

Right to  
choose  
Autism/ADHD





# OFSTED inclusion changes

## Core Inspection Areas

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Inclusion

Curriculum and teaching

Achievement

Attendance and behaviour

Personal development and wellbeing

Leadership and governance

# OFSTED inclusion changes

## Inclusion

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Socioeconomically disadvantaged pupils (those eligible for the pupil premium)

Pupils with SEND; this means pupils receiving special educational needs (SEN) support, and those with an education, health and care (EHC) plan

Pupils who are known (or previously known) to children's social care, such as children in need and looked-after children

Pupils who may face other barriers to their learning and/or well-being, which may include pupils who share a protected characteristic

# OFSTED inclusion changes

## Grading inclusion

Needs attention	Expected standard	Strong standard
<p><b>Inclusion is likely to be graded 'needs attention' when the 'expected standard' has not been met.</b></p> <p><b>This may include when one or more of the following applies:</b></p> <ul style="list-style-type: none"> <li>Leaders have only recently started to take appropriate action to identify and assess pupils' needs or reduce barriers to pupils' learning and/or well-being.</li> <li>Weaknesses or inconsistencies in practice have a negative impact on a particular group of pupils.</li> <li>Leaders' use of alternative provision has limited positive impact on pupils' learning and/or well-being.</li> </ul>	<p><b>Inclusion meets the 'expected standard' when all the following apply:</b></p> <p>Leaders identify pupils' needs quickly and accurately, including any emerging or changing needs. This includes the needs of disadvantaged pupils, those with SEND, those who are known (or previously known) to children's social care, and those who may face other barriers to their learning and/or well-being.</p> <p>Leaders have high expectations for these pupils. Typically, the support they provide (following specialist advice if needed) reduces barriers to their learning and/or well-being.</p> <p>Leaders take a graduated approach (as explained earlier), which means pupils' needs are generally met. Staff receive suitable training and support to implement this approach.</p> <p>Leaders have a secure understanding of these pupils' needs and the progress they make. They use appropriate evidence to inform their pupil premium strategy, including when selecting approaches to take. The strategy and approaches are generally understood and implemented by staff.</p>	<p><b>Inclusion meets the 'strong standard' when the 'expected standard' has been met and all the following apply:</b></p> <p>Leaders and staff establish strategies that consistently enhance the opportunities and experiences of disadvantaged pupils, those with SEND, those who are known (or previously known) to children's social care, and those who may face other barriers to their learning and/or well-being.</p> <p>Leaders and staff rigorously monitor the progress of these pupils and consistently ensure that any barriers to success are swiftly and effectively addressed. Strategies are systematically and skilfully adjusted as needed, so that they make a sustained difference to pupils' opportunities and experiences. Well-analysed, quantitative and qualitative data underpins leaders' decisions.</p> <p>Leaders ensure that the pupil premium strategy is implemented and monitored effectively, including through ongoing, high-quality training and support for staff.</p>

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Needs attention	Expected standard	Strong standard
	<p>The qualified SENCo has sufficient authority within the leadership structure to make a positive difference for pupils with SEND.</p> <p>Leaders are committed to, and understand, their role in the local area partnership's strategy to improve the experiences of, and outcomes for, pupils with SEND. Where appropriate, they ensure that local partnership strategies have a positive impact on pupils at the school.</p> <p>Leaders support pupils who are known (or previously known) to children's social care, including looked-after and previously looked-after children, well. Staff work effectively, including with the virtual school, so that pupils' personal education plans generally improve their learning opportunities and experiences.</p> <p>Alternative provision is commissioned appropriately and is used in pupils' best interests. Leaders take responsibility for the education and welfare of pupils who are placed in it.</p>	

## Urgent improvement

**Inclusion is likely to be graded 'urgent improvement' when any of the following apply:**

- Leaders do not identify and assess pupils' needs effectively. This has a significant negative impact on how well the school supports pupils' learning and/or well-being.
- Support for disadvantaged pupils, those with SEND, those who are known (or previously known) to children's social care and those who may face other barriers to their learning and/or well-being is ineffective.
- Leaders do not meet statutory requirements for pupils who are disadvantaged and/or those with SEND and/or those who are known (or previously known) to children's social care and those who may face other barriers to their learning and/or well-being. This has a significant negative impact on pupils' learning and/or well-being.

## Exceptional

**Inspectors may consider leaders' work in inclusion to be 'exceptional' when the 'strong standard' has been met and all the following apply:**

- Exceptional standards of inclusion have been sustained over time so that barriers to learning and/or well-being for pupils, including disadvantaged pupils, those with SEND, those who are known (or previously known) to children's social care, and those who may face other barriers to their learning and/or well-being, are reduced exceptionally well to ensure highly positive outcomes and experiences for pupils.
- Leaders' actions have a transformational impact on how well these pupils achieve and thrive across all areas of school life, and have ensured that they feel they belong within the school community.
- There are no significant areas for improvement that leaders have not already prioritised.

