

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

Full report

November 2024



Authors:

Graeme Currie, Professor, Warwick Business School, University of Warwick

Sarah Gorin, Assistant Professor, Warwick Business School, University of Warwick

Penny Smith, Research Fellow, Warwick Business School, University of Warwick

Correspondence to:

Dr Sarah Gorin

sarah.gorin@warwick.ac.uk

Date completed:

25 January 2024

Source of funding:

This report was commissioned by the RISE Partnership who are funded by the Department for Education.

Rider on responsibility for report:

The views expressed in this report are those of the authors and not necessarily those of the funder. Any errors are the responsibility of the authors.

Acknowledgements:

The authors would like to thank all the participants for giving up their valuable time and being willing to express their views openly to us. We would also like to acknowledge the Research & Improvement for SEND Excellence (RISE) Partnership and wider What Works in SEND Centre, for their advice and support.

This report should be referenced as follows:

Currie, G. Gorin, S. and Smith, P. (2023) Intervention in local areas when delivery of services for Children and Young People with Special Education Needs and Disabilities (SEND) have serious weaknesses. A report commissioned by the RISE partnership on behalf of the Department of Education.

Contents

Acronyms	3
Chapter 1: Background	5
Research Aim	6
Methods	6
Wider context	7
Chapter 2 - Leadership	10
Chapter 3 - Partnership	21
Chapter 4 - Workforce	32
Chapter 5 - Evidence and data	37
Chapter 6 - Managing intervention	41
Chapter 7: Discussion	50
Conclusion	55
Recommendations	56
References	58

Acronyms

APP – Accelerated Progress Plan

ASD – Autistic Spectrum Disorder

CAMHS – Child and Adolescent Mental Health Service

CCG – Clinical Commissioning Group

CSC – Children's Social Care

CQC – Care Quality Commission

DfE - Department for Education

DCO – Designated Clinical Officer

DCS – Director of Children's Services

DHSC – Department for Health and Social Care

EHCP – Education, Health and Care Plan

ICB – Integrated Care Board

ICS – Integrated Care System

IN – Improvement Notice

IP – Improvement Plan

IB – Improvement Board

LA- Local Authority

LGA – Local Government Association

ATs – Academy Trusts (encompasses Multi and Single Academy Trusts MAT/SAT)

NHSE – NHS England

Ofsted - Office for Standards in Education, Children's Services and Skills

PCF – Parent Carer Forum

RISE – Research and Improvement in SEND Excellence

SALT - Speech and Language Therapy

SEMH – Social, Emotional and Mental Health

SEN – Special Education Needs

SENCo's - Special Educational Needs Co-ordinators

SEND – Special Educational Needs and Disabilities

SD – Statutory Direction

SLIPs – Sector Led Improvement Partners

WSOA – Written Statement of Action

Chapter 1: Background

This research investigated 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 study was carried out shortly after the introduction of the [Office for Standards in Education, Children's Services and Skills \(Ofsted\)/Care Quality Commission \(CQC\) \(2023\) local area SEND inspection framework](#) (implemented from 1 January 2023). As this inspection framework is newly in place, reference was made to it in interviews, although in the main, participants experiences were framed in the context of the former [Ofsted/CQC local area SEND inspection framework](#). Whilst the new framework introduces some changes in DfE/NHSE intervention processes, the approach and guiding principles remain much the same.

Under the former Ofsted/CQC local area SEND inspection framework, areas deemed to have significant weaknesses were required to produce a Written Statement of Action (WSOA) for improvement. If on subsequent Ofsted/CQC re-inspection significant weaknesses persisted, DfE/NHSE obliged local areas to write an Accelerated Progress Plan (APP) to demonstrate how progress would be accelerated, alongside the local area's analysis of possible reasons for lack of progress. In cases of serious concerns around performance, local areas may have received an Improvement Notice (IN) or Statutory Direction (SD).

Intervention, under both the former and new Ofsted/CQC SEND inspection framework happens most frequently following a poor outcome of an Ofsted/CQC inspection. [Recent guidance jointly issued by DfE and NHSE \(2023\)](#) identifies a broad set of guidance for support and challenge of local area partnerships following inspection within the new framework. The high-level principles guiding DfE/NHSE intervention are as follows:

- ✦ A proportionate and evidence-based approach to improvement work to be taken;
- ✦ A holistic view of the context of, and challenges in, a local area to be taken;
- ✦ An increased intensity of the support and challenge response across the three outcomes, pitching support and challenge directed at the correct, accountable partners;
- ✦ Celebrating and sharing effective practice.

When intervening in local areas, DfE/NHSE draws on a 'toolkit' of interventions that includes:

- ✦ Non-statutory interventions: the provision of external consultancy, advisory or peer support, often from an appropriate local area partnership; the establishment of Improvement Boards (IBs) (with an independent chair); enhanced monitoring and challenge; and the issuing of non-statutory improvement notices;

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.

- ★ Improvement notice (IN): the steps the local authority (LA) is required to take to improve SEND Services. This is not a legal instrument, but rather a formal notice designed to tackle significant or enduring underperformance in a council or partnership against which progress will be reviewed;
- ★ Statutory direction (SD): more critical or enduring underperformance may necessitate a Statutory Direction. The Secretary of State can direct a council, drawing on powers in section 497A of the Education Act 1996.

Intervention in SEND services is complex. It draws together: large public sector organisations with differing languages, approaches and priorities as well as funding, management and delivery structures; parent carers and their representative Parent Carer Forums (PCFs); children and young people with SEND and related support groups, plus a wide range of voluntary sector organisations. Together, they are obliged to develop shared approaches to improving outcomes for children, young people and families in local partnerships, providing services that respond to a growing demand for provision. When serious weaknesses require formal intervention, local areas are directed to set up Improvement Boards (IBs), drawing partners together to deliver sustainable and positive impact and improvement.

Such government intervention, accompanied by a supportive ethos, appears necessary in the face of recent reporting that the SEND system is 'broken' (cf. Atkinson et al., 2024). However, improvement may prove difficult to realise because responsibility and accountability for partners in the SEND system are misaligned. Some partners, notably local authorities (LAs), are held accountable for things they do not control, while others are not held to account for their contribution to the SEND system (Hoddinott et al., 2024; ISOS Partnership, 2024). Given this, as well as considerable financial and performance pressures, it may be that LAs and their partners incline towards a defensive approach in addressing externally imposed SEND system improvement intervention. Our report seeks to highlight how LAs and their partners might engage in reflection, learning, and change management towards SEND system improvement, in the face of such challenges.

Research Aim

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

Methods

Semi-structured interviews were conducted with twenty participants involved in improvement and intervention in local areas, including those from DfE/NHSE and Ofsted/CQC Inspectorate, to explore decision-making processes around intervention, the inspection process and the support provided to local areas when they are deemed to have significant weakness in delivery of SEND services. The research included more interviews than originally anticipated, this reflecting a particularly positive response from NHSE to participating in the research.

We additionally undertook interviews with fifteen participants in two case study areas, in which there had been DfE/NHSE intervention in the form of an IN. These included: senior leaders in the LA, the Integrated Care Board (ICB) and in Children's Services; senior managers delivering SEND services from health and education; PCF representatives and SEND Advisors contracted by DfE in local areas.

Given that relatively few areas have been subject to DfE/NHSE intervention, and to maximise anonymity, we have not differentiated in the report between evidence from case study area interviews and that given in broader interviews with participants involved in the intervention process, who also cited experiences of working in local areas in which SEND services had significant weaknesses. We refer to 'local areas' throughout the report, which may or may not be case study areas.

Access to participants was initially established through DfE contacts, this due to limited timescales within which the research was undertaken. There were some challenges establishing and negotiating contact, with understandable concerns regarding anonymity. In response to this, the report is written thematically and will not identify participants, local areas or specific participant job roles. Local areas were reassured that participation in the research would not negatively impact upon relationships with DfE colleagues.

Interviews lasted one hour and were undertaken on Microsoft Teams. They were recorded, transcribed and analysed using thematic analysis. Ethical approval for the research was granted by the University of Warwick Humanities and Social Sciences Research Ethics Committee.

It is worth noting that as a qualitative piece of research, it does not seek to be representative. The research focuses on the exploration of experiences of intervention and improvement amongst the thirty-five participants and the meanings they attach to their own perceptions. The views expressed therefore may not be representative of more widely held views.

Wider context

In reporting the research findings, it is important to acknowledge the context within which children, young people and families are receiving services and DfE/NHSE and local area partnerships are operating.

Recent years have seen an enormous increase in the identification of children and young people with special educational needs (SEN) and SEND, and as a result a rise in Education Health and Care Plans (EHCPs). This has been accompanied by an increase in LAs facing tribunal for refusal to assess children and young people for EHCPs and noncompliance with the requirements of these. According to DfE figures, EHCPs and SEN Support have seen particularly increases for children and young people with Autistic Spectrum Disorder (ASD), speech, language and communication needs, and social, emotional, mental health (SEMH) needs (DfE, 2023). Children and young people have also experienced long waiting times for assessments and supportive therapies.

Rising demand amongst children presenting with complex needs has resulted in some children being placed in inappropriate education settings, at times out of area. This has impacted on children, young people and families and also on LAs coping with increasing financial demand.

A senior leader described how the mismatch between legal obligations of local authorities and the resources available to fulfil these, was leading to frustration and anger amongst parent carers unable to secure appropriate care for their children. Additional pressures on parent carers and families have recently been exacerbated by COVID-19 and cost of living increases. These issues highlight the importance of 'whole family' approaches to care for children and young people with SEND, and the imperative of public services to provide a joined-up response to children and their families.

The current financial challenge has been described as a 'crisis' by local authorities. Austerity policies, resulting in funding cuts and increasing need, were exacerbated by the COVID-19 pandemic. During this research, Birmingham City Council, the largest in Europe, declared bankruptcy after issuing a section 114 notice, this preventing all but essential spending to protect core services, and it was not the first council in England to do so. Structural and accountability changes have also impacted SEND partnerships. In education for example, the diversity of the school system, with increasing academy schools (schools funded directly by DfE, and no longer managed by LAs), means schools have greater autonomy over decision-making. As our previous research shows, in instances of disagreement between LAs and academies in relation to admission of children with SEND, there is a reliance on informal co-operation amongst school leaders (Currie et al, 2023). Also, in health, the inception of Integrated Care Systems (ICS) and ICBs in July 2022 (<https://www.england.nhs.uk/commissioning/who-commissions-nhs-services/ccg-ics/>) is a further complicating factor. The replacement of Care Commissioning Groups (CCGs), with ICSs/ICBs often encompassing larger 'footprints' for services may have potential benefits for example, a greater collective of SEND specialists working within ICBs, but the lack of alignment of ICB boundaries with local authority boundaries may lead to additional complexities for children, families and professionals attempting to co-ordinate care for children and young people with SEND.

The dynamic nature of the policy context can be destabilising for the workforce, with implications for staff in terms of potential churn and workload. Policy reviews and other changes include: the [SEND Review, 2022](#); [SEND and Alternative Provision Improvement Plan, 2023](#); [The Independent Review of Children's Social Care, 2022](#); [Health and Social Care Act, 2022](#); and the new [Local Area SEND Inspection Framework, 2022](#). The new Local Area SEND Inspection Framework and the implications of this for local area partnerships as inspections progressed during 2023, was part of the narrative of many of the participants in this research.

In local areas in the research, specific contextual issues, such as financial pressures in the wider council as well as SEND, impacted delivery of SEND services. Geographical profile also impacted provision of SEND services, for example pockets of deprivation presented challenges for delivery of services in both rural and urban communities - whether large or small:

The challenges in deliverance and services across county councils...is difficult in terms of consistency and the scale of delivery. And I'm not saying that the challenges...in smaller LAs aren't significant, but it's a different challenge.

You've got the north; significant, affluent [town name] ...some of the most deprived boroughs in the country in [town name] and [town name] and some of the worst gun and knife and gang crime in the country...So that context is important.

Weaknesses in SEND services were also linked to wider challenges for LAs, with the political context, the culture across the LA about children, and the performance of CSC:

Usually when you start digging, you find there's issues perhaps with finance and the way that's supporting SEND and the way things are, being reported or funded, there's issues with HR and how quickly people can get the workers they need. It's going to go wider than just the actual children's services department.

We were giving a very clear message that there were significant barriers in the system that needed to be addressed and they were bigger than SEND.

These factors were intrinsically linked to the challenges in improvement in SEND services and subsequent interventions that we now explore in detail. The context and key challenges in improvement and intervention were dynamic, evolving and often interdependent and/or interlinked.

The structure of the report

This report is structured by exploring in turn the main challenges participants shared about intervention and improvement in SEND services in local areas: leadership, partnership, workforce, evidence and data. Whilst considering the challenges presented, we have also set out facilitators: participants experience of the tools and/or resources they drew upon to overcome challenges. We then consider the process of managing interventions and related challenges and facilitators. Our discussion and conclusion reflect on learning on intervention and sustaining improvement in SEND, with the aim of providing stimulus and reflections on how such learning may be taken forward to affect positive and sustainable change. We finish with recommendations for improvement. Throughout the report we provide positive examples of how local areas have sought to overcome challenges when experiencing DfE intervention.

