

Area SEND inspection of Gloucestershire Local Area Partnership

Inspection dates: 11 to 15 December 2023

Dates of previous inspection: 13 to 17 June 2016

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

Gloucestershire County Council and NHS Gloucestershire Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Gloucestershire.

There have been significant changes to the senior leadership of Gloucestershire's SEND services since the previous inspection. These include the recent appointment of a new director of children's services, a newly appointed director of integrated commissioning and a director of safeguarding and care.

The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Gloucestershire ICB became responsible for the commissioning of health services in Gloucestershire.

The local authority has recently merged three schools as alternative providers (AP) for children or young people who have been, or are at risk of being, permanently excluded, to The Altus School. This is aimed at providing a consistent AP offer across the county. The local authority commissions a range of provision, including unregistered provision, to meet the needs of children and young people who are educated other than at school.

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

Too many children and young people's needs are not being identified swiftly enough in Gloucestershire. The education, health and care (EHC) plan and annual review processes, in terms of quality and timeliness, mean that too many children and young people do not access the support they need. Referral processes and delays in referrals to services mean that providers often work in silos, doing the best job they can to meet needs. For example, at key transition phases, some children and young people move on without an agreed final plan or with an appropriate support package in place. This can put the education placement at risk. As a result, an increasing number of children and young people are missing from education, electively home educated, on part-time education packages or not in education, employment or training.

The timely and effective identification of children and young people's needs is a variable but improving picture in children's early help and social care. The threshold of need is understood and applied appropriately. Early help and social care assessments analyse the vulnerabilities of children and young people with SEND, taking into account family and social care history to inform child-focused multi-agency plans to address need. Timely referrals are made by practitioners, often for mental health support or neurodiverse assessments. However, due to the wait for children and young people to receive these services, assessments and plans often progress without this information or support.

Children and young people wait too long to access some therapeutic services, such as occupational therapy and child and mental health services (CAMHS). However, there are a number of support measures available for children and their families to access while awaiting assessments for CAMHS or autism. This includes social, emotional and mental health support from 'on your mind Glos'. The multi-agency 'team around the locality cluster' and navigation hub pilot ensure timely provision of services for children whose needs may not be met by a single service, helping to ensure that children don't 'bounce' between services or spend extended periods waiting for a service without support. The learning difficulty (LD) CAMHS initial assessment team regularly reviews children and young people when they are on the waiting list, and the 'navigation hub' pilot project is helping to signpost some children and young people who fall within the pilot scheme's scope to appropriate agencies so that care and support can be accessed during the 18-month wait for CAMHS.

The views of children, young people and their families are frequently sought, where possible, to help inform care planning in early help and children's social care. Observations and descriptions of children and young people are used to build a picture of their experiences and progress. They are supported to understand the choices that are available to them. However, too often, this information is not included in EHC plans.

Some children and young people talk positively about their experiences in special schools and at college, specifically about individual staff members who know and understand

their needs and support their aims and aspirations. However, not all children and young people are supported well to prepare for adulthood. Too many providers are not positive about the transition processes, whether from early years into primary, or from secondary to post 16. Where annual reviews and plans are passed on to new settings, they do not always provide a true reflection of the current needs of the child or young person. Many parents say that their child does not receive the right help and support to prepare them for their next steps, with too many EHC plans lacking input from partners in health and social care so as to plan and prepare for adulthood.

When communication between all partners is effective, the voice of children, young people and their families is heard, and their wishes reflected in their 'my plans' and EHC plans. For example, health practitioners advocate for the children and young people awaiting assessment for attention deficit hyperactivity disorder (ADHD), to ensure they are supported to co-produce coping strategies, which are then presented to the school to better understand their needs. However, communication between some settings and services is inconsistent, and this sometimes results in information being missed, which leads to poor experiences and outcomes for too many children and young people.

Children and young people on the dynamic support register (DSR) are closely monitored by multi-agency practitioners through regular meetings, to ensure that young people are receiving the right support at the right time. This includes, for example, specialist adaptations being made to local area partnership-purchased properties in which young people can live with support. This in turn results in those young people not needing to be admitted to specialist hospital placements, reducing the 'revolving door' aspect of hospital admission and discharge. Young people who are young carers are readily identified by keyworkers so that appropriate multi-agency support can be accessed where necessary.

