

Area SEND inspection of Worcestershire Local Area Partnership

Inspection dates: 22 to 26 April 2024

Dates of previous inspection: 1 to 3 November 2021

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 three years.

As a result of this inspection, His Majesty's Chief Inspector 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

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

There have been significant changes to the structure of SEND services since the previous inspection. Worcestershire Children's First is the company responsible for delivering children's social care, early help and education services. There have also been some changes to leadership posts, including the appointment of a new Director of All Age Disability 0 to 25. The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Herefordshire and Worcestershire ICB became responsible for the commissioning of health services in Worcestershire.

The local area partnership commissions a range of alternative provision (AP). AP provides education for children or young people, including those who cannot attend schools due to social, emotional, mental health and medical needs, or for those who have been or are at risk of being permanently excluded from school.

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

Ultimately, too many children and young people with SEND in Worcestershire wait an unacceptable time to have their needs accurately identified, assessed and met. There are many variables that affect this, such as age, specific need, the setting they attend, or the location in which they live. This leads to an inequity of experience for children and young people with SEND.

When a child or young person has complex needs, particularly if their needs have been identified at an early stage in their life, they are often well supported by education, health and care services. Disabled children receive support proportionate to their need and risk. Family support workers from the Children with Disability team can respond swiftly to changing needs. Where families require early help, they have thorough assessments which take good account of the voice of the child or young person and their family. Similarly, children and young people who access specialist provision often receive the right help from dedicated and skilled staff. However, if a child or young person's special educational needs are not as clearly identifiable, or they become apparent over time, their experience can be very different. For example, children and young people who require access to neurodevelopmental and community paediatric assessments can wait over two years to have their needs assessed. Their needs can increase while they wait and the processes to monitor if this is the case are ineffective. Families feel unsupported while they wait, with some feeling forced to resort to privately funded assessments.

The lengthy waits also contribute to some children and young people experiencing a breakdown in their school placements. Instead of having their needs understood and met, they are faced with part-time timetables or exclusions from school. For some children and young people, it is only when they hit a crisis that they receive the support they need.

Some children and young people arrive in AP with specific needs that should have been identified, assessed and met at an earlier stage. The multi-agency working once they do access AP means many have a positive experience and receive effective support. The support helps them to re-engage with education and prepares them for their next steps. At primary school, children and young people are often successfully reintegrated back to their mainstream school. While this happens less frequently at secondary schools, the seven fair access panels (FAPs) are having a positive impact on supporting children and young people to secure an appropriate school placement. The panels work closely with schools to support a better understanding of the children and young people's needs in mainstream settings and the sharing of best practice.

The voice of parents and carers as well as the views of children and young people are increasingly listened to during the assessment process. The use of joint assessment meetings at an early stage are also improving how well agencies work together to ensure an accurate identification of need. However, there is still too much variability, and some plans are finalised without appropriate contributions from all the relevant

professionals. There are still too many plans where outcomes and provision are too vague. This leads to frustration for parents and carers as they do not feel the EHC plan fully reflects their child's need. For some children and young people, parents and carers feel that this leads to an inappropriate setting being named. Some parents and carers resort to formal routes to secure what they believe is suitable provision for their child. This can be a lengthy and stressful process, which significantly delays children and young people receiving the right help at the right time.

While awaiting a specialist setting, some children and young people attend interim AP or are educated at home or in other settings, often through tutoring. Some parents and carers feel they have no option other than to electively home educate their child. Engagement officers work closely with individual children and young people and their families to try and ensure that the best possible arrangements are made. Their work is increasingly successful in helping some of these children and young people to reintegrate into a suitable school placement. However, some children and young people are staying on the role of a school but are not attending or receiving suitable provision, which means they are effectively missing education. The systems for tracking this do not always identify these children and young people quickly enough, and this can result in them slipping through the cracks and receiving no education for prolonged periods of time.

The demand for specialist school places currently outstrips the supply. Although additional places on existing sites have been created, including more mainstream autism bases, there are still a number of children and young people awaiting specialist provision. The increase in places at the existing specialist settings is affecting their capacity to provide valuable outreach support to mainstream schools. Although there is a strategy in place to address this, some of the future additional places planned for are years away from being realised.

Activities for children and young people with SEND outside of their education, training and work are published on the revised local offer website, which has been co-produced with the parent carer forum, Families in Partnership (FiP). There are also some SEND specific group activities available through the holiday activities and food programme, which are appreciated by many who access them. Some children and young people also enjoy being part of disability football teams. Other children and young people benefit from personal budgets or overnight short breaks. However, children and young people and their parents and carers told inspectors there are not enough opportunities for children and young people with SEND to get involved in sports or social activities and make friends.

While leaders have started to work with families to improve services through co-production, this is not happening with children and young people at a strategic level. Leaders seek the views of some children and young people and gather feedback from them about their experiences, but genuine co-production has yet to get started.

What is the area partnership doing that is effective?

