

# Area SEND inspection of Lancashire Local Area Partnership

Inspection dates: 9 to 13 December 2024

Dates of previous inspection: 9 to 12 March 2020

## Inspection outcome

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately three years.

As a result of this inspection, His Majesty's Chief Inspector requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

## Information about the local area partnership

Lancashire County Council and NHS Lancashire and South Cumbria Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Lancashire.

There have been several changes to the senior leadership of Lancashire's SEND services since the previous inspection. A new cabinet member for children and families was appointed in 2021, a new executive director of education and children's services in October 2022, a new director of education, culture and skills in February 2024 and a new head of inclusion in November 2024.

The commissioning of health services changed across England in 2022. On 1 July 2022, NHS Lancashire and South Cumbria ICB became responsible for the commissioning of health services in Lancashire, and the role of executive leader for children and young people, SEND and safeguarding was established.

The local authority commissions nine pupil referral units (PRUs) and various other alternative provision (AP) to provide education for children or young people, including those who cannot attend school due to social, emotional and mental health and medical needs, or for those who are at risk of or have been permanently excluded.

## **What is it like to be a child or young person with SEND in this area?**

Too many children and young people with SEND wait an unacceptable length of time to have their needs accurately assessed and met in Lancashire. Leaders have put strategies in place to address these issues, but these are yet to make a sufficient difference. As a result, children's and young people's needs are not met as quickly and effectively as they should be.

Many children and young people with SEND, and their families, wait too long to access neurodivergent assessment and diagnosis. Added to this, there is a huge variability across Lancashire in the timeliness of these assessments. Likewise, children, young people and their families wait an excessive amount of time to be assessed for an EHC plan and then to receive the plan. Difficulties with many aspects of the EHC plan process mean that plans are often of a poor quality. Delays mean that by the time EHC plans are completed, they are often out of date and do not always reflect the most up-to-date needs of the child or young person.

Once children and young people have their needs assessed and identified, they typically receive the support that they need. However, across Lancashire, many children, young people and their families are impacted negatively by the long waits that they experience.

Inspectors found that the experience of young people transitioning from children's services to adult services is variable, depending on which part of Lancashire they live in, or their level of need. Some young people described the support that they receive to prepare for adulthood as helpful. They felt they are kept well informed and are ready for their next steps. In part, this is due to the tenacity of individual practitioners. However, too many other young people describe this time in their lives as one of feeling lost and having a sense of not knowing what will happen in their future.

There are examples of positive work to support children and young people with SEND. For instance, when children, young people and their families receive support from early help, family support workers or social workers in the children with disability teams, they receive a range of useful services that help to meet their needs.

Overall, educational outcomes for children and young people with SEND are improving. More children and young people are attending school regularly and those who do not are identified quickly. The local authority's attendance team works well with schools to do all that it reasonably can to re-engage children and young people with SEND into education.

Some children and young people are positive about how their views and aspirations are reflected in their individual EHC plans. They mentioned that education providers, and other professionals who know them well, are particularly good at making sure that their voice is captured. Some children and young people with SEND play a valuable role in the wider work of the local area partnership. For example, the children's and young people's participation group, known as POWAR, has been involved in interviewing potential new

local area staff, and they produce a regular newsletter for other children and young people with SEND.

Children and young people can participate in a range of clubs, events and activities around Lancashire. For example, a Saturday morning SEND community group for over 16-year-olds provides an opportunity to build friendships and access community activities. However, although activities are available to children and young people with SEND across Lancashire, many struggle to access these because of a lack of appropriate support being available to meet their individual needs.

There is a range of specialist short breaks available to children, young people and their families across Lancashire, although not all children and young people can access them. This is due to challenges such as finding sufficient direct payment personal assistants, homecare support, or foster carer overnight provision.

Children and young people who are placed in AP, such as a PRU, typically have their needs well met. A system of quality assurance helps to ensure that AP settings are of a suitable quality and that children and young people are safe.