Chapter 2 - Leadership

Facilitators

- Strong and consistent leadership was described as pivotal for effective partnership working.
- Developing a culture prioritising SEND and recruiting leadership and a workforce with SEND knowledge was seen as helpful.
- Where a 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. However, this was reported as coming at significant cost both 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.
- IBs were described as bringing senior leaders together. This helped with relationship building, developing shared values, aligning priorities and mobilising 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.

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 LAs and ICBs needing intervention.
- Insufficient prioritisation of SEND by leadership was described, with other priorities, such as CSC, taking precedence.
- When intervention took place, such as an IN, leadership said they lacked necessary knowledge about the process.

Leadership facilitators

Secure and sustained leadership was described as important for accelerating improvement, particularly when leaders such as the Chief Executive and the DCSs were "on the same page". Senior leadership linked the paucity of expertise in SEND to a broader culture across local areas where SEND is not regarded as a priority. In one area, through significant leadership changes, it was suggested that a corporate approach could be engendered that would go together with a cultural change across the organisation, with a stronger focus on SEND. This took effect as changes were being made in key senior positions in SEND as well as in health:

I brought in a fantastic knowledgeable team who understood SEND...sometimes SEND can be seen as a stand-alone issue ... It's not seen as a LA issue. It's not a priority because...children's social care becomes a priority or adults...So I think that corporate approach is important...

Participants described how promotion of a culture conducive to change was helped by leaders prioritising the recruitment of a workforce with specialist SEND knowledge. There was agreement amongst participants that leaders had a pivotal role in influencing and challenging culture, particularly if they modelled the values and behaviour they wished to instil in the wider workforce.

Leadership embedding a culture of SEND knowledge and expertise

Establishing effective teams to support SEND and implement change was an early mission in one local area where budget cuts had resulted in the consolidation of a number of roles and a weakened position of the SEND team. Driven by intervention in SEND services, the leader established a team with dedicated SEND portfolios, and during subsequent Ofsted/CQC visits, was able to reassure Ofsted/CQC inspectors that a focus on SEND was becoming embedded across the local area. This had been a challenging journey however, with extensive lobbying for funding and support from the most senior leaders. This had taken time, and it was not until a serious intervention was imposed in the area that improvement was able to be evidenced.

As described previously, as local areas improved, it was seen as important for leaders and local area partnerships to "know themselves" as a system. To do this, participants felt that leaders need to listen to, and acknowledge, the perspectives of children, young people and families, and be open to challenge. When leaders could acknowledge the impact of service provision on families, they were more inclined to cultivate a solution-focused approach, driving change forward. Developing sound understanding of SEND provision was described as important by participants in supporting this endeavour (see section on evidence and data).

Participants reported that INs were significantly disruptive to local areas due to the negative impact on the workforce and the bureaucratic requirements attached to them. Despite this, local areas were largely described as accepting of interventions and motivated to make the improvements necessary, with the support of DfE and NHSE colleagues.

This participant reflected on how the impetus the intervention brought to SEND, drew partners together around a common goal:

What it did do is put... a very clear spotlight on SEND. And I think helpfully, in a funny sort of way, it also brought to the fore, the relationship with our partners.

Focusing attention on SEND at the highest leadership level was seen by participants as a benefit of interventions such as an IN or a SD. As a public statement of need for service improvement, these were described as providing the impetus required to push the agenda upwards, focusing minds in the higher reaches of local partnerships on the SEND service, motivated by the joint endeavour of improvement. Whilst an intervention was reported as difficult, the spotlight on SEND could be an important catalyst for change, with children and young people's outcomes prioritised:

So, actually landing that direction or piece of paper that makes people wake up and go, "oh, hang on, we've got a problem here. Didn't want this badge of dishonour". It can really galvanise people around, "well okay, how do we fix this problem?" You get chief executive involvement, leader involvement, a little bit more political engagement...that can be challenging but quite helpful to DCSs who are trying to lead a service...from failure... and improve it.

...they are really trying to make the case to us that this is...one of their top priorities. And similarly, in [area name]...they put children and young people as one of the top priorities in their recovery plan.

Whilst failures had escalated to IN intervention in some local areas, participants reflecting on wider experiences in other local areas, reported how "lower stakes" interventions such as WSOAs or the threat of an IN, had at times, been enough to "galvanise different parts of the system", encouraging leaders to "carve out that space and make SEND a priority". One participant describes a local area where "progress was too slow" but the prospect of being "stepped up" from a WSOA to an IN had mobilised action, the threat meaning that "things moved on a bit" where otherwise they were likely to have remained static.

In one local area, the involvement of the ICB and the LA Chief Executive occurred once an IN had been imposed, this involvement was seen as critical to improvement:

We didn't have the engagement of chief exec either from the CCGs, as it was at the time, ICB now, or the local authority. It was distant from that chief executive role, and they were only brought in at the improvement notice stage, in terms of engaging and getting involved with the Board, which has made a significant difference in terms of the priority that's given within both organisations to try and get some of these things landed.

Having Chief Executives engaged and sitting on an IB was described as helping on several levels. Firstly, it prioritised SEND, consolidating shared priorities amongst leaders, encouraging challenge and knowledge-sharing across the local area SEND partnership, and helping to secure collective aims.

By co-chairing the IB, leaders reported how they had developed effective and regular partnership working which embedded shared goals:

I think the relationship's there, I don't think it was a priority, a 'shared' priority for us, would be what I would say. And I think that's the difference. I think it's a 'shared' priority now. And therefore, we're leveraging the benefit of those relationships through that 'shared' priority.

Furthermore, whilst also chairing the IB, leaders reported taking a "hands-on", proactive approach to improvement work, this helping to drive change across the partnership:

And then we would basically both hold people to account, but guide, motivate, whatever the heck we needed to do on a very regular basis. We're talking about monthly meetings on a really regular basis.

This ownership by senior leadership was seen as important, proactively driving improvement:

I do know once it was done and you had that multi-organisational, multi-disciplinary improvement board with real senior ownership, it works.

It's the chief execs being involved and taking leadership in terms of pushing the agenda has been critical in terms of making that progress locally. I would say it shouldn't be needed, but it has been needed, which comes back to almost that accountability side of things.

It was recognised by one participant that the extent of leadership involvement was not matched in other local areas also under the remit of the ICB, this attributed to the IN and the focus needed to accelerate improvement. She described the potential benefit of extending the approach to the other LAs in the ICB, to ensure that SEND was elevated on their agendas.

In another local area, the IN and development of the IP conversely was described as the catalyst for the quiet removal of ineffective leaders, who were, "*those sorts of heads and directors who really weren't doing their job*". This afforded the opportunity to refresh roles previously associated with poor performance and install "*people who really wanted to make that change*" with a focus on improvement.

The support reported as most valued by leaders in local areas was provided by the SEND Advisors contracted by DfE. In one area, the mentoring support the SEND Advisor contracted by DfE provided, particularly for incoming leaders who had shortfalls in SEND expertise, was described as "*incredible*". This experience was echoed in another area in which the SEND Advisor contracted by DfE was appreciated for their "*wealth of experience [and] knowledge*", including the ability to signpost good practice in other local areas, as they tend to be well-networked.

SEND Advisors contracted by DfE were also valued for expertise in the technical aspects of SEND services. They were, for example, able to advise on legal queries, applying this in local areas they had long-term experience of working in. These consistent relationships and knowledge of the context of the LA, ICB and wider partnership were much appreciated.

They've been...doing it for 20, 30 years...they know what they're talking about. They've seen people come and go in these authorities, so that relationship is a good relationship... they're very well trusted by them. So, it's ...good...to get that insight ... from them...it allows us when we come together...are we in the right place?... that level of support...for the authority... it's for us as well...us and the authority both work with those advisors, it's very useful.

There are some things which are critical. The first thing is that the people that you're talking to know that you've done the job, and you've got the T-shirt. Dealing with services that were Ofsted outstanding...so they know...you mean business.

The experience of SEND Advisors contracted by DfE afforded them credibility and status amongst leaders in local areas, with their specialist knowledge filling the gap that leaders and local areas lacked, empowering them to assess services and direct appropriate improvements. The SEND Advisor contracted by DfE role was premised on relationship building, the following quote illustrates the balance between support and challenge that required careful negotiation:

... a lot of times different people will say they believe in that, [collaboration and coproduction] that's what they're doing, but they're not. And that's when as an Advisor, you can have those challenging conversations. But the important thing is that...you've still maintained the relationship to carry on and do the improvement work...there's a huge amount of diplomacy.

In one local area, the SEND Advisor contracted by DfE was described as 'smoothing the way', providing a positive balance of challenge and support, taking a regular place at IB meetings:

...in the first couple of meetings, we were probably quite conscious that they [the SEND Advisor contracted by DfE] were there observing us...But very quickly... it moved all together...So...it's great that he had been on that journey with us so when we were talking about interventions...He was... talking maybe more about the detail around them... I think the relationship has really matured and we do see them as helpful they... give good challenge.

The distance of the SEND Advisor contracted by DfE (because they are not DfE employees) was described positively by local areas who felt that this allowed for "absolute trust and openness". This openness between local areas and the DfE Case/Regional SEND Leads was identified as more complex due to concerns about legal implications of giving "advice" or guidance and "ending up in judicial review". Despite participants describing themselves as feeling less able to be candid with Case/Regional Leads, relationships were described as positive with "some really good quality on record but also off the record conversations", demonstrating that this dynamic was a useful and supportive one.

SEND Advisors contracted by DfE providing support to leadership and wider SEND workforce

SEND Advisors contracted by DfE was valued by participants for the versatility that they had to both support and challenge partners across the local area at leadership level, coaching senior leaders in aspects of SEND legislation and provision, and at the same time being able to work alongside operational staff, providing training where there were gaps in knowledge or expertise, for example in EHCP teams or processes:

She worked with us. She challenged us. She poked, she prodded us and she probably went way beyond her role at times. And she was delivering training and showing us what good looks like and fundamentally she knows her stuff...she was so honest all the way through, she challenged everybody. She challenged the Parent Carer Forum and they are a tough lot!

Leaders used SEND Advisors contracted by DfE for valued, ad hoc support, having relationships in which they could telephone or email advisors for quick responses on legal or performance queries.

Leadership challenges

Weak and inconsistent leadership

The failure to secure strong, sustained leadership was highlighted by participants as "one of the root causes" of the failure of SEND services to improve, contributing to persistent failure when interventions are imposed:

... the difference between local areas where they're in intervention but they're making progress and the ones where they're in intervention and we're really struggling with that process, is purely based on that leadership.

In one local area, the inspection process was described as having exposed challenges with leadership at all levels of the system, with the local area SEND partnership reported as having "no clarity on leadership, accountability and responsibility" with "significant dysfunction". This included senior leaders in education, impacting on relationships with parent carers. In another local area, dysfunctional behaviour was described as manifesting itself in the refusal of leadership to accept responsibility for failure, leading to the eventual replacement of key leaders.

As local areas worked towards improvement, it was described as important that leaders "know themselves" as a system, fully understanding the strengths and weaknesses to sufficiently drive and deliver positive and sustainable change. In one local area, following an IN, a participant described a leader as seeking "the positive 'one page' highlights of improvements and what is working well" and he had concerns that this could mask the reality for children and families experiencing services. Leadership able to demonstrate self-reflection was seen as critical to affecting improvement, and securing competent and strong leadership was described as "one of the greatest challenges that we have". There were risks reported with the consequences of removing leaders however, as subsequent leaders may be interim, with an associated lack of commitment or expertise:

If you've got interim leaders, it's really, difficult. Because either A, they know they're only interim and they'll just do the basic stuff. Or B, they're interim and not qualified and therefore, the quality of what they do is poor.

Strength of leadership was identified by participants as a key determining factor in deciding which intervention to impose, particularly in cases where more severe intervention measures were being considered. In the following example, the decision to apply an IN, as opposed to a more "high stakes" SD, was influenced by confidence in leadership to sustain change, accompanied by a stable SEND workforce:

There are things to consider...first off, what those areas of weakness are and where the LA are in terms of leadership and in terms of their team that are working on SEND... how stable is that ... there was a case where we had to consider those things, and we were quite confident in the leadership, and there was evidence to back up why there was...some confidence in the people that were leading on SEND. And so, [we] decided that [a] statutory direction was not appropriate in this case... they could make the necessary changes that we needed, and so... an IN was a more appropriate direction to go in.

Lack of SEND knowledge and expertise in leadership

A further key challenge reported when serious weaknesses were apparent in the delivery of SEND services was a lack of SEND expertise and knowledge. This was particularly pertinent amongst those at the most senior level (Chief Executives, political members), Director of Children's Services (DCS) and SEND Leads, where a lack of SEND background or children's provision was problematic. Limited knowledge of legislative responsibilities and the impact of this on children and young people's outcomes, coupled with competing demands, were barriers to a focus on SEND services. Such factors were seen as a significant hindrance to progress:

...it's the senior levels of the LA. So, your chief executives, your leaders of the council, people that really...don't have the knowledge of children's services and with conflicting priorities, kind of getting that on the agenda... getting their oversight to ensure that rapid progress that is needed, is made. [This] has been a real challenge.

