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Appendix 1

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Philip Johns, CCG Chief Executive Officer
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Nominated Officer

Dear Mr Minns and Mr Johns

Joint local area SEND inspection in Warwickshire

Between 12 July and 16 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Warwickshire to judge the effectiveness of the area in implementing the disability and special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including one of Her Majesty's Inspectors and a children's services inspector from the Care Quality Commission.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning. Due to the COVID-19 (coronavirus) pandemic, some of the meetings were held remotely.

In reaching 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 have been adapted as a result.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector of Schools has determined that a Written Statement of Action is required because of significant areas of weakness in the area's practice. Her Majesty's Chief Inspector has also determined that the local authority and the area's clinical commissioning group are responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

Main Findings

- Area leaders acknowledge that the Neurodevelopmental Pathway (a specialist service responsible for the assessment of neurodevelopmental conditions such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder) has not worked well enough across agencies. Children and young people wait too long for an assessment. The plans to address the key issues, including waiting times for assessments, have been developed too slowly, are not specific enough and do not have clear targets.
- Current area leaders know that the area was slow to implement the 2014 reforms in full. Previous leadership groups had not worked closely enough together. Weaknesses in the past have led to poor outcomes for some children and young people, particularly those with ASD. Leaders are determined to address the weaknesses across the area and have started to do so.
- Area leaders are committed to improving children and young people's outcomes. Leaders' action plans are firmly focused on the needs and ambitions of children and young people. The current area leaders have the expertise, drive, determination, and commitment to improving health, education and care outcomes for all children and young people with SEND.
- Area leaders understand the strengths and weaknesses of the area because of their accurate, well-informed and detailed self-evaluation. They commissioned two independent reviews of all SEND services to help them identify what works well and what does not across the local area. Leaders have developed and started to implement an ambitious Change Programme in response to the findings of the reviews.
- The Change Programme identifies what needs to change and why. It has prioritised and focused on key areas, with further actions appropriately planned out in the right order. This is enabling area leaders to drive the necessary improvements across the local area. However, some plans are still developing, such as those to improve neurodevelopmental pathways.

- Area leaders' rapid implementation of the Change Programme has already led to some improvements. For example, the area leaders now issue a higher than national proportion of new education, health and care (EHC) plans within statutory timescales. The number of fixed-term exclusions of children and young people with SEND has also been significantly reduced.
- The strategic objectives in the programme were only agreed and started two years ago. With the effects of the pandemic to also contend with, this means that changes for the better are yet to be seen in full.
- Area leaders say there is a legacy of children and young people who have not been placed in a setting that is best suited to their needs. Some school leaders agree with this. Too many children and young people have been placed in specialist settings when their needs could have been better met in mainstream schools. Area leaders have begun to address this. For example, when a new EHC plan is issued, a wide range of settings is considered to establish which one can best meet a child or young person's needs.
- However, leaders have not consulted stakeholders widely enough about the reasons for the changes and the actions needed. Communication about why changes need to be made has not been clear enough, particularly with schools and parents and carers. As a result, some parents and school leaders do not understand why so many changes are being made, such as reducing the number of children and young people in special schools and changes to the EHC assessment process. This has led to some parents, carers and school leaders not supporting the changes fully.
- Schools have not accessed enough training to help school staff understand and provide for children and young people's needs in mainstream settings. Leaders know this and have plans in place to address it. However, the plans are yet to be fully implemented, which means that some schools do not have enough qualified and experienced staff to support children and young people with SEND effectively.
- Some parents and carers do not have confidence in the ability of mainstream schools to support their children's needs. Some parents and carers expressed the view that staff do not understand their children's needs and therefore do not know how to help and support them. Children and young people also expressed this view.
- A fractured relationship between local area leaders and the previous parent carer forum resulted in the forum being disbanded in November 2020. The new Parent Carer Voice (PCV) was launched in April 2021. An interim steering group is in place, but the PCV constitution is yet to be formalised. The membership is still relatively small but is growing quickly. Because PCV is still developing, joint working and collaborative practices are not yet well established. PCV is not yet involved in full co-production (a way of working where children and young people, families and those that provide services

work together to create a decision or a service which works for them all) at a strategic level.

