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Gareth Robinson, Director of Delivery and Transformation and Executive Lead for SEND,
Shropshire Telford and Wrekin
David Shaw, Local Area Nominated Officer, Shropshire

Dear Tanya and Gareth

Joint area SEND revisit in Shropshire

Between 21 and 23 November 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Shropshire to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 25 March 2020.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, His Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 19 November 2020.

The area has made sufficient progress in addressing three of the significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing three significant weaknesses. This letter outlines our findings from the revisit.

The inspection was led by one of His Majesty's Inspectors from Ofsted 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, and local authority and National Health Service (NHS) officers. Inspectors also spoke to school leaders, the parent carer forum (Parent and Carer Council (PACC)) and Shropshire's Information Advice and Support Services. Inspectors looked at a range of information about the performance of the area in addressing the six significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation. Inspectors also reviewed a sample of education, health and care (EHC) plans. They considered the responses to the parents' and carers' surveys, the emails received from parents and documentation sent 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 have been adapted as a result.

Main findings

At the initial inspection, inspectors found the following:

Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services.

There have been significant changes in the area's strategic leadership, particularly over the last 12 months. The management of change has been extremely challenging, including dealing with financial pressures, staff turnover and the COVID-19 pandemic. Despite these challenges, the strategic leadership has strengthened considerably.

The creation of new roles which better meet the area's strategic needs have further strengthened leadership. For example, there is now a designated social care officer who has the oversight of children and young people with SEND. PACC reports that its involvement at a strategic level has increased and has largely been welcomed by all parties. The corporate commitment to children and young people with SEND is now embedded. The strong strategic leadership is successfully beginning to improve the provision, across education, health and social care, for children and young people with SEND in Shropshire.

Leaders have begun to use a SEND data dashboard. There have been some challenges with data collection, data-sharing and gathering meaningful data to inform and evaluate leaders' commissioning. This includes data around children and young people's lived experiences. Leaders are working through these challenges and have prioritised the strategic use of data to inform the commissioning of services. They have begun to use data from a variety of sources to inform and measure the impact of a small number of commissioned services. However, they do not use the available data routinely to commission services. This means that leaders do not

consistently benchmark to set levels of expected service and measure the impact of the service.

The area has made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

The lack of inclusion of health services' input into the area's SEND action plan.

The strategic leadership has a much improved and integrated oversight of the provision for children and young people with SEND across the local area. Across education, health and social care, there is a much greater clarity of roles and responsibilities. Leaders work in partnership and have a keen focus on children and young people with SEND. For example, health and education leaders secured joint funding for the implementation of the Talk Boost programme across early years settings and primary schools. However, health leaders acknowledge that there is still work to do around the governance of the recently developed Integrated Care System. In addition, PACC's involvement in co-production across education, health and care varies, particularly within health. Some organisations within health have successfully developed a co-production approach. However, in others, PACC's involvement remains more of a collaborative experience.

Leaders updated the SEND action plan in September 2022 to reflect the current improvement priorities. The plan is based on accurate self-evaluation by the strategic leaders. All strategic partners, including PACC, contributed to the area's SEND action plan. The development of the SEND strategy is also a key example of how all partners, including health partners, work together to plan improvement in the provision for children and young people with SEND in Shropshire.

All partners are committed to the area's vision. While many strategic plans are at a very early stage of implementation, they are the right plans and provide a secure base on which to build on the emerging improvements thus far. The pace of change and improvements made by the strategic leadership team have particularly accelerated over the last 12 months. For example, the number of school exclusions and suspensions has decreased significantly.

The area has made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

Significant wait times for large numbers of children and young people on the ASD and ADHD diagnostic pathways.

Leaders acknowledge that there is still much work to do to address the significant diagnostic pathway wait times. Parents and carers told inspectors that there is a lack of clarity in how to access the service. Many parents report that they 'get bounced around the system'. Communication between services and parents is variable.

Parents and school leaders, rightly, have significant concerns about the referral processes into the neurodevelopmental pathways. Many children and young people mask their difficulties in school. As a result, some schools are not referring these children and young people into the assessment pathways. This places some families, whose children do not present their difficulties in school, under extreme pressure as they do not have a way into the assessment pathway.

Some groups of children in the under-five age group, and those who have recently been referred to the service, report more positive experiences. For example, the service has improved its communication with families, who report that access to the pathway is clear and appropriate. However, this is not the experience for the majority of families. Many families expressed their frustration with the experience of trying to get an assessment and the adverse impact the experience was having on their family's well-being. The challenges of accessing neurodevelopment pathways place unacceptable pressures on families.

Children and young people waiting for an assessment do not receive consistent communication or support. This means that they do not know what to expect in terms of the service and timescales for assessment. On many occasions, this has led to a deterioration in the child and young person's mental health.

Although there have been temporary reductions in waiting times with a time-limited increase in resources, this reduction cannot be sustained given the rise in demand and the current resources available.

The area has not made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

Significant waiting times for those needing assessment and treatment from the speech and language therapy service.

