

## **CABINET**

**10 APRIL 2018**

### **OUTCOME OF JOINT LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) INSPECTION**

Portfolio Holder: Councillor Andrew Mackness, Children's Services  
(Lead Member)

Report from: Ian Sutherland, Director of Children and Adults  
Services

Author: Wendy Vincent, Head of Integrated 0-25 Disability  
Services

#### **Summary**

The Medway Local Area was inspected by Ofsted and the Care Quality Commission (CQC) from 4 - 8 December 2017.

The inspection focussed on the local area's effectiveness in identifying and meeting the needs of disabled children and young people and those who have special educational needs.

The Local Area Special Educational Needs and Disabilities (SEND) inspection outcome letter was published on 8 February 2018.

The inspection was welcomed and has identified a number of strengths in Council and Clinical Commissioning Group (CCG) services.

Ofsted and the CQC have concluded that as the inspection also identified a number of areas for development, the Local Authority and CCG are required to submit a joint Written Statement of Action to the Department for Education (DfE).

Evaluation and analysis of the outcome letter is being completed and a draft cross agency implementation plan is being drawn up to build on the strengths identified and address the areas of weakness.

This report was initially considered by the Children and Young People Overview and Scrutiny Committee on 8 March 2018.

## **1. Budget and Policy Framework**

- 1.1 This report is within the Council's Policy Framework.
- 1.2 The Special Educational Needs and Disabilities (SEND) reforms introduced in 2014 are designed to bring together education, health & social care services across local areas to transform specialist provision for young people who have a special educational needs or disabilities and are aged 0 – 25 years old.
- 1.3 This report informs the Cabinet of the outcome of the SEND Local Area Inspection which was carried out jointly by the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC) between the 4 and 8 December 2017.

## **2. Background**

- 2.1 The purposes of the Local Area SEND Inspections are to evaluate how local areas are discharging their duties in relation to SEND. These duties are contained in the Children and Families Act 2014 and elaborated on in the statutory guidance, 'Special Educational Needs and Disability Code of Practice: 0-25 Years' (the Code of Practice). These duties came into force in September 2014.
- 2.2 Inspections of Local Area arrangements for SEND began in May 2016 and to date 46 local areas have been inspected. All local areas will be inspected at least once over a five-year period. The outcomes of the inspection are published on the Ofsted website in the form of a letter to the Director of Children and Adults Services which sets out strengths and priorities for improvement.
- 2.3 Depending on the findings, a local area may be required to provide a written statement setting out the actions that it will take to any areas of development identified, and the timescales for taking these actions. A written statement will be required in the event that inspectors identify concerns in relation to the way the local area is meeting its duties under the Children and Families Act 2014.
- 2.4 Of the 46 Local Areas that have been inspected to date, 18 (40%) have been required to provide a written statement of action. It should be noted that 50% of the local areas inspected since March 2017 have been required to provide a written statement of action indicating a tougher inspection regime.
- 2.5 The Inspection Framework emphasises that Local Area Inspections evaluate the effectiveness of all relevant partners in the local area in fulfilling their responsibilities for SEND. The inspection therefore evaluates the contribution and impact of the Local Authority, the Clinical Commissioning Group (CCG), Public Health, specialist services, early years settings, schools and further education providers. In the event that an action statement needs to be submitted following an inspection, the report will make clear which partner agencies are responsible for preparing and submitting the statement.

2.6 The inspection focused on three broad areas:

- The effectiveness of the local area in **identifying** children and young people who have special educational needs and/or disabilities.
- The effectiveness of the local area in **assessing and meeting** the needs of children and young people who have special educational needs and/or disabilities.
- The effectiveness of the local area in **improving outcomes** for children and young people who have special educational needs and/or disabilities.

2.7 The inspectors considered evidence particularly in relation to:

- The accuracy of the local area's self-evaluation.
- The extent to which outcomes for children and young people are improving.
- The efficiency of identification of special educational needs and disabilities, and the timeliness and usefulness of assessments.
- How well local agencies and bodies co-ordinate their work to assess needs and provide support.
- How well the local area engages with children and young people, and parents/carers, to inform strategic commissioning of services.
- How well the local area involves individual children and young people, and parents/carers, in the process of assessing their individual needs.
- The extent to which the local area gives due regard to its duties under the Equality Act 2010 to children and young people with special educational needs and/or disabilities.
- The effectiveness of the Leadership and Governance overseeing the SEND Reforms.

2.8 During the inspection, inspectors visited a nursery, several schools and a college, in addition to specialist health services. They met with key officers from health, education and social care, and sought the views of parents, carers and young people on their experience of services. They also reviewed samples of children's and young people's case notes and Education, Health and Care (EHC) Plans. It should be noted that the inspectors did not meet with the Lead Member for Children's Services or any other Members during the inspection.

