Herefordshire Council

Title of report: Area SEND Inspection

Meeting: Children and Young People Scrutiny Committee

Meeting date: 18 March 2025

Report by: Cabinet member children and young people;

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To share the feedback report from Ofsted and Care Quality Commission (CQC) following the area SEND inspection of Herefordshire conducted in December 2024.

Recommendation(s)

That:

a) **Scrutiny receive and note the feedback from the published Ofsted report (Appendix A).**

b) **The committee to make any recommendations, or suggested actions, in connection to the content and findings set out in Appendix A of this report.**

Alternative options

1. There are no alterative options. The local area partnership's arrangements have been judged as leading to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements. The next full area SEND inspection will be within approximately three years.

Key considerations

2. Herefordshire Council and NHS Herefordshire and Worcestershire Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND.

3. Herefordshire's local area SEND inspection took place took place on 2 to 6 December 2024. Ofsted and CQC findings in full can be found in appendix one.

4. The summary of findings is set out below with partner/service response where appropriate.

5. Ofsted and CQC found that, *'Families of children and young people with SEND have varying opinions about their experiences in Herefordshire… Key leaders across the partnership know the variable experiences and outcomes of children and young people with SEND across Herefordshire.'*

Partnership and Leadership

6. The report notes that leadership of the local area partnership has strengthened, both at strategic and operational level. Investment in workforce development and capacity is identified as a strength. The partnership has been highly responsive to adjusting the capacity of some teams to manage with increase in demand across services, such as in the Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS), the School's Well-Being and Emotional Support teams (WEST) and the health service therapists' teams.

7. Inspectors notes that investment in additional staffing and training across all partners has been effective in improving the identification, assessment and meeting of children and young people's needs.

8. Staff across the whole partnership are referenced strongly for building positive relationships with children and young people and listening to their views. The report notes, *Professionals know children and young people well.'*

9. A strong feature throughout the report is how well the local area partnership supports children and young people to prepare successfully for their next steps, including adulthood.

10. The report highlights the need for the local area to promote more widely how families can secure the help and support they need, including communicating the *'comprehensive short breaks offer'* more widely and *'…raising awareness of pathways to access assessment and support services.'*

Co Production

11. Co-Production across the local area partnership is described as '*strong*.' Inspectors cited the recent development of the Youth Employment Hub as, *'Already making a significant difference for the young people who access the service.'*

12. Our partnership is proud of its coordinated work with our Parent Carer Voice (PCV), children and young people and families. Inspectors noted, *'The development of the 'Herefordshire Helpers' has raised the profile of children and young people at the highest levels. Parent carer voice Herefordshire told inspectors that they feel heard and that their views are acted on by the partnership.'*

Education

13. The full complement of educational settings across Herefordshire are referred to positively throughout the report. Affirmative remarks about early years, schools, specialist settings, alternative providers and residential special schools, including those located out-of-area, are referenced throughout the report.

14. It is pleasing that vulnerable groups are noted as well supported by our alternative providers, including Herefordshire Pupil Referral Service (HPRS). The report notes, '*For children and young people with SEND who might have faced exclusion, absence, or medical needs, the*

pupil referral unit (PRU), and other AP, provide timely intervention to reintegrate them into long-term, successful education, training and employment.' It is important to note that the number of available places at HPRS is insufficient for the current level of demand and the buildings are in a poor state of repair. A business case to relocate the two HPRS centres on to one site in improved facilities, and to increase capacity is well underway.

15. The range of additional activities available to children and young people, beyond school and college was reported as a strength. Inspectors reported that early help services play a key role in directing and supporting families. The report notes,' *Children and young people with SEND spoken to during the inspection valued these opportunities to socialise with other children and young people with similar needs.'* The additional needs service notes that publicising the local offer more widely is a helpful next step.

16. Children and young people reported that they felt well supported and listened to by their school and college staff. The report notes that access to high-quality provision, including alternative provision, is preparing children and young people well for the next stage of education. Our specialist settings are praised for being, 'innovative in finding appropriate solutions for meeting the most complex learning and health needs.'