Children, young people and their families are informed of the community activities, support and short break services through children's early help and social care services as well as the local offer through the 'Glos families directory'. Children's interests and friendships are nurtured well in some settings. For example, children and young people attending LA commissioned AP have the opportunity to select learning and therapeutic activities that interest them and support their needs well. However, children, young people and their parents tell us that there is a lack of opportunities for activities and short breaks.

What is the area partnership doing that is effective?

- Leaders across the partnership have a shared vision of excellence. The local area's strategic plans are ambitious and designed to meet the needs of children and young people with SEND in Gloucestershire. The leadership structure is relatively new, with people appointed to key posts this year. As a result, many strategies and plans are in their infancy. There are many pilot projects underway, or due to start, to improve the identification of need and access to suitable provision. For example, the navigation hub scheme links multi-agency professionals, such as CAMHS, school nursing and young minds matter, to work collaboratively to review

referrals via a single route of access. However, leaders recognise that a previous lack of investment has resulted in reactive services that are not yet meeting the needs of children, young people and their families. They are committed to changing this and while there are 'green shoots' of progress being made, it is too early to measure the impact of these changes, as many projects are ongoing and yet to formally launch.

- Leaders have implemented a SEND and inclusion local area partnership board and improvement plan that sets out clear priorities with robust arrangements for governance and oversight. However, the impact of their work is only just starting to improve the lived experiences for children and young people with SEND and their families. There has been rapid improvement in some areas, such as the timeliness of some EHC plans where 86% of children in Year 10 have recently been issued with a final plan in preparation for transition to post-16. There is also an increase from 28% to 40% for issuing EHC plans within statutory time frames. This demonstrates the impact of the investment in 26 new staff in the casework team. But 40% completion of EHC plans is far from statutory timeframes. The long-term legacy of poor experiences of children, young people, and their families, along with the challenges faced by schools and colleges in working with out-dated information, is fuelling the dissatisfaction of parents and practitioners in Gloucestershire.
- The recently revised local offer is co-produced with families through the Gloucestershire Parent Carer Forum (GPCF). It is an example of leaders' commitment to actively working with families to deliver change. A new special school opened in September 2023, with a further planned, along with the merger of three schools to form the Altus School (AP), which are further examples of the partnership's understanding of the need for additional specialist places in Gloucestershire. Other early signs of impact include effective partnership working with colleges to create new programmes and pathways to better meet the changing needs of young people with SEND. However, the increasing numbers of children and young people with no allocated school place, those who are educated at home, on part-time packages or not in education or training, along with the increasing numbers of tribunals, suggest there is significant work remaining to be done.
- The early identification and swift and accurate provision for children's additional needs is resulting in children making progress in their early childhood development. The members of the early years team are supporting practitioners to improve their identification of SEND and subsequent adaptations through increased take-up of the two-year-old assessment. Nevertheless, when children reach the statutory school age, partner services are not routinely involved in the development and implementation of EHC plans. Health and social care partners do not consistently contribute to EHC reviews and plans. Insufficient school staff training on the graduated pathway results in provision recommended by other services not always implemented effectively.
- The investment of £10 million in additional funding for SEND by the local area partnership is beginning to reap benefits. Additional practitioners and improved

systems are positively impacting on the experiences of children and families. For example, access to applications online will enable families and practitioners to track the progress of assessments. However, there remains a lack of suitable qualified practitioners for some vacant posts, including educational psychologists (EP) and CAMHS workers, who are proving difficult to recruit. This means that the impact of investments already made is not yet felt by all those children and families awaiting assessment or support.

