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30 June 2026

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Area SEND monitoring inspection to Worcestershire Partnership

Between 5 May and 7 May 2026, Ofsted and the Care Quality Commission (CQC) revisited Worcestershire to decide whether effective action has been made in relation to each of the areas for priority action detailed in the inspection report published on 15 July 2024. The inspection was conducted under section 20 of the Children Act 2004.

I write on behalf of His Majesty's Chief Inspector (HMCI) of Education, Children's Services and Skills, the Chief Inspector of Primary Medical Services and the Chief Inspector of Primary Care and Community Services of CQC.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, HMCI required the local area partnership to prepare and submit a priority action plan (area SEND) to address the 2 identified areas for priority action.

At the time of the full area SEND inspection in May 2024, Worcestershire Children First, were responsible for delivering children's services in Worcestershire, including for SEND. Worcestershire Children First has ceased operating and responsibility for delivering children's services has returned to Worcestershire County Council.

The local area partnership has taken effective action to address one of the areas for priority action identified at the initial inspection. The local area partnership has taken ineffective action to address one of the areas for priority action identified at the initial inspection. This letter outlines our findings from the monitoring inspection.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, accompanied by a further HMI and a Children's Services Inspector from CQC.

During the inspection, we spoke to local area leaders, parents and carers of children and young people with special educational needs and/or disabilities (SEND), and education, health and social care professionals. We also met with representatives of the parent carer forum (PCF), the Department for Education (DfE) and regional NHS England. We examined relevant documents and correspondence about the performance of the area in addressing the areas for priority action identified at the initial inspection, including the area's priority action plan and self-evaluation.

Findings

Area for priority action 1:

Worcestershire County Council, Worcestershire Children First and NHS Herefordshire and Worcestershire ICB must work together urgently to address the long waiting times for community paediatrics, the neurodevelopmental (ND) assessment pathway, occupational therapy and physiotherapy, and ensure that children and young people receive improved and effective support during the period they are waiting for assessment or intervention.

Outcome: Ineffective action

Since the previous inspection, leaders across Worcestershire County Council, NHS Herefordshire and Worcestershire ICB have developed a clearer understanding of how many children and young people need support while waiting for these services. Waiting times have recovered for occupational therapy and physiotherapy. Partnership work has led to a decrease in children waiting for ND assessments and community paediatric services; however, for those children and families still awaiting an assessment, the delay for many remains unacceptably long.

Leaders have plans to recover the ND service, inclusive of autism and attention deficit hyperactivity disorder (ADHD). However, at the time of the inspection, no improvements to children and young people's experiences of the ND service were evident. Furthermore, plans to improve community paediatric services have not been developed. As a result, most children and young people continue to wait too long for assessments and support. During these long waits, many children experience prolonged uncertainty, and their needs are not understood quickly enough.

Waiting times for occupational therapy and physiotherapy services have reduced since the last inspection. Systems to identify and prioritise children and young people with the most urgent needs, alongside closer oversight from these teams, mean that most children and young people are now assessed and supported more quickly.

The partnership has introduced measures to support children, young people and families while they wait for assessment, including online resources, workshops, and drop-in clinics for physiotherapy and occupational therapy. However, this support is inconsistent, unevenly accessed, and does not ensure that all children and young people receive timely or appropriate help while they wait. This limits its effectiveness.

Communication with families is inconsistent. Contact during waiting periods often focuses on confirming that children and young people remain on waiting lists rather than checking whether their needs have changed, reviewing risks or offering tailored

help. As a result, leaders lack assurance that children and young people's needs are being identified promptly or that waiting arrangements are supporting children and young people effectively.

Children and young people described the impact of long waits for autism and ADHD assessments and community paediatric services as having a negative impact on their wellbeing and confidence. They reported poor communication during waiting periods and assessment processes and barriers to timely access to necessary support.

Education and social care services consistently assess the impact of waiting periods and make adaptations to support; there is evidence of strong, collaborative partnership working to understand the impact of waiting times and to intervene earlier, focusing on children's needs rather than diagnosis.