### **3. Advice and Analysis - Medway Local Area SEND Inspection Outcome**

3.1 The inspection was welcome and largely confirmed senior leaders' evaluation of SEND services in the local area.

3.2 The outcome from the inspection was contained in a letter addressed to the Director of Children and Adult Services and published on the Ofsted website on 8 February 2018. A copy of this letter is included in Appendix A to the report.

3.3 The inspection team found many strengths in the services being delivered. These included:

- Children and young people reported that they felt safe.
- Effective joint working in early years across the council and health services that ensured young children's special educational needs and disabilities were identified and met effectively in a timely manner.
- Outcomes for children who have special educational needs are improving across both primary and secondary schools.
- Children and young people and their parents reported that their needs were being met and they felt supported in school.
- Children who are looked after and have special educational needs and disabilities benefit from high standard health assessments.
- The services and support offered by the council SEN Team are valued by school leaders.
- Parents spoke highly of the council visual impairment team and equally praised the Medway Hospital Paediatric Specialists.

3.4 The inspection team noted that prior to the inspection Medway Council and the CCG had identified some areas of development and had started to make improvements to services.

3.5 The inspectors concluded that the inspection raised some concerns about the effectiveness of the local area and requires the Local Authority and Clinical Commissioning Group (CCG) to jointly produce and submit a written statement of action to Ofsted within 70 working days from receipt of the final report. This written statement must explain how the local area will tackle the following areas of significant weakness:

- the lack of joint strategic leadership across the area between the Council, the CCG and education providers;
- the lack of a clearly communicated strategy that is understood and shared by leaders across the area;
- the extent to which providers in the area take suitable responsibility for ensuring the effective implementation of the reforms;
- the lack of clearly understood and effective lines of accountability;
- the quality and rigour of self-evaluation and monitoring and its effectiveness in driving improvement;
- the sufficiency of information to inform accurate evaluation;
- the quality of education health and care plans; and
- the lack of effective co-production at all levels.

3.6 The Local Authority is working jointly with school leaders, the CCG and parents to prepare a joint action plan which will build on the strengths identified and address the areas for development.

3.7 A SEND Improvement Board has been set up with representatives from the Local Authority, CCG, parents and school leaders. This group will be co-chaired by the Lead Member for Children's Services and the Chief Nurse, medway CCG. The Board will have the remit to direct the development of the improvement action plan. The membership is:

- Cllr Andrew Mackness (Co-Chair), Lead Member for Children's Services
- Sarah Vaux,(Co-Chair) Chief Nurse, Medway CCG
- Neil Davies, CEO, Medway Council
- Stuart Jeffery, Chief Operating Officer, Medway CCG
- Ian Sutherland, Director of Children and Adult Services, Medway Council
- Regional Schools Commissioner Representative
- Michelle Dewar – Medway Parent Carers Forum
- Ann Domeney, Deputy Director Children and Adult Services
- Mary Mason, Designated Clinical Officer, Medway CCG
- Rebecca Smith, Medway School Improvement Team
- Wendy Vincent, Head of Integrated 0-25 Disability Services
- Tina Lovey, Special School Head
- Davinder Jandu, Primary School Head
- Paul Jackson – Secondary School Head
- Simon Cook – Mid Kent College

3.8 The Improvement Action Plan will focus on:

- Strategic leadership providing effective oversight of the SEND agenda.
- Improvement to the co-production model across all services.
- An audit and review of the Education, Health and Care Plan process which aims to improve the quality of the Education Health and Care Plan issued and identification and analysis of data to inform accurate evaluation.
- Development of a shared Local Area SEND Strategy.

#### **4. Key Implications**

- 4.1 The findings of the inspection note that young people who have a special educational need or disability achieve well and report that they feel safe in Medway.
- 4.2 The inspectors identified a number of strengths in the services provided to children and young people who have a special educational need or disability in Medway. However, the inspection team were concerned that there is a lack of joint leadership and strategic overview of the implementation of the SEND Reforms.
- 4.3 The Local Authority and CCG are required to produce a written statement of action and submit this to Her Majesty's Chief Inspector (HMCI), the DfE, DH and CQC within 70 working days of the publication of the outcome letter and publish on our website. Where a written statement of action is required, the DfE, working with NHS England, will seek to engage closely with the local area to provide appropriate challenge and support to bring about the necessary improvements identified by the inspection.

