

Intervention in local areas when delivery of services for children and young people with special educational needs and disabilities have serious weaknesses

Key messages

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Overview

This resource sets out some of the headline messages from research carried out by the What Works in SEND researchers at Warwick Business School.

This research focuses on exploring the ingredients for effective intervention by the Department for Education (DfE) and NHS England (NHSE) when delivery of services for children and young people with Special Educational Needs and Disabilities (SEND¹) have serious weaknesses.

The aim of this research was to identify ingredients (antecedents, barriers and facilitators) for effective change in local area service delivery when DfE/NHSE interventions are applied.

There are four key findings from the research which focuses on the challenges and facilitators regarding intervention and improvement in SEND services in local areas:

- ✦ Leadership
- ✦ Partnership
- ✦ Workforce
- ✦ Evidence and Data

The research then considers the process of managing interventions and related challenges and facilitators.

Methods

The researchers used a qualitative methods approach by:

- ✦ Conducting semi-structured interviews with twenty participants involved in improvement and intervention in local areas including those from DfE/NHSE and Ofsted/Care Quality Commission Inspectorate.
- ✦ Conducting interviews with fifteen participants in two case study areas, in which there had been DfE/NHSE intervention in the form of an Improvement Notice (IN).

¹ For ease of reading, we use the term 'SEND' to refer to disabled children, young people and children and young people with special educational needs.

Findings

Leadership

Leadership facilitators

- ✦ Strong and consistent leadership was described as pivotal for effective partnership working.
- ✦ Developing a culture of prioritising SEND and recruiting leadership and a workforce with SEND knowledge was seen as helpful.
- ✦ Where a Written Statement of Action (WSOA) had not mobilised leaders to prioritise SEND, further intervention in the form of an IN was described as more likely to, by encouraging productive partnership working and resource allocation. This was reported as coming at significant cost however, financially and in terms of workforce morale and churn.
- ✦ It was emphasised that leaders need to 'know themselves' in terms of SEND service provision and acknowledge challenges from the perspective of children, young people and their families, in order to understand what is needed to drive improvement.
- ✦ Improvement Boards (IBs) were described as bringing senior leaders together. This helped relationship building, develop shared values, align priorities and mobilise resources. Taking a 'hands-on' approach with shared ownership for improvement was also described as important.
- ✦ Leaders reported valuing SEND Advisors contracted by DfE for their specialist SEND knowledge and versatility to provide strategic and operational support.

Leadership challenges

- ✦ Leadership was described as one of the most significant reasons for intervention in SEND services. Leaders could lack understanding of the strengths and weaknesses of provision and the importance of co-production for change.
- ✦ Gaps were reported in specialist knowledge about SEND and statutory responsibilities amongst senior leadership in Local Authorities (LAs) and Integrated Care Boards (ICBs) needing intervention.
- ✦ Insufficient prioritisation of SEND by leadership was described with other priorities, such as Children's Social Care (CSC) taking precedence.
- ✦ When intervention took place, such as an IN, leadership said they lacked necessary knowledge about the process.

Partnership

Partnership facilitators

- ✦ Co-production and development of trusting relationships between partners was reported as of critical importance to making and sustaining improvements in SEND services. It was described as important that partners develop a shared vision, values and language around improving outcomes for children and families, embedding deeper cultural change.
- ✦ Establishment of Parent Carer Forums (PCFs) as community interest companies enabled one PCF to employ parent carers as staff, helping with sustaining their involvement.
- ✦ Improvement Boards were seen as important vehicles for change, and partnership working. Ensuring sufficient parent carer representatives sat on IBs and supporting them to contribute expertise was an important function of the Chair.
- ✦ Working with the PCF in a solution focused way was described as helping with a more positive way of working where there was a history of challenges. Regional DfE colleagues and NHSE regional SEND Leads were seen as helpful in supporting a reset in relations with local leaders where necessary.
- ✦ Participants thought that a strong commitment to partnership was important for sustaining improvement, particularly with parent carers after the 'stepping down' of an IN. Local areas described needing robust and embedded governance arrangements in place.

Partnership challenges

- ✦ Lack of a partnership approach to intervention from DfE/ DHSC meant that the rhetoric of SEND as an 'equal' partnership was described as not always 'felt' at a local level. Interventions issued by DfE, and not by DHSC, were reported as causing frustration, which could lead to delays in improvement.
- ✦ National issues, such as waiting times, access to therapies and health support were regarded by some as insurmountable. This could lead to apathy and limited knowledge-sharing between local areas around strategies for interim support for children.
- ✦ Achieving a collective commitment to inclusion across schools was described by participants as problematic. Academisation meant accountability relied on the cultivation of positive informal relationships.

