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Mrs Sally Rowe  
Executive Director of Children's Services, Walsall  
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Sarah Shingler, Chief Nursing Officer, Clinical Commissioning Group  
Anne Birch, local area nominated officer

Dear Mrs Rowe

### **Joint local area SEND inspection in Walsall**

Between 4 February 2019 and 8 February 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Walsall 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.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, 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 is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

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

## Main findings

- School exclusions for children and young people with SEND are far too high. Overall, nearly half of all fixed-term exclusions are of children and young people with SEND. In primary schools, children and young people with SEND account for nearly three quarters of all exclusions. In addition, there is a rising trend in the numbers of children and young people who are missing from education, some for protracted periods of time.
- Overall, outcomes for children and young people with SEND across all key stages have been low for several years. More recently, there are some signs of improvement; for example, initiatives to support the development of language and communication are having a positive impact on children's language development. However, overall outcomes are not good enough.
- The historical period of turbulence and change within the local area has had a negative impact on current services for children and young people with SEND. Leaders in Walsall have not ensured that they are carrying out all their statutory duties, as set out in the code of practice (2014). Now, following a recently commissioned audit, leaders have begun to identify the strengths and weaknesses in the local area, enabling them to understand what needs to be done to improve provision for children and young people with SEND. It is disappointing that the audit failed to include the views of children and young people, and a wider audience beyond the parent carer forum (PCF). Their contributions should be at the heart of the work. Progress in implementing improvements has been further hampered by the lack of accountability. This is because the local area has not yet established a clear structure of accountability and governance across the partnership. As a result, children, young people and their families continue to be let down by Walsall.
- Practitioners and parents repeatedly talk about poor communication in the local area, and a 'them and us' culture. Despite local area staff feeling that 'joined-up' working has improved recently, the current adversarial relationship between leaders, schools and parents is not helping to develop positive working partnerships.
- There is a real sense of the emotional toll that the poor communication and arrangements are taking on children and young people and their families. Throughout the course of the inspection, parents consistently expressed their anger and frustration about poor communication in the local area, and the quality of provision they and their children receive. They spoke eloquently about the impact of their experiences on their families; having to give up employment to 'fight' for their children, and how this has an impact on their mental health and well-being. 'It takes over your life, and we'll never be the same people we were', were commonly expressed feelings.
- The recently developed 'inclusion strategy', informed by the currently draft joint strategic needs assessment document, demonstrates leaders' commitment to improving provision and outcomes for children and young people with SEND.

However, communication about the strategy is poor. There is little evidence to show how the strategy has been co-produced in a meaningful way and parents and practitioners have little awareness of its existence.

- The recently-formed Strategic Education Inclusion Board lacks purpose. Action planning is weak and the board is not being held to account sufficiently well. There is no evidence that the board has any representation from health and care leaders, or from parents and carers.
- Leaders are not using information about the local area well enough to inform their priorities for improvement. They have rich sources of information, such as their dynamic risk register, mediation, tribunal information and complaints, but do not analyse these well enough. As a result, joint commissioning is not established, and the local area is not using information available to them well enough to inform their priorities for further development.
- The quality of education, health and care (EHC) plans is poor. Leaders have been more focused on meeting prescribed timelines rather than ensuring that the plans accurately reflect children and young people's needs and desired outcomes. Consequently, children and young people are not receiving the right support at the right time. In addition, too many children and young people have not had their plans reviewed for over a year, and for some, at least two years.
- Some parents, however, are appreciative of the support their children receive at school. This is especially so in specialist provisions. Views about provision in mainstream schools is more mixed. Parents report that their children do not always get the support that is identified in their EHC plans. As a result, children and young people's needs may not be being met.
- The local offer is not fit for purpose. Most parents were not aware of it, and those who were, found it of little or no use.
- There is little evidence of co-production (a way of working where children and young people, families and those that provide services work together to create a decision or a service which works for them all). One young person captured the frustrations of many, saying, 'I am a pawn in their game; they (education, health and care) push me from square to square based on money, resources and time...this is how it feels to be in the SEN system...'
- The area's impartial information and advice service for parents, IASS(SEND), is not fit for purpose. It does not operate independently of the local area and lacks the capacity to provide the support parents need. Leaders recognise that the service does not meet the requirements of the code of practice and have begun taking steps to remedy this.
- The 'schools causing concern protocol', which began in September 2018, is now enabling leaders to monitor the performance of all schools in the borough based on performance information, exclusions, attendance and other local intelligence. As this has only recently been established, it is too early to see the impact of this work.