## **What is the area partnership doing that is effective?**

- The local area partnership has a clear ambition to improve the lives of children and young people with SEND. This collective commitment is demonstrated throughout the partnership, including at practitioner level. The partnership knows itself well and is accurate in its understanding of what it still needs to do, to better meet the needs of children, young people and their families. It has put many things in place and there are early signs that its work has the potential to have a positive impact. However, there is still a significant amount of work to do to make a consistent and sustained difference to children, young people and their families' lives.
- Despite the limited size of the SEND information, advice and support service (SENDIASS), the members of the team are passionate and committed to offering support, guidance and signposting to parents and carers. Recognising that the full range of children and young people's SEND needs were not being represented well across Lancashire, parents and carers, the parent carer forum and partners have developed a more inclusive approach called the 'round table'. This approach aims to make a positive contribution to ensuring that parent and carer voices across the whole of Lancashire are heard.
- Early years services have a well-established framework to identify and support children who may have SEND from birth. There are collaborative relationships across health and social care to identify these children at various points in their lives. The early years team, although very small, covers the whole of Lancashire, which accounts for over 1000 providers, and offers support to schools and families via specialist teachers. These specialists offer helpful and much-valued advice, support and guidance as well as signposting providers, parents and carers to what is available.
- Education teams have an appropriate oversight of children and young people with

SEND who are electively home educated, are missing education or are educated other than at school. Although numbers of these children and young people have increased significantly, the partnership has maintained a focus on getting children and young people back into school, where appropriate. There are educational and well-being packages of support available for those who are not being educated in schools but have an EHC plan. Teams are working on providing similar packages for those children and young people who receive SEN support.

- There is a positive range of 'risk of exclusion' strategies being developed by the inclusion and engagement team, and by children's champions. For example, these groups have co-produced a document called the behaviour pathway. This is a helpful document to offer support to schools and partners. It is made up of a menu of ideas, strategies and adaptations that can be tried in primary and secondary schools to help meet children and young people's needs.
- The local area has developed multi-agency family hubs across Lancashire. Families' engagement with this initiative is having a positive impact on their lives. Additionally, children and young people can access support for their mental health through organised sessions in schools.
- The ICB has developed a children and young people's palliative care framework. Additionally, they are providing funding for the palliative care nurses who offer training, support and facilitate packages of care across Lancashire. Links between the local hospice and the local area partnership are being strengthened. This means that children, young people and their families who are supported by the hospice continue to access targeted support.
- The Lancashire dynamic support database (register) is used successfully to support children and young people at risk of being placed in acute settings because of, for example, poor mental health. Key workers and other multi-agency partners work together to provide support not only to children and young people at risk of hospital admission, but also, where appropriate, to their siblings and families, supporting them in their own homes and communities.
- Social workers in the children with disabilities teams have positive relationships with tertiary settings, the local hospice and hospitals. Additionally, the team members have found that the work with the local hospice has provided invaluable training and support for their staff.
- Children in care, living out of the local area in residential provision, benefit from regular visits by their social worker. This helps children and young people to build relationships with workers, who encourage them to express their views and wishes. Children and young people receive coordinated therapeutic and targeted help with their education, health and care needs. Children and young people are appropriately supported and encouraged to maintain relationships with those family members who are important to them in their lives.

## **What does the area partnership need to do better?**

- The local area partnership is facing many challenges to provide services through

numerous providers across this large area, at a time when the need for support is ever increasing. The relatively new strategic leadership team across health, education and social care is committed and determined to make improvements. However, there remain widespread examples of where local partnership leaders have failed to plan and deliver services through a joint, strategic framework. There is a significant amount to do, working together across the partnership, to examine further how services can be commissioned and delivered effectively. This is to ensure that children and young people with SEND are able to have the same opportunities to achieve, regardless of where they live.

