

CITY OF  
WOLVERHAMPTON  
COUNCIL

# Children, Young People and Families Scrutiny Panel

6 January 2022

**Time** 6.00 pm      **Public Meeting?** YES      **Type of meeting** Scrutiny  
**Venue** Council Chamber - 4th Floor - Civic Centre

## Membership

**Chair** Cllr Rita Potter (Lab)  
**Vice-chair** Cllr Adam Collinge (Con)

### Labour

Cllr Clare Simm  
Cllr Paul Sweet  
Cllr Qaiser Azeem  
Cllr Chris Burden  
Cllr Val Evans  
Cllr Jaspreet Jaspal  
Cllr Asha Mattu  
Cllr Gillian Wildman

### Conservative

Cllr Wendy Dalton  
Cllr Stephanie Haynes

### Co-opted Members

Wolverhampton Youth Council  
Cyril Randles - Church of England – Lichfield Board of Education Representative

Quorum for this meeting is four Voting Members.

## Information for the Public

If you have any queries about this meeting, please contact the Scrutiny Team:

**Contact** Earl Piggott-Smith  
**Tel/Email** Tel: 01902 551251 or earl.piggott-smith@wolverhampton.gov.uk  
**Address** Scrutiny Office, Civic Centre, 1<sup>st</sup> floor, St Peter's Square,  
Wolverhampton WV1 1RL

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# Agenda

## Part 1 – items open to the press and public

*Item No.*    *Title*

1            **Welcome and Introductions**

[The Chair to welcome everyone to the meeting. The Scrutiny Officer will then read out a list of those invited to the meeting to confirm who is in attendance.]

2            **Meeting procedures to be followed**

[The Chair will explain how the meeting will proceed, how questions are to be asked and any matters of meeting etiquette.]

### MEETING BUSINESS ITEMS

3            **Apologies**

4            **Declarations of interest**

### PRE-DECISION SCRUTINY

[To give pre-decision scrutiny to the report

5            **Local Area Special Education Needs and Disabilities Written Statement of Action (Pages 3 - 52)**

The Panel is asked to note the following:

1. This item is being considered as pre-decision scrutiny and will therefore not be available to call-in once a decision is made by the Executive.

[Brenda Wile, Deputy Director of Education, to present report]

<b>CITY OF WOLVERHAMPTON COUNCIL</b>	<b>Children, Young People and Families Scrutiny Panel 6 January 2022</b>
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<b>Report title</b>	Local Area Special Education Needs and Disabilities Written Statement of Action	
<b>Cabinet member with lead responsibility</b>	Councillor Hardacre Cabinet Member for Education, Skills and Work	
<b>Wards affected</b>	All	
<b>Accountable Director</b>	Emma Bennett	
<b>Originating service</b>	Education (Inclusion and Empowerment/SEND)	
<b>Accountable employee</b>	Brenda Wile	Deputy Director - Education
	Tel	01902 552553
	Email	brenda.wile@wolverhampton.gov.uk
<b>Report to be considered by</b>	CYP Scrutiny Panel	6 January 2022

**Recommendation for action or decision:**

The CYPF Scrutiny panel is recommended to:

1. Review the progress and endorse the approach to co-produce the Written Statement of Action (WSOA) template that is required to be submitted to Ofsted by the 16 February 2022 in response to the outcome of the Joint Inspection of the Local Area Special Educational Needs and Disabilities (SEND) services and provision conducted by Ofsted and the Care Quality Commission (CQC) between 20 and 24 September 2021.
2. Provide feedback on the report as consultees in the development of the WSOA plan.
3. CYPF Panel to agree to receive progress reports on the WSOA as a standing item for future meetings in 2022 and 2023.
4. The CYPF to consider and approve the plan for the panel oversight of the arrangements for reviewing progress.

**Recommendation for noting:**

The CYPF Scrutiny Panel is asked to note:

1. The '6 Focus Areas' which will outline the actions to be taken to address the 'Areas of Significant Weakness' as identified in the Joint area SEND inspection in Wolverhampton report in Appendix 1.

2. Acknowledge that this is a partnership document requiring input from a range of stakeholders following their engagement in the process through focus groups and surveys currently being undertaken to complete the WSOA (Appendix 2).

## **1.0 Background**

- 1.1 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.
- 1.2 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, employees 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.
- 1.3 The report of the findings was published on the 12 November 2021 (Appendix 1).
- 1.4 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.
- 1.5 The WSOA will outline 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 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.

- 1.6 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.
- 1.7 An initial meeting with the DfE was held on the 29 November 2021 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. 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.
- 1.8 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 in April 2022.

## **2.0 Consultation – Coproducing the Written Statement of Action**

- 2.1 The draft WSOA is brought for consultation to the extraordinary meeting of the CYPF Scrutiny Panel on the 6 January 2022 to provide an opportunity for this group to comment on the proposed plan as set out in Appendix 2. It should be acknowledged that the WSOA is in draft form up until the point where it is submitted for approval by the Executive Cabinet on the 19 January 2022 and Full Council on the 26 January 2022.

## **3.0 Implications for Wolverhampton**

- 3.1 The WSOA will outline in detail the actions to be taken by the local area over the next 18 months to improve services and provision for Children, Young People and Families with SEND. This, in turn, will improve outcomes for the city and contribute to the reduction of youth unemployment.

