

# Area SEND inspection of Herefordshire Local Area Partnership

Inspection dates: 2 to 6 December 2024

Dates of previous inspection: 26 to 30 September 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

Herefordshire 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 Herefordshire.

Significant changes have been made to the leadership of SEND services since the previous inspection. There have been some changes to leadership posts, including the appointment of a director of education, learning and skills in 2022 and an interim director of children's services in July 2024. 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 Herefordshire.

The local area partnership commissions a range of alternative provisions (AP). AP, in Herefordshire, provides education for children or young people, including those who cannot attend schools due to social, emotional, mental health, or 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?**

Families of children and young people with SEND have varying opinions about their experiences in Herefordshire. For example, while about half of those parents and carers who responded to the survey reported that their child gets the right help and support in schools or colleges, only some stated that their child gets the right help and support from social care and health teams. Key leaders across the partnership know the variable experiences and outcomes of children and young people with SEND across Herefordshire. The local area partnership is committed to making further changes to continue its work to reduce waiting times for therapy and diagnostic services and improve capacity in health services.

Across education, health and social care, there is variability in the timeliness of identification and assessment of SEND and issuing of EHC plans in the majority of cases. Within mainstream schools, staff typically spot emerging needs of children and young people quickly and identify whether there is a need for further assessment and provision. Specialist settings are innovative in finding appropriate solutions for meeting the most complex learning and health needs. However, although waiting times for assessment and therapies have recently reduced, some children and young people still wait too long to access assessment and intervention. This limits how quickly these children and young people get the proper support to meet their SEND.

For children and young people with SEND who might have faced exclusion, absence, or medical needs, the pupil referral unit (PRU), and other AP, provide timely intervention to reintegrate them into long-term, successful education, training and employment.

For those children and young people with the most complex health, care and learning needs, there is a broad offer of opportunities to develop hobbies, pastimes and personal interests outside of school or college. These include swimming, local football teams, youth clubs and dance clubs. Children and young people with SEND spoken to during the inspection valued these opportunities to socialise with other children and young people with similar needs. However, some families who responded to the inspection survey, and some young people we spoke to on inspection, were unaware of this offer and how to access it.

Some children and young people with SEND who responded to the survey reported that they only sometimes receive the help that they need in school or college. However, the children and young people that inspectors spoke with during the inspection felt well supported by people who listened to them and acted swiftly when they needed help.

Many families who responded to the survey did not feel that their children get the right support to prepare them for their next steps. However, disabled children and young people who receive a service from social care are well supported into adulthood. For example, the Young Adult Team strongly supports disabled young people as they move to adulthood. Assessments are detailed, and this helps to ensure that young people are supported in appropriate accommodation with a support package that meets their needs.

Some older children and young people with SEND in care are sensitively involved in developing their life stories, which aids their understanding and recollection of events and people that are important to them.

Children and young people with SEND who attend residential special schools or out-of-area provision typically receive a positive experience. The partnership works well to ensure that the intended provision accurately supports the education, health and care needs of children and young people. Young people told inspectors that professionals listen when they talk about their life ambitions. Consequently, there is a strong focus on preparation for the next steps and adulthood in these provisions.

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

- The local area partnership has made improvements in several areas at an operational and strategic level. For example, they have reviewed, refreshed and implemented effective quality assurance measures for AP. This has assured the partnership that those most vulnerable children and young people have access to high-quality provision that prepares them well for their next steps.
- The local area partnership has invested in appointing additional staff and improved training. For example, they have made youth support worker roles within SENDIASS permanent. Senior practitioners within the school's well-being and emotional support teams (WEST) have been appointed. The partnership has increased the number of health service therapists and invested in the designated clinical officer (DCO) role. These appointments have improved the identification, assessment and meeting of children and young people's needs effectively.
- Across the partnership, professionals know children and young people well. For example, workers within the children with disabilities team understand children's needs. They are regularly visited; most disabled children establish strong relationships with their workers. Assessments are detailed and give a clear understanding of the child's world and the family context.
- Children and young people with SEND known to early help services access swift support from education, health and social care teams where appropriate. This includes sometimes means directing and supporting families with courses that might help them at home. Other children and young people, known to early help services, are supported in accessing community opportunities, such as skateboarding or short break opportunities.
- Most disabled young people leaving care receive appropriate support to develop their independence skills for when they reach adulthood, and they are involved in preparing their pathway plan. These plans strongly reflect the child's voice and give an understanding of their strengths and areas for support as they move towards independence.
- The Youth Employment Hub (YEH) is an exciting recent development. It has successfully brought together a range of education, health and social care professionals to support young people in employment, education and training. During the inspection, inspectors sampled the current experiences of young people known to

the YEH, and it was clear that this is already making a significant difference for the young people who access the service.

