and young people and the support they should receive.
- The Hull Primary Care Networks have funded care coordinators/navigators and the ICB have funded learning disabilities well-being nurses to support local general practices. Parents and carers speak highly about the positive impact of this work in helping children and young people maintain and improve their health. Children and young people can also connect to a range of non-clinical services that support their health and well-being.
- The dynamic support register is well established. Partnership representatives meet each month to check that the dynamic support register supports children and young people's needs well and prevents any need for unplanned hospital admissions. This ensures children and young people with complex needs and their families can access the partnership keyworker programme without waiting for support.
- The local area partnership engages at listening events and through an active parent and carer forum to understand the lived experiences of children, young people and their families. This informs the partnership's strategic priorities. Partners consult the parent and carer forum well on changes and new initiatives. They are well informed about what is working well and any partnership work that needs further development.
- The local area partnership closely monitors school suspensions and permanent exclusions. Leaders expect schools to notify the local area partnership early of potential suspensions and permanent exclusions. This ensures children and young people receive appropriate support, such as through local authority-commissioned AP places, to help avoid permanent exclusion.
- The local area partnership has an established school transition working group. This group identifies children and young people with SEND who may struggle with

school transition. Primary and secondary school leaders work together to ensure information is shared well. However, some EHC plans do not contain the level of detail necessary to help schools manage transition effectively.

- Support for children and young people with complex SEND moving from children's social care to adult social care begins early. However, there are gaps in transition planning for children and young people whose SEND are less complex. As a result, the plans for preparation for adulthood are not consistently strong. They do not identify where children and young people can access help when children's services support ends.
- Most children with SEND who are in care experience stable homes across foster care, children's homes or residential special schools. Carers work to understand the impact of trauma, as well as children and young people's individual needs. Social workers work with other professionals to ensure that they anticipate and meet children and young people's needs.

What does the area partnership need to do better?

- The quality of EHC plans is inconsistent. Contributions from health and social care are varied. Too often, EHC plans lack a bespoke child and young person focus. This makes the plan feel generic. As a result of this, some outcomes lack specificity to a child and young person.
- Older children and young people in mainstream school settings wait too long to access services such as speech and language therapy. This may have a negative impact on their progress and attainment in school. The processes for assessing and identifying children and young people's needs and support are too slow.
- The local area partnership has ensured that children in early years can access early intervention while on waiting lists, to prevent their needs escalating. For example, through the first steps to communicate service. However, this is not currently in place for older children and young people.
- Leaders recognise the priority to develop a needs-led approach to combine assessments for autism and attention deficit hyperactivity disorder. Additional packages of support, such as sleep, behaviour and emotional regulation, address children and young people's specific needs while they are waiting. However, children and young people still wait too long for a neurodiversity assessment.
- Children and young people with a learning disability are supported by mainstream services when appropriate. In addition, the specialist learning disability service works across all education provisions. However, children and young people with significant SEND wait too long to access support. Current waiting lists for the learning disability pathway are up to two years, with no detailed plans to reduce them. Leaders' plans to reduce waiting times require further development.
- The local area's transition into adulthood protocol for those young people who do not meet the threshold for high needs and complex care across education, health and care lacks ambition. The protocol does not ensure that the individual needs of the young person are at the centre of planning discussions. It is not clear how

their needs will be met and how they will access services as they transition into adulthood.

- There is variability in the quality of plans for vulnerable children and young people at both child in need and child protection level. Some plans are detailed and reflect the views and needs of the child, young person and family well. However, other plans do not communicate children and young people’s specific vulnerabilities clearly. This means that some children and young people may not have the specific support that they need for risk taking, going missing episodes or alcohol misuse, for example.
- Leaders do not measure the impact of strategic actions of the local area partnership consistently. For example, workforce development across local area partners is inconsistent. The local area partnership lacks an agreed SEND training framework with a coordinated approach to develop staff.
- The parent and carer forum describes examples of inconsistent lived experiences. Some parents struggle to find SEND information. They do not know the criteria to access a service because leaders have not clearly mapped out the service offer. Some SEND professionals lack the knowledge and training to signpost parents and carers to the correct support.
- A small number of children and young people receive education in unregistered provision. These placements are commissioned by children and young people’s home schools. As part of the local area’s best practice guide for commissioning schools, leaders expect schools to alert the local area partnership if they commission unregistered provision placements. However, leaders have not taken sufficient action to assure themselves of the number and quality of unregistered provision places commissioned through schools.
- At times, children and young people experience some home to school transport issues. For example, if a child or young person needs transport to short-break care after school, this deviates from an agreed process and must be organised individually, causing frustration for families.

Areas for improvement
Leaders should strengthen the transition into adulthood practices for those young people who do not meet the threshold for high needs and complex care. Leaders should implement a framework that puts the individual needs of the young person at the centre of planning. This should clearly identify how young people’s needs will be met and how they will access services as they transition into adulthood.
Leaders should further develop and embed the quality assurance framework around all existing and newly issued EHC plans. This includes improving the quality and depth of contributions from health and social care partners so that EHC plans have a clear child and young person focus and any outcomes are specific to the individual. Leaders should ensure that the EHC plans are shared with all services, including general practices.

Leaders should ensure that social care and education partners understand how to record the individual vulnerabilities of children and young people. Documentation and planning do not always include vital information such as existing support for risk taking, going missing episodes or alcohol misuse.

Leaders should develop a coordinated local area partnership approach to training and workforce development. It should be multi-disciplinary to ensure consistency of practice and accountability across all local area partners.

Leaders should measure the impact of strategic actions of the local area partnership more consistently. They should use the information to evaluate the effectiveness of the local partnership work and make further improvements to the provision for children and young people with SEND in Kingston upon Hull.

Local area partnership details

Local authority	Integrated care board
Kingston upon Hull City Council	NHS Humber and North Yorkshire
Pauline Turner Director of Children's Services	Stephen Eames CBE Chief Executive of the Integrated Care Board
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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 HMI from education and social care, a lead Children's Services Inspector and a Children's Services Inspector from the CQC.

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