

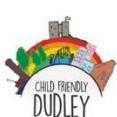
Children first and at the heart of all we do

DUDLEY POST SEND INSPECTION ACTION PLAN

Black Country Integrated Care Board
Dudley Council Children's Services



Working as One Council in
the historic capital of the Black Country



NHS
Black Country
Integrated Care Board



INTRODUCTION TO DUDLEY'S POST SEND INSPECTION ACTION PLAN

An Ofsted (Office for Standards in Education, Children's Services and Skills) and CQC (Care Quality Commission) inspection of services provided by Dudley's Local Area Partnership was conducted in January 2025. Their joint report was published in March 2025 and reported that **“The local area partnership’s arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements”**



In response to the inspection, Dudley's Local Area partnership has developed a strategic plan based on the recommendations set out in the report. These outline specific actions to achieve the outcomes identified in the inspection report. The improvement plan below will be incorporated into the partnership

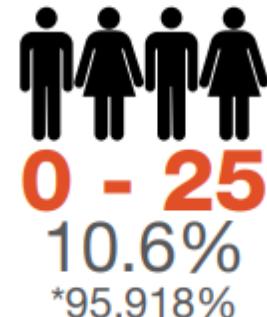
SEND & AP Improvement Plan (2025 – 2028) will be monitored through existing governance and accountability arrangements. It will include the monitoring of a joint set of key performance indicators (KPIs) by the SEND Strategic Partnership Board. Partners, alongside our children, young people and families, hold each other to account and collaborate to solve problems and achieve positive outcomes.

The full inspection outcome report can be found here:

[Dudley Local Area SEND Inspection Report Jan 2025](#)

SEND IN DUDLEY

Population



Education

211 providers delivering early years education

78 Primary school (of which 34 are academies)
1 Nursery School, 41 Nursery classes in primary, 1 in a special school

19 Secondary schools (of which 15 are academies)
7 Special schools, 1 Pupil Referral Unit, 1 Alternative Provision, 3 Colleges, 2 Further Education, 1 Sixth Form

77.9% of school children attend a Good or Outstanding school

21.6% of EYFS pupils with SEND, meeting Good Level of Development (provisional)

16.4% of KS1 pupils with SEND, meeting expected standard in RWM (provisional)

16.8% of KS2 pupils with SEND, meeting expected standard in RWM (provisional)

26.3% of KS4 Attainment 8 score (England 28%) (provisional)

-0.48% of KS4 Progress 8 score (England -0.63%) (provisional)

12% Overall Absence rate vs 10.47% for England (indicative 2022/2023)

86.4% aged 16-17 with SEN participating in education and training. England 88.7%

Ethnicity of Dudley CYP

77% White 9% Asian or Asian British 8% Mixed or Dual Background 2% Black or Black British 3% Other 1% No Information

SEN Provision

6620 SEN Provision **3562** EHCP

| | ASD | HI | MLD | MSI | NSA | OTH | PD | PMLD | SEMH | SLCN | SLD | SPLD | VI |
|--------------|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|------------|------------|-----------|-----------|-----------|
| SEN SUPPORT | 3% | 2% | 26% | 0% | 4% | 3% | 3% | 0% | 19% | 28% | 0% | 11% | 1% |
| EHCP | 17% | 2% | 20% | 0% | 0% | 2% | 5% | 1% | 20% | 30% | 4% | 1% | 1% |
| TOTAL | 8% | 2% | 24% | 0% | 4% | 2% | 3% | 0% | 19% | 28% | 1% | 7% | 1% |

Health

Childhood Vaccinations

95.1% DTaP/IPV/Hib - uptake at 5 years 2022/23 (England 93.2%)

95% MMR 1st Dose - uptake at 5 years 2022/23 (England 92.5%)

94.2% Hib/Men C - uptake at 5 years 2022/23 (England 90.4%)

89.3% MMR 1st % 2nd dose - uptake at 5 years 2022/23 (England 84.5%)

88.5% DTaP/IPV Booster - uptake at 5 years 2022/23 (England 83.3%)

62.2% Hospital Admissions for injury (0-14yrs) indicative rates per 10,000 for 2021/22 (England 84.3%)

Obesity

11.5% Reception prevalence of obesity (including severe obesity 4-5 yrs) 2022/23 (England 9.2%)

26.3% Year 6 prevalence of obesity (including severe obesity 4-5 yrs) 2022/23 (England 22.7%)

What's working well.