- ✦ In some areas, professionals were seen as defensive towards PCF representation and constructive challenge. This combined with poor understanding of the journey parent carers had been on, or were still on, could hamper a co-productive approach. Capacity and 'burn out' was a further problem reported for parent carer representatives and there were issues described in which local areas did not understand how to 'do' co-production.
- ✦ Sustaining improvement when local areas were 'stepped down' from INs was described as challenging and required areas to ensure they did not lose focus on SEND again.

Workforce

Workforce facilitators

- ✦ Opportunities for leadership, managerial and operational staff to meet with partners, including parent carers and do the 'work' of improvement was appreciated by participants. These were facilitated through Sector Led Improvement Partners (SLIPs); Research and Improvement in SEND Excellence (RISE) support, Local Government Association (LGA) support, and the IBs.
- ✦ An appetite in local areas for a choice of support options and for this to be effectively co-ordinated was described. Initiatives that provided specialist SEND knowledge and actionable support through examples of 'what good looks like', including SLIPs were appreciated.
- ✦ Existing support was welcomed but viewed as insufficient. There were concerns that more intensive support was required by local areas that are really struggling in order to improve and sustain change.

Workforce challenges

- ✦ Low workforce morale following an IN was reported as a significant issue. For staff in the local areas who had been working hard to make improvements, this could be very hard.
- ✦ Workforce churn and agency staff slowed the process of improvement work. Local areas that experienced an IN, also described significant churn in staff, which left many senior positions empty until new staff could be recruited.
- ✦ Participants talked about lack of SEND expertise in strategic posts; education (EHCP teams and educational psychologists); and in health posts (therapies and CAMHS) was a significant challenge. There was also significant pressure on capacity of parent carers in PCFs.

- ✦ Health reorganisation following the change to ICBs was described as involving cuts in staffing, some staff re-applying for jobs and raised concerns about loss of SEND expertise.
- ✦ There was a lack of support reported for the workforce when there was intervention.
- ✦ Despite the workforce churn, and cost to the local authority of recruitment of new staff, following an IN there was no additional funding or support attached to the intervention.

Evidence and Data

Evidence and data facilitators

- ✦ There was optimism described by some about the extent to which data analysis was being addressed and improved with the formation of Vulnerable Children's Units in DfE. Whilst assessment and risk rating is helpful, the underlying evidence to draw on about SEND services was still described as lacking.
- ✦ The LGA/ISOS (2017) Framework for looking at enablers for improvement in CSC was identified as a useful way of analysing data against the conditions for improvement in local SEND partnerships.

Evidence and data challenges

- ✦ Participants described a lack of evidence and data for regional DfE/NHSE to draw upon when analysing performance in SEND and deciding upon intervention. This was considered to reflect a poor culture of effective data collection on key aspects of SEND services, such as travel. This leads to reliance on the Ofsted/CQC inspection that reflects a limited snapshot, making for difficult decision-making. Local areas having sufficient data to 'know' themselves in terms of their service provision was seen as an important part of driving improvement but is not developed sufficiently.
- ✦ In line with the new local area SEND inspection framework, gaps between visits from Ofsted/CQC could be between 3-5 years. Some local areas have not been inspected for 6 years with some reportedly having retained APPs for up to 8 years. There were concerns by participants that even under the new inspection regime, 3-5 years is a long time in the lives of children if areas with 'inconsistent experiences and outcomes' continue to deteriorate.

Managing Intervention

Managing intervention facilitators

- ✦ Local areas felt more intensive support was needed before an IN – prevention was key. Participants surmised that if they had been warned at a Chief Executive level and had access to a SEND Advisor contracted by DfE earlier this may have prevented the need for intervention.
- ✦ Strong, trusting relationships between DfE/NHSE with leaders, staff and parent carers in local areas was described as important to identify when intervention was necessary and in areas that have intervention, these relationships were critical for action around improvement.
- ✦ Once intervention occurred, more practical guidance and support about the process of intervention was requested, with templates and signposting of local areas towards examples of best practice.
- ✦ SEND Advisors contracted by DfE, RISE, LGA support and SLIPs were widely appreciated. However, existing support was described as not enough. More intensive, longer-term support was needed.
- ✦ A strengths-based approach that recognises strengths and weaknesses was suggested as more appropriate in intervention. A broader approach to intervention that considers the journey of the child and family and looks at the whole system of local area SEND partnerships would also be beneficial.

