

14 December 2021

Tina Russell  
Director of Children's Services,  
Worcestershire County Council  
Spetchley Road  
Worcester  
WR5 2NP

Mr Simon Trickett, Chief Executive, Herefordshire and Worcestershire Clinical  
Commissioning Group (CCG)  
Sarah Wilkins and Gabrielle Stacey, Local Area Nominated Officers, Worcestershire

Dear Ms Russell and Mr Trickett

### **Joint area SEND revisit in Worcestershire**

Between 1 and 3 November 2021, Ofsted and the Care Quality Commission (CQC) revisited the area of Worcestershire to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 16 May 2018.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 16 October 2018.

The area has made sufficient progress in addressing eight of the significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing four significant weaknesses. This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, headteachers, special educational

needs coordinators (SENCOs), the parent carer forum (Families in Partnership, FiP), and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area in addressing the 12 significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation. Inspectors also looked at a sample of education, health and care (EHC) plans and evaluated the online local offer. Inspectors considered the responses to the parent and carer survey and the emails sent into Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

## Main findings

- **The initial inspection found that there were safeguarding concerns around: children and young people from London boroughs housed in Worcestershire; the use of long-term part-time timetables; and children taken off roll and missing education.**
- Leaders have put systems in place that effectively monitor vulnerable children and young people who are placed in Worcestershire from other local authorities, including children and young people with SEND. There is a named person in the area and a single point of contact for any stakeholders who may have concerns about a child or young person or who require additional information about them.
- The systems enable leaders to monitor children and young people who are placed on, or taken off, school rolls. Leaders use this information well to check the location of children and young people. They identify children and young people who are not in education effectively and follow up their whereabouts quickly.
- If a child or young person is not in an educational setting, they are supported by the children missing in education (CME) team. The Missing Mondays forum is attended by social care, SEND, youth justice, designated clinical officer (DCO) and medical education teams, and other relevant stakeholders. The forum reviews children and young people who are not in education. They then develop and implement plans to help reintegrate them back into education. The work of the Missing Mondays forum is reducing the number of children missing education and the amount of time vulnerable children spend out of education.
- Leaders have informed schools about the appropriate use of part-time timetables. Area leaders have introduced a portal for educational settings that includes the facility to report that they are placing a child or young person on a part-time timetable. Leaders use this information to monitor the use of part-time timetables across the area. This enables them to challenge settings when they identify that a

part-time timetable is used inappropriately. However, the system does rely on settings voluntarily uploading the relevant information to the portal.

- If a pupil with an EHC plan is on a part-time timetable, the area's SEND team is notified. The team then checks the provision for the child or young person. The area is now monitoring this group of children and young people to ensure that they are receiving appropriate education provision.

**The area has made sufficient progress to improve this area of weakness.**

■ **The initial inspection found that the CCG lacked strategic leadership in implementing the SEND reforms.**

- The CCG has shown increased investment and commitment in its focus on children and young people with SEND. This includes the CCG jointly chairing the SEND Improvement Board with the local authority. The focus on children and young people with SEND is now apparent within the CCG's governance structure and the increased level of staffing allocated to this area.
- The appointed lead general practitioner (GP) for SEND provides a link for all the GPs in the area. This person has provided training for GPs. This ensures that GPs, who are often the first point of contact for families and often the main contact for overseeing adult healthcare, have appropriate knowledge and information to help support their patients. The CCG is prioritising its work with children and young people with SEND and has a strategic role in leading on this agenda.
- The recruitment of the children and young people's commissioning manager and the increase in the DCO's hours have strengthened the focus on meeting the needs of children and young people with SEND. They participate in multi-agency groups and share their health expertise. Leaders and practitioners from other agencies value their input and this is beginning to inform and develop service delivery. Given that service redesign and monitoring are recent, it is too early to measure the impact that this is having on children and young people with SEND. The CCG is now jointly developing strategies and approaches to commissioning with the local healthcare provider to meet needs. The CCG is now strategically leading on implementing SEND reforms.
- The CCG ensures that children and young people with SEND are a key priority within the wider health systems regionally and nationally. For example, children and young people with SEND have been added to the local priorities for the NHS Children & Young People National Transformation Programme. The aim of this national programme is to reduce health inequalities by improving joint commissioning and collaboration across agencies. This example highlights the importance the CCG gives to identifying and commissioning services to meet the needs and improve the outcomes for children and young people with SEND.

