Area SEND inspection of Calderdale Local Area Partnership

Inspection dates: 16 to 20 March 2026

Dates of previous inspection: 11 to 15 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 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

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

There have been several changes to the senior leadership of Calderdale's children's services since the previous inspection. These include the appointment of a new director for children and young people's services, an assistant director for early intervention and safeguarding and an assistant director for education and inclusion. The commissioning of health services changed across England in 2022. On 1 July 2022, NHS West Yorkshire ICB became responsible for the commissioning of health services in Calderdale.

The local authority commissions one alternative provision (AP) to provide education for children or young people, including those who cannot attend school due to social, emotional and mental health (SEMH) needs, or for those who are at risk of or have been permanently excluded. The local authority commissions some unregistered AP for young people as part of an educated otherwise than at school package.

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

Children and young people with SEND are at the heart of Calderdale's local area partnership. However, their experiences remain inconsistent because many recent improvements are still becoming established and have not had their full intended impact.

Children and young people benefit from the commitment of leaders and practitioners who understand their needs and genuinely care about their wellbeing. A strong culture of collaboration across education, health and social care reflects a shared ambition to secure the best possible outcomes for children and young people. The parent carer forum, 'family voice Calderdale', along with children and young people, now plays a bigger part in shaping services. Their views have influenced changes to policies, staff training and how the partnership communicates with families. SEND youth representatives speak proudly about the difference their involvement makes, for example when they acted as 'experts by experience' for developing neurodiversity training for schools and providers.

Many children and young people with SEND in Calderdale are being supported through a strong multi-agency approach, which supports their needs effectively. Family hubs provide accessible, targeted support. This support has included providing opportunities for 'sensory stay and play' as well as early language development training for families.

Most children and young people in the area receive their education, health and care (EHC) plans within expected timescales. However, too many children and young people's EHC plans lack clear and specific outcomes. When outcomes are vague, it becomes harder to measure progress or tailor support. Although leaders have introduced quality assurance processes, these are not improving plans consistently well. Annual reviews do not always lead to prompt updates to EHC plans to support children and young people during key transitions. Some families and professionals are frustrated that EHC plans do not always have clear, up-to-date information that reflects the child's or young person's current situation.

For some children and young people, particularly those who do not need an EHC plan, the identification of their needs is slower than it should be. Professionals do not always show the curiosity required to explore what is behind children and young people's behaviour. As a result, needs can escalate before anyone investigates the causes, such as the missed identification of communication and interaction needs.

While there is a range of mental health services available, not all children and young people receive timely support for their mental health. In some cases, school staff identify concerns only after attendance declines, rather than through a broader understanding of the child or young person's wellbeing. Some families and professionals also find the mental health system confusing and hard to navigate, which can delay access to the help that children and young people need.

Children with SEND are generally well supported in the early years. Settings work closely with families and multi-agency partners to identify children's needs early, particularly around communication and language development. Support is timely and effective, ensuring that most children are well prepared for their transition to primary school.

Some young people with SEND receive effective support as they move from secondary school into further education. Many make a positive start, including with future study, training or supported employment. However, others feel unprepared and anxious about adult life. Although local area leaders understand the barriers young people face beyond age 16, they have not addressed these barriers well enough. As a result, too many young people with SEND are not in education, employment or training by age 17.

Some parents and carers feel that their children are overlooked. The partnership has not provided sufficient support to families who speak English as an additional language to help them access the local offer. Some parents feel that they must become 'experts in the SEND system' to access support. Some families are also increasingly frustrated by difficulties in accessing targeted short breaks, where these would be appropriate. This limits some children and young people's opportunities to take part fully in community life.

What is the area partnership doing that is effective?

- Leaders have an ambitious, coproduced SEND and AP strategy with clear shared outcomes for children and young people. The partnership shares information well across education, health and social care, using this shared learning to strengthen their strategy. For example, the new SEND health data dashboard and multi-agency audits help partners understand effective practice and improves their oversight. These arrangements enhance joint working and support better planning for children and young people with SEND.
- Leaders' self-evaluation is accurate and up to date. Leaders across the partnership are working with children, young people and the parent carer forum in various levels of strategy and governance arrangements. Partnership leaders have taken on board feedback and are receptive to suggestions from young people and families.
- Leaders have coproduced an agreed graduated response in schools through the creation of the 'Mainstream Inclusion Calderdale' framework. Part of this strategy is the expansion of specialist provision units in mainstream primary schools, along with more school-based AP in secondary schools. These developments help children and young people with SEND stay in their communities and attend local schools. However, this strategy is in the very early stages of implementation. Currently, the access to these places is limited. The consistency of support for children and young people with SEND in schools still varies across Calderdale.
- Leaders have taken a strategic approach to address the long waits that families have faced for access to speech and language therapy services. This has led to a significant reduction in the waiting times in the last 12 months. The introduction of

resources such as 'early talk' and 'talking tots' have impacted positively on children's speech and language skills, reducing the need for specialist intervention.