17. Ofsted found that,' *Across education, health and social care, there is variability in the timeliness of identification and assessment of SEND and issuing of EHC plans in the majority of cases.'* The additional needs service notes that the issuing of EHC plans is within statutory timescales in most cases. Herefordshire's performance against this measure is significantly above that seen nationally.

18. The special educational needs coordinator (SENCo) network is praised for its joint work between schools, social care and health providers.

Social Care

19. It is pleasing that inspectors found 'children and young people with SEND known to early help services access swift support from education, health and social care teams where appropriate. This is in line with ensuring that we understand the needs of children and their families, and that they have the right help at the right time.

20. The report identifies some real strengths in our social care teams including the quality of assessments that lead to appropriate support for children and young people. Inspectors commented, *'Disabled children and young people who receive a service from social care are well supported into adulthood.'*

21. The report recognises the strengths and continued commitment to children in care to ensure they understand their story. *'Some older children and young people with SEND in care are sensitively involved in developing their life stories, which aids their understanding and recollection of events and people that are important to them.'*

22. Inspectors describe effective and appropriate support for disabled young people who are leaving care. This includes receiving, *'Appropriate support to develop their independence skills for when they reach adulthood, and they are involved in preparing their pathway plan.'*

23. The Children with Disabilities Team is referenced as a strength in the partnership. Inspectors comment, *'Workers within the children with disabilities team understand children's needs. They are regularly visited; most disabled children establish strong relationships with their workers. Assessments are detailed and give a clear understanding of the child's world and the family context.'*

24. The inspectors identified that, *'Most disabled children and young people known to social care have plans that fully identify their needs. Plans are reviewed through regular multi-agency meetings, ensuring that most children and young people's plans progress and their needs are met. However, for some children and young people with SEND subject to child protection plans, changes in social workers can lead to them experiencing delays in having their needs met because records are not transferred effectively enough.'* The local authority is conscious and committed to the need for a permanent and stable workforce for children and families, and this is an ever-improving picture.

25. The inspectors highlighted the *'Comprehensive offer for short breaks, and currently, there is no waiting list for specialist short breaks for those children with the most complex learning and health needs. Much work has also been completed recently to increase the range of providers for short breaks. However, this offer is not consistently well communicated to children, young people and their families'.* The partnership is committed to making sure that children and families know about the services and how to access services.

Health

26. '*There are no extended waits for the core child and adolescent mental health services (CAHMS) team, meaning that children and young people are seen quickly. This is a timely and supportive service in identifying and supporting mental health.'*

27. The inspectorate recognised the positive impact of new ways of working, including drop-in clinics for speech and language therapy and physiotherapy and access to early years 'while you wait' groups.

28. Inspectors reported '… *variability with access to health services in Herefordshire depending on age and need.*'

29. It was reported that there are comprehensive services for young children with a diagnosis of autism but limited for older children.

30. Health services transformation plans for therapies and neurodevelopment services were shared with inspectors noting these are 'at an early stage' and have not yet significantly reduced waiting times. The local area partnership is committed to developing these at pace to bring about a stronger service offer to families.

Summary of the Area SEND Inspection

31. Four areas of improvement are identified focused on: reducing waiting times across health services; keeping families well informed about support while waiting for assessment and diagnosis of neurodevelopment conditions; ensure sufficient staffing capacity and stability across health services; promoting more widely the local offer to families.

32. The report makes four recommendations for improvement. This feedback and the priorities will inform the work of the partnership to improve the experiences and outcomes for all children and young people with additional needs and disabilities in Herefordshire.

33. The local area partnership will receive its next full inspection in three years.

National Background

34. The Government SEND Review which was launched in 2019, concluded in March 2022, with the publication of the SEND 'Green Paper'. This paper acknowledged the current pressures around SEND nationally. The paper concluded that:

    a) Outcomes for children and young people with SEND or in alternative provision are poor.

b) Navigating the SEND system and alternative provision is not a positive experience for children, young people and their families

c) The system is not delivering value for money for children, young people and families.