- There are many parents and carers who have had positive experiences working with the area and the support services for their children, for example with Warwickshire's SEND Information, Advice and Support (SENDIAS) service, or education, health, and care services.
- However, there are also parents who have not had positive experiences. They feel that they have had to 'battle' to get the support their children need. Some parents and carers have not been provided with sufficient information about the SEND services and systems that are available to support their children. Some parents also feel that communication is poor and that they are not listened to. Several parents said that information is not shared with them in a simple and understandable way.
- Many parents feel that the online local offer is unhelpful and difficult to navigate. Many parents spoken to, and those who responded to surveys, said that they were not aware of the local offer.
- Area leaders know that the local offer is not fit for purpose. A comprehensive review of the local offer has been undertaken. The area has consulted with stakeholders, including parents and carers, young people and education settings, throughout the review. This has enabled them to co-produce a redesigned local offer that leaders feel will provide parents and carers easy access to a wide range of information. However, at the time of this inspection, the new local offer had not been launched.
- Children and young people with SEND achieve positive educational outcomes. A high proportion of them remain in education, training and employment and a high proportion also go on to achieve paid employment. Attendance rates for children and young people with SEND are very positive and fixed-term exclusions have reduced dramatically.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Leaders have taken effective action to improve the quality of the EHC plan process. This included: developing a fair and robust decision-making system to decide on a child or young person's education, health and care needs or plan; issuing plans in a timely way; and checking the quality of EHC plans. Some of these actions have been highly successful. For example, 90% of new EHC plans are issued within the 20-week statutory period.
- Panels now consider all applications for assessment against the area's criteria which describe the levels of support children and young people should receive

before an application for assessment for an EHC plan is made. There is a consistent decision-making process in place. The increased frequency of panels means that decisions to assess, or not, are made more quickly. Where further information is needed, panels provide detailed feedback to providers so it can be considered at the next panel. The new panel arrangements are enabling more consistent decisions to be made.

- Plan coordinators (PlanCos) are effective and now ensure that new EHC plans are fit for purpose. For example, they check that needs are identified clearly and accurately. They liaise with settings to ensure that needs are understood so that the right support can be provided. PlanCos are also involved in the annual review process. When this works well, this leads to changing needs being identified and reflected in the plan.
- Health professionals use a shared assessment tool, based on national guidance, which has resulted in an increased number of appropriate referrals to the neurodevelopmental pathway. This means that children and young people are being identified and referred appropriately and in a more timely manner.
- There are now no overdue assessments for children supported by the children with disabilities team. Area leaders have ensured that these assessments have been prioritised. This prompt action means that children's needs are identified quickly, and support is provided at the earliest opportunity.
- Social workers allocate and refer children and young people with SEND appropriately through the use of 'hubs', for example the children in need hub, the safeguarding and support hub, the review hub, and the strengthening families hub.
- Children and young people with SEND who enter the care system and the youth justice system routinely have their needs checked. Agencies such as the multi-agency safeguarding hub, the police and health services are all involved in identifying children and young people's needs.
- An increasing number of early years settings have achieved the Warwickshire inclusion kite mark scheme. This has helped more settings to have a better understanding of children's needs and how to support them. It has also enabled staff to identify any needs at an earlier stage. Staff report that they are now more confident in applying for EHC plans and ensuring that children have the right support to help them transition to the Reception Year successfully.

Areas for development

- Processes and decision making by EHC assessment panels are not fully understood by parents and some school leaders. This has led to a sharp rise in the number of mediations, tribunals and appeals against the decisions.

- Prioritising the issuing of new EHC plans within 20 weeks means that 4-week decision making on annual reviews is delayed, significantly so in some cases. Therefore, following an annual review, plans are not updated quickly enough. This can lead to changing needs not being identified quickly so that appropriate support can be provided. For example, some post-16 students begin their college courses with plans that are well out-of-date and do not reflect their aspirations for the future.
- There are known capacity issues in the health visiting service which have the potential to lead to delays in identifying emerging concerns in children's development. This was confirmed by community paediatricians who told us they are now receiving more referrals from other practitioners. Previously, these children would have benefited from detailed assessments by a health visitor.
- Opportunities to identify need in the youngest children may be missed. The number of expectant women who receive an antenatal contact from a health visitor is too low. Due to capacity issues, the health visiting service has been commissioned to provide new-born visits up to 28 days after birth. This is outside national guidelines. This risks a delay in providing early support.
- The current system to screen the health of school entrants is ineffective. The proportion of parents of children in Reception Year who return completed questionnaires is too low. This means that some children's health needs are not being identified promptly.
- When children and young people's needs are identified early, assessments and the provision of support are delayed. For example, where ASD is identified in the early years or primary school, further assessment and support for these children and young people are often not finalised until secondary school. As a result, the lack of support and early intervention has the potential to lead to increased mental health issues for children and young people. There are currently long waiting times for educational psychologist and child and adolescent mental health services assessments.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- During the COVID-19 pandemic, some young children who are immune suppressed received fully remote early years provision. This meant that children who were clinically vulnerable were able to benefit from support which they would have otherwise missed.
- The most vulnerable children and young people benefit from bespoke commissioning. Multi-disciplinary teams work together to develop wrap-

around care within the local area rather than the child or young person having to travel out of county. Children and young people are able to remain close to their families. They also benefit from consistent support from familiar carers and a closer oversight of their needs.