In some instances, limited leadership awareness of legislative requirements was reported as leading to a disconnect with parent carers who could be better versed in SEND knowledge (see section on partnership).

In one local area, council leaders recognised a deficit in SEND expertise prior to intervention, acknowledging the steep learning curve required. Specific issues, such as quality of EHCPs had been difficult to tackle with leaders needing to "up their game", learning "a new language" to fully understand and implement improvement in services.

Participants described how DCSs may have a CSC rather than SEND background, with SEND leads also having limited experience in SEND service provision:

SEND is still considered to be a terribly little niche bit and it's over there, and it's the classic of where a chief exec decides, his SEND lead's gone and he looks around and he goes, "oh, right well, you've managed admissions. And that's what SEND's about, it's about writing. So, you can manage SEND".

This participant refers to the paucity of "specialist knowledge" and the need to deepen understanding to effectively direct work needed for improvement. Skills relating to the development of the sufficiency statement for example, and the needs analysis required to effectively focus action for change for SEND services, were lacking in one area described, particularly in leadership roles. At the time the local area was experiencing failings, the Assistant Director (AD) of Education had no experience of SEND:

The AD, he was from Property Services. He had no idea about SEND.

Participants referred to the tendency for SEND Commissioners charged with working in struggling LAs to have backgrounds in CSC, rather than be specialists in SEND. One participant expressed a concern about having sufficient leaders to act as SEND commissioners – with seniority and confidence:

We haven't got a list of possible SEND commissioners...that should be at ex DCS level or very senior [level] that can really motor and...drive things and...be at the table with the senior leaders.

Once in place, it was reported that Commissioners tended to focus on issues at a senior leadership level and with politicians, relying on the SEND Advisor contracted by DfE expertise when working towards improving local SEND services.

At leadership level in local areas, poor understanding of the pivotal role of co-production in SEND service improvement was also described as an area of challenge. Without the drive towards establishing meaningful co-production amongst leaders, effective partnership working and improvement could be stymied:

It's great doing coproduction training for frontline staff and what have you. But if your managers, and your senior leaders and executive teams don't understand what it really is, what's the point? Because the decisions that will be made will not facilitate, a co-productive approach.

This sentiment emphasised the importance of senior leaders being upskilled on the specifics of the Children and Families Act, 2014 and SEND Code of Practice, 2015, which foregrounds the importance of co-production in developing SEND services.

Lack of prioritisation of SEND by leadership

A further notable challenge identified in the research was the poor prioritisation of SEND amongst leaders. In such local areas, "corporate dysfunction" was identified as a critical factor:

...the issues are around corporate dysfunction...the corporate and political leadership...to ensure you've got the resources... they recruit the right people, that you've got the right culture...is the DCS right?... And then you need a SEND lead who understands... specialist knowledge....they cannot function in a LA that hasn't got corporate and political support around the improvements they're trying to make.

In local areas in which a WSOA had failed to result in the sufficient prioritising of SEND, complacency was described amongst senior leadership:

...if I'm being honest the chief executive and the political leadership were a bit complacent...it was a bit like, 'well, we've got a statement of action. It's not great, but we'll get out of this.' But...it wasn't seen as a great priority.

I think children particularly in terms of provision had been given a lesser priority than adult provision, and certainly within the local authority, the councillors at the time and the administration at the time, votes were going to be picked up more within the adult community, children did not have the focus and the resourcing.

Participants reported more urgent priority being given to improving SEND services after an IN, with this impacting senior leadership and leading to the mobilisation of resources. One senior leader described himself as being jolted by the experience, recognising that he had "let things slide a bit".

Poor prioritisation of SEND did not just relate to lack of knowledge and understanding of responsibilities, but also at times participants described other challenges in LA departments taking precedence. It was not untypical for example, for participants to cite CSC as higher on leadership agendas, especially as CSC held political potency. CSC inspections could be deemed, in the words of one participant, to "trump all" with "all effort, money etc" directed to this. Responsibility and risk could be concentrated on safeguarding, with a detrimental impact on SEND provision:

I don't think that the SEND services are given as much priority as children's social care services...the nature of the risk around that work and statutory responsibilities of the DCS and potentially...politically, corporately...There's two things that are going to get you fired or in the media, and one is budgets, and the other is children.

When you've got children's services in a deep state and then you've got SEND, bubbling away with a written statement of action, you're going to focus on the wider children's services, and you maybe won't pay as much attention. So, I think there is something really, important in getting that message over that this is serious and then bringing in your senior leadership within the system.

This sentiment is possibly supported by the fact that 5 out of the 9 local areas who have received a judgement of 'systemic failings' in their SEND inspection (to date) have been judged good or outstanding in their children's social care ILACs inspection.

Within ICBs, some participants highlighted children's needs as just one small part of the work of the organisation and felt that areas could be slow to align health and SEND priorities. Leadership was seen as particularly pivotal for partnership working across the SEND system, even when there was limited expertise in the system:

Local leadership is ...the biggest...risk to delivery of improvements... it all stems from ...strong leadership, good leadership behaviour... I would say that even above...having the specialist expertise to do the job...it's how well that improvement is led. How well does that leader interact with partners and work with them...?

Leadership and DfE relationships

Having positive relationships between senior leaders in local areas and DfE was reported in the research as important for clear communication, challenge and support, particularly in times of crises, but these relationships were at times a challenge. DfE responsibility for monitoring improvement and intervention in local areas is held by Case Leads who, managed by DfE Regional SEND Leads, are the key link with senior leaders. The research highlighted the DfE Case Lead role as being particularly difficult, requiring both administrative responsibilities, coupled with responsibility across local area partnerships, working alongside and challenging senior leaders and reporting to government ministers on improvement, that could be acted upon on their recommendation. As civil servants, with a variety of backgrounds, they did not always have direct experience of the SEND system, which could be difficult when working directly with senior local authority and health leaders. One participant remarked:

They're not SEND experts. They have very little knowledge of SEND. And so, you're talking to people who are civil servants. So, for example, they're saying things like, "you put this in a spreadsheet, an Excel spreadsheet" and you're saying, "we need help, we need to do this with our schools, and we know we need to do this so, can we get this?" It's like, "oh, no, you're not filling the right box in". So, there's a real disconnect there, when they hold a lot of power.

This coupled with the transience of their roles was reported as challenging for those investing time in upskilling them:

... the two case leads in the [region] one came from work and pensions, one came from ... academies work, neither with any knowledge of the SEND system per se... if I was doing a visit I took my Case Lead with me, we would do a tour of the [region] and we will constantly talk all the time.

But, of course, the civil service moves people around quite frequently. So, you can invest an awful lot of time in explanation, understanding, coaching, et cetera, but then, somebody else comes in and it's lost.

The SEND Advisors are not employed by DfE and are contractors procured for their expertise to support the Local Authority in the improvement of its SEND functions. SEND Advisors do not exercise statutory powers on behalf of the Secretary of State and can determine how to do their job without being supervised, fulfilling their obligations at a time and place of their choosing. The Advisor attends monthly meetings with their DfE contract manager to report against the outcomes and success measures defined in the contract. Their experience is varied, they were described as often having a long history of working within the SEND and education system. During the process of our research, changes to the operation of the SEND Advisors contracted by DfE were taking place. This change preoccupied many participants and was the subject of discussion in which participants talked about their feelings and their potential concerns. It should be noted that this research was undertaken before changes were made to how SEND Advisors contracted by DfE are used and as such may not have reflected a full understanding of the forthcoming changes. Nevertheless, we highlight that participants judged a need to upskill DfE Case Leads:

...if we were going to move to more of a professional judgment on what the [DfE] SEND team feels and thinks and the evidence, there'd have to be sort of training and development... to be able to feel confident to do that, because at the minute they default to, well, what does the [SEND] Advisor think?

The importance of having support and advice from people who have both sufficient credibility and contextual knowledge of local areas was emphasised. This was linked to longevity in roles and trust built over time.

Chapter 3 – 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 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.

Challenges

- Lack of a partnership approach to intervention from DfE/ DHSC means 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 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.

Partnership facilitators

A collective, collaborative response to SEND improvement was described as required by local areas who were facing intervention, whether at WSOA stage, APP, IN or SD, to bring about deeper cultural change, with a broader prioritisation of SEND. A starting point for this was seen as clear and consistent political and leadership support, and effective partnership working with co-production.

Whilst an IN could focus attention on children and young people's outcomes, participants reported that it also had the potential to validate service-users concerns, as well as galvanise attention towards SEND across the local area partnership, including among schools, and other partner agencies. One participant describes how the "weight" and "public transparency" of an IN "can be quite a powerful galvaniser of change. And... for parents, it's a recognition that some of the issues...are not going unnoticed and...there is action being taken by government and others to improve them".

Participants described how the lack of hard 'levers' discussed above, to enable buy-in and accountability from partners in SEND partnerships meant that the 'soft skills' of building positive partnerships through co-production and the development of trusting relationships is key:

But again, a lot of it for us is around soft power. What power does NHS England really have to enforce with ICBs in the new world that we live in? And a lot of it is soft power, so, a lot of it is living relationships and providing an example of good practice.

Ensuring positive relationships between all partners including education; schools; health; social care (children's and adults); and voluntary sector partners was seen as important by participants. Working alongside parent carers and with children and young people required skill and time but was reported as vital for embedding change and sustaining improvement. From this account, it was clear that sustained improvement was closely aligned with commitment to partnership working. This is more impactful when services-users are at the heart of this work:

... where an area...are finally working together effectively [it] is such a huge payoff in terms of how they're going to really improve...and the impact that's going to have on children and young people with SEND...When people believe and are committed to the power of collaborating and coproducing at a strategic, operational and individual level, that's ... the markers of whether you've got...sustainability going forward.

In the following local area, there were attempts to develop stronger partnership approaches to supporting families across services, with a joined-up approach to offering support:

All the services, the health, the social care, the education, they were so disjointed. Nobody really knew. So, you'd go to a service and ask for something, you'd get a "no". And one of the things we've tried to work on, particularly in the last couple of years, is we want to change that narrative from, "no", to "no, BUT this is what we could do, or this person could help you". So, I think there was a lack of communication right across the board it felt very disorganised, and it felt very anti-help.

As described earlier, demands on parent carers, particularly following an IN, were considerable. In one local area where the PCF had seen a high turnover, a community interest company was established, employing parent carers as members of staff. This enabled the local area to sustain parent carers and allowed for more effective management of demands on parent carers.

Once an IN had been served, partners described how they typically came together to focus on Ofsted/CQC findings. These initial meetings were led by DfE Case/Regional SEND Leads and NHSE regional SEND Leads. For these forums to have an impact, it was described as important that they included not only leaders directly working in SEND, but also those working as part of the broader partnership, to ensure joint accountability and challenge, delivering a common message around improvement for SEND services for children and young people. This process was reported as key for ensuring a partnership approach from the outset:

When you bring everybody together, including corporate and political leaders that are not always as close to SEND, and health together to say "actually, this isn't good enough, this is what Ofsted said, what are you doing about it?" I think that's helpful for everyone to hear the same message so, it doesn't just land on the LA.

Participants within local areas described working hard to develop strong partnerships across agencies and with parent carer representatives and schools once they received an IN, and this was reported as largely due to a more genuine co-productive approach. Participants thought that more guidance on co-production following an IN would be useful:

A bit more guidance and profile on how co-production should look and how it should be done in terms of... reviewing how co-production is working locally, as well as guidance in terms of managing expectations around what co-production is and what good co-production looks like.

In a local area where there had been antagonistic relationships, the relationship was described as improving as the partners moved away from a blame culture and started to take a "more solution focused" approach, working with the PCF as a "critical friend" to ensure positive outcomes for all families. DfE Case/Regional SEND Leads and NHSE Regional SEND Leads were seen as helpful in supporting a reset in relations with local leaders where needed, promoting positive engagement and co-production.

Following initial meetings, IBs would then be established, and these were seen as an essential lever for partnership working and shared accountability. By drawing partners together, participants described how SEND had the potential to be elevated to a higher position on political agendas, and this enabled an increased focus on outcomes for children and families.

An important lever for this was described as effectively engaging the PCF:

... you need the buy-in corporately, but particularly...from partners. So you need health, education, the voluntary sector...at a leadership perspective. Then on a practical level you need everybody working together. You need... people...saying, I can see that you're struggling here ... let's look at what we can do to make a difference to a child's life and support a family. And then I think the Parent Carer Forums need that support. I've got a good Parent Carer Forum now.

Once you bring in and you empower your parent carers and your children and young people, then you start to get that transformative change and that buy-in, that really works.