- 4.4 After a period of time, usually around 12 months after the publication of the inspection report, the DfE will advise the Minister on progress in delivering the improvements. In exceptional circumstances, this may include a recommendation to Ministers for a further inspection by Ofsted and CQC.

## 5. Risk management

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>	<b>Risk rating</b>
The written statement of action is not completed within 70 working days of the publication of the outcome letter.		Preparation of the written statement of action was started immediately after the inspection and prior to the inspection outcome letter being published.	D3
The DfE do not approve the written statement of action.	Following submission of the written statement of action, the DfE will assess its fitness for purpose. If it is not approved the DfE will allow the local area a further 10 days to make improvements.	To ask the DfE SEND and NHS England advisors to review the written statement of action prior to submission.	D3
The Minister does not agree that significant progress has been made to improve within one year and orders further action such as further scrutiny and monitoring, a direction to improve or further inspection.	After 12 months, the DfE and NHS England are required to submit a report to the Minister who will assess whether or not the actions in the written statement of action have been achieved.	To work closely and regularly with the DfE and NHS England advisors to monitor progress.	D3

## 6. Consultation

- 6.1 There is a requirement on the local area to publish the approved written statement of action on the CCG and Local Authority websites and the Local Offer website.

6.2 There is an expectation that parents and young people will co-produce the written statement of action and be involved at every stage of its implementation.

## **7. Children and Young People Overview and Scrutiny Committee – 8 March 2018**

7.1 The Children and Young People Overview and Scrutiny Committee considered this report on 8 March 2018. The Committee received a report which set out the outcome of the joint local area Special Educational Needs and Disabilities (SEND) inspection undertaken by Ofsted and the Care Quality Commission (CQC) from 4 to 8 December 2017.

7.2 The Director of Children and Adults Services introduced Mary Mason, Designated Nurse for Looked After Children (LAC) and Designated Clinical Officer (DCO), Medway Clinical Commissioning Group (CCG) and Nikki Teesdale Deputy Chief Nurse, Medway CCG. Ms Mason and Ms Teesdale had been invited as representatives of Medway CCG as the Local Authority and CCG were required to submit a joint Written Statement of Action to the Department for Education (DfE) in response to the outcomes of the inspection.

7.3 Members raised a number of points and questions including:

7.3.1 **Monitoring of the Written Statement of Action by the Department for Education (DfE)** – In response to a question concerning actions that the Department for Education (DfE) might take following an unsatisfactory outcome after the 12 month monitoring period, the Head of Integrated 0-25 Disability Services advised the Committee that the DfE could extend the monitoring period or trigger a second inspection.

7.3.2 **Submission of the Written Statement of Action** – The Director of Children and Adults Services assured the Committee that he was confident that the Written Statement of Action would be submitted within the deadline of 70 working days.

7.3.3 **Education, Health and Care Plans (EHCPs)** - In response to a question concerning the conversion rate of statements to Education, Health and Care Plans (EHCPs), the Head of Integrated 0-25 Disability Services confirmed that the Local Authority was on track to complete the necessary conversions by the deadline of 31 March 2018. She added that the DfE had set Local Authorities a target of 94% and that this percentage recognised that children with statements might move into the area without the knowledge of the Local Authority. In this instance the conversion period was 14 weeks.

7.3.4 Further to a question concerning whether all children with statements would be moved to an EHCP, the Head of Integrated 0-25 Disability Services confirmed that most children had received an EHCP. However, statements had been ceased and therefore no EHCP had been provided where children

had opted not to stay in education post 16 and in cases where a child no longer needed the same level of support an EHCP would provide.

