

CITY OF  
WOLVERHAMPTON  
COUNCIL

# Council Meeting

Wednesday, 6 April 2022

Dear Councillor

## **COUNCIL - WEDNESDAY, 6TH APRIL, 2022**

I am now able to enclose, for consideration at next Wednesday, 6th April, 2022 meeting of the Council, the following reports that were unavailable when the agenda was printed.

<b>Agenda No</b>	<b>Item</b>
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| 10 | <b>SEND Local Area Inspection and Written Statement of Action (Pages 3 - 84)</b><br>[To receive a report on SEND Local Area Inspection and Written Statement of Action] |
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If you have any queries about this meeting, please contact the democratic support team:

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<b>CITY OF WOLVERHAMPTON COUNCIL</b>	<b>Meeting of the City Council 6 April 2022</b>
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<b>Report title</b>	SEND Inspection Outcome and Written Statement of Action	
<b>Referring body</b>	City of Wolverhampton Executive Cabinet	
<b>Councillor to present report</b>	Councillor Dr. Michael Hardacre	
<b>Wards affected</b>	All Wards	
<b>Cabinet Member with lead responsibility</b>	Councillor Dr. Michael Hardacre, Education, Skills and Work	
<b>Accountable director</b>	Emma Bennett, Executive Director of Families	
<b>Originating service</b>	Education	
<b>Accountable employee</b>	Brenda Wile	Deputy Director of Education
	Tel	01902 552553
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<b>Report has been considered by</b>	Directorate Leadership Team	31 <sup>st</sup> March 2022
	Strategic Executive Board	31 <sup>st</sup> March 2022
	Scrutiny Board	

### Recommendations for decision:

The Council is recommended to:

1. Approve the constitution of a Cross Party Scrutiny Review Group under the Children and Young People Scrutiny Panel as outlined in Appendix 1.
2. Approve the delegation of authority to the Cabinet Member for the Education and Skills and the Executive Director for Families for the additional funding as agreed by Council (2<sup>nd</sup> March 2022) to support young people with Special Educational Needs and Disabilities (SEND) into employment and support employers in taking on young people with SEND through the existing Wolves@Work budget via a dedicated ringfenced resource within that budget of not less than £100,000 per annum. This will be added into the Written Statement of Action.

### Recommendations for noting:

The Council is asked to note:

3. The Ofsted approval of the Local Area Written Statement of Action (WSOA) submitted as a requirement following the outcome of the Local Area SEND inspection of services and provision in Wolverhampton. (Appendix 2)
4. The proposed monitoring arrangements for overseeing the progress against the WSoA.

## **1.0 Purpose**

- 1.1 The report is presented to Council to provide assurance to Members that the Written Statement of Action developed as the Local Area response to the SEND Inspection outcome has the support of Ofsted.
- 1.2 The report also provides assurance to families that the Local Area is committed to improving services and provision for children, young people and families with SEND.
- 1.3 The report outlines the proposed monitoring arrangements for the 18 months that the WSoA is being implemented and to demonstrate that it is reported on regularly to the Department for Education.
- 1.4 The report requests the delegation to the Cabinet Member for Education and Skills and the Executive Director for Families for approval of spend against the additional £100,000 agreed at the meeting of the Full Council in March 2022.

## **2.0 Background**

- 2.1 On 19<sup>th</sup> January 2022 Cabinet considered a report on the SEND Inspection Outcome and Written Statement of Action, agreeing the submission of the plan to Ofsted for approval.
- 2.2 Copies of the report have been supplied to Councillors and can also be accessed online on the Council's website:  
[https://wolverhamptonintranet.moderngov.co.uk/documents/g16154/Public%20reports%20pack%2019<sup>th</sup>-Jan-2022%2017.00%20Cabinet.pdf?T=10](https://wolverhamptonintranet.moderngov.co.uk/documents/g16154/Public%20reports%20pack%2019th-Jan-2022%2017.00%20Cabinet.pdf?T=10)
- 2.3 Between 20 and 24 September 2021, Ofsted and the Care Quality Commission (CQC) undertook an on-site inspection of Local Area SEND services in Wolverhampton to judge the effectiveness of the area in implementing the disability and special educational needs (SEND) reforms as set out in the Children and Families Act 2014.
- 2.4 Inspectors spoke with children and young people with SEND, parents and carers, and local authority and 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 area, including the area's self-evaluation. Inspectors met with leaders for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.
- 2.5 The report of the findings was published on the 12 November 2021 (Appendix 3).
- 2.6 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 (HMCI) has determined that a Written Statement of Action (Written Statement of Action) is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the WSOA to Ofsted.
- 2.7 The WSOA outlines how it will tackle the following areas of significant weakness:



- a) weaknesses in identifying SEND when difficulties emerge for those at primary and secondary-school ages
- b) the lack of accuracy in Education, Health and Care (EHC) plans and the delays in assessment, writing and review of those plans
- c) the underdeveloped arrangements for jointly commissioning and providing the services that children and young people with SEND and their families need
- d) weaknesses in implementing strategically planned co-production at every level when evaluating provision
- e) weaknesses in the planning and support of transitions both within statutory school age and from statutory school age to post-19 and post-25
- f) weaknesses in how the area shares information, including regarding support systems and the local offer.

- 2.8 It should also be noted that the inspection reported a significant number of strengths in the local area's provision of SEND services including how well the local area leaders were able to accurately self-evaluate these services and know what needs to be done to ensure timely improvements in the areas of weaknesses, building on existing action plans that were already in place prior to the inspection.
- 2.9 An initial meeting with the DfE was held on the 29 November to outline the requirements of the local area in producing the WSoA as well as the monitoring arrangements following Ofsted's agreement to the plan which is expected in early March 2022.
- 2.10 Following approval of the WSoA the local area will work through the actions in the plan over a period of 18 months by which time there should be sufficient evidence for the regulators that the weaknesses have been addressed. The DfE will regularly monitor progress of the WSOA throughout the duration of the 18-month plan.
- 2.11 The WSoA will be monitored every eight weeks by the SEND Partnership Board, of which the Cabinet Member for Education and Skills is a member. The WSoA will also be monitored from September 2022 by a Cross-Party Scrutiny Review group which will, every six months, provide an update to the CYP Scrutiny Panel.
- 2.12 Regular feedback will be provided also to the Leader, the Leader of the Opposition and the Strategic Executive Board following each of the DfE monitoring visits to update on the progress of the WSoA.
- 2.13 There may or may not be a further inspection visit to assess the local area arrangements as the DfE has not yet determined arrangements for monitoring of local areas with WSOA's when the current inspection framework expires. This will be determined by central government with Local Areas advised by the DfE on next steps.
- 2.14 This item was considered as pre-decision scrutiny on 6 January 2022 by CYP Scrutiny Panel.

### **3.0 Progress**

- 3.1 Council is asked to note the monitoring arrangements outlined above that will ensure appropriate governance to lead to an improvement in SEND services and provision in the Local Area.
- 3.2 Council is asked to confirm the delegation to the Cabinet Member for Education and Skills and the Executive Director for Families to support young people with SEND into employment and to support employers in taking on young people with SEND through the existing Wolves@Work budget via a dedicated ringfenced resource within that budget of not less than £100,000 per annum as agreed at the meeting of Full Council on 2<sup>nd</sup> March 2022.
- 3.3 Council is asked to approve the constitution of a Cross Party Scrutiny Review Group to oversee the progress of the actions in the plan.
- 3.4 Council is asked to note the monitoring arrangements as outlined in paragraph 2.11 and 2.12 above.

### **4.0 Financial implications**

- 4.1 The financial implications are detailed in the Cabinet report of 19<sup>th</sup> January 2022 and the Council report of the 2 March 2022. [TS/29032022/Q]

### **5.0 Legal implications**

- 5.1 The legal implications are detailed in the Cabinet report of 19 January 2022 and the Council report of 2 March 2022. [DP/29032022/A]

### **6.0 Equalities implications**

- 6.1 The equalities implications are detailed in the Cabinet report of 19 January 2022.

### **7.0 All other Implications**

- 7.1 All other implications are detailed in the Cabinet report of the 19 January 2022.

### **8.0 Schedule of background papers**

- 8.1 CYP Scrutiny Panel, 6 January 2022; Local Area Special Education Needs and Disabilities Written Statement of Action.
- 8.2 Cabinet report 19 January 2022; SEND Inspection Outcome Written Statement of Action.
- 8.3 Council report 2 March 2022; 2022-2023 Final Budget Report.

### **9.0 Appendices**

- 9.1 Appendix 1: Cross Party Review Group proposals
- 9.2 Appendix 2: Written Statement of Action
- 9.3 Appendix 3: Ofsted outcome letter

## **Appendix 1 – Cross Party Scrutiny Review Group proposals**

At the meeting of Full Council on Wednesday 1 December 2021, the following motion was agreed:

*“This Council notes the findings of the inspection of SEND services within Wolverhampton.*

*Council agrees to explore the formation of a Review Group, outside of the existing scrutiny process, to monitor progress, in consultation with the SEND Partnership Board and other partnership bodies and organisations, of SEND services, and provide regular, dedicated scrutiny and support to assist in both the embedding of the strengths that exist within the service and to improve where weaknesses have been identified.*

*Council agrees that if the parties consulted agree that such an approach has merit, then proposals be brought forward to full Council for approval having consulted with the partners above.*

*Council delegates responsibility to the Children, Young People and Families Scrutiny Panel for the selection of both Review Group numbers and membership.”*

The required consultation has now taken place and the following actions are recommended:

- That a time limited scrutiny review group, which will be a working group outside of the formal arrangements of the Local Government Act 1972, be set up to consider the Written Statement of Action, its progress, and any challenges that may occur.
- That the first meeting of the review group be held in September 2022.
- That the review last for 12 months initially with an option to extend this should the Children, Young People and Families Scrutiny Panel consider this appropriate.
- That updates from the review group be provided to the Children, Young People and Families Scrutiny Panel every six months for the duration of the group.
- That the Review Group be constituted of five members from the Children, Young People and Families Scrutiny Panel.
- That this membership remains consistent throughout the life of the group and that should members of the group cease to be members of the Children, Young People and Families Scrutiny Panel, their membership of the group, can by agreement of the group persist. If however a member is no longer a Councillor then a replacement will be appointed by the Children, Young People and Families Scrutiny Panel, on recommendation from the relevant political group.

- That the review group consist of three members from the majority group in the council and two members from the opposition group and, if considered appropriate by the group, that up to two co-opted members from the Children, Young People and Families Scrutiny Panel also be included in its membership.
- That substitutes be allowed to attend in exceptional circumstances (reasons for the substitution must be provided) following agreement from the Chair.
- That the remit, terms of reference and membership of the review group be agreed at the first meeting of the Children, Young People and Families Scrutiny Panel in the 2022-2023 municipal year.
- That as far as possible, meetings of the group be open to the public unless there is information to be considered that falls under section 100A(4) of the Local Government Act 1972 as they involve the likely disclosure of exempt information. However, a degree of flexibility and discretion will be employed should the group consider that a public meeting is prohibitive to the matter under consideration and that on balance, the benefits from holding such a meeting in private outweigh any benefits to the public good in making the meeting open.

Recommendations (for Council):

- a) That the Deputy Director for Education in consultation with the Scrutiny and Systems Manager submit a report to the Children Young People and Families Scrutiny Panel providing details on the remit, terms of reference, frequency of meetings, membership and governance arrangements for the proposed scrutiny review group.
- b) That this report be considered at the first meeting of the Children, Young People and Families Scrutiny Panel in the 2022-2023 municipal year.



Joint Area SEND Inspection in Wolverhampton  
Written Statement of Action  
January 2022



Wolverhampton  
SEND Partnership Board

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# Section 1 – Introduction

Wolverhampton is an inclusive City where we work with children, young people, and their families with SEND so that they have a good quality ‘ordinary life’ and achieve their full potential

## **Our Vision**

Wolverhampton Joint SEND Strategy 2020-23

Between 20th and 24th September 2021, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Wolverhampton to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

On the 12th November 2021 the inspection report for Wolverhampton was published and on 29 November 2021 a Senior Officials Meeting (SOM) took place with DfE and NHS England and local area partners in Wolverhampton to outline their expectations enabling the local area to formally document their improvement journey through a Written Statement of Action (WSOA).

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 (HMCI) has determined that a Written WSOA is required because of 6 significant areas of weakness in the local area’s practice. The local authority and the area’s Clinical Commissioning Group are jointly responsible for submitting the written statement to Ofsted by 16th February 2022.

Following approval of the WSOA by Ofsted the document will be jointly owned by the Local Authority and the CCG who are also responsible for its implementation, with oversight from the SEND Partnership Board and the relevant leadership governance groups of the Local Authority and the CCG, both political and managerial. Other local area partners such as children and young people, parents carers, schools, colleges, health provider services, public health and voluntary organisations also have a key role in delivering the actions within the WSOA plan.



### **The inspection raised the following significant concerns about the effectiveness of the area:**

1. Weaknesses in identifying SEND when difficulties emerge for those at primary and secondary school ages
2. The lack of accuracy in EHC plans and the delays in assessment, writing and review of those plans
3. The underdeveloped arrangements for jointly commissioning and providing the services that children and young people with SEND and their families need
4. Weaknesses in implementing strategically planned co-production at every level when evaluating provision; identifying strengths and weaknesses, and identifying and implementing improvements
5. Weaknesses in the planning and support of transitions both within statutory school age and from statutory school age to post-19 and post-25
6. Weaknesses in how the area shares information, including regarding support systems and the local offer.

We are committed to working in partnership, increasing co-production, and harnessing the expertise within the system; including parent carers, children, young people, and the staff who work to support them. Our young people and parent carers feel strongly that the written statement of action reflects the concerns that they have also raised in the ‘feedback from our families’ (see appendix 1).

### **Progress since the inspection**

The Written Statement of Action (WSOA) will provide a framework for addressing the significant areas of weakness identified by Ofsted and the CQC in their inspection. As part of this development, focus groups and surveys took place during December 2021 to January 2022, with parent carers, children and young people, to seek their views on potential action to address these issues. As a result, this feedback has been included within the action plan.

The Local Authority and the area’s Clinical Commissioning Group have also consulted with a range of leaders within services including local Councillors to ensure the ongoing commitment, governance and resource is made available to achieve the actions set out within the WSOA.

To effectively monitor the impact and outcomes of this WSOA, data dashboards are in development with key performance indicators (KPIs) using the recommendations from the Council for Disabled Children and agreed via the SEND Partnership Board (see appendix 2). Voice 4 Parents and HY5! (Young People’s Forum) as our strategic partners will also review the dashboards to ensure they reflect their requirements and monitor the improvements.



## Improvement Programmes

There are multi-faceted transformation projects such as the Culture of Inclusion, Culture of Belonging and the SEND Health Strategy underway. These existing workstreams have been realigned to incorporate the tasks required from the WSOA. As areas highlighted within the WSOA had been previously identified within the self-evaluation framework some actions have already progressed since the inspection.

### Progress made including actions completed:

#### 1. Weaknesses in identifying SEND when difficulties emerge for those at primary and secondary school ages

- Funding agreed for a Specialist School Nurse for SEND to join the existing schools nursing team to better identify health needs. Job description agreed, job out to advert and further expansion agreed for this team.
- Workshops held with over 20 agencies across the city, including educational settings, health providers and parent carers to begin to co-design the graduated response document.

#### 2. The lack of accuracy in EHC plans and the delays in assessment, writing and review of those plans

- Visits to other LAs with best practice of EHCP assessment and annual review pathway processes.
- Quality Assurance Officer appointed, to develop annual quality assurance framework for EHC plans and reviews.
- Further roll out of CDC e-Learning for those that contribute to health advice for EHCPs and monitoring of training through the SEND Health Steering Group.
- SEND Champions appointed across social care services to improve social care advice to colleagues.
- Designated Clinical Officer now recruited into post who will work with the DMO on training for health staff and quality assurance processes for health contributions.

### **3. The underdeveloped arrangements for jointly commissioning and providing the services that children and young people with SEND and their families need**

- A Joint Commissioning Strategy which outlines the arrangements for providing the services that children and young people with SEND and their families' needs has been developed and published.
- Terms of Reference agreed for Voice 4 Parents to be a quorate member of the Joint Commissioning Strategic Group.
- Workstream sub-groups have been set up and leads identified.

### **4. Weaknesses in implementing strategically planned co-production at every level when evaluating provision; identifying strengths and weaknesses, and identifying and implementing improvements**

- Funding agreed for Local Authority Parent Participation Officer and post is out for appointment.
- Autism Board has been relaunched in October 2021 with both co-chairs being young adults with autism.
- Two co-production workshops taken place at Royal Wolverhampton Trust provided by Changing Our Lives which has generated a series of projects for areas to develop in co-production.
- CCG has agreed funding for Black Country Healthcare Foundation NHS Trust to undertake the above Co-production training.
- Speech & Language Therapy have carried out a consultation event with parent carers and key stakeholders about service re-design to meet the needs of children in the local area. A business case is being generated as a result.
- 2 settings have already been awarded with #YES Co-Production Charter Status
- SEND Youth Forum HY5! established and links developed to SEND Partnership Board to deliver their priority plan
- Accessible communication tool, Widget, procured to assist co-production and rolled out council wide with training programme available.
- Lived experience from CYP and Families shared at SEND Partnership Board meetings every 8 weeks to ensure that the focus remains firmly on improving the experience of children, young people and parent carers.

**5. Weaknesses in the planning and support of transitions both within statutory school age and from statutory school age to post-19 and post-25**

- Workstream established for universal, specialist and enhanced transitions and priorities identified.
- Meetings held in December 2021 and January 2022 attended by Voice 4 Parents, schools and a range of relevant agencies to co-produce transition pathway. To date the focus has been on transitions between learning environments (key stages).
- Transition Policy co-produced with children, young people and families that have been through transition and now finalised at RWT. The young people are now designing a young person charter for this policy prior to its initial launch.

**6. Weaknesses in how the area shares information, including regarding support systems and the local offer.**

- Funding agreed for a bespoke Local Offer and Communications Officer and about to go to job evaluations.
- SEND Partnership Communications Group established.
- Communication plan developed and agreed by SEND Partnership Board.
- SENCo network meetings scheduled to upskill SENCos to be able to provide support to families around support and provision available through the local offer.