The main vehicle for bringing the partnerships together was the IB, which had around thirty members and included sub-groups who undertook work on specific areas of improvement. They based their work on the IP drawn up in response to the significant weakness/es identified in the Ofsted/CQC inspection. The IB was described as an effective tool for drawing partners together:

... once the IN hit...everyone was there saying, "what have we got to do?" And because of the approach that we took of getting everyone in the room to develop the plan together, people felt as though, "I've been included from day one... my action might not have been prioritised, but I understand why the priorities have been chosen...I understand my contribution to whatever actions have been identified" and we did constantly listen.

Whilst IBs were clearly key forums for directing improvement work, there were concerns about limited guidance on structure and use, with one participant characterising an IB as "not knowing what they were doing", with inadequately defined roles and reporting procedures:

... I went in and said "sorry, can you tell me, who is the board and who is reporting to who? And what's the impact, so what?" ... I see [DfE] SEND Professional Advisors attending these boards, but they don't ask those leadership governance questions. They get into the nitty gritty... if they're asked a technical question. So, I do think there are some gaps.

What it is, is just essentially a board needs to understand that they need to coproduce. A board generally doesn't understand how to coproduce. They know it as lip service. But as leaders, it's very hard to empower parent carers, children and young people to the degree where you see that transformative change. And that is one thing that probably if we do anything across the systems, is we really enable coproduction. Because where that does work and where that has worked, it has been fantastic.

In one local area, the Chair was an elected member of the council assisted by the ICB Chief Executive and LA Chief Executive as co-chairs. The Chair was described as having an unrelated portfolio so scrutiny could be effective, having a council member Chair "upped the ante" with a political stake in improvement:

It was chaired by a lead member, which meant...there was pressure to make sure it worked, because that then starts to tie in with who's got what portfolio...it actually...meant that the person chairing the improvement board was not from that area of the LA and wasn't from health.

Establishing productive work within the IBs was reported as not always straightforward or immediate, and it could take time for participants to feel able to contribute openly and honestly as relationships developed and partners developed mutual familiarity. The role of the Chair was fundamental in facilitating relationships in the IB. The IB took time to settle into a way of working together in which there was sufficient honesty and challenge:

I have to say, to begin with it, it was clunky, best way I can put it. It didn't seem to have huge momentum to begin with... People would present what they're doing, and everyone would nod and say, wasn't that lovely. And I suppose it took maybe three or four meetings before [the co-chairs] went, "no, that isn't right. So, what does the parent think? What does the child think? How are we making sure that this makes a difference?" ... And once we started to refocus it, people got the message that it wasn't just about doing stuff in the improvement plan. It was thinking, how does this make a difference to the child?

Developing positive partnerships with parent carers through the Improvement Board

Ensuring service-users were at the centre of improvement work was a key driver of the IB in local areas. Initially members of the PCF in one local area reported feeling suspicious of being invited onto the IB, thinking it was tokenistic. The large formal meetings that included DfE teams and leaders from across the local SEND partnership, felt intimidating for parent carers. For one participant, the experience was initially overwhelming, but the IB chair was instrumental in supporting her, ensuring parent carers had a voice:

we were going in as ... parent volunteers with no training and you're in a room with people who are earning £X -£X,000 a year ... and you're telling them ... "they're not doing it good enough sometimes". You felt "have I got a right to do this? You know, where's my place within this?" We were welcomed in and the chair ... has always been very supportive... It was his decision to up the membership from two parent carers to three and anytime somebody comes in with a new idea...he'll always turn to us and say, "Okay, how do the parents feel about this? Because if the parents don't feel this is working then there's no point".

Having three parent carers on the IB was seen as important, allowing greater diversity and prominence of their views. Over time, and in an informal space after the meetings, a parent carer described realising that partners did have a genuine interest in their perspective, enabling greater confidence to speak up during meetings. Having the parent carer voice was seen as a positive means to keep partners focused on change that was relevant to needs and outcomes for children, and, if necessary, challenge and hold the IB to account.

Whilst pivotal for improvement work, IBs in local areas were reported to take time to embed. Relationship-building was important to ensure open and honest conversations, but this took time as members on the board grew comfortable with those from different services and with various roles across the partnership. Initial unease in meetings was, over time, alleviated by ensuring that action points on the IP were underpinned by a sharp collective focus on outcomes for children and young people with SEND. The critical importance of having the perspective of parent carer representatives at the meetings was stressed by one participant. He described how the parent carer representative challenged professionals and kept them grounded during the process:

So, whenever we thought we were doing great stuff, [name of parent carer representative] would come and say, "well, you might think you're doing great stuff and we are doing some good stuff, but it doesn't feel like that's out there yet". So that was sometimes hard to take because you had all these people doing all this work and he was saying "it doesn't quite feel [like it] though", but it's such an important part of the board.

The feedback from parent carers about the IBs underlined a need for more guidance on how to set up and run IBs effectively, ensuring all partners have an equal voice.

Partnership challenges

Lack of an equal partnership in SEND at national government level

Research participants explained that the lack of a partnership approach to improvement and intervention in SEND services from DfE and DHSC does not role model what is expected at the local level in relation to working in partnership, with the rhetoric of SEND as an 'equal' partnership not always 'felt' in practice. Lack of joint accountability across SEND partnerships is particularly apparent during improvement and intervention and was emphasised by participants. INs are issued under the auspices of the DfE (not the DHSC) and delivered to the LA (and not jointly to the ICB). Furthermore, whilst CQC were a partner in the SEND inspection process, with failings often featuring aspects of health provision, it was LAs who described themselves as experiencing the full force of interventions. Participants described feeling a sense of injustice centred on government failure at a national level to recognise SEND as a joint responsibility encompassing education (including Academy Trusts (ATs), who stand outside of local authority control and therefore accountability), social care and health:

It's very much DfE led. I think if it was seen that Department of Health and Social Care was very much more written into that, that would be useful, but the SEND improvement plan does put health more, in line, front and centre with it as well. But I think if it continues as is, just being seen as, a DfE process, then you will always get that concept that it's a Local Authority problem, it's not a health problem.

Whilst the IN *"bites down on the LA"*, the notice formalises an obligation for the local area SEND partnership to work together. Participants described how the resentment towards health partners presented a risk to effective collective focus on improvement and how this could delay improvement work, as partners were pre-occupied with accountability issues:

The biggest problem... with the intervention chosen for [name of area] was that the intervention only impacted effectively on the LA. It certainly initially...caused a good deal of ill feeling, because the LA was of the view that they had been misled by some partners and the council felt it had been misled by partners.

Whilst strong relationships were reported amongst DfE and NHSE colleagues, participants referred to a continuing perception by some, that the intervention process was in the hands of DfE and not held equally. One example was given in which regional NHSE SEND Leads were not asked to a decision-making panel to step down an APP. They described the panel process as a *"bit of a magical mythical thing"*, with little information-sharing and shared decision-making. Another participant described being told by a colleague that *"it's not an NHS improvement notice"*.

Lack of/poor working relationships in local area partnerships

A further significant challenge to partnership working potentially leading to intervention was described as agencies working in silo, failing to work together on improvement, this resulting in fragmented service delivery. As has been discussed above, where leaders had not established sound relationships and buy-in across key partners in the SEND partnership, including political members, this was also described as hindering progress:

... something that comes up as a theme and is a challenge that ... prevents them [partners] from making that progress is that partnership and having...good, strong joint leadership and buy in from all partners in the LAs that I've been in intervention with.

...you need political buy-in. I [leader] didn't have that initially. The Conservatives and the Liberal Democrats were, here's an opportunity to have a go at the Labour Group...So you need political ownership...It's not just the chief exec...

Where personal relationships between the local authority and other leaders had become toxic, there were challenges reported with managing and containing this situation. Such scenarios could be a distraction from progressing improvement in local areas. This was the situation in a local area with a WSOA described by one participant:

And so, what you get is just a constant war of words. And that is firmly down to personalities and relationships... my team are really struggling...to try and manage those relationships...and you're not focusing on the improvement work.

Whilst not toxic to this extent, in another area, partnership working was described as wanting, with a negative culture overshadowing the SEND partnership. Services were described as *"so disjointed"* with *"a lack of communication right across the board"* and leaders *"in a space where everything was bad about the LA"*.

At the WSOA stage, there was a reported failure of partners in one area to work collectively to agree joint commissioning processes and resourcing needed to affect change. Limited guidance and shared understanding about what joint commissioning should look like delayed the process:

In a context where everybody's quite protective over their budgets. Asking for joint commissioning to happen without clear guidance, as to what that should look like then just resulted in stakeholders having very different ideas, which then push backwards and forwards, "that's not what we think joint commissioning is, we think it should look like this", and then nothing gets done.

Challenges establishing partnerships with schools

Establishing a collective commitment to inclusion amongst schools in local areas was described as challenging, with pressures around obligations to deliver the national curriculum, to comply with Ofsted, and variation and tensions around behaviour policies. Also, frequently referred to by participants was 'a very different accountability system for our schools' following academisation. This could lead to problematic relationships with academies, particularly around exclusions and pupil placement.

Breakdowns in personal relationships were reported as exacerbating this and creating a distraction from implementing improvement. A DCS was described as having a 'horrible relationship' with academies in a local area with a WSOA. Whilst there were 'some amazing academies' described by participants, there were some who did not believe SEND was their responsibility. Challenges local authorities faced in a large area with mixed school types and variable buy-in to a collective drive for improvement in SEND was described thus:

...it's implementing it in all... schools. It's a massive county council, it's got the grammar system as well. You've got some schools that are...doing everything they can to be part of the SEND agenda, and you've got others that are... "We don't care" ... There's a big communication job.

There were concerns reported that local authorities needed to challenge schools to ensure children receive appropriate provision:

[There was] a bit more of that recognition the local authority does have a bit of a duty to look at what schools are doing around SEND, have they got the governor training in place? Have they got the policies in place? Are their SENCOs [Special Educational Needs Co-ordinators] really on board with what needs to be happening within inclusion? And are we challenging schools if they are not following what they should be doing in a positive way and offering support where it's needed?

The organisation of ATs, crossing borders of LAs, was reported as adding complexity as LAs could have different approaches with varying expectations and challenges.

Challenges establishing partnerships with health

There were challenges described in ensuring stakeholders in health were fully engaged, particularly when health was highlighted as a significant weakness in Ofsted/CQC inspections. As has been discussed, much frustration in local areas focused on the concentration of accountability on LAs to resolve difficulties that were emanating from local health providers. In some cases, issues such as waiting times for therapies, though experienced locally, were dismissed by health partners as being national problems and therefore insurmountable. This was a point of tension and could leave those tasked with drawing partners together to tackle serious weaknesses, feeling they have limited options. There was also lack of knowledge expressed about how other local areas are supporting children and families whilst they are waiting:

I do find that health always says, "our waiting lists are really long, but it's national, [we] can't do anything about it". And I'm sat there going "well that's not the answer" ...So, it's very difficult with health, because there just does seem to be that national, "oh well tough, our waiting lists are at least a year and a half for anything to do with mental health". How can we just accept that?

Inadequate powers to compel health partners to comply with changes set out in IPs was described as a considerable challenge. To overcome this, time and resources were needed to develop relationships with colleagues in health across the local area partnership, to instil the need for children and young people with SEND to be prioritised. This was necessary to collectively focus on making the required improvements. As a participant describes, rather than the LA being the focus, and who DfE "automatically...speaks to in intervention", a more "system wide approach" with more powers to challenge across the SEND partnership are needed, especially in relation to health:

We don't have hard levers...which creates a challenge, particularly where some of the areas for development are around joint commissioning...classic one, we see all the time, waiting times for Autistic Spectrum Disorder assessments...I don't feel like we have any power to affect that...we work closely with NHS England Advisors who are great at influencing that. There's no hard power from the Department of Health and Social Care to influence.

In one instance of intervention, it was reported that in circumstances where SEND Commissioners were placed in a local area by DfE to support leadership, equivalent action was not taken by colleagues in NHSE. This was despite numerous identified weaknesses being health related. This was frustrating for DfE but also for leaders in LAs, where there was failure to recognise the interconnectedness of aspects of the partnership:

All the focus is on the LA...if I look at the Speech and Language Therapy (SALT) and Child and Adolescent Mental Health Services (CAMHS) and occupational therapy backlogs in the NHS they're enormous... And I do feel that there is a different approach and view and perspective in this space around the NHS compared to the LA...all the responsibility and accountability comes back to the LA.

Challenges establishing partnerships with Social Care

There was limited mention of partnerships with social care amongst research participants. Where social care was mentioned, it often related to the inclusion of social care inspectors in the new Ofsted/CQC SEND inspection framework, that was welcomed by participants. In one local area, there was a less mature relationship with the Designated Social Care Officer (DSCO) than Designated Medical or Clinical Officers and involvement in improvement was relatively new:

Positive moving forward and certainly, bringing social care into the mix, locally... it's only just coming. And that shows how the old inspection didn't really pick up social care as much within the mix of what was required in terms of improvement, it's only now that we start seeing a drive to ensure that we've got a bit more joined up approach from social care as well.

This undoubtedly reflects the fact that the DSCO role was not in the SEND Code of Practice (2015). The role has since been developed following work by the Council for Disabled Children and supported by them, but numbers still lag significantly behind those of DMOs and DCOs. The role is 'strongly encouraged' in the SEND Improvement Plan (2023).