Ofsted/CQC findings: (p 4 & 5, Area SEND inspection report: Dudley Local Area Partnership – 20 to 24 January 2025)

- The local area partnership has been on a significant journey since the last inspection. There is a shared culture and ambition for children and young people with SEND across the borough.
- Leaders and officers involved in developing the education sufficiency strategy and inclusive pathways are highly regarded across the partnership. These officers are precise in their evaluations and can clearly articulate where the remaining gaps in children and young people's provision are.
- Practitioners from different services work well together. They share information effectively, and this results in an efficient multi-disciplinary approach to providing services for children and young people. Across those services working with children and young people, there is a strong sense of partnership working and a shared vision for all children and young people.
- Partnership work with the PCF is strong and is helping to drive improvement. The PCF holds an accurate, up-to-date picture of parental views and concerns. In addition, they also provide constructive feedback and challenge regarding the experience of children and young people with SEND and their families.
- Most children and young people who need speech and language therapy, physiotherapy or occupational therapy receive effective help when they need it.

More positives can be found in the full report here: [Dudley Local Area SEND Inspection Report Jan 2025](#)

OUR AREAS OF IMPROVEMENT



Improvement Area One:

The local partnership needs to increase the pace of work to reduce the length of time that children and young people wait for CAMHS intervention, neurodevelopmental diagnosis and access to wheelchair services. They should also ensure that these children have access to suitable support while they are waiting.

Ofsted/CQC findings: (p 4-5, Area SEND inspection report: Dudley Local Area Partnership – 20 to 24 January 2025)

- Health leaders have undertaken a transformation review of services for children and young people with neurodevelopmental needs across the partnership. The focus has changed to provide a needs-led approach to services so that children can get the support they need when they need it without the need for a diagnosis. There is a plan to work through the implementation of this new approach to support children with neurodevelopmental needs. This is in the early stages of implementation.
- Children and young people are waiting too long for neurodevelopmental assessments for autism and ADHD. This means that, for some individuals, appropriate help is not provided early enough, and difficulties are exacerbated.
- Most children and young people wait too long for mental health support after their initial appointment with child and adolescent mental health services (CAMHS). Some wait for over two years for their therapy, which means that their mental health needs are not supported when this is needed most. The CAMHS team maintains oversight of these children through telephone contact and signposts them to useful emotional well-being services which they can access while they are waiting.
- Children and young people with SEND who use and need wheelchairs are waiting too long to get an assessment of their mobility needs. Inspectors saw records of children waiting over 12 months for appointments and to receive the required equipment. The negative impact on these children and young people is significant.

Area 1 of Improvement One: Waiting Times

Objective: Increase the pace of work to reduce the waiting time for children and young people for CAMHS intervention, neurodevelopmental services, and access to wheelchair services, while ensuring they have suitable support during the waiting period.

Accountable Officer: ICB Managing Director

| Actions | Completion Date | Lead Officer | Evidence/Impact |
|---|-----------------|--|---|
| (1.1.1) Multi-agency Neurodevelopmental Pathways Review. Black Country Healthcare NHS foundation Trust (Lead Provider/Commissioner) will convene partner agencies to progress the recommendations from the review of the Autism Diagnostics Pathway provision across the Black Country. This includes recommendation to address the gap where no current provider is commissioned to deliver neurodevelopmental assessments, and foster partnership working to ensure system contribution to assessments of neuro-divergence. | Sep-25 | Exec Lead MH/LDA Lead Provider/Commissioner ICB Managing Director | Children and young people will experience greater independence in their lives as a result of earlier diagnosis, and effective access to services and support. |
| (1.1.2) Autism diagnostic pathway - Improvement recommendations for children's physical health services to be implemented as part of the ASC diagnostic pathways review for consideration by SEN/D and AP Improvement Steering Group and ICB Integrated Commissioning Committee | Nov-25 | Exec Lead MH/LDA Lead Provider/Commissioner ,ICB Managing Director | <ul style="list-style-type: none"> • Reduction in waiting times • Timely Assessments /and or interventions • Satisfaction surveys • Reduction in complaints |
| (1.1.3) Autism diagnostics pathway – Improvement recommendations for child and adolescent mental health services (for children with co-presenting mental illness and ADHD or Autism) to be implemented, including review of the referral and acceptance criteria for specialist CAMHS services through a refreshed service specification. | Mar-26 | Head of CAMHS Commissioning and Senior Operational Manager CAMHS. | |
| (1.1.4) CAMHS - Develop an appropriate clinical model that addresses both individual needs and service demands in line with refreshed service specification. | Jul-25 | Senior Operational Manager CAMHS | |
| (1.1.5) CAMHS - Conduct demand and capacity review for cohort with co-presenting needs and develop the trajectory for the waiting times for that group. | Mar-26 | Senior Operational Manager CAMHS | |

