

WALSALL SEND LOCAL AREA – ACCELERATED PROGRESS PLAN

October 2022 (Version 1.0)

This Accelerated Progress Plan sets out how the Walsall Local Area is going to achieve improvement over the next 12 months against the two areas of concern that Ofsted and CQC found had not made sufficient progress at the SEND re-inspection in June 2022.

It was approved by the Department for Education on 18th October 2022



FACE Walsall Parent Carer Forum
- Families and Carers Empowered -



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Walsall Council



Black Country
Integrated Care Board

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1. Overview

- 1.1. In June 2019, Walsall SEND Local Area was inspected by Ofsted and CQC. The inspection found that there were nine areas of significant concerns about the quality of SEND services in Walsall and the Local Area was directed to develop and implement a Written Statement of Action outlining how services in the specified areas of concern would be improved.
- 1.2. In June 2022, Ofsted announced that Walsall’s re-inspection would take place. Following the re-inspection, Walsall was found to have made sufficient progress against seven of the nine areas of concern. For the remaining two areas of concern where sufficient progress has not been made, the Local Area has been directed to produce an Accelerated Progress Plan (APP) which will be overseen by the Department for Education (DfE) and NHS England.
- 1.3. The Improvement Plan and Risk Register set out the key actions that will be taken to achieve the required outcomes in the two areas of concern over the next 12 months.
- 1.4. This document sets out why we did not achieve sufficient progress and how actions and aims of the APP will be achieved through key areas of oversight.

2. Supporting Statement for the Accelerated Progress Plan

- 2.1. The detail of the factors accounting for insufficient progress and how we are addressing or intend to address these are set out below. The relevant actions from the improvement plan for each point are shown in brackets.

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.

- 2.2. At the time of the re-inspection, while timeliness of EHC assessments had improved, it remained below national averages and despite an initial successful clearing of the backlog of assessments, there were a significant number of assessments that remained in progress that were over the 20-week threshold. Inspectors noted that EHC plan assessments, annual reviews, and updates to EHC plans are delayed and that EHC plans do not routinely capture the child or young person’s voice.

- 2.3. We recognised ourselves, prior to re-inspection, that despite the majority of actions set out in the WSoA being completed, that the new processes that were developed did not go far enough in ensuring that the assessment process provided sufficient opportunity for parents, carers, children, and young people to contribute to the development of their plans.
- 2.4. In addition, despite the initial clearing of the backlog of assessments, we had not been robust enough in reviewing existing processes and implementing revised processes or understanding the root causes of delay in progressing assessments, both within the EHC assessment team and in relation to contributions from partners in making requests for assessments or providing advices. (APP 1.2.2 - 1.2.4)
- 2.5. We have had a high turnover of staff, including in management positions, and vacancies which forced us to rely on agency workers for a significant number of posts. This meant that it was difficult to establish stability and robust training. (APP 1.1.1 – 1.1.6)
- 2.6. By the time of inspection, we had begun to stabilise the team. New and experienced leadership had been appointed, both within the Local Authority and within health services via a Designated Clinical Officer (DCO) and more positions within the EHC team were being filled by permanent staff. The new Head of SEND, along with the DCO, had developed a robust vision and recovery plan for the implementation of EHC processes which would put parents, carers, children, and young people at the heart of assessment and planning and had begun to make sustainable changes to processes and engage more robustly with SENCOS and health and social care partners to improve the quality of advices. They had also started to implement quality assurance processes. (APP 1.2.1 – 1.2.8) While the inspection team recognised this progress, it had not yet had time to have a measurable impact on the timeliness and quality of EHC plans, hence it was determined that sufficient progress had not been achieved.
- 2.7. Since the inspection we have continued to implement the recovery plan and have already made significant progress against a number of actions outlined in our APP Improvement plan including the development of new plan templates with parents and carers (APP 1.3.1), the developing and dissemination of training and updated process guides to staff (APP 1.2.6, APP 1.3.2 and APP 1.3.3) and the implementation of the family link officer model (APP 1.1.1), The staffing of the EHC team also continues to become more stable.