- Area leaders have correctly identified many of the issues that need to be addressed to improve the experiences of children and young people with SEND. They have developed a range of strategies and plans to support their overall SEND strategy. Some of these plans have started to have an impact, such as improved partnership working with schools to understand the needs of children and young people with SEND.
- Leaders have started working with FiP, and a wider range of groups representing the views of parents and carers, to seek their views and feedback. This includes working with the special educational needs and disability information, advice and support service. There has also been some work with FiP to co-produce services to meet the needs of the children and young people with SEND. While some of this work is at a very early stage, work to redesign the local offer website has made it more accessible and useful to parents and carers.
- Leaders have started to use data in a more forensic way to understand the changing needs of the children and young people with SEND. When used well, this data informs the commissioning of appropriate services to meet needs. So, for example, leaders have used their data to commission additional support for children and young people with social, emotional and mental health needs.
- The panel for children who cannot attend school brings together relevant agencies to understand the individual circumstances of children and young people who cannot attend school. They work collaboratively with partners to create an appropriate plan of action to support individuals. Their work is having a positive impact on individuals and is reducing the time out of education for some children and young people.
- The three-tier approach to AP works well for primary-aged children and enables schools to access support more quickly. This reduces the risk of permanent exclusion for children and young people with SEND at primary school. The FAPs are also supporting children and young people to secure suitable school placements, and the collaboration between the local area and schools is supporting a better understanding of how to meet the needs of children and young people with SEND.
- The local area has an effective dynamic support pathway, supported by a dedicated team. The team is effective in avoiding admission and in reducing the length of inpatient stay. Social work assessments have been redesigned to meet the needs of children and young people who are inpatients, and this means that they know their social worker, and discharge planning is ongoing throughout the young person's stay in hospital.
- In Worcestershire, there is a high uptake of general practitioner (GP) annual health checks for people over 14 with a learning disability. Leaders are now working to improve the quality of the checks and the resulting health action plans across the county. Inspectors saw examples of comprehensive health action plans and how GP surgeries are working to ensure that people with a learning disability and people with autism receive the reasonable adjustments they need to access primary care.
- All young people supported by child and adolescent mental health services (CAMHS)

have access to a youth worker at the start of their transition out of CAMHS or into adult mental health services. This innovative provision provides bespoke goal-based support for young people at a time and place suited to them. This empowers a young person to be clear about their next steps in managing their emotional and mental well-being as they transition into adulthood.

- The well-being and emotional support teams identified that cognitive behavioural therapy-based approaches do not meet the needs of all children. They have implemented the 'Decider Skills' programme, which has supported children with a learning disability and children and young people with autism to improve their emotional well-being.
- The balanced model enables the speech and language therapy service to work within the system at all levels. Children and young people with SEND and their families are placed front and centre with wrap around support through the strong joint working between speech and language therapy and education settings. A good example of this is through the Communication TA, where free communication training is provided to teaching assistants from mainstream schools to enable them to model good practice for speech, language and communication needs. This means that education staff get an additional layer of speech and language therapy support that encourages a whole communication approach in schools.
- Children living outside the local area, including children looked after, care leavers and children in need, are visited regularly by social workers or personal assistants who know them well. Children's records are detailed and capture observation of children's presentation and their relationships with the adults who care for them.

What does the area partnership need to do better?

- The accelerated progress plan, implemented in April 2022, has not had sufficient impact in three of the four priority areas identified at the last inspection. Leaders have developed workstreams, and task and finish groups, and have created a range of key performance indicators, which they track regularly. However, not enough actions have had the required impact on improving experiences for children and young people with SEND. As a result, some longstanding issues remain as areas for improvement.
- The local area partnership still does not hear the voices of children and young people well enough. There are examples of individual settings and some services consulting with or gathering feedback from children and young people. However, there are limited opportunities to engage meaningfully with children and young people to genuinely co-produce services that meet their needs.
- The longstanding issue around the timeliness of EHC plans remains an area for improvement. While there has been a recent increase in the number of plans being issued within the statutory timeframe, too many children and young people receive their final plan outside of this timescale.
- Quality assurance processes to date have not been effective in improving the quality of EHC plans. This has, in part, been down to instability in staffing. There have been

recent improvements in the accuracy of some of the newest plans, which reflects both the impact of training and a more stable workforce. However, too many existing EHC plans do not give a full and accurate picture of the child or young persons' needs. This is often due to the absence of appropriate input from health and social care.