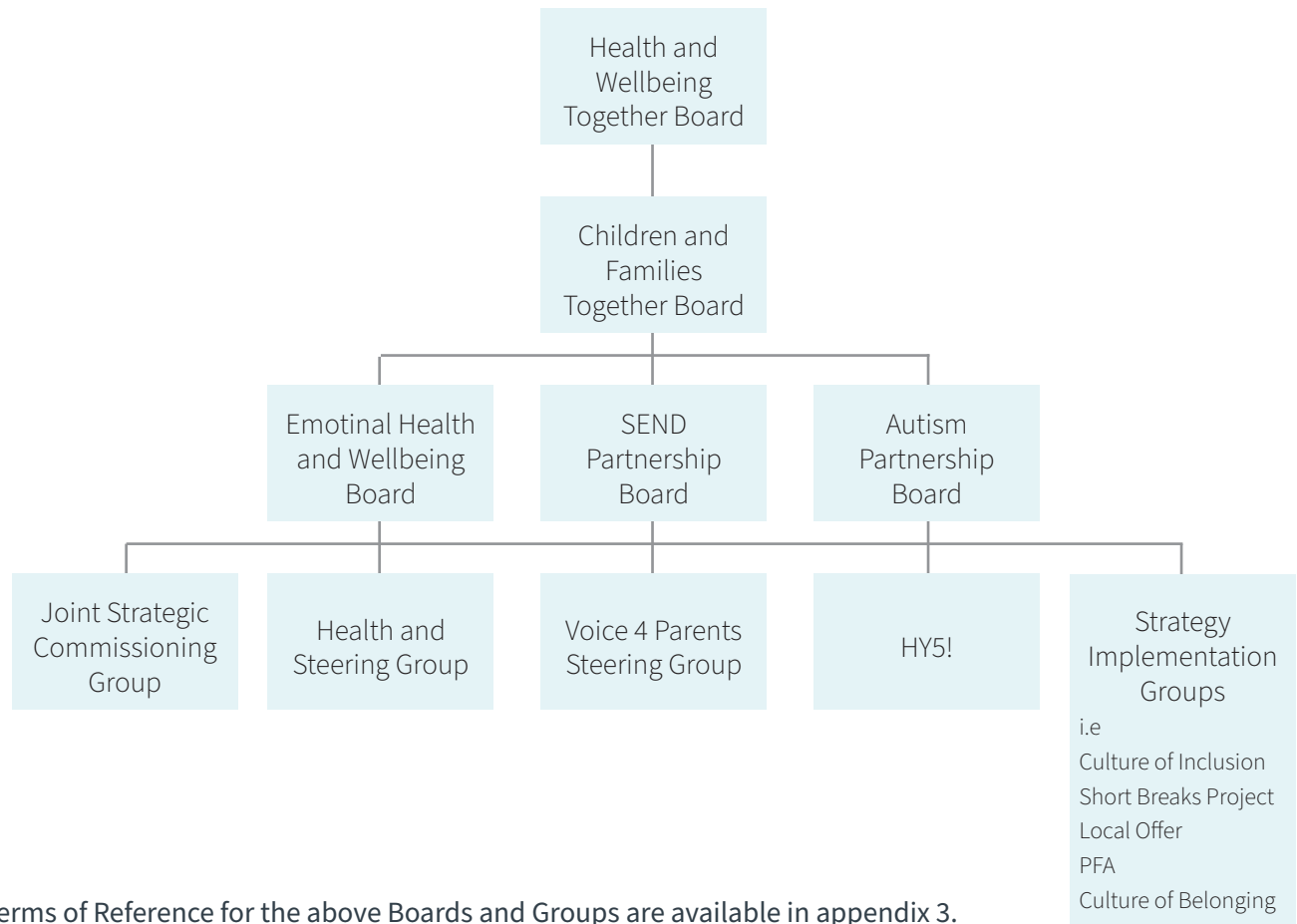


## Section 2 – Local Area Monitoring Arrangements and Governance

The SEND Partnership Board provides the governance structure and strategic oversight of the implementation of the Written Statement of Action. Whilst each workstream meets monthly to progress actions, the WSOA has been tabled to be reviewed every 8 weeks for monitoring purposes where relevant reports from each workstream is presented by either the Voice 4 Parents, Head of Inclusion and Empowerment, Clinical Commissioning Lead, Designated Medical Officer or Designated Social Care Officer. Regular review of the dashboards (as in appendix 2) is also monitored at these meetings to demonstrate impact.

Annual highlight reports will be presented to Children and Families Together Board by the Assistant Director of Education and Clinical Commissioning Officer. Bi-annual highlight reports will also be published on the Local Offer.

### SEND Partnership Board Governance Structure



Terms of Reference for the above Boards and Groups are available in appendix 3.

Milestone completion dates are included in the WSOA as the plan is monitored, which will act as a critical measure over the next 18 months. Progress against actions within each priority will be rated as follows:

<b>RED</b>	Action significantly delayed (requiring intervention)
<b>AMBER</b>	Action in progress, minor delays
<b>GREEN</b>	Action on track
<b>BLUE</b>	Completed and embedded
<b>PINK</b>	Action not yet started, as dependent on or awaiting other actions to be completed first

Wherever quantifiable, percentages of improvement will be recorded within the progress columns along with milestone measures and a narrative to explain the journey towards completing the actions.

Impact measures will also be quantified where appropriate, for example, percentage of parent carer satisfaction as the actions are delivered and become embedded.

In order to understand the progress felt by children, young people and parent carers, user engagement sessions will be included within existing SEND events, Spotlight on SEND and PCF development days with the key performance indicators showing progress against ‘you said, we did’. These KPIs and the engagement sessions will be co-produced with HY5! Youth Forum, Voice 4 Parents and Wolverhampton Information, Advice and Support Service.

**The following actions have been co-produced with young people, families and professionals across Wolverhampton to respond to the SEND Strategy, but also align to the required developments highlighted within the Written Statement of Action.**

**Together we will....**



Area of Significant Weakness 1								
Weaknesses in identifying SEND when difficulties emerge for those at primary and secondary school ages								
Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
1.1 Develop a strengthened graduated response document to assist all education settings to correctly identify SEND, to know what support is available to help meet those needs and to implement strategies to support the child or young person with their education.	Principal Educational Psychologist (Emma Thornbery)	Number of views of graduated response on Local Offer.	Document approved by SEND Partnership Board Document is produced and distributed across all schools and settings within Wolverhampton Graduated Response is published on the Local Offer Annual Parent carers user survey completed	To better identify SEND when difficulties emerge for those at primary and secondary school ages.  Education settings able to correctly identify SEND, without relying on label or diagnosis and more on need and are enabled to support every child with SEND within their placement.  Families have improved confidence around the support available from schools to meet child’s individual need and not having to wait for diagnosis before support is in place.  Appropriate and timely referrals to be made for EHC Needs Assessments enabling those requests to be actioned promptly.	200K inclusion grant funding (E) Workshops to take place over 36 hours involving 20 agencies across the authority to complete graduated response document (E) 9 hours to deliver training sessions on Graduated Response with school SENCOs (E)	Core group to review examples and agree model/ approach	October 2022	
		Data shows a decrease in the number of children and young people with EHCPs waiting to be placed in appropriate settings to meet their needs.				Workshops held for each of the 4 areas of code of practice plus medical/health needs guidance.	January 2022	
		Data shows a decrease in suspensions and exclusions for children and young people with SEND Support needs using baseline data from March 2022 to September 2023.				Core group to identify sections needed for introduction/context - agree who will draft sections.	January 2022	
		Annual ‘You said, we did’ user survey for young people and parent carers show improvements in the understanding and support available in the graduated response.				Share draft with core group (including YP and parents/carers) for feedback	April 2022	
						Training for schools to raise awareness knowledge and recognition of SEND across the whole workforce including auxiliary staff and governors	March – July 2022	
						Work with ICT on website ready version for LO	September 2022	
						Implementation in schools and support services	September 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
1.2 Develop a clear All Age Autism pathway for diagnostics and support (under and over 5) shared on the Local Offer.	Head of Service Inclusion and Empowerment (Helen Bakewell) Head of Service – Adult Service (Paula Morris)	All Age Autism Strategy produced Autism Strategy Published on Local Offer and other relevant websites	Monitored and agreed by Autism Board Reduction in Waiting times for decision on diagnosis Increase in number of CYP diagnosed	Families to have a better understanding of how to access pathway and for support to be in place while CYP are on diagnostic journey Simple to navigate Consistency in diagnosis decision making process Better communication between professionals and with families – ‘tell it once’ Better quality of evidence to support formal diagnosis	Autism Board to be held every 3 months with membership from CWC and Health officers and Voice 4 Parents (E)	Review previous strategy Re-establish Autism Board Review updated data Co-produce Autism Strategy including commissioning for the diagnostic pathway Develop autism board action plan to address ownership of all age pathway Develop a single point of access for referral routes Pathway to include support from pre-diagnosis to post diagnosis including those not diagnosed with ASD To consider the use of Health Passport to aid ‘tell it once’ Consultation on strategy Launch strategy	April 2023	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
1.3 Improve the waiting times for specialist therapeutic services i.e. SLT and OT and Child and Adolescent Mental Health Services (CAMHS) for both new appointments and review appointments.	Specialist CAMHS Operational Manager (James Reeley)  Head of CAMHS Commissioning (Mags Courts)	Specialist CAMHS Waiting times for new appointments and also reviews are under 18 weeks with few exceptions. The first appointment will include elements of assessment, information gathering, advice to young person and parent carers as well as intervention as required.  A clear process is developed with clear expectations around the journey for the child or young people from the time of referral to the time they are seen.	Quantitative and qualitative data monitoring, reported to relevant governance groups.  Monitored via Provider Performance meetings and SEND Health Steering group and subgroup meetings	Waiting times will be improved following the negative affects the COVID-19 pandemic has had on waiting times for therapeutic interventions in some specialist therapeutic and Child and Adolescent Mental Health Services (CAMHS).  Waiting times will decrease to within 18 weeks for new appointments.  Improvement to the experience of families.  Within Specialist CAMHS a new means to access the friends and family test with a QR code that links to it to increase the feedback opportunity for our services is being implemented. This will ensure there is an ease of accessibility for families and will drive improvement.	Recruitment of new CAMHS staff funded to address the issues of the wait for allocation to individual therapy (A).  Seeking to spend non recurrent further money on staff for a time limited project to reduce our second waits (A).  In addition to seeking to increase capacity have an ongoing reporting function to monitor for variances to the 18 week wait which provokes an internal assurance process if breached.	Compliance with 18-week wait target Scope out opportunities for a CYP workstream (to include specialist therapeutic services and SEND) to be picked up through the Place-Based Partnership (One Wolverhampton) work (first meeting planned for 1 Feb 2022).	CAMHS have an immediate target to ensure initial assessments occur within 18 weeks of referral.  The first appointment will include elements of assessment, information gathering and advice to young person and parent carers and interventions as appropriate.	
	Group Manager Acute and Community Allied Health Professionals (Keely Evans)	Relevant data has been identified through on-going work of CCG Quality & Performance subgroup and this data will be agreed and available to re-design delivery models / service specifications for specialist therapeutic services in line with National guidelines.  Reporting mechanisms in place.			Waiting List Initiative clinics. Existing staff given opportunity to undertake waiting list initiative clinics on top of their normal working hours (A).	Identify any 'quick wins' for specialist therapeutic services, whilst work is underway on a longer-term delivery model.	March 2022	
						Review specialist therapeutic services delivery models / service specifications in line with National guidelines and the projected resources required.	March 2022	
						Fund specialist therapeutic services as appropriate, following demand and capacity exercise with young people and parent carers.	September 2022	



Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
1.4 Ensure the capacity is fit for purpose and NICE compliant (where guidance exists) across several health services, including speech and language therapies (SALT), specialist CAMHS and autism spectrum disorder (ASD) pathways.	Head of Primary Care and Commissioning (Sally Sandel) Specialist CAMHS Operational Manager (James Reeley) Head of CAMHS Commissioning (Mags Courts) Group Manager Acute and Community allied Health Professionals (Keeley Evans)	Revised delivery models / service specifications for specialist therapeutic services in line with National guidelines and through engagement and co-design approaches.	Quantitative and qualitative data monitoring reported to relevant governance groups.  Monitored via Provider Performance meetings and SEND Health Steering Group and subgroup meetings.	Improved waiting times meaning children and young people are receiving appropriate interventions at the right time.  Improved parent carer and young person satisfaction.  This is important as these diagnostic assessments do not always mirror the National Institute for Health and Care Excellence (NICE) guidance and extend waiting times further while additional NHS assessments are pending.	The existing funding support administration support and psychologist within the team (E).	Scope out opportunities for a CYP workstream (to include specialist therapeutic services and SEND) to be picked up through the Place-Based Partnership (One Wolverhampton) work (first meeting planned for 1 Feb 2022).	June 2022	
						Identify any 'quick wins' for specialist therapeutic services, whilst work is underway on a longer-term delivery model.	June 2022	
						Commissioners to work together to review all elements of the ASD pathways.	August 2023	
						Commissioners to work together to review the specialist therapeutic services delivery models / service specifications in line with National guidelines.	August 2023	
						Commission specialist therapeutic services as appropriate.	August 2023	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
1.5 Waiting times to be brought down to within NICE guidance (under 5's and over 5's and adults for ASD).	Specialist CAMHS Operational Manager (James Reeley) Head of CAMHS Commissioning (Mags Courts)	Waiting list reports	Quantitative and qualitative data monitoring, reported to relevant governance groups  Monitored via Trust Performance meetings and SEND Health Steering group and subgroup meetings	Waiting times will be improved following the negative affects the COVID-19 pandemic has had on waiting times for therapeutic interventions in some specialist therapeutic and Child and Adolescent Mental Health Services (CAMHS).  Consideration of embedding the i-Thrive model to clearly understand what our offer is and be able to articulate this across the city.	(E)	Compliance with 18-week wait target  Scope out opportunities for a CYP workstream (to include specialist therapeutic services and SEND) to be picked up through the Place-Based Partnership (One Wolverhampton) work (first meeting planned for 1 Feb 2022)  Identify any 'quick wins' for specialist therapeutic services, whilst work is underway on a longer-term delivery model  Review specialist therapeutic services delivery models / service specifications in line with National guidelines  Commission specialist therapeutic services as appropriate	Unknown due to impact of Covid-19  Short-, medium- and long-term dates to be determined.	
	Group Manager Acute and Community Allied Health Professionals (Keely Evans)	Waiting times reduced for each service to within NICE guidelines  Revised delivery models / service specifications for specialist therapeutic services in line with National guidelines		Waiting times will decrease to within 18 weeks for new appointments. This will improve the experience of families.	Waiting Lists Initiative clinics (A)			

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
1.6 Have clear processes in place for signposting families to universal offer, from 0-19 services including health, LA and community services, whilst children and young people are on an existing waiting list.	Specialist CAMHS Operational Manager (James Reeley)	Signposting to appropriate services at referral, at assessment and during treatment when this is indicated.  Guide to useful services available for those on the ASC assessment pathway.  Fewer parent carer complaints	Black Country Partnership Foundation Trust/CCG/LA	Improved offers of support while children and young people wait for diagnosis which are clearly articulated.	(E)	Updated information on Local Offer co-produced with parent carers.	July 2022	
	Interim Senior Matron for 0-19 and Children's Community Services (Jane Lawrence)	2-2.5 year development review - feedback to family around results and update them when referral made.  Offer additional support either with resources or pieces of targeted work by Public Health Associate.  HV service will consider running groups to help children that need additional support whilst waiting for the appointment.  Support in obtaining place at Terrific for 2s nursery. Also provide feedback to nurseries so they can put support in place if there is a concern.  Health visitors can offer listening visits to parent carers who may be feeling particularly low in mood or anxious.  Signpost to WIASS.  Health Visitors can also initiate Early Help Assessments and Team Around the Child meetings.	Families have a better understanding of the support available and the knowledge of how to access this.	Families of children and young people will report increased offers of support whilst waiting to access services. This will be captured by Voice4Parents feedback and also looking at data on the 0-19 ECLIPSE system. Baselines will be captured as part of the development work with our new ECLIPSE Lead, and we can then pull off number of referrals made.	0-19 Service already have the skills in place and access to resources provided by colleagues in therapy services (E).  Every nursery has a link health visitor (E).  Specialist School Nurse to be appointed on a permanent basis as an extra resource to the School Nursing Team to work with children and young people with additional needs in mainstream schools and will be an extra resource. We will also have funding for 2 Public Health Associates to help carry out the packages of care. (A)	Guide to useful services developed and requires reviewing on a regular basis.	July 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
1.7 Contact with families during the diagnostic process during waiting for CAMHS and ASD.	Specialist CAMHS Operational Manager (James Reeley)	Regular check in with families (minimum 12 weekly)	Black Country Healthcare NHS Foundation Trust	Families who are awaiting the commencement of individual or group therapy on an at least 12 weekly basis by telephone. At this point we are looking to understand are there any changes, do we need to rethink our plan, would any other help be needed. These can provoke a longer review appointment virtually or in person if this is considered necessary/helpful.	(E)	Rigorous process in place.	January 2023	

Area of Significant Weakness 2								
The lack of accuracy in EHC plans and the delays in assessment, writing and review of those plans								
Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
2.1 Full review of existing statutory assessment and review processes from receipt of request for assessment to cease to maintain.	Service Manager – SEND Assessment, Planning & Provision (Deborah Beasley)  Business Analyst (Misba Akhtar)	Regular update meetings (recorded) to show work accomplished  Process maps for systems developed and implemented across the team.  Service restructured accordingly to enable processes to be effective and efficient  Formalised audit processes developed and implemented to take place on 6 monthly basis.	Updates and progress provided to workstream group on a monthly basis  Bi-annual audits submitted to Quality and Improvement Team  EHC compliance data reviewed through SEND Data Dashboard at SEND Partnership Board to show improvements in the timeliness of EHCPs  Annual Parent carers user survey completed	To improve the accuracy in EHC plans and reduce delays in assessment, writing and review of those plans.  Timeliness of EHCPs to be comparable with national average by August 2023.  Improved parent carer and young people satisfaction.	Business analyst required 2 days per week for 6 months (A)  2 x 1 hour workshops over 16 weeks current Officer capacity (E)	Workshops for experts to include Voice 4 Parents	October 2021 – March 2022	Green
						Visits to other LAs with best practice	November 2021	Blue
						New ways of working piloted and assessed, where successful for feeding into revised needs assessment and EHC plan process	April 2022	Green
2.2 Revised EHCP Assessment and Review process and pathway developed.	Service Manager – SEND Assessment, Planning & Provision (Deborah Beasley)  Business Analyst (Misba Akhtar)  School SEND Improvement Advisor (Anna Vrahimi)  Designated Medical Officer (Dr Cathy Higgins)  Designated Clinical Officer (Emma Boyce)  Service Manager – Children’s Services (Lisa Whelan)	Process and pathway agreed and embedded by all partners (including health, social care, schools, settings, parent carers and young people).  Workshops held to advise on new processes and pathway.  IT systems support monitoring of compliance.	Updates and progress provided to workstream group on a monthly basis  Bi-annual audits submitted to Quality and Improvement Team  EHC compliance data reviewed through SEND Data Dashboard at SEND Partnership Board	Rollout of training and support on Graduated Support in schools through SENCos  Easily accessible information available with a clear pathway outlined for all partners and stakeholders  Quality SEN support in place through Graduated Response, as well as EHC plans that accurately reflect a child’s needs with co-produced clear outcomes included for monitoring of achievement	6 hours Current officer capacity (E)	2 x 3 hour multi-agency workshops held to develop pathway	June 2022	Yellow

