Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.go.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk

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 EHWB 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

Ofsted	**Care Quality Commission**
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	

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