Long waiting times for speech and language assessments and treatment remain. The service has introduced several new ways of working to support parents, carers, practitioners and children and young people while they wait for an assessment. This includes triage using recently developed specific and specialist pathways to refer children and young people. This means that children and young people are prioritised according to their level of need. An advice line has been introduced for parents, carers and practitioners. School staff report that they are supported by the speech and language therapy service with the recent changes. Parents report a positive experience when their child is seen by a therapist, but many parents say that they had to wait too long to be seen or were discharged too early.

The service has seen a large increase in demand and in the complexity of children and young people's needs. It is unable to meet this demand with the current resources. It has recently introduced an intervention programme in education settings to train school staff. However, it is too early to see an impact on children and young people's speech, language and communication. Although these new ways

of working are supporting children and young people to have their needs identified in a timelier way, some of the additional staffing is time limited and will cease in a few months.

The area has not made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

Inconsistency in the quality of input from education, health and care into EHC assessment and planning.

Leaders have not identified and addressed the poor quality of many EHC plans. They have not established an effective quality assurance process to review the quality of the plans. Individual services review the quality of their sections of the plans without considering the plan as a whole. While there is an audit tool in place, it is not used consistently by education, health and social care professionals. Individual services have different thresholds for measuring whether their input to the plan is adequate or not. Leaders have not ensured that regular audits of plans have been carried out. The occasional 'dip sampling' by different services has been inadequate and has not identified the significant weaknesses in the quality of EHC plans. This means that children and young people too often do not receive the right support to meet their identified needs.

The SEN team has faced significant challenges since the last inspection. This includes a very high turnover of staff, recruitment issues, lack of expertise and lack of effective leadership. However, over the last six months, the team's leadership and staffing structure has stabilised. Strong leadership has ensured that the team's roles and responsibilities are clear. Restructuring caseworkers' work plans in order to cover specific geographical areas has enabled caseworkers to develop a better understanding of the children and young people and their EHC plans. This means that the team is functioning more efficiently.

However, the work to improve the SEN team and panel is very recent and children and young people, parents, carers and school leaders can see little or no impact of the improvements made at a strategic level. Many children and young people's EHC plans are not fit for purpose; they do not describe the child or young person's needs accurately, do not set out clear outcomes and do not identify the right support that the child or young person needs. Furthermore, far too many plans are not updated, amended or issued within statutory timescales. This is unacceptable. It causes stress and frustration for children and young people, their families and school leaders. Most importantly, it means that too many children and young people with SEND do not receive the right support to help them achieve the outcomes of which they are capable, to enable them to prepare successfully for adulthood.

The area has not made sufficient progress to improve this area of significant weakness.

At the initial inspection, inspectors found the following:

The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Leaders' actions to address the high rate of exclusions and suspensions for children and young people with SEND across Shropshire have been successful. They have led to a significant number of exclusions being prevented since the last inspection. In addition to this, a high number of children and young people with SEND have received support and interventions to help them engage more positively in school before they reach the point of exclusion or suspension.

Leaders have focused on developing a more inclusive culture for children and young people with SEND across Shropshire's mainstream schools. To achieve this, they have increased the range of support to schools to enable them to better support children and young people who are at risk of permanent exclusion or those who have been suspended on multiple occasions. For example, access workers facilitate multi-agency meetings with schools to review any child or young person who is at risk of permanent exclusion. Inclusion caseworkers also facilitate pupil planning meetings to support children and young people to remain in mainstream settings. When school leaders take the decision to permanently exclude a child or young person, area leaders work with school staff to ensure that the exclusion is lawful and that there is an appropriate provision in place to support the child or young person if the exclusion proceeds.

Across Shropshire, there is a range of specialist provisions to support children and young people with SEND who have been excluded or suspended from school. For example, the tuition, medical and behaviour support service (TMBSS) provides short term support for children and young people while an appropriate educational placement is sought to meet their needs. Leaders have worked with schools to increase the provision to support children and young people who find mainstream education challenging. This includes the development of 'hubs' in 10 schools. The Keystone Academy, which opened in September 2022, also provides children and young people with social, emotional and mental health needs and difficulties, including neurodivergent needs, with a specialist educational provision. Leaders, rightly, are continuing to explore wider opportunities to increase and broaden the specialist provision across Shropshire. This is especially important given the large geographical area of the county. This demonstrates their commitment to ensuring that all children and young people with SEND can successfully access full-time education.

The majority of schools work closely with the area's inclusion team. This has led to a decrease in the number of exclusions and suspensions and more children and young people remaining in mainstream education. Area leaders have identified where further challenge and support is needed to ensure that all schools are fully inclusive. They provide these schools with appropriate challenge and support to ensure that their vision of a fully inclusive culture is embedded across Shropshire.

The area has made sufficient progress to improve this area of significant weakness.

The area has made sufficient progress in addressing three of the six significant weaknesses identified at the initial inspection. As not all the significant weaknesses have improved, it is for DfE and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Ann Pritchard
His Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook Regional Director	Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services
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cc: Department for Education
Clinical commissioning group
Director of Public Health for the area
Department of Health
NHS England