

Area SEND inspection of Milton Keynes Local Area Partnership

Inspection dates: 4 to 8 March 2024

Dates of previous inspection: 8 to 12 October 2018

Inspection outcome

The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.

The next full area SEND inspection will be within approximately three years.

Ofsted and Care Quality Commission (CQC) ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

Milton Keynes City Council and the Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Milton Keynes.

The commissioning of health services changed across England in 2022. From this time, the Bedfordshire, Luton and Milton Keynes ICB became responsible for the commissioning of health services in Milton Keynes. Milton Keynes City Council and the ICB work in partnership to deliver a whole-service approach for education, social care and health services.

The local authority commissions two providers to provide alternative provision for children and young people who are at risk of or have been permanently excluded. The local authority commissions places from a small number of unregistered alternative providers. They carry out quality assurance of these providers and share this information with schools and the local college.

What is it like to be a child or young person with special educational needs and/or disabilities (SEND) in this area?

Many children and young people in Milton Keynes receive swift identification and assessment of their needs, ensuring they get the support they require to do well. However, this is not the case for all. This is often due to a lack of collaboration between professionals across education, health and social care. Where needs are not identified quickly, they sometimes escalate, meaning some children and young people require more intensive support later.

Once individual needs are identified, expert help is usually provided by knowledgeable and skilled practitioners. In responding to our survey, the majority of children and young people were positive about the support they have received. However, there are some services where the wait is too long. This includes the wait for mental health services and speech and language therapy. For those families supported by children's social care, the level of need required to access some services is often too high. This means that some families do not always get the vital help they need. Leaders are particularly aware that currently there are not enough short breaks available for families who rely on this provision.

There are clear processes in place to ensure that children and young people are placed in the right educational settings and their needs are met. Those placed in special schools benefit from the required expertise and support in terms of their education. Mainstream schools, including some with specialist provision, work closely with the local authority to provide inclusive environments. Despite this work, there are some families who remain concerned about the ability of mainstream schools to meet their children's needs.

There is a commitment to hearing the voices of children and young people with SEND. For example, the recently established SEND youth council is involved in feeding back about local services. Working groups of children and young people with SEND have contributed to project work, such as the development of the Evergreen inpatient unit which supports those with acute mental health needs. However, at an individual level, the voices of children and young people do not routinely influence their plans and support. The way that education, health and care (EHC) plans are written does not commonly reflect the goals and ambitions of the child or young person.

There are lots of opportunities for children and young people to get involved in their community. Some young people who attend the college are currently collaborating on a local sculpture project, helping them to be more visible and valued within the local area. Activities are promoted through an improved local offer website as well as by the parent carer forum known in Milton Keynes as the Parent and Carers Alliance (PACA).

Many children and young people with SEND in Milton Keynes achieve positive educational outcomes. As a result, they are more likely to continue accessing education, employment and training after the age of 16 and then find paid employment as an adult. This is further supported by the arrangements in place to ensure that young people experience smooth transitions between health and social care services as they reach adulthood.

What is the area partnership doing that is effective?

- Leaders are ambitious for children and young people with SEND and act with a strong moral imperative. They have a secure understanding of what the partnership needs to do better and have started to make improvements. They have clear partnership and governance arrangements linked to these priorities. Although this work is recent, there is evidence of impact. An example of this can be seen in how the specialist teachers from the local authority are working more closely with schools to improve outcomes for children who do not have EHC plans but are on SEND support registers.
- Leaders are committed to providing support at the earliest possible point. They prioritise this in their strategic thinking and allocation of funding. There are some positive examples of early identification, particularly for the youngest children. This includes multi-agency assessment and intervention for the children in early years with the most complex needs. Where this is being done successfully, it results in early referrals and helpful information being shared with education, health and care providers. Children's centres and early help services are highly valued in Milton Keynes and also support the early identification of need.
- Leaders actively engage with families of children and young people with SEND. PACA is represented on a range of boards and workstreams to highlight the views and experiences of the parents and carers it represents. There are some effective examples of co-production, including investment in resources to support parents of neurodiverse children and young people. Currently the scale of this work is small and there is work to do to ensure that PACA feels fully recognised as a strategic partner.
- Schools work together to keep pupils engaged in education, demonstrating a broad and deep commitment to inclusion. The local authority leads this work effectively. Training and support are provided with a focus on ensuring pupils' needs are met in their allocated school, wherever possible.
- Leaders commission suitable alternative provision to meet the needs of many pupils who are unable to attend school. There is a shared understanding that this provision should be used as a short-term intervention rather than the alternative provider being the destination for a child's education. Regular inclusion panels, involving representatives from education and social care, are held to review the suitability of placements.
- For families moving into Milton Keynes, there are strong systems for placing children in schools quickly. As part of the transition process, practitioners across the partnership work with the specialist teaching team to identify any individual needs relating to education, health and care. This allows support to be put in place quickly where needed.
- Occupational therapy and physiotherapy services see children and young people for timely assessments and intervention. Effective speech and language therapy is also in place for children in early years.
- The attention deficit hyperactivity disorder (ADHD) pathway, delivered by the Child and Adolescent Mental Health Services, has undergone a period of transformation. Increased staffing and the use of a screening tool to ensure that the right children

and young people are on a diagnostic pathway, has resulted in a significant improvement in waiting times.