Challenges establishing partnerships with Parent Carer Forums

Professionals across the system were described as defensive at times, towards PCF representation and constructive challenge, when combined with limited understanding of the journey parent carers have been on and are on. In one area, highly adversarial relationships with PCF representatives were reported. It was felt by participants that there can be a lack of SEND knowledge and understanding of lived experiences of parent carers and families amongst professionals, as already touched upon in the section on leadership. In circumstances where parent carers are better informed about relevant legislation than professionals, this was described as leading to a disconnect and frustration when provision is not compliant. At times this could be uncomfortable for PCF representatives, who described finding themselves in the position of challenging local leadership.

PCFs are largely comprised of volunteers who are contributing considerable time, whilst often also in paid work and caring for children with SEND. It is unsurprising therefore that capacity for parent carers presents challenges, particularly following an IN when they are likely to make significant contributions. Despite acknowledging obligations around co-production, local area partnerships were seen as struggling to implement this effectively and meaningfully. A pitfall described in one local area was interpreting co-production as ensuring all 'stakeholders' (i.e. also professionals), should come together in a consultation which had the inadvertent consequence of diluting the voice of children and young people and parent carers:

Then it goes into a bit of a process or black hole of working, the improvement plan is then put to DfE, and it goes a bit backwards and forwards between the two. And there isn't the same involvement of the parent carer voice within that process which is then not reflecting what DfE are asking the local area to be doing on the ground. We're not then setting that same example then of how the DfE are working with the local areas to ensure that we've got the parent carer voice central.

Challenge of sustaining improvement in local area partnerships

Sustaining improvement following the stepping down of an intervention in local areas partnerships was reported as challenging. Whilst one local area had seen positive changes in SEND, retaining the IB, participants described the faltering of some aspects of SEND service provision since the lifting of the IN. Some participants attributed the "slipping" of the focus on SEND to the removal of the "stick" the intervention had represented in the local area partnership, the absence of this weakening their focus. This also allowed for more pressing challenges in CSC for example, to take priority.

As the IN in one local area had been lifted for a short period of time, reflections on sustainability were tentative, with participants acknowledging that improvements could take years to fully embed. The local area had faced significant challenges at the time of the intervention as a period of budget cuts meant that "*capacity had been stripped*". To "*turn the tanker*", key posts needed to be established, and improvement had been gradual. Those in the partnership were optimistic however, acknowledging how collaboration with partners, such as parent carers and schools, was important for maintaining momentum:

You get the notice lifted, which is fabulous. But...things embed after two, three, four years... So, we're also making sure stuff is getting embedded, making sure the parent carer voice is still coming, and making sure the principals of the schools are still coming in. So we're not going to drop it...we're going to ramp it up a bit...try and drive some further improvement.

Whilst it was positive that an IB remained a feature in local areas, participants underlined the importance of robust and embedded governance arrangements across local areas to maximise the potential for interventions to sustain. This played out in IBs with local SEND partners "*really understanding how they hold themselves to account*". Only when this rigorous level of scrutiny was established were DfE able to be more 'light touch' in monitoring local areas:

...if you've really worked hard on them [local area partnership] improving their governance... that they don't just sit and have a nice meeting in an IB, they really do ask the questions and you have that confidence that somebody in there is going, "so what?" ... "what are we doing? what have we said?" then I think it can be more light touch...

Chapter 4 - 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.

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 dearth 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.

Workforce facilitators

Galvanising the workforce to "get back on track" following an IN was reported as being driven by determined leaders, supported by the SEND Advisor contracted by DfE, DfE Case Leads/Regional Leads and NHSE regional SEND Leads. The IB supported the workforce, drawing partners together, re-building relationships amongst partnerships that may previously have been challenging (see Chapter 3).

Close working between ICB Commissioners, DCOs and DfE colleagues was described as helpful in one local area in overcoming shortfalls in workforce capacity, with an acknowledged need for effective communication, regular meetings and a strong ethic of working together to co-ordinate responses. In this sense partnerships were of vital importance.

Examples of 'what works' in other local areas were described as helpful. Direction of expertise following intervention was important at both strategic and operational level. In the case of an SD for example, the SEND Commissioner with Children Services experience would work with senior leaders and politicians, but they would rely on support of a SEND Advisor contracted by DfE / NHSE regional SEND Lead to provide support at the practice/operational level, working on "what needs to happen on the ground".

Participants reported that the early stages of the SLIP process and the communication between local areas and DfE, was crucial to ensure that successful partnerships got off to the right start:

When the relationship works, when it's done in the right way from the beginning ... you get the right support it really works.

There was a challenge in support around SEND because the number of local areas demonstrating 'good practice' overall in SEND is much smaller than in CSC – for example, at the time of interviewing around specific SLIP intervention, there were 3 SLIP partners for SEND, compared with 12 or 13 for CSC, meaning the pool was much smaller:

It's a lot harder ... to find a perfect LA [in SEND]. In social care...we have 'outstanding' LAs and 'good' LAs that can provide SLIPs because we know OFSTED have rated them... SEND has so many different facets...that most LAs are poor in something. So ... it's been very difficult to find a sector-led improvement partner in SEND.

It was suggested that the lack of partners could be ameliorated if there was more flexibility in terms of pairing SLIPs, it was suggested that SLIP areas in the North of England could not be paired with the South of England. It was also suggested by some participants that a more pragmatic solution in terms of the availability of partners would be for particular 'pockets' of positive practice within a local area to be paired with local areas struggling in these specific aspects of their SEND service.

Not all participants were positive about SLIPs and where there was ambivalence, a senior leader suggested that there should be "a directory of people... if you need to know... more about what good looks like in this pathway".

The provision of more directed support such as this was described as potentially overcoming the challenges of identifying a local area excelling in all areas of SEND.

Other valuable sources of support to help upskill the workforce included the RISE partnership, although there was some frustration with lack of allocation of days and distribution by regions. There were also concerns that more intensive support was required by local areas struggling significantly to sustain change. Even with this support, it was felt that there were few options to steer local areas towards improvement when there were significant and persistent failings. Whilst initiatives such as RISE and the expertise of SEND advisors contracted by DfE were 'really useful', one participant described there being 'no direct route to really drive change if things are really bad'.

Setting a core offer of what would be offered to all local areas and to those in intervention specifically was suggested:

There should be a core consistent offer which every local area receives and can expect to receive, whether that's, attending board meetings, reviewing self-evaluations, that contact, that being able to support preparation, inspection. So, for example, the advisor and I have been doing joint inspection prep sessions for our local areas if they want it. Not everybody can do that. Not every area, not every region has been able to do that but has been very welcomed within our areas. But that for me would be something like a core offer.

Workforce challenges

Workforce morale

Intervention in SEND services was described as having a negative impact on the workforce. In our first report (Currie et al, 2023) we noted the impact of a WSOA on workforce in terms of morale, recruitment and retention. Similar challenges existed following an IN. This participant described how operational staff experienced an IN, feeling as if they had been set up to fail by inadequate staffing and poor systems:

So, for the individuals who delivered the service, it was a very tough time. It's fair to say at the time, obviously, they weren't performing well, but it was like the straw that broke the camel's back for the frontline staff, because they felt they were short staffed. They felt they didn't have the systems and processes to make life easy. They were totally overwhelmed, would be my description, totally overwhelmed and probably couldn't see the wood for the trees.

She goes on to describe how "a lot of time" was required, following the IN, for providing a listening ear and "literally holding people's hands". Time was needed for staff to recover from the impact of the IN: this was challenging and took time:

Inspections are hard. People put so much effort and energy into the work they do to help, in this case, children. And then someone comes along and says, it's not good enough. That's hard. I think, if you get to the point of a notice to improve, it's profound for a local area.

Workforce churn and lack of capacity following intervention

In local areas, recruitment and retention following intervention was reported as a significant challenge impacting on already pressurised time and resources. In these local areas, the WSOA had not galvanised leadership action sufficiently. An IN brought with it a greater risk to public and reputational damage, which had the positive effect of drawing leader's attention, but also impacted on workforce churn:

...once you're given an IN, it is public and that is out there. So, everybody knows that you're failing. Everybody knows reputationally that is damaging. Everybody knows that the workforce will skedaddle...I lost nearly every...team manager, every service manager left...So basically you come in, they apply a statutory instrument like that, and it's inevitable that people are not going to hang around with a failing authority. That's the way it's seen.

This was described as particularly challenging in geographically small areas in which staff have the option of moving between several local authorities in proximity of their homes.

This could provide an opportunity for staffing change in situations in which staff were ineffective, offering a chance to recruit new staff motivated to make improvements in SEND services:

Some of the people who are running SEND in health they went, and new people were brought in who really understood...the quality improvements that needed to be made in health...it was the same with the SEND partnership. They moved on people who were, you know, in a rut with us.

Whilst inconsistency of staff was reported as affecting leadership (see Chapter 2), interims and consultants were described as affecting the drive to sustain change in local areas. For local areas experiencing intervention, a key priority was seen as securing permanent staff, this the necessary groundwork needed as a first step toward working on SEND improvement:

[We] are then involved in doing the work that we would do in any area with a written statement of action or APP. The difficulty was that there weren't the permanent staff to do that with. So, it's very difficult to do an improvement programme. Initially, they had various interims consultants, et cetera. So, you do your best to work with them. But a priority was to support [name of place], to build its permanent structure.

Having sufficient capacity in the workforce was also described as pivotal, this securing "the right people to do the work". The specialised nature of the work means drawing on a limited pool of qualified staff. In one local area, a challenge was noted in trying to get people into strategic roles with the relevant knowledge, understanding and expertise in SEND, this was also the case in EHCP teams. Participants also referred to considerable recruitment challenges in health, including therapeutic services, with LA employed Educational Psychologists being in short supply and an acknowledged poor capacity within CAMHS.

As discussed in the previous section, lack of capacity to do the work of improvement was also reported as an issue for PCFs who had huge additional demands made on their time because of an IN. This can be challenging as they are largely volunteers and, even if paid, often work far beyond remuneration.

Organisational change in health

Organisational change in health was also described by participants as a barrier. Having sufficient capacity in the NHSE regions workforce with SEND expertise was reported as a problem:

So, it's a lot of work on our side. And if we were truthful to say, do we have the capacity to do that in NHS England? The answer is no, with the SEND dedicated capacity that we have. But do we make it work? Yes, we do, because we value what we're doing.

Participants reported significant cuts in staffing with the change to ICBs causing disruption to the workforce. Whilst this turbulence was destabilising, requiring many of those in relevant posts to re-apply for jobs, there were also pressing concerns about the loss of SEND expertise and knowledge:

We are seeing massive reorganisation of health at this moment in time and a massive reduction in both NHS England and ICB numbers of staff. And my concern is that we're losing experience, not just of DCOs [Designated Clinical Officers] but of SEND CYP [children and young people] commissioners, leaders, who really understand and have gone through the inspection process and formats, and we are not replacing them with people with sufficient knowledge of the systems. Those of us left in the system are picking up the pieces again and taking them through another journey.

In conclusion, across workforce facilitators and challenges, we can see two major themes. The first is a need for capability building and education amongst senior leaders across the system, elected members in LAs, and for those expected to offer specialist support for SEND system improvement. A second theme, linked to this, is a detailed understanding of 'what good looks like' for a SEND system, towards which stakeholders can realistically aspire. Such intervention might enhance low workforce morale and workforce churn, should they feel able to and motivated towards, SEND service improvement with hope local level improvement is possible.

Chapter 5 - 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 a useful way of analysing data against the conditions for improvement in local SEND partnerships.

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.

We might expect SEND service improvement, both its commissioning and delivery, to be evidence-based, so that it has a meaningful effect for children and their families. Even in the absence of such evidence, at local and regional level, we might expect commissioning and delivery of SEND services to be informed by collation and analysis of data regarding numbers, characteristics of children with SEND, and ongoing collation and analysis of outcomes for these children. Such data collection allows targeting of limited resource with greatest impact upon children with SEND and their families (Commissioning Support Programme, 2010; HM Government, 2005).

Evidence and data facilitators

There was some optimism amongst participants that DfE data analysis was improving with the development of the Vulnerable Children's Units where teams were collating data to risk-rate areas. One participant surmised that this more thorough approach could have prevented an SD in one area. Whilst this was not necessarily a universally held view, her description of Vulnerable Children's Units "*live and dynamic*" approach, with monitoring and risk assessment based on monthly data analysis compared to the previous annual focus, indicated a move towards preventative approaches. In addition to this, there were also suggestions that DfE teams were now more likely to consider local contextual factors such as critical post vacancies and service transformations as early signifiers of destabilisers in local SEND partnerships.