- The engagement and participation strategy, and the bi-annual pupil well-being reports, are examples of the local area partnership working together to better understand the needs of children and young people across Gloucestershire. Co-production of the 0 to 18 neurodevelopmental pathway, currently due to be implemented during 2024, was paramount to it being successfully planned and agreed. Representatives from the GPCF were involved in planning the new service, following many complaints from families that the current system was not working well. Practitioners told us that the benefits of working in co-production have made a tangible difference to the way they engage positively with families.
- The designated clinical officer has established positive relationships with, for example, the GPCF, the special educational needs information, advice and support service and children's social care. They have recently begun to sample and quality assure more recent EHC plans, to ensure that they are of a consistent and high quality. However, the inspection team could not be assured of a consistent methodology of EHC plan quality assurance across the local area partnership at the time of our visit.
- Leaders recognise that effective multi-agency working is core to improving the lived experiences of children, young people and their families. The local area partnership has worked together to commission some services that meet the needs of children and young people across the local area, for example voluntary sector social, emotional, mental health and well-being services, online counselling and digital support. These services are actively providing support to young people in formats that often best meet their needs at an early stage, therefore helping to prevent more formal CAMHS support measures needing to be put into place.
- Leaders across the partnership recognise the lack of investment in SEND following the previous inspection in 2016 up until more recently, which, along with the rise in numbers of children and young people with additional needs, has resulted in poor experiences for children, young people and their families in Gloucestershire. They have recently commissioned a local government association review to inform their strategic planning. The local area is also working with the Department for Education (DfE) through the delivering better value programme and more recently as a joint lead partner in the DfE's change programme. All provide opportunities for leaders to work with parents to evaluate services and ways of working to inform changes to their improvement plans. New appointments and investment in teams across the partnership will put leaders in a better position to focus on delivering improvements for children, young people, families and practitioners.

What does the area partnership need to do better?

- Parents and school leaders rightly describe a system that is not working well for children and young people with SEND and their families in Gloucestershire. A significant number of parents describe feeling desperate, and many practitioners say they are battling to be heard by local area leaders. Inspectors found systems that are too reactive, and, in some cases, this results in children, young people and families reaching crisis point before their needs are met. For example, we heard young people waiting too long for mental health assessments or not meeting the criteria for an assessment, even where health practitioners have supported their application. For some, hospital admission was the trigger for support. Leaders' strategies and plans are starting to impact positively on children and young people who are new to the system, but leaders recognise there is much work to do to improve the experience of children, young people and families who have had, or continue to have, poor experiences.
- Leaders are committed to working with children and young people with SEND and their families. There are examples of leaders using the voice of children, young people and families to improve provision and to engage them in co-production, such as the social communication and autism assessment service (SCAAS). However, co-production is too variable and not sufficiently widespread through the systems of planning and support across education, health and social care to make a difference. For example, evidence collected through surveys and meetings with parent representative groups and practitioners highlighted families' concerns about the inconsistencies in transport services, and schools reported children and young people frequently missing education as a result. The GPCF told us that they would welcome the opportunity to take part in the current review of transport services to support understanding of the impact of existing arrangements and co-produce solutions.
- Leaders sometimes positively engage with children, young people and their families to better understand their lived experience. However, through surveys, 68% of children and young people state explicitly that they do not get the help they need and that their needs are not understood. Parents praise some aspects of health support, such as speech and language and dynamic key workers, but too many parents say they are battling a system where they are made to feel that they are the problem. They say there is lack of understanding of SEND from leaders and poor communication regarding changes to the system. Over half of parents surveyed said their child does not get the right help to participate in universal and specialist activities. Some feel there is no support at all and face challenges such as securing transport, support and information for transition to adulthood. Many say that delays in the EHC assessment process, at all stages, prevent access to adequate provision that meets the needs of their child.
- Families appreciate the recent investment in the casework team and, as a result, recognise some early improvement in the timeliness of EHC plans. Nevertheless, an over-reliance on early years settings, schools and colleges to update plans is

done so at the expense of children's health and social care needs not being addressed and included within plans. This results in a lack of timely and appropriate support to prevent or minimise additional difficulties before they arise. Families say that agreed information is frequently missing from plans following annual reviews. They say the local area processes can cause delays to assessment, as it sometimes feels that the needs and behaviours of their child is attributed to their poor parenting. This causes anxiety for families and is a barrier to the early identification of their child's needs and access to the right support at the right time to improve their experiences and outcomes.