- 7.3.5 **Diagnosis of Special Educational Needs (SEN) and support** – Members expressed concern over the barriers and time delays in diagnosing children and supporting children with Special Educational Needs (SEN). In response, the Head of Integrated 0-25 Disability Services advised Members that the joint inspection found that identification of SEN in young children was done well. With respect to timely diagnosis of SEN in children, the Designated Nurse for LAC and DCO, Medway NHS CCG, advised the Committee that she had worked with health care professionals and schools to explain the importance of health within EHCPs. She also noted that she sits on the weekly SEN Panel that reviews applications for EHCPs, ensuring there is a focus on health.
- 7.3.6 The Designated Nurse for LAC and DCO, Medway NHS CCG, outlined for the benefit of Members the challenges in diagnosing Attention Deficit Hyperactivity Disorder, (ADHD), Foetal Alcohol Spectrum Disorder (FASD) and Autistic Spectrum Disorder (ASD) including difficulties in assessing children's behaviour and the lack of FASD diagnosticians in the County. She explained that the CCG were working with the Medway Foundation Trust and Medway Community Health to develop a pathway across the agency to follow the NICE Guidelines to support early diagnosis. In addition, she outlined that commissioners were working with the FASD diagnostician to develop a diagnostic team in Medway and that work had been undertaken, jointly with the Local Authority, to train and support schools to challenge behaviours presented by young people and recognise when an application should be made for an EHCP.
- 7.3.7 With regards to support for children who owing to their level of need do not have an EHCP, the Head of Integrated 0-25 Disability Services explained to the Committee that there was a system of 'top ups' that schools were able to apply for to support these children. She added that this had enabled children to remain supported in mainstream school.
- 7.3.8 With reference to experience working within schools, a Member commented that accessing the support of healthcare professionals, including the Child and Adolescent Mental Health Services (CAMHS) had been difficult. The Director of Children and Adults Services advised Members that the child health service and emotional health and wellbeing services had been recommissioned and he recognised the need to improve waiting times, the model and quality of service and that this was set out in the new specifications. He added that the inspectors identified that the new services should improve outcomes for young children and was confident improvements would be made.
- 7.3.9 Asked by a Member whether the remit of the Deputy Chief Nurse extends to nurseries, the Committee was advised that it would.
- 7.3.10 **Task Group** – A Member commented that the joint working referred to within this debate between organisations to meet the needs of children and young



people with SEND could form the basis of a future task group in-depth review if additional scrutiny of joint working was required.

#### 7.4 The Committee:

- a) noted the outcome of the Special Educational Needs and Disability (SEND) Local Area Inspection; and
- b) agreed that a regular update on the progress of the SEND Improvement Plan be presented to the Committee.

### **8. Implications for Looked After Children**

- 8.1 Nationally 67% of looked after children have some level of special educational needs.
- 8.2 All looked after children in Medway are known to the Virtual School whose role is to provide additional support to children and schools and ensure that looked after children are making good academic progress.
- 8.3 National benchmarking data shows that Medway looked after children who have special educational needs, do as well or better than their peers.

### **9. Financial implications**

- 9.1 Until the SEND Improvement Board has been established and the action plan agreed it is not possible to determine the financial impact.
- 9.2 Where possible the action plan will deliver improvements in consultation with the Leader Member for Children's Services within existing resources. If additional resources are required to implement the action plan a further report will be referred to Cabinet and Council as appropriate.

### **10. Legal implications**

- 10.1 The Local Authority has a responsibility to ensure young people with additional needs have access to an appropriate education as set out in the regulations for EHC plans. Health and schools have responsibilities to provide services to meet the needs of young people in the area. The inspection judgement is a shared responsibility with the Clinical Commissioning Group.

### **11. Recommendations**

- 11.1 The Cabinet is asked to note the comments of the Children and Young People Overview and Scrutiny Committee set out in section 7 of the report.
- 11.2 The Cabinet is asked to note the outcome of the Special Educational Needs and Disability (SEND) Local Area Inspection set out in Appendix A to the report.

## **12. Suggested reasons for decision**

12.1 To formally notify the Cabinet of the outcome of the Ofsted inspection.

### **Lead officer contact**

Wendy Vincent, Head of Integrated 0-25 Disability Services,  
Level, 4 Gun Wharf,  
Telephone x 1619  
[wendy.vincent@medway.gov.uk](mailto:wendy.vincent@medway.gov.uk)

### **Appendices**

Appendix A – Medway Local Area SEND Inspection Outcome Letter

### **Background Papers**

None

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



31 January 2018

Appendix A

Ian Sutherland  
Director of Children's Services  
Medway Council  
Dock Road  
Chatham  
ME4 4TR

Caroline Selkirk, Chief Executive NHS Kent and Medway Clinical Commissioning Group  
Wendy Vincent, local area nominated officer

Dear Ian Sutherland

### **Joint local area SEND inspection in Medway**

Between 4 December 2017 and 8 December 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Medway to judge the effectiveness of the area in implementing the special educational needs (SEN) and disability reforms as set out in the Children and Families Act 2014.