Using data more effectively for decision-making on intervention

In an attempt to bolster evidence for intervention, one region drew upon a model developed by the LGA and ISOS (2017) ([LGA and ISOS Partnership Report 'Enabling Improvement'](#)), this providing a framework to scrutinise data. Whilst developed with CSC in mind, this was described as a useful tool for analysing conditions for improvement in local SEND partnerships, and was used as a framework for considering the available data:

And that for me is a framework that I use in my team to look at so, what's the data telling us around, for instance, workforce retention of SEND case workers, what's the vacancy rate for SEND case workers? We use the same on the children's social care side. And I think some of those things do read across, despite it being a...different area of focus...

Evidence and data challenges

It is therefore probably unsurprising that in local areas that require intervention, adequate data across the partnership about aspects of provision was described as poor. In the following example, the participant talks about the local authority lacking information about which school children with EHCPs attend. This meant that they were unable to work directly with specific schools concerned and influence better inclusion of children and young people with SEND in ATs.

What would happen was, I would talk to the Chief Executive Officers, I'd get the warm words to say, "oh, yes, we get that it [inclusion] is just as much our issue as yours. Yes, yes, yes, they're our children". But then what I couldn't then follow up with was, for example, to say, "right, great, thanks for that, so, I'm going to send in my Head of Learning and Achievement and my head of SEND to work, not just with your SENCO, but with your SEND leader and let's just focus in". We didn't even have the data on where all the children with EHCPs were.

Since the location of the school would invariably be identified in an EHCP, this is not a case of the data not being there, but not collated in a way that is centrally useful for leaders.

Nevertheless, we might assume that the LA and schools should collate the data for themselves.

Data in and of itself was not always reported as enough to decide whether local areas are performing well enough in the SEND space. The importance of triangulation of data with other information was emphasised by one participant, who argued that data on low levels of tribunals may not necessarily be positive, as it may indicate that *'parents aren't being routinely informed about their rights'* or *'that parents don't feel empowered, that co-production isn't there'*.

When deciding upon and managing intervention in SEND service provision, DfE Case/Regional SEND Leads draw on knowledge of performance and service delivery in the local area partnership. There was broad agreement amongst participants that this could be limited, with a lack of appropriate data to draw on for decision-making and to guide improvement:

In the intervention space, what I'm saying is we're still developing and we're still learning and we're still doing things that other intervention improvement functions have embedded and have a baseline data for. But we're still very much at the start of our journey.

Some participants expressed concerns that DfE data collection tools were not necessarily measuring the right things, pinpointing matrices and databases insufficient for driving support needed to diagnose the specifics of failures and for effecting improvement. As a participant explains, lack of robust data was an ongoing challenge:

But the actual areas that you're trying to seek improvement on that have been picked up by Ofsted don't necessarily have data to support your message that says, "I really can't see that you're improving". So, that's where I think we're in a slightly difficult position.

One participant felt that Key Performance Indicators (KPIs) for SEND services do not include all the important factors that can significantly affect outcomes for children, such as transport. This makes it hard for DfE Case/Regional SEND Leads to monitor performance and to identify when there are significant weaknesses, and for local areas to evidence improvement:

There isn't really data that supports you to make that judgment call and sometimes, we don't have KPIs that link to what Ofsted say.

Local area cultures not attuned to effective data collection and the importance of evidencing improvement outcomes for children in local areas was referred to by one participant. He stressed the importance of local areas monitoring their own performance and being able to evidence change to 'step down' from intervention:

An important part of any intervention is does the Local Authority know itself very well? Are their metrics, right? Are they monitoring the impact of changes and how changes are embedded...I've challenged a couple of decisions to step down APPs when Local Authorities have said, "we've put this in place". "But how do you know it's working?" "Oh, well, we don't". "Well, then come back to me when you know it's working".

The importance of local area partnerships collecting and monitoring appropriate data to provide information about outcomes for children, young people and families, and 'knowing' themselves through data and understanding the issues families are facing with services, was emphasised as an important part of the improvement required in local areas but was not regarded by participants as generally well developed.

Participants described how, in local areas, performance and quality measures were discerned in part through discussion with individuals delivering and supporting delivery of services in the SEND system. These included service leaders, teams working at operational level, schools, DfE Professional Advisors and parent carers and children drawing upon the provision.

In the following example, the outcome of the Ofsted/CQC inspection was described as "king" of evidence. In this case, the participant described how the perception locally by the DfE Case/Regional SEND Leads considered the local area was making progress, but the subsequent re-inspection judged there to be insufficient improvement. This was described by the participant as highlighting the importance of the inspection:

But ultimately, the evidence that is king for us is the inspection evidence and we wouldn't have had that evidence... that's why the inspection process is so important because it really validates what's going on and if we're doing our job properly, we should know which direction it's traveling in. But sometimes... it is that process that determines what the situation is.

The significant time lapses between Ofsted/CQC inspections were reported as problematic for DfE/NHSE teams taking decisions on intervention, particularly in the context of the reliance on Ofsted/CQC inspection data as the key tool for decision-making. Whilst it was acknowledged that the new inspection regime has the potential to improve this problem, with more frequent monitoring visits and a more intensive focus on children and young people's experiences, there were still concerns around the lengthy gaps between proposed inspections under the new local area inspection framework of 3 to 5 years, and the risk of lapses in focus on SEND with areas taking "that foot off the gas". The concerns of participants focused specifically on local areas in which there were 'inconsistent experiences and outcomes' identified under the new inspection framework, which may decline before the next inspection at the cost of children and their families. Whilst described as unusual, some local area partnerships had APPs for considerable time periods, in some cases for 6- 8 years. Nevertheless, we might question whether, rather than rely upon inspection, stakeholders might better provide themselves with a better data picture on an ongoing basis.

Chapter 6 - 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.

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 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.

Facilitators for managing intervention

Trusting relationships between DfE/NHSE and local areas were described as pivotal, particularly at times of crisis when an intervention is imposed. The ability of DfE/NHSE regional teams to nurture relationships with areas was important for prompting action around improvement: *'If you can build that trust with them and the relationship...that's what makes the difference'*. Making time for meetings with key individuals in local areas was seen to be an antidote to more intimidating meetings:

We have those big team action meetings and APP meetings, but you can have up to thirty people within the room... So obviously, that's not very personal. So...having meetings one on one with individuals ... is helpful because it does help to build relationships and trust, and they know who you are, they know...to come to you for x y z... I have a work phone, and they know they can call me...if they need something immediately, and... building...trust and rapport has been very important.

More structured, regular, check-ins with local areas was suggested as a possible way of having more contact between DfE Case Leads and those in the local area partnership. The value of more DfE support once an IN was served is highlighted by a participant who would have appreciated more structured support in the form of a workshop to help them to understand the bureaucratic requirements of submitting the plan:

Had there been some form of... something along the lines that said we had a first stab and then we had a bit of workshop to discuss it [that would have been helpful].

Suggestions to improve the DfE process from participants included providing templates and signposting local areas towards other examples of best practice, but also direct, practical support from DfE teams with navigating the process. Another participant described how working alongside areas in a practical way, role-modelling, coaching and navigating strategies for change could be welcomed in local areas, particularly those facing intervention:

Sometimes what we're lacking is hands-on...especially in our most significant... areas, there's a practical support, hands-on seeing, coaching, modelling probably quite expensive but that's a gap... that's the way that you make change... rather than someone say, your EHC process, this is how we do it...getting someone to go and look and sit and walk through that and do that more practical stuff... LAs would like to see more of that.

As referenced in the previous chapter, a participant proposed a broader approach to improvement work, suggesting that when carrying out risk assessments, DfE teams should be guided by overarching conditions for improvement in SEND services (e.g. cf. Currie et al, 2023 for summary of these). For example, in circumstances where corporate leadership is dysfunctional - a key signifier of systemic failure - this should be a trigger for intervention, as opposed to the current approach where adherence to a plan is the guiding tool. The current approach, it is suggested, leaves little room for pragmatic decision-making and misses opportunities for directing support where it is most needed:

We need to be more strategic in terms of what's happening in that LA and ...should we issue an IN for example, because the corporate leadership is weak and we know...it's a political lever....Not, "we'll issue an IN if you get an APP and you've not made enough progress" because...we probably could have realised a year or two ago that the corporate and political leadership...wasn't right... what we should be doing is coaching alongside the LA...We just spend too much time looking at a document and going through this process.

As an antidote to the "loss-based exercise" of interventions such as an IN, a participant in a local area suggests an asset-based approach with practical, positive steps for improvement, these referred to as "strengths and opportunities for change", a positive spin on what is currently a negative experience. As he explains:

So I wonder whether there's something that maybe flips it more on asset-based rather than a deficit-based, which would then really give people a toolkit or maybe a roadmap, because it felt a little bit like, "You're bad people on a naughty step, now go fix it", as opposed to here's ten things you might try to change the way things are. So maybe flipping it that way would be more helpful.

It was felt that a more strength-based approach could champion and improve on the positive work in local area SEND partnerships, as well as drawing attention to weaknesses. This was particularly pertinent when there were significant time-lapses between the imposition of INs and these being 'stepped down'. In these scenarios, it was reported that weaknesses could be persistently focused on, and emerging good practice not always considered.

An intervention approach that mirrors the new Ofsted/CQC focus on the 'journey of the child', with a focus on achieving better and sustainable outcomes and experiences for children, young people and their families and works backwards to look at conditions for improvement and impediments at a structural level, may be a useful way to think about improvement.

Challenges of managing intervention

Intervention approach

Intervention in SEND services is undertaken on a case-by-case basis. Participants from DfE and NHSE described a detailed process of evidence-gathering to inform decision-making. Evidence was triangulated to build as clear a picture as possible. As described earlier, the leading catalyst for intervention activity in local areas was the OFSTED/CQC inspection, although this was often accompanied by other 'red flags' for the deterioration in SEND provision including LA/NHSE data, concerns arising from monitoring visits in local areas, and/or information from SEND Advisors contracted by DfE, parent carers or schools.

Participants described how this approach allows for a recognition of the differing contextual circumstances and antecedents in local area SEND partnerships and room for professional judgement, which is important in assessing the ability of services to improve. Knowing when to intervene was seen to require a careful balancing of factors to ensure an appropriate level of intervention that avoids the unintentional consequence of exacerbating problems:

I don't think there's one blanket approach...each case is unique, and every area has different areas of weakness... But it's... looking at the areas of weakness and...what would best support the area, because at the end of the day...you don't want to do something that will negatively impact... you don't want it... to go downhill.

As discussed in the previous section, lack of data on SEND performance necessitates gathering of data by DfE Case/Regional SEND Leads, NHSE regional SEND Leads and SEND Advisors contracted by DfE. In doing so, subjective accounts must be navigated to construct as clear a picture as possible of SEND services in the local area. As the following participant describes, this can mean negotiating differing data sources, including multiple voices, and was complex:

...you have what the LA is telling you ... you can interpret quite a lot from that...Is it coherent? Does it hang together well? Are they all speaking with one voice or are there seven different versions of the truth?...you already get information from just speaking to them, but then you have to triangulate that with the data that we receive. So, we have access to SEND data...We have what our advisors are telling us as well. They're experts... they tell us whether they think they're doing the right things. And then usually at the WSOA meetings you'll have the schools, and you'll have the parent representatives.

Analysing this range of data was reported as presenting challenges for regional DfE/NHSE officials who need to understand if the narrative presented in local areas is accurate:

...it's really, really difficult to get underneath what people tell you, 'Look at all this wonderful stuff we've done'. We do have a gap there... we don't get any monitoring visits from Ofsted, but we are trying to make a judgment call ... At what point do we say, 'well, you're just drifting along', you wait for 3 years...and say...we're doing an IN now... there's perhaps a bit of a gap.

One participant identified the risk with this approach as a lack of external transparency, leaving decision-makers open to the criticism that interventions are imposed inconsistently. In one local area, it was noted that a neighbouring local area's SEND inspection had a greater number of areas of priority actions than they had received following re-inspection, but no further action was taken:

But when I look back now - we have five priority actions, they have 10. There's something about consistency in the system. And it wouldn't work like that with Ofsted and children's social care.

Participants in the research frequently compared the intervention approach in SEND with that in CSC. The benefit of the approach in CSC was described as the consistency with which intervention is applied following an inadequate Ofsted/CQC inspection using a four point scale for judgements.

In SEND services, under the old Ofsted/CQC inspection framework there was a binary system (WSOA or no WSOA), making it more challenging to know when to apply an IN. Under the new Ofsted/CQC inspection framework there are now three possible outcomes, which should provide greater differentiation.

At the time of our research, participants reported lacking guidelines for when intervention would occur, and areas and decision-makers alike lacked clear understanding of what 'good' SEND service provision looks like.

Whilst in local areas, INs had provided an impetus for change, much of the narrative around this was described by one participant as reflecting a negative, deficit-based approach. This was said to be mirrored (if not worse) in CSC by another participant who described a scenario whereby a Statutory Direction for CSC was imposed alongside an IN for SEND. The CSC Commissioner involved in this case was described as particularly negative, leaving staff "demoralised" in the aftermath. This provided an additional challenge on top of needing to take on improvement. Taking a purely deficit-based approach in SEND could feel overly simplistic to participants, in a complex multi-agency partnership delivering services across a range of agencies and service providers.

