

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
enquiries@ofsted.gov.uk  
www.gov.uk/ofsted  
lasend.support@ofsted.gov.uk



20 January 2023

John Readman  
Deputy Chief Executive and Executive Director of People  
Cumbria County Council  
Cumbria House  
107–117 Botchergate  
Carlisle  
CA1 1RZ

Vanessa Wilson, Director of Children, Young People and Maternity, Lancashire and South Cumbria Integrated Care Board  
Louise Mason-Lodge, Director of Nursing and Quality, North East and North Cumbria Integrated Care Board  
Siân Rees, Local Area Nominated Officer, Cumbria

Dear Mr Readman, Ms Wilson and Ms Mason-Lodge

### **Joint area SEND revisit in Cumbria**

Between 5 December 2022 and 8 December 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Cumbria 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 22 May 2019.

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 18 October 2019.

The area has made sufficient progress in addressing seven of the significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two of the 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 the 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 looked at a range of information about the performance of the area in addressing the nine significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation.

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 had been adapted as a result.

## **Main findings**

■ At the initial inspection, inspectors found the following:

### **A lack of a deep understanding of the needs of the SEND population in the local area.**

Following the previous inspection, leaders completed an up-to-date and accurate joint strategic needs assessment (JSNA). This resulted in an improved picture of the needs of the SEND population in Cumbria. Leaders in education, health and care have used the data from the JSNA well. For example, there has been considerable progress in planning services that meet local need. When required, this data allows leaders to target their response more accurately.

Senior leaders meet with parents and carers of children and young people with SEND on a regular basis to hear about their lived experience. This includes closer working with the local parent carer forum (PCF), SEND Alliance Cumbria (SENDAC). As a result, leaders have a stronger understanding of SEND in the area.

Leaders have a data set that is refreshed regularly. This continued during and after the restrictions caused by the COVID-19 pandemic. Consequently, leaders identified areas of emerging concern, such as an increase in emotionally based school avoidance.

Leaders use a range of suitable information well to evaluate the effectiveness of their services across education, health and care. Improved data for different localities enhances leaders' understanding and allows for further intervention and support when required. Leaders also use a range of national comparative data effectively. This includes data about children and young people not in education, employment or training and the use of suspensions and exclusions in schools.

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

- At the initial inspection, inspectors found the following:

**A lack of a clear understanding among leaders across the partnership of the strengths and weaknesses in their respective areas of responsibility.**

Leaders are open and transparent about the aspects of their work that have improved and those that require further development. A 'continuous improvement plan' communicates leaders' expectations and the actions that are required across the partnership. Leaders make clear that the continuous improvement plan is everyone's responsibility to deliver. For example, leaders from health, care and education are committed to the future success of the plan.

After the previous inspection, leaders quickly reviewed their strengths and weaknesses. This identified inconsistencies in the quality of children and young people's education, health and care (EHC) plans. Leaders in education, health and care have made changes to their processes, including the improved quality assurance of EHC plans. Alongside this, leaders ensured that professionals contributing to the EHC needs assessment process received improved training. While parents and carers reported an improvement in the quality of EHC plans, a current backlog of annual review amendments is hindering children and young people's lived experiences. Leaders have identified this as a priority for improvement.

Leaders across the area now accurately identify the strengths and weaknesses of their areas of responsibility. For example, health leaders have evaluated the health visiting service. They have identified children and young people who have not been seen by a health visitor. These children and young people are now being prioritised. Leaders understand that some education settings welcome children and young people with SEND better than others. Leaders offer appropriate challenge to settings when these settings are reluctant to admit children and young people with SEND. This helps to ensure that, where possible, children's and young people's educational experience improves.

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

- At the initial inspection, inspectors found the following:

**Limited joint working, including the planning and commissioning of services to meet the needs of those with SEND, between education, health and care.**

Many professionals, including school leaders, and parents and carers, reported that joint working has improved significantly. Parents and carers, including members of SENDAC, told us that they are included on many working groups focusing on improving services. Parents and carers feel that they are equal partners on these

groups. For example, leaders worked closely with parents and carers and health and care staff to identify help and guidance to support children and young people who demonstrate behaviours that challenge. As a result, a 'crisis button' was added to the local offer website. This provides up-to-date information of services that can offer immediate support.

Leaders have improved the EHC needs assessment process. This process is now more joined up, involving parents, carers, children and young people and professionals more effectively. School leaders reported having improved access to advice from a range of professionals from health, education and care. Leaders have provided guidance to professionals so that the quality of information provided by professionals has improved. Children and young people are routinely included in discussions about their SEN support or EHC plans.