- Pathways into neurodivergent assessment and diagnosis are not working well. This results in long delays and families becoming increasingly distressed. Children and young people's circumstances often worsen while they wait. There is significant variability across Lancashire in the timeliness of assessment. The ICB recognises that gaps remain in commissioning these pathways, and there have been such gaps for some time. It is currently working on redesigning the neurodivergent pathway. In the meantime, these excessive waits are compounded by limited access to helpful support while children, young people and their families wait for assessment.
- As a result of the huge delays for autism and attention deficit hyperactivity disorder assessment, parents and carers are turning to private assessment. However, there is no local agreement between providers that allows NHS paediatricians to safely sanction the use of medication identified within some of these assessments. This is because the paediatricians have not completed the assessment themselves. In these instances, health professionals find themselves drawn into appeals and tribunals. Ultimately, this creates further delays, which have a detrimental effect on children and young people's health and well-being.
- There are inconsistencies in the way that speech and language practitioners provide services, according to individual districts across Lancashire. For example, some areas use advice helplines and others have piloted walk in services within family hubs. The latter initiative does reduce waiting times, but because the offer is not used by all districts, waiting times can remain for up to 40 weeks. This means that depending on where you live in Lancashire, children and young people receive a very different service.
- The commissioning of some health services across Lancashire is variable. For example, there is currently no commissioned community provision for children who live in the Greater Preston and South Ribble areas of Lancashire who have eating, drinking and swallowing difficulties. Furthermore, some physiotherapists do not have the capacity to undertake cerebral palsy integrated pathway assessments for children. This reduces the timeliness of meeting young children's needs. Some children and young people are waiting up to 18 months to access a community paediatrician. The ICB is aware of these issues and has started a full review, but in the meantime, these children and young people's needs are not being assessed or met in a timely way.
- The local area has had a surge in requests for EHC plan assessments. The partnership is responding to these increases alongside an historic legacy of poor timeliness in completion of EHC plans, and updates to EHC plans following annual reviews. The local authority has been successful in obtaining a significant financial investment to



start to commission and deliver improvements through a recovery plan. However, this is very recent. Any positive impact on children, young people and their families, as well as schools and other services, is yet to be felt. Significant delays in the EHC plan process, and the poor quality of many plans, remain key issues.

- For many children and young people, delays in EHC plan annual reviews and updates are considerable. For some, this can be many years. This means that many current plans for these children and young people are not reflective of their present needs, aspirations or outcomes. In turn, practitioners cannot rely on or use these out-of-date documents to contribute to their planning of outcomes or to chart progress. Many educational providers expressed exasperation at the wait for EHC plans following children and young people's annual reviews.
- Contributions from health and social care partners in EHC plans can be scant and, in a number, not evident. Some plans do not draw on the wealth of information available about children and young people. For example, early help workers have a great deal of knowledge about children and young people's needs. However, they are often not invited to EHC plan reviews, or their information is not included in the EHC plans. General practitioners (GPs) are not routinely asked to inform the EHC plan process, even as primary record holders. For some, they are not aware when there is an EHC plan in existence for a child or young person under their care. This prevents GPs from being better informed about children and young people's needs. Health practitioners report inconsistencies in the way that they are asked to provide information to inform the EHC plan assessment process. This means that published EHC plans do not always accurately reflect the health and social care needs of children and young people.
- There is a lack of an effective, overarching and comprehensive strategy regarding preparing children and young people for adulthood. This includes managing transition, particularly at this crucial time in young people's lives. The experience of young people transitioning from children's services to adult services very much depends on where they live in Lancashire, or on their level of need. Where preparation for adulthood is effective and the transition is well thought out, such as for looked-after children, young people describe how they feel well informed and ready for this milestone change in life. They and their families feel supported and equipped. However, too many young people and their families are ill-prepared and daunted by the transition to adulthood.
- Preparation for adulthood does not start early enough in a child or young person's journey. For example, many EHC plans do not show children and young people's aspirations or their preparation for adulthood. Furthermore, EHC plans frequently omit consideration of suitable work placements and do not reflect the expectations of further education programmes. In some plans it is difficult to discern where preparation for adulthood has been considered at all. For example, aspects of preparation for adulthood, such as supported living or supported employment, are not referenced. While there are examples of effective supported internships and positive work with partners to make these successful for young people, there are too few opportunities across Lancashire.
- There are weaknesses in communication across the partnership. This is leading to a

lack of information being available, fractured and inconsistent practice, miscommunication and dissatisfaction. The local area partnership recognises that the development of better communication and information-sharing at all levels remains a priority for improvement.