The poor quality of the local offer, which does not meet the requirements of the code of practice

- 2.8. Throughout the period of the WSoA implementation we took several steps to improve the look, feel and content of the local offer. This included moving the offer to a new platform, consulting with parents and carers on the look, feel and usability of the local offer and sharing examples of other local offers to understand what they liked and didn't like so this could be fed into our redesign and updated a significant amount of the information within the Local Offer.
- 2.9. However, despite the work that was done, we recognised that there were still significant gaps in the information and that further work was needed on the design and navigability of the local offer to improve its usability. This is being addressed through continual review of the content and a corporate programme to implement a new web platform (APP 2.2.1 – 2.2.3).
- 2.10. In addition, we recognise that we were slow to identify sufficient resource to give enough focus to developing the local offer and failed to develop and implement a robust communication plan. This led to the inspection team determining that we had not made sufficient progress in this area.
- 2.11. We now have robust plans in place to improve the Local Offer. The Corporate transformation of the web platform is underway which will support developments (APP 2.2.1). and a Local Offer Co-

ordinator has been appointed on a permanent basis to lead and continue this work. They are in the process of establishing a Local Offer Steering Group, with members from the PCF, SENDIASS, Schools, the Local Authority and Health partners which will take development forward on an ongoing, sustainable basis, beyond the implementation of the APP. They are also already regularly attending parents’ groups and events to publicise the local offer and seek feedback (APP 2.1.1 – 2.1.5).

3. Governance and Accountability

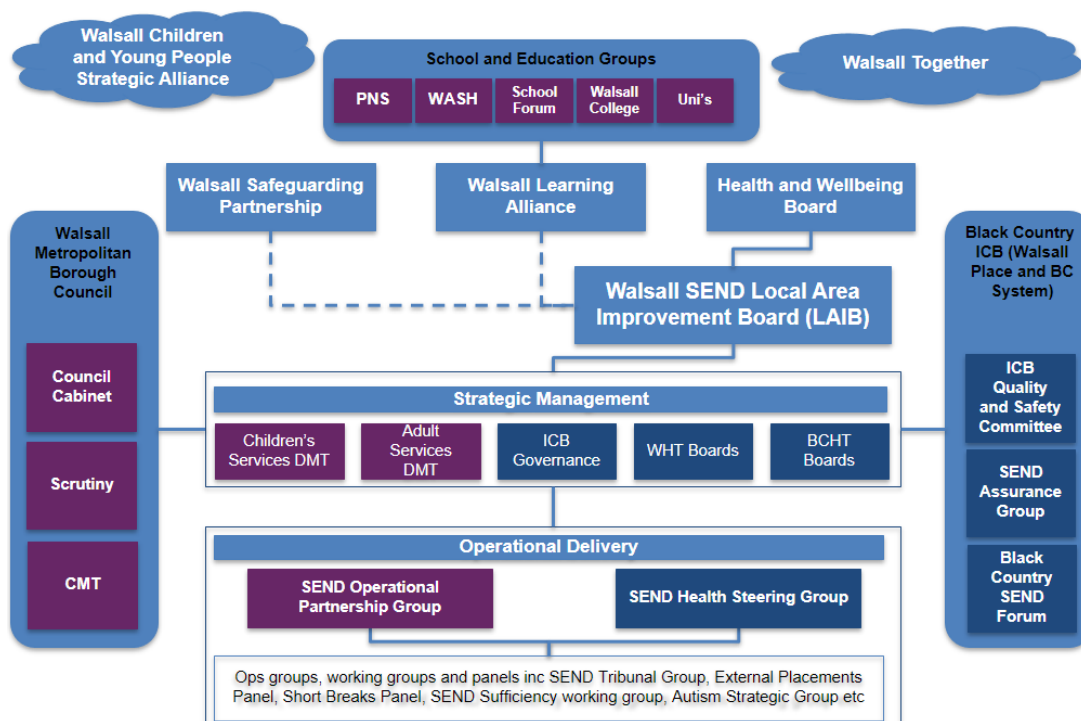
3.1. The Local Area Improvement Board (LAIB) will continue to lead on and monitor the ongoing development and delivery of SEND improvement plans, including the APP, across the Local Area. The LAIB has direct accountability to the Health and Wellbeing Board and ‘dotted line’ accountability to the Walsall Learning Alliance and will also be influenced strategically by the Walsall Children and Young People Alliance and Walsall Together. The LAIB will seek assurance that improvement plans are progressing, and that milestones and deadlines are being achieved. Where there is slippage or risk, the LAIB will provide appropriate challenge and support.

3.2. Further information about how the LAIB will operate can be found in the recently reviewed Terms of Reference.



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3.3. Oversight will also be held for individual elements of SEND Improvement plan within individual organisations where responsibility for service delivery lies including Children’s Services DMT and the ICB SEND Assurance Group.