From 1 April 2023, Cumbria County Council will be replaced by two new unitary authorities. This local government reform has placed constraints on leaders' ability to jointly-commission services and re-commission some existing services. Having said that, leaders acknowledge that joint commissioning is not as developed as it should be and was described by some leaders as being in its infancy. It is less clear that leaders have acted on some data and insights in order to jointly commission services to meet the needs of children and young people with SEND. However, there are some effective examples, including therapy service redesign. For example, the speech and language therapy service is jointly commissioned by health and education. This has resulted in a Cumbria-wide service that has improved equitable access.

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

■ At the initial inspection, inspectors found the following:

**A lack of trust and faith in the local area's work from too many parents and carers.**

Leaders have a better understanding of needs in the local area. They understand what should happen to improve the experience of children and young people with SEND and their families. Despite this, the lived experience of many parents and carers remains unsatisfactory.

Parents, carers, professionals and school leaders say that while positive changes have been made, it will take time for trust and faith to be restored. Over two-thirds of parents and carers who responded to the online survey said that they lack faith and trust in the area's ability to improve. Parents and carers throughout the

inspection reported that the pace of change has been too slow. They do not feel the impact of these changes on their day-to-day lives.

SENDAC is committed to improving the lived experience of children and young people with SEND and their families. They offer support and guidance to parents and carers and hold leaders to account for their work. Nevertheless, SENDAC's current reach is limited. This reduces leaders' ability to communicate their successes through the PCF and work with parents and carers across Cumbria to find solutions to the problems that they are facing.

Some parents reported that communication from the SEND team had improved. However, most parents who expressed a view feel that communication as a whole is weak. Some improvement initiatives are not widely known or used by parents and carers. An example is the 'EHC portal'. Leaders' intention for the EHC portal is to have an online system to improve parents' and carers' oversight of professionals' involvement during the EHC needs assessment process. However, many parents and carers are unaware of the portal. This is one example of parents and carers not knowing enough about improvements and a reason why parents and carers struggle to build trust.

A newly designed short breaks service has been co-produced by leaders, parents and carers and children and young people. Parents' and carers' mixed views of this offer is an example of their further disappointment.

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

■ At the initial inspection, inspectors found the following:

#### **Limited involvement of children, young people and their families in the co-production of the services, resource and support that they need.**

Parents and carers told us that in the past, decisions were made behind closed doors. Now, parents and carers are listened to and treated as equal partners on several working groups. SENDAC chairs one of these, the 'monitoring outcomes and experiences' group. This group gives parents and carers the opportunity to raise suggestions, celebrate successes and offer challenge to area leaders.

For example, the short breaks services have been recommissioned through a co-produced strategy. Children and young people with SEND and their families have been involved in a number of ways to redesign the service.

Many parents, carers and professionals reported that children and young people are benefiting from improved co-production. This has resulted in better quality EHC

plans. Professionals consult children and young people about their wishes and feelings from an earlier stage. This means that children's and young people's EHC plans better reflect their aspirations for the future.

Leaders have recruited, trained and deployed a number of children and young people, some with SEND, to inspect a range of services. Leaders consider these children's and young people's views to make further improvements. For example, these inspectors have reviewed several of the holiday activities available to children and young people and have made several recommendations.

While progress has been made, leaders across the area recognise that co-production is not yet fully embedded. This leads to some families still feeling that they are not listened to.

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

■ At the initial inspection, inspectors found the following:

**Weaknesses in the approach to supporting the emotional health and well-being of children and young people with SEND, particularly those with autism spectrum disorder (ASD) who face challenges in relation to their social, emotional and mental health.**

Leaders provide an improved offer to help school leaders to meet the social, emotional and mental health (SEMH) needs of children and young people with SEND. This includes access to a comprehensive educational psychology service and specialist teaching teams. Many schools now benefit from specialist training to support a dedicated member of staff who focuses on improving children's and young people's emotional well-being.

School leaders reported an increased range of services as a universal offer for children and young people with SEMH needs. These services include an online counselling service and support from charities commissioned by the area. Mental health practitioners work in a small number of school settings. However, some services for SEMH are not consistently available. A comment from school leaders, typical of many, was that mental health services are overwhelmed and that educational settings are routinely expected to go above and beyond. Parents and carers agree.

There are significant waits for the child and adolescent mental health service (CAMHS). This has been exacerbated by the impact of the pandemic and recruitment challenges. Professionals and families report that the long waits are unacceptable.

Many health and education professionals told inspectors that they were unclear about how to access CAMHS and about what the service offers.

Many parents, carers and professionals provided examples of children's and young people's SEMH needs escalating due to a lack of support while they wait for an appointment with CAMHS. This was described as incredibly frustrating and stressful by leaders across care, education and health. Parents and carers throughout the inspection, including those who sent correspondence and responded to the online survey, shared significant concerns about limited support for children's and young people's SEMH needs.

