

<b>Report to:</b>	North West SEND Leadership
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<b>Title:</b>	Thematic Overview of Area SEND Inspections

## Background

The new SEND Framework came into force in January 2023. This represented a radical change in the approach to the inspection of SEND Area Partnerships, with a greater emphasis on the impacts and outcomes for children, and extended areas for inspection including the experiences of children who have SEND Support Plans.

The Area SEND Inspection Framework states the purpose of inspection is to:

- provide an independent, external evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND.
- where appropriate, recommend what the local area partnership should do to improve the arrangements."

There are 3 possible full inspection outcomes, leading to different subsequent inspection activity. These can be seen below, in Figure 1.

**Figure 1.** Possible full inspection outcomes, and their subsequent inspection activity.

Inspection outcome	Follow-up and inspection activity
The local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.	Engagement meetings Full inspection usually within 5 years
The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements.	Engagement meetings Full inspection usually within 3 years
There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.	Engagement meeting Submission of priority action plan (area SEND) Monitoring inspection usually within 18 months of the publication of the full inspection report

Since January, Ofsted have published 14 Area SEND Full Inspection reports. The outcomes present a mixed picture with;

- 5 receiving a “typically lead to positive experiences and outcomes” judgement,
- 6 local areas were judged as “inconsistent experiences and outcomes”, and
- 3 receiving a judgment of “widespread and/or systemic failings leading to significant concerns”

## Purpose

The purpose of this document is to present a thematic overview, identifying the key issues that are emerging from the inspection reports. These will include key improvement areas, and examples of where a local authority is illustrating good practice to address challenges.

### 1. CO-PRODUCTION

#### 1.1 Key themes and challenges

Co-production allows children and young people with SEND, along with their parents, carers, and families, to influence the support and services they receive. This may be as part of EHCP review processes or through organised groups who influence the way that services are designed, commissioned, and delivered.

Areas for improvement with regards to co-production centre around there being insufficient involvement of CYP with the systems they access, with some CYP with SEND reporting a sense of the system is being ‘done to them.’ In some local areas, EHC Plans and Social Worker reports lack detail that is relevant to the CYP’s lived experience including their ethnicity, religion and home language. Please see Section 6. for more information on EHC Plans and multi-agency co-production.

#### 1.2 How is good practice demonstrated?

Local areas, in which co-production was noted as a strength, use a person-centred approach with an understanding of the issues facing families in the local area.

- In Oldham, partnership leaders and parents and carers have co-produced a new and ambitious SEND and Inclusion strategy which is reflective of the current needs within Oldham. The draft of this is available to view [here](#).
- Parents/ carers views are used for initiatives and service design, often with parent/ carer forums involved with developing projects and providing regular feedback to professionals. An example of this is [WarrPAC](#) in Warrington.
- Opportunities have been created in Cornwall, through the [CPP](#) programme, for CYP to advocate and mentor other CYP with SEND.
- Gateshead uses [youth forums](#) and opportunities to act as Ambassadors, so CYP are involved in multi-agency discussions to redesign and improve services.

## 2. IDENTIFICATION OF NEED

### 2.1 Key themes and challenges

In local areas where identification of needs happens early and accurately, CYP with SEND are most supported and can access services close to them. Health Visitors play a key role in identifying needs and signposting support and services. In many cases, pre-school children with needs are well supported by education, health, and care services. However, where a CYP's special educational needs emerge over time, the effectiveness to assess and meet their needs is variable. This is because support is reliant on the variable knowledge of school staff and Special Educational Needs Coordinators, highlighting a training need for school staff.

Some families of CYP with SEND expressed frustration with accessing assessment/ therapy sessions and applying for EHC Plans. Often despite a range of available services, some families felt that they did not know how to access them and felt isolated during the early stages of identifying their child's needs.

### 2.2 How is good practice demonstrated?

The inspection findings across local areas identify many instances of early and effective identification and assessment of need for children and young people with SEND. These include;

- Early Help intervention e.g. [The Portage Team](#) in Warrington.
- Multi-agency support across education, health, and social care providers.
- Social workers providing support and information for parents in how to best manage emerging needs.
- Health visitors in Rutland consistently delivering the [5 mandated developmental checks as part of the Healthy Child Programme](#).
- In Oldham, initial [SEMH](#) assessments are prioritised according to risk and there is an appropriate offer to support children in crisis.
- In Hartlepool, all Early Years providers have a named nursery nurse who supports with assessment and provision for SEND. Their [Educational Psychology](#) team supports and trains school staff, leading to increasingly accurate assessment, educational adaptations, and referrals of CYP with SEND in schools.

