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Dear Mr Shaw and Mr Whitehouse

Ofsted and CQC visit to Shropshire local area partnership

Following the Ofsted and Care Quality Commission (CQC) joint visit to Shropshire local area, I write on behalf of His Majesty's Chief Inspector of Education, Children's Services and Skills and the Chief Inspector of Primary Medical Services and Integrated Care of CQC to summarise the visit's findings. Thank you for the time you made available to participate in this thematic visit on the special educational needs and/or disabilities (SEND) local offer.

Ofsted carried out this visit under a section 118(2) request from the Department for Education. The CQC provided assistance to Ofsted under paragraph 9(1) of schedule 4 to the Health and Social Care Act 2008.

The visit was carried out as part of a thematic review, the outcome of which will be aggregated into a national report to support whole-system improvement. This national report will be published on Ofsted's website. It was not a graded inspection.

Thank you for contributing valuable information. During the visit, we spoke to local area leaders, children and young people with SEND, their families, and the education, health and care professionals who work with them. We examined relevant documents and visited a sample of settings.

Context

The purpose of this series of visits is to aggregate insights about how local area partnerships develop and review the SEND local offer, to learn from existing practice and to identify opportunities for improvement.

You can find more information about how inspectors carried out the visit at [Thematic reviews of the SEND local offer](#).

How the local area partnership understands the needs of children and young people with SEND in their local area:

You told us about your governance and accountability structures. You reported these structures ensure that you use the right data to inform the partnership strategy for commissioning local offer services. For example, we learned about the work you have been doing to reduce waiting times for services for children with neurodevelopmental needs and those needing support from speech and language therapy services. The strategy includes speech and language therapy support while waiting for services and the 'Kids' autism support service. However, some parents and carers told us that the intended impact of these service developments are still to be communicated to parents and carers and experienced positively by families.

You also reported your shared ambition for children and young people, including those with SEND, to be supported effectively across Shropshire. You told us about your commitment to all children and young people in Shropshire to develop an inclusive local offer of services across the large rural county. We heard how you maintain strategic oversight of the local offer and how you are continually seeking to develop and strengthen it so that geographical or socio-economic barriers do not prevent children and young people from getting the support they need. We heard how leaders from education, health and care use a shared data dashboard, which paired with the joint strategic needs analysis (JSNA), is enabling them to commission appropriate services to meet the needs of children and young people with SEND. We were told that there is a clear focus on early intervention and prevention. We heard that the JSNA is robust, well informed and co-produced with commissioners, the ICB and parent carer forum (PCF). However, we heard from some parents and carers that this strategic work is yet to be felt fully by them or their children.

Staff reported to us that while the local offer is equitable to all, geographical and other barriers, including disadvantage and SEND, create difficulties for some families when accessing local offer services. You told us how you are using data to target specific areas of social care need in Shropshire. For example, supporting children and young people with SEND and their families that are at increased risk of not being able to access the primary social care offer effectively. To meet this specific local need, you told us about the development of 'mini family hubs' that attach to established family hubs and target resources in specific rural areas.

We learned about your approaches to understand the needs of children and young people with SEND in Shropshire. We learned that you changed your approaches to identify and meet needs in the local area more effectively. For example, there is now face-to-face half-termly meetings with school leaders, regular newsletters and a SEND roundtable for schools to feedback to the partnership and share ideas about

possible local offer improvements. We learned that the partnership uses a systematic approach when introducing new initiatives in order to establish improved initiatives steadily. School leaders told us that they trust the partnership's approach to take time to get things right. For example, developments in the local offer such as outreach support which has been implemented to strengthen inclusion in schools and improvements in alternative provision (AP) quality assurance.

You told us about the rural nature of the local area. Its geography and access to specialist provision present ongoing barriers to services and support for some children and young people, including those with SEND. For example, long travel times to special schools sometimes place a burden on children, young people and their families. You acknowledge that while satellite specialist education provision is being further developed, children and young people with profound or highly complex SEND may still require increasingly specialist education, or independent specialist education, because local school settings do not meet their needs or special schools are too distant from where they live.

We were told that while parent and carer engagement feedback systems exist, some minority voices may not be fully heard, as feedback routes rely heavily on surveys managed through schools and the PCF. These include electronic surveys requiring digital access. Nonetheless, we heard that local partners work together purposefully to engage families and are committed to improving equity in the local offer.