- Over the last two years, the local area partnership has introduced new working models, including drop-in clinics for speech and language therapy and physiotherapy. Children and their families can access this specialist advice and support service without a referral in their early years.
- Children and young people with SEND and their families can access early years 'while you wait' groups within the area. This helps to meet children's needs while they wait to be seen by a paediatrician for an autism assessment.
- There are no extended waits for the core child and adolescent mental health services (CAHMS) team, meaning that children and young people are seen quickly. This is a timely and supportive service in identifying and supporting mental health.
- The health visiting service supports the early identification of needs effectively. Children and young people with SEND are seen at an additional three-year-old developmental review. This means that a child's health and developmental needs can be identified early, and appropriate specialist referrals can be made.
- Co-production with children and young people with SEND and their families is strong. The development of the 'Herefordshire Helpers' has raised the profile of children and young people at the highest levels. Parent carer voice Herefordshire told inspectors that they feel heard and that their views are acted on by the partnership.
- The special educational needs coordinator network has brought fresh enthusiasm for partnerships and joint work between schools, social care and health providers. Educational settings value the input from different services into this group, particularly from health colleagues. Education leaders are optimistic about the improvements in the local area partnership.

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

- During the inspection, parents, carers, children, young people and practitioners told inspectors they were unaware of the systems and processes that could help them get the needed support. For example, some parents, carers and practitioners, including those in social care and health services, thought that parenting programmes were a prerequisite to accessing CAMHS services. Leaders say this is not the case. Equally, during the inspection, some parents, carers and practitioners told inspectors that a child must have a diagnosed need before they can have an education, health and care (EHC) plan. Partnership leaders are aware of these perceptions and offered assurance that this is not the case. They are working to raise the profile with parents, carers and practitioners that EHC plans are identified by need and are raising awareness of pathways to access assessment and support services.
- In some situations where there had been a significant turnover of social care and health services staff, some parents and carers reported that they had to repeat information about their child's needs or prior experiences. This slowed the speed at which their child was provided effective assessment and support.
- Some parents, schools, colleges and practitioners reported that the local offer is not

always well promoted. This limits how well children, young people and parents access the services and opportunities that could make the greatest difference to them. For example, some families told us they are unaware of the offer for children and young people with SEND to complete activities and pastimes in their local community.

- Access to health services varies for children and young people in Herefordshire, depending on their age and needs. For example, there is a comprehensive service in the early years for the diagnosis of autism. However, there is no commissioned service for speech and language provision in secondary schools unless the child or young person has an identified specific need. Where a child or young person does not have a potential diagnosis of autism, the availability of support is limited due to a lack of services for these children and young people.
- The local area partnership has developed transformation plans for therapies and diagnostic neurodevelopmental services. However, these are at an early stage of implementation, and have not yet sufficiently reduced waiting times for essential assessment and therapeutic intervention.
- Video fluoroscopy referrals in Herefordshire have been stopped due to a lack of referral pathways for specialist services. Although health services have effectively mitigated risks for children and young people, the local area recognises the need to re-establish this service. It is developing plans to establish a local service within Herefordshire to assure these children of a locally accessible service.
- Most disabled children and young people known to social care have plans that fully identify their needs. Plans are reviewed through regular multi-agency meetings, ensuring that most children and young people's plans progress and their needs are met. However, for some children and young people with SEND subject to child protection plans, changes in social workers can lead to them experiencing delays in having their needs met because records are not transferred effectively enough.
- There is a comprehensive offer for short breaks, and currently, there is no waiting list for specialist short breaks for those children with the most complex learning and health needs. Much work has also been completed recently to increase the range of providers for short breaks. However, this offer is not consistently well communicated to children, young people and their families. Most children and young people who responded to the survey said they do not get help to do things outside of education. Less than a quarter of parents who responded reported that their child gets the right help and support to join in with clubs, activities to benefit from holidays or make friends.
- Some health practitioners told inspectors about the challenges that they face regarding workload and capacity. Recently, there has been an increase in referrals across all services, which has led to challenges to the sustainability of the current workforce to meet the growing needs of the partnership. For example, some practitioners within specialist health roles stated that they sometimes do not have the capacity or training to fully meet the needs of children and young people with SEND.

## Areas for improvement

Areas for improvement
The local area partnership must continue implementing recovery plans to reduce waiting times across health services, including therapeutic and diagnostic services.
The local area partnership needs to ensure that all children, young people with SEND, their families, and practitioners are well-informed about accessing the range of support services available to them while waiting for assessment and diagnosis of neurodevelopmental conditions.
The local area partnership needs to ensure sufficient capacity, stability and improved quality across all health services to improve service consistency, development and delivery.
The local area partnership needs to ensure that high-quality and accurate information regarding the range of services available to children and young people with SEND, their families, and professionals is promoted and communicated in an accessible form.

## Local area partnership details

Local authority	Integrated care board
Herefordshire Council	Herefordshire and Worcestershire NHS Integrated Care Board
Tina Russell, Interim Director of Children's Services	Simon Trickett, Chief Executive
<a href="http://www.herefordshire.gov.uk">www.herefordshire.gov.uk</a>	<a href="http://Herefordshireandworcestershire.icb.nhs.uk">Herefordshireandworcestershire.icb.nhs.uk</a>
Plough Ln, Hereford HR4 0LE	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 CQC, and another Children's Services Inspector from the CQC.

## Inspection team

### Ofsted

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### Care Quality Commission

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