**The area has made sufficient progress to improve this area of weakness.**

- **The initial inspection found that the action plan required to implement the new SEND strategy was of a poor quality.**
- The development of Worcestershire Children First has resulted in a single, centralised organisation to deliver a wide range of services in the area. Staffing is more stable, with more accessible team leaders and senior staff. The area has brought together education, health and social care services into a cohesive structure. This has enabled leaders to successfully address several of the significant weaknesses identified at the previous inspection.
- Leaders have a strong understanding of the area's strengths and further improvements that need to be made. The updated and adapted action plans and SEND strategy reflect the concerns raised in the written statement of action. Leaders have considered changes in the needs of children and young people with SEND in the local community and national guidance in the development of these improvement plans. This has ensured that the right issues are prioritised and addressed to improve outcomes for children and young people with SEND.
- Leaders are committed to ensuring that all the actions in their plans lead to long-term and sustainable improvements. They are laying secure foundations on which to build. Leaders are not prepared to make 'quick' and unsustainable changes. For example, leaders have developed a Year 9 annual review toolkit that will support young people in preparing for adulthood more effectively. They took time to design the toolkit to ensure that it will effectively support settings during annual reviews of Year 9 children and young people with SEND. The measured approach to leaders' improvement strategies, along with some delays due to staffing and organisational changes, mean that the impact of their actions is yet to be seen.
- Leaders have developed a range of quality assurance frameworks to check and monitor the impact of their actions. These frameworks have initially focused on compliance to ensure that processes are being implemented as planned. While this has led to more consistent practices, it has been at the expense of the quality of some of the outcomes. For example, while a very high proportion of EHC plans are now issued within statutory timescales, the EHC plans continue to be of a poor quality.
- Within the last year, a SEND dashboard has been further developed and implemented to monitor performance against set targets. For example, leaders use the information to monitor how well children and young people with SEND are achieving academically, and their attendance and exclusions information. The dashboard captures measurable health data, which has helped in monitoring activities such as the number of health reviews undertaken and waiting times for assessments. The local area knows that it has more work to do in developing measures that capture the effectiveness and quality of healthcare provision. This means that the area cannot fully assure itself of the quality of healthcare services for children with SEND and their families.

**The area has made sufficient progress to improve this area of weakness.**

- **The initial inspection found that there was a lack of joint commissioning arrangements.**
- A children and young people's joint commissioning group has been developed. It is part of the area's joint commissioning strategy. Access to services has been improved through targeted approaches and redesigned services. For example, a significant reduction in the waiting times for an autism spectrum disorder diagnosis has been achieved through targeted work within the overarching pathway. Leaders identified where they could make efficiencies through effective use of assessments and then implemented and reviewed the changes made in order to successfully reduce the waiting times for diagnosis.
- Leaders are commissioning speech and language support to address delays in children's speech, language and communication development. This support will be delivered in Reception classes in specific geographical areas. The service has been commissioned in response to the impact of COVID-19. It will address the delays in children's speech, language and communication development caused by a lack of socialising and access to early years services during the pandemic. Current joint commissioning arrangements are helping to identify children and young people's needs. The redesigning of the support across agencies is helping to improve outcomes for children and young people with SEND.
- The CCG has worked well with partners to identify and predict future needs. For example, occupational therapy and physiotherapy services have been redesigned as a result of commissioners', service leads' and practitioners' evaluations of previous arrangements. Leaders now use measurable outcomes to evaluate the impact of the services.
- 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 parents and carers in assessing and shaping service design is not always fully incorporated within joint commissioning. Lessons are learned through complaints, which then influence the service design. However, leaders have not consistently sought out the valuable contribution of parents, carers and children and young people to ensure that service design reflects their views and needs. This means that joint commissioning is not always reflecting the important views of those who will be using the service.
- The 0 to 19 years Starting Well Partnership provides a wide range of support in areas around Worcestershire. It incorporates the universal public health nursing service and parenting support provision provided by external agencies. These agencies run parenting groups that provide parents with support through nationally recognised programmes. This brings together early support to promote family well-being. It also prevents difficulties escalating that could possibly lead to family crisis, distress and the need for higher level intervention. Leaders are using joint commissioning to identify ways of joint working across partners to meet children and young people's needs in a holistic way.