- The local partnership's oversight of the quality of EHC plans across education, health and social care is having little impact. The partnership's recent audits of EHC plans have increased the local area's understanding of the quality and constraints of processes. However, during the inspection, parents and practitioners expressed frustration at the time taken to issue final plans, saying that substantial changes to plans are frequently not reflected in the final plan. In cases sampled, this resulted in long waits for children to access the right support and specialist placements.
- Too many children and young people with SEND in Gloucestershire do not have a school or college place. Leaders recognise this and are proactive in analysing data to better understand the increasing numbers of children with no allocated place. Individual teams work well together to support children and young people who are educated other than at school and not in education, employment or training. Case coordinators and youth support team officers share support for young people to maximise the opportunities to re-engage individuals with education and/or training. However, the timeliness of consultations and updating of plans are resulting in some children and young people being out of education for too long. Cases sampled during the inspection, supported parent and practitioner concerns about the increasing numbers of children and young people missing education in Gloucestershire.
- Leaders recognise there is insufficient specialist provision to meet the increasing numbers of children whose needs cannot be met in mainstream schools. They are focused on developing consistent and coherent planning through the Joint Integrated Commissioning Strategy due to commence in January 2024. Some providers in early years and post-16 settings are positive about the work of the partnership in identifying gaps and commissioning provision. However, schools are most affected by the increasing demand for specialist places to meet the needs of children and young people. The new special school and changes to AP are showing signs of early impact, but leaders recognise that the partnership needs to invest further in schools and specialist settings to both alleviate the challenges that schools face, and to better meet the needs of children across the county.
- Leaders across the partnership understand that they have a lot of work to do to ensure that there is improvement to the lived experience of children and young people with SEND and their families. They recognise that providers are desperate for a coordinated and effective multi-agency approach across the partnership. Health, social care and education services are not yet working well enough

together, and providers want greater support from the partnership. For example, there is overwhelming evidence of schools leading the annual review and EHC plan process without input from partnership services, developing their own systems to monitor changes to plans in the absence of revised plans. Although this is permitted within the SEND code of practice, it does not enable a multi-agency approach to reviewing the changing needs of children and young people.

- Schools are being proactive and finding their own solutions to challenges in meeting the needs of children and young people with SEND. They value the recent allocation of EP support to schools in September but say the designated time is not enough. With limited hours and long wait times for services such as the over age 11 autism and ADHD assessments at 24-months, and 18-months for CAMHS, many commission their own services, such as EP, speech and language therapy, physiotherapy and occupational therapy. However, currently parents and providers say the partnership does not accept information collated from private practitioners to better support children and young people through assessment and review processes in swiftly identifying need and securing support.
- School leaders accept their responsibilities as commissioners of AP for individual children. However, they identify the need for further support from the LA. The long waiting times to access AP means schools are keeping children and young people in school, where they can no longer meet their needs. At best, this is through part-time timetables; at worst, they are being excluded due to deteriorating behaviours and breakdown of placements. Practitioners say they are drawing limited resources from other children and young people, in an attempt to meet the needs of those who would benefit from attending AP.
- Transition arrangements for some children and young people at different stages in their lives are not timely enough. Planning for children's futures as they reach adulthood does not happen quickly enough. This leads to children, young people and their families feeling anxious and unsettled about their future. For those young people entitled to care leaver services, the later allocation of personal advisers compounds this problem. When young people are referred to adult services in a timely manner, a period of joint working between adults' and children's social care enables the necessary assessments to take place to support effective planning for the smaller group of young people who are eligible for adult services. Some young people we spoke with told us of their negative experiences of transitioning to college, with some stating that they felt that their college had been ill prepared to meet their needs and, in some cases, placements had broken down.

Areas for improvement

Areas for improvement

Leaders in the ICB and the LA should strengthen multi-agency working across the partnership, between education, health and social care providers, so that:

- children and young people’s needs are identified and assessed in a more efficient and timely manner;
- transitions for children and young people across phases in their education are improved;
- children and young people have access to education and training through placements that meet their individual needs;
- young people are better prepared for adulthood earlier; and
- communication with parents and practitioners supports all stakeholders effectively, to understand systems and decision-making processes.

Leaders in education, health and social care should work together to strengthen 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 partners and children’s social care into the plans;
- reducing waiting times for health assessments;
- increasing timeliness and quality of needs assessments;
- increasing timeliness and quality of EHC plans and annual reviews; and
- ensuring that EHC plans consider information shared by services providing support to the child, young person and their family.

Leaders in education should continue to review the breadth and offer of specialist places for children with SEND, in order to inform commissioning and investment in specialist provision to improve the experiences and outcomes of children and young people and their families.

The partnership should further develop their strategic plans to include families in partnership projects, to embed their voice and create a model of true co-production. The monitoring of projects and interventions should be more inclusive and effectively communicated with stakeholders, to create a shared culture of driving improvements for children, young people with SEND and their families.

Local area partnership details

Local Authority	Integrated Care Board
Gloucestershire County Council	NHS Gloucestershire 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 HMIs from education and social care, a lead Children's Services Inspector and a Children's Services Inspector from the CQC.

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