35. In July 2021, the Department for Education (DFE) published a set of documents around their 'High Needs Safety Valve' project. Local Authorities with the greatest deficits in their high needs funding took part in a project to reduce deficits and build sustainable local systems. They set out two goals of a sustainable system:

a) Appropriately managing demand for Education, Health and Care Plans (EHCPs), including assessment processes that are fit for purpose.

b) Use of appropriate and cost-effective provision. This includes ensuring mainstream schools are equipped and encouraged to meet needs where possible, whilst maintaining high standards for all pupils.

Local Context

36. The proportion of children and young people with additional needs has grown exponentially in Herefordshire, mirroring trends seen nationally. For context, within Herefordshire at January 2024, 4.6% of the total school population had an Education, Health and Care (EHC) plan. This is slightly lower than the England average (4.8%) and i line with the regional average across the West Midlands. At the Autumn 2024 census, the percentage of children in Herefordshire Schools with SEN Support needs was 16%. This is the same at the same point last year and a slight increase from 2022. Of the children with an EHC Plan, 919 are educated in a mainstream school, nursery or college, 472 are educated in a local authority special school (maintained or academy) and 242 are educated other than at school, awaiting a school or attending an independent school.

Funding Implications

37. Figures show that, as of March 2023, two-thirds (65%) of local authorities had cumulative deficits on the part of their budgets reserved for schools spending, with the primary reason being the cost of meeting their statutory duties to those with SEND. The combined deficit of these local authorities totalled £1.6bn, up on £1.5bn the year before (both figures in 2022/23 prices).

38. The most recent figures show that the biggest forecast deficits by next March include Hampshire County Council (£312m by March 2026), West Sussex (£222m), Norfolk (£186m), Cheshire East (£154m), Warwickshire (£151m), Wiltshire (£117m), Oxfordshire (£111m), Gloucestershire (£108m), Somerset (£100m), and Staffordshire (£100m).

39. Analysis of two-thirds of English upper-tier councils found at least 13 have forecast accumulated SEND deficits of between £50m and £100m, including Sefton (£86m), Hertfordshire (£81m), Cornwall (£70m), Cambridgeshire (£70m), Leicestershire (£66m), Merton (£65m), Central Bedfordshire (£65m) and Wokingham (£61m). (Source: The Guardian).

40. When the Herefordshire High Needs Budget for 2024/25 was approved it was acknowledged that the budget position would be reviewed in the Autumn Term. The forecasted in-year deficit and the cumulative DSG deficit balance forecast to 31 March 2025 is £17.2 million.

41. The issue can be traced back to 2014, when reforms increased the amount of support available to children and young people with SEND – something that was widely acknowledged as needed. The 2011 green paper that kicked off the reforms describes "a system where parents feel they have to battle for the support they need, where they are passed from pillar to post, and where bureaucracy and frustration face them at every step". But variable levels of inclusivity in

mainstream schools nationally and limited capacity in state special schools meant the state school system was not able to absorb all the rapidly increasing demand. This has led to widespread use of independent provision – funded by local authorities, at a cost far greater than that of a place in a state school. In Herefordshire our local special schools are at capacity, and we have approximately 200 children in independent provision, 120 of which could be educated in our special schools if there was available space.

42. The Department for Education is taking action to try and reduce the deficit by supporting the local authorities that have the largest deficits, under a programme named 'safety valve'. Herefordshire is not included.

43. The Government's SEND and alternative provision improvement plan, published last year, is designed to make mainstream education more inclusive and to standardise provision nationally, which could reduce the need to use independent provision. It also promises earlier intervention, which can help prevent a child's needs from escalating. But this is not a quick fix. The statutory override allowing local authorities to keep deficits off their balance sheets currently runs up to March 2026.