- The provision and expertise of community children's nurses are a particular strength. In addition to providing care for children and young people with complex health needs, they train people involved in supporting these children and young people, enabling them to provide specific individualised care. This means that these children and young people benefit from holistic care from competent and confident carers.
- Leaders recognised that some children and young people with SEND were vulnerable to child exploitation, and they addressed this issue. A specialist nurse supports and works with young people potentially at risk, to help protect them from child exploitation, including signposting and referring young people to specialist agencies for advice and support.
- The pre-school and school service for speech and language therapy has an open referral system. This means the service is easily accessible to both parents and practitioners. Each early years setting and school, including special schools, has a dedicated speech and language link therapist. This enables settings to access specialist advice and training to improve support for children and young people.
- In response to COVID-19, parents were able to book telephone sessions with the speech and language service in order to access resources and advice. This replaced the pre-COVID monthly face-to-face sessions. If additional needs were identified, therapy was provided. The speech and language service was very responsive in meeting the needs of children and young people as their circumstances changed throughout the pandemic.
- The area leaders have recognised the rise in social, emotional and mental health needs in children and young people in Warwickshire. They have increased the support available in schools. For example, emotional health and well-being offers have been developed in schools. Schools can also access a variety of support through emotional health and well-being training and one-to-one support and group work. Area leaders are beginning to roll out further additional support.
- The integrated disability service (IDS) provides very effective support in early years settings. Settings have named links within the service and receive regular support and guidance. This supports the assessment of children's needs, and the quality of individual plans of support has improved. Early years settings confirmed that this guidance has helped them to better understand and support children's development.
- New and existing social workers have received specific SEND training. Through this, their understanding of SEND issues and practice has been

improved. This is helping them to better identify, assess and meet children and young people's needs.

- Following social workers' assessments, children and young people are allocated suitable support through the strengthening families hub. The quality of assessment, provision and impact is checked and evaluated through the review hub. This includes reviewing the EHC plan process. The process is clear and fit for purpose and means that children and young people receive the right support at the right time.
- Care leaders introduced a 'restorative approach' in 2019. This helps professionals to hear the family, child and young person's voice. For example, questions such as 'what has happened in the past?', 'what would you like to happen next?' and 'how and when do you want this to happen?' help social workers to find out the important views of children, young people with SEND and their families. A 'leaving care' panel has also been established to review the provision for young people leaving the care system. Feedback from children and young people and their families shows that social workers have developed positive working relationships with them.
- During the COVID-19 pandemic, social workers have developed additional processes to check if children and young people with SEND are safe. For example, social workers checked children and young people's school attendance and support needs and conducted additional home visits. Virtual meetings were also held and worked well for many children and young people to maintain their links with their social workers.
- College leaders report that the transitions process from schools to college is very effective. It enables them to identify the right support for the young people before they start their courses. This helps students to settle quickly and successfully. The further education provision also helps to prepare young people for adulthood. For example, young people are given training in managing a household and using different methods of transport.
- Young people with SEND over the age of 16 also have meaningful opportunities to experience work, such as through supported internships. Prior to COVID-19, the number of supported internships increased significantly.
- SENDIAS has a high profile through its website and social media activities. There is a suite of online resources which signpost to other services, for example 'Little Ears'. Care and health agencies contribute to the service to good effect. Parents who have used the service say that the information, advice and support, such as dealing with school meetings, submitting complaints, attending tribunals and mediation, were timely, supportive and helpful. Parents described the support as 'fantastic' and 'amazing'.