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

Inspectors spoke with children and young people who have 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. 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 across the local area have not implemented the SEN reforms well enough. Medway's education and service leaders do not share one vision and strategy for SEN and/or disabilities. Local area leaders' actions to influence, challenge and work with providers across the area have had limited success. A considerable number of parents shared concerns with inspectors that the needs of their children are not being identified and met sufficiently well.
- Council and CCG leaders have not worked jointly at a strategic level to implement the reforms. No arrangements are in place to ensure effective joint oversight and clear lines of accountability for work across education, health and care services.
- Regular changes in senior leadership, interim appointments and vacancies have contributed to disjointed communication and initiatives not being seen through. Little progress has been made in addressing several of the pressing priorities for improvement identified as far back as 2012. The council's current special educational needs and disabilities (SEND) strategy 2016 to 2020 contains some of these same priorities. Leaders' understanding of what has and has not improved in the meantime is limited.
- Several key leaders have taken up post relatively recently. They are keen to learn from past mistakes and aware of the most urgent issues that need to be resolved. However, action plans are not routinely in place or sharp enough to ensure effective work and self-evaluation which leads to improvement. Performance information is not consistently comprehensive and is not analysed routinely well enough to support effective self-evaluation.
- Education, health and care (EHC) plans are not of sufficient quality to prove consistently helpful for families and professionals working to meet the needs of the child or young person who the plan is for. Where a child or young person has a health need, this aspect is often missing from their plan.
- The collaborative work between professionals and children and their families to plan services and meet individual needs, known as co-production, is weak at both a strategic and individual level.
- The extent to which pupils who have SEN and/or disabilities have their needs met well in maintained schools is too variable. Although improving, rates of permanent and fixed-term exclusion are still notably higher for pupils who have SEN and/or disabilities in Medway than for similar pupils nationally. Some schools have excluded pupils with SEN at increasingly high rates in recent years. Leaders in these schools have not done enough to improve the situation over time.
- Current health contracts do not consistently meet the needs of children and young people who have SEN and/or disabilities effectively. This is despite joint commissioning arrangements having been in place since the reforms commenced. For example, young people between the ages of 19 and 25 years newly identified as having SEN and/or disabilities are not able to receive support from children's

therapy services.

- Effective joint working in the early years helps to ensure that young children's SEN and/or disabilities are identified and met effectively in a timely manner.
- Typically, outcomes for pupils who have SEN without an EHC plan are improving in both primary and secondary schools.
- Children and young people who inspectors met consistently reported that they felt safe and well cared for in the settings they attend. Several expressed concerns that they did not feel safe in their community as they were worried they might be at risk from those engaged in criminal activity. There is clear evidence of joint working and communication across agencies to ensure a clear understanding of the situation, tackle issues of concern and reduce anxiety in the local community.

## **The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities**

### **Strengths**

- The local area's approach to identifying needs in the early years is effective. When a baby is identified as, or suspected of having, SEN and/or disabilities at or prior to birth, a joint visit to the family by the health visitor and therapist takes place within 10 to 14 days of the infant's birth. This helps to ensure clear communication and a shared understanding of the infant's needs. This also leads to timely referral and access to services.
- Health visitors make good use of the routine assessments offered to all children at 10 months and between the ages of two and two-and-a-half years. Where a developmental delay is indicated, families are provided with the opportunity to attend group sessions – 'Little Builders' following the 10-month review and 'Big Builders' following the review at two to two-and-a-half years. These sessions provide helpful support to the child and family and enable professionals to effectively identify the child's needs and make suitable referrals to specialist services. There is high take-up of this offer.
- Children with significant developmental delay who attend Snapdragons special needs nursery run by health services (formerly Woodlands) benefit from timely support which helps them make a smooth transition to a mainstream nursery or school Reception class.
- Suitable arrangements are in place to aid effective information-sharing between health and education professionals when children transfer from nursery to school and from a mainstream to a special school. Where appropriate, health visitors carry out home visits jointly with early years staff and school nurses to help ensure that parents only need to 'tell it once'. This helps to ensure that children who have SEN and/or disabilities will continue to have their health needs met before, during and after key transitions.

## Areas for development

- Although a high proportion of EHC plans are completed on time, this can be at the expense of the quality of the plan. Quite often, plans are deemed as complete without important information about a child or young person's social care or health needs having been received or taken into account.
- Health services working with children and young people who have SEN and/or disabilities are not routinely asked for the information needed to inform the EHC plan. Universal health services rarely contribute to the EHC process. Practitioners in some health services, such as the child and adolescent mental health services (CAMHS), told inspectors that they are called on to contribute information less often than they were prior to the reforms. Consequently, those developing EHC plans do not have all the information they need to identify all of the child or young person's needs.
- The long-term aspirations and needs of young people who have SEN and/or disabilities are often not identified well. Consequently, some EHC plans do not provide clarity about the intended purpose of post-16 study or what educational and social care provision will be needed to ensure that a young person can access employment or supported employment in adulthood.
- The local area issues a high rate of direct payments to children and young people to help them access provision such as transport and short breaks. However, EHC plans do not always clarify what need will be met by the use of this payment. Consequently, direct payments are not always linked to identified needs or monitored against clearly defined outcomes.
- At times, when a child or young person has previously had a statement of special educational needs, out-of-date information is used to inform the writing of a plan. In these cases, the EHC plan does not provide a full picture of the current needs of the child or young person or how these can be met.
- Some schools have highly effective systems to identify and support pupils with SEN. However, not all mainstream primary schools identify and meet pupils' SEN early enough. This means that pupils do not always get the support they need from the beginning. As a result, some parents believe that the EHC process is the only way to ensure that their children's needs are met. The recent spike in requests for children to be assessed for an EHC plan signals that this is a growing concern.
- Although there is some effective work to ensure timely sharing of information at transition points, this aspect of practice needs further attention, particularly when a young person leaves a special school or specialist provision in a mainstream school at age 16. In this situation, EHC plans often fail to identify what a young person might need to cope with the challenges of the next stage of their education.
- The local area's approach to identifying and assessing children who have autistic spectrum disorder (ASD) does not meet national requirements. Children