## **4.0 Questions for Scrutiny to consider**

- 4.1 CYP Scrutiny Panel are asked to consider if they accept that the actions outlined in the WSOA are those that will lead to an improvement in SEND services and provision in the Local Area.
- 4.2 CYP Scrutiny Panel will be engaged throughout the delivery of the WSOA following its approval by Ofsted through regular updates provided at each of the scheduled CYP Scrutiny Panel meetings in 2022 and 2023 and to consider if the Panel is satisfied that this oversight, along with the monitoring through the existing governance structures, such as the SEND Partnership Board is sufficient to provide the necessary reassurance.

## **5.0 Financial implications**

- 5.1 At this stage there are no financial implications as the WSOA will be drafted by officers already employed by the Council and the CCG. Some local areas have opted to contract external consultants to undertake this work due to the time-consuming nature of the task however this is not considered necessary for Wolverhampton local area.
- 5.2 As the WSOA plan is delivered there may be a requirement for additional financial support for the procurement of a fit-for-purpose SEND IT system and an automated QA audit programme for EHC plans and annual reviews, in addition to that which may be available through the High Needs Block funding stream. The cost of replacing the overarching IT system has not yet been quantified as various system demonstrations and options are currently being appraised.
- 5.3 The cost of the QA audit programme for EHC plans and annual reviews including licence fees will be £25k per annum

[TS/21122021/Q]

## **6.0 Legal implications**

- 6.1 The WSOA is necessary and in accordance with relevant legislation, under the Children's Act 2014 and Children Act 2004 (Joint Area Reviews) Regulations 2015, following the recent SEND inspection.

[TC/21212021/A]

## **7.0 Equalities implications**

- 7.1 There is not a requirement for the WSOA to have an Equality Impact Assessment however during the development of the plan advice will be sought from the Equality, Diversity and Inclusion service within the local authority. This is particularly important since the purpose of the WSOA is to address weaknesses in provision in the local area for a vulnerable and protected group. These SEND CYP are often disproportionately affected through exclusions and can also be considered as 'hard to place' in respect of school admissions and in other areas of school and wider life opportunities. For this reason there will be additional focus on the monitoring of performance data against all areas for development within the service areas ensuring that where there are gaps there are mitigations to address them.

## **8.0 Climate change and environmental implications**

- 8.1 There are no climate change and environmental implications arising from the recommendation of this report.

## **9.0 Health and Wellbeing Implications**

9.1 There are no health and wellbeing implications arising from the recommendation of this report.

## **10.0 Human resources implications**

10.1 Some local areas have opted to contract external consultants to undertake this work due to the time-consuming nature of the task however this is not considered necessary for Wolverhampton local area.

## **11.0 Corporate landlord implications**

11.1 There are no corporate landlord implications arising from the recommendation of this report.

## **12.0 Covid Implications**

12.1 There are no Covid implications arising from the recommendation of this report.

## **13.0 Schedule of background papers**

13.1 Special Educational Needs and Disabilities in Wolverhampton CYPF Scrutiny Presentation 13 October 2021.

## **14.0 Attachments**

14.1 Appendix 1: Joint area SEND inspection in Wolverhampton

14.2 Appendix 2: Draft Written Statement of Action for Consultation

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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**

<b>Ofsted</b>	<b>Care Quality Commission</b>
James McNeillie, HMI Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Chris Pollitt, HMI, Lead Inspector	Daniel Carrick, CQC Inspector

Wayne Simner, HMI	
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Cc: DfE Department for Education  
Clinical commissioning group  
Director Public Health for the area  
Department of Health and Social Care  
NHS England

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Wolverhampton  
SEND Partnership Board



Joint Area SEND Inspection

in

Wolverhampton

Written Statement of Action

December 2021



Wolverhampton  
SEND Partnership Board

Between 20<sup>th</sup> and 24<sup>th</sup> 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 12<sup>th</sup> November 2021 the inspection report for Wolverhampton was published and 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 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 16<sup>th</sup> February 2022.

These areas of weakness are:

1. weaknesses in identifying SEND when difficulties emerge for those at primary and secondary-school ages
2. the lack of accuracy in EHC (Education Health Care) 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.

The Local Area is committed to improving support, services and provision for children, young adults, parents, and carers in Wolverhampton. We are committed to working in partnership, increasing co-production, and harnessing the expertise within the system; including parents, carers, children, young people, and the staff who work to support them.

We are also committed to ensuring that the parents, carers and the children and young people with SEND themselves are directly and transparently involved in co-producing the services that support them; so that that they receive high quality education, care, and health provision.

We will work across our wider partnership to understand experiences, improve services, and to secure the trust of families. Senior leaders in Wolverhampton will prioritise the delivery of the actions outlined within this statement of action and will ensure robust scrutiny of progress resulting in improved services and making the best use of the resources available for SEND.



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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

In October 2020, Wolverhampton City Council published a revised and co-produced Special Educational Needs and Disability (SEND) Strategy, in partnership with the Black Country and West Birmingham Clinical Commissioning Group and the local Parent Carer Forum, Voice 4 Parents. This was agreed by the SEND Partnership Board and was subject to final sign-off through the governance of the CCG and the Local Authority. The launch of the new strategy coincided with a time of unprecedented challenge for all services, compounded by the Coronavirus pandemic. In September 2021 Wolverhampton was inspected by Ofsted and Care Quality Commission, and although many strengths were recognised as well as good work taking place across services and between services and parents and carers the inspection outcome letter identified some actions that urgently need to be addressed.