| | | | |
|---|--------|--|--|
| (1.1.6) CAMHS - Work with System Partners to ensure system contribution to assessments of neuro-divergence. | May-26 | Senior Operational Manager CAMHS | |
| (1.1.7) Dudley Group NHS Foundation Trust (DGFT) Implementation of new ADHD Assessment pathway in line with national guidance along with being coproduced with CYPs, families, partners and lived experienced experts. | Jun-25 | Head of Children's Services, Dudley Group NHS Foundation Trust | |

Area 2 of Improvement One: Access to Wheelchair Services

| Actions | Completion Date | Lead Officer | Evidence/Impact |
|---|-----------------|-----------------------|---|
| (1.2.1) Issue performance notice to the current provider and request rectification action plan | May-25 | ICB Managing Director | Children, young people and families will have increased opportunity to personalise their equipment (via additionality from Personal Budgets) and have their mobility needs met leading to greater independence. |
| (1.2.2) Review and agree rectification action plan and associated trajectory to reduce waiting times to contract standard | Apr-26 | ICB Managing Director | |
| (1.2.3) Monitor trajectory through monthly contract review meetings and adjust as necessary | Apr-26 | ICB Managing Director | |
| (1.2.4) Carry out procurement process to secure a new contract with effect from 1/4/26 | Apr-26 | ICB Managing Director | |



Improvement Area Two:

Enhance the quality and oversight of the EHC plan processes to ensure consistent review, updates, and sharing with all relevant agencies and professionals. EHC plans must accurately reflect current views from children, young people, and their families, along with appropriate information from education, social care, and health services. Finalised EHC plans should be shared with all relevant agencies and professionals.

Ofsted/CQC findings: (p 5, Area SEND inspection report: Dudley Local Area Partnership – 20 to 24 January 2025)

- There remains too much variability in the quality of EHC plans. Recently, there have been considerable changes to the formulation, timescales and reviewing of plans. However, many of these changes are yet to have a positive impact. Consequently, many plans sampled during the inspection do not reflect the needs of children and young people accurately enough. Settings told inspectors that this often complicates how quickly they can put the right provision in place. The partnership is fully aware of these gaps in the drafting and quality assurance of EHC plans and subsequent reviews. The partnership has prioritised the EHC plans of children and young people with SEND at points of transition, such as when moving from primary to secondary education.
- Many services across the health system are not receiving the most recent versions of children and young people's EHC plans. Only a small number of EHC plans were recorded in the sampled clinical records. Therefore, there is a key missing element in a child or young person's clinical record to inform and support multi-agency working. This results in some children and young people with SEND not receiving the right support at the right time.
- There are sufficiency challenges in finding and identifying suitable placements for some looked-after children who have SEMH needs. Some children have had multiple moves in a short period of time. This has impacted negatively on their education, learning and wider development. For some, their EHC plans are not up to date and so do not reflect this impact accurately.

