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Simon Trickett, Accountable Officer, NHS South Worcestershire Clinical
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Lyndon Thomas, Local Area Nominated Officer

Dear Dr Driscoll

Joint local area SEND inspection in Worcestershire

Between 5 March 2018 and 9 March 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Worcestershire to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including an HMI, an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEN reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main findings

- Leaders recognise that the local area has suffered from a lack of strategic direction in the past. This has had a negative impact on the timely implementation of the SEND reforms. The director of children's services acknowledges that they are 'late to the party', and there is still much work to do. Currently, children and young people who have SEN and/or disabilities are not provided with the quality of support and service to which they are legally entitled. There is now a concerted drive and commitment to make these improvements, but the impact of these actions is yet to be seen.
- Commissioners' strategic oversight of the delivery of some services in the local area is weak. Although meetings take place to monitor the performance of commissioned services, the focus is on making sure that actions are completed rather than focusing on the quality of the service and the impact on outcomes for children and young people.
- The local area has not given sufficient priority to the SEND reforms. Strategic local area documents, such as the joint health and well-being strategy, make no discrete reference to SEND. The joint strategic needs assessment and sustaining transformation plan lack a focus on children and young people with the full range of SEN and/or disabilities.
- The local area has recently developed its SEND strategy but it is at an early stage of implementation. Many of the requisite actions, which underpin a comprehensive and well-evidenced strategy, are either still in development or have just been finalised. There has been limited engagement with parents and professionals in devising the strategy. Both parents and professionals talked of their frustration in not being consulted. Lines of accountability are not clear.
- There is currently no designated clinical officer or designated medical officer in post. The provisional arrangements to fill the vacancy do not reflect the breadth of the role sufficiently in terms of both strategic and operational duties. From a health perspective, this hampers the strategic oversight and pace of change.
- Relationships with parents and carers are fragile. Parents and carers are overwhelmingly negative about their experiences and involvement with the local area. Many feel that they are not listened to by officers and frequently told inspectors that they had to 'fight' to get the right support for their child.
- While the local area has developed a 'co-production charter', leaders were unable to provide any meaningful evidence of co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) with parents, carers, children and young people. This is contrary to the requirements set out in the code of practice.
- The local offer is not fit for purpose. The overwhelming majority of parents, children and young people who have SEN and/or disabilities, and professionals were either not aware of the local offer or had little success when they tried to

use it. Leaders have begun redeveloping their local offer but this work is still in very early stages of development.

- Too few education, health and care (EHC) plans have been issued within the statutory timeframes. While the local area is now on track to meet the April 2018 deadline of conversions of statements to EHC plans, the wider adherence to statutory timescales for the completion of plans is not being achieved consistently well.
- The quality of EHC plans is poor. Health and social care professionals are not actively involved in the assessment process and subsequent planning of support to meet children's and young people's needs. As a result, the child's or young person's health and social care needs are not being identified sufficiently well or met effectively.
- Exclusions from school are rising for children and young people who receive support for their SEN and/or disabilities but do not have an EHC plan.
- There is strong commitment and drive from some professionals on the ground in education, health and social care to improve the quality of the local area's provision. Inspectors saw pockets of excellent practice in the local area, along with a commitment to high-quality services for children and young people who have SEN and/or disabilities. However, the overall quality of provision for children and young people who have SEN and/or disabilities in the local area is variable. This is due to the historical lack of strategic oversight and leadership in the local area.
- While the local area is aware of children and young people who have SEN and/or disabilities, leaders do not currently keep a formal 'children with disabilities' register.
- Inspectors identified potential safeguarding concerns relating to the use of part-time timetables, children and young people being removed from school rolls, and the local area's tracking of vulnerable children housed in the local area by some London boroughs. There is currently a lack of strategic oversight of these areas of concern.
- Leaders recognise the benefits of strengthening accountability for improved outcomes and better use of resources across education, health and care. The speech and language therapy service is an example of a successful partnership between the CCGs, the local area and the local providers. Leaders have recently developed a joint commissioning strategy, which is awaiting ratification. However, the lack of joint commissioning is creating tensions in terms of funding services and in the supply of specialist equipment, where the education and health boundaries are less clear.
- The determination of leaders to ensure that the overall picture for children and young people who have SEN and/or disabilities improves is beginning to be recognised by some professionals across the area. Recent changes in leadership have been described as being 'like a breath of fresh air'.