- The Team Around the Child Panel provides an effective joined-up, multi-agency approach to early identification and support for children in the early years with complex needs.
- Children and young people are benefiting from effective services provided by health visiting, children's community nursing and school nursing.
- The designated medical officer is new in post and the clinical commissioning group is committed to increase the capacity of this role and review ways of working.

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

#### **Strengths**

- Effective arrangements are in place to contact families with children under five who come to live in Walsall. Health visitors are notified of children transferring into the local area and offer either an appointment in a clinic or a home visit. This is helping to identify children's emerging or existing health needs and offer support.
- School nurses have an increased presence in schools and support families with any health needs during transition. Children and young people and their parents can access individual support or attend targeted workshops focusing on themes such as building self-esteem, anger management or SEND-specific programmes. The service is providing access to specialist dentists who work with children and young people with autism.
- Children who enter early years settings with additional or complex needs are supported well. Close liaison between early years practitioners and health visitors, and the sharing of the 'red book', help to identify any emerging needs.
- There is some evidence of a robust screening and assessment of young people's learning needs on entry to mainstream and further education settings.
- Schools report that the good-quality speech and language provision they have commissioned, over and above the core service, is making a positive difference to children's communication and language development. A language screening assessment and accompanying programmes have been made freely available to schools, resulting in identification of those children who may need additional help. However, this is not currently being used by all schools, so some children may not be having their language and communication needs accurately identified and assessed.
- The speech and language therapy service is delivering a range of training to schools. They report that the development of the selective mutism training is a response to information gathered from the local area, which identified that this type of need was not being met as effectively. Parents told inspectors that

engagement in the selective mutism pathway has helped to improve their children's confidence, self-esteem and communication.

- The school nursing service knows which children and young people are electively home educated. They ensure that families can opt in to the available support, should they require it. The service makes available additional support for those children and young people with an identified health or safeguarding need.
- Children looked after receive timely initial health assessments. The children looked after health team monitor closely those children and young people placed out of area. They ensure that assessments are of a good quality. In some cases, however, the service does not use information from the 'strengths and difficulties' questionnaire to inform their assessments well enough.
- The proportion of decisions to assess for an EHC plan made within the required six-week timescale is improving.

### **Areas for development**

- Some parents are unaware that they have a right to request an assessment of their child's EHC needs. This is further exacerbated by parents' and practitioners' perceptions that decisions to assess are based primarily on a child's academic ability. Information from the local area suggests that it is becoming increasingly difficult to access assessments for an EHC plan; the proportion of requests for assessment for an EHC plan that have been subsequently refused has doubled in the last two years. A similar pattern is evident for assessments which resulted in no plan being issued.
- The progress that the autism working group is making in effecting change is slow. Planned initiatives lose momentum because they rely on support from leaders at a more senior level. Currently, there is no direct input into the group by commissioners or senior leaders.
- Children and young people and their families are being let down by the quality of the EHC plans they receive. In the rush to convert statements of SEN to EHC plans within the required timescale, information has repeatedly been 'cut and pasted', even when it is out of date, or is inaccurate. Health and care professionals are not consistently invited to contribute to children and young people's EHC plans. On the occasions when they do, information is often not included in the final plan. Inspectors found recurring examples of plans that did not refer to children and young people's health and care needs even when they had a clearly identified need; for example, for children looked after or those with complex medical needs.
- All schools are able to seek advice and guidance from their link educational psychologist (EP) and have the option to purchase additional support. However, as only 50% of all schools currently sign up to this service, it is possible that children and young people's special educational needs are not being identified. EP

reports can vary in quality and some schools report having to buy in their own EP assessments to provide the requisite evidence required.