If this grade is awarded, leaders should use their exceptional success in this evaluation area to:

- support improvement across all aspects of their own school and/or group
- share their learning and best practice externally to support system-wide improvement, for example with other schools, professionals, their community and stakeholders, including local and/or national networks

# Local information/updates from SEND services

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## Role of EHCP Coordinators

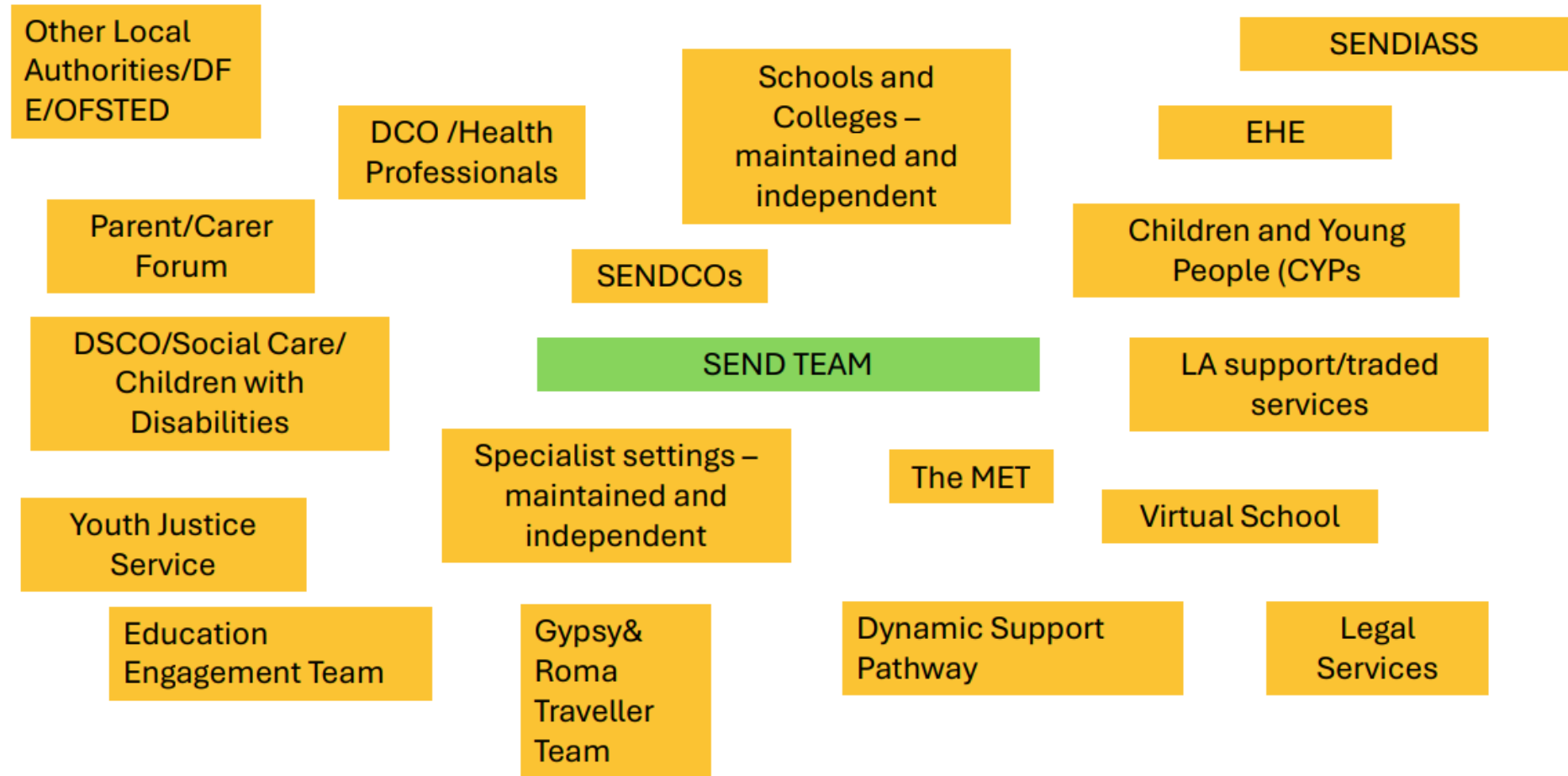
- Statutory Officers - *not advice givers* - *signposting*
- Case load of approximately 250 cases
- Draft EHCPs
- Issue draft EHCPs
- Consultations to schools
- Liaise with schools regarding funding applications
- Attend Annual Reviews wherever possible
- Process Annual Reviews
- Oversee EOTAS packages
- Interim provision for pupils not on the roll of a school



No longer called  
Case Workers

# WCC SEND Wider Team

## SEND Team Partnership working



# Umbrella & Traditional pathway Worcestershire

## Autism Assessment - Worcestershire

In this section we explain the steps towards an autism assessment in Worcestershire. Autism assessment and diagnosis is done by the Worcestershire Community Paediatric Service. This is also called the 'Umbrella Pathway' in Worcestershire.