The effectiveness of the local area in identifying children and young people's SEN and/or disabilities

Strengths

- Children, young people and families benefit from the support given by the 'starting well' public health nursing service. Support includes drop-in sessions at school, contact with health visitors for mandatory child development checks and assistance through the telephone advisory service. If nurses have concerns about a child, they can make direct referrals into therapy services or the child development team. As a result, nurses can identify additional needs and seek specialist support quickly.
- The identification and intervention for children and young people who have sensory impairments is effective. This begins at an early age, and complements the quality early years provision that exists in the local area.
- School nurses attend termly 'vulnerability meetings' with school safeguarding leaders, to identify, monitor and support vulnerable children and young people who have SEN and/or disabilities.
- Health visitors benefit from effective training, enabling them to support families well. They attend reviews for children looked after to ensure that these children are provided with coordinated support for their needs.
- The most inclusive education settings ensure that children's and young peoples' needs are identified swiftly. Leaders of these settings make sure that the right support is in place to help children and young people make progress and improve their overall outcomes.
- Despite previous delays, the local area is now on track to complete conversions of statements to EHC plans by April 2018.

Areas for development

- Infants in Worcestershire do not benefit from the integrated two- to two-and-a-half-year health check carried out by health visitors and early years settings. Informal, ad hoc arrangements are in place to share information but these do not ensure that there is a consistent and holistic assessment of children's needs.
- The multi-agency pre-school forums, which help to identify children in need of a specialist setting, are predominantly health-led. As a result, children who need additional support for needs that are not health-related may experience a delay in receiving the support they require, as they are not identified quickly enough.
- The impact of the reduced, and soon-to-be-removed, portage service (home-visiting educational service for pre-school children who have SEN and/or disabilities and their families) is of grave concern to both parents and professionals. The local area has not yet considered the impact of this on the support available for parents of young children who have SEN and/or disabilities.

- Leaders acknowledge that children's and young people's needs are not identified consistently well. There is a lack of clarity among parents and professionals regarding referral pathways because of fragmented communication from the local area. Too many parents and carers report that they have to fight to get their child's needs identified, and many feel they are not believed by professionals when they voice their concerns. Some parents resort to funding their own assessments for their children so that they can get the help they need.
- Parents and carers consistently report that the 'tell it once' strategy, highlighted in the SEND reforms, is not embedded in the local area. As a result, they have to repeat their 'story' over and over again to a variety of professionals.
- A lack of transparency about the referral process leads to confusion and subsequent delays in the timely identification and assessment of the needs of children and young people. Parents agreed with the view expressed that 'there is no clear route for support – you just have to keep on and on to get the right support for your child. It's exhausting.' The lengthy dyslexia pathway document lacks clarity and confuses parents and professionals alike. The area's own overview and scrutiny performance board acknowledged that the diagnosis of autistic spectrum disorder (ASD) through the local area's 'umbrella pathway' was 'not as timely and efficient as possible'. Furthermore, once a diagnosis of ASD has been made, the only follow-up is in the form of a leaflet. This leaves parents feeling unsupported at the end of a long and arduous process.
- Too few EHC plans are completed in a timely way. Most are completed way beyond the statutory timeframe, serving to anger and frustrate parents and professionals. One parent echoed the views of many others, saying, 'My child and the whole family are so damaged from all the delays and difficulties in getting what we need.'
- There is no system to quality assure the EHC plans once they have been written. Therefore, the quality of the plans is poor. Children's needs are not recorded accurately, and they are not written in a way that is easily understood by children and their families. Outcomes are not specific enough and do not take account of the child's wishes or ambitions.
- The 'early help' strategy is at an early stage of development. It is not yet effective in identifying the most vulnerable children and young people who have SEN and/or disabilities.
- Not all general practitioners' (GP) practices participate in multi-agency meetings to discuss vulnerable families with other relevant health professionals. Consequently, some children may not have a coordinated approach to their care, and risks may not be shared in a timely way.
- There are no clear criteria for travel training, which serves to frustrate parents. Transport information for parents on the local offer leads to further confusion and delay in getting timely support and advice. Parents and professionals told inspectors that it is difficult to access transport to early years specialist settings.
- The changes to service arrangements in children's centres along with the

redesign of the health visiting service have resulted in a high level of demand at drop-in clinics. While parents are able to access the health visitor telephone advice service, there is limited capacity to meet the needs of parents who wish to have face-to-face contact with a health visitor.