The central role that parents and carers have in shaping the experience for their children and young people with SEND is highlighted within the SEND and Inclusion Strategy. The SEND Partnership Board in Wolverhampton is also committed to working with young people and wider communities to raise aspirations and build resilience.

The Ofsted/SEND inspection outcome letter also highlighted a number of strengths within the Local Area, including:

- 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
- Children in their pre-school years have their additional needs spotted swiftly and have timely access to high-quality support
- 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
- Provision for children with SEND in early years is a strength
- 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





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- 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
- Wolverhampton Information, Advice and Support Service (WIAS) is a 'lifeline' to many parents, carers, young people and schools
- 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
- 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

These many identified strengths demonstrate that there are firm foundations and excellent practice on which to build, and there is a clear determination across the SEND partnership to ensure that services, support and provision for children, young people with SEND as well as their families is of the highest standard within the available resources.

### **SEND Improvement Programmes**

Within Wolverhampton there are multi-faceted transformation projects such as the Culture of Inclusion and Culture of Belonging underway, supported by the wider partnership in the local area which aims to transform the SEND system to ensure a better experience for children, young people with SEND and their families as well as the most efficient use of resources.

These programmes provide a platform for improvement, linked to the SEND Strategy. Many of the areas for development that the inspectors highlighted in the Ofsted report are already being addressed through the workstream activity of these projects and were outlined in the local area self-assessment provided to Ofsted prior to the inspection.

## **Section 2 – SEND Dashboard**

Details to be added



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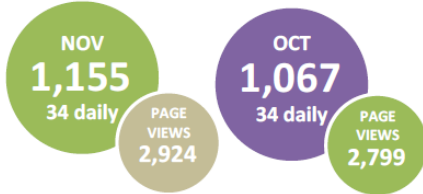
Website Performance

# Local Offer Wolverhampton

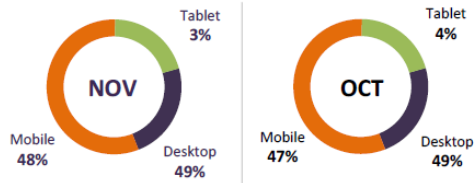
CITY OF  
WOLVERHAMPTON  
COUNCIL

November 2021

## Visits



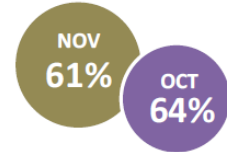
## Desktop vs Mobile



## Session Duration



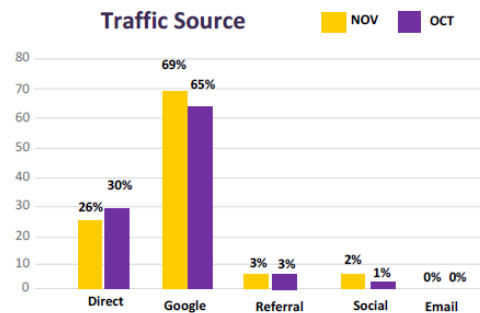
## Bounce Rate



## Top 10 Sections (Page Views)

Rank	Section	Page Views (November)
1.	Landing Page	829
2.	Education, Health and Care Plans	488
3.	Education	186
4.	Childcare	175
5.	Travel	137
6.	Advice & Support	130
7.	Leisure	81
8.	Travel Assistance	77
9.	Homelessness	71
10.	Health	67

## Traffic Source



### Glossary of terms

**Unique Visits** – Number of single visits to the site. **Page Views** – Number of pages viewed during visits. **Session Duration** – Length of a site visit. **Bounce Rate** – Those users who landed on a page and left without any further interaction. **Traffic Source** – How visitors came to the site: **Direct** go straight to the web page; **Social** come via social media; **Google** via search engines, **Referral** from other websites.

Produced by Corporate Communications

## Section 3 – Feedback from our families

### Young People's Feedback 2021



You said ...

Details to be added




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## Families Feedback from the online V4P (Voice 4 Parents) Surveys 2021 (Appendix 4)



245 people  
engaged in the  
Voice4Parents  
Annual Survey



*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 voices for  
parents, once and done approach needed for  
parents/carers. Schools should all have adequate  
sensory/calm bases which is maned by trained staff, also  
shouldn't be such a fight to get help"*

"Thank you"



### You said ...

#### Support

35% of parents and 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 parents and 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 parents and carers feel supported by mental health services  
44% saying they are not supported at all by these services

45% of parents and carers feel they receive some support from health  
19% saying they are not supported at all by health  
23% of parents and 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

#### Parents and 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



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63% would feel more supported if there was a parent carer community support officer and/or group.

### Covid

58% of parents and 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 parents and 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:

25% of parents and 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 parents and carers said it had stayed the same  
27% of parents and carers felt access to social care got worse  
27% said it had stayed the same  
4% said it had got better

### Mental Health

23% of parents and 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

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 parents and 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 parents and carers had felt during the pandemic

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.

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



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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 parents and 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

### Health

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

35% of parents and carers felt that GP were poor

6% of GPs were excellent

20% of paediatricians were excellent

9% being poor

24% parents and carers felt that Occupational therapy was poor

12% told us they are excellent

15% of parents and carers felt that opticians had been excellent at meeting the needs of their child or young person

11% felt they were poor.