Intervention process

One of the key challenges of managing intervention was identified by participants as the point at which to intervene in local areas. In areas with multiple and persistent failings identified in an Ofsted/CQC revisit - a decision to intervene was likely to be relatively straightforward. In other areas, however, the basis of intervention could be 'a bit woolly'. The imposition of a serious statutory intervention was likely to remain the subject of extensive negotiation, as one participant explains:

But as you can imagine, there's a huge debate about... where does the line get drawn?... is improvement to those services... is that statutory?... it's very hard to make the argument.

There were concerns raised in interviews around ensuring the decision was the correct one, as the stakes are high. Not intervening soon enough, risked local areas drifting and could have significant impact on outcomes for individual children in the local area, but intervening too soon has far-reaching consequences for local authorities and runs the risk of judicial review:

We almost must put all of our emotions about how people are going to feel aside... and look objectively at the evidence, because from the child or the young person's perspective, four years is actually quite a long time to be receiving an inadequate service...you're missing a huge amount of opportunity to actually influence that child's future outcomes.

With INs and statutory directions... there is a risk of legal challenge... that you've acted unfairly or unreasonably. There's a legal element to the question... are we acting lawfully?... is this proportionate, are we just slapping directions around on everyone that doesn't listen to us?... do we have sufficient evidence that this has the gravity to warrant this type of intervention? It's not something to be taken lightly.

Aligned with uncertainty around the timing of imposing interventions in local areas was the time allowed for local areas to demonstrate improvement once interventions, such as an IN or SD had been put in place. According to one participant, it could take at least 18 months before an IN was making a tangible difference, as failures were likely to be systemic and required the buy-in from the most senior leaders in the local authority.

In local areas with an IN, whilst participants reported that it helped to elevate the status of SEND bolstering LA leaders' confidence to lobby for further funding, negotiating with the governance and leadership in local areas took time, with impacts on service-users taking time to filter down.

As was discussed in the earlier section, an additional complexity reported in decision-making occurs when there are differing assessments made about performance in a local area. For example, in one local area, a commissioner already in place in CSC was asked to also assess improvement in SEND provision. Failures were subsequently identified, which led to questions about whether to intervene immediately on the Commissioner's assessment or wait until the next Ofsted/CQC inspection. Pivotal in this instance, it was described, was ensuring there was sufficient evidence to support a SD, as this intervention would have a significant impact on the local area.

Scenarios such as this one illustrate the balance reported by participants to be struck between DfE/NHSE-led assessments and that of Ofsted/CQC or appointed SEND Commissioners, when decisions around intervention are made. In this case, and the one reported earlier, it was an independent perspective that was described as tipping the balance, giving confidence and legitimacy to decisions to intervene.

Lack of clarity about interventions

Participants expressed concerns that, due to their relatively infrequent use, there was an opaqueness surrounding the application of interventions. One local area subject to an IN described it as a '*particularly blunt instrument*' and reported struggling with understanding exactly what was required of them. For regional DfE/NHSE colleagues, as illustrated above, there could be a similar lack of clarity.

For the areas that received an IN, another 'thorny problem' was a lack of clarity about being stepped down from an IN. This concerned local area and regional DfE participants alike. Challenges relating to health, such as waiting times for NHS therapies were familiar themes not necessarily within the local authority's gift to resolve. Such issues contributed to the overall uncertainty around the process, especially given the infrequent use of INs, and whether such persistent national issues would be a barrier. This participant felt this scenario risked overshadowing tangible progress made, and would be an unfair judgement:

... the bit that's not clear is... do you have to come off all four [areas of significant weakness] to be able to [be stepped down]... there is at least one if not two which require national change... so the dialogue in fairness is around, we will never come off all four, but we are now in a massively different place to where we were two years ago. So, how do you deal with that DfE? ... it is difficult because they haven't had people come off lots of notices.

In the rarer circumstances of an SD, there were concerns around unclear courses of action if a direction was not complied with, this described as "*where we fall down in SEND*" by one participant. This participant reported the input of a SEND Commissioner following a SD as a useful tool, as was the removal of the SEND function from local authority control, but felt that statutory powers to oblige cooperation across the partnership were limited.

This was illustrated by the following comments by the same participant, underlining limited levers available to DfE in these circumstances:

If they're terrible like [area name] were, what on earth do we do? Where does that go? What does that intervention look like? ...that's a real challenge because I'm not sure what powers and what mechanisms we can setup apart from potentially another LA coming in and taking over that SEND function... our options are potentially limited...we can't take services off all the partners, because we statutorily...we can't...but if we did this just to a LA, is that going to make a massive difference...with health partners?

The onset of a new inspection framework had further complicated the application and timing of interventions, leaving participants with a lack of clarity. Several questions were raised by participants relating to how interventions would be triggered, which interventions would remain (e.g. would there still be an Accelerated Progress Plan), and if and how SEND Commissioners would be drawn upon.

Since the research, DfE/NHSE have issued guidance on the new Ofsted/CQC framework which it is intended will address concerns about the lack of clarity.

Directing intervention for maximum impact

Whilst the infrequent application of INs led some to suggest they lacked consistency, the rarity of more serious interventions was described as advantageous, for the extent they were revered, raising the stakes when imposed in local areas. According to one participant, it was a necessary requirement that serious measures should be reserved *"for the most serious cases"*, as to apply them when not necessary would risk *"losing the power or potency of them"*.

Where there was a SD with a Commissioner, this could be an effective means of challenging a prevailing dysfunctional culture with poor relationships across the partnership, which had not been tackled by existing leadership. According to a participant, this had the immediate effect of addressing *"those leadership and cultural issues across the organisation"*. The imposition of a SEND Commissioner with powers to remove services from LA control was a potent tool and was recognised as such in local areas:

... the other way the Commissioner does have an influence is when the Commissioner doesn't feel that the LA is able to manage this themselves...that will be when the Commissioner recommends that we remove service control... And that's the scary thing for LAs... the Commissioner has the power to recommend that to the Secretary of State. So, where possible, the LA would want to play ball.

Administering an IN

Participants across local areas were highly critical of the levels of bureaucracy, and thereby significant additional cost involved in administering the IN process. Expectations to report regularly on progress, with "*many different people and departments*" overseeing the process, was described as amounting to a significant "*burden*" on the authority:

I'm not sure that sometimes the civil servants who support all these things understand the amount of work that goes into preparing documents, getting evidence together.

It was felt that there was a disconnect between the information that was being asked for, and an understanding of the work involved in pulling it together. This was frustrating for staff, particularly when more was provided than was necessary:

And sometimes they'll say before the visit, "we want all of this, give us all this and get all this together" and then you'll get a bit of feedback afterwards, "that's great, blah, blah blah. You didn't need to give us quite that much", but when you read, we've given exactly what you've asked for and it's probably a disconnect between what their understanding is of what's really going on in the local area and how people work. I'd go as far to say, even as how a council works.

There was very little support provided to help local areas once the IN had been served, despite the huge costs incurred. This participant described feeling that they were very much left on their own to try to find a way out:

[The IN] says you're going to be given a DfE advisor... the DfE will report back to the Minister or the DfE every six months on your progress and there will be a progress report. But that's basically it... we got a little bit of money for training our staff, but there isn't much else [to provide] support. You're basically left with your advisor and with your own staff and your own politics to deal with.

In a local area, the IN process was described as overly focused on the provision of a specific format for the IP, rather than focussing on the content:

The process of looking at that Improvement Plan with the DfE and the local area, got bogged down with a lot of how the form should look, how should it be, rather than the nitty-gritty of what's in the plan.

This was a source of frustration in the local area, as this lengthy bureaucratic process unnecessarily directed valuable leadership resources away from the improvement work itself. As was alluded to earlier, this also changed the content of the plan, so the eventual plan was not the one that had been co-produced with the PCF. In this local area, it took a year after the re-inspection to get the plan signed off, and this slowed improvement in the local area.

When SDs had been served, the burden of bureaucracy was described as even greater. In one local area, in which a Commissioner was in CSC following a SD, early intervention was emphasised as being preferable to the "*enormous task*" of dealing with the significant amount of "*effort, committees (and) meetings*".

Focus on the Plan in interventions

Following a poor Ofsted/CQC inspection, whether under the old or new Ofsted framework, local areas were expected to produce a Plan to demonstrate the action they intended to take to make improvements with associated measurable outcomes for children and young people. Whilst an important tool for drawing the partnership together with a common aim, there were some misgivings from participants around an over-reliance on this document. Several of whom referred to the risk of DfE focusing on the areas of significant weakness – as set out in the plan – and failing to monitor other emerging challenges that might “slip” in the interim:

We're looking at those discrete items...And then something else that Ofsted/CQC thought was fine at the time has completely gone downhill. That's a real challenge.

In areas where an intervention such as an APP or IN had been in place for some time, this was reported as particularly problematic. There was a risk that deeper cultural issues were failing to be tackled. This participant compares the process to CSC, where she believes there is a positive, productive approach, with a broader strategic conversation between LAs and Ofsted/CQC, less emphasis on a plan and more thought about the conditions necessary in the wider context of the local area to support improvement:

[In CSC] we go in and talk to the LA and say, "okay, this is what Ofsted/CQC found" ... a lot of it's linked to the enablers.... we'll offer advice...but the plan is not the sole focus. On SEND, we go in and we have this really narrow focus on what this plan says, and we see that as our intervention... Everyone that ever must make improvement has a plan. It's just a tool, isn't it? I think our focus needs to be wider...We're very focused on "we just need to get them to do these areas". We're not really thinking about the conditions, what it looks like, how does it feel?

In one local area, a participant gave an example of the dangers of this narrow focus in relation to weaknesses in social care for children with SEND in the local area. As social care had not been highlighted as an area of weakness in the Ofsted/CQC inspection, it subsequently was not included in the improvement work undertaken by the IB, and she felt it had disappeared under the radar, with those areas of weakness that had been highlighted dominating. This narrow focus, she thought, failed to recognise the broader structural issues that can underpin weaknesses:

So, things like social care, social care wasn't in that improvement notice. And we would keep saying "but, social care is a real issue here and it's impacting on the other things and you're ignoring that". And we didn't really feel that was being dealt with properly and we felt that was a real downside to the improvement plan. It was great to focus their minds, but it was very narrow.

In this case, failure in social care was impacting on other aspects of children's health, education and care, and in addressing the areas of weakness in the IP. This participant felt they were dealing with the symptoms, rather than the cause of the problem.

Chapter 7: Discussion

In this research, we were asked to explore the ingredients for effective intervention when services in local areas for children and young people with SEND have serious weaknesses. The overarching aim was to understand how to effectively challenge and support local areas to improve their SEND services and consequently outcomes for children, young people and their families. The methods we drew upon allowed for in-depth qualitative discussions with key stakeholders involved in the intervention process and those in local areas who had experienced intervention for significant weaknesses.

There was a broad recognition of the complexity of intervention in SEND services due to the breadth of partners involved in the system. There was also general agreement that intervention in SEND service delivery is relatively immature in comparison with CSC, and that there has not been *'enough thinking yet in the SEND space about what intervention means and what it is and the type of tools that we have'*.

By undertaking this research and setting out several considerations, we aim to provide a catalyst for further consideration of DfE/NHSE intervention and how it might be developed in the *'SEND space'* to enable sustainable improvement in outcomes for children, young people and their families. We suggest that DfE/NHSE together take time to develop an improved intervention response with experts, such as those we have spoken to for the research, who have a wealth of experience to draw on.

There was considerable agreement amongst participants around conditions that support improvement of outcomes for children and young people and the enablers of improvement (see below). The conditions are dynamic, interconnected and often linked to, and influenced by, broader issues within the political, cultural, geographical and economic context in which local area partnerships are operating. Examples of these broader contextual issues include the financial situation of a council or ICB; performance and inspection outcomes in CSC and any ongoing intervention; political support amongst lead members in the council; and buy-in from partners (such as health, child and adults social care, CAMHS, services; schools buy-in to inclusion, and PCFs).

Conditions that support improvement and intervention

- ✦ Consistent, senior leadership (at Chief Executive, Council Leader, political member, and senior management level) across the council, ICB and partnerships who understand SEND and their responsibilities; understand the strengths/weaknesses of their own service provision; can mobilise resources; and support co-production to improve outcomes for children and young people.
- ✦ Strong partnership working and co-production across local areas, with a shared vision of outcomes for children, young people and their families and joint accountability.
- ✦ Culture that prioritises SEND services and improving outcomes for children and young people.

- ✦ Stable workforce with expert knowledge of SEND and improving outcomes.
- ✦ Quantitative and qualitative data that monitors quality of outcomes effectively, providing evidence of current service provision and captures improvement.