- Many parents and carers expressed significant frustration at their lack of being heard. They described the lack of help, support and the inability to communicate these concerns as overwhelming. Too many commented that the only way they can get help and be heard is when their child or young person is in crisis. This includes parents and carers who have children with EHC plans and those who have children who receive SEN support. There is also confusion about who they can talk to or receive help from when there are delays in assessment, diagnosis and support for their child or young person's SEND needs. SENDIASS has a wealth of knowledge and has the expertise to communicate with children, young people and their parents and carers. However, the team is far too small to meet the needs of children, young people and their families across the whole of Lancashire.
- Designated clinical officers are not consistently advised of the outcomes of SEND appeals and tribunals. This hinders them from being able to monitor the effectiveness of processes and establish improved oversight of EHC plans.
- GPs are not routinely made aware of children and young people who have a learning disability. Although the learning disability health facilitation team has supported GP practices to increase and improve awareness of learning disability annual health checks, the information about children and young people's learning disabilities is not routinely shared by multi-agency partners. This means that GPs cannot make reasonable adjustments for these potentially vulnerable children and young people.
- Approximately half of referrals to some core children and adolescent mental health service teams are declined and referred back to other support services. However, there is a lack of consistency in how these decisions are communicated. In some teams where the referral is declined, it is sent straight into a suggested service, which avoids further delay. In other services, the referrer and family receive notification of the refusal and a suggestion on where the child or young person and family can access support. This then further delays the child or young person receiving the help that they need.

## Areas for priority action

Responsible body	Areas for priority action
Lancashire County Council and NHS Lancashire and South Cumbria ICB	Leaders from the local authority and ICB should urgently work together to improve their shared strategic governance, oversight, commissioning, support, challenge and planning of services for children and young people with SEND. They should implement and monitor effective strategies to improve the experiences for children and young people with SEND in education, health and social care across Lancashire.

Lancashire County Council and NHS Lancashire and South Cumbria ICB	Leaders from the local authority and ICB should significantly improve the process, timeliness, quality and oversight of EHC plans and annual reviews.
NHS Lancashire and South Cumbria ICB and Lancashire County Council	Leaders from the ICB and local authority should continue to work together with urgency to address the delays and gaps in service provision within the current neurodivergent pathway. This is to meet the full range of needs of children and young people with SEND across Lancashire.

## Areas for improvement

Areas for improvement
Leaders across the partnership should continue to improve their communication strategies at all levels. This includes communicating with children and young people with SEND and their families so that they are kept better informed about the support that they receive, plans in place to improve their outcomes and where to access support and guidance while waiting for assessment.
Leaders across the partnership should continue to work collaboratively to ensure that young people with SEND from across the whole of Lancashire are well prepared for adulthood and transition.



## Local area partnership details

Local authority	Integrated care board
Lancashire County Council	NHS Lancashire and South Cumbria ICB
Jacqui Old, Executive Director of Education and Children's Services	Kevin Lavery, Chief Executive
<a href="http://www.lancashire.gov.uk">www.lancashire.gov.uk</a>	<a href="http://www.lancashireandsouthcumbria.icb.nhs.uk">www.lancashireandsouthcumbria.icb.nhs.uk</a>
County Hall Preston Lancashire PR1 0LD	County Hall Preston Lancashire PR1 8XB

## 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 from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and two other Children's Services Inspectors from the CQC.

## Inspection team

### Ofsted

Sue Eastwood, Ofsted Lead inspector  
Julie Knight, Ofsted HMI  
Mavis Smith, Ofsted HMI

### Care Quality Commission

Dan Carrick, CQC Lead inspector  
Kirsty Smith, CQC inspector  
Sandra Smith, CQC inspector

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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.gov.uk/ofsted](http://www.gov.uk/ofsted)

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