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
2.3 Revised EHC plan co-produced, with advice providers, CYP and parent carers, and implemented.	Service Manager – SEND Assessment, Planning & Provision (Deborah Beasley)	Revised EHC Plan template produced.  Audit will show advice providers understand what good advice/reports look like and ensure they meet the legal requirements of EHCPs such as quantifying and specifying provisions.	Updates and progress provided to workstream group on a monthly basis.  Bi-annual audits submitted to Quality and Improvement Team.	Improved plans that are accessible and have clear SMART progression targets for CYP leading to improved outcomes for children and young people.  EHC plans fit for purpose and easily accessible to all children, young people, parent carers and professionals.	1 1.5 hour workshop per month with multi agency team (E).	Workshops with relevant stakeholders and SEND professionals.	April 2022	
2.4 Implementation of evaluation process to assess parent carers and young person satisfaction and to ensure that there is a feedback mechanism for comments related to the statutory process and the quality of plans.	Service Manager – SEND Assessment, Planning & Provision (Deborah Beasley)	100% of families will have the opportunity to feedback on EHC needs assessment and plan development processes with targets for improvement in satisfaction levels set.  Analysis of evaluations will demonstrate improving satisfaction of families who feel listened to, heard, and fully engaged in co-production of plans.	KPIs reported to SEND Partnership Board as part of data dashboard on 8 weekly basis.  Results of satisfactions surveys published annually on Local Offer.  Bi-annual audits submitted to Quality and Improvement Team which ensure that CYP and Parent Carer voice is captured.	Improved EHC plans that are clearly co-produced.  Parental and young people satisfaction with plans.  Reduction in requests for Mediation and referrals to Tribunal.	Current officer capacity - SEN Officer to send survey when assessments or reviews are completed (E).	Process in place to be implemented by restructured SENSTART team in place (July 2021).	September 2022	
2.5 Revised training opportunities for all staff in education, health and social care including online e-learning modules, to include what quality and legally compliant report written to inform plans actually looks like.	Service Manager – SEND Assessment, Planning & Provision (Deborah Beasley)  Designated Medical Officer (Dr Cathy Higgins)  Designated Clinical Officer (Emma Boyce)  Service Manager – Children's Services (Lisa Whelan)	Percentage of relevant colleagues who have completed training (including current and any new staff will be 100%).  Bi-annual audits submitted to Quality and Improvement Team which ensure that the quality and consistency of plans has improved.	Updates and progress provided to workstream group on a monthly basis.	Quality and consistency of plans improved.  Timeliness of EHCPs to be comparable with national average by August 2023.  Better quality support and provision in place including high quality co-produced plans, evidenced by improved annual children, young people, parent carers and professionals feedback and satisfaction.	3 x 2 hour training events to be delivered through education, health and social care (E).	Training to commence from February 2022.	September 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
2.6 To agree and implement a co-produced QA framework with parent carers, health, education and social care colleagues including requirements for audit and moderation panels and processes and complete themed audit test cycle prior to roll out as business as usual.	Service Manager – SEND Assessment, Planning & Provision (Deborah Beasley)  Head of Service Inclusion and Empowerment (Helen Bakewell)	QA framework and quality standards agreed by SEND Partnership Board.  Health, education and social care colleagues trained on requirements for audit and moderation panels and processes.	Monitored through Quality and Improvement Team.	Bi-annual cycle of plans audited and moderated with improved quality and consistency across all phases.  CSC (and ASC) Teams ensure SW completed SC section and the timeliness and quality of this.  Preparation for Adulthood clearly incorporated into EHC plans from the earliest years.  Gaps in services, provision and plans are responded to by services through the moderation process and improvements Quality and Improvement Team.	QA officer dedicated to SEND services to oversee audit programme (c40k)(A).	2 cycles completed.  Themed audits to include Children and young people involved with social care, youth offending, mainstream settings, specialist, alternative provision and independent providers.	April 2023	
2.7 Develop and implement a 'Continuous Improvement and Learning Programme'.	Head of Service Inclusion and Empowerment (Helen Bakewell)  Service Manager – SEND Assessment, Planning & Provision (Deborah Beasley)	Cycle of feedback and training from QA of plans in place.  Bi-yearly 'Learning from Complaints' workshops.  Audits of plans.  Training for plan writers, advice provision and outcomes writing in conjunction with revised and improved systems and processes with schedule of training with attendance of officers recorded.	Monitored through Quality and Improvement Team and Customer Engagement Team.  Annual highlight report updates to SEND Partnership Board.	Timeliness of EHCPs to be comparable with national average by August 2023.  Fewer parent carer complaints.  Reduced LGO complaints and Tribunals.  Consistent high-quality plans produced in timescale.  Plans more accessible with clear evidence of co-production as evidenced within the audits.  Outcomes able to be easily measured with progress towards achievement clearly able to be evidenced.  Improved, personalised SMART outcomes included in EHC plans.	Quarterly meeting held with Service Managers, Quality Assurance and Complaints Teams (E).  Annual training provided to plan writers.	Training schedule in place  Cycle of workshops planned  Practice week scheduled to audit EHCPs	March 2022  July 2022  September 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
2.8 Procurement of preferred IT solution to enable collaborative electronic EHC plan process.	Head of Digital and IT (Jai Ghai)	Steering group with task and finish groups established and meeting regularly to develop clear specification.  Parent/carer and partners included in development and decisions.  Parent/carer and partners included in development and decisions re ICT system processes with issues and mitigations recorded in meeting minutes.	Reviewed by Digital & ICT and Procurement Teams.  Updates and progress provided to workstream group on a monthly basis.	Efficient and effective SEND ICT system.  Improved processes in place to deliver good quality EHC plans.	Capital investment in system - £25K.	Completion of procurement exercise, implementation of new system, training completed, and system embedded.	January 2023	
2.9 Ensure successful processes are in place for Health professionals to successfully input into preferred IT solution to enable collaborative electronic EHC plan process.	Designated Clinical Officer (Emma Boyce)	Attendance at planning meetings by key health professionals including the DCO to ensure health element fit for purpose.  To directly input to electronic EHCP when it is rolled out.	Attendance log at meetings.  Link with LA accountability measures.	Health professionals will use the portal once issues with the difficulty in access are resolved.	Awaiting substantive appointment of DCO (A).	In line with LA timescales.	January 2023	
2.10 Implementation of the DSCO action plan.	Service Manager – Children's Services (Lisa Whelan)	Engagement of SEND champions.  Training and meetings with champions set up.  DSCO attending regional/national workshops.  Increased multi-agency engagement of partners at DCYP resource panel.	Reviewed quarterly within C&YPiC Managers.  Reviewed monthly within supervision between SM/DSCO and HOS.  Reviewed quarterly within CYPLT.	Upskilling staff.  Increased/enhanced understanding of SEND across Children's Social Care.  Increase/Enhance contribution to EHCP at referral/assessment/review stages.	12 existing social care staff to commit 1 day per month to SEND Champion roll (E).	Monthly SEND Champion meetings ongoing.  Develop a SEND Champions Newsletter.  Continue to build engagement from SEND champions.  Further develop specific training – whilst training invites can be sent, flyers to highlight training opportunities across are routinely shared to SEND champions network with an expectation that champions are proactive in signing up to further enhance understanding/expertise.  DSCO to attend CDC National/Regional workshops/conferences etc.	Ongoing through lifecycle of WSOA.	



Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
2.11 DSCO and WIASS training of Social Care SEND Champions.	Service Manager – Children’s Services (Lisa Whelan). WIASS Officer (Elaine Westwood).	MCA/LPS Overview completed. IASS/EHCP training undertaken.	Reviewed quarterly within C&YPIC Managers. Reviewed monthly within supervision between Service Manager/DSCO and HOS. Reviewed quarterly within CYPLT.	Upskilling staff. Increased/enhanced understanding of SEND across Children’s Social Care. Increase/Enhance contribution to EHCP at referral/assessment/review stages.	Monthly training session to be attended by SEND Champions (E).	Attend Monthly SEND Champion meetings ongoing. Continue to engage with service to deliver improvements. Undertake training to further enhance understanding/expertise to share with wider team.	Ongoing through lifecycle of WSOA.	
2.12 Highlight good EHCP practice development in CSC Excellence plan.	Principal Social Worker (Jenny Rogers).	QA Audits.	Identify and share with staff teams factors that indicate ‘good’ ‘outstanding practice’. Contribute to multi-agency audits.	Upskill social care staff to be able to contribute to EHCP assessments. Develop a shared understanding of measurable outcomes for children and young people.	Audits to take place as per 2.6 (E).	Cycle of workshops planned.	April 2022	
						Practice week scheduled to audit EHCPs.		
						Inclusion/Attendance Manager recruited.	February 2022	
2.13 Extended role of the virtual school head to include children known to social care.	Head of Virtual School (Darren Martindale).	Strategic plan in place and progressing to extend role of the VSH.	Attendance and Inclusion data, feedback from schools monitored as part of SEND data dashboard KPIs and reported to SEND Partnership Board on an 8 weekly basis.	Improve awareness and tracking of children and young people known to social care to improve educational outcomes.	New Inclusion Manager being recruited to enable VSH to incorporate new extended responsibilities, new School Improvement Advisor (SIA) being recruited to provide quality advice to schools in line with DfE guidance (A).	SIA recruited.	February 2022	
						Extended role discussed at key forums with schools/social care.	February 2022	
						Conference delivered for schools and flexible training package in place.	May 2022	

Area of Significant Weakness 3								
The underdeveloped arrangements for jointly commissioning and providing the services that children and young people with SEND and their families need								
Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
3.1 Co-production of a Joint Commissioning Strategy between Local Authority and CCG, underpinned by a joint strategic commissioning action tracker across all of the joint strategic themes.	Commissioning Manager (Steven Larking). Head of Primary Care and Commissioning (Sally Sandel).	A joint commissioning strategy which outlines the arrangements for providing the services that children and young people with SEND and their families' needs developed. Strategy agreed by governance boards. Joint Commissioning Strategy published on Local Offer and other relevant websites.	100% of colleagues aware of the areawide commitment to joint commissioning and their individual responsibilities towards the development and delivery of the strategy. Published strategy will outline commissioning principles to maximise opportunities for aligned and joint commissioning intentions.	A wide range of high-quality services jointly commissioned providing best value and parent carer choice and higher levels of satisfaction.	To be achieved within existing resources (E).	Approval of Strategy at Strategic Commissioning Steering Group (Nov. 21).	November 2021	
						Sign off in principle at SEND Partnership Board (Dec. 2021).	December 2021	
						Full sign off and implementation (Feb. 2022).	February 2022	
						Development of Joint Strategic Commissioning Action Tracker from Nov. 2021	April 2022	
						Produce action plan	September 2022	
3.2 Undertake a joint baseline assessment of current commissioned SEND services and identify opportunities for joint commissioning of existing or new provision needs with an action plan prepared to address the gaps.	Senior Commissioning Officer (SEND) (Mai Gibbons). Head of Primary Care and Commissioning (Sally Sandel). Head of CAMHS Commissioning (Mags Courts). Voice 4 Parents (Jayne Evans).	Plan in place for future commissioning activity linked to identified needs and priorities identified within JSNA.	Services and provision match need in local area according to local intelligence. Local offer clearly outlines services and provision available including how these can be accessed. Information on Local Offer regarding timescales for commissioning new services.	All stakeholders aware of provisions available to support CYP with SEND including details of how to apply for and access relevant services. Streamlining the pathways for access and removing barriers for children, young people and parent carers.	SEND Local Offer and Communications Lead Officer (to be appointed) circa £40k (A).	Review of existing services commissioned.	November 2022	
						Identify opportunities for joint commissioning of services, both existing and new, to meet local need.	January 2023	
						Develop and implement plan for new and recommissioning services.	April 2023	
						Updated information available re services on Local Offer.	April 2023	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
3.3 Identify all budgets that are allocated to services that could be jointly commissioned.	Finance Manager (Terry Shaw). Senior Commissioning Officer (SEND) (Mai Gibbons). Head of Primary Care and Commissioning (Sally Sandel). Head of CAMHS Commissioning (Mags Courts).	Budgets identified.	Oversight and audit of budgets to ensure fair contributions with accountable managers aware of and fulfilling their responsibilities.	Resources allocated appropriately from across partnership.	Funding and finance officer in post within SEND (A). CCG finance officer (E). LA corporate finance support (E).	Initial audit of financial contributions.	September 2022	
						Appointment of new resource.	March 2022	
						Embedded system for funding in place across the partnership.	August 2023	
3.4 Establish a format and schedule for monitoring contracts ensuring compliance and outcomes for CYP are achieved.	Senior Commissioning Officer (Mai Gibbons). Head of Service – Inclusion and Empowerment (Helen Bakewell) Head of Primary Care and Commissioning (Sally Sandel). Head of CAMHS Commissioning (Mags Courts).	Multi agency QA group established.	Regular reporting to SEND Partnership Board.	Improved outcomes for CYP. KPI's monitored and challenged regularly. Best value evidenced.	Multi-team officers (E).	QA monitoring group established	September 2021	
						Data and information available	November 2021	
						Finalised QA framework agreed	February 2022	
						Process embedded	April 2022	
3.5 Consistent and appropriate attendance across all partners at joint strategic commissioning Board.	Children's Commissioning Transformation Lead (Steven Larking).	Minutes and agendas from the Joint Strategic Commissioning Group.	Clear reporting to Joint Strategic commissioning group and SEND Partnership Board.	An engaged and meaningful group for decision making and consideration in regards joint commissioning that has meaningful involvement from all partner agencies.	Attendance of all partners monthly at Joint Strategic Commissioning Board (E).	Review attendance and decisions made after 6 months.	June 2022	
3.6 Public Health to work with early years workforce and parent carers to encourage take up of terrific for twos placements for children with SEND.	Consultant in Public Health (Bal Kaur). Head of Service Educational Excellence (Phil Leivers).	Plan in place co-produced with Voice 4 Parents, Wider parent community and Terrific for Twos leads.	Reporting to Send Partnership Board and evidence of parent carer engagement.	Increase In uptake of placements from current baseline. Better understanding of barriers to accessing placements.	E- with some additional resource from Public Health.	Insights and engagement work. Targeted communications on terrific for twos.	September 2022	

Area of Significant Weakness 4								
Weaknesses in implementing strategically planned co-production at every level when evaluating provision; identifying strengths and weaknesses, and identifying and implementing improvements								
Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
4.1 Work with providers of specialist and universal provision to share the Co-Production Charter and support its implementation into those settings.	Co-production and Youth Engagement Manager (Alice Vickers). Voice 4 Parents (Sarah Baker/Natasha Worrell). WASS (Lucy Harris / Elaine Westwood)	Settings awarded with co-production charter status. Training to be rolled out between March and May 2022 to promote the co-production charter.	Highlight reports to SEND Partnership board every 8 weeks.	To eliminate weaknesses in implementing strategically planned co-production at every level when evaluating provision; identifying strengths and weaknesses, and identifying and implementing improvements.  To ensure clear 'buy in' of all stakeholders that work and support children and young people with SEN support needs.  Children, young people and Parent Carer will be genuinely considered and factored within the co-production of EHCP and Reviews.	Engagement and Co-production officer to complete schools visits to introduce co-production charter (E).	Award settings with #YES Co-Production Charter Status.	May 2022	
4.2 System introduced to ensure that all children are heard and feel included through engagement and participation.	Participation Officer (Alison Baggs).	Relevant directorate and heads of service to attend HY5! meetings annually and when items need to be shared to inform planning. EHC plans clearly articulate the young person's voice. HY5! Directly contribute to the SEND Strategy. 'Make Your Mark' to be promoted through special schools.	Updates of HY5! priority plan updated through SEND board.  Minutes of SEND Youth Forums which will be posted through the YO! Website and #YES website.  Children and young people within Special Schools engage in Make Your Mark voting.	Young person voice heard in EHCPs and wider strategic developments through SEND Partnership Board, HY5! Group and via HY5! Website.	Election team recruited to complete annual ballots (E).	Participation Officer to attend schools and provisions and share the opportunities for children and young people with SEND.	September 2021	
						Establish a SEND Youth Forum.	September 2022	
						Develop links to SPB to deliver HY5! Priority plan.	November 2022	
						Members of HY5! to attend schools and provisions to promote opportunities for engagement and participation.	Ongoing updates throughout lifespan of WSOA	
						Open Co-production Hub.	April 2022	
						Make Your Mark Elections.	March 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
4.3 Develop process to embed wider co-production with across a range of support networks for parent carers.	Co-production and Youth Engagement Manager (Alice Vickers) Voice 4 Parents (Sarah Baker) Parent Participation Officer (TBC) WASS (Lucy Harris/ Elaine Westwood)	Parents will be able to input to the Culture of Inclusion and wider strategic SEND Development projects via representatives from Voice 4 Parents, IASS and Parent Participation Officer.  Voice 4 Parents, Participation Officer, CCG RWT and WASC Communications representatives and WASS will communicate actions with wider parent's support groups.	Voice 4 Parents, Participation and Engagement Team and IASS to monitor attendance and engagement of parent representatives.	Engage and support regular wider voices from the parent carer community.	1 FTE Parent Participation Officer to be recruited (A).	Recruitment of Parent Participation Officer to develop process to embed wider co-production with across a range of support networks for parent carers.	April 2022	
						Develop process to embed wider co-production with across a range of support networks for parent carers.	July 2022	
						Embed wider co-production with across a range of support networks for parent carers	Ongoing through lifecycle of WSOA	
4.4 Procurement of accessible communication tools to assist co-production.	Co-production and Youth Engagement Manager (Alice Vickers).	Purchase of a widget accessible tool. Purchase of training to support the use of the widget. Development of comms plan to promote the tool.	Annual monitoring over 3 years in line with contractual obligations.	Accessible information and language to enable engagement of families.	Purchase of Widget £10K (A).	Purchase of Widget, an online accessibility tool. Trial of Widget. Development of training. Communications issued to raise awareness of availability of Widget. Roll out of Widget.	January 2022	
4.5 Include celebrations of co-production within communication plan including recognition of individuals involved.	Co-production and Youth Engagement Manager (Alice Vickers). Communications Manager (Paul Brown).	Comms plan developed to include raising the profile of co-productions across the city and the promotion of the YO! website.	HY5!, Voice 4 Parents SEND Partnership Communications group to monitor the communication plan.	To promote the co-production and developments around SEND.	1 x 2 hour meeting to be delivered monthly (E).	Produce the Communications plan. Develop SEND Newsletter. Deliver and monitor the plan through the Comms group.	July 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
4.6 WIASS Advisory Board and HY5! 5 to develop and deliver 'Total Respect Programme' to provide insight for professionals around the lived experience of children and young people with SEND in the city.	Participation Officer (Alison Baggs).	Target audience/number of CSC staff undertaking this training.	CSCLT to monitor and drive this.	To raise the awareness to professionals of what it is like to have additional needs living in the City of Wolverhampton.	1 meeting per month with young people and Participation Officer (E).	To come up with a new name for the training to reflect the view of children and young people with SEND.	March 2022	
4.7 Provide support for workforce development in schools and to professionals around co-production and engagement with children and families.	Co-production and Youth Engagement Manager (Alice Vickers)	To train 25 education and SEND practitioners in the first year.	Strategic partnership with Children's services.	To raise the profile and share resources with professionals to develop co-production in their establishments.	½ day session per school (E).	Pilot of training programme.	December 2022	
4.8 Extend co-production charter engagement sessions at parent carers forum meeting.	Co-production and Youth Engagement Manager (Alice Vickers).	Attend Voice 4 Parents engagement sessions to promote the Charter.	Children Families Together Board.	Parent Carers are aware of the charter.	1 meeting with parent carers (E).	Charter Promoted through Voice 4 Parents groups.	February 2022	
4.9 ECo-production event held with CYP, Families and professionals and relaunch of co-production charter.	Deputy Director, Education (Brenda Wile). Voice 4 Parents (Sarah Baker/Jayne Evans). Designated Medical Officer (Dr Cathy Higgins).	Event planned and scheduled.	Voice 4 Parents.	Increased of co-productions awareness amongst CYP, Families and professionals.	1 launch event to parent carers (E). Costings tbc (A).	Funding identified. Event Planned. Event held.	February 2023	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
4.10 Lived experience from CYP and Families shared at all SPB Meetings.	Voice 4 Parents (Sarah Baker).  Co-production and Youth Engagement Manager (Alice Vickers).	Young people and parent carers are able to articulate their lived experience and journey for their CYP into the SEND Partnership Board to ensure that the focus remains firmly on improving the experience of children, young people and parent carers.	Discussed and recorded through SEND Partnership Board  Discussions will be used to aid thinking around the development of strategies.  Young people and parent carers will be able to monitor how their contributions have influenced the SEND Partnership Board around strategic developments via Participation Officers, Vice 4 Parent and WIASS representatives that support them.	Board members are reminded of who they are there for and keep the young person and their family central to the development and monitoring of the strategy.	Children, young people or parent carers to attend SPB every 8 weeks (E).	Voice of children , young people and their families are heard at each Partnership Board.	Ongoing through lifecycle of WSOA	

Area of Significant Weakness 5								
Weaknesses in the planning and support of transitions both within statutory school age and from statutory school age to post-19 and post-25								
Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional - A) (Existing - E)	Key Milestones	Completion date	Progress
5.1 Processes to plan, support and share information together throughout transitions, when life changes for children and young people.	Head of SEN Early Identification and support (Sarah Reynolds).	Professionals will have access to a transition pathway. Reduction in suspension and exclusions in Autumn term of SEN support students comparable to national averages. Evidence on maintaining mainstream placements for children and young people with SEND.	Culture of Inclusion Program monitoring. Highlight reporting to SEND Partnership Board every 8 weeks	To improve the planning and support of transitions both within statutory school age and from statutory school age to post-19 and post-25. Professionals will have access to a transition pathway that follows a graduated response from a 'common transition plan' to specialise transition plan arrangements. Young people are able to engage meaningfully in transitions and adulthood Families will feel more reassured during key transition points for children and young people.	2 x 2 hour meetings er month with approx. 20 agencies and parent carers (E).	Process to including the development/role of Multi-agency Transition Forum. Resource materials made available to support transition of children and young people receiving SEN support. Join regional 'Preparing for adulthood' Meeting. Development of year 9 Preparation for Adulthood Tool. Amend EHC paperwork to ensure PfA is part of the planning process from the earliest years. Transition Pathway to be co-produced with all stakeholders including children, young people and parent carers. Transition Pathway Published on Local Offer.	September 2022	



Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
5.2 Starting from year 9 ready for post 16 transition point, Connexions will provide Information, Advice and Guidance through the EHC/annual review process.	Connexions Team Leader (Niginder Kaur). Senior Education Enterprise Advisor – Careers Enterprise Company (Vicky O'Connor).	Reviews attended by Connexions Practitioners in person at year 9,11 and post 16 leaving year. More links with local employers. Getting Ready Sheet for all year 9 young people with EHCP's completed. Career Pathway Plans completed for all young people at transition points. List of NEETs and unknowns provided for follow up.	Professional conversation meetings held to advocate and to gather information from other professionals. Carers Advisors offer meeting with parent carers following professional conversation. Reduction in SEND NEETs. Young people better informed Young people and parent carers will be more aware of the provision/options available to them following advice from carers advisors. Reduction in number of Unknowns.	Parents informed of support they can receive for their son daughter through the transition process. Greater partnership working through additional resource. Employers open to employing young people with disabilities. Young people becoming aware of preparing for adulthood and the options open to them. Young people aware of their vocational pathway and the options open to them. Greater knowledge of destinations of young people with additional resource for NEETs.	Additional Connexions PA for SEND (A). Dedicated college PA with SEND experience (E).	ransition at year 11 and post 16. Connexions advocacy stepped up with employers, training providers and supported employment providers to increase awareness and numbers of young people with SEND into training and employment. Year 9 SEND will be supported by connexions to produce 'Getting Ready - Preparing for Adulthood'. Year 11 and Post-16 SEND young people will be supported to co-produce a career pathway plan with Connexions. Regular up to date data provided by Prospect Services.	On-going	
5.3 Review the health processes to ensure that health can contribute to the Team Around the Child and Preparing for Adulthood processes to support transition between settings/services.	Designated Clinical Officer (Emma Boyce).	Health presence into Team around the Child meetings where transitions are planned. Preparing for Adulthood Health outcome included in EHCP's.	Dip sampling of Health input into EHCP's	Transitions within the statutory school years from primary to secondary, secondary to further education and from further education to post-19 and post-25 will be well planned and implemented. Anxiety will be reduced, and a child's education, progress and development will improve. We will consider the range of various impact.	SOP (Standard Operating Procedure) in place for Health Professionals.	April 2022 SOP to be finalised. July 2022 Dip-sampling to be undertaken.	September 2022	
5.4 Improve the number of LD health checks and action plans.	Senior Manager Primary Care Commissioning (Carla Evans).	Number of LD Annual Health Checks completed with health action plans in place for individuals aged 14-25. Individual's experience of completing the annual health check process and the benefits realised.	An increase from the 2021/22 baseline in the number of Annual Health Checks with health action plans completed for individuals aged 14-25.	The variation in health-care provision between paediatric and adult health services will be reduced improving outcomes for young people transitioning into adulthood. This will address concerns of parent carers whom inspectors spoke with said that, in the case of ASD, families feel that the support offered to their children declines as they transition, so families feel unsupported and alone.	Existing Resources.	Baseline Data established for 2021/22. Targeted work with practices to ensure LD registers are up to date and capture individuals with a LD as they turn 14. Targeted work with individuals aged 14-25 on LD registers who have not taken up the offer of an AHC to promote benefits and encourage uptake.	March 2023	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
5.5 Ensure preparing for adulthood health outcomes are included in health advice from the earliest stage.	Designated Medical Officer (Dr Cathy Higgins).  Designated Clinical Officer (Emma Boyce).	Training for health professionals about PFA outcomes.  Preparing for Adulthood Health outcomes included in EHCP's.  Newly appointed Specialist School Nurse within Special Schools to identify all children within the schools who need transition planning from the age of 14.  To recruit Specialist Nurse within mainstream schools to support transitions between settings and preparing for adulthood.	Training records.  CDC Outcome Measure Tool – 'I am healthy'.	Young people and their families will feel better prepared for adulthood and this will be measured via the CDC Outcome Measure Tool – 'I am healthy'.	DCO – recruitment in progress.	Staff training to commence September 2022 and complete in March 2023.	March 2023	
						All children have transition planning in place in Special Schools.	July 2023	
						All children with SEND within mainstream schools have a health care plan in place.	July 2023	
5.6 SEND Development Lead embedded in Healthy Child programme.  (This is the Specialist School Nurse for children with additional needs in mainstream schools which will also incorporate 2x Band 4 Public Health Associates). This is in addition to the existing School Nursing Team to provide expertise to develop skills around SEND for the entire team	Senior Matron, RWT (Jane Lawrence).  Consultant in Public Health (Bal Kaur).	Recruitment to additional post within the 0-19 team at RWT.  Recruitment to Public Health Associates.	0-19 healthy child teams continue to develop their expertise and knowledge to ensure clear, consistent and equitable outcome-based universal, targeted and specialist-level offer for children and young people with SEND.	Improved working across teams and schools to support transition.	Additional resources aligned to the 0-19 Healthy Child programme.	Contribution to development of pathways and improved health outcomes outlined in the WSOA.	June 2022	

Area of Significant Weakness 6								
Weaknesses in how the area shares information, including regarding support systems and the local offer.								
Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
6.1 Redevelopment of the Local Offer within suitable platform.	Co-production and Youth Engagement Manager (Alice Vickers). SEND Support Officer (Lauren Terry). Digital Experience Officer (Chris Nicholls). Head of Service – Inclusion and Empowerment (Helen Bakewell). Voice 4 Parents (Sarah Baker/Jayne Evans)	Relaunched Local Offer Website.	CYP and Parent satisfaction rates reflected on data dashboard and reported to SPB. Local Offer usage figures reflected on data dashboard and reported to SPB. 'You said, we did' feedback from young people and parent carers.	Local Offer content is relevant and refreshed. The Local Offer, through co-production with children, young people and families meets the needs of users.	New Platform to host the Local Offer website (A). Recruitment of Local Offer and Communication Officer (A). Digital Experience Team (E).	Review suitability of current Local Offer platform taking into account that the customers journey should be paramount.	January 2022	
						Develop Local Offer Service Specification with young people families and providers.	November 2021	
						Recruitment of Local Offer Development Officer	December 2021	
						Arrange workshop with HY5, Voice 4 Parents, and Advisory Board to co-design branding for LO.	February 2022	
						Develop clear process to ensure Local Offer content is relevant and refreshed	February 2022	
						Redevelop the Local Offer and migrate to new platform		
						User testing		
						Launch of new Local Offer website		
6.2 Put in place a rolling programme of inviting local providers and services to update their information. This to be a permanent feature of website management and Local Offer review.	Local Offer & Communication Officer (awaiting appointment).	Up to date Local Offer website.	CYP and Parent satisfaction rates reflected on data dashboard and reported to SPB. 'You sad, we did' feedback from young people and parent carers.	Increased usage.	Recruitment of Local Offer and Communication Officer (A).	New Local Offer website user tested and launched. Regular programme of updates.	December 2022 Ongoing from September 2022 every 3 months	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
6.3 Raise awareness of the relaunched Local Offer.	Communications Manager (Paul Brown). Local Offer & Communication Officer (awaiting appointment).	Increased usage of Local Offer Website.	CYP and Parent satisfaction rates reflected on data dashboard and reported to SPB. Local Offer usage figures reflected on data dashboard and reported to SPB. 'You said, we did' feedback from young people and parent carers.	Awareness of where to find information and support.	Recruitment of Local Offer and Communication Officer (A).	Develop communication strategy including Blogs/Vlogs, signposting, parent carer meets parent carer area. Webinars, talking heads about the process, parent carer chat health.	May 2022	
						Education, health and care professionals to signpost families WIASS, Local Offer, Voice 4 Parents and HY5.	Ongoing	
						Local Offer Live event to be held within existing SEND Events or Spotlight on SEND.	October 2022	
6.4 Sharing of information with SENCOs to help them signpost families.	School SEND Improvement Advisor (Anna Vrahimi).	SENCO network meetings scheduled.	SENCOs regular updates through meeting notes and newsletters monitored through SENCO Network.	Upskilled SENCOs with network providing peer support.	Network meeting termly (E).	In place October 2021.	October 2021	
6.5 Feedback from young people and parent carers will be used as an opportunity for learning and development across the local area.	Customer Engagement Manager (Sarah Campbell). Participation and Coproduction Manager (Alice Vickers).	Process in place to capture feedback from young people and Parent Carers from various sources i.e. Complaints/compliments/comments, Local Offer Feedback forms, Lived experience discussion at SPB etc. Regular training schedule in place Feedback shared with relevant agencies for response and learning/development.	Compliance dashboard monitored by Customer Engagement Team. Highlight reporting to SPB every 8 weeks.	Complaints/feedback will be used as an opportunity for learning and development across the local area. Improved access for children, young people and parent carers to services on offer to them and to improved standards of what that they can expect.	Termly attendance of Customer Engagement Officer at at relevant Management Meeting (E).	Develop process to capture feedback from young people and Parent Carers from various sources i.e. Complaints/compliments/ comments, Local Offer Feedback forms, Lived experience discussion at SPB etc.	April 2022	
						Training schedule in place.	May 2022	
						Communication and publication of 'You said, we did' following feedback.	Ongoing through lifecycle of WSOA	
6.6 Establish effective communication processes for Parents, educational settings and other stakeholders.	Local Offer and Communication Officer (TBC).	Regularly Updated communication plan. Published newsletter. Communication Group meets regularly existing of SEND Partnership member representative from LA, CCG, RWT, Voice 4 Parents and voluntary sector.	CYP and Parent satisfaction rates reflected on data dashboard and reported to SPB. 'You sad, we did' feedback from young people and parent carers. Newsletter usage figures.	Parents and stakeholders are better informed about ongoing developments around the local offer.	0.5 LO and Communication Post (A).	Establishment of SEND Partnership Communication Group.	January 2022	
						Development of SEND Partnership Communication Plan.	December 2021	
						Launch of SEND Partnership Newsletter to be shared every six months with CWC and CCG staff, Parent carers and Educational Setting.	March 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
6.7 SEND Information Fun Day held for Children, young People and parent carers to raise awareness of support and services available across the Local Area.	Voice 4 Parents (Sarah Baker/ Jayne Evans).	SEND Information Fun Day held with a good variety of services sharing information with parent carers.	CYP and Parent satisfaction rates from evaluation held on day reported to SPB	Parent carers are more aware of support and services available across the Local Area.	Approx. £7K (A).	Contact providers to be involved in Information Fun Day.	February 2022	
						Arrange activities for the fun day.	February 2022	
						Carry out awareness raising of event.	February 2022	
						Produce media for communications.	February 2022	
						Hold Information Fun Day.	February 2022	
						Evaluation of effectiveness of event and lessons learnt.	March 2022	
6.8 Deliver the POW! project to inspire a positive reframe in the discourse between professionals and the families of children with disabilities.	Voice 4 Parents (Sarah Baker/ Jayne Evans).  Wolverhampton Outreach Service (Kate Rogers/ Alison Egerton).	Mission statement produced rolled out to professionals that work with children, young people with SEND and their parent carers and training provided.  Video and leaflet to highlight the impact of words produced.	CYP and Parent satisfaction rates from annual parent survey reported to SPB.	Language used by professionals with be child, young person and parent carer friendly and appropriate.  Professionals will be able to rephrase difficult conversations in an appropriate way for children, young people and parent carers.	Voice 4 Parents Representation at 2 x 1 hour focus group (E).  Delivery of training package (A).  Design and print of leaflets (A).	Gather parent carer feedback and collate to shape mission statement.	December 2021	
						Mission statement produced.	January 2022	
						2 x focus group held with parent carers for development of video and leaflet.	February 2022	
						Video to highlight the impact of words produced.	March 2022	
						Leaflet to highlight the impact of words produced.	March 2022	
						Delivery of training.	Ongoing through lifespan of WSOA	

## Section 4 – Glossary of Terms

Abbreviation	Description
#YES	Youth Engagement Strategy
AHC	Annual Health Check
ASC	Adult Social Care
ASD	Autistic Spectrum Disorder
ASQ	Ages and Stages Questionnaire
CCG	Clinical Commissioning Group
CAMHS	Child and Adolescent Mental Health Services
CDC	Council for Disabled Council
CPP	Career Pathway Plan
CQC	Care Quality Commission
CSC	Children's Social Care
CSCLT	Children's Social Care Leadership Team
CWC	City of Wolverhampton Council
CYP	Children and Young People
CYPLT	Children and Young People's Leadership Team
DCO	Designated Clinical Officer
DCYP	Disabled Children and Young People

Abbreviation	Description
DfE	Department for Education
DMO	Designated Medical Officer
DSCO	Designated Social Care Officer
EHCP	Education, Health and Care Plan
GRS	Getting Ready Sheet
HOS	Heads of Service
HY5!	HY5! SEND Youth Forum
IAG	Information, Advice and Guidance
ICT	Information Communication Technology
JSNA	Joint Strategic Needs Assessment
KPIs	Key Performance Indicators
LA	Local Authority
LD	Learning Disability
LGO	Local Government Ombudsman
NEET	Not in Employment, Education or Training
NICE	National Institute for Health and Care Excellence
OT	Occupational Therapy

Abbreviation	Description
PfA	Preparing for Adulthood
QA	Quality Assurance
RWT	Royal Wolverhampton Trust
SC	Social Care
SEN	Special Educational Needs
SENCo	Special Educational Needs and Disabilities Co-ordinator in education setting
SEND	Special Educational Needs and/or Disability
SIA	School Improvement Advisor
SLT	Senior Leadership Team
SMART	Specific, measurable, achievable, relevant and time bound
SOM	Senior Officials Meeting
SOP	Standard Operating Procedure
SPB	SEND Partnership Board
SW	Social Worker
ToR	Terms of Reference
PCF	Parent Carer Forum

Abbreviation	Description
V4P	Voice 4 Parents
VSH	Virtual School Headteacher
WASS	Wolverhampton Information, Advice and Support Service
WSOA	Written Statement of Action
YO!	Youth Opportunities Website



# Appendix 1 – Feedback from our families

## Young People’s Feedback 2021 from HY5! representatives

The following show’s our views on the **Written Statement of Action** through using ‘Mentimeter...’

### Who we are...

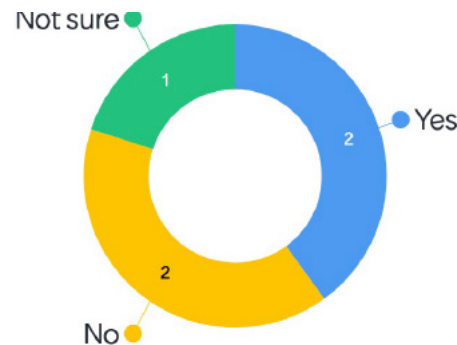
HY5! is a group of young people aged 11-25 who live in Wolverhampton.

We are passionate about disabled children and young people and those with special educational needs, being involved in things that affect them.

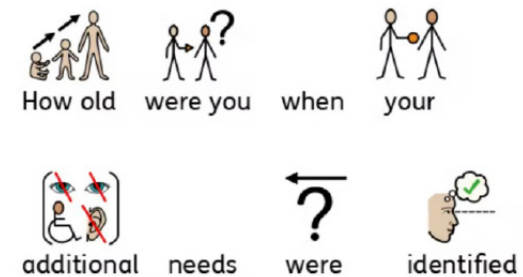
We will shine a light on what’s important, driving change where it matters most.

We do this because young people and their families are experts in their own lives.

Do you understand what is meant by the graduated response?



How old were you when you were identified as having additional needs/SEN?



How much do you agree with the following statements.



promptly



Accurately

How could we schools and other services identify your needs earlier?



identify



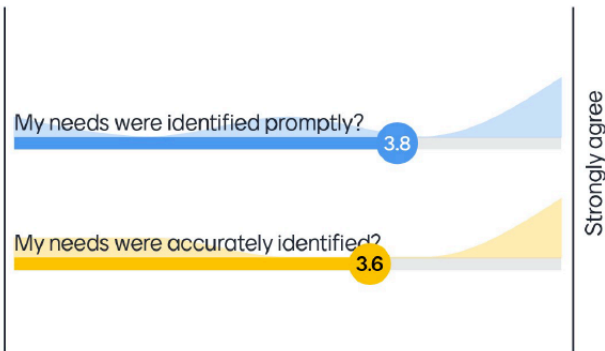
earlier

What were the barriers to the identification of your needs if any?



barriers

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mainstream teachers  
not for me because i was

okay  
earlier  
awareness  
well looked at before  
18 months old ok  
training

it was clear for me  
awareness  
dr aware  
okay earlier  
training

Which health services helped you most in meeting your needs?



Health



Services

specialist teacher  
national health services  
my consults  
osmaistry  
at nhs  
hospital birmingham  
birmingham children hospital  
vision impairment team

## Feedback from our families

### How can health services better support your needs?

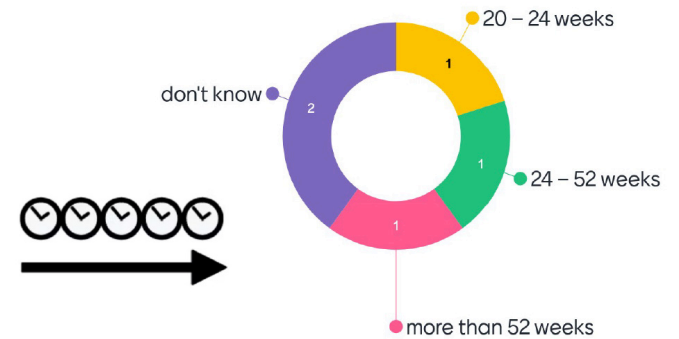
walsall manor hospital  
 birmingham children hospital  
 best not parents areas live in  
 less of a battle services differ  
 birmingham hospital knows  
 i get them on ok  
 children and woman hospital

### What was the main reason that you, your parents or your school requested an EHC Needs assessment for a plan?



health my disability  
 learning  
 epilepsy  
 cerebral palsy

### Do you know how long your EHCP took?




### What is the key strength of the EHCP Process?



middle  
 hard  
 allows for a bespoke plan  
 it helps with most items  
 know what support you need

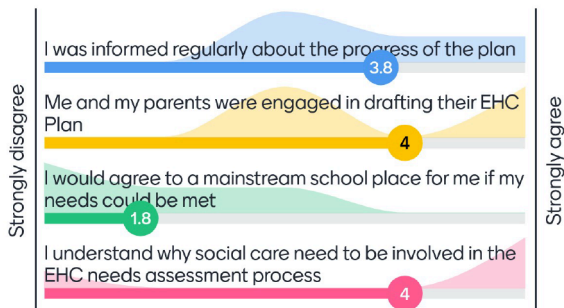
### What is the key issue with the EHCP Process?



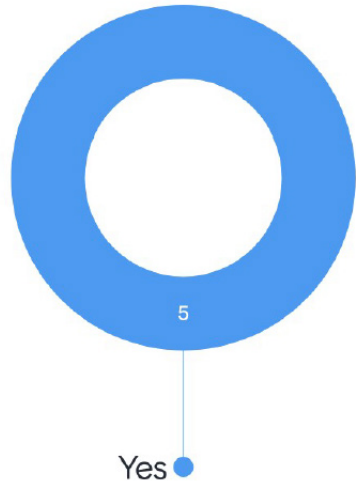
rushed  
 takes to long for re writ  
 very tough  
 change time resistance  
 delays with physio

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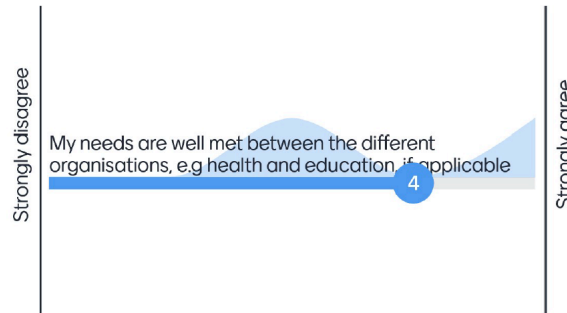
### Please mark how much you agree with the following statements:



Have you been involved in the annual review process?