Enablers for improvement and intervention

- ✦ Trusting relationships between all partners (and between partners and DfE/NHSE at a national and regional level), with the ICB being an increasingly important key lead organisation where responsibility extends beyond the remit of the LA.
- ✦ Co-production with parent carers provides challenge and keeps outcomes for children and young people central.
- ✦ Guidance for local areas and DfE on intervention approach and process.
- ✦ Actionable knowledge about what leads to better outcomes for children, young people and their families, what good looks like and how to get there.
- ✦ Preventative support that provides specialist advice about improving outcomes, that works at leadership and operational level and that guides and supports local areas.
- ✦ Support once local areas are experiencing intervention that includes financial support (including for PCFs), guidance through the process, intensive specialist advice about improving outcomes, that works at leadership and operational level and that guides and supports local areas.
- ✦ Training for DfE SEND Leads and senior leaders in local area partnerships on SEND and the value of co-production.
- ✦ Workforce development that encourages and supports improvement of SEND specialist knowledge.

There are considerable changes impacting SEND service provision and the workforce as described in the background section. This has implications for service delivery, but it is also an opportune time to develop innovative approaches to improving outcomes for children, young people and families, providing a truly joined up 'whole family' approach to meeting their needs. The introduction of a new Ofsted/CQC local area SEND inspection framework was part of the narrative of many of the participants in the research, the perceived advantage of this identified as the increased focus on the outcomes and experiences of children and young people with SEND and their families.

In exploring the way DfE/NHSE currently intervene there were several important tensions that we would like to highlight for consideration:

Intervention focused on improving outcomes for children and young people versus a focus on getting through the process of intervention

When local areas are identified as having serious weaknesses, the focus should be on improving outcomes for children and young people and their families, as opposed to the process of the intervention. At times however, areas became consumed by aspects of administering the IN.

For example, in one area there was considerable frustration around the limited accountability of health partners, as the local authority was left paying the cost and trying to manage a hugely diminished and demoralised workforce. This area also described endless bureaucratic requirements to 'service' the IN. In another area, there was considerable irritation about an overly bureaucratic approach to the format and content of the IP that wasted leadership time. Having an IN was a steep learning curve for leaders, complex and expensive, and drew precious resources away from improving outcomes for children. Whilst there was clearly a desire from all those involved to improve services for children and their families as the primary goal, there was undoubtedly also a desire to get free of the bureaucratic demands it places on local areas.

Prevention and support versus challenge and intervention

The research shows there are currently not sufficient resources available to '*catch areas before they fall*'. Enough actionable knowledge and support about how to improve outcomes for children is also not currently available. For local areas with an IN, there was very little on offer. This was a source of frustration for local areas and meant the intervention felt punitive and not supportive. Working towards a more preventative/enabling approach requires actionable knowledge so local areas know how to address issues and are provided with examples of what works, such as that provided by [What Works in SEND](#). A need for better communication and training (particularly with senior leadership in LAs/ICBs) was also described so they act earlier and through a well-resourced programme of specialist support, including a specific package attached to an IN/SD. In local areas, there was an element of apathy described with a WSOA. Moving forward, it may be that more needs to happen at a Priority Action Plan stage to engage with senior leadership about the local area partnership SEND responsibilities.

Process focused intervention versus a broader approach to intervention

Our research suggested DfE Case Leads/Regional Leads currently spend time focused on the development, monitoring and implementation of Plans following the areas of identified significant weakness from the Ofsted/CQC inspection. This approach it was feared could lead to 'tunnel vision' in which local areas were addressing the symptoms and not the causes of problems. A singular focus on these areas also ran the risk that other areas would slip in what could be long timeframes for Plans, or that other issues that were significant had been missed by the Ofsted/CQC inspection. An approach that considers improving outcomes for children and young people and their families within the whole system of SEND and its local context, drawing on what's known about conditions to support improvement, may be more effective. This broad focus would embrace a 'whole family' approach that would also consider the ways in which parent carers and siblings can be supported by joined up support from across agencies.

Deficit based versus strengths-based approach

Linked to the above, is the approach of a deficit model (as currently exists) versus a more strengths-based model. Rather than monitoring areas of significant weakness, the approach could utilise conditions or ingredients for improvement to help areas to understand how they can best improve outcomes for children, young people and their families. Drawing out key strengths of local areas, as well as weaknesses, may help to counter the overwhelming negativity following an IN or SD that affected staff morale in local areas. This being more supportive for the well-being of staff and more efficient in terms of mobilising improvement quickly.

Intervening in local areas – a strengths-based approach that considers how to improve outcomes for children and families across the whole system

In thinking about the development of DfE/NHSE intervention in SEND services, a different approach that considers how to improve outcomes for children, young people and their families, and looks at the whole SEND system and the wider context of the system may be helpful and provide a more positive way of working with local partnerships.

This approach could start with desired outcomes for children and young people and their families as suggested in the SEND Code of Practice (Local partners should identify the outcomes that matter to children and young people with SEN or disabilities to inform the planning and delivery of services and the monitoring of how well services have secured those outcomes) (linked to the local areas Strategic Plan), looking at conditions for improvement that ought to be in place and considering the strengths and weaknesses of the local area partnership in meeting those. This could include a more specific focus on areas of identified weakness in the Ofsted/CQC inspection without being limited to it. This would keep the child/family outcomes and experiences as the central focus whilst also allowing for broader consideration of obstacles to improvement.

We know that intervention in local areas impacts staff morale, is costly and can result in a narrow focus on a Plan, whilst failing to adequately consider broader structural factors in the local area partnership that may be impacting upon ability to deliver improvement. The provision of SEND services involves a complexity of partners and agencies, and taking a strengths-based approach would allow local areas to gain recognition for the parts of the service that are working well, whilst addressing those that do not. An IP can still be used to focus improvement work on specific areas (as this did focus minds), but within a broader assessment of the local area partnership and the change that needs to happen to improve outcomes for children and their families.

Intervening more often on the basis that some local areas would react by prioritising SEND versus intervening less maximising the potency of intervention

Our early report (Currie et al, 2022) highlighted that some local areas did respond to a WSOA and prioritised SEND within the LA and senior leadership across partner organisations. However, for other areas a WSOA was still not enough to galvanise action for SEND improvement. When the IN was received, despite significant cost there was improvement in local areas because it was taken seriously and prioritised by leadership.

Flexible case by case decision-making versus a more structured, consistent approach to intervention

Making decisions on a case-by-case basis is the current approach to decision-making about intervention because it allows for consideration of a range of evidence, whilst in CSC there was considered to be a more consistent approach. Local areas felt they lacked clarity about what they need to do when they have an IN. The two approaches, case-by-case and a more structured approach are on a continuum, and one need not preclude the other. Introducing greater clarity and providing more guidance could provide more consistency, less drift and more external transparency, whilst still allowing room for case-by-case decision-making reflecting contextual knowledge and allowing professional discretion.

Reliance on Ofsted/CQC inspections as evidence for intervening versus development of better local area data on outcomes for children and young people

Reliance on Ofsted/CQC inspections as the primary source of evidence on which to base intervention means that DfE/NHSE were largely beholden to the timescales of their inspections, and this may allow deterioration in service provision in local areas in the intervening period. The development of better regular data collection on quality of provision and outcomes for children and young people with SEND that allow local areas and regional DfE/NHSE to track performance of services would mean there would be better ability to know when intervention is necessary, outside of the Ofsted/CQC inspection cycle. The annual engagement conversation between local area partnerships and Ofsted/CQC should also enable earlier identification of deterioration in services and outcomes.

Conclusion

To conclude, in local areas in the research, DfE/NHSE intervention was useful in galvanising the leadership into prioritising SEND. These local areas significantly improved and subsequently their IN was removed. However, intervention in these areas came at high costs, and may have meant that service provision in those areas got worse for children and young people and their families, before it got better.

The first question derived is whether there are better ways to achieve a 'spotlight' on SEND, using a carrot rather than a stick approach – the local areas supported the use of greater preventative and enabling measures to improve outcomes for children and their families. Part of the challenge reported was the need for better direct engagement with senior leaders and thus buy-in to prioritise SEND at an earlier stage, ideally before areas getting to an IN or SD. Lack of SEND specific expertise and lack of understanding about the importance of co-production was part of the issue described, with LA/ICB leaders and political members not understanding their responsibilities well enough. The other key issue was a lack of data about SEND and knowledge of what to do to improve services and outcomes for children because of the dearth of SEND specific examples of good practice and the support/capacity to put change in place.

The second question, and one that is rather unclear in the local areas, is whether having an IN led to sustained change with the same momentum and level of commitment after the period of crises had passed in local areas; early indications were of some slippage in one area. The reason for the slippage was described as removal of the "stick". Sustaining improvement requires cultural change, which takes time to embed and needs considerable financial investment to help local areas to develop their services by, for example, strengthening partnerships and co-production and developing SEND knowledge and expertise. Local areas must keep the 'spotlight' on SEND in order to change the culture, and this requires investment of time and resources and, again, good enough data to be able to monitor change. There also need to be mechanisms that can take over the function of the "stick". The formation of IBs for all local areas (or at Priority Action Plan stage) may help with this, as they were seen to improve co-production and, by involving parent carers, were able to challenge and hold partners to account. The hands-on involvement and accountability to Chief Executives/Lead Members in this was critical and for Chairs to be independent. The importance of building trusting relationships between all partners in SEND service delivery was the key facilitator during intervention and improvement.

Our research suggests that there are ways to improve intervention in SEND with a preventative and enabling approach that supports local areas to ensure outcomes for children and young people is a driver, and that this focus remains a consistent priority. In developing this approach, it is important to hold in mind the need for genuine, long term, sustainable improvement at all levels of the SEND partnership.

Recommendations

Managing intervention

- ✦ A strengths-based approach is recommended that keeps outcomes for children and young people central and takes a whole family approach, allowing 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/SDs 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.

References

Atkinson, A.L., Papen, U., Wood, M.L et al (2024). A country that works for all children and young people: An evidence-based plan for addressing the special educational needs and disabilities (SEND) assessment and support aims. [Doi.org/10.48785/100/268](https://doi.org/10.48785/100/268).

Commissioning Support Programme (2010) Good commissioning: Principles and practices. www.commissioningsupport.org.uk

Davey, C. Hart, D. La Valle, I. Day, L. Cutmore, M. White, C. Holmes, L. Mollidor, C. and Deoudes, P. (2022) Evaluation of the effectiveness of the local authority support on sector improvement, partners in practice and interventions. Research report.

Department for Education and Department of Health and Social Care (2015) [SEND Code of Practice](#)

Department for Education and National Health Service England (2023) Area SEND inspections: support and challenge following inspection.

HM Government (2005) Joint planning and commissioning framework for children, young people and maternity services. Crown copyright.

HM Government (2022) Opportunity for all – Strong schools with great teachers for your child. Crown copyright.

HM Government (2022) SEND Review: right support, right place, right time. Crown copyright.

HM Government (2023) SEND and Alternative Provision Improvement Plan. Crown copyright.

Hoddinott, S., Rowland, C., Davies, N., Kim, D. and Nye, P. (2024). Fixing public services: Priorities for a new Labour Government. London: Nuffield Foundation/Institute for Government.

ISOS Partnership (2024). Towards an effective and sustainable approach to SEND in England, July.

MacAlister, J. (2022) The Independent Review of Children's Social Care.

Office for Standards in Education, Children's Services and Skills (Ofsted)/Care Quality Commission (CQC) (2023) Area SEND inspections: framework and handbook.

[UK Public General Acts \(2022\)](#) Health and Social Care Act c.31



About What Works in SEND

The What Works in SEND programme is part of a programme of work led by the RISE Partnership bringing together thought leaders from the SEND system who have the necessary understanding of system change and specialist knowledge of SEND.

The RISE (Research and Improvement for SEND Excellence) Partnership is led by the Council for Disabled Children in partnership with ISOS Partnership, the National Development Team for inclusion (NDTi) and the University of Warwick. The What Works in SEND programme is led by the University of Warwick research team encompassing three departments relevant to service improvement in SEND: Warwick Business School; Warwick Medical School (Warwick Evidence); and Centre for Research in Intellectual and Developmental Disabilities (CIDD), and delivered in collaboration with colleagues in the RISE Partnership, specifically Isos Partnership and CDC.

Warwick Business School

Warwick Business School has considerable expertise and experience in applied research focused upon public services improvement, encompassing health care, social care and education.

Warwick Medical School

Warwick Medical School has considerable expertise in systematic reviews through Warwick Evidence, which constitutes the second institutional component of the University of Warwick research team. Warwick Evidence (2011–2022) is an established, successful, multidisciplinary, academic technology assessment review team.

Centre for Research in Intellectual and Developmental Disabilities (CIDD)

CIDD is a specialist research-only department in the University of Warwick. CIDD is focused on applied educational and psychological research in the field of special educational needs and disability (SEND) across the lifespan and has a 30+ year history of contribution in this field.

Council for Disabled Children

The Council for Disabled Children (CDC), hosted by the National Children's Bureau (NCB), are sector leaders with an expert senior management team, experienced in working across Government to support decision makers in Education, Health and Care. Our practice teams deliver wide reaching programmes of bespoke intervention in local areas enabling service improvements and system change.

Isos Partnership

Isos Partnership led widely-recognised national research that has explored the enablers of system-wide improvement in local children's services, in the development of local early help offers, the development of effective support for school inclusion, and the development of effective whole-system approaches to SEND.