Area 1 of Improvement Two: EHCP Quality Assurance

Objective: Enhance the quality and oversight of the EHC plan processes to ensure consistent review, updates, and sharing with all relevant agencies and professionals. EHC plans must accurately reflect current views from children, young people, and their families, along with appropriate information from education, social care, and health services. Finalised EHC plans should be shared with all relevant agencies and professionals

Accountable Officer: Head of SEND & CDT

| Actions | Completion Date | Lead Officer | Evidence/Impact |
|---|-----------------|--|---|
| (2.1.1) Embed a continuous professional development programme for the local area partnership (to include education, health and social care), to include a focus on quality and best practice. | Mar-26 | Send Advanced Practitioner, DCO, DSCO, Service Manager, CPP (QA) | Our children and young people will tell us they feel that their EHC plans truly reflect their needs, aspirations, and the support they receive. Families will experience a more transparent and coordinated process, where agencies communicate effectively, reducing delays and confusion. |
| (2.1.2) Research, identify and implement a single access point to streamline the collection, storage and sharing of EHC plan, information, ensuring the system is secure and accessible to all relevant parties. Ongoing review and monitoring to be embedded. | Dec-25 | Send Advanced Practitioner, DCO, DSCO, Service Manager, CPP (QA) | |
| (2.1.3) Embed robust governance to oversee and monitor the quality of EHC plan processes and the expectations of the partnership by utilising the SEND Strategic Partnership Board for high-level oversight and the SEND Improvement Steering Group to drive operational progress | Jul-25 | Head of SEND and CDT Service Manager, CPP (QA) | |
| (2.1.4) Embed the Quality Assurance process into daily operations of SEND, Social Care and Early Help, and Health ensuring information collated is used to inform further improvements | Mar-26 | SEND Service Manager SEND Advanced Practitioner, Service Manager, CPP (QA) | • Increase in the number of young people achieving positive outcomes at post-16 |
| (2.1.5) Health to continue with Quality Audits on the health contributions EHCP process, ensuring statutory responsibilities are being met. | Ongoing | DCO | • Increase in the timely cessation of post-16 EHCPs once outcomes have been met • Reduction in the number of children not in education |

Area 2 of Improvement Two: Practice & Process

| Actions | Completion Date | Lead Officer | Evidence/Impact |
|--|-----------------|----------------------------|--|
| (2.2.1) Review and update annual review processes and paperwork to ensure consistency, clarity, and alignment with statutory requirements, to include robust transition planning and clear post 16 pathways. | Sep-25 | SEND Advanced Practitioner | Children and Young People will reflect that their Annual Reviews take better account of their needs and aspirations and support their transition to adulthood. |
| (2.2.2) Embed the revised paperwork and guidance, ensuring professionals use the updated process for reviewing and updating EHC plans to include clear expectations on the roles and responsibilities, and accountability of all partners | Dec-25 | SEND Advanced Practitioner | |
| (2.2.3) Develop a briefing plan to outline the agreed roles and responsibilities to be disseminated across the partnerships. This should form a cycle of communication updates to Education, SEND, Health & Social Care colleagues | Dec-25 | Head of SEND and CDT | <ul style="list-style-type: none"> Reduction in the number of annual reviews requiring amendments |
| (2.2.4) Embed process for capturing and incorporating input and feedback from children, young people and their families | Sep-25 | SEND Lead Practitioner | |
| (2.2.5) Health to develop and embed a rolling programme of training with regards to sharing health advice within the EHPC process. Enabling new and existing staff to understand their role within the EHCP process: improving quality of health advice within new and existing plans. | Ongoing | DCO | |



Improvement Area Three:

To ensure an improved understanding of the services which are available, the local partnership should be diligent in communicating the launch of the new local offer. The local partnership should also continually monitor and evaluate the effectiveness of the local offer so that it is useful for parents, carers and professionals.

Ofsted/CQC findings: (p 4 & 5, Area SEND inspection report: Dudley Local Area Partnership – 20 to 24 January 2025)

- The local partnership accepts that more needs to be done to ensure that the voice of children and young people and their families are heard at every stage. The inspection surveys match this evaluation. Those who responded to the inspection surveys reported that children and young people with SEND do not always feel heard. The impact of improved engagement strategies on children and young people and their families is not yet felt by parents. Dissatisfaction remains high as a result
- The current local offer is inaccessible and does not contain the necessary information for children, young people, parents and carers. It is hard to navigate and parents and carers who responded to the surveys do not have confidence that it has the information they need. The partnership agrees that the current website is not practical. Leaders, in partnership with the PCF, have recently made considerable changes and are in the process of launching a new online local offer.