### Local Offer

38% of parents and carers said that they had heard of the Local Offer  
59% haven't  
3% were not sure  
27% of parents and 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 parents and 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 parents and 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 parents and 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

### 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

### Access to services

25% of parents and 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 parents and 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



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### Education

52% of parents and 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  
16% were not sure

40% of parents and carers feel they are heard by educational professionals  
38% said they didn't  
17% were not sure

47% of parents and 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 parents and 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

## Section 3 - Purpose of Plan

This Written Statement of Action (WSOA) will provide a framework for addressing the key issues and areas for development identified by Ofsted and the CQC in their inspection of SEND support and services in the local area of Wolverhampton in September 2021. This plan links directly with the revised SEND Strategy (2020-23) which details the required workstreams and actions to support children and young people to achieve the best possible outcomes within the available resources.

The WSOA is a dynamic document that will remain under constant review and therefore change over time as work is progressed. 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

The RAG rating above will be used as part of the monitoring process going forward which will be undertaken by the Wolverhampton SEND Partnership Board.

At the start of the improvement journey some significant issues required immediate action and have either been completed or are underway at the point of submission of this WSOA. Milestone completion dates will be included in the WSOA as the plan is monitored, which will act as a critical measure over the next 18 months.

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 parental satisfaction as the actions are delivered and become embedded.



## **Section 4 – Wolverhampton’s local area response to the six areas of development**

### **AREA FOR DEVELOPMENT ONE**

To better identify SEND when difficulties emerge for those at primary and secondary-school ages.

### **AREA FOR DEVELOPMENT TWO**

To improve the accuracy in EHC plans and reduce delays in assessment, writing and review of those plans.

### **AREA FOR DEVELOPMENT THREE**

To develop and implement a joint commissioning strategy which outlines the arrangements for providing the services that children and young people with SEND and their families’ needs.

### **AREA FOR DEVELOPMENT FOUR**

To eliminate weaknesses in implementing strategically planned co-production at every level when evaluating provision; identifying strengths and weaknesses, and identifying and implementing improvements.

### **AREA FOR DEVELOPMENT FIVE**

To improve the planning and support of transitions both within statutory school age and from statutory school age to post-19 and post-25.

### **AREA FOR DEVELOPMENT SIX**

To develop better practices for the sharing of information, including regarding support systems and the local offer.

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 for development 1								
To better identify 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 to assist all education settings to correctly identify SEND	Principal Educational Psychologist	Graduated approach published	Improved outcomes for children at SEN Support	Education settings able to correctly identify SEND, without relying on label or diagnosis, and enabled to support every child with SEND within their placement implemented.  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		Core group to review examples and agree model/approach Workshops planned for each of the 4 areas of code of practice plus medical/health needs guidance. Core group to identify sections needed for introduction/context - agree who will draft sections. Share draft with core group (including YP and parents/carers) for feedback Plan launch and training offer Work with ICT on website ready version for LO	Feb 2022	
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  Head of Service – Adult Service	All Age Autism Strategy	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'		Review previous strategy Re-establish Autism Board Review updated data Consultation on strategy Launch strategy	Feb 2022	

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 within 18 weeks for new appointments and monitor review appointment delays.	Head of CAMHS Commissioning  Commissioner  CCG			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. This will improve the experience f families which 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.				

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.	Commissioner Head of CAMHS Commissioning			Improved waiting times across several health services, including speech and language therapies (SALT), specialist CAMHS and autism spectrum disorder (ASD) pathways which have been impacted by the effects of the Covid pandemic. This will reduce the number of families resorting to obtaining privately funded assessments and diagnoses. 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.				
1.5 Waiting times to be brought down to within NICE guidance (under 5's and over 5's and adults for ASD)								

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 whilst children and young people are on a waiting list.	Head of CAMHS Commissioning			Improved offers of support while children and young people wait to access services as Health leaders and professionals recognise that currently these 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				
1.7 Contact with families during the diagnostic process during waiting for CAMHS and ASD	Head of CAMHS Commissioning							
1.8 Focus on KPIs to identify families that do not attend 2-2.5 year old health check.	Consultant Public Health	More families taking up 2/2.5 year old health check	Earlier Identification through health checks	More children identified as requiring additional support or provision earlier	Current capacity in Public Health (E)	Updated list of families not engaging in 2/2.5 year old offer regularly updated  Additional opportunities/appointments offered to families.		
<b>Outcomes</b>								
<ul style="list-style-type: none"> <li>• Earlier identification</li> <li>• Improved outcomes</li> <li>• Reduced exclusions</li> <li>• Schools are better connected</li> <li>• Better understanding of how to access pathways and support prior to diagnosis for families</li> <li>• Families feel better supported, empowered and know who to approach</li> </ul>								