**The area has made sufficient progress to improve this area of weakness.**

- **The initial inspection found that there was variation in the skills and commitment of some mainstream schools to provide effective support for children with SEND.**
- There remain significant concerns about how inclusive some mainstream schools are across the area. Parents, carers, schools, the Special Educational Needs and Disabilities Information, Advice and Support Services (SENDIASS) and FiP all raised, and shared examples of, practices that demonstrate that some schools are still not inclusive. Leaders are carefully monitoring inclusive practices in mainstream schools across the area. They have identified and challenged schools that are discouraging children and young people with SEND from applying for places or encouraging them to find alternative placements. Nevertheless, there is some way to go before there is a shared and collective commitment from all mainstream schools to be fully inclusive.
- However, since the previous inspection, leaders have provided mainstream schools with a range of support to develop the skills and expertise of leaders and staff. For example, regular SENCo network meetings are held. SENCos report that these meetings have been of great benefit and have supported them in developing their skills and expertise. Schools have also benefited from a series of training opportunities. A range of policies and guidance have also been developed. For example, the area's graduated response sets out guidance to help schools identify, support and review the provision for children and young people who are experiencing difficulties in education. However, training, guidance and offers of support to schools are not being consistently followed or taken up.

**The area has not made sufficient progress to improve this area of weakness.**

- **The initial inspection found that there was a lack of suitable specialist provision to meet the identified needs of children and young people.**
- Historically, some children and young people with SEND have not been placed in settings that appropriately meet their needs. There are many cases across the area where children and young people with SEND have been placed in specialist settings when their needs could have been met in a mainstream school. Parents and carers report that this situation has been, to some extent, exacerbated by some mainstream schools not being inclusive and encouraging them to seek a specialist placement for their child. This has led to special schools not having enough places for those children and young people with significant and complex needs. It has also led to too many children and young people being placed in settings outside Worcestershire and in independent settings. Too many children and young people are not accessing any education at all.
- Leaders know that there remain significant issues in providing all children and young people with SEND with the most appropriate specialist provision. As a result, they have undertaken a sufficiency exercise to map out future needs. They



have also reviewed the specialist provision within the area. They are in the process of developing a long-term strategic plan to ensure that sufficient and appropriate placements will be available for all children and young people from Worcestershire. However, these plans are at an early stage of development and there is still much work to be done to ensure that all children and young people with SEND are placed in the most appropriate setting to meet their varying and changing needs.

**The area has not made sufficient progress to improve this area of weakness.**

- **The initial inspection found that there were fragile relationships with parents and carers and a lack of meaningful engagement and co-production and collaboration.**
- Throughout the revisit, parents and carers expressed overwhelming negativity about SEND services and provision in the area. Concerns were raised about the lack of co-production and engagement with parents and carers. In some areas, such as the development of the short-breaks offer and the graduated response, FiP and parents spoke positively about how they were involved in the development of these strategies. However, co-production in other SEND provisions, especially health and social care provisions, is still at a very early stage of development. Parents and carers' concerns about the lack of consistent engagement and co-production are justified.
- Parents and carers and some schools do not have a clear enough understanding of what leaders are doing to improve the SEND provision across the area, why they are carrying out specific actions and what the eventual positive outcomes will be. Several improvement actions are still at an early stage of development. Some actions have only just been implemented, or are yet to be implemented. Currently, parents and carers and schools can see little or no improvements to the provision for children and young people with SEND. This has led to continued school, parent and carer dissatisfaction with many services and provisions for children and young people with SEND.
- During the revisit, there were some positive views expressed by parents and carers that the inspection team took into consideration.