Work to improve services for children and young people with neurodiverse conditions such as ASD has been slow to be implemented. Although plans are in place to ensure that there is a pathway of support available before, during and after assessment, this is yet to be implemented fully. As a result, children and young people wait too long for a diagnosis and have limited support to meet their needs while they wait for assessment.

Senior leaders are aware of a significant gap in support that children and young people with complex ASD require following a diagnosis. These children and young people cannot access the specialist support that they need.

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

■ At the initial inspection, inspectors found the following:

**Inconsistent application of the local area's strategy for identifying, assessing and meeting the needs of children and young people at the SEN support stage.**

Leaders launched a 'SEND Toolkit' in 2021. This helps schools and other settings to apply the graduated approach more consistently and effectively. As a result, children and young people with SEND, including those at the SEN support stage, have their needs more accurately identified and met.

An improved offer of training to school and settings staff has upskilled the education workforce. Leaders provide a popular special educational needs coordinators (SENCo) network. SENCos report that this has improved their knowledge and confidence to identify, assess and meet the SEND of the children and young people that they support. As a result, they meet children's and young people's SEND more effectively.

School leaders report a vastly improved offer from the educational psychology service. The service works with settings, schools and colleges until young people reach the age of 25. This improves leaders' ability to identify and meet the needs of children and young people with SEND.

Occupational and speech and language therapy services have been redesigned to provide universal, targeted and specialist support. This has resulted in reduced waiting times. Consequently, children and young people are seen more quickly and professionals provide improved support to meet their needs more effectively.

Leaders have enhanced communication between midwives and health visitors. An antenatal pathway is now in place that ensures that health visitors are able to support families at an early stage when a baby is known to have a medical need and/or disability. This improves the early identification of SEND, including for children supported at the SEN support stage.

Area leaders have clarified the expectations of what schools should offer to children and young people with SEND. Leaders now use a range of suitable data to analyse the progress and achievement of children and young people at the SEN support stage. Outcomes for this group of children and young people have improved.

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

■ At the initial inspection, inspectors found the following:

**Weaknesses in the local area's systems for ensuring a smooth transition between children and adult services and preparing children and young people for adulthood.**

Leaders have improved health systems for transition from children's to adults' services. They have strengthened their oversight of young people's needs as they approach adulthood from an earlier stage. This results in more young people with health needs receiving a smooth transition to adult health services.

The area provides improved careers education, information, advice and guidance to children and young people who have an EHC plan. Many school leaders, parents and carers reported that this is a strength. This careers support enables children and young people to consider their options for their next stages in employment, education or training in detail. The area has invested in more high-needs further education placements for young people with SEND. These placements provide a wider range of qualifications and experiences than previously.



Leaders have developed a range of apprenticeships and supported internship programmes. More young people with SEND now access these opportunities. As a result, the number of young people with SEND in employment has increased. While the post-16 offer has improved significantly, parents and carers report that there is still a need for more post-16 specialist placements and options.

Many parents are awaiting their child's or young person's EHC plan following an annual review. This means that they do not have an accurate plan that reflects their child's or young person's aspirations, which can affect how well children and young people transition to new settings. However, school leaders, professionals and some parents and carers reported a refreshed and enhanced approach to preparation for adulthood. Leaders have ensured that preparation for adulthood is now at the heart of children's and young people's EHC plans. This helps to ensure that the support that they receive is more focused on their ambitions for the future.

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

- At the initial inspection, inspectors found the following:

**Inequities that exist in access to, and performance of, services between different geographical areas within Cumbria.**

Leaders use data effectively in order to evaluate the performances of services across different geographical areas within Cumbria. This has led to several improvements, including the redesign of the speech and language therapy service. Consequently, waiting lists have reduced in these services and children and young people are seen by professionals more quickly.

Leaders continue to use data effectively so as to analyse changing needs across Cumbria. For example, some services are experiencing recruitment challenges. Leaders have acted quickly to adapt the workforce to help alleviate these difficulties. There are no significant differences in waiting times for services across Cumbria.

Following the 2019 inspection, leaders introduced a county-wide panel to assess the SEND of children and young people. This multi-agency panel now ensures that decisions to grant an EHC needs assessment for children and young people with SEND are applied more consistently. This reduces the inequity that children, young people and their families experienced previously.

School leaders reported improved access to professionals, including a range of therapists and specialist teachers. These professionals access all schools on an equitable basis. Schools in remote locations report that education staff and health and care professionals link with them more effectively. The remote working that was

essential during the pandemic, has continued to be used appropriately. This has improved partnership working across Cumbria.

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

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

Yours sincerely

Adam Sproston  
**His Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Andrew Cook, HMI Regional Director	Sean O'Kelly Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services
Adam Sproston HMI Lead Inspector	Lesley Perry CQC Inspector

cc: Department for Education  
Integrated Care Boards  
Director of Public Health for the area  
Department of Health and Social Care  
NHS England