**Area for development 2**

**To improve the accuracy in EHC plans and reduce 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 processes from receipt of request for assessment to issue of plans where appropriate	Service Manager – SEND Assessment, Planning & Provision  Business Analyst	Regular update meetings (recorded) to demonstrate progress against KPIs	New ways of working piloted and assessed, where successful for feeding into revised needs assessment and EHC plan process	Improved timeliness and quality of plans  Improved parental and young people satisfaction	Current officer capacity (E)	Workshops for experts to include V4P  Visits to other LAs with best practice  Trial of new processes	April 2021	
2.2 Revised process and pathway developed	Service Manager – SEND Assessment, Planning & Provision  Business Analyst  School SEND Improvement Advisor  Designated Medical Officer  Designated Clinical Officer  Service Manager – Children’s Services	Process and pathway agreed and embedded by all partners (including health, social care, schools, settings, parent/ carers and young people)	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	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	Current officer capacity (E)	Multi-agency workshops held	June 2022	
2.3 Revised EHC plan co-produced, with advice providers, CYP and parent/carers, and implemented	Service Manager – SEND Assessment, Planning & Provision	Evidence of co-production with key stakeholders	EHC plans fit for purpose and easily accessible to all service users and professionals	Improved plans that are accessible and have clear SMART targets leading to improved outcomes for children and young people	Current officer capacity (E)	Workshops with relevant stakeholders and SEND professionals	April 2022	
2.4 Implementation of evaluation process to assess parent/ carer/young person satisfaction and to ensure that there is a feedback mechanism for comments related to the statutory process and the quality of plans	Head of Service – Inclusion and Empowerment	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. Reduction in requests for Mediation and referrals to Tribunal	Improved EHC plans that are clearly co-produced  Parental and young people satisfaction with plans	Current officer capacity	Process in place to be implemented by restructured SENSTART team in place (July 2021)	September 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
2.5 Revised training opportunities for all staff in education, health and social care including online e-learning modules	Service Manager – SEND Assessment, Planning & Provision  Designated Medical Officer  Designated Clinical Officer  Service Manager – Children's Services	Percentage of relevant colleagues who have completed training (including current and any new staff will be 100%)	Better quality support and provision in place including high quality co-produced plans, evidenced by improved stakeholder feedback and satisfaction  Improved advice from professionals incorporated into clear, effective plans	Quality and consistency of plans improved  Timeliness of plans within legislative requirements	Current officer capacity (E)  Training through region (E)	Training to commence from February 2022	September 2022	
2.6 To agree and implement a co-produced QA framework with health, education and social care colleagues including requirements for audit and moderation panels and processes	Service Manager – SEND Assessment, Planning & Provision  Head of Service – Inclusion and Empowerment	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	Improved services, provision and plans acknowledged by stakeholders	Regular cycle of plans audited and moderated with improved quality and consistency across all phases  CSC (and ASC) TMs ensure SW completed SC section and the timeliness and quality of this  Preparation for Adulthood clearly incorporated into plans	QA officer dedicated to SEND services to oversee audit programme (c40k)	2 cycles completed (Sept. 2021)  Reinstate Jan. 2022	March 2022	
2.7 Practice week scheduled to audit EHCPs								
2.8 Develop and implement a 'Continuous Improvement and Learning Programme'	Head of Service – Inclusion and Empowerment	Cycle of feedback and training from QA of plans in place  Bi-yearly 'Learning from Complaints' workshops	Audits of plans	Improved quality and timeliness of plans  Fewer parental complaints  Reduced LGO complaints and Tribunals	Existing officer capacity (E)	Cycle of workshops planned	April 2022	
2.9 Training for plan writers, advice provision and outcomes writing in conjunction with revised and improved systems and processes	Head of Service – Inclusion and Empowerment  Service Manager – SEND	Schedule of training with attendance of officers recorded  Outcomes able to be easily measured with progress towards achievement clearly	Improved, personalised SMARTer outcomes included in EHC plans  Plans more accessible with clear evidence of co-production	Consistent high-quality plans produced in timescale	Existing officer capacity (E)	Training schedule in place (Feb. 2022)	July 2022	

	Assessment, Planning & Provision	able to be evidenced						
Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
2.10 Procurement of preferred IT solution to enable collaborative electronic EHC plan process	Head of Digital and IT	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 IT system processes with issues and mitigations recorded in meeting minutes	Improved processes in place to deliver good quality EHC plans	Efficient and effective SEND IT system	Capital investment in system - £TBC	Completion of procurement exercise, implementation of new system, training completed and system embedded	January 2023	
2.11 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			Health professionals will use the portal once issues with the difficulty in access are resolved.				
2.12 Delivery of a timely annual review process	Head of Service – Inclusion and Empowerment  Service Manager – SEND Assessment, Planning & Provision	Co-produced revised process developed and made available to schools/ colleges, parents and carers  Regular monthly update reports on performance re annual reviews made available to strategic leaders	Annual review process/workflow improved in terms of timeliness, consistency, appropriate professionals attending reviews or submitting a timely report. Improved EHC plans secured through AR process  Improved parental satisfaction with annual review process	Improved outcomes for CYP as a result of effective annual review process feeding into EHC plans  Timeliness of annual reviews in line with Code of Practice	Existing officer capacity (E)	New templates developed and agreed  Revised processes embedded	April 2022	



Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
2.13 Develop a strengths-based approach to EHC plans and Annual Reviews embedding values of inclusion and independence through delivery of the Local Area SEND Strategy	Head of Service – Inclusion and Empowerment	Right support and provision at the right time, for the right children and young people in place	Increasing demand able to be met through available budget and resources  EHC plans will include information on what is working well and encourage families to build upon their unique strengths  Preparation for adulthood starts from an earlier age in the child's journey	SEN support strengthened to meet CYP's SEND needs within mainstream school wherever possible  High quality and timely EHC plans issued for those with highest levels of need	Existing officer capacity (E)	Quarterly improvement visible through monitoring of KPIs within Leadership meetings and through SEND Partnership Board	Ongoing through cycle of continuous improvement	
2.14 Implementation of the DSCO action plan	Service Manager – Children's Services							
2.15 DSCO and WIASS training of Social Care SEND Champions	Head of Service – Inclusion and Empowerment  IASS Officer							
2.16 Highlight good EHCP practice development in CSC Excellence plan	Head of Service, Children & Young people in care							
2.17 Extended role of the virtual school head to include children known to social care								