- Children and young people benefit from a range of support while they wait for health services across some key areas. For those with SEMH needs, mental health in schools services as well as online and telephone-based resources provide appropriate support while they wait for child and adolescent mental health services (CAMHS). The 'first point of contact' service and 'neurodevelopmental navigators' strengthen relationships with families when children and young people are referred for neurodevelopmental assessments.
- Family hubs provide an increasingly rich and accessible offer of early help services. Children and young people with SEND up to the age of 25 with varying needs, and their families, are responded to in an effective and timely manner. Early help practitioners also support families while they wait to access suitable services.
- Children and young people supported by the disabled children's team receive a high level of support to meet their needs. This is also true for those supported by children's social care, when there is identified SEND.
- There are clear pockets of strong practice across education providers. Many dedicated practitioners meet the needs of children and young people well. Parents report far more positive experiences when their child accesses specialist provision or AP, where support is consistently well matched to their needs.
- Local area leaders have recently extended the opportunities available to children and young people with SEND through a 3-tier AP offer beginning in mainstream school. This is starting to support children and young people to re-engage successfully with their education. The local area partnership's oversight of AP is robust.

What does the area partnership need to do better?

- Local area leaders have not ensured that all services are fully involved in the EHC plan process, particularly at the point when annual reviews are undertaken. EHC plans are not always used in a way that supports joint working between professionals. EHC plans do not always contain specific and measurable outcomes. This impacts on the accuracy and usefulness of these plans. They are not always fully reflective of the child or young person's needs, as well as the provision that is currently in place to meet need.
- Although some improvements have been made, waits to access a range of health services remain too long. This includes access to specialist services such as CAMHS, and initial assessment and diagnostics for autism and attention deficit hyperactivity disorder. Additionally, wheelchairs are not always provided in a timely enough manner so that the needs of children and young people are met consistently well.
- Social workers in frontline teams do not always recognise the presenting needs related to some children and young people with SEND. Their needs are not always clearly identified in their plans. It is not always evident that families are directed to

appropriate support that will help them to meet their children's additional needs in a timely and effective way.

- Targeted short breaks are currently only available for some children and young people with the highest levels of need. Some families receive direct payments that help them access activities and essential care support. Leaders recognise the value that these breaks provide and are aware that current options are too limited to meet the needs of all children and young people who would benefit from short breaks.
- Identification of SEND varies across education settings, leading to inconsistent practice and gaps in early identification. Criteria for assessment are not yet agreed across the area, and thresholds for accessing support are not always well understood. For example, some providers are quick to seek local authority support rather than use an agreed graduated approach. The new 'Mainstream Inclusion Calderdale' framework aims to address this, but implementation is at an early stage and education provider engagement is limited.
- Local area leaders are in the early stages of analysing the reasons behind the disproportionately high suspension and exclusion rates for children and young people with SEND. At this point, there are no evidence-informed strategies in place to address the issue or ways to share effective practice across the area.
- Some parents are concerned regarding the capacity of mainstream schools to meet their children's needs and the sufficiency of specialist provision in Calderdale. Alongside this, special school leaders have reported rising consultations for children whose needs cannot be met within mainstream schools. Leaders are aware of this and have plans to increase specialist places and resourced bases in schools, along with extra help to support mainstream schools.
- For some young people with SEND, preparation for adulthood is not fully considered from Year 9. While individual schools commission a careers advice and guidance provider to support vulnerable young people with timely advice, there are not systems in place to ensure that young people with SEND are prioritised. Children and young people's EHC plans do not always show that professionals are planning for key transitions early enough. Some parents told inspectors that families feel unprepared for transitions across all services and that anxieties are heighted when decisions about next steps are delayed. Although leaders have recently approved a new transitions strategy, this is in its early stages. Currently, transitions from children's health and social care services can be difficult because equivalent adult services are not always available.

Areas for improvement
The local area partnership should strengthen the quality of EHC plans, including the annual review process, by ensuring that: - practitioners across education, health and social care are always invited to contribute to EHC plan development and review. - updates to annual reviews include children's and young people's views so that their voices are heard and their current situation fully understood. - all plans include specific, clear and measurable outcomes.
Partnership leaders should ensure that earlier, well-planned transitions across all services are in place for children and young people with SEND at different key phases, including when young people are preparing for adulthood.
The local area partnership should build on its current strategy to strengthen the identification and meeting of children and young people's needs in mainstream schools to: - further reduce the suspension and exclusion rates of children and young people with SEND - work with education providers to better understand why suspensions and exclusions happen and - support education providers to use a clear graduated approach to provide the right support at the right time.
Partnership leaders should expedite commissioning work already underway to improve the range and access to targeted support and short break options, to ensure that children and young people have a sufficient range of appropriate opportunities.

Local area partnership details

Local authority	Integrated care board
Calderdale Council	NHS West Yorkshire
Martyn Stenton, Director for Children and Young People's Services	Johnathan Webb, Interim Chief Executive Officer
https://new.calderdale.gov.uk	www.westyorkshire.icb.nhs.uk
Halifax Town Hall Halifax HX1 1UJ	Scorex House West 1 Bolton Rd Bradford BD1 4AS

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: HMI and Ofsted Inspectors 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	Care Quality Commission
Dave Gilkerson, Ofsted HMI, Lead inspector	Lea Decker, CQC Lead inspector
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