However, overall, leaders have not taken effective action to address long waiting times across Worcestershire. Waiting times for community paediatric services, autism assessments and medication pathways for children and young people with ADHD remain unacceptably long. Ongoing staff shortages and reliance on short-term block funding for ND diagnosis continue to limit progress. Plans to improve and redesign community paediatric services to reduce waiting times have not yet been developed.

Area for priority action 2:

Worcestershire County Council, Worcestershire Children First and NHS Herefordshire and Worcestershire ICB must urgently develop genuine co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) with children and young people with SEND at a strategic level, ensuring that they are fully involved in shaping services, improvement strategies and plans and that they feel their participation has meaningfully influenced decisions that affect their lives.

Outcome: Effective action

Leaders across Worcestershire County Council, NHS Herefordshire and Worcestershire ICB have taken effective action to improve how children and young people with SEND are involved in shaping strategic-level decisions. This has led to a clearer shift from consultation towards meaningful participation, with children and young people with SEND actively involved in discussions and decision-making across education, health and social care.

While this represents a clear improvement since the previous inspection, leaders recognise that this approach is still at a relatively early stage and is not yet fully embedded or consistent across all services.

Children and young people play an active role in partnership meetings where important systemwide decisions are discussed. Their contributions influence conversations about priorities, service design and improvement planning, demonstrating that involvement is having a tangible impact on decision-making. Inspectors saw evidence that what children and young people say is valued, listened to and used to shape decisions, for example, about inclusion, services for neurodivergent children and access to support. Children and young people involved in this work said they feel confident to challenge senior leaders and to influence discussions in settings previously led only by professionals.

Members of 'Voices United', the group that represents children and young people within the partnership, described feeling listened to and taken seriously by leaders. They contribute directly to important discussions, including decisions about which services are needed, where to invest and which senior leadership roles to fill. Members of the group provide effective challenge by highlighting barriers that children and young people with SEND experience across services and by stressing the importance of strong advocacy, particularly for children and young people with more complex health needs. This represents a clear improvement on previous practice and strengthens the extent to which children's views influence high-level decisions.

In addition to formal groups, engagement teams work with schools to gather the views of a wider range of children and young people with SEND, including those who do not take part in partnership meetings. These views are shared with leaders and inform discussions about improvement. This helps ensure that a broader range of experiences is reflected in decision-making across the system.

The involvement of children and young people is increasingly part of the partnership's standard approach to improvement rather than a separate activity. Their views are considered alongside information about service performance and waiting times when priorities are reviewed. Leaders are open with children and young people, parents and carers, and schools about the pressures facing services and the limits on what can be delivered. This openness supports informed participation in co-production and demonstrates a more confident, developed approach to taking into account the lived experiences of children and young people. The partnership's work with the PCF is well established and supports a consistent approach to listening to families alongside children and young people.

Leaders recognise that involvement is not consistent across all services and that some groups of children and young people remain under-represented. This limits the extent to which the benefits of strengthened participation are experienced equitably across the system. Overall, the local area partnership has taken effective action to

strengthen meaningful involvement of children and young people with SEND in decisions that affect services and support.

Next steps

Inspectors will reach an effective action outcome if, having gathered and evaluated evidence, they find that the local area partnership has taken reasonable steps to address the area for priority action since the full inspection, based on the relevant evaluation criteria.

Effective action does not mean that the area for priority action is no longer a concern or that the local area can stop taking action to address it. Inspections are a point-in-time evaluation. Areas for priority action that receive an effective action outcome may still be identified as areas for priority action in future inspections. This can happen if the local area does not continue to take action and/or the action has not continued to have a positive impact on the experiences and outcomes for children and young people with SEND.

Ofsted and CQC ask the local area partnership to update their priority action plan (area SEND) as a result of this inspection.

I am copying this letter to DfE and regional NHS England.

Yours sincerely

Chris Pollitt
His Majesty's Inspector, Ofsted, Lead inspector

Nick Bennison
His Majesty's Inspector, Ofsted

Harriet Doran
Children's Services Inspector, CQC

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