- The current unwieldy paper-based EHC plan system has had a negative impact on the production of plans within the required timescale. While the proportion of assessments being completed within 20 weeks is increasing, it is still well below the national average.
- The local area does not check whether schools are recording pupils' special educational needs accurately on the schools census. As a result, the information that the local area holds about categories of need may not reflect children and young people's actual needs in the borough.
- Children and young people with EHC plans are not identified within the health visiting and school nursing caseloads, and copies of plans are not provided. As a result, health workers are often unaware of the other professionals who may be working with a family, as well as being able to understand the wider needs of the child or young person. Within the child and adolescent mental health services (CAMHS), there is no overview of the quality of contributions to EHC plan assessments as requests are sent to individual practitioners.
- Walsall Healthcare NHS Trust's combination of paper-based and electronic systems result in practitioners being unable to access a single health record. This does not support the 'tell it once' approach. Also, it can mean that practitioners are not working from the most up-to-date and comprehensive records to help inform their identification and assessment of children and young people's needs.
- While there is an effective multi-disciplinary feeding service which supports children with dysphagia and sensory feeding issues, practitioners and health visiting services do not liaise to provide consistent advice. This results in parents receiving mixed messages about feeding through the baby-led weaning workshops.
- Most children and young people who are referred to CAMHS are seen within 22 weeks of the date of referral. However, increasing demand on the service has seen waiting times lengthen over the last few months, and an increase in referrals is likely to mean that these waiting times will extend further. The service recognises that there is still work to do to ensure that children and young people can access and transfer between emotional health and well-being services, such as 'Positive Steps' and the school nursing workshops at the right time.
- Leaders have not made sufficient progress in training staff to deliver 'improving access to psychological therapies' (IAPT). The limited availability of IAPT support is likely to put the CAMHS service under additional pressure.
- Waiting times for children and young people who have a learning disability as well as mental health needs are too long. Currently, 30 children and young people are waiting to access this service. Those whose cases are treated as less urgent may have to wait for a year before they are seen.
- Transition into adult mental health services for young people needs to improve

further. Practitioners are currently having to work creatively to mitigate the effect of historically commissioned services which only provided support for children and young people up to the age of 17 years.

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

### **Strengths**

- The local area's PCF, known as 'FACE Walsall', reports that relationships are improving with leaders in the local area. More health representatives and officers are now attending PCF workshops. The PCF recently co-produced the SEND transport review, which led to 'one school, one provider' transport arrangements. As a result of this work, parents and schools report that transport services have improved.
- Some parents report that they have received positive support from social care for their specific family circumstances. The family fund is highly valued by parents, who appreciate being able to access short breaks and equipment to support their children and family.
- Early Help, provided through the area's locality model is improving families' access to support, as well as signposting families to other sources of help which are matched to their needs.
- Parents and practitioners value the timely support that children and young people with a visual impairment receive in the local area. Where appropriate, children and young people can access specialist resources quickly, such as texts in braille.
- Youth justice professionals liaise with educational psychologists to make sure that any youth offenders' special educational needs can be identified, assessed and met. They use information about young people's reading ages to better understand where individuals may need additional support to access and understand information they have been given.
- Children referred to the community nursing team benefit from a rapid and comprehensive health assessment to ensure that their identified needs are being met. The team liaises well with local hospitals so that unnecessary admissions can be avoided. Health passports are used effectively to share information about a child, should they need to be admitted to hospital.
- Wide-ranging core health support through speech and language, occupational therapy and physiotherapy services are available to meet the needs of children and young people in Walsall. Most children, young people and their families are supported through workshops for specialist assessment and advice, before being offered more direct work. The positive impact of these workshops is being seen; for example, 21% of children who attended a sensory workshop did not require further intervention. Speech and language clinics have now been made available on Saturdays to meet the needs of working families and reduce waiting times.

- Physiotherapists report that the targeted use of high needs funding is leading to an increasing number of children and young people with a disability being supported successfully to access education.
- Children under five with the most complex needs are supported well by the multi-disciplinary team and key workers at the child development unit. The unit provides a range of workshops to parents and practitioners, giving them the necessary skills to support children at home or in their education setting. The team provides good support for transition from early years to school settings.
- Summer transition schemes, run by some school settings, are supporting children and young people well. These schemes make a positive difference to those who experience difficulties with change.
- Children and young people who require urgent support from CAMHS are able to access same day appointments. Children and young people who do not meet the criteria for CAMHS are transferred into the most appropriate service via the 'Friday panel'.
- The local area's creation of a dynamic risk register is enabling staff to identify children and young people who require individualised packages of support. The ICAMHS team is providing effective support, which reduces the need for in-patient specialist mental health admissions for children and young people.