Working Together

44. Children without an EHCP are supported by schools, health and social care colleagues by following the graduated approach to ensure that children are supported wherever they are on the continuum of need. Schools can request funding to support children with additional needs who do not have an EHCP plan which allows them to put support in place quickly when they have identified that it is needed. Schools have access to a range of education outreach services from the council and health to support children both with and without an EHCP. Support could be from specialist health teams, Social, Emotional and Mental Health (SEMH) Inclusion Service, Autism Outreach, Physical and Sensory Support Services or Education Psychology.

45. Currently, 38 primary schools are accessing up to 25 hours of support to help them identify and meet the needs of children with neurodivergent conditions (autism, ADHD, dyslexia, dyspraxia, dyscalculia, language disorders etc. – this is a joint health and council initiative.

46. Herefordshire has a Designated Clinical Officer (DCO) that works across different parts of the health system to ensure that health assessments, planning and support is delivered in accordance with current legislation (Children and Families Act 2014) and statutory guideline (Special Educational Needs and Disability code of practice: 0 to 25 years 2015). The Designated Clinical Officer is a point of contact for schools, Council and other partners, into and between different parts of the health system, with a focus on improving the quality of experience of health support for children, young people who have SEND. The Designated Clinical Officer provides advice and training to health practitioners on SEND and undertakes regular audits as part of quality assurance of health sections in EHCPs. The post is key part of the Local Area Partnership.

47. The council has a Designated Social Care Officer (DSCO) who ensures that colleagues across the social care space are supported to deliver the appropriate service to children and young people with SEND, whether this is a short break service or more intensive support. Both the DCO and DSCO along with school colleagues:

    a) Attend the Education Health and Care Needs Assessment referral panel to identify the teams that are currently working with a child and giving information regarding medical/health/social care needs (now takes place twice a month with between 30-40 cases heard at each panel)
    b) Attend the multi-disciplinary inclusion and engagement panel (remit for children and young people (CYP) unable to attend school for reasons of physical/mental health, CYP missing in education, CYP at high risk of permanent exclusion, requests for education other than at

school for CYP with EHCPs) DCO and DSCO provide information relating to the CYP to help inform decision and to ensure health and social care teams are appropriately involved

c) Participate in multi-agency audit activity with Head of Additional Needs and Designated Social Care Officer to look at lived experience of CYP with SEND identify positives and gaps in journey.
    - Contribute to multi-agency residential school reviews aiming to achieve oversight of holistic needs of CYP with SEND.

48. Health is working to a transformation model of universal, targeted and specialist support across children's therapies services. The focus on outcomes and impact, not input, helps understand the difference that working in this way is making to children, young people and their families, with or without an EHC plan. From April – December 2024, the number of children waiting for Physiotherapy and Speech therapy reduced by around 50%, with most children being seen in under 36 weeks. Occupational Therapy has a small number of children waiting over 36 weeks for a first appointment.

49. What families will see differently is that there is easier access to advice and support with Physiotherapy and Speech and Language Therapy drop-ins available for younger children. Supporting early identification of needs means more timely access to support to prevent needs escalating, and reassurance being given to families who do not need targeted or specialist support at this time. Working in partnership with Schools and SENCos is resulting in improved access to advice and training on posture management, environments and equipment. Schools are identifying their learning needs, and the health teams are incorporating this into the training offer. Now, this relates to special schools in Herefordshire but will expand to mainstreams once the approach is established. The intention is to introduce link therapists for schools to further enhance support across the system.

LGA Review and Progress to Date

50. In 2021 the LGA conducted a review of SEND services in Herefordshire. There were four recommendations:

a) Review effectiveness of resources, service delivery and systems to meet the child's needs and potential and the requirements of the SEND Green Paper

b) Establish the partnership governance and scrutiny arrangements at pace

c) Produce a multi-agency strategy with short, medium and long-term priorities

d) Develop a robust quality assurance framework for the local area with an immediate focus on all children with an EHCP open to Social Care and others with particular vulnerabilities

51. Since the LGA review actions to address the recommendations have been completed. A new SEND strategy was published with associated action plan. New governance arrangements established including the SEND and Alternative Provision (AP) Strategic Assurance Board and a regular cycle of muti-agency quality assurance activity.