Managing intervention challenges

- ✦ Decisions to intervene are taken on a case-by-case basis, usually following a poor Ofsted/CQC inspection. This approach was reported to have challenges in both demonstrating consistency and transparency. It was also described as a deficit approach that focuses largely on weaknesses.
- ✦ Participants described how intervening involved a difficult balance of risks in terms of timing when they intervened and timeframes for improvement. Leaving intervention too long risked drift whilst intervening too soon risked costs to the local authority which in turn risked hampering improvement.
- ✦ Widespread lack of clarity was reported around aspects of intervention such as, when intervention should be imposed, 'stepped up' or 'stepped down'.
- ✦ There were concerns that local areas who experienced intervention could focus singularly on a plan, risking losing oversight of fundamental systemic and structural problems within local area partnerships and in the wider context that may be impeding improvement.

- ✦ The administering of an IN involved considerable bureaucracy, which local areas reported consumed resources that arguably would have been better spent on improving outcomes for children and young people.

Recommendations

Managing intervention

- ✦ A strengths-based approach is recommended that keeps outcomes for children and young people central and takes a whole family approach. This allows for an examination of the whole SEND system and the wider context, identifying any structural barriers to improvement.
- ✦ A more integrated, system wide approach to intervention in SEND services at a national level would allow all partners to be held equally accountable for SEND responsibilities. INs should come from DfE/DHSC and be issued to all partners. A jointly commissioned (DfE/NHSE) intervention team with specialist expertise pooled would enable a partnership approach to intervention.
- ✦ Better engagement is needed with senior leaders at an earlier stage. As soon as there are significant concerns, there should be direct engagement with Chief Executives of the LA, Council Leaders, political members and Chief Executives of the ICB.
- ✦ IBs with senior leadership buy-in are a positive way of bringing partners together to plan and deliver SEND improvement and could be used at an earlier stage. Leaders need to be 'hands on' in terms of ensuring accountability, facilitate the involvement of all partners, ensuring that parent carers are centre stage and are supported in contributing and the Chairs should be independent.
- ✦ Data on SEND service delivery needs to be improved to grow the knowledge base for decision-making, promote more accurate assessments of performance and therefore timely and effective interventions. Having a recommended set of core data requirements from DfE/NHSE for IBs to collect and monitor locally could be helpful in focusing data outcomes and comparing area performances and identifying outliers.
- ✦ More guidance about intervention is needed that helps to clarify issues identified in this research and to give DfE/NHSE more confidence in the decision-making process. This needs to be supported by better data collection and monitoring.
- ✦ More written guidance about INs/Statutory Directions and communication/workshops about the process with senior leaders when an IN is issued.

Support

- ✦ There needs to be preventative and proactive support for local area partnerships to address system issues earlier, for those who have '*inconsistencies in children's experiences and outcomes*' as well as those with '*widespread or systemic failings*'. More resources will be required to do this as it is not currently possible within small regional DfE/NHSE teams.
- ✦ A package of support is required for local areas who receive an IN that includes intensive support that works proactively in the local area to help them to understand 'how' to implement the changes required is likely to speed up improvement and signposting to examples of improvement. This should include funding attached to an IN for recruitment and development for staff.
- ✦ Co-production with parent carers and children and young people supports improvement, but it requires a greater joint resource commitment from DfE/NHSE. In local areas where there is an IN, the PCF should receive additional financial support.

Developing SEND knowledge, and expertise

- ✦ There is a need to build SEND knowledge, research and capacity, particularly around 'what good looks like' in SEND and knowledge of how other local areas are delivering effectively, particularly to address national issues such as co-production, inclusion in schools, waiting lists for assessments and shortages of specialist therapists.
- ✦ Greater investment is needed in training and development for the DfE SEND workforce, especially for DfE Case Leads who do not tend to have a background or detailed knowledge of SEND services.
- ✦ Training for LA, ICB Chief Executives and political members and Directors/ADs in Education/CSC on SEND responsibilities that includes examples where good practice is happening. Training on co-production for senior leadership is also recommended. Opportunities for senior leaders to come together nationally/regionally to share learning would be helpful.
- ✦ Increase the specialist workforce in SEND by supporting professional development in SEND services. This could include a professional qualification in SEND generally and more specifically for EHCP staff, so expertise is recognised and there is an identified pathway for development and progression.