- When mental health needs are identified and a referral to the 'Single Point of Access' is made, children, young people and their families receive helpful support from mental health services. This is both in terms of signposting to the right services as well as benefiting from appropriate intervention to meet specific needs.
- The majority of children receiving social care support from the children with disabilities team receive a high-quality service. For example, children living in residential special schools outside of Milton Keynes, who are some of the most vulnerable children, receive well-considered oversight from this team.

What does the area partnership need to do better?

- The use of shared data at a strategic level is underdeveloped. This is having an impact on how well leaders are able to monitor the impact of strategies on the outcomes for children and young people with SEND. This is an area that leaders are rightly prioritising to ensure they have an effective oversight of the work of the partnership.
- As the population in Milton Keynes grows, there is more to do to ensure the local area's priorities are underpinned by robust commissioning plans. This includes the way that data is used to precisely identify emerging needs before gaps develop. For example, there is a lack of post-16 education places for young people with complex mental health needs.
- Health and care needs are not always clear in a child or young person's individual plan. For example, most EHC plans do not contain health and care outcomes, even when children and young people have demonstrable needs. This means that schools often lack the expert advice and support required to ensure the full ranges of a child's needs are met. In addition, the unique needs of children with SEND receiving support from frontline social work teams are not routinely considered within their plans.
- There is variability in the coherence and relevance of EHC plans. For example, the relationship between short-term and long-term outcomes is sometimes unclear. The voice of children and young people is not always captured meaningfully, although there are some better examples of this for those who attend college. Leaders have identified some of these issues when auditing plans, but the impact of this work is not yet evident.
- Multi-agency working is not always effective. Sometimes emerging mental and physical health needs are not identified quickly enough. This can be due to a lack of understanding of young people's needs by some practitioners or about how to make the right onward referrals into appropriate health services.
- The Healthy Child Programme has been modified due to staffing capacity issues within the Health Visiting Service. The impact is missed opportunities for the early identification of emerging SEND in the youngest children.
- Less than half the eligible children and young people with a learning disability in

Milton Keynes have been offered an annual health check. This sometimes results in needs not being identified as quickly as they could be.

- There is no single neurodevelopmental assessment pathway. For children and young people with features of both autism and ADHD, this means they have to be assessed, either sequentially or concurrently, on both pathways. This results in duplication, ineffective use of resource and parents and carers having to repeat their stories of their children's needs and lived experiences.
- Speech and language services delivered across the local area are not joined up in a way that always meets the needs of children and young people. For example, when children and young people move from early years to school age, a new referral has to be made, which often means there is a long wait for a further assessment and intervention. This increases the risk that the right support will not always be in place at the right time. Too many school-aged children and young people are waiting over a year for a speech and language therapy assessment.
- Leaders do not always have effective oversight of the delivery of therapy services in special school provisions. For example, special schools commission therapy services privately. There is no system in place to monitor the quality of this, and to make sure that children and young people are having their needs met.

Areas for improvement
The local area partnership needs to strengthen its strategic evaluation and oversight for children and young people with SEND. This includes the strategic use of data to understand children and young people's needs and how this will inform the partnership's work in the future.
The local area partnership should strengthen multi-agency working between education, health and social care. This is to ensure that children and young people's needs are identified, assessed and met in a more efficient and timely manner.
Health leaders should further address gaps and delays in some health services to improve early identification and support for children and young people with SEND. This includes the Healthy Child Programme, mental health and speech and language therapy.
The local area partnership should improve the quality of EHC plans so that they are fully valued by all agencies to better drive the provision offered by practitioners across education, health and care.
The local area partnership should ensure that the voice of children and young people and families is central to the EHC planning process, through improved co-production, to more widely influence the work of the partnership.

Local area partnership details

Local authority	Integrated care board
Milton Keynes City Council	Bedfordshire, Luton and Milton Keynes Integrated Care Board
Mac Heath, Director of Children's Services	Felicity Cox, Chief Executive Officer
www.milton-keynes.gov.uk	www.bedfordshirelutonandmiltonkeynes.icb.nhs.uk
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Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI/Ofsted Inspectors from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

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