52. Herefordshire's parent carer forum is Parent Carer Voice (PCV) Herefordshire, which is led by a steering group of parents who listen to and take forward the views and ideas of their members. PCV Herefordshire work in partnership with Herefordshire Council and Herefordshire Integrated Care System (ICS) to make sure children and young people aged 0 – 25 years old with SEND, and their families, have their needs met. As a partnership, we have produced a co-production charter that sets out a working agreement and commitment to co-production of services for children and young people with SEND in the county. Our partners for the charter have included PCV Herefordshire, Herefordshire Council, Herefordshire Integrated Care System (ICS), Herefordshire and Worcestershire NHS Trust, Wye Valley NHS Trust and SENDIASS. Wherever

you see the co-production tree logo, it means that the event, training or document was created in a co-productive way with PCV Herefordshire, Herefordshire Council, the ICS and other relevant partners.

The Neuro-Development Pathway - Background

53. Autism and ADHD are neurodevelopmental conditions which affect how the brain functions. ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity (combined, predominantly inattentive or predominantly hyperactive-impulsive presentations). Autism affects the way that individuals communicate with other people and relate to and make sense of the world around them. Neurodivergent people will have their own strengths and may experience challenges that vary in degree. These can change over time presenting different support needs throughout a person's lifetime. Operating within a world designed for 'neurotypical' people poses a significant challenge for many neurodivergent children and young people. Social anxiety, low self-esteem, depression and exhaustion are common among neurodivergent children and young people as a result of navigating everyday life, social interactions and masking neurodivergent tendencies to 'fit in' (NICE, 2008, 2013). This can also impact on behaviours and escalate into serious mental health conditions.

54. Furthermore, inequalities in access to health care and historical lack of support for neurodivergent children and young people (CYP) contributes to the development of poor mental ill-health with wider longer-term impacts on education, societal and economic engagement.

55. Mental health issues are more common among neurodivergent populations for example, approximately 70% of children with Autism will experience a mental health difficulty, 40% will have at least two. (Simonoff, et al., 2008). Young people with autism are at increased risk of suicidality (Gadow et al., 2012; Mayes et al., 2013). There is also evidence that neurodivergent children and young people may have more frequent and complex mental healthcare needs compared with their neurotypical peers (Lord, 2022, Chiri, 2012 & Walsh et al, 2019). However, they are also at risk of 'overshadowing' where a patient's mental health symptoms are misattributed to their neurodivergent presentation, resulting in access to mental health services or appropriate treatment being denied (NHSE, 2023). This is reflected in a recent NHSE Executive review of Tier 4 CAMHS services which found higher rates of autism in the CAMHS Tier 4 in-patient population than in general public, with up to 40% of children and young people with an Autism diagnosis.

Prevalence in Herefordshire

56. World-wide prevalence of neurodivergence is estimated between 15% to 20% (Doyle, 2020). Using the national prevalence for children and young people, this suggests that the estimated population for Herefordshire is:

57. Changes in understanding and awareness of Autism and Attention Deficit Hyperactivity Disorder (ADHD) have also led to a significant increase in referrals for diagnostic assessments locally.

    a) There were 135 referrals for children (under 10 years) for Autism diagnostic assessments in 2015-2016 rising to 251 in 2023-2024, an increase of 86%.

    b) There were 52 referrals for children (over 10 years) for Autism diagnostic assessments in 2021 with 189 referrals in 2023-2024, an increase of 263%.

58. Historical data for ADHD diagnostic referrals is unavailable locally due to limitations in NHS data systems.

59. Locally, neurodivergent young people have told us that their emotional wellbeing / mental health are proportionally worse than their neurotypical peers. (Healthwatch Survey, 2024) and that access to mental health and well-being support is challenging. Due to the threshold for specialist

mental health service, neurodivergent CYP are often unable to access mental health support in a timely manner. Young people and parents describe getting to crisis point before support is received (Herefordshire and Worcestershire, All Age Autism Strategy, 2024-2029).