**The area has not made sufficient progress to improve this area of weakness.**

- **The initial inspection found that EHC plans were of poor quality and included limited contributions from health and social care, and that the processes to check and review the quality of EHC plans were also ineffective.**

- There has been a lack of effective oversight of the quality of EHC plans. The focus on compliance and meeting 20-week statutory timelines means that leaders have not recognised the poor quality of the plans until very recently. The drive to complete new EHC assessments and plans has also led to significant delays in updating and issuing amended plans. The amended plans often do not reflect the views and aspirations of families, children and young people well enough. They are frequently based on family conversations that are years out of date. Outcomes in plans are not specific enough and this leads to ambiguity and the right support not being provided to meet children and young people's needs.
- While there have been some improvements to the education input of the plans, improvements in the contributions of social care are at a very early stage of development. The outcomes identified in many plans for social care are poor. Parents and carers and many school leaders report that communication with caseworkers is also poor and there are issues with frequent staffing changes. Many parents and carers report that the plans are difficult to understand.
- The recent increased capacity of the DCO has resulted in increased support and monitoring of the health input to the EHC plans. There has been a recent focus on training. This training is tailored to the needs of individual health professions. It aims to increase professionals' knowledge and confidence in relation to their SEND responsibilities and contributions to health reports for EHC plans. Health leaders acknowledge that they need to develop the checks on the quality of the health contributions to EHC plans. The poor quality of the health input to EHC plans means that many children and young people do not have the appropriate provision they need to improve their outcomes.
- Very recently, leaders identified that the EHC plan quality assurance framework had not been used effectively to identify weaknesses in EHC plans. They know that many EHC plans are not fit for purpose. They are already taking action to address the issues identified during the inspection. They have recently recruited additional caseworkers, and there are signs of some effective casework currently taking place. Leaders have also recognised the need to communicate the actions they are taking to improve the EHC plan process to schools and parents and carers more effectively.

**The area has not made sufficient progress to improve this area of weakness.**

- **The initial inspection found that there was a lack of systems to track outcomes for children and young people with SEND in special schools, post-16 provision, young people who are not in education, employment or training and youth offenders effectively.**
- In October 2018, leaders launched, and have since continually developed, the SEND data dashboard. The dashboard provides leaders with overarching headlines in relation to outcomes for children and young people with SEND. The



dashboard contains academic achievement information, wider education indicators and health information. There is more detailed assessment and monitoring information that sits beneath the dashboard to provide a greater level of information if required.

- The data from the dashboard is scrutinised at strategic board level. If the board has a concern, it requests a detailed investigation ('deep dive') to be carried out so that it can gain further information and provide challenge to leaders. This information feeds into strategic plans to drive further improvements in the area. Targets set within strategic plans are checked by leaders responsible for each area of the plan to ensure that these are aspirational.
- There are additional areas in the dashboard to track outcomes for children and young people in the youth justice system, young people who are not in education, employment or training (NEET), those in specialist and post-16 provision, and children looked after. For example, the progress of young people who are involved with the youth justice system is monitored through multi-agency meetings, such as the 'vulnerable learners group'. Within education, there is more detailed assessment and monitoring information contained within the dashboard. This provides leaders with additional information if required to further inform future actions to improve outcomes for children and young people with SEND.

**The area has made sufficient progress to improve this area of weakness.**

- **The initial inspection found that there were disproportionate numbers of children and young people with SEND who had been permanently excluded from school.**
- Leaders aim to prevent exclusions from occurring in the first place. Alternative provision is now used more creatively to try and avoid exclusions. For example, if a child or young person is at risk of being excluded, leaders work with schools, colleges and alternative providers to find additional support to try and reduce the likelihood of exclusion. Area leaders review exclusions and hold setting leaders to account where these are used inappropriately, or where exclusion procedures are not followed. Setting leaders say that they are well supported by the area leaders in relation to exclusions. They say that collaborative work between the area and the settings has improved. Rates of exclusion are now broadly in line with national averages.