## 3. HEALTH PATHWAYS AND SUPPORT

### 3.1 Key themes and challenges

The most prominent issue related to health care is long waiting times. CYP are waiting too long to access health care services. Most commonly, these services include Speech and Language Therapy (SALT), Occupational Therapy (OT) and Neurodevelopmental pathways. This results in frustration from the CYP and their parents/carers, along with some escalation of their needs. In some cases, there are gaps in service provision; in others the increased demand of EHC needs assessments outstrips services. This impacts the number of EHC Plans that are completed within the 20-week statutory time frame, so some children and young people do not have their needs assessed or met quickly enough. In some instances, children who have been waiting on

one pathway have to wait again if professionals transfer them to another service creating more delay and frustration. Where practice was good, practitioners consolidated appointments to support a “tell it once” approach.

### **3.2 How is good practice demonstrated?**

Despite long waiting times to access health services being identified as problematic for 13 of the 14 inspected SEND Area Partnerships, there is lots of evidence of creative solutions to address children’s needs and support ‘waiting well’. These strategies help to minimise the impact of long wait times on CYP with SEND, and include:

- Across many areas there is guidance to support CYP and families with emerging needs. These include accredited training schemes, training programmes for parents and carers in school and community groups, and family workshops to support with sleep, OT, emotional well-being.
- Service redesign in Cornwall has resulted in reduced wait times e.g. for [OT](#), [CAMHS](#).
- A 24-hour support service and intensive home treatments for mental health crisis ([Hartlepool](#)).
- Weekly drop-ins provided at children’s centres across Hartlepool by integrated therapy professionals.
- Effective use of [Dynamic Support Register \(Rutland\)](#).
- In Gateshead, SEND nursing teams working to mitigate delays in OT, and [bowel and bladder services](#). There is also access to paediatricians in clinics, homes, and schools.

## **4. LOCAL AREA LEADERSHIP**

### **4.1 Key themes and challenges**

The inspection reports describe the most effective local area leadership to be based on strategic planning, strong governance, and joint commissioning of children’s services. Within the areas in which leadership was judged as weakest, practitioners in education, health and social care were unclear about their accountabilities and responsibilities. This impacted the support and guidance given to children and young people with SEND and increased their frustration. Strategic planning for future and emerging SEND needs is a challenge for local areas and depends upon several other factors including early identification of need, sharing of information between agencies/ services.

### **4.2 How is good practice demonstrated?**

- Where local areas have effective leadership, they make use of effective relationships and information sharing at all levels. Strong governance arrangements ensure that all leaders are held to account for the area’s statutory duties. Area Leaders model best practice and it filters down to practitioners across education, health, and care services.
- Joint commissioning is well-established in many of the local areas receiving a ‘typically lead to positive experiences and outcomes’ judgment e.g. [Greenwich](#). Where joint commissioning is most effective, it is based and used within a shared strategy with key priorities, with all leaders developing a good understanding of what is working well and what could be improved.

- In Warrington, some senior leadership posts in the partnership are jointly commissioned. This helps to improve decision-making and quality assurance across the partnership.
- Brighton and Hove City Council has created roles to co-ordinate services and promote inclusion e.g. [Hidden Children's Officer](#).
- Southend-on-Sea has consulted widely on [strategic plans](#) for improvement, increased capacity for an Inclusion Team to support partnership working between education, social, and health care providers.

## 5. EDUCATION AND INCLUSION

### 5.1 Key themes and challenges

Ofsted's Local Area SEND inspection reports focus on education and inclusion under three main themes; SEND inclusion in mainstream educational settings, Alternative Provision, and rates of suspensions and permanent exclusions.

- A common challenge identified through the reports, is that of a lack of appropriate, specialist placements for CYP with SEND. Due to the lack of placements, many CYP face long waits for a placement, which can lead to higher risk of suspension/ exclusion. Many areas are trying to meet the needs by accessing AP outside of the local area.
- Additionally, too many CYP are in long-term AP placements which are not suited to their needs. Due to a lack of specialist placement, there is an increasing need to provide inclusive provision and resource bases within mainstream schools and colleges. The most recently published [National Statistics](#) reveal that CYP with SEND (with or without an EHCP) are almost 4 times more likely to be suspended, and up to 20% more likely to be permanently excluded from school. Where SEND needs are not met through mainstream resource or AP, CYP are more likely to be suspended or excluded.