The effectiveness of the local area in assessing and meeting the needs of children and young people who have SEN and/or disabilities

Strengths

- The 'modelled intervention' and 'additional assessment' groups provide good opportunities for a thorough assessment of infants' needs. The 'nursery assessment' classes are an excellent example of inclusive practice. These groups allow professionals to assess additional needs and make sure that further referrals to other services take place if required.
- Children, young people and families who have speech, language and communication needs benefit from a coordinated approach by the speech and language therapy (SALT) service. The service ensures that practitioners, health visitors and teaching staff receive regular training in how to support children and young people who have speech, language and communication needs.
- The speech, language and communication needs pathway is clear and easily accessible to families and practitioners via the NHS website. The SALT service uses social media effectively to increase access and provide resources for all users.
- Outreach support in the local area is a strength. Children and young people with physical disabilities and sensory impairments benefit from timely support. The behaviour outreach service in South Worcestershire provides training and advice for schools, as well as targeted six-week interventions for children in a specialist setting. As a result, a large majority of these children are able to return successfully to their mainstream school.
- Local charities are making a positive difference to the lives of children and young people who have SEN and/or disabilities, and their families, through help and targeted support. Families spoke positively about the support they receive from the local charity What Makes You Different Makes You Beautiful. Inspectors saw positive examples of support for families provided by Action for Children, a commissioned provider of early help, parenting and family support for children and young people and their families in South Worcestershire.
- Parents and carers speak highly of the special educational needs and disabilities information advice and support service (SENDIASS). It is well used and receives a large number of requests for support from parents and carers. The service is currently feeling the pressure from the increased number of parents requiring help with requesting an EHC assessment. SENDIASS's employment of a young people worker enables them to engage directly with young people to provide information, advice and reassurance about their options. The worker has begun work with young people, co-producing documents for the service.

- Some schools are now improving provision across a wider area, beyond their own school. Others are working together to jointly commission services to reduce costs. Autism resource bases are delivering support programmes based on research evidence. These are having a positive impact on the support that children receive both at the provision and within the wider school community.
- Children and young people have a strong sense of self and their abilities. They are aware of their conditions and needs, relative to their ages and abilities. They talked to inspectors with confidence about how their needs affects their lives, and how parents and professionals support them. They want to be known for their strengths and not their SEN and/or disabilities.

Areas for development

- Children looked after are not consistently having their health assessments completed within statutory timeframes. This means that some young people may experience a delay in having their needs assessed.
- High demand for physiotherapy and occupational therapy services means that most children and young people are assessed and reviewed, but have limited access to ongoing intervention. In addition, provision for children who require respiratory physiotherapy within the community is no longer available. Commissioners recognise that accessing the service via an acute setting is not a good use of resources.
- Professionals and parents expressed concerns about the waiting times and the high threshold to access support for children and young people with social, emotional and mental health issues. A significant number of parents reported that their child's mental health was adversely affected because the provision was not meeting their needs sufficiently well. While services to improve the mental and emotional well-being pathway have begun in the past year, it is too early to see the impact of these.
- The local offer is not fit for purpose. Leaders have plans to address this, but currently it provides little helpful, easy-to-find information. Parents and professionals who know about the local offer say that it is not helpful. Many parents, and all the children and young people to whom inspectors spoke, are unaware of the local offer and its purpose.
- There is no properly constituted panel who make decisions about assessments for EHC plans. Currently, decisions are based on education information. Health and social care professionals are not normally consulted during the assessment process. As a result, health and social care recommendations do not routinely inform the request for an EHC plan assessment or the subsequent plan. This is the case even when children have significant health or social care needs. The majority of parents who spoke with inspectors support this view.
- There is a significant shortage in education provision in the local area for children and young people whose needs should be met in a specialist setting. Currently, 111 children are waiting to be allocated a place in a special school, and 25

children are not receiving education. The demand for specialist provision in the local area, where special schools are already full means that children and young people have to be educated out of county. As a result, additional financial demands are made of the already overspent high needs funding budget.

- Some schools work in ways that are in complete contrast to the spirit of the SEND reforms. They are not inclusive. Local area leaders are beginning to address this with school leaders but it is too early to see any impact of this challenge. Parents recognise that the commitment of school leaders and special educational needs coordinators (SENCOs) is pivotal to the support for their children. However, there is variation between providers. School leaders are sometimes allowing funding to be a factor in their request for an EHC plan assessment.
- A number of schools are carrying out 'grey' exclusions through their use of part-time timetables. The local area is now aware of this. However, the local area does not check attendance information from schools sufficiently well. Leaders do not identify emerging patterns of poor attendance or challenge schools about this unlawful practice. As a result, too many children are not receiving their statutory entitlement to a full-time education.
- The local area's medical education team does not reintegrate children back in to mainstream education quickly enough, or secure a more appropriate placement. Parents expressed their concern about this provision.
- Leaders in the local area have not ensured that the two parallel-running SENCO forums are coordinated. This results in a duplication of support and advice to schools.
- The parent carer forum, Families in Partnership, has only recently been re-established, following a gap in the provision. The forum is now beginning to rebuild links with parents, carers and the local area. Trust needs to be built so that parents feel involved and listened to. Only then can true co-production and collaboration begin.