How much do you agree with the following statement:



What has been your experience of changes from infants to primary school or primary to secondary or secondary to college?

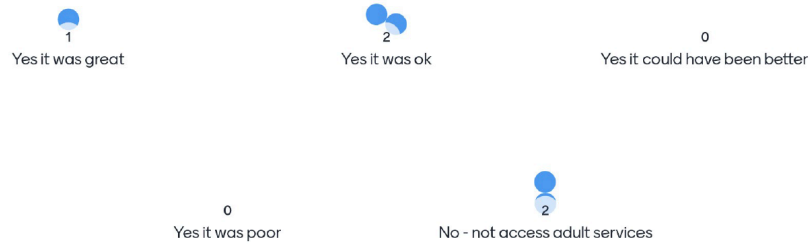
- rushed last min changes
- Lose concetration Takes to long for the EHCP
- takes too long for them to re write the EHCP
- Positive from secondary to college better than from primary to secondary- preferred not to have tug of war
- I've Transition from school and college and my experience has been positive

What do you think would have helped?

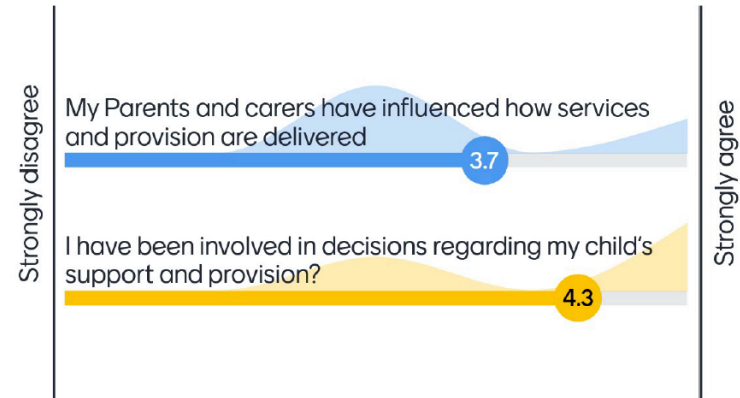
training to teachers about children's care plan  
 talk through together  
 awarness  
 time nhs joint meeting training  
 more less back and forth  
 communication sen  
 hospital care plan

## Feedback from our families

### Have you access adult care from health or social care?

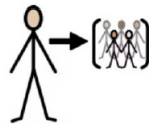


### How much you agree with the following statements?

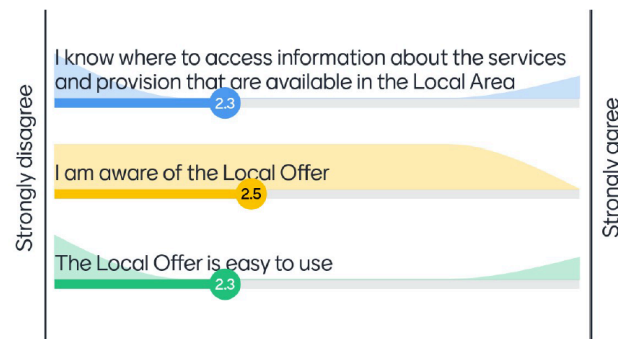


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### What could the local are do to make you feel more engaged?



### How much you agree with the following statements?



### How do you think we could improve information sharing?







## HY5 Priorities in the City



## Task And Progress

**1. HY5! Is well known by people living and working in Wolverhampton**

- Build relationship with SEND Partners in the local area
- Meet with other young people and families including:
- HY5! Event
- YO! Inclusive activities
- Create HY5! Logo and promotional materials Social Media campaigns HY5! Info on key websites – Local Offer, WIN, YO! IASS

**2. A workforce that understands the needs of young people and the importance of Co-production**

- Develop training offer for people working with children and young people with SEND. To be delivered by young people
- Improved use of co-production and communication tools 'Shaping the Conversation/Power of Words' Project
- HY5! To be involved in recruitment of SEND professionals

**3. Young people are heard and included in decisions that affect them**

- Develop audit tool to show that young persons voice is clear in EHCP's, annual reviews as well as school based SEN support plans
- Regular communications to raise awareness of opportunities for young people to get involved (Strategic Co-production)
- Co-production Audit Tool for services to self assess see how well they co-produce

**4. Improve the cities Outlook on SEND**

- Make parks and leisure more Inclusive
- Be involved in Short Breaks Review work
- Improve training and Job opportunities
- HY5! Is represented on Culture of Inclusion workstreams

**5. Young people have access to good quality information & services to support them**

- Review of Local Offer for SEND how can this be improved?
- Develop Young Inspector Programme to rate the quality of services and support available to children and young people
- Easy read Information and Collaboration with IASS and Advisory Board

**6. HY5! has a regional and national presence**

- Link with regional and national forums including Council for disabled Children

## Families Feedback from the online Voice 4 Parents (Voice 4 Parents) Surveys 2021 (Appendix 4)

245 people engaged in the Voice4Parents Annual Survey.



School are not picking up processing early enough and needs being missed until later.

### Support

“Schools and CAMHS to work together ... Diagnosis pathway to be clearer for parents/carers, what service assesses for what and shorter waiting times, help whilst waiting to be assessed. Parent sensory group was so helpful but took years to happen! Once diagnosed information given is great but very overwhelming, also information given via parent/carer support team at the council is duplicated by autism pathway and Voice 4 Parents, once and done approach needed for parents/carers. Schools should all have adequate sensory/calm bases which is manned by trained staff, also shouldn't be such a fight to get help”

### You said...

#### Support

- 35%** of parent carers feel that they are not supported by the local authority
- 4%** said that they feel very supported
- 40%** say that they receive some support
- 24%** feel very supported by education
- 13%** told us that they are not supported by education
- 41%** told us that they are not supported at all by social care
- 3%** feel very supported
- 16%** feel they get some support
- 25%** felt it was not applicable
- 40%** of parent carers felt that education, health, and social care work poorly together
- 22%** feeling it is satisfactory
- 5%** feeling that the services work very well together
- 12%** of parent carers feel supported by mental health services
- 44%** saying they are not supported at all by these services
- 45%** of parent carers feel they receive some support from health
- 19%** saying they are not supported at all by health
- 23%** of parent carers feel very supported by support groups in Wolverhampton
- 29%** say they are supported by these groups
- 24%** feel they get some support
- 15%** feel they are not supported at all by support groups



### Parent carers were asked what would help them to feel more supported by services in Wolverhampton:

- 60%** said to only have to tell their story once
- 56%** felt that a keyworker helps to support them
- 65%** would like a one stop hub where all services are coordinated from in one place
- 56%** felt an updated local offer would help
- 69%** told us that a health passport that lists the needs of their child or young person and how best to interact with them would be beneficial
- 63%** would feel more supported if there was a parent carer community support officer and/or group.

### Covid

- 58%** of parent carers felt that their mental health has got worse since March 2020
- 4%** felt that it had got better
- 53%** feel that their child or young person's mental health has got worse since the pandemic
- 8%** feel that it has got better
- 49%** of parent carers felt their general wellbeing had got worse since March 2020
- 3%** said it had got better
- 45%** said that their child or young person's general wellbeing had got worse
- 3%** feeling it had got better

### With the easing of the lockdown restrictions:

- 60%** said to only have to tell their story once
- 5%** of parent carers felt that education provision had got worse
- 21%** reported it as having got better
- 49%** reported that access to health services has got worse
- 7%** felt it has got better
- 35%** of parent carers said it had stayed the same
- 27%** of parent carers felt access to social care got worse
- 27%** said it had stayed the same
- 4%** said it had got better
- 20%** are still waiting
- 2%** had to wait 1 to 5 weeks
- 7%** had to wait 6 to 12 weeks
- 4%** had to wait 6 months to 8 months
- 56%** of parent carers feel that family members including siblings have been impacted by mental health of the child or young person with SEND
- 11%** have said they were offered support

### When asked how supported parent carers had felt during the pandemic

- 60%** said to only have to tell their story once
- 52%** said not at all by the local authority
- 23%** not at all by education
- 45%** said not at all by health
- 48%** not at all by social care
- 18%** said not at all by support groups
- 2%** said they felt very supported by the local authority
- 3%** saying they had received some support
- 17%** felt very supported by education
- 3%** said they felt very supported by health
- 32%** saying they had received some support
- 2%** felt very supported by social care
- 17%** saying they had had some support
- 25%** felt very supported by support groups

### Mental health

- 58%** of parent carers felt that their mental health has got worse since March 2020
- 23%** of parent carers know what support is available in Wolverhampton for their family's mental health
- 47%** said they didn't know what was available
- 28%** were not sure
- 26%** of families have been denied or didn't meet the mental health criteria when seeking support for mental health
- Of those refused **8%** have been offered other advice or support to help their family with
- 32%** said they were not offered anything
- 43%** of parent carers have been told that their child or young person would have to go on a waiting list for mental health therapy that has been recommended to them
- 7%** have been waiting over a year to receive this therapy



Wellbeing and mental health was on a rollercoaster of emotions, anxiety definitely higher with a child who has additional needs (learning, medical concerns etc.)

### Health

How well health services met the needs of children and young people:

- 35%** of parent carers felt that GP were poor
- 6%** of GPs were excellent
- 20%** of paediatricians were excellent
- 9%** being poor
- 24%** parent carers felt that Occupational therapy was poor
- 12%** told us they are excellent
- 15%** of parent carers felt that opticians had been excellent at meeting the needs of their child or young person
- 11%** felt they were poor.

### What Parents would like to see on the Local Offer

- Support available
- Funded private therapists (SALT)
- Support groups
- Family friendly activities for the whole family
- Local groups and clubs for SEND children and young people
- Sibling support groups
- Transport for days out
- Pathways
- Transitions – schools and adulthood
- How to get medical health assessments
- Support while waiting for assessments i.e., EHCP
- Direct Payments
- Personal Budgets
- Post 16 support
- Future support and preparing for adulthood
- SEN (Special Educational Needs) childcare
- Funding
- How to get support when applying for funding e.g., DLA
- An explanation of the Local Offer
- Clear Social Care criteria
- Service processes
- Information on education and after school
- Leisure
- An easy way to access all information
- How to access services
- The mental health offers
- Easy to understand criteria's
- Signposting
- A section for parent carers to ask questions and share information e.g., best place to buy shoes for AFO
- To be more specific
- Too wordy
- All information in one place
- A link to the EHC Hub
- Legal advice

### Local Offer

- 38%** of parent carers said that they had heard of the Local Offer
- 59%** haven't
- 3%** were not sure
- 27%** of parent carers have accessed the local offer
- 64%** haven't
- 8%** weren't sure
- Of those who had accessed the local offer:
- 3%** found it very easy to find the information they needed on there
- 26%** told us that they found it difficult

#### Local offer

“... It is not a friendly and pleasing layout. I couldn't find any information on post 16 despite clicking on the icon”



### Transition and Preparing for Adulthood

When asked how well parent carers feel their child or young person is being prepared for adulthood:

- 6%** felt they were
- 51%** felt that they aren't
- 17%** said maybe
- 12%** not sure
- 1%** of parent carers said that their child or young person over the age of 14 with an EHCP (Education and Health Care Plan) have plans made within their annual review to start preparing them for adulthood
- 18%** said nothing had been planned
- 4%** were not sure
- 1%** thought that maybe plans had been made
- 75%** said it wasn't applicable.
- 4%** of parent carers feel they are having meaningful discussions with professionals about what their young person needs to be successful in adulthood
- 47%** felt that they hadn't had these discussions
- 7%** said they had possibly had them
- 6%** were not sure.
- 2%** said that services are working together across child and adult services to prepare their child or young person for adulthood
- 34%** said that they are not and **11%** didn't know



Education

- 52%** of parent carers told us that they feel that the educational setting meets the need of their child or young person
- 26%** don't feel this to be true
- 18%** were not sure
- 60%** reported that their child or young person is happy in their educational setting
- 25%** told us that they aren't
- 10%** were not sure
- 54%** feel that the educational setting is inclusive for their child or young person
- 25%** said it isn't
- 165** were not sure

Access to services

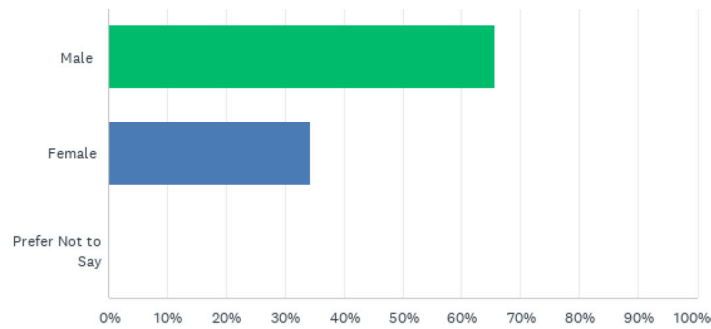
- 25%** of parent carers told us they had to wait over a year for their child or young person to access occupational therapy
- 12%** said they had to wait over a year for speech and language therapy
- 56%** said they had to wait 1 to 2 months for their GP
- 34%** had to wait for 1 to 2 months to access the opticians.
- 1%** of parent carers told us that their child or young person has received an annual health check by their GP
- 68%** felt it was not applicable
- 3%** were not sure
- 27%** told us that their child or young person hadn't received an annual health check by their GP

- 40%** of parent carers feel they are heard by educational professionals
- 38%** said they didn't
- 17%** were not sure
- 47%** of parent carers feel that the education setting provides sufficient resources to ensure their child and young person makes good progress
- 30%** said that they didn't
- 19%** were not sure
- 24%** of parent carers feel that the educational setting is very aware of SEND
- 25%** felt that they are somewhat aware
- 13%** said that they are not so aware
- 10%** feel that the educational setting is not at all aware of SEND

## The parent survey relating to the key areas for development, completed on 7 January 2021, found:

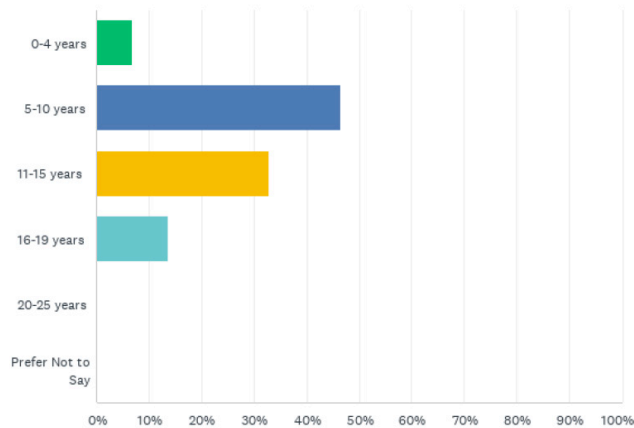
### My child/young person is

Answered: 73 Skipped: 0



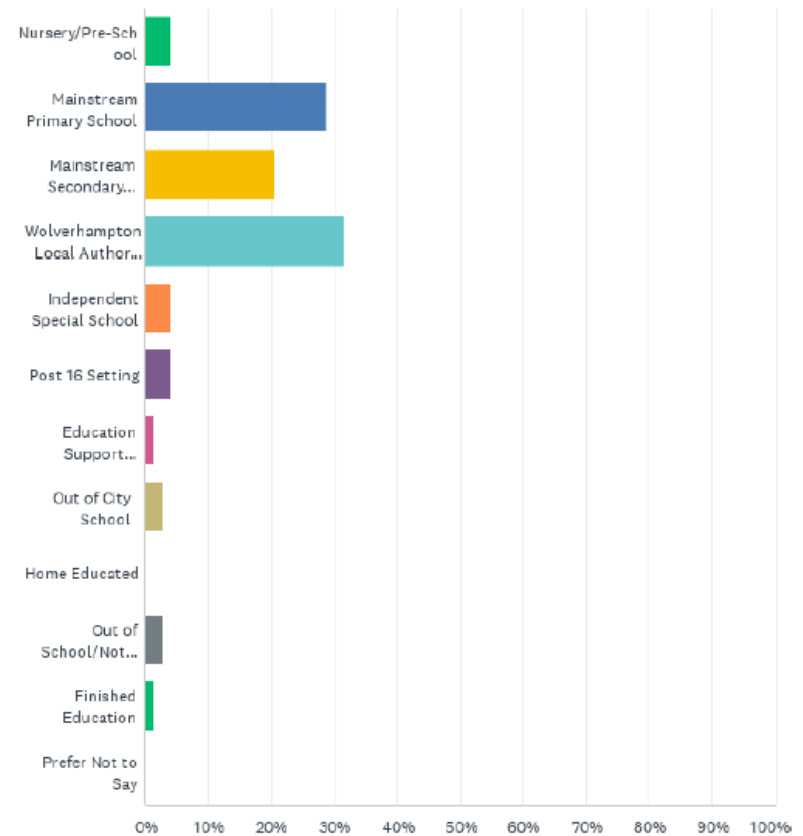
### What is the age range of your child/young?

Answered: 73 Skipped: 0



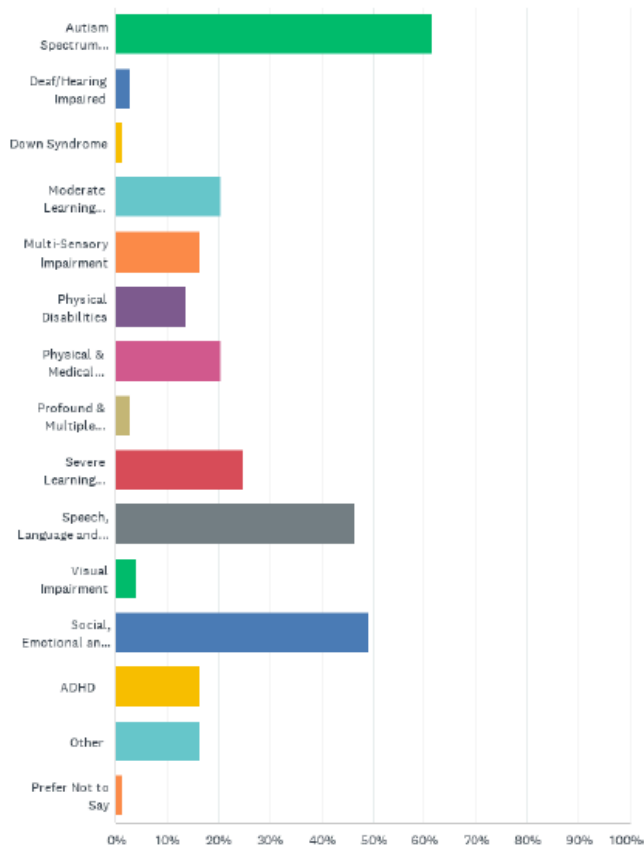
### What kind of education setting does your child/young person attend?