### 5.2 How is good practice demonstrated?

#### Inclusion in mainstream educational settings:

Where this is done well, school leaders have a shared ambition for an inclusive approach, school staff are well trained, and have strong links to other agencies to support with emerging needs. This is particularly evident in Greenwich. In Telford and Wrekin, there is continual assessment of specialist provision, and fluidity between attendance of mainstream schools and AP.

#### Alternative Provision:

In local areas with effective use of AP, partnership leaders' oversight of AP is robust and changes are made to reflect current needs.

- Oldham commissions appropriate AP placements through discussion at a multi-agency panel and a [collaborative provision register](#), which ensure adequate oversight of these arrangements.
- In Cornwall, residential placements are appropriate, mostly in the CYP's local area, and there are comprehensive quality and safety assessments.
- Brighton and Hove City Council has agreed a new post to coordinate commissioning and quality assurance of AP.

- In Greenwich, school leaders have strong, embedded relationships with professionals to support them in identifying and meeting needs, they have swift access to support services for children and young people with SEND.
- Telford and Wrekin follow their "[Belonging Strategy](#)" which views AP as intervention and not respite.

#### Suspension/ permanent exclusion rates:

Increased in-school training has led to staff being increasingly able to recognise and understand needs, which has significantly reduced suspensions and increased attendance in Gateshead. See [Gateshead Inclusion Standard](#) self-evaluation.

## **6. ASSESSMENT AND PLANNING**

### **6.1 Key themes and challenges**

Inspectors looked at partnerships' use of data to establish, advance and monitor priorities and outcomes. Where local areas were judged to be less effective, leaders did not have a strategy by which to use data to evaluate the challenges faced, the effectiveness of their support or actions.

Key themes centres around strengthening the range of information to support decision making, assessing effectiveness, and strengthening monitoring processes to accelerate the improvement of SEND services.

Two thirds of the published inspection reports name EHC Plans within the 'Areas for Improvement' section. These improvements focus on statutory timescales, absence of appropriate outcomes, and lack of co-production. These issues result in EHC Plans being out-of-date, not reflecting current needs, nor containing the education, health and social care information required. Where relevant, EHC Plans should be co-produced, using a multi-agency approach.

### **6.2 How is good practice demonstrated?**

Examples of good practice from different local areas include:

- Greenwich has significantly invested in the EHCP process which had led to the proportion completed within the 20-week timescale to increase.
- Leaders in Warrington identified that the [EHC panel process](#) needed to change to include multi-agency professionals. The panel now has appropriate expertise from across health, education, and social care. The improved process ensures that referrers receive useful feedback if their application is declined, so needs can be better met in CYP's current setting.
- Some areas are noted to capture the views of CYP and their parents/carers well within the EHC Plan.
- In Hartlepool, CYP known to social care benefit from regular multi-agency meetings, in which their plans are reviewed. This is known as '[One Plan](#)'.

## 7. PREPARATION FOR ADULTHOOD

### 7.1 Key themes and challenges

The inspection reports found that many local areas are providing a range of services to support CYP with SEND with their transitions into adulthood. Many offer support to secure training, employment, and achieve independent living. However, a recurring issue within this theme is that many families are unaware of the services available or how to access them.

Where local areas prepare CYP well for the transition to adulthood, the preparation starts early. Starting the process too late is identified throughout reports as negatively impacting the lived experiences of CYP and their readiness for adulthood. This is often despite effective careers advice and availability of supported apprenticeships, internships, and further education. Introducing and communicating available provision earlier is key.

Reports identified concerns around transition to adulthood with regards to health services. In some areas, health services stop abruptly as the YP enters adulthood. Some services do not automatically transfer from children to adult's services, and it is the responsibility of the YP or their families to refer themselves for the adult services, through their GP. There is evidence of a "gap" between accessing adolescent and adult mental health services, in some areas.

### 7.2 How is good practice demonstrated?

Where local areas identify and assess the needs of CYP with SEND early, there is the most positive impact on those YP and their families. There is evidence of a range of effective and innovative practice across local areas, including:

- In Nottingham, the Preparation for Adulthood Team ([PfAT](#)) support with the transition from child to adult social care. The Maximising Independence Service ([MIS](#)) support those below the threshold for PfAT.
- Close monitoring of NEET, with school leaders and NEET teams working together to provide appropriate, personalised opportunities e.g. supported internship programmes (Telford and Wrekin, Brighton and Hove).
- Supported flat share programmes and [online guidance](#) to provision. (Telford and Wrekin).
- Effective careers guidance available in many areas.