The effectiveness of the local area in improving outcomes for children and young people who have SEN and/or disabilities

Strengths

- Positive steps have been taken to increase engagement between children and young people aged 14 and over who have SEN and/or disabilities and primary care. A large number of children and young people now benefit from annual health checks completed by their GP. They are also offered comprehensive health action plans and hospital passports.
- Academic outcomes at key stage 1 for children who have SEN and/or disabilities are higher than the national average. This is also the case for children looked after who have SEN and/or disabilities at the end of key stage 1.
- The young adults' social care team ensures that outcomes for young people are central to their planning. The team has both a housing and an employment

officer. They are key to the significantly higher number of adults than the national average who have SEN and/or disabilities in employment and settled housing.

- 'My past, my present, my future' training workshops, designed by young adults, parents and professionals, are beginning to reduce the dependency on health services in preparation for adulthood.
- A careers and enterprise SEND network linked to the local enterprise partnership is raising the aspirations of young adults who have SEN and/or disabilities. Some young people to whom inspectors spoke articulated their ambitions for their future clearly. They knew who was going to help them to achieve their goals.
- The recently introduced local area's 'aiming for outstanding' policy is sharply focused on making a difference to the quality of teaching and leadership and management in schools. Officers know which schools are not having a positive enough impact on outcomes for children and young people who have SEN and/or disabilities. Tailored coaching programmes are now being introduced to address areas of weakness, and the recently introduced 'escalation policy' is beginning to hold lower-performing schools to account.
- Travel training, when available, is having a positive impact on improving young people's independence. The majority of young people who received support are now travelling independently to their place of study.

Areas for improvement

- Standards at the end of key stage 2 and 4 achieved by children and young people who have SEN and/or disabilities in Worcestershire are below those seen nationally. It is a similar picture for phonics outcomes. The local area has implemented a key stage 2 action plan, but this has had limited success so far in closing the gap with national figures.
- Absence and persistent absence rates for children and young people who have SEN and/or disabilities are higher than the national averages. The rates of permanent exclusions for these children and young people are rising sharply, and are well above the national averages. Parents and professionals note that the lack of specialist provision in the local area leads to some children being excluded before a more suitable provision can be found. Equally, where providers do not quickly and accurately identify and support children's needs, this can also lead to exclusions.
- Leaders do not track outcomes for children and young people who have SEN and/or disabilities in special schools, so do not know how well they are achieving. Leaders recognise that systems for collecting and analysing outcomes and destination information for young people beyond key stage 4 are not robust. Monitoring of the impact of alternative provision is at an early stage of development.
- Access to short breaks is limited and commissioners are currently reviewing the provision. The use of personal budgets is much lower than the national average

and parents report that they are limited in ways in which budgets can be used.

- The decision-making process for securing specialist provision for young people with the most complex needs into adulthood is not clear to parents and professionals. As a result, there is confusion, frustration and dissatisfaction.
- The local area is currently reviewing its commissioning arrangements for young people who have SEN and/or disabilities and who are not in education, training or employment (NEET). There is currently a disproportionately high number of young people who have SEN and/or disabilities who are not in employment and training or further educational study. Study programmes commissioned through MENCAP are supporting limited numbers of young people with EHC plans. The local area collects limited information about the progress and outcomes of young people who have SEN and/or disabilities who are NEET, so cannot evaluate progress of this group.
- The local area does not collect information about youth offenders who have SEN and/or disabilities sufficiently well. Consequently, they cannot ensure that they are receiving support that is tailored to their needs and abilities.

The inspection raises significant concerns about the effectiveness of the local area.

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the safeguarding concerns around: children and young people from London boroughs who are housed locally; the use of long-term part-time timetables; children taken off roll and missing education;
- the CCG's lack of strategic leadership in implementing the SEND reforms;
- the current poor quality of the action plan required to implement the new SEND strategy;
- the lack of joint commissioning arrangements;
- the variation in the skills and commitment of some mainstream schools to provide effective support for children who have SEN and/or disabilities;
- the lack of suitable specialist provision to meet the identified needs of children and young people;
- the fragile relationships with parents and carers and the lack of meaningful engagement and co-production and collaboration;
- the poor quality of EHC plans including the limited contributions from health and social care and the processes to check and review the quality of EHC plans;
- the lack of systems to track outcomes for children and young people who have SEN and/or disabilities in special schools, post-16 provision, young people who are NEET and youth offenders effectively;

- the disproportionate numbers of children and young people who have SEN and/or disabilities who have been permanently excluded from school;
- the quality of the local offer;
- academic outcomes, behaviour and attendance of children and young people who have SEN and/or disabilities.

Yours sincerely

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