- EHC plan reviews do not always take place on time, and, when they do, plans are not always amended in response to them. Consequently, information, including children's and parents' views, is not up to date. Some children and young people's plans have not had their views updated for several years. Planning for many children is not driven by the EHC plan review process but by the work of the settings, family, social workers and multi-disciplinary team meetings.
- Some children and young people wait too long to receive physiotherapy, occupational therapy and community paediatrician assessments. Although children and young people are prioritised and those assessed as having the highest level of clinical need are seen quickly, there is no routine review of those waiting in order to ensure that their needs have not changed and it remains appropriate for them to wait. While parents and children and young people can access an advice line and information while they wait, the strategy to reduce waits in physiotherapy and occupational therapy is not well developed. Health teams are working with an organisation to implement the balance system, which depends on universal services meeting the needs of children and young people who require a lower level of physiotherapy or occupational therapy. In theory, this will then create capacity for therapists to meet the needs of children and young people with a higher level of need. However, this system is dependent on buy-in from the local area partnership. At present, key stakeholders are not part of the planning for this system.
- Use of data to monitor health provision is underdeveloped. For example, leaders do not have oversight of the length of time some children and young people wait to be assessed. Outcome measures are not collated at a pathway or service level, which means that leaders cannot assure themselves that provision is effective in meeting need.
- Joint commissioning arrangements regarding assessment pathways and some therapies have not resulted in effective and timely improvements to services. For example, the local area partnership is aware of areas which require improvement relating to the neurodevelopmental assessment pathway, such as long wait times. However, exact plans to rectify these issues have not yet been developed.
- Children and young people are waiting too long for specialist mental health services (core CAMHS). However, while a child or young person waits, they receive contact from the team for advice, guidance and review to see if there is a change in their need. When children and young people have their mental health needs assessed and receive intervention, they receive thoughtful, evidence-based support, delivered by a highly skilled workforce. A plan is in place to mitigate risk and reduce waiting times.
- Children and young people are waiting too long to be assessed for neurodevelopmental disorders. Referrals are triaged and urgent cases are prioritised. However, there is limited support for children and young people while they wait and there is no proactive management of waiting lists. This can result in the breakdown of

a school placement for some children and young people, leading to them missing education. Detailed plans to address waiting lists have not yet been developed by the local area partnership.

- There is a current lack of specialist places available. In the interim, AP is being used as a waiting room for some children and young people before accessing a specialist setting. This prevents other children and young people from accessing the AP support they require, and for some children and young people, this results in exclusion from mainstream settings. This could be avoided if the right support was given at the right time.
- There are inconsistencies in how well different professionals working with children and young people share information and join up their approach. As a result, the needs of children and young people are not always as well understood or planned for. This results in inequity for children and young people with SEND.

Areas for priority action

Responsible body	Areas for priority action
Worcestershire County Council, Worcestershire Children's First and NHS Herefordshire and Worcestershire ICB	<p>The local area partnership should urgently address the long waiting times for:</p> <ul style="list-style-type: none"> ■ community paediatrics; ■ the neurodevelopmental assessment pathway; ■ occupational therapy; and ■ physiotherapy. <p>Leaders should also improve the support available while children and young people wait.</p>
Worcestershire County Council, Worcestershire Children's First and NHS Herefordshire and Worcestershire ICB	<p>The local area partnership should urgently develop genuine co-production with children and young people with SEND at a strategic level. Children and young people should feel they have fully participated in the process of developing services, improvement strategies and plans that meet their needs.</p>

Areas for improvement

Areas for improvement
<p>Leaders across the partnership should work at pace to implement the action plans that underpin the SEND strategy and seek to address the areas identified as priorities. This includes ensuring that:</p>

- all services gather accurate data and use this to effectively identify where there are gaps in provision and commission appropriate services to address those gaps;
- existing processes in place for tracking attendance are more rigorous in ensuring that no child or young person is missing education for prolonged periods of time;
- the time children and young people wait for a specialist place is reduced so that AP provision is available to those children and young people who need it; and
- the planned increases in specialist places does not compromise the quality of existing places and enables valuable outreach to mainstream settings to continue.

Leaders across the partnership should work at pace to continue to improve the timeliness and quality of new EHC plans and the quality of existing plans. This includes:

- ensuring that the number of new EHC plans issued within the statutory timeframe increases;
- ensuring that new EHC plans accurately reflect the child or young persons' needs through appropriate contributions from all relevant professionals across education, health and care; and
- ensuring that the annual review process takes place within the appropriate timescales and amendments to plans include updated views from children and young people and their families.

Leaders across the partnership should continue to address the long waiting times for children and young people requesting support from CAMHS.

Local area partnership details

Local authority	Integrated care board
Worcestershire County Council	Herefordshire and Worcestershire NHS Integrated Care Board
Tina Russell Director of Children's Services	Mari Gay, Managing Director
www.worcestershire.gov.uk	Herefordshireandworcestershire.icb.nhs.uk
County Hall, Spetchley Road, Worcester WR5 2NP	Kirkham House, John Comyn Drive, Perdiswell, Worcester WR3 7NS

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 from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

Inspection team

Ofsted

Helen Forrest, Ofsted Lead inspector
Wayne Simner, Ofsted HMI
Janet Fraser, Ofsted HMI

Care Quality Commission

Louise Holland, CQC Lead inspector
Lesley Perry, CQC inspector

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This publication is available at <http://reports.ofsted.gov.uk/>.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

© Crown copyright 2024