Area 1 of Improvement Three: Communication and Promotion of the Local Offer

Objective: Improve understanding of available services by effectively communicating the launch of the new local offer. Continuously monitor and evaluate the local offer to ensure it is useful for parents, carers, and professionals.

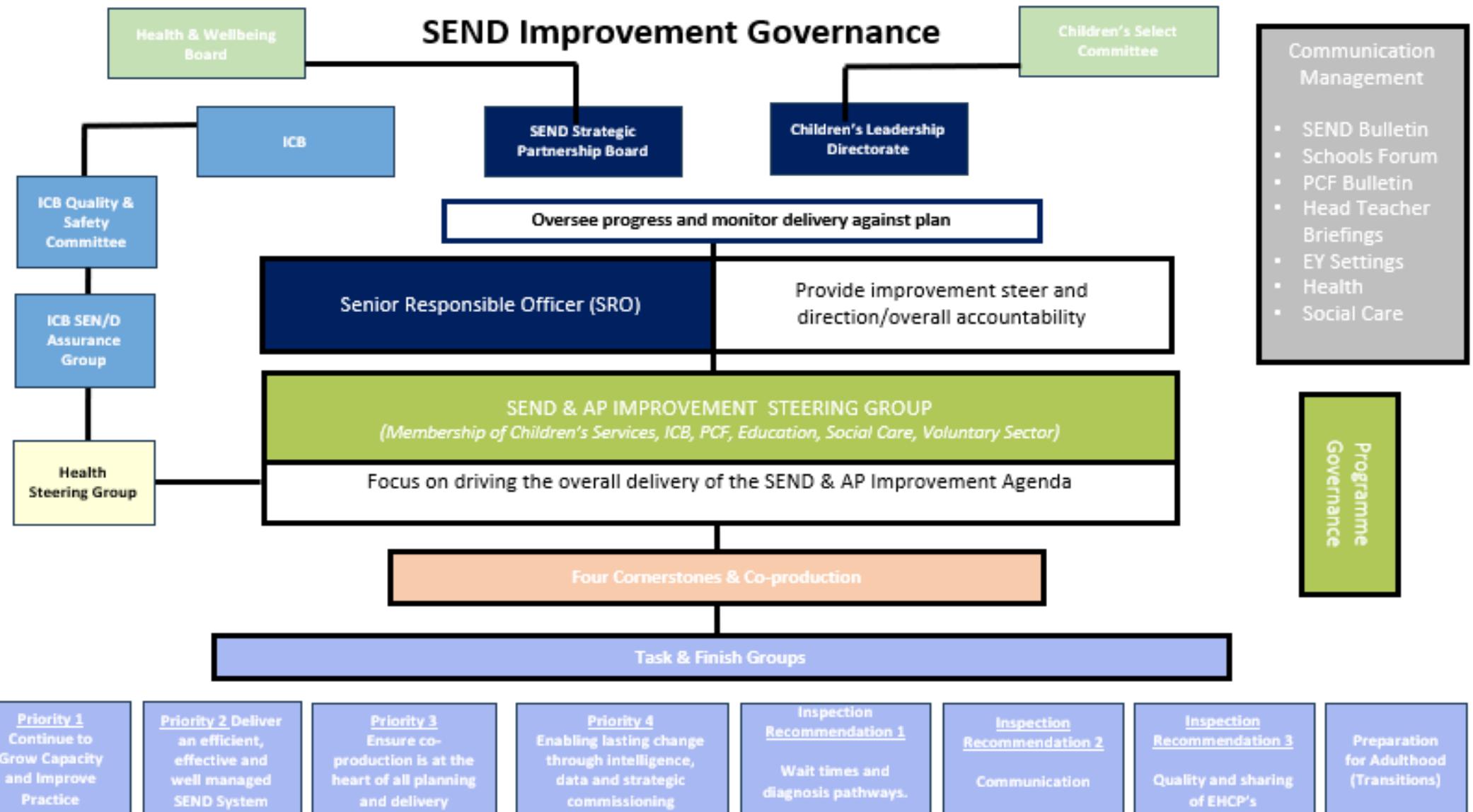
Accountable Officer: Head of SEND & CDT

| Actions | Completion Date | Lead Officer | Evidence/Impact |
|--|-----------------|--|---|
| (3.1.1) Launch the new Local Offer Website as coproduced with parents, carers and partners. (Soft Launch January 2025 – Full Launch May 2025) | May 25 | Communications Lead | Increased awareness of the Local offer among children and young people and their families, demonstrated through improved access to key resources and positive feedback. |
| (3.1.2) Deliver communication activities in line with Phase 2 of the comms plan, ensuring consistent key messages and delivery methods across education, health, social care, parent networks, and other stakeholders | Aug-25 | Communications Lead | |
| (3.1.3) As part of Phase 2 maximise reach using multiple communication channels, such as social media, newsletters, schools, health settings, community events, and other appropriate platforms (including SEND Bulletin, SEND Network, Revolution & GP Surgeries) | Aug-25 | Communications Lead | |
| (3.1.4) (i) Continue to review feedback received via the existing mechanism on the Local Offer platform, ensuring regular monitoring and timely improvements (ii) Implement the 'You Said, We Did' area within the Local Offer | Mar-26 | Local Offer Steering Group | <ul style="list-style-type: none">• Improved satisfaction• Increased hits/use of Local Offer Website |
| (3.1.5) Establish processes to capture the voice of children and young people with SEND | Aug-25 | Local Offer & Participation Officer | |