### **Areas for development**

- Recent improvements in the SENCo forum and school-to-school support are enabling schools to share good practice and engage in training in SEND. However, leaders were not able to identify any impact beyond improved relationships and working partnerships. In addition, secondary schools are not well engaged in the forum.
- Parents expressed their concerns about training for school staff, such as the lack of training to support children and young people with a diagnosis of autism. For example, they say that the subtler symptoms of some children and young people's educational needs, such as their responses to anxiety, are not understood well enough by staff. As a result, staff may respond to these behaviours inappropriately. Parents say that their children are sometimes excluded because staff do not understand the child or young person's needs well enough.
- Parents and practitioners share a sense of frustration in the lack of support for children and young people with autism. Following a diagnosis of autism spectrum disorder, there is no further support available in the local area for children and young people. This is further compounded by the integrated behaviour support service's criteria, which do not allow them to support a child or young person who has received a diagnosis of autism spectrum disorder. Young people report that there are few groups, particularly for those with high levels of anxiety or autism, to help them meet new people in unfamiliar places.

- The information in children and young people's EHC plans about their special educational needs is seldom up to date. Too often, plans are not amended even after changes in needs have been identified through the child or young person's annual review. As a result, schools do not have an accurate picture of a child or young person's needs. The local area has acknowledged that currently, 33 children and young people have not had an annual review of their statement or plan for over a year. Of these, seven children and young people have not had an annual review for at least two years. This is unacceptable.
- The poor timeliness of completion of annual reviews and updating of plans has a direct negative impact on the support a child or young person receives. Some schools do not receive the additional support they need quickly enough, in order for them to meet a child or young person's changing needs. Others may accept a child or young person into a setting without up-to-date information. As a result, they cannot ensure that the right provision is in place, which can lead to the breakdown of a placement.
- Parents report a lack of understanding and support when engaging in the EHC assessment and review process. Usually, they experience a process devoid of face-to-face contact, mostly carried out through forms and letters. This does not support a child-centred approach. Some parents are also receiving inaccurate advice and information about the EHC process for older young people.
- The perception of both a lack of specialist teachers and a reluctance to undertake dyslexia assessments and to provide appropriate advice, may mean that pupils with specific learning difficulties are not having their needs identified or subsequently met.
- There is a lack of clarity about funding available to schools to support children and young people with SEND, and children looked after. In some cases, there appears to be an inequity in funding received. Resource bases report a 'flat rate' of funding for children, regardless of the complexity of their needs which may have an impact on the support children receive.
- Post-16 transfers are not good enough. Inspectors found evidence that young people arrive at settings without either up-to-date EHC plans, or the setting named on the plan. In some instances, settings have not been aware that young people have special educational needs until they carry out their own assessments. In one post-16 setting, several young people had not been through the statutory consultation process to determine whether the setting could meet their needs.
- The area's local offer is not fit for purpose. Some information which must be included in the local offer is either missing or has not yet been written, such as the local area's accessibility strategy. The offer, published on the council's website, is difficult to navigate. It does not provide sufficient information for children, young people and their families to make informed choices about provision and services in the local area. Parents, practitioners and children and young people alike found it to be of little or no use.
- The support that children and young people receive is often dependent on

practitioners' knowledge of what is available in the local area. For example, there is confusion in different settings about what support is available for pupils with a hearing impairment. There is also a reported reluctance by the local area to fund note takers for young people who communicate using British Sign Language. Deaf students, now assigned note takers by their setting, reported that the previous absence of the right support has held back their attainment.

- The number of appeals to tribunal is rising. Mediation cases have doubled since 2017. While there are indications that mediation is making a difference for some parents, figures indicate that most parents are bypassing mediation.
- Short breaks do not appear to be meeting families' needs. Commissioners have not co-produced the short breaks offer with the local community to inform their decision-making. While a range of short break activities are provided for children and young people of statutory school age, few are provided for under-fives and young adults.
- Children and young people are waiting too long for care agencies to assess and provide equipment in the home to support daily living activities, leading to an inconsistent approach to care.

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

### **Strengths**

- The local area has recently improved the take up of free education to two-year-olds in the borough. Figures are now broadly in line with the national average, which means that children who may have an unidentified special educational need are more likely to be noticed.
- Young people have been involved in the delivery of training to schools on the subject of autism spectrum disorder. This first-hand experience is helping practitioners to improve their understanding of autism.
- Parents of children in the early years told inspectors that they had benefited from the inclusion grant, which provided equipment and additional support. As a result, they said that their children were making progress towards their developmental milestones.
- The virtual school commissions additional education, outside school hours, to support children looked after. This is helping to improve their outcomes.
- Case studies shared by the local area illustrate the positive difference independent travel training is making to young people, enabling them to access the local community and live more independently. However, leaders were unable to provide any additional evidence about how many young people are given the opportunity for travel training, and the overall rates of success of the scheme. Settings report that travel training is only available to those young people known

to social care. This will restrict access to a service for many young people who would otherwise benefit from it.