Areas for development

- Children and young people with SEND wait too long for an assessment of ASD. There are support services available for children and young people waiting for an ASD assessment. However, too many parents and carers are not aware of these services. Access to the children's community autism support service is dependent on a referral from education. This poor communication is leading to too many children and young people not being supported while they wait for an assessment.
- There are gaps in support for children and young people with ASD after diagnosis. Children and young people with needs classified as low level are able to access support. A small number of children and young people with ASD and more complex needs have been supported effectively by a key worker pilot project in the area. However, too many children and young people with ASD do not receive the support they require.
- There is mental health support available while children and young people wait for assessments. However, many parents are not aware of this support. As a result, some vulnerable children and young people are not able to get help while they wait, which may lead to a deterioration in their mental health. Some young people with SEND and their families confirmed this to us.
- The quality of the contributions of care and health to EHC plans has improved over the last 18 months. However, the quality of the input remains too variable.
- Full co-production of EHC plans has improved recently. However, there are still too many plans that do not reflect the views of children and young people and their families well enough.
- The extent to which Warwickshire mainstream primary and secondary schools are inclusive is variable. In the past, too many children and young people have been placed in specialist settings without proper consideration of whether their needs could be met in mainstream schools. This has resulted in some schools not accessing enough training for staff in primary and secondary schools because there was not seen to be the need for it. As a result, some schools lack the necessary expertise and understanding of how to support children and young people in their schools effectively. Several young people expressed some very negative views about their experiences in mainstream schools.
- Many parents feel that the online local offer is unhelpful, difficult to navigate, or do not know what it is. Area leaders know that the local offer is not fit for purpose. While they have acted to improve and redesign the local offer, the new local offer, at the time of this inspection, had not been launched.
- Leaders have no overview of young people from the age of 14 years with a learning disability who are eligible for or receiving an annual health review from their GP. Young people with a learning disability often have poorer

physical and mental health. This means that leaders cannot be assured that the health needs of young people with SEND are being appropriately and regularly reviewed.

- A small number of children who do not attend an early years setting do not have their needs assessed by IDS in a timely manner. This is because the service does not accept referrals without several observations being submitted. As a result, some health visitor referrals are not accepted.
- Area leaders have had to implement important changes to improve the provision for children and young people with SEND. However, the rapid implementation of some of the changes has meant that many parents and school leaders feel that they have not been consulted. They do not have a clear understanding of why the changes have been made.
- Too many parents and carers also feel that area leaders do not communicate with them in a clear and straightforward manner and that they have to 'fight' to get the support their children need. This has led to fractured relationships between some parents and schools and area leaders.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- Eighty per cent of the area's special schools are judged as good.
- Children and young people with SEND generally achieve well academically at the end of their early years experience. They continue to achieve positive academic outcomes throughout their primary and secondary education. Young people with SEND in post-16 provisions also generally achieve positive educational outcomes.
- A high proportion of young people with SEND continue to remain in employment, education and training after key stage 4.
- Young people with SEND are supported well to help them prepare for adulthood. The movement from child social care to adult services is well managed. Young people receive effective support, for example through a care coordinator. There is also effective provision in post-16 education settings to help young people to live independently. The number of adults with learning difficulties who are living independently is broadly in line with national figures.
- The percentage of young people with SEND in paid employment is higher than the national average. The number of young people accessing supported internships also grew significantly prior to the pandemic.
- Area leaders' actions to reduce fixed-term and permanent exclusions for children and young people with SEND have been very successful.

Consequently, the number of exclusions and days lost from education has dropped.

- Historically, the number of children and young people with SEND who were permanently excluded from school was consistently above national figures. However, in 2018/2019 this figure dropped sharply and was in line with national data. All children and young people who have been permanently excluded from school are placed into another provision quickly through the fair access panel. Fixed-term exclusions for children and young people with SEND were well below the national figures in 2018/2019.
- Attendance rates for children and young people with SEND are very positive and have been consistently in line with or above national figures. Area leaders took decisive action throughout the COVID-19 pandemic and national lockdowns to ensure that children and young people with SEND could continue to attend school. For example, they provided school staff with personal protective equipment and prioritised special school staff for vaccinations. Clinically vulnerable children were able to continue to attend school as specialist aerosol generating procedures were also maintained.
- Historically, there were too many children and young people with SEND who were not on a school roll. Area leaders have addressed this issue and now all children and young people have a named placement.
- The speech and language service measures the improvement in children's speech, language and communication skills, both for individual children and young people with SEND, while also measuring the impact that this has on their families. In addition to this, they use these measurements to review the effectiveness of the speech and language therapy teams and of their care pathways. This means that the service is providing the right support and improving the speech, language and communication skills for children and young people with SEND.

Areas for improvement

- For 19-year-olds with EHC plans, academic outcomes are more inconsistent. The proportion of young people with an EHC plan who achieve level three and level two qualifications is variable.
- Too many families report that they are struggling to cope while waiting for an assessment of ASD and post diagnosis because of a lack of support.

The inspection raises significant concerns about the effectiveness of the local area.

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the waiting times for ASD assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis of ASD
- the fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level
- the incorrect placement of some children and young people with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed
- the lack of uptake of staff training for mainstream primary and secondary school staff to help them understand and meet the needs of children and young people with SEND
- the quality of the online local offer.

Yours sincerely

Ann Pritchard
Her Majesty's Inspector

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