**The area has made sufficient progress to improve this area of weakness.**

- **The initial inspection found that the quality of the local offer was not fit for purpose.**
- Leaders have made considerable improvements to the online local offer. It now contains all the required information, as set out in the SEND code of practice.

Information is now more accessible and there has been a significant rise in the use of the site. Many parents and carers, schools, SENDIASS and FiP all report that the local offer now provides a wide range of guidance and signposting to support. Leaders have a long-term plan in place to ensure that the local offer is maintained and updated regularly, so that users have access to current and accurate information.

- Healthcare professionals also spoke positively about the local offer. It now provides direct links to their websites and access to appropriate information for families, parents and carers, and children and young people. Healthcare professionals report that links are used by parents and carers to contact services to seek advice and/or book appointments. Healthcare professionals believe that this has increased awareness of what their services provide and has improved the ability of parents and carers to access support.

**The area has made sufficient progress to improve this area of weakness.**

■ **The initial inspection found that the academic outcomes, behaviour and attendance of children and young people with SEND were poor.**

- Children and young people with EHC plans achieve positive academic outcomes. However, children and young people with SEND who do not have an EHC plan do not achieve as well as they should. Leaders are aware of this. They have identified that the quality of teaching and support for children and young people with SEND in some mainstream schools is not as good as it could be. Leaders have plans and systems in place to address this through a process of monitoring and support in mainstream primary and secondary schools.
- The proportion of young people in key stages 4 and 5 in education, employment and training is in line with national figures, and in some instances above national figures. Leaders have developed effective partnerships with post-16 provisions, which enables young people with SEND to continue with their education. For example, the area has forged close relationships with two mainstream further education colleges. The number of young people who are NEET is reducing.
- Leaders recognise that they are not ambitious enough about the number of young people who progress into higher education. They know that there is more to be done to raise young people's aspirations and knowledge of the routes into higher education.
- Area leaders are aware that there is more work to be done to increase the number of apprenticeships. They are working on changing young people's and parents' and carers' views of apprenticeships, so that apprenticeships are seen in a more positive light. Leaders are also seeking to increase the variety of apprenticeship pathways. The number of supported internships is increasing, and this is helping young people to gain access to employment. Leaders are keen to develop this further.

- The area has plans and systems in place so that attendance becomes 'everyone's business', including educational settings and families. There is a commitment to improving the attendance of all children and young people with SEND. Specific personnel have been appointed to support the attendance strategy. The attendance plans are in the early days of being rolled out and so it is too early to see the impact of this work.

**The area has made sufficient progress to improve this area of weakness.**

During the inspection, we considered the impact of COVID-19 on the lived experiences of children and young people with SEND and their families. We also considered the actions leaders took when schools were only open to some children and young people due to COVID-19 restrictions. Leaders had clear systems in place to track and monitor vulnerable children and young people, including those with SEND, during this time. Leaders provided additional support to schools, for example by providing schools with a range of information technology hardware. They also provided schools with test kits and additional staffing capacity to carry out tests as they reopened. Leaders updated the local offer with COVID-19 advice and links to support services throughout the pandemic. Healthcare services provided a 'Well-being support guide' for children and young people and their families. This set out a range of services to support families, including additional emotional health and well-being support and mental health emergency support.

The area has made sufficient progress in addressing eight of the 12 significant weaknesses identified at the initial inspection. As not all the significant weaknesses have improved, it is for DfE and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Ann Pritchard  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
James McNeillie Regional Director, West Midlands	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Ann Pritchard HMI Lead Inspector	Tessa Valpy CQC Inspector
Wayne Simner HMI Inspector	

cc: Department for Education  
Clinical commissioning group  
Director of Public Health for the area  
Department of Health  
NHS England