- CAMHS practitioners are evaluating the impact of their work with children and young people. However, the trust's information technology systems do not support the collection of information at a team or service level. As a result, leaders are not able to evidence the wider impact of the service's work or identify areas for development.

### **Areas for development**

- Outcomes for children and young people with SEND, across all key stages and including those in post-16 provision, are weak. Some improvements have been seen most recently in the proportion of children with SEND achieving a good level of development at the end of their reception year and achieving the expected level in phonics by the end of Year 1. Despite this, figures remain stubbornly below national averages.
- Key stage 1 outcomes in reading, writing and mathematics for pupils with SEND who do not have an EHC plan show no signs of improvement. For similar groups of pupils at key stage 2, there is some improvement, particularly in mathematics, but the gap with national averages remains too wide.
- In key stage 4, progress and attainment outcomes for pupils with SEND have improved slightly but still lag behind national averages.
- The local area relies on DfE-published data for post-16 outcomes so does not have up-to-date information for young people with SEND. However, information from 2017 shows a further decline in the proportion of young people without an EHC plan gaining level two and level three qualifications. Figures are well below the national averages.
- Exclusions in Walsall are much higher for children and young people with SEND than for other pupils. While pupils with SEND make up only 13% of the total school population, in 2017/18, nearly half of all exclusions were of pupils with SEND. Furthermore, nearly three quarters of primary-aged pupils who were excluded had special educational needs. In the same period, there were 81 permanent exclusions across the primary and secondary school phases. Almost half of these were pupils with SEND, and most of permanent exclusions in the primary phase were of pupils with SEND.
- Primary-aged pupils told inspectors that fixed-term exclusions do not help them to manage anger and disruptive behaviour. They say that support from trusted adults that teaches them strategies to understand and manage their behaviour has a greater impact.
- The local area has recognised that exclusions need to reduce as a matter of urgency and have recently presented their transformation plan to the schools forum, with a roll-out date of September 2019.

- Some children, including those on part-time timetables, are deemed to be missing from education for lengthy periods of time. Currently, the average length of time that a 'missing from education' case is open for is a whole year, and is slightly longer for pupils with SEND. There are currently 209 children and young people in the local area missing from education and numbers are increasing year on year.
- The number of children and young people who are electively home educated is on a rising trend and is currently at an all-time high of 260. The main reasons given are parental desire or lack of satisfaction with the school system. Nearly a quarter of these children and young people have SEND.
- The local area does not gather outcomes information for pupils in alternative provision (AP) across the borough beyond that which is available in the local area's pupil referral unit provision. As a result, they do not know whether the provision is meeting children and young people's needs. They have planned to carry out a review of AP across the borough but this work has not started.
- The proportion of children and young people with SEND who are not in education, employment or training is a mixed picture. For those without an EHC plan, there are signs of improvement and figures are lower than the national average. However, the proportion of children and young people with an EHC plan who are not in education, employment or training is higher than the national average.
- The 'endless possibilities' apprenticeship scheme is providing limited opportunities for young people with SEND to improve their access to employment. The scheme is not yet achieving its aim to address the underrepresentation of young people with SEND in employment. Only 6% of participants have a disability and only 5% are under 25 years of age.
- There has been no evaluation of the impact on outcomes of the apprenticeship diversity champion network and the pre-apprenticeship support scheme for care leavers and young people with SEND.

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

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

- the lack of a meaningful partnership and co-production with children and young people, parents, carers, schools and services, which has meant that the code of practice has not been effectively implemented over time
- the poor-quality EHC plans, which do not accurately reflect children's and young people's special educational needs, and do not adhere to the statutory timescales for completion
- the poor outcomes for children and young people with SEND

- the lack of post-diagnostic support for children and young people with an autism spectrum disorder
- the high and disproportionate numbers of fixed-term and permanent exclusions of children and young people with SEND
- the lack of appropriate provision and support, which has led to significant numbers of children and young people missing from education
- the failure to ensure an impartial information, advice and support service for parents in the local area
- the poor quality of the local offer, which does not meet the requirements of the code of practice
- the weak arrangements for joint commissioning, which do not consider information about the local area well enough.

Yours sincerely

Deb Jenkins  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
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cc: DfE Department for Education  
 Clinical commissioning group(s)  
 Director Public Health for the local area  
 Department of Health  
 NHS England