| (3.1.6) As part of Phase 3, continue ongoing communication of the Local offer adapting content based on the feedback received | Mar-26 | Communications Lead | |
| (3.1.7) Develop and publish an annual report with supporting plan for the Local Offer, outlining upcoming campaigns and key topic areas, ensuring clear communication on upcoming updates and ongoing initiatives to keep stakeholders informed | Mar-26 | Send Advanced Practitioner & Communications Lead | |

Area 2 of Improvement Three: Monitoring and Governance of the Local Offer

| Actions | Completion Date | Lead Officer | Evidence/Impact |
|---|-----------------|--|--|
| (3.2.1) (i) Ensure ongoing governance oversight through the Local Offer Steering Group, maintaining accountability for updates, improvements, strategic direction, and effective reporting of the Local Offer (ii) Embed oversight through the SEND Improvement Steering Group to provide an additional layer of monitoring and support | Mar-26 | SEND Advanced Practitioner | The partnership will monitor communication effectiveness to ensure messages are clear and reach the intended audiences, |
| (3.2.2) Use website analytics, engagement tracking, and mystery shopping to assess how often and effectively the Local Offer is being accessed, feeding into ongoing campaign reviews | Mar-26 | Communications Lead & Digital Content Team | <ul style="list-style-type: none"> • Reduction in complaints about the Local Offer • Increased hits/use of Local Offer Website • % of positive outcomes from Mystery Shopper activity |

SEND GOVERNANCE

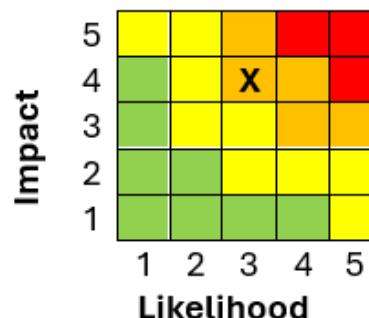


RISK REGISTERS

AREA ONE

Risk: Waiting times for CAMHS, Neurodevelopmental Diagnosis and/or Wheelchairs and mobility equipment does not improve.

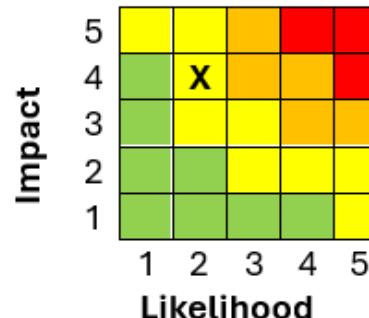
Impact: Children's needs increase as early intervention or diagnosis is not progressed.