#### Outcomes

- Education, Health and Care Plans meet the special educational needs of each child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood
- EHC needs assessments and plans establish and record the views, interests and aspirations of the parents and child or young person as well as providing a full description of the child or young person's special educational needs and any health and social care need
- There are clear outcomes within EHC plans based on the child or young person's needs and aspirations and help to prepare them for adulthood
- EHC Plans specify the provision required and how education, health and care services will work together to meet the child or young person's needs and support the achievement of the agreed outcomes
- Person-centred approaches, transparent systems and decision-making processes are used with clear lines of governance involving Education, Health and Care
- EHC plans are effective in identifying and addressing the holistic needs of children and young people
- Statutory SEND processes and decision making are fully compliant with statutory guidance (Code of Practice) and timescales
- Timeliness for all needs assessment requests and EHC Plans, begins to improve immediately
- Needs Assessments and EHC Plans are of good quality; co-produced with parents/ carers and children and young people; person-centred and outcome focused

- Parent and carer confidence and satisfaction in the system is increased through the development of a family centred approach with an identified key worker available to families as they progress through the needs assessment process and the delivery of the plan.
- The Local Offer will perform the function of a one stop shop.

### Area for development 3

To develop and implement a joint commissioning strategy which outlines the arrangements for providing the services that children and young people with SEND and their families' needs.

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
3.1 Co-produce a Joint Commissioning Strategy between Local Authority and CCG	Commissioning Manager  Commissioner	Strategy agreed by governance boards	a) 100% of colleagues aware of the areawide commitment to joint commissioning and their individual responsibilities towards the development and delivery of the strategy b) 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 parental choice and higher levels of satisfaction	To be achieved within existing resources (E)	Approval of Strategy at Strategic Commissioning Steering Group (Nov. 21) Sign off in principle at SEND Partnership Board (Dec. 2021) Full sign off and implementation (Feb. 2022) Development of Joint Strategic Commissioning Tracker from Nov. 2021	Feb 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)  Commissioner  Voices for Parents  Head of Service – Children and young people in care	Plan in place for future commissioning activity linked to identified needs and priorities identified within JSNA	a) Services and provision match need in local area according to local intelligence b) Local offer clearly outlines services and provision available including how these can be accessed c) 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	SEND Local Offer and Communications Lead Officer (to be appointed) circa £40k (A)	a) Review of existing services commissioned (April 2022) b) Identify opportunities for joint commissioning of services, both existing and new, to meet local need (September 2022) c) Develop and implement plan for new and recommissioning services (January 2023) d) Updated information available re services on Local Offer (March 2023)	March 2023	
3.3 Identify all budgets that are allocated to services that could be jointly commissioned	Finance Manager  Senior Commissioning Officer  Commissioner  Head of Service – Children and Young People in Care	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 (Jan. 2022)  Appointment of new resource (Dec. 2022)  Embedded system for funding in place across the partnership	Sept. 2022	
3.4 Establish a format and schedule for monitoring contracts ensuring	Senior Commissioning Officer	Multi agency QA group established	Regular reporting to SEND Partnership Board	Improved outcomes for CYP	Multi-team officers (E)	QA monitoring group established (Sept. 2021)	September 2022	

compliance and outcomes for CYP are achieved.	Head of Service – Inclusion and Empowerment  Commissioner  Head of Service – Children and Young People in Care			KPI's monitored and challenged regularly  Best value evidenced		Finalised QA framework agreed (Feb. 2022)  Data and information available (Nov. 2021)  Process embedded (April 2022)		
Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
3.5 EPP to be included within joint commissioning strategy								
3.6 Consistent and appropriate attendance across all partners at joint strategic commissioning Board	Head of Service – Children and Young People in Care							
3.7 Public health to Encourage take up of terrific for twos placements for children with SEND	Consultant in Public Health							
Outcomes								
<ul style="list-style-type: none"> <li>To better meet children and young people's Special Educational Needs/ Disabilities through an agreed understanding of population level of need and the implementation of a joint commissioning strategic plan</li> <li>Joint commissioning activity delivered through the above plan enables the procurement of services that meet needs and provides good value for money, whilst using available resources efficiently</li> <li>Children and Young People's needs are assessed and met in a timely and purposeful manner, with health, education and social care needs identified at the earliest point and appropriate support put in place (right support, right time)</li> <li>There are clearly defined roles and responsibilities to address the health needs of CYP with special educational needs</li> <li>There is a clear, consistent and equitable outcome-based universal, targeted and specialist-level offer for children and young people with SEND</li> <li>Families are well informed about available services and provision and know how to access this support. This is reflected in service user feedback</li> </ul>								