The local area partnership's strategic oversight and delivery of services outlined in the Local Offer:

Health leaders reported that their teams are well embedded in the local offer and the network of services that support children and young people with SEND. They told us about numerous workstreams and working groups. These are multi-agency and enable a range of local services to work together. Similarly, we were told that social care partners understand the local offer well. It was reported that there are a range of clear and well-established social care support mechanisms that help children, young people and their families to better understand and access the local offer. Social care leaders and their teams spoke openly where services and support can further improve. For example, they reported their ambition to improve the reach of social care services. As a result, leaders told us that they are working to improve the visibility and access to the local offer for families supported by social care.

Education professionals told us that there has been a notable improvement in local offer services. For example, they spoke highly of clearer pathways of support than previously available. Schools receive regular information about the local offer through fortnightly partnership newsletters. They actively use this information to signpost families to services and support. In addition, school leaders cascade this information to school staff to raise awareness and keep them updated of services and support available locally. We also heard that Education Quality Advisors (EQAs) monitor the quality of provision in schools for pupils with SEND and those attending

AP. Schools reported that quality assurance for local authority commissioned AP services lies with the local authority unless schools commission AP themselves. As a result, EQAs have delivered training to schools in how to effectively quality assure AP that schools commission to improve the suitability of the placement.

We heard that post-16 providers, such as further education (FE) and skills, value the local offer. FE and skills providers that spoke to inspectors reported that the local offer is clear and accessible. In addition, the local offer website is well used by FE and skills staff. However, they believe that the local offer website is not fully young person friendly, although there is an active aspiration to make it more engaging and informative. Professionals from FE and skills providers access a broad range of local offer services to support young people, including educational psychology and speech and language therapy. FE and skills leaders spoke highly of staff training provided through the local offer, such as that to support emotional based school avoidance. They believe that training such as this has further strengthened their inclusive practice. We heard that partnership commissioning arrangements allow swift access to targeted support for learners with high needs. This enables support for young people with high needs, as well as young people with needs but without an education, health and care (EHC) plan.

Schools told us that staff training and outreach services outlined in the local offer are valued. The local offer has a comprehensive programme of free training for the schools' workforce on a range of SEND, and also local SEND processes, delivered in school settings. We heard that outreach training and support delivered by neurodiversity specialist practitioners, occupational therapists and EQAs is responsive and focused on preventing children and young people experiencing crisis and school exclusion. Similarly, child and adolescent mental health services (CAMHS) support, when in place, is highly valued and reported by schools to make a difference to children and young people. However, in some services, we heard waiting times for therapies and limited staff capacity, negatively impact timely intervention.

We heard about the challenges and the actions you are taking to strengthen the local offer. You acknowledge that there are some gaps in wider system coordination. For example, in health support when social prescribing services withdraw support and the child or young person seeks re-engagement as their circumstances change. Health professionals told us about the numerous ways they share information about local offer services. This includes through the local offer website, health service specific websites, health roadshows, SEND drop ins, health visitors, school nursing drop ins and through advice lines.

We were told that information sharing across services relies heavily on professional relationships rather than integrated systems across education, health and social care. Professionals told us that information is often shared informally by email rather than through more coordinated document transfer methods. You acknowledge that this creates potential risks for consistency, missed information sharing and timeliness.

How parents, carers, children and young people are involved in developing the Local Offer:

We were told that the partnership sends surveys to parents and carers to gather their views about the local offer and to inform the partnership about families' understanding of services and the support available to them. However, some stakeholders, such as schools, do not know the outcome of the partnership's survey findings. We were also told about how the partnership attempts to gather parent's and carer's views and feedback in other ways. For example, the EHC plan annual review template includes a feedback form. However, again, schools report that they do not know the outcome of this feedback.

We learned that parents' and carers' engagement with the local offer increases through social media, rather than through the local offer website. Repeatedly when speaking to stakeholders, including partnership leaders, we heard that professionals have identified that families want to be part of communities of support, including when online, and the local offer website does not offer a sense of community through a static website. As a result, we heard that some parents and carers frequently turn to social media for support and advice. We heard that the partnership has recognised parents and carers changing methods to access to information and support and are exploring ways to use social media to better capture parents and carers engagement and promote services.

We heard the voices and experiences of parents and carers via the PCF, called the Parent and Carer Council (PACC). PACC told us that co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) is evident strategically, however they report that there could be more opportunities for children and young people to engage in co-production within the local offer. PACC reinforced the partnership's view of the need to strengthen co-production with children and young people. We heard that while children and young people give their views on individual services, for example, providing input into the redesign of the CAMHS website, their views could be utilised more effectively, both strategically and operationally, across the local offer.