### What to do if you think your child might be Autistic

Getting support at the earliest stage without the need for a diagnosis is important to help you and your child. If you think your child may be Autistic, talk to a health, education or social care professional. They can help you think about if your child might be showing signs of Autism. Signs vary from one person to another but may include any of the following:

- Differences and some challenges with social communication
- Differences with social interactions e.g. eye contact, smiling directly
- Repetitive movements or behaviours
- Repetitive activities and interests since early childhood
- Disturbance of daily functions due to the above
- Differences in sensory processing and co-ordination
- Differences in processing information processing and other behaviours may be apparent

The professional should work with you to think about and put in place adjustments or strategies to help meet the needs of your child. These are made as part of a graduated response of support and are a combination of academic adjustments made in an education setting and strategies to try at home to help daily life. It may also involve small adjustments made to usual school processes that make the child's life easier, or onward referral to services that provide support. What this looks like is different for every young person. Read about the Worcestershire Graduated Response on the webpage below.

 [Worcestershire SEND graduated response](#)

parent training and education programme.

### Referral criteria

**Referrals can be made by Parents/guardians, staff working in educational settings and health professionals.**

To refer a child into the Worcestershire Community Paediatric Service for an ADHD assessment, the child must meet the below criteria:

- Aged between 6 - 18 years old
- Showing core symptoms of inattention, hyperactivity or impulsivity for at least 6 months
- The symptoms must be persistent at home and in school
- The symptoms must be impacting the child's ability to carry out day-to-day tasks\*

Up to 2 years+ waiting now  
on average

# NHS RTC



## What is LOCAL Right to Choose (RtC)?

- National RtC Framework: Patients request GP refer to an alternative NHS contracted provider – MH/ND Assessments
- Alternative option for under 18 Autism and Attention Deficit Hyperactivity Disorder (ADHD) Diagnostic Assessments
- Referrals made by GPs ONLY
- Local RtC Provider:
  - contact school & family for questionnaires
  - contact NHS Trusts to remove child from waiting lists once accepted
  - notify: family, GP & school of outcome of the assessment

4-6 months waiting  
currently

## Local

- RtC are accredited, quality assured and deliver to **local NHS service specifications & standards**:
  - Compliance with NICE Guidance
  - Assessments would be **undertaken in-person** (not virtually)
  - **Multi-Disciplinary Team (MDT)** diagnostic **decision-making** (not a single clinician)
  - 4 sessions of psycho-education for ADHD
  - Discuss medication but will NOT provide medication management – referral back into HWHCT (only for Local RtC providers)

## Other RtC/Private

- No process quality assurance – no validation service.
- May not be integrated with other local health services - could affect patients' access to other local support services.
- Provider may only offer an assessment.
- When selecting a provider for ADHD assessments, and patients would like medication to be an option, it is important to consider:
- Is the provider able to start and stabilise the medication? If so, is GP able to provide Shared Care Arrangements, with the provider to take over prescribing of medication?

# Who are the local H&W providers?

Locally Accredited Right to Choose Provider	Children's ADHD Diagnostic Assessments (age 6-18 years)	Children's Autism Diagnostic Assessments (age 0-18 years)
<u>Healios</u>	✓	✓
<u>The Family Psychologists</u>	✓	✓
<u>The Owl Centre</u>	✓	✓
<u>Xyla</u>	✓	X
Midlands ADHD Clinic	✓	X

# Parental information & Links

[Information for families with children on the Autism or ADHD Pathway in Herefordshire or Worcestershire Final July 2025.pdf](#)

[Neurodivergence Zone | Worcestershire County Council](#)

[ADHD and ASD \(Autism\) Referrals — Haresfield & Kempsey Surgeries, Worcester](#)

[How to request an autism assessment](#)

[Right to Choose: ASD & ADHD Assessment Pathways - Cuckfield Medical Practice](#)

Information for families with children on the Autism or ADHD Pathway in Herefordshire or Worcestershire



## Neurodivergence Zone

Information on children, young people and neurodivergence for families and professionals.



The most common types of neurodivergence are:

- Autism
- Attention Deficit Hyperactivity Disorder (ADHD)
- Dyscalculia
- Dyslexia
- Dyspraxia or Developmental Co-ordination Disorder (DCD)