are assessed and diagnosed by community paediatrics or CAMHS depending on their age. However, due to long waiting times of six to nine months, children are not consistently assessed and diagnosed through the Autism Diagnosis Observation Schedule. This does not comply with National Institute for Health and Care Excellence (NICE) guidelines.

- Local area leaders have rightly recognised that the development of a NICE-compliant ASD pathway is a pressing priority. However, previous council and health leaders also identified this as a priority as far back as 2012. No progress appears to have been made in the intervening period. It is clear that current leaders are committed to resolving this issue. It is too soon to know if they will be more successful than their predecessors.

## **The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities**

### **Strengths**

- Young children who have been identified as vulnerable with an additional health need benefit from the 'My Plan' approach, overseen by the health visiting service. A single plan, the 'My Plan' identifies all services that will be supporting the child. This is helping to ensure effective joint working and reduced duplication between services. As a result, children and their families receive the support needed more swiftly than was previously the case.
- Children and young people attending effective education settings reported that they felt well supported and their needs were well met. Parents agreed.
- The services and support provided by the SEN team are valued by the school leaders who engage with it. These leaders report positive relationships and communication with the team. This has helped them understand how best to utilise funding to meet the needs of children who have SEN and/or disabilities. The recent introduction of a clear and transparent approach to accessing additional funding without needing to apply for an EHC plan is helping these schools better meet the needs of pupils who have SEN and/or disabilities.
- School leaders who engage with them value the effective training and support paid for by the local authority and provided by Bradfields Academy and The Marlborough Centre, the specialist provision for ASD at Hoo St Werburgh Primary School. Leaders also spoke positively about guidance and support provided by the educational psychology service.
- Parents who had experience of it spoke highly of the service for the visually impaired. They equally praised the approach and support of the Medway hospital paediatric specialists.
- The use of a 'health passport' completed with the family when a child with complex needs is admitted to hospital ensures that all the practitioners involved in the child's care are consistently equipped with the information needed to meet the child's needs well.

- Children who are looked after and who have SEN and/or disabilities, placed within a 30-mile radius of Medway, benefit from high-standard review health assessments. Leaders also make sure that the same quality of assessment is made available to such children placed further afield. This approach helps to ensure that the health needs of these children are met equally well regardless of their geographical location.

### **Areas for development**

- The local area's approach to co-production at strategic and individual level is weak. The extent to which local area leaders have worked successfully with parents, carers, children and young people to create effective approaches to implementing the reforms has been very limited.
- Members of Medway Parent Carer Forum (MPCF) reported disappointment that, despite much work, they have not been able to make a difference. They are hopeful that the recently signed co-production agreement with health services will lead to an improvement. However, it is too soon to tell.
- The published local offer, which the MPCF was consulted about, includes much useful information. However, area leaders and the MPCF both report that it is not consistently up to date. Additionally, the fact that the information is not all directly accessible from one website can make it difficult to navigate.
- A considerable number of parents were not sufficiently involved in the development of the EHC plan for their child. EHC plans are typically not co-produced in line with the expectation of the 2014 reforms. A summary assessment meeting (SAM) is convened to enable parents and practitioners to work together for children in the early years and young people over the age of 16. However, for most children and their families, there is no clear agreed arrangement to ensure that they are involved in the production of EHC plans.
- Typically, although the views and aspirations of the child and family are captured in the first section of the EHC plan, key points from this are often not referenced in the rest of the plan. Even where the production of a plan has been supported through the SAM meeting, this has not consistently ensured true co-production. A plan shared with an inspector, which council officers believed would be an example of good practice, did not capture the view of the child at all.
- A considerable number of parents shared their concerns about a lack of real involvement in the development of the EHC plan for their child. A few parents reported that when a plan was developed from an existing statement of special educational needs it was effectively 'done by post' with no face-to-face discussion at all.
- The varying and often poor quality of EHC plans means that those carrying out the plan do not have to hand key information which could help them ensure that children and young people's needs are well planned for. EHC plans scrutinised by inspectors contained a variety of weaknesses. In some cases, key information was missing. In others, the assessment of the child or young person's needs was



not precise enough to be really useful.