4. Parent, carer, children and young people and partner engagement

4.1. The implementation of robust and sustainable communication and engagement plans are key actions within our improvement plans. We have implemented and are developing several communication routes to ensure that we can inform families and partners of developments in SEND services, our progress against the improvement plan and provide opportunities for engagement. These include:

- Work with parents and carers to develop processes, guidance and services through various working and strategic groups including the Autism Strategic Group, working groups led by the Child Development Centre (CDC) and others which contribute to SALT, 0-5 services, 5-19 services, other therapies and EHC plan development.
- The establishment of the Local Offer Steering Group
- Regular attendance at parents' groups and other events where parents and professionals will be to promote the work we are doing
- The implementation of a child and young person's group (or groups)
- Regular newsletters aimed at parents and carers, SENCOs and other professionals distributed via schools, mailing lists and the local offer.
- Information sharing through the local offer, press releases and social media.
- Cross service development days and Partnership Operational Group and 'Time to Talk' opportunities for partners.
- Head Teacher briefings, SENCo Forums and attendance at Schools Forums and other groups (including WASH, PNS and Special Heads groups).
- Communication and updates through corporate and strategic routes including Strategic Partnership, Health and Wellbeing Board, Walsall Learning Alliance, LA Scrutiny Committee, ICB SEND Assurance Group and Walsall Together.

5. Support and Challenge

- 5.1. To achieve the ambitious aims of our APP implementation plan as well as our plans for wider SEND improvement we welcome support and challenge and have established robust governance arrangements to support this which worked well for us during the implementation of the WSoA and which we will continue to build on.
- 5.2. The Local Area Improvement Board (LAIB) will continue to have responsibility for the oversight and challenge of improvement in Walsall and has representation from FACE, SENDIASS, Education, the Local Authority and Health partners from the ICB, Health Trust and Mental Health Trust. It is chaired independently by Vicki Whittaker-Stokes and co-chaired by Louise Hudson from SENDIASS.
- 5.3. The LAIB reports into the Health and Wellbeing Board, with dotted line responsibility to the Walsall Learning Alliance (WLA). SEND is a key priority of the WLA and the WLA has agreed to appoint Vicki Whittaker-Stokes as chair providing a clear link to the LAIB.
- 5.4. We will continue to foster support and challenge within the Local Area through various corporate and strategic routes including Strategic Partnership, Health and Wellbeing Board, Walsall Learning Alliance, LA Scrutiny Committee, ICB SEND Assurance Group and Walsall Together. We are also attending key regional groups to share and gather feedback from other SEND Local Areas.
- 5.5. Our improved engagement with parents, carers and young people will increase opportunities for challenge which will feed into improvement plans, and we continue to strengthen our partnership across the Local Area through joint working and cross service development days including the Partnership Operational Group and the Health Steering Group.
- 5.6. We have requested and been awarded support from Sector Lead Improvement Partners, and we also welcome the continued support and challenge of our DfE and NHS England advisors who have

provided invaluable support and advice throughout our WSoA journey and who we will continue to work closely with.

6. Monitoring and Assurance

- 6.1. The Improvement Plan sets out the quantifiable outcomes and impact that the plan aims to achieve over the next 12 months. To monitor progress against these and support confidence that the work is having an impact on improving outcomes, a Local Area Data Dashboard will be developed. A selection of the key indicators that will be used to measure success and impact are shown below for key project areas.
- 6.2. Data for these indicators will come from various systems, surveys, and feedback from group sessions.

Improve the timeliness of EHC Plans and Reviews

- Number of requests for assessment that are refused
- Number of open assessments at each stage
- Number of open assessments over 20 weeks
- Number and percentage of assessments completed within 20 weeks (with and without exceptions)
- Number and percentage of advices received within timescales by partner agency
- Total number of annual reviews due.
- Number and percentage of reviews completed on time

Improve the quality of EHC Plans

- Number and percentage of plans which meet quality standards
- Number and percentage of advices which meet quality standards by partner agency.
- Number of complaints, mediations and tribunals, reasons, and outcomes
- Number and percentage of mediations that lead to tribunal.
- Parent and carer and child and young person feedback (specific indicators to be identified as surveys and feedback loops are developed but will include whether parents, carers, children, and young people feel that their voices are reflected in their plans)

Increase Co-production with parents, carers, children, and young people in relation to the Local Offer

- Percentage of parents and carers who say they know about and have used the Local Offer.
- Percentage of children and young people who say they know about and have used the Local Offer.
- Percentage of parents and carers who say they were able to find what they were looking for on the Local Offer.
- Percentage of children and young people who say they were able to find what they were looking for on the Local Offer.
- Local Offer 'hit rates'