Answered: 73 Skipped: 0



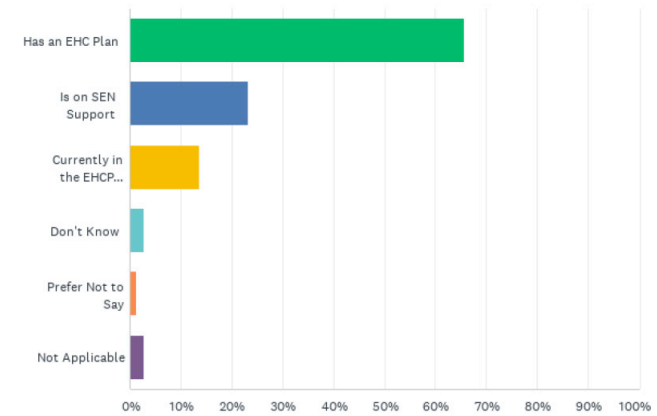
**What kind of education setting does your child/young person attend? Tick as many as apply**

Answered: 73 Skipped: 0



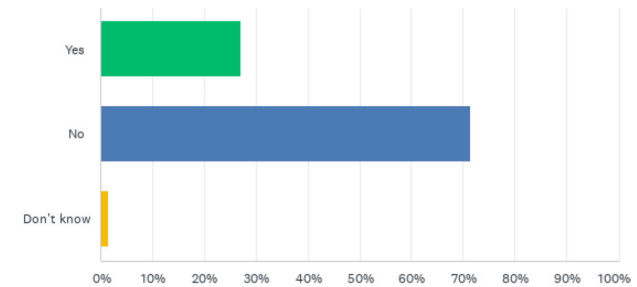
**Which of the following applies to you child or young person?**

Answered: 73 Skipped: 0



**Do you feel your child or young person's needs were identified early and quickly enough?**

Answered: 70 Skipped: 3

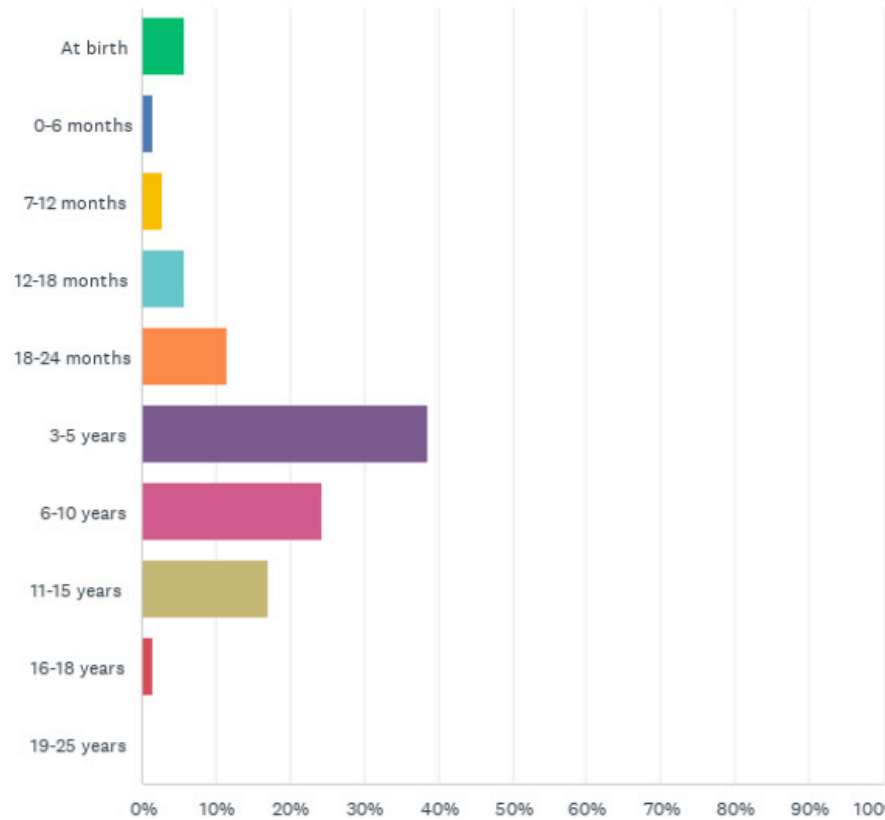




## Feedback from our families

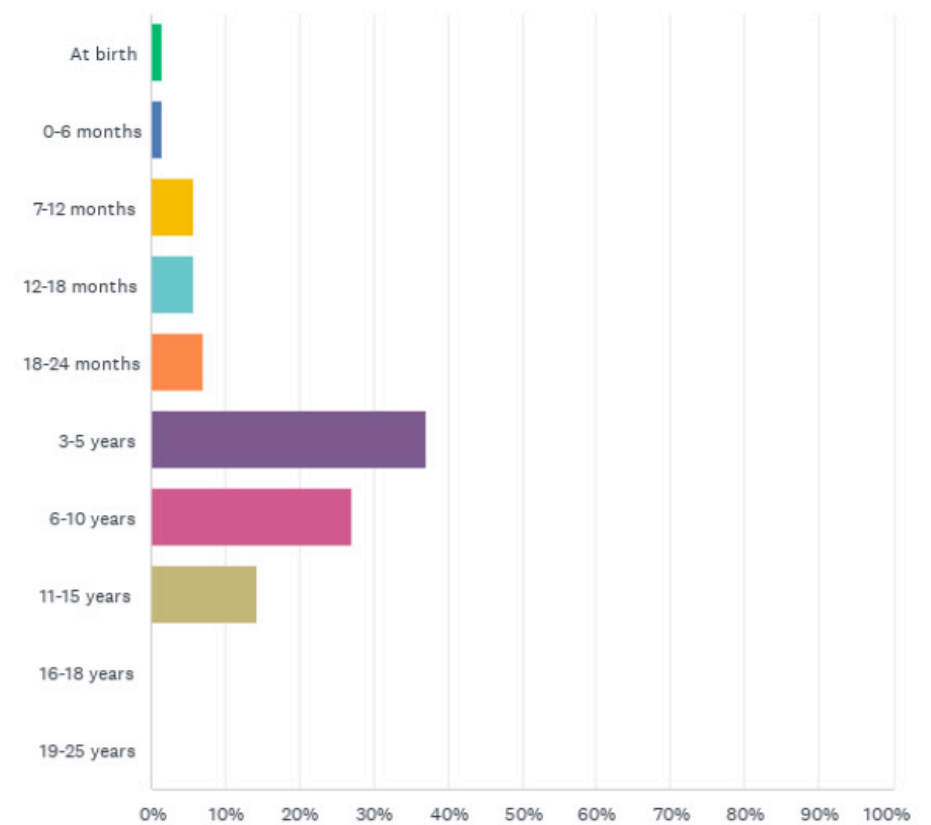
### At what age were your child or young person's needs identified?

Answered: 70 Skipped: 3



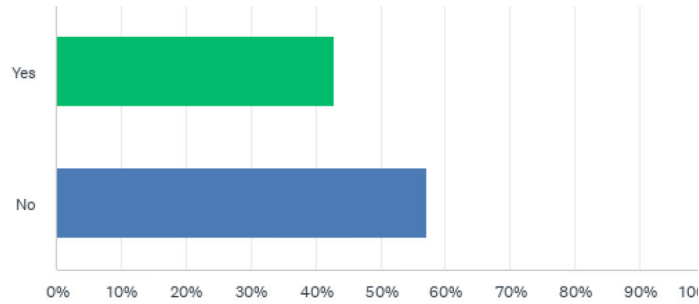
### How old was your child or young person when they first received support?

Answered: 70 Skipped: 3



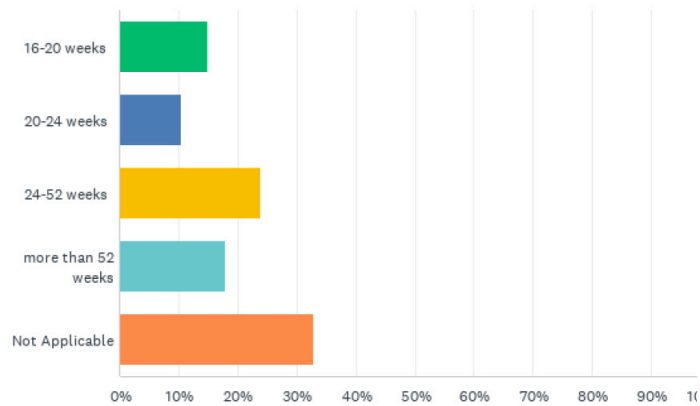
**Do you feel your child or young person’s needs were accurately identified?**

Answered: 70 Skipped: 3



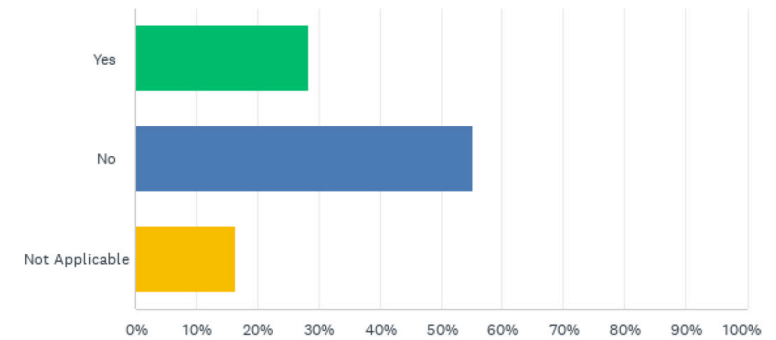
**From submission of the needs assesment request, how many weeks did it take to complete and be issued to you?**

Answered: 67 Skipped: 6



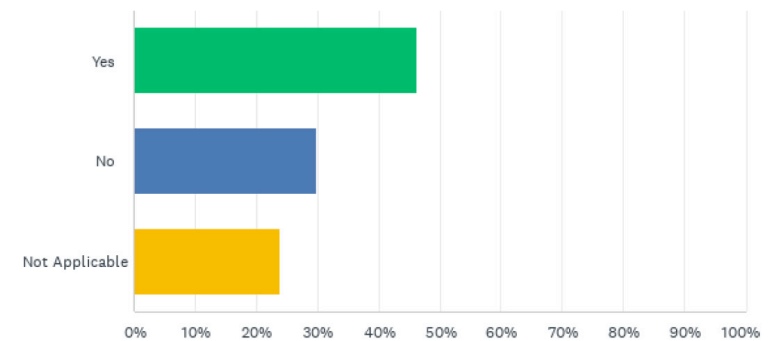
**Where you informed regularly about the progress of your plan?**

Answered: 67 Skipped: 6



**Do you feel you were involved in you child or young person’s plan and was your voice heard?**

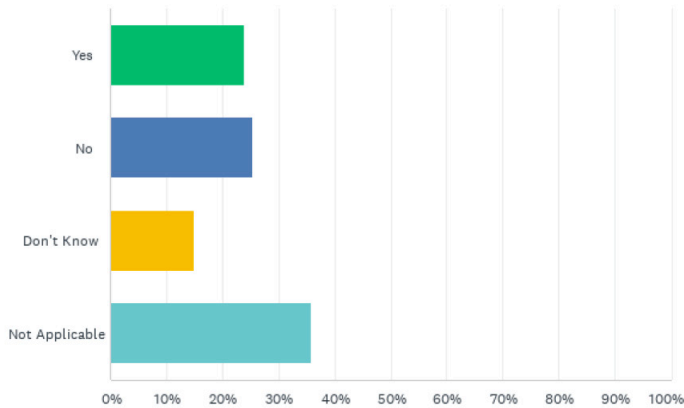
Answered: 67 Skipped: 6



## Feedback from our families

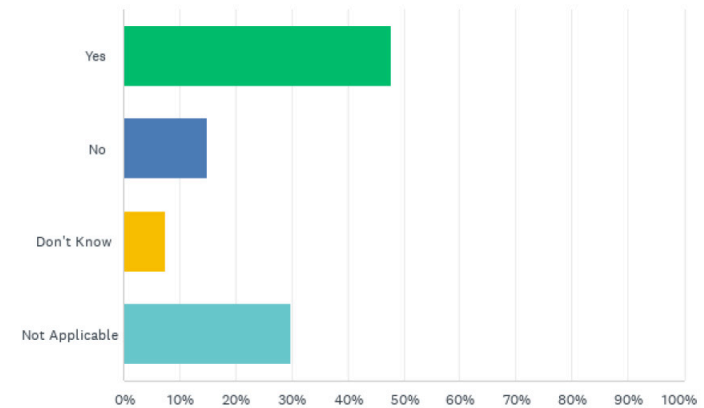
### Do you think your child or young person was involved in their plan and was their voice heard?

Answered: 67 Skipped: 6



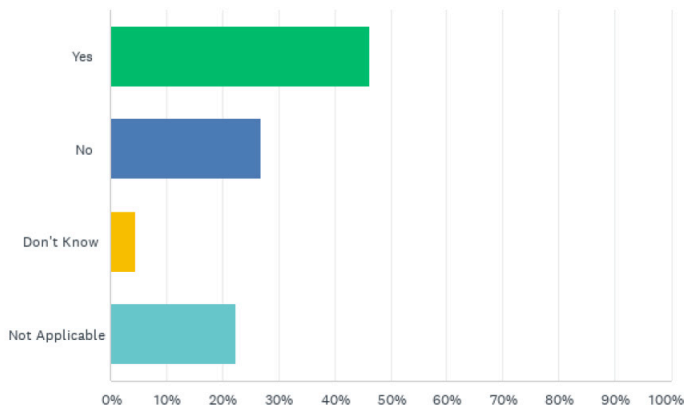
### Have you been involved in the annual review process for your child or young person's plan?

Answered: 67 Skipped: 6



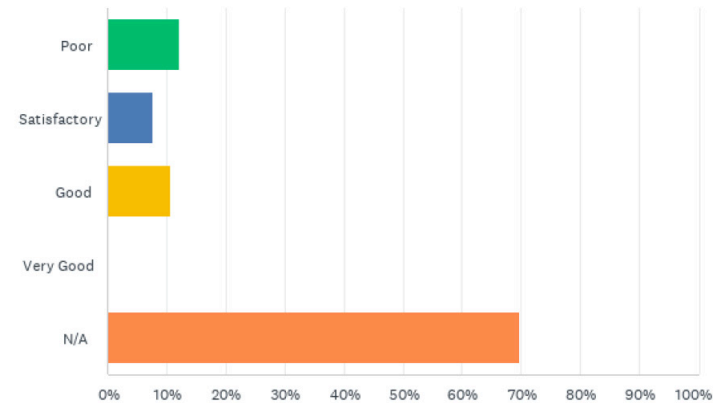
### Has your child or young person had an annual review in the last 12 months?

Answered: 67 Skipped: 6



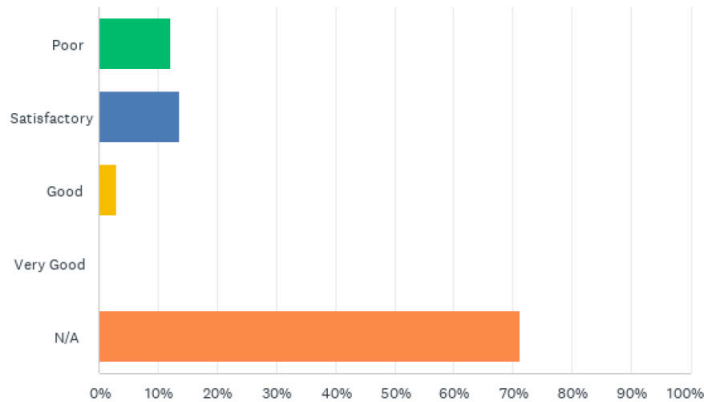
### If applicable, how would you describe transitions between child and adult services for education?

Answered: 66 Skipped: 7



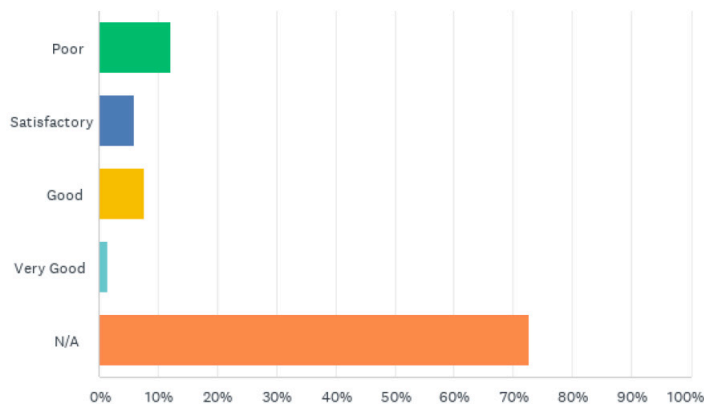
**If applicable, how would you describe transitions between child and adult health services?**

Answered: 66 Skipped: 7



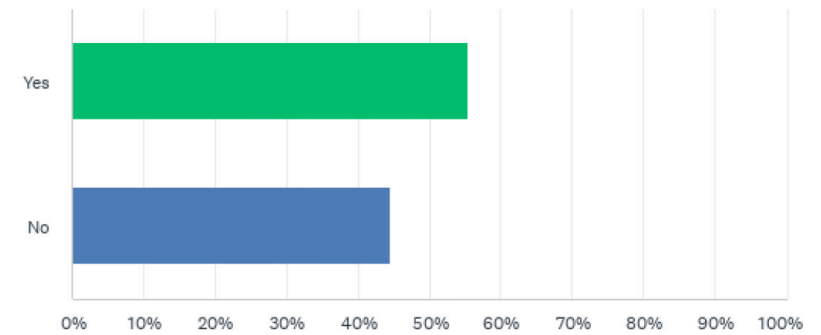
**If applicable, how would you describe transitions between child and adult social care?**

Answered: 66 Skipped: 7



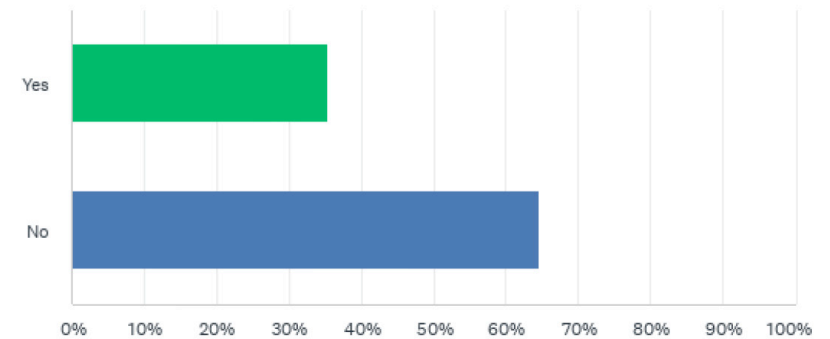
**Have you been involved in making decisions regarding your child or young person's support and provisions?**

Answered: 65 Skipped: 8



**Has your child or young person been involved in having a say about their support and provision?**

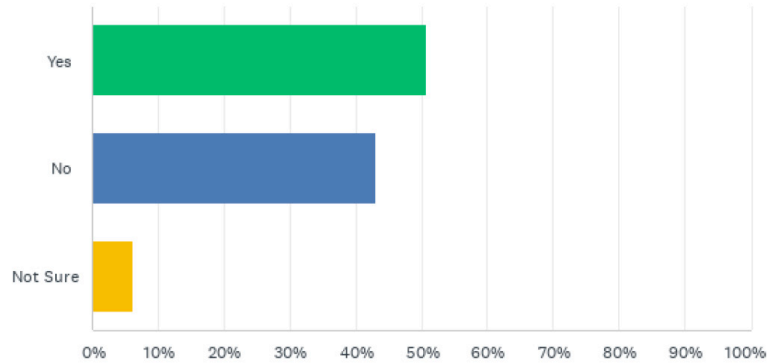
Answered: 65 Skipped: 8



## Feedback from our families

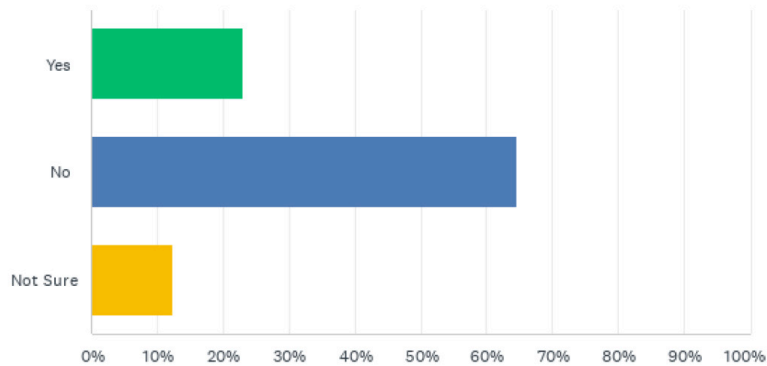
### Have you heard of the Local Offer?