**Area for development 4**

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

<b>Actions for implementation</b>	<b>Lead Officer</b>	<b>Evidence</b>	<b>Accountability measures</b>	<b>Intended outcome/Impact</b>	<b>Resources (Additional – A) (Existing – E)</b>	<b>Key Milestones</b>	<b>Completion date</b>	<b>Progress</b>
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					Award settings with #YES Co-Production Charter Status.	July 2021	
4.2 System introduced to ensure that all children are heard and feel included through engagement and participation	Participation Officer					Attend provisions and share the opportunities for Children and Young people with SEND Establish a SEND Youth Forum Develop links to SPB to deliver HY5! Priority plan Open Co-production Hub	Jan 2022	
4.3 Develop process to embed wider co-production with parents/carers	Co-production and Youth Engagement Manager					Recruitment of Parent Participation Officer Parents to attend decision making groups	Dec 2021	
4.4 Procurement of accessible communication tools to assist co-production	Co-production and Youth Engagement Manager					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	Jan 2022	
4.5 Include celebrations of co-production within communication plan including recognition of individuals involved.	Communications Manager						Jul 2022	
4.6 WIASS Advisory Board and Hi 5 to develop and deliver 'Total Respect Programme' to provide insight for professionals around their experiences	Participation Officer	Target audience/number of CSC staff undertaking this training.	CSCLT to monitor and drive this.				Mar 2022	
4.7 Provide support for workforce development in schools and to professionals around co-production and engagement with children and families.	Head of Organisational Development					Training with health and changing our lives to understand what co-production is and isn't	Jun 2022	
4.8 Extend co-production charter to include parents/carers and relaunch	Co-production and Youth Engagement Manager			Parents/Carers are confident to			Feb 2022	

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
4.9 Co-production event held with CYP, Families and professional and relaunch of co-production charter	Deputy Director, Education  Voices for Parents  Designated Medical Officer						April 2022	
4.10 Lived experience from CYP and Families shared at all SPB Meetings	Voices for Parents  Co-production and Youth Engagement Manager							
4.11 WIASS and mediation will be available to support families when disagreements occur.	Information, Advice and Support Services Manager			There are resolutions agreed earlier to reduce LGO referrals and tribunals				
4.12 Public Health teams to engage with special schools to deliver Thrive approach.								
<b>Outcomes agreed</b>								
<ul style="list-style-type: none"> <li>Genuine collaborative working and co-design with parents, ensuring they are fully included at a strategic level.</li> </ul>								

**Area for development 5**

**To improve 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  Head of Service, Children and Young people in Care					Process to including the development/role of Multi-agency Transition Forum		
5.2 Join regional 'Preparing for adulthood' Meeting	Head of Service, Children and Young People in Care							
5.3 At key transition points Connexions will provide IAG through the EHC/annual review process	Lead Practitioner NEET				Additional Connexions PA for SEND (additional)			
5.4 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.	Connexions Personal Advisor							
5.5 Year 9 SEND will be supported by connexions to produce 'Getting Ready - Preparing for Adulthood'	Lead Practitioner NEET							
5.6 Year 11 and Post-16 SEND young people will be supported to co-produce a career pathway plan with Connexions	Lead Practitioner NEET				Dedicated college PA with SEND experience (E)			
5.7 Regular up to date data provided by Prospect Services	Lead Practitioner NEET							

Actions for implementation	Lead Officer	Evidence	Accountability measures	Intended outcome/Impact	Resources (Additional – A) (Existing – E)	Key Milestones	Completion date	Progress
5.8 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			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.				
5.9 Improve the number of LD health checks and action plans.	Commissioner			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 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.				
5.10 Ensure preparing for adulthood health outcomes are included in health advice from the earliest stage.	Designated Medical Officer Designated Clinical Officer							
5.11 Public Health recruitment of a SEND Development Lead	Consultant Public Health			Improved working across teams and schools.				

#### Outcomes

- Preparation for adulthood from the earliest years is embedded
- Effective planning and support available for robust transition at all stages.
- Reduction in SEND NEETs through more proactive engagement with Connexions.

Area for development 6								
To develop better practices for the sharing of 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 Develop clear process to ensure Local Offer content is relevant and refreshed	Co-production and Youth Engagement Manager						Jan 2022	
6.2 Review suitability of current Local Offer platform taking into account that the customers journey should be paramount.	SEND Support Officer  Digital Experience Officer						Nov 2021	
6.3 Develop Local Offer Service Specification with young people families and providers.	Co-production and Youth Engagement Manager						Nov 2021	
6.4 Recruitment of Local Offer Development Officer	Service Manager – SEND Assessment Planning and Provision						Jan 2022	
6.5 Arrange workshop with HY5, V4P, and Advisory Board to co-design branding for LO.	Co-production and Youth Engagement Manager						Feb 2022	
6.6 Redevelop the Local Offer and migrate to new platform	Head of Service – Inclusion and Empowerment			The Local Offer, through co-production with children, young people, families meets the needs of users.		Co-production of content to be included Development of site with Big Blue Door User testing of test site Launch Awareness raising		
6.7 Develop communication strategy including Blogs/Vlogs, signposting, parent meet parents' area. Webinars, talking heads about the process.	Communications Manager  Communications and campaigns executive			Awareness of where to find information and support.			May 2022	
6.8 Connexions will provide IAG through Local Offer on all options available to young people with SEND.	Lead Practitioner NEET							
6.9 Signposting to WIASS and Local Offer								



6.10 Local Offer live event								
6.11 Sharing of information with SENCOs to help them signpost families	School SEND Improvement Advisor							
6.12 Complaints will be used as an opportunity for learning and development across the local area.	Co-production and Youth Engagement Manager							
<b>Actions for implementation</b>	<b>Lead Officer</b>	<b>Evidence</b>	<b>Accountability measures</b>	<b>Intended outcome/Impact</b>	<b>Resources (Additional – A) (Existing – E)</b>	<b>Key Milestones</b>	<b>Completion date</b>	<b>Progress</b>
6.13 Roll out of parent health chat blog	Consultant Public Health							