Neurodivergence Pathway

60. Early intervention can reduce avoidable harm and distress and support the best chances of positive emotional health and well-being. Many children and young people can navigate daily life successfully if they and their families, receive support early to understand their neurodivergent traits and related lower-level mental health needs and develop strategies and tools to self-manage these. NICE Guidance recommends psychoeducation, peer and parenting support for children with Autism and ADHD and their families, with an objective to support children to learn about their presentation and how this relates to their mental health and wellbeing needs.

61. Current provision in Herefordshire has some small charities providing support to children and families. Mainstream services providing parenting support have been increasingly accessed by parents of neurodivergent children and young people who are unable to meet the needs of families who required more in-depth and tailored support. Parenting and emotionally supporting children and young people who have neurodivergent needs can be extremely challenging and requires differing techniques tailored to children and families. These areas were identified as gaps in the current service model during 2024.

62. Waiting times in Herefordshire for Autism and ADHD have been affected by the increase in demand and limited capacity of health services to see children in a timely manner. In 2024, effort has been focused on recovering waiting times. During the SEND Local Area Partnership Inspection, evidence was shared about work that has reduced waiting times. However, it is clear the current model is not sustainable or meets the needs of children and young people, as described above.

63. Over the past 18 months, Herefordshire and Worcestershire Integrated Care Board has conducted engagement with parents, carers, young people and professionals to understand the challenges of the current system and the support needed by parents, carers and young people. This has informed revised models for (i) assessment and diagnosis and (ii) support service.

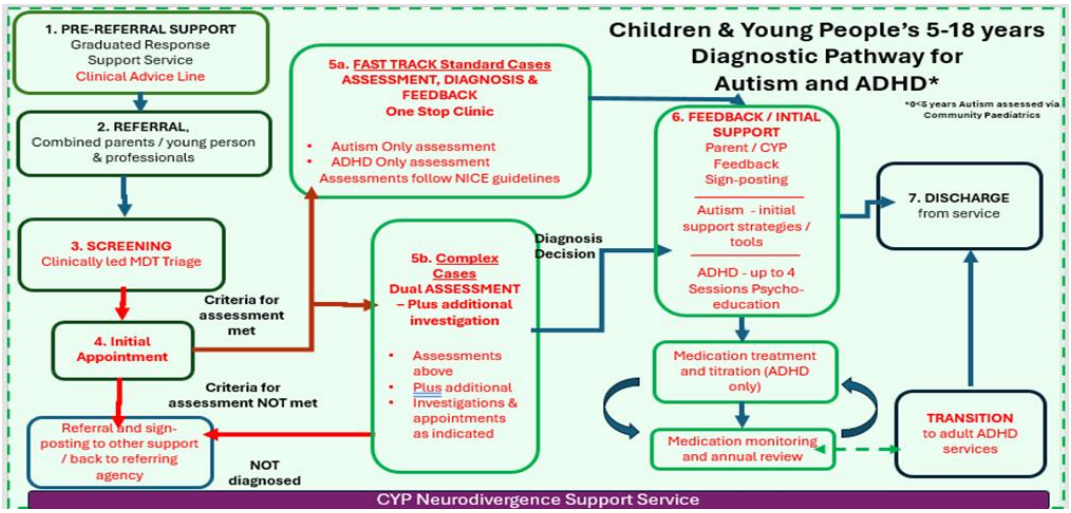
Assessment and Diagnosis

64. Locally, Wye Valley NHS Trust (Community paediatricians) and Herefordshire and Worcestershire Health and Care Trust (psychiatrists) deliver assessments and diagnosis of neurodivergence conditions. As part of the coproduction, a new model for assessment has been developed, that would create a single service with the appropriate workforce to assess, diagnosis and treat for neurodivergence conditions.

65. The Neurodivergence Support Service would be needs-led for young people aged 0-25 years and their families who present with, or show signs of, a neurodivergent need. This would provide early intervention to understand their neurodivergent traits such as sensory & communication needs, provide support on common challenges such as eating, sleeping, emotional regulation and behavioural issues. Support would be provided to families to develop strategies and tools to navigate and manage these. The service would be separate from, but wrap around, the diagnostic process.