Answered: 65 Skipped: 8



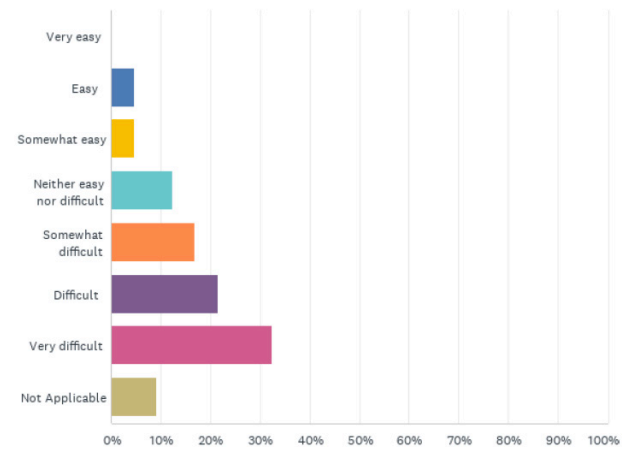
### Have you accessed the Local Offer?

Answered: 65 Skipped: 8



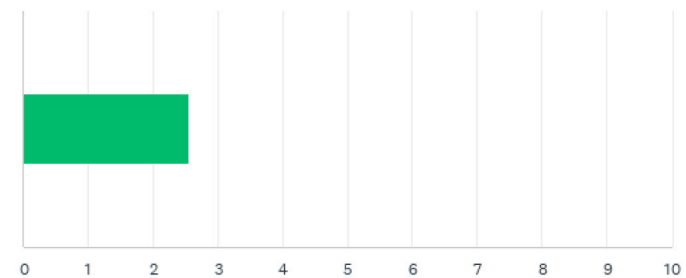
### How easy do you find it to get information about what services are available and what they do or offer?

Answered: 65 Skipped: 8



### On a scale of 1 to 10, with 1 being poor and 10 being excellent, please rate Wolverhampton's Local Offer?

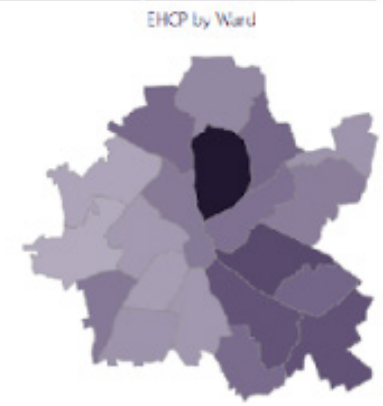
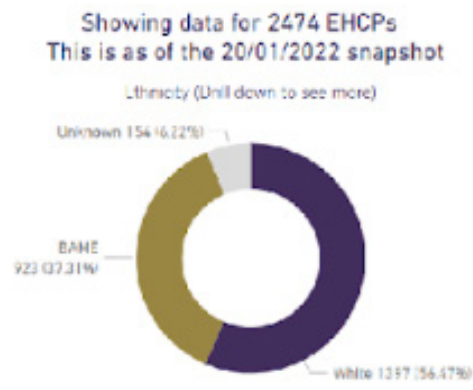
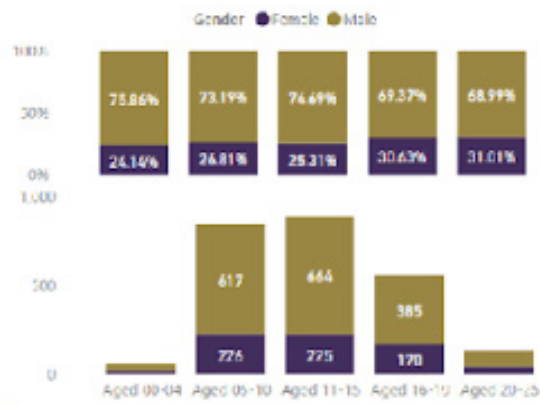
Answered: 65 Skipped: 8



# Appendix 2 – Draft SEND Partnership Data Dashboards

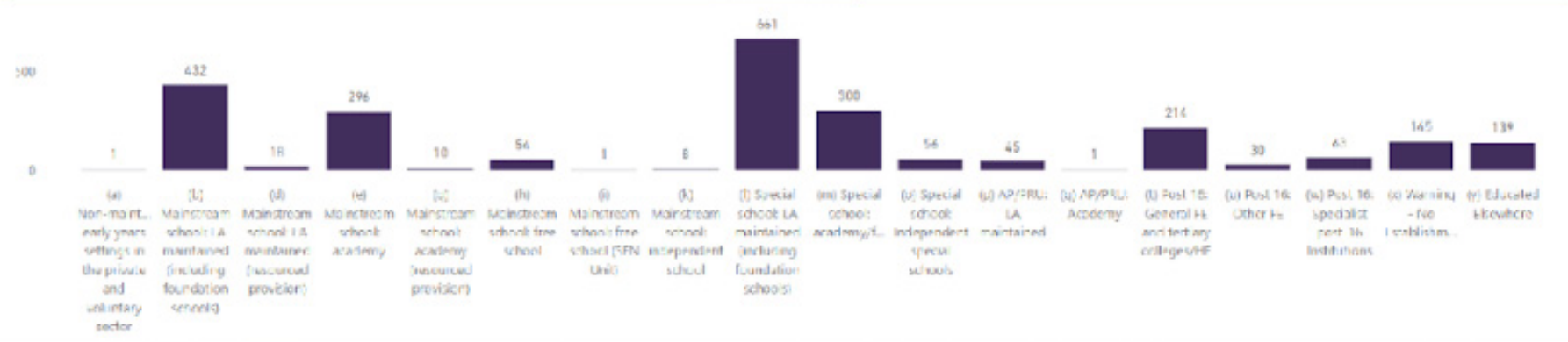
Select an option, then click GO

[SEN2 Guidance](#) | 
 [Assessments and Placements](#) | 
 [Education and Arrangements](#) | 
 [Effectiveness of Mediation](#) | 
 [EHCP Issued within 20 weeks](#) | 
 [Personal Budgets](#) | 
 [Reports and Data Quality](#)

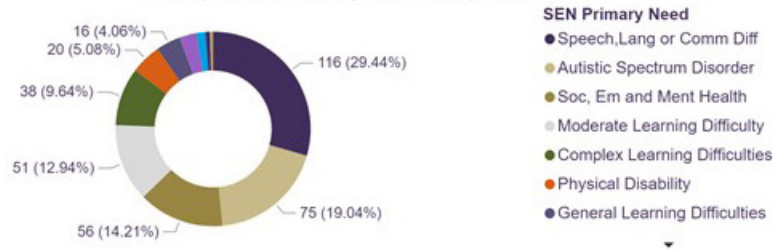


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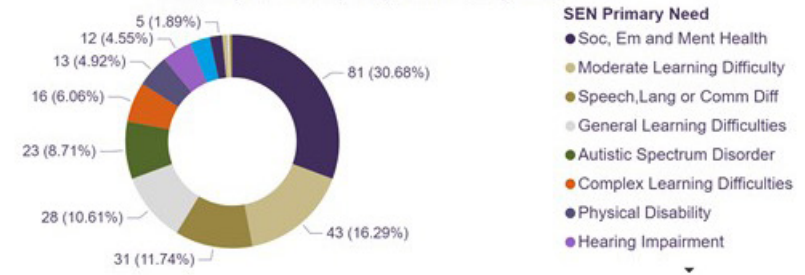
## Educational Settings



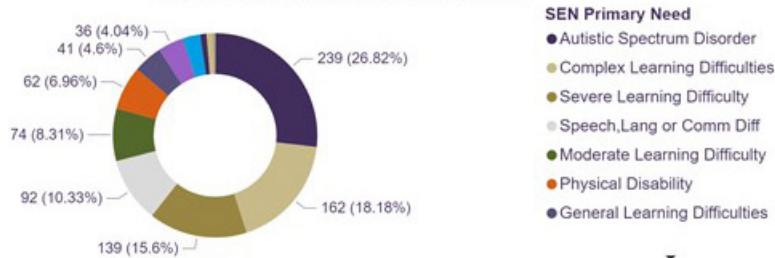
Primary School Pupils by SEN Primary Need



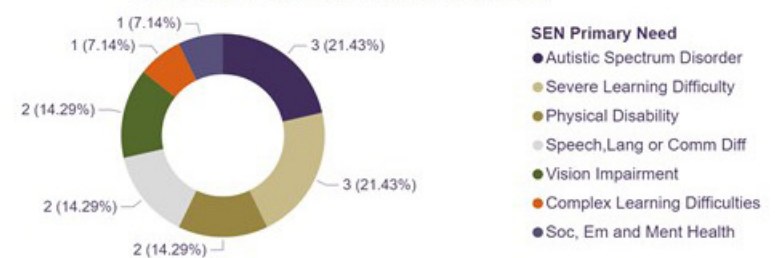
Secondary School Pupils by SEN Primary Need



Special School Pupils by SEN Primary Need



Specialist FE Placements by SEN Primary Need



Residential Special School Pupils by SEN Primary Need





# Absence and Exclusions

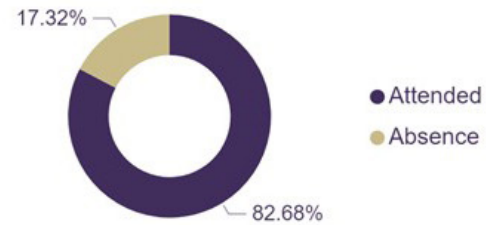
01/09/2021

01/10/2021

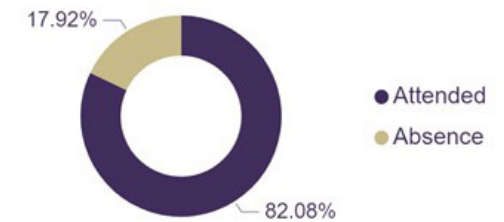
SEN Support Attendance and Absence total



EHCP Attendance and Absence total

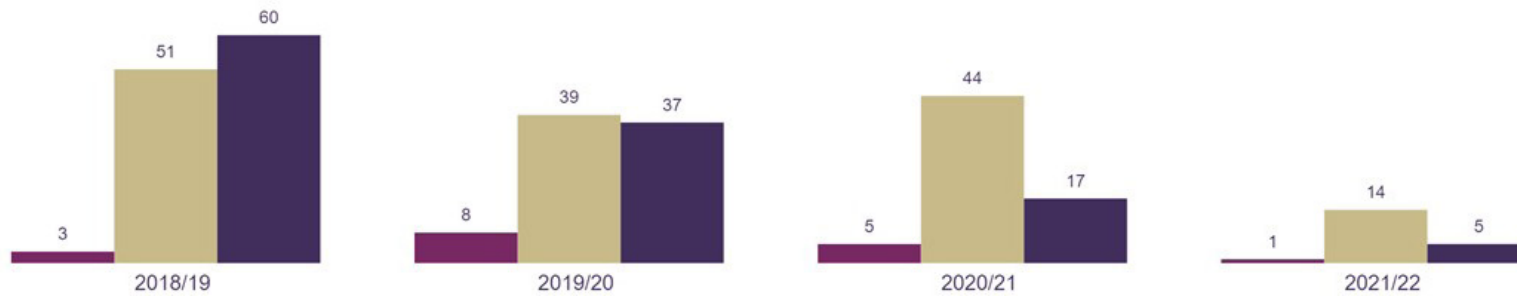


No Support Attendance and Absence total



Permanent Exclusion by SEN Stage

SEN Stage when Excluded ● E ● K ● N

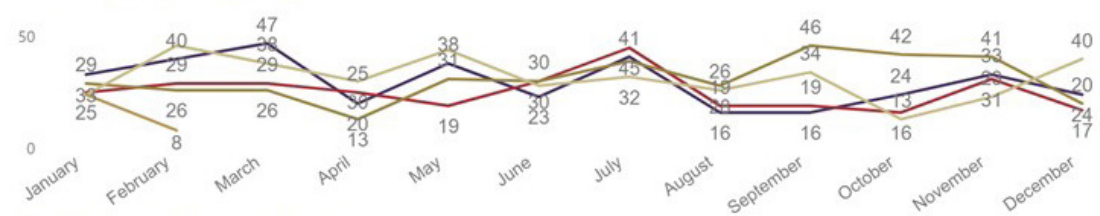


**CITY OF WOLVERHAMPTON COUNCIL** SEND Performance Dashboard EHCP Caseloads

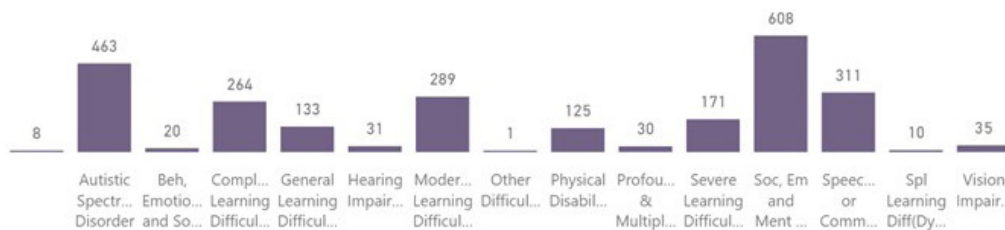
Funding LA: All Resident LA: All Total: 2499  
 Personal Budget (Education): All CYP in Care: All

**EHCPs completed**

\*Where involvement was still open at snapshot date  
 Year ● 2018 ● 2019 ● 2020 ● 2021 ● 2022



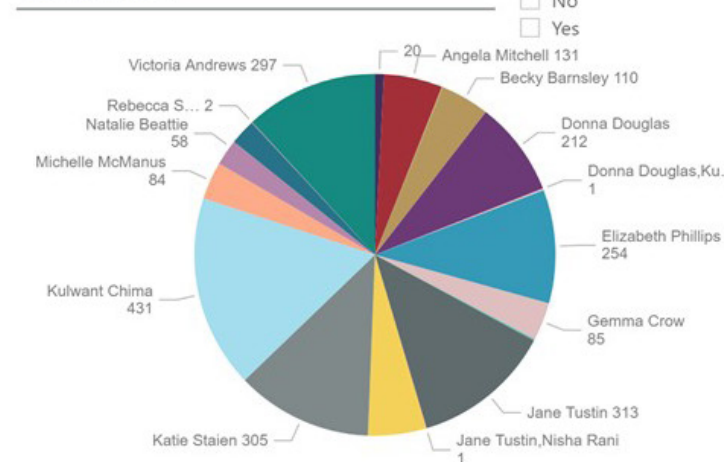
**EHCPs by Primary Need**



**Percentage which were completed in:**



**Lead Officer** Any Exceptions:  No  Yes



Case Type	Count
EHCP Needs Assessment	684
EHCP Needs Assessment (LDA)	1
Initial Assessment	1571
LA Transfer (EHCP)	206
LEA Transfer (Stated)	1
Re-Assessment	15
Transfer Mid-Ass (No Advice)	6
Transfer Mid-Ass (With Advice)	15
Exception 1	14
Exception 2	649
Exception 3A	32
Exception 3B	46

## Timeliness

Month	2019	2020	2021
January	1673	1835	2159
February	1698	1859	2202
March	1726	1882	2235
April	1752	1891	2267
May	1760	1918	2303
June	1780	1947	2329
July	1735	1966	2349
August	1744	1994	2370
September	1758	2034	2401
October	1772	2076	2411
November	1798	2111	2431
December	1810	2134	2474

% of EHCP's Completed Within 20 Weeks - Rolling 12 months (Excluding Exceptions)

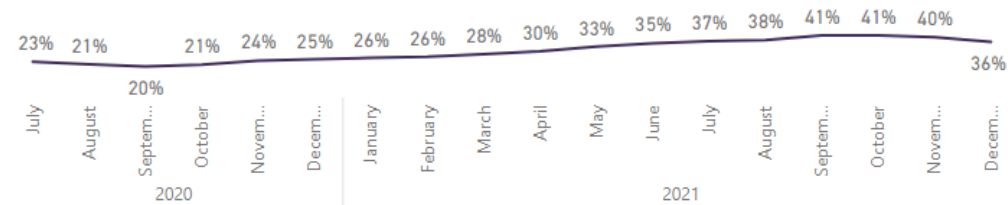


Table above shows number of active EHCPs from 2019 to 2020.

The graph shows the percentage of EHCPs completed within 20 weeks timescale (rolling 12 months)

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## Exclusions

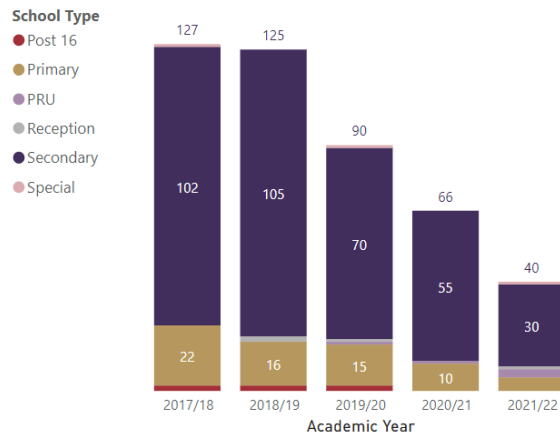
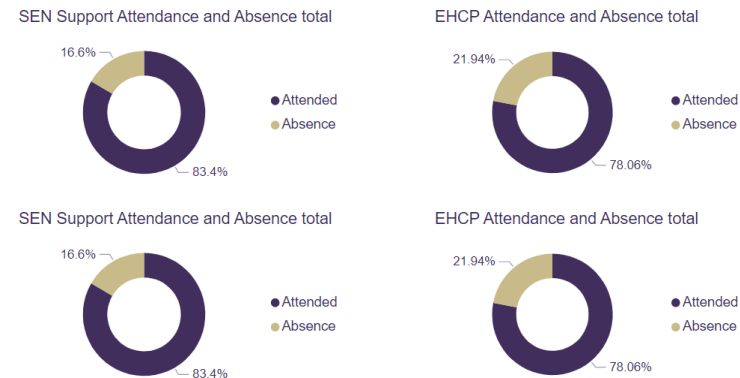


Chart above shows overall permanent exclusions broken down by school type.

## Attendance 2019/2020 & 2020/2021



Charts above showing percentage attendance and absences for SEN Support and EHCP for 19/20 and 20/21 academic years reported on the one system.

## Attainment

The average attainment 8 score per pupil at end of Key stage 4 for pupils with SEN support at the end of 2021 academic year in Wolverhampton was 37.20 above the national average (36.70) and it statistical neighbours (33.45). Pupils with an EHCP/SEN statement averaged a score of 11.70 which is below the national (15.70) and neighbouring averages (13.00).

The average point score for English Baccalaureate with SEN Support in 2021 was 2.86; higher than Wolverhampton’s statistical neighbours (2.57) but lower than national average of 3.00. The average point score for English Baccalaureate with EHCP/SEN Statement in 2021 was 0.83; lower than the national (1.23) and statistical neighbours (0.98) averages.

In 2020 the percentage of KS4 SEN Pupils with SEN Support going to, or remaining in education and employment/training overall (inc special schools) was 88.70%. This was slightly lower than the national average (88.90%) and higher than its statistical neighbours (86.24%). KS4 EHCP pupils in the same category was 89.90%; which is on par with the national average and below over city figure of 92.20%.