- Some mainstream schools are not effectively meeting the needs of children and young people with SEN and/or disabilities. This is particularly evident in the high level of permanent and fixed-term exclusions of children who have SEN but do not have an EHC plan. Some headteachers have not recognised their responsibility to utilise effective alternative provision to support pupils at risk of exclusion who are struggling to cope in mainstream lessons.
- Due to a lack of sufficient local spaces, Medway places a high proportion of children and young people who have SEN and/or disabilities in provision outside the area. Some parents' lack of confidence that needs can be met locally compounds the issue. These 'out of area' placements use a considerable amount of the local area's SEN budget. The high costs associated with transporting children and young people to this provision put a further strain on the budget. This leaves less money available to support children and young people with SEN and/or disabilities being educated in Medway.
- Leaders have rightly recognised the importance of increasing the volume of suitable local provision. However, there is no clear plan in place to successfully bring this about. Where new provision has been built, this is not consistently being fully utilised. This is the result of ineffective communication between the local authority and schools. Consequently, there is no shared understanding of how to meet the needs of children and young people who have SEN and/or disabilities in the area.
- The local authority has recently changed its approach to funding leisure activities, clubs and residential experiences, known as short breaks. The new approach encourages an increasing use of direct payments. Leaders reported that this was to try and create an offer more pertinent to individual children and young people's needs. However, children and parents who communicated with inspectors had mixed views about the impact of this. Some did not know where to find information about what was on offer or how to access it. One young person told inspectors he had enjoyed attending a short-break provision but could not attend it anymore because he had reached the age of 18.
- Some parents and school leaders reported that specialist transport arrangements for taking children to special schools and provision were not suitable. There are concerns that the bus escorts are not suitably trained to support children and young people with complex needs. One special school reported that the current transport provider is excluding some pupils from the bus rather than meeting their needs.
- Historically, children and young people who have SEN and/or disabilities and their families have had difficulties accessing CAMHS. This has contributed to social, emotional and mental health needs not being consistently or effectively met.
- Young people with emerging mental health concerns who have children of their own do not consistently have their mental health needs assessed and met. Health visitors reported that accessing specialist services for older young people is difficult unless the young person is already known to CAMHS. The new service

due to be in place from April 2018 is intended to address this gap. However, it is too early to judge how effectively this will be done.

- Children requiring assessment and intervention from more than one health professional are not routinely offered a joint assessment. This increases the likelihood of multiple appointments and can lead to greater stress for families and possible duplication or gaps in provision.
- Young people who are newly identified as having SEN and/or disabilities between the ages of 19 and 25 years are not able to receive support from children's therapy services due to the current commissioning arrangements. This is in breach of the 0 to 25 SEND Code of Practice 2014. Inspectors were not assured that the new service that starts next spring will address this gap.
- Some children who have been identified as having speech and language needs and requiring support from the therapy service are not consistently having their needs met quickly enough. These children can experience a wait of up to 18 weeks from being referred to accessing treatment.
- Health practitioners across all services have not been able to access formal training on the SEND reforms or how this should result in changed practice for the benefit of children and young people. Frequent changes in staff contribute to a fragmented service.
- Parents typically do not know about the published local offer or the information, guidance and support available from the Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS). This service is working to raise its profile but the message is not getting through well enough. Parents that inspectors spoke to who had experienced the service reported that the support provided was useful. Currently, SENDIASS is developing an improved approach to evaluating its effectiveness. However, it is too soon to judge the success of this approach.

## **The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities**

### **Strengths**

- Effective provision in the early years is helping to ensure that children with SEND get off to an increasingly good start. In 2017, the proportion of these children reaching a good level of development at the end of Reception was notably higher than for similar children nationally, whereas in 2016 it was in line with the national figure.
- Effective school leadership of provision for SEN contributes significantly to pupils' positive experiences and outcomes. Special schools and specialist provision in mainstream schools are typically meeting the needs of their pupils effectively. The extent to which mainstream schools meet the needs of pupils who have SEN and/or disabilities is more variable. However, overall, schools are improving and this has resulted in an improvement in outcomes, including for pupils who have

SEN and/or disabilities.

- Children who have SEN and/or disabilities without an EHC plan are achieving increasingly well in English and mathematics in primary school. The proportion of these children reaching the expected standard in phonics at the end of Year 1 has increased at twice the national rate and was above the national average in 2017. Children's achievement by the end of primary school has improved and was in line with that of similar children nationally in 2016 and increased considerably further in 2017.
- The achievement of school pupils who have SEN and/or disabilities without a statement of special educational needs or an EHC plan has also improved steadily over time in secondary schools. In 2016, at the end of key stage 4, on average, these pupils made progress in line with that of all pupils nationally in English, mathematics and other subjects.
- The proportion of young people with SEN and/or disabilities without an EHC plan reaching level 2, including in English and mathematics by the age of 19, although still lower than that of similar young people nationally, has increased notably in recent years. The proportion of young people with a statement of special educational needs or an EHC plan reaching this measure was also in line with the national figure in the last set of published data.

### **Areas for development**

- Although outcomes are improving, significant groups of pupils are not consistently having their needs identified and met well enough to ensure that they achieve good outcomes.
- Typically, the outcomes in EHC plans are not sharp enough to ensure that children and young people have all their education, care and health needs met. Outcomes defined in plans are often too broad to enable sharp evaluation of the effectiveness of the plan. In some cases, outcomes are too narrow to be helpful or relate to the service being provided rather than the needs of the child.
- The level of fixed-term and permanent exclusion is high. Effective challenge and support to some schools, initiated by the local authority, have led to a notable reduction in the number of pupils who have SEN and/or disabilities experiencing exclusion. However, some schools have proved hard to engage with and are not doing enough to improve outcomes for pupils at risk of exclusion.
- Absence rates for pupils who have SEN and/or disabilities with and without an EHC plan have increased. Levels of absence and persistent absence were higher than for similar primary-age pupils nationally last year. The proportion of pupils with SEN without an EHC plan with poor attendance at secondary school was also high in relation to similar pupils nationally in 2017.
- EHC plans typically lack focus on preparing young people for adult life. Little consideration is given to the type of education and social care support that a young person will need to achieve employment or supported employment.

- The proportion of young people leaving college to take up employment at the age of 19 is low. Local area leaders recognise the need to tackle this. The introduction of a supported internship programme for eight young people is a step in the right direction. However, the local area does not have a clear shared plan in place for improving pathways to employment.
- Local area self-evaluation has been too limited to contribute effectively to improving outcomes. Area leaders are aware of the most pressing issues that need addressing. However, leaders do not have a clear enough understanding of the impact that their work to implement the 2014 reforms has had on children and young people who have SEN and/or disabilities and their families.
- The council and CCG SEND strategies are not underpinned by effective action plans. Analysis of performance information is not detailed enough to aid sharp evaluation of where work is having the greatest impact or where further improvement is needed. Consequently, local area leaders and elected members have a limited understanding of the improvement journey and what works and does not work. This has been compounded by considerable changes of senior leadership since 2014. Over time, leaders have not been well placed to intervene quickly when a change of approach is needed.
- The recent appointment to the role of designated clinical officer (DCO) demonstrates the local area's commitment to ensuring strategic oversight of the implementation of health aspects of the reforms. The DCO has quickly gained the confidence of practitioners across the partnership. Work to establish a clear action plan to tackle the most urgent priorities is underway. However, it is too soon to judge the impact of the DCO's work.
- Joint commissioning arrangements have taken time to develop. A joint CCG and council commissioning team has been in place since 2013 and effectively staffed since 2014. The local area has recognised that current health service contracts are not effectively or consistently meeting the needs of children with SEN and/or disabilities. New jointly commissioned contracts for universal public health services and mental health and well-being services will commence in April 2018 and new contracts for other children's health services will commence from June 2018. Leaders are confident that this will result in improvements. It is too early to evaluate the effectiveness of this work.

**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 it will tackle the following areas of significant weakness:

- the lack of joint strategic leadership across the area between the council, the CCG and education providers
- the lack of a clearly communicated strategy that is understood and shared by leaders across the area

- the extent to which providers in the area take suitable responsibility for ensuring the effective implementation of the reforms
- the lack of clearly understood and effective lines of accountability
- the quality and rigour of self-evaluation and monitoring and its effectiveness in driving improvement
- the sufficiency of information to inform accurate evaluation
- the quality of EHC plans
- the lack of effective co-production at all levels.

Yours sincerely

<b>Ofsted</b>	<b>Care Quality Commission</b>
Christopher Russell Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Diana Choulerton HMI lead inspector	Karen Collins-Becket CQC inspector
Keith Tysoe Ofsted Inspector	

Cc: Department for Education  
 Clinical commissioning group(s)  
 Director Public Health for the local area  
 Department of Health  
 NHS England