66. Specifications have been written and agreed for a combined Autism and ADHD service and a support service for children, young people and families. The new model is detailed in figure 1.

Figure 1: Combined Autism and ADHD Diagnostic Pathway 5-18 years & Support Service for 0-25 years



67. In addition to the revised model outlined above, NHS England require all Integrated Care Boards to establish new local Right to Choose processes and accredit a minimum of 5 providers to deliver Autism and ADHD assessments for under 18s. These are to be delivered against locally agreed specifications to which providers are accredited by the ICB and contracted to deliver against. In November 2024, HWICB signed-off a combined under 18s Autism and ADHD Right to Choose service specification, and this has since been followed by separate specifications for Autism and for ADHD, to ensure that families can access the right level of assessment.

Support for Children, Young People and their Families

68. A CYP Neurodivergence Support Delivery Group was established to co-produce proposals to consider how services across Herefordshire and Worcestershire could be improved. The group consists of representatives from education, social care, health, voluntary sector experts with lived experience & parent carers. The proposal for a CYP Neurodivergence Emotional Well-being Support Service for young people aged 0-25 years and their families has been developed by this group. It is envisaged that the model of care would be delivered across Herefordshire with a new dedicated service that would collaborate with existing community settings (such as Family Hubs/Children's Centres) to enable delivery in local areas as well as providing an on-line offer for accessibility. This would result in differentiated levels of support and the offer would include:

a. information, advice and signposting to navigate the system and existing provision

b. parent workshops, training & peer support groups

c. 1:1 and family support

d. and referral to targeted services where required.

69. The aim of the service would be to provide:

a. a needs-led service to support the mental health and well-being of for those who present with, or show signs of, a neurodivergent need; prevent development and escalation of lower-level mental health issues such as anxiety and depression

b. provide early intervention to CYP to enable them to understand their neurodivergent traits such as sensory & communication needs, flexibility, attention, and develop self-management strategies to support their everyday lives and build resilience

c. provide support on common challenges which affect mental health such as sleeping, emotional regulation, relationships and behavioural issues

d. validate families and create space for them to understand their situation, their strengths and develop the skills to support their child to achieve good outcomes and quality of life for the whole family

e. provide evidence-based training programmes (such as Non-violent Resistance Training, Hope Programme, Yvonne Newbold, New Forest Parenting Programme (NFPP) to empower families to make informed choices and parenting support which is in the best interests of their CYP

f. provide support to parent carers to access benefits, housing and finance advice to enable them to manage factors that may impact on their ability to support their child

g. provide expertise and support to mental health services to better understand the needs of neurodivergent CYP

h. support individual neurodivergent CYP who do need to access specialist mental health services providing continuity of professional for the young person and advising on appropriate approaches to support the CYP

i. reduce negative effects of transitioning between services providing a consistency for the CYP and family when accessing other services.

70. This type of service would not replace reasonable adjustments expected by other community and statutory organisations, but it would offer dedicated and specialist expertise to ensure that children and young people are supported. Learning from other areas that have developed a similar service has been incorporated into the model, e.g. Derbyshire.

71. With an outline of the proposed service developed, the ICB will be sharing this model with Herefordshire Local SEND Partnership for endorsement before looking to commission the provision. It is envisaged that the service could be procured during 2025/26.

a. The intention to commission a wider support offer will extend the existing provision of:

b. Local Neurodivergence Zone including booklet on available support

c. Workshops for children, young people, parents and carers

d. Therapy drop-in sessions

e. Partnership for Neurodiversity in Schools

Local Neurodivergence Zone

72. During 2024/25, there has been improvements in the provision of information. The development of a specific Local Neurodivergence Zone is live. This has been co-produced with parents, carers and professionals and sits within Herefordshire Council's Local Offer website. It provides information and advice about neurodivergence for families and professionals including:

a. Neurodivergent conditions (Autism and Attention Deficit Hyperactivity Disorder (ADHD) dyslexia, dyspraxia, Tourette's Syndrome etc)

b. National and local sources of information, advice and support

c. Local diagnostic pathways and how to make referrals

73. Recognising that waiting for assessments can be an anxious time for families, a booklet has been co-produced with parent carers for Herefordshire and Worcestershire parent carers

outlining the support available to children and young people and their families, who are experiencing long waits for Autism and ADHD diagnostic appointments. This is in the process of being finalised and will be available alongside referral information for parents and professionals to access.