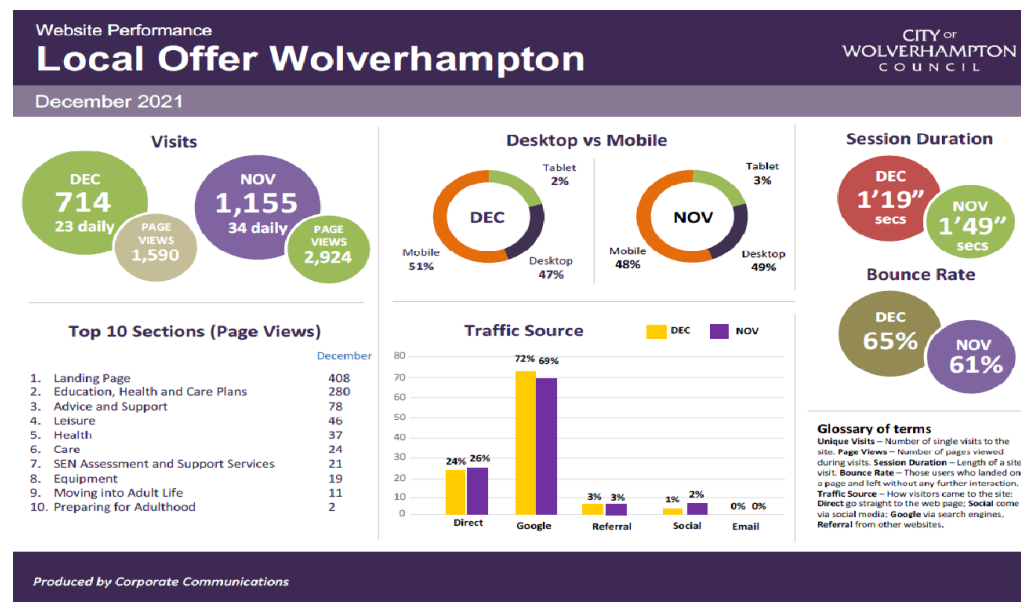
## Social Care/YOT

On latest published data the percentage of children looked after who have a statement of SEN/EHCP in 2020 was 29.30% which was above the national average percentage of 27.70%. There were 280 Children in Need with SEND reported and 140 with a Wolverhampton EHCP (locally reported on Eclipse).

As at the 6th January 2022 there were 78 young people within the YOT open cohort. Of these 16 (20.5%) had an EHCP and 9 (11.5%) had a statement of SEN. All were

male. All were aged between 12 and 18 years, with 16 years the peak age amongst EHCP (50%), with no peak age amongst young people with a Statement of SEN.

75% of males with an ethnic minority background recorded an EHCP: 43.8% black and 31.3% mixed ethnicity. Young people with a Statement of SEN were 33.3% black, 33.3% white and 33.3% mixed ethnicity.





## 6 week KPI for return of advice for EHCP:

National Indicator - Health information and advice requests returned to the LA in month and were within the 6 week turnaround/deadline	
Annual threshold	95%
Monthly threshold	95%
Frequency	Monthly
April	56.60%
May	44.44%
June	61.11%
July	67.86%
August	53.06%
September	50.00%
October	81.25%
November	43.75%

## Learning Disability Annual Health Check Data – 12 month period (Jan - Dec 2021) Age Group: 14-25 years:

There are currently 472 individuals aged 14-25 years on GP LD registers and to date (up until 31.12.21) 281 have received an Annual Health Checks which is 59.5%.



# Appendix 3 – Associated Boards Terms of Reference and Membership


## Health and Wellbeing Together Board

 Health and Wellbeing Together Board ToR.pdf

## Children and Families Together Board

 Children and Families Together Board ToR.pdf

## Emotional Health and Wellbeing Board

 Emotional Health and Wellbeing Board ToR.pdf

## SEND Partnership Board

 SEND Partnership Board ToR.pdf

## Autism Partnership Board

 Autism Partnership Board ToR.pdf


## Health Steering Group

 Health Steering Group ToR.pdf

## Joint Strategic Commissioning Group

 Joint Strategic Commissioning Group ToR.pdf

## Voice 4 Parents Steering

 Voice 4 Parents Steering Group ToR.pdf

## HY5!

 HY5! Youth Forum ToR.pdf

You can get this information in large print, braille,  
audio or in another language by calling 01902 551155

**wolverhampton.gov.uk** 01902 551155

  WolverhamptonToday  Wolverhampton\_Today  @WolvesCouncil

City of Wolverhampton Council, Civic Centre, St. Peter's Square,  
Wolverhampton WV1 1SH



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**28 October 2021**

Emma Bennett  
Director of Children's Services, Wolverhampton  
St Peter's Square  
Wolverhampton  
WV1 1SH

Sally Roberts, Chief Nursing Officer, Clinical Commissioning Group  
Brenda Wile, Local Area Nominated Officer and Deputy Director of Education

Dear Ms Bennett and Ms Roberts

### **Joint area SEND inspection in Wolverhampton**

Between 20 September 2021 and 24 September 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wolverhampton to judge the effectiveness of the area in implementing the disability and special educational needs (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 a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and 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 area, including the area's self-evaluation. Inspectors met with leaders for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

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 (HMCI) has determined that a Written Statement of Action (WSOA) is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the WSOA to 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.

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

## Main findings

- Changes in staffing and the impact of the COVID-19 pandemic have significantly affected how quickly the area has implemented the SEND reforms since 2014. Leaders, many recently appointed, are committed to catching up as soon as possible. It is evident that SEND is now appropriately high on the area's agenda. However, long-standing and embedded weaknesses and systemic failings in implementing the reforms mean that the area's aim of every young person achieving an 'ordinary life' remains some distance off.
- Children in their pre-school years have their additional needs spotted swiftly and have timely access to high-quality support. However, too many older children and young people do not, and their parents and carers told inspectors of having to fight to get their child's needs identified and then waiting too long for their child's needs to be assessed. This causes a great deal of upset for many parents and carers. In addition, these children do not make the progress they should because the support they need is not in place quickly enough.
- The quality and timeliness of education, health and care (EHC) plans are too variable, from very poor in some cases to positive and helpful in others. An annual review backlog contributes to a lack of urgency in identifying additional and changing needs. Parents and carers, school leaders, and special educational needs coordinators (SENCOs) have raised concerns over the lack of detail and individuality in the plans. EHC plans do not accurately reflect the child's developing needs and desired outcomes in life. It will regularly take too long to publish the agreed final EHC plan after it has been updated. A significant number of health and education professionals said that EHC plans often did not reflect their contributions and recommendations.
- Transitions at crucial points in a child's or young person's life are frequently not well planned, nor considered. Leaders say that their work in providing high-quality transitions has been significantly affected by the COVID-19 pandemic. While transitions from early years into statutory school years are well planned, transitions within statutory school age and from school age to post-19 and post-25 are not as positive. Parents' and carers' confidence in the ability of mainstream primary and secondary schools to offer support for their children is low. Too many parents and carers do not take up the voluntary offer of Nursery placements for their two-year-old child. This means that many children with emerging additional needs start early education later than others, putting them at an immediate disadvantage. Equally, a lack of access to employment, supported internships, apprenticeships or independent life opportunities limits effective transitions into life beyond the statutory school years.

- Co-production (a way of working where children and young people, families and those that provide services work together to decide or create a service that works for them all) is not embedded in the area's approach to improving children's and young people's outcomes. During the inspection, health partners demonstrated more co-production at a strategic level than their multi-agency partners, but this pertained to health-specific issues only and not across the board in relation to implementing this core aspect of the SEND reforms. Therefore, co-production is not as widespread as it should be. This means that many families, schools, nurseries, colleges and most importantly, young people do not know how to contribute their views or share their lived experiences. Those children and young people inspectors spoke with or who responded to the surveys are unsure whether anyone hears their voice.
- Joint strategic commissioning is in its infancy but developing. The emotional health and well-being work shows that there is potential across the partnership. There are positive relationships between education, health and social care services. Leaders have identified critical areas for improvement through their accurate self-evaluation. However, systems and protocols for joint strategic commissioning still need to be further developed and consistently implemented.
- Too many families do not know where to turn for support and guidance. Many parents and carers find the online local offer too difficult to use and navigate. Lack of an accessible platform means that many parents and carers cannot access information about the variety of available services. Many children and young people inspectors spoke with have very little awareness of the website.
- Provision for children with SEND in early years is a strength. Here, services overcome initial barriers to learning by combining well to get an accurate identification and assessment of the child's needs. Families feel well supported by advice and guidance from a range of professionals across the partnership.
- Specialist settings provide high-quality provision for children and young people with a range of needs. Leaders in these settings are creative in compensating for weaknesses identified in the area partnership. Parents and carers feel well supported, and young people speak positively about what they are doing and achieving.
- The development of school outreach service three years ago is a significant strength of the local partnership. Mainstream and specialist settings are unequivocally positive about the difference this makes. This service supports 109 of the 110 schools in the area. Leaders talk of the prompt response to concerns raised and the high quality of advice and bespoke support.
- Wolverhampton Impartial Advice and Support Service (WIASS) is a 'lifeline' to many parents, carers, young people and schools. When these stakeholders are aware of this service, they speak of the life-changing effect on the quality of

provision for young people. However, too many families are not yet aware of the service and what it offers.

- The Gem child development unit provides an opportunity for professionals from health and social care to be co-located and work closely together to assess the needs of children and young people in their care.
- The implementation of the healthy child programme across Wolverhampton is helping to identify additional needs at the earliest stages of a child's life. Health visitors support families by acting swiftly to refer children to specialist services that will ultimately assess the child's needs.
- The designated medical officer (DMO), supported by leaders within the CCG, provides clear oversight of services based at the Gem unit and across Wolverhampton in the early identification of need. This ensures that practitioners based at the unit and those using its services remain at the forefront of the early help offer.
- Both the DMO and CCG now need to provide more challenge to hold all multi-agency partners to account, as inspectors did not observe any evidence of this during their review. For example, they did see evidence of health undertaking single-agency co-production, but multi-agency co-production remains in its infancy. More challenge by health to multi-agency partners regarding co-production would strengthen the overall support package available to vulnerable children and young people across the area.
- The emotional, health and well-being board (EHWB) provides ever-increasing support for children's and young people's emotional health and well-being needs across the area. This structure results in support such as, for example, Base 25, the children, young people and family support charity.

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

#### **Strengths**

- In early years, close partnerships between services mean that children with additional needs are identified and assessed quickly. In these cases, the quality of identification is positive and results in effective provision.
- The delivery of the healthy child programme by health visitors helps identify a child's needs at the earliest stages, especially at the two- to two-and-a-half-year developmental stage. It includes, for example, supporting homeless families and those families residing in refugee accommodation. Families agree that this provides them with vital support at a crucial time in their child's life.
- The Gem child development unit provides opportunities for multi-disciplinary professionals to work closely together to identify the needs of children and

young people in their care. Here services from education and health complete joint assessments, complying with the 'tell it once' principle of the reforms. Parents and carers speak positively about being able to access all the different services in the same place.

- School leaders agree that the outreach service provided by specialist settings is making a significant difference to how well they can identify, assess and meet the needs of children and young people. This service provides swift and bespoke support and advice for individual children in a range of settings. Leaders and practitioners speak highly of the quality and accessibility of this support.

### **Areas for development**

- Processes to apply for EHC plan assessments are confusing and not always understood by families. Parents and carers say that this causes unnecessary anxiety and feelings of isolation for their children and themselves. This confusion also slows and limits the effective identification of needs.
- There is currently a backlog of 200 annual reviews that have not been completed or updated within the necessary timescales. Such delays significantly affect provision planning within the area for children and young people with SEND. This ultimately affects children's and young people's outcomes.
- The COVID-19 pandemic has negatively affected waiting times for therapeutic interventions in some specialist therapeutic and Child and Adolescent Mental Health Services (CAMHS). However, aside from this, waiting times remain too long. Families told inspectors that this affects their lives as they are unaware of how to obtain assistance or support for their children while they remain on long waiting lists.
- Transitions within the statutory school years from primary to secondary, secondary to further education and from further education to post-19 and post-25 are not well planned or implemented. Too many parents and carers say that this causes anxiety and has a detrimental effect on their child's education, progress and development.
- Systems to communicate with a range of stakeholders, including parents and carers, are not transparent. Too few parents, carers and professionals are aware of the developments within the area aimed at benefiting children and young people with SEND. Too many parents and carers told inspectors that they do not know how to access essential support and services.
- Area leaders, parents and carers agree that social care support does not get involved early enough in identifying needs. They also agree that this would reduce the need for more formal interventions later in a child's or young person's life. Leaders also recognise that social care contributions to EHC plans are limited and inconsistent.

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

### **Strengths**

- The proportion of good primary schools and specialist settings in the area is higher than the national figure.
- Specialist settings are well equipped to provide high-quality provision for children with a range of needs. Parents, carers and children speak highly of the provision that they receive. They are proud of what these children and young people achieve.
- As a result of long-standing positive relationships between services, co-production in early years is strong. Services work well with parents and carers and settings to achieve positive outcomes for children.
- The children in care (CIC) team has altered its service specifications regarding children and young people placed outside the Wolverhampton area. For example, in some cases, CIC practitioners are supported to travel up to and over 50 miles outside of the area to undertake health assessments, recognising the additional vulnerabilities of this cohort of children and young people.
- WIASS is a valuable source of support to many parents and carers, children, young people and schools. Individual case studies tell of previously isolated parents who have benefited from the help they received from this body. However, awareness of this service is not citywide. This means that too many children, young people and their families do not access the service.
- The emotional health and well-being offer is an emerging strength across the area, although there is more to be done to communicate this to families across Wolverhampton. Multi-agency input at the EHWP helps partners better understand, for example, the impact of the COVID-19 pandemic on children and young people, so that support to meet their needs can be developed and put in place.
- The open referral system across therapies, for example, means that people with parental responsibility can self-refer to a service if they have concerns about their child's development without having to seek help first from other health partners. Consequently, children's needs can be met at the earliest opportunity. However, this is currently hampered by the lengthy waiting times to enter therapeutic interventions across some services.
- During the COVID-19 pandemic, area leaders ensured that risk assessments were completed for all children and young people with EHC plans to minimise risk and reduce barriers to school attendance. Consequently, many children and



young people with EHC plans continued to attend their educational setting throughout periods of national lockdown. Different services, such as schools, nurseries and Voice4Parents, provided food packages, ICT equipment and resource packs to those who could not attend school. Area leaders established a helpline that was staffed throughout the COVID-19 pandemic; this proved a valuable resource for families.

## Areas for development

- As a result of inconsistencies around the EHC plan identification and assessment process, the provision in schools and settings does not always precisely meet the individual needs of the child or young person. Lack of clear expectations in the EHC plan means that barriers, at best, are only partially overcome, and progress is limited.
- Some setting leaders and multi-agency practitioners say that they find 'the hub', the online assessment, and review and recording system for EHC plans easy to access and helpful in updating documents. However, parents and carers find the hub challenging to navigate and complicated to use. Some health professionals explain that it is difficult to access. As a result, many do not use it. Area leaders are in the process of reviewing this platform.
- Parents, carers and young people say that leisure and social opportunities, particularly swimming, are difficult to access within the area. In particular, teenagers with SEND will often find it challenging to know what to do when they are not at school or college. Leaders have started to address this gap in provision. The area provided a programme of activities for children and young people during the recent summer holidays, and some teenagers accessed these activities.
- The COVID-19 pandemic has negatively affected waiting times across several health services, including speech and language therapies (SALT), specialist CAMHS and autism spectrum disorder (ASD) pathways. In some circumstances, families are resorting to obtaining privately funded assessments and diagnoses. However, these diagnostic assessments do not always mirror the National Institute for Health and Care Excellence (NICE) guidance and extend waiting times further while additional NHS assessments are pending.
- Health leaders and professionals recognise that offers of support while children and young people wait to access services are limited or not effectively promoted to parents, carers and families. Parents and carers told inspectors of their frustration at managing their children's difficulties, often unsupported, which can affect their own and their child's mental health.
- There are too few cases of positive co-production at a strategic level. Some parents and carers and school leaders are involved in meetings about

developments in the area. However, the same parents, carers and school leaders are not confident that their contributions are heard or make a difference.

- Many parents and carers do not know about the local offer. Others find it difficult to access information via the online version, and most who have used it do not find it helpful. While some professionals feel that it helps with their work, they agree that it is difficult to navigate. Very few children or young people inspectors spoke to understand the local offer. Area leaders are in the process of reviewing the website.
- Only a few parents and carers access personal budgets. Too many parents say that they do not know about personal budgets or how to access them. Those who do know about the budgets say that the process is over-complicated and confusing.
- The uptake of children and young people accessing short breaks across the area is low. The area does not communicate the current offer effectively to parents and carers. Area leaders are aware of this and have plans to address the shortfall in the provision and how opportunities are shared.
- Despite long-term relationships between services, joint strategic commissioning is in its infancy within the area. Previous examples of joint working, such as the emotional, health and well-being strategy and individual place funding for high needs, are favourable. However, area leaders are still to transfer this success into strategic, formalised agreements. Membership of joint commissioning groups is not well considered and lacks balance between different services. Consequently, priorities for different bodies, such as education or social care, will not be adequately represented in this process.
- Area leaders, young people and their families express their concern about the limited offer for further education. The only significant offer is education in a further education college, which could be in the city or many miles away. There are too few opportunities for supported internships, apprenticeships or employment. Young people and their parents and carers agree that this is a very anxious time, and they have little idea of what the future may hold for them.

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

### **Strengths**

- The number of young people with SEND not in education, employment or training (NEET), at post-16 and post-18, is reducing significantly. Since 2017, the number of young people who are NEET has declined from 40% to 20% currently. This NEET figure is now one of the lowest nationally compared with

other areas. During the same period, the number of young people where education, employment or training is 'not known' dropped from 25% to 8%.

- School leaders speak positively of the support of the inclusion team. As a result of focused interventions from the inclusion team, the number of exclusions has reduced over the last three years: 95% of those previously at risk of permanent exclusion and subsequently referred to the service remain in full-time education. However, this success was during the COVID-19 pandemic, where many children and young people had not attended school for an extended time.
- The number of young people with SEND completing college courses is high and increasing. Currently, 96% of all young people with SEND who start courses within the area complete them successfully. Successful completion of courses implies that the chosen pathway is appropriate to their needs.
- By the end of primary school, pupils with SEND make strong progress in reading and writing.
- Children up to age five who access health care and support are experiencing improved outcomes. Inspectors spoke with parents and carers of children who received help at nursery schools with input from, for example, speech and language practitioners and support workers. They told inspectors that their children's communication and social skills had improved noticeably over a short period at those nurseries.

### **Areas for improvement**

- Leaders have now secured a clear understanding of the relative strengths and weaknesses of local provision for SEND. There are examples of area leaders engaging with services, such as Voice4Parents, to enhance their understanding of the real-life experiences of children, young people and their families. Feedback from Voice4Parents demonstrates confidence in the area's new leadership team to address weaknesses in the local provision. However, more work is needed to engage with a greater range of stakeholders in this process. Leaders are refining processes to ensure that current work across all services is brought together into one strategic plan.
- The number of young people entering supported internships, apprenticeships and/or employment is low. Leaders say that this is because few businesses within the area are willing to offer these opportunities. When school and college leaders have attempted to build these links, they have proven unsuccessful.
- In some cases, the variation in health-care provision between paediatric and adult health services negatively affects improving outcomes for young people transitioning into adulthood. Parents and carers whom inspectors spoke with said that, in the case of ASD, families feel that the support offered to their children declines as they transition, so families feel unsupported and alone.

- Young people often understand what they want to do when they are older, but the pathways to achieve this are unclear. Many young people whom inspectors spoke to have a vision for their lives beyond school or college, but too many say that no one talks to them about what they could do to achieve that vision. Consequently, access to employment, independent living and the 'ordinary life' that the area expects for children and young people is limited.

### **The inspection raises significant concerns about the effectiveness of the area**

The area is required to produce and submit a WSOA to Ofsted that explains how it will tackle the following areas of significant weakness:

- weaknesses in identifying SEND when difficulties emerge for those at primary- and secondary-school ages
- the lack of accuracy in EHC plans and the delays in assessment, writing and review of those plans
- the underdeveloped arrangements for jointly commissioning and providing the services that children and young people with SEND and their families need
- weaknesses in implementing strategically planned co-production at every level when evaluating provision; identifying strengths and weaknesses, and identifying and implementing improvements
- weaknesses in the planning and support of transitions both within statutory school age and from statutory school age to post-19 and post-25
- weaknesses in how the area shares information, including regarding support systems and the local offer.

Yours sincerely

Chris Pollitt  
**Her Majesty's Inspector**

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