AREA TWO

Risk: Children's EHCP's are of poor quality, not reviewed and not shared effectively across appropriate professional groups.

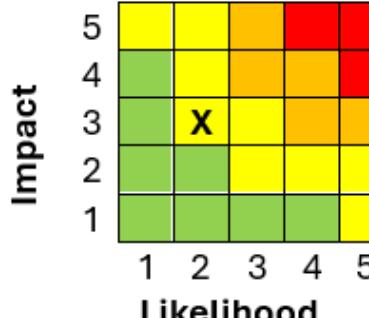
Impact: Children's needs are not understood and inputs required to meet them are not identified. Professionals working with children and families are unaware of needs and cannot take account of them.



AREA THREE

Risk: The Local Offer is not well communicated, monitored or updated.

Impact: Parents and Carers, Children and Young People are not able to access support to meet their needs



Our plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND

(Our Dudley SEF Priority Outcomes)



1. Continue to grow capacity and improve practice.

- We will reframe our Ordinarily Available Inclusive Provision (OAIP).
- We have codesigned our Specialist Services and delivery models to increase capacity and meet needs within settings.
- We will establish and implement a sufficiency plan (planning cycle) that ensures children and young people have the right local educational provision for the next 5 years and beyond.
- We will ensure our communication is relevant, accessible, comprehensive, timely and easy to understand.
- We will launch a revised Early Notification of SEND form and pathway for Dudley health services.

2. Deliver an efficient, effective and well managed SEND system

- We will have mechanisms in place to hear families' experiences and voices (to include PCF Surveys & learning from complaints)
- We will embed a comprehensive QA framework across education, health and care services to ensure the quality of EHCNA's, annual reviews and the child's journey through multiple services.
- We will involve children and young people in providing feedback on the design and delivery of services
- We will establish the PFA Pathway to ensure there are a range of options available for children and young people within Dudley. This information will be accessible and widely promoted.

3 Ensure coproduction is at the heart of all our planning and delivery to improve the experiences of children, young people and their families

- We will embed 4 Cornerstones coproduction model and the codesigned coproduction charter across the partnership.
- We will continue to gather and analyse feedback from new EHCNA's and Annual reviews and implement service improvements based on this feedback.
- We will empower parents and carers to participate in decision making through engagement with the Dudley PCF and other local parent/carer networks.
- We will investigate and explore with children and young people how we establish effective coproduction to improve experiences and outcomes for children and young people.

4 Enabling lasting change through intelligence, data and strategic commissioning

- We will design, develop, and implement a SEND partnership wide data dashboard to monitor and evaluate the impact of our SEND improvement work.
- We will use the SEND and AP Sufficiency Strategy to inform the commissioning of our local educational provision for children and young people.

GLOSSARY OF ACRONYMS

ADHD - Attention Deficit and Hyperactivity Disorder

AP - Alternative provision

AR - Annual Review

BCHFT - [Black Country Healthcare NHS Foundation Trust](#)

BCICB - [Black Country Integrated Care Board \(NHS\)](#)

CAMHS - [Child and Adolescent Mental Health Service](#)

CDT - Children with Disabilities Team

CYP - Children & Young People

CQC - [Care Quality Commission](#)

CPP – Centre for Professional Practice (Dudley Children Services)

DCO – Designated Clinical Officer

DGFT – [The Dudley Group NHS Foundation Trust](#)

EHCP - Education, Health and Care Plan

EY – Early Years

EYFS - Early Years Foundation Stage

EHC - Education, Health and Care

EHCNA - Education, Health and Care Needs Assessment

GP - General Practitioner

ICB - Integrated Care Board

KS1 – Key Stage 1

KS2 – Key Stage 2

KS4 – Key Stage 4

LA - Local Authority

LO - Local Offer

OAIP - Ordinarily Available Inclusive Provision

OFSTED - Office for Standards in Education

PCF - Parent Carer Forum

PFA - Preparing for Adulthood

QA - Quality Assurance

SEND - Special educational needs and / or disability.

SEF - Self Evaluation Framework

SEN - Special educational needs

SEMH - Social emotional and mental health

SRO - Senior Responsible Officer

SSPB - SEND Strategic Partnership Board