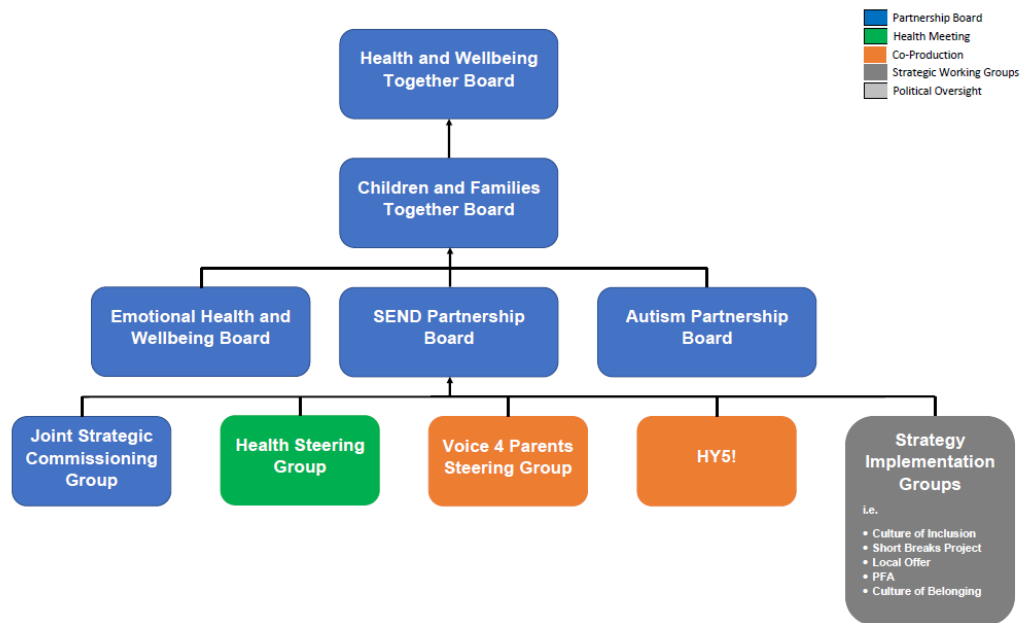
**Outcomes**

- Families are aware of where to find information and support
- Develop and launch approved Local Offer which is easily accessible and negotiable for all.
- Local Offer is regularly updated
- Co-produced Local Offer.
- Consistent and updated Local Offer in place.
- To make it a visually exciting, inviting and engaging website.
- The Local Offer will perform the function of a one stop shop.
- The ‘tell it once’ approach will be adopted and embedded across all services.

## Section 5 – Local Area Monitoring Arrangements and Governance

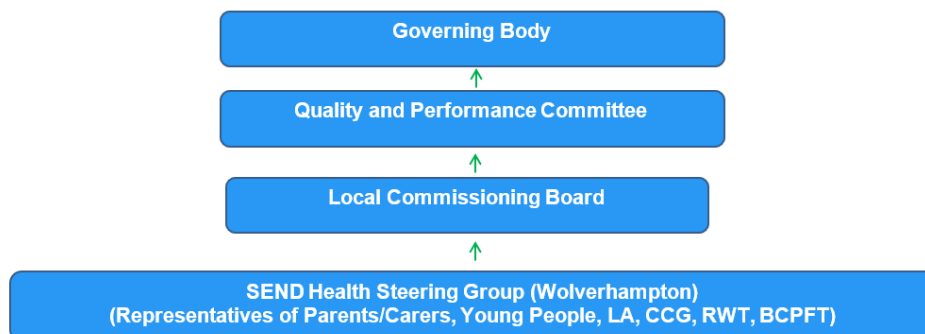
The SEND Partnership Board provides the governance structure and strategic oversight of the implementation of the Written Statement of Action.

SEND Partnership Board Governance Structure



Healthier place  
Healthier people  
Healthier futures

SEND Reporting Structure



Appendix 1 of this Written Statement of Action details the actions that the local area will be monitoring to assess performance over time such as:

- ❖ compliance with statutory timescales in issuing Education, Health and Care plans, and ensuring consistency in the quality of plans as well as timely

- completion of well-planned and well-executed annual reviews
- ❖ the actions that will be taken to develop and implement a Joint Commissioning Strategy specifically relate to supporting children and young people with SEND
  - ❖ Local Offer, Communications and Information Sharing
  - ❖ Identification and Assessment of Need for children and young people in their primary and secondary phases of education
  - ❖ Transitions 0 – 19, including improvements in Preparation for Adulthood across the partnership
  - ❖ Co-production – a clearer understanding of what this means, how it will be embedded, strategically and operationally

**Appendix 2** provides the schedule of meetings that have taken place to co-produce this Written Statement of Action following the publication of the SEND inspection letter received in October 2021. Some of these meetings have taken place virtually due to the revised operating model as a result of lessons learned and best practice initially developed during Covid-19 which can be a more efficient way of working.

**Appendix 3** provides the weblink to the [SEND Strategy \(2020 – 2023\)](#) which sets out the vision for the local area, the key priorities and the actions required to improve services, support and provision for children and young people with SEND (and their families) in Wolverhampton

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