Young people with SEND attending FE and skills providers told us that they had given feedback about local offer services via surveys when attending school. They spoke to us about completing a local annual survey. However, the young people that spoke to inspectors highlighted that the surveys that they had completed were largely about the school-based provision they received prior to placements in FE and skills providers. They reported that they have not provided feedback about their post-16 experience and post-16 services.

We learned about developments in the local offer to support inclusion that were informed by the experiences of children, young people and their families. For example, the outreach service called 'Outshine Project' was co-produced with

professionals and children and families. School leaders told inspectors that this service gels available support together across the local offer. Though it is in its infancy, stakeholders spoke highly of the project bringing partnership commissioned support together across education, health and social care services. School leaders emphasised that it is more streamlined than the previous methods of accessing support in the local offer, where services were commissioned separately by schools.

The experiences and outcomes of children and young people with SEND and their families when accessing services in their local area:

During the visit, we were told by parents and carers that they are able to access a wide range of open-access services without their child needing a formal diagnosis. They are also able to receive training and advice, including through online workshops, without this being a condition of further support. We were told that communication between education providers, EHC plan caseworkers and social care professionals has strengthened over time, with regular information sharing and joint reviews of support. We heard about impactful improvements in the local offer over time. For example, we learned about services now provided as part of the local offer, such as the aforementioned 'Outshine Project', coordinating local offer services to support children and young people to overcome barriers to their education and improve their attendance at school.

Within education, we heard about the wide range services and support available to parents, carers and professionals through the local offer. However, professionals highlighted that new services are sometimes launched without sufficient referral guidance or training. In addition, professionals supporting parents and carers emphasised that the wide range of support available through the local offer website can be overwhelming and, at times, difficult to navigate or search. They told inspectors that changes in service names can cause further confusion and frustration. For example, West Midlands Autism Support is now called 'Kids'. We were told that signposting to services often relies on professionals or parents already knowing what to look for due to complex professional language and the use of many acronyms. In addition, professionals highlighted that parents and carers need a lot of help to understand and access the local offer. For example, during self-referral to some services, parents and carers are required to fill in large electronic forms, sometimes using their mobile devices, while using professional language to describe their child or young person's needs, which they find difficult. We also heard routes into support for under-5s are difficult, with schools unable to refer directly to child development centres and local GP services redirecting concerns about young children back to schools. This creates delays and frustrates parents, carers and professionals at the earliest stages of supporting need.

We were told that post-16 provision is less well served by the local offer. Some of the local offer services and support do not extend into FE and skills or sixth form provision. As a result, young people with needs, but no EHC plan, can find it harder to access support through the local offer. We also heard about gaps in AP that the local offer has not provided for. For example, we were told that there is limited

provision for pupils with emotionally based school avoidance needs or those children and young people needing support to re-engage with education.

Within social care, you told us about services that prioritise children and young people's needs and experiences. Social care professionals told us that they have a detailed knowledge of the local offer and that this translates into bespoke support packages for children, young people and their families. It was reported that this support is helping children and young people to progress and improve their life experiences. We were told by professionals supporting children and young people with SEND and their families how children's social care aim for children, young people and their families to live their best lives in Shropshire through individualised support and care packages through the local offer.

In health, we learned of the range of health services and support for children and young people with SEND. These span universal, targeted and specialist offers. When speaking to inspectors, professionals across these services demonstrated thoughtfulness and compassion for children and young people. We heard of service delivery that responds to children and young people's changing needs, for example the strengthened pathways of support for children and young people with eating needs and the work to ensure that children and young people with complex medical needs are well supported equitably, wherever they live in Shropshire.

We heard that health leaders have established plans aimed at reducing waiting times for some health services. We learned that oversight and governance of this remains steadfast. For example, we were told of leaders' actions to identify where recovery plans need to be reviewed and further strengthened. In particular, the waiting times for diagnosis of neurodevelopmental need. Health practitioners and leaders told inspectors of the local services and resources available to families that provide support while children and young people wait for support. However, they acknowledge that there is more to do to communicate the local offer of health support during waiting periods to children, young people and their families.

Next steps

We will use the information we have gathered when writing the national report that sets out our findings.

Yours sincerely

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