74. Workshops: Workshops are currently commissioned by the ICB for parents, carers and young people through Autism West Midlands and the ADHD Foundation Trust. These provide support on arrange of issues including understanding conditions, behaviour, 'navigating the system' and supporting teens.

75. Therapy Drop-in Sessions: Speech and Language Therapy services and Occupational Health services are piloting accessible drop-in sessions to identify and support needs early. Many children accessing the support have neurodivergent needs. Both services are extending the support offered through to schools in the coming year.

76. Herefordshire was in the first roll-out of a national pilot project 'Partnerships for Inclusion of Neurodiversity in Schools (PINS) which began in 2024 and continued into 2025. The aim of PINS is to bring health and education specialists and expert parent carers into mainstream primary school settings to:

a. Help shape whole school provision for children and young people with neurodivergent needs

b. provide early interventions at a school level

c. upskill school staff to support a range of neurodivergent needs based on self-assessment

d. strengthen partnerships between schools and parent carers

77. In Herefordshire 38 out of a possible 40 primary schools took part. The core offer, which all schools could access is currently being delivered alongside bespoke support tailored to individual schools. Delivery partners included: Speech and Language Therapy, Occupation Therapy, Support, SENDIASS, Worcestershire County Council's CCN Team, Herefordshire Councils, Educational Psychology Service and SEMH Inclusion Service. Sustainability of the programme will be maintained through continued support from OT, SALT and SEMH Inclusion Service to embed learning in everyday practice, development of resources that will be available to all schools and accompany training videos.

Neurodivergence and Mental Health

78. Local services have been reviewed, with improved arrangements put in place to support children and young people with neurodivergence needs to access and receive support for their mental health. There are two key changes outlined below.

a. 0-25 years Early Intervention Emotional Well-being Service: In response to changing need among children and young people aged 0-25 years, the ICB have increased investment to provide an early intervention service for mental health issues. The service will provide evidence-based interventions, promote well-being and build emotional resilience alongside support for families. Neurodivergent children and young people have been targeted as a priority group in recognition of the increased need amongst this cohort.

b. CAMHS Youth Workers: Youth workers in CAMHS have been appointed to provide support to young people as they transition to adult mental health services. The youth workers are particularly focused on supporting neurodivergent young people with a mental health need who may need longer lead-in times and support to transition between services.

Community impact

79. The Council Plan 2024–2028 includes the ambition to 'enable residents to realise their potential, to be healthy and benefit from communities that help people to feel safe and supported' and more specifically, the council aims to:

    a) We want to support children and young people to thrive, be safe, and for families to be supported.

    b) We believe that children and young people are best supported in their family networks and within highly effective schools and flourishing communities. Our children are the future. Sometimes children and families need our help.

    c) We are committed to improving children's services and providing support to families who need it. Acting on Ofsted inspection reports are part of our drive to improve our services to children and families.

    d) We will support all children to have the best start in life.

Environmental Impact

36. There are no specific environmental impacts arising from this report.

Equality duty

37. There are no equality issues arising from this report.

Resource implications

38. There are no resources implications as a result of this report.

Legal implications

39. There are no legal implications as a result of this report which is for information only.

Risk management

40. There are no new or additional risks arising from this inspection. Risks associated with SEND are monitored through the SEND Assurance Board.

Consultees

41. None

Appendices

Appendix A – Area SEND Inspection Report.

Background papers

'None identified

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Click or tap here to enter text.	Date Click or tap to enter a date.
Finance	Click or tap here to enter text.	Date Click or tap to enter a date.
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