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16 March 2017

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Tim Goodson, Clinical Commissioning Group Chief Officer, NHS Dorset CCG
Jay Mercer, local area nominated officer
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Dear Ms Tough

Joint local area SEND inspection in Dorset

Between 23 January 2017 and 27 January 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Dorset to judge the effectiveness of the area in implementing the disability and special educational needs 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 special educational needs and/or disabilities, parents and carers, representatives of the 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 special educational needs 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 are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection.

Main findings

- Frequent changes in senior leaders have reduced the local area's capacity to implement the disability and special educational needs reforms effectively. Until recently, leaders have not tackled their identified areas for improvement with urgency and rigour. As a result, the provision that children and young people who have special educational needs and/or disabilities across the local area receive and the outcomes they achieve are too variable.
- Across the local area, the approach to 'doing the basics well' in completing assessments for education, health and care plans (EHC plans) on time and in partnership with appropriate agencies is weak. Leaders and staff currently in post demonstrate a determination and commitment to improve services across the area. Current leaders have ambitious and aspirational plans in place, but these have not yet led to reductions in the considerable current financial overspend in the High Needs Budget of the Dedicated Schools Grant.
- Leaders' arrangements to check the quality and impact of their work in the local area are inconsistent. Systems to identify and tackle weaknesses as they occur are poor. As a result, leaders have been slow to address weaknesses and drive improvement in the quality of services for children and young people who have special educational needs and/or disabilities.
- Leaders' strategic plans to tackle the significant weaknesses do not include jointly agreed health, education and social care priorities. Plans to tackle immediate priorities, such as reducing the high numbers of pupils being educated in out-of-county placements, lack precise and measurable success criteria. Timelines to complete actions are overly long. As a result, leaders are not able to check robustly that their actions are making a difference. In addition, it is not yet clear how and when the delivery of the local area's strategic priorities will impact on delivering a balanced budget.
- Parents and carers of children and young people who have special educational needs and/or disabilities spoke of the delays and their concerns at having to struggle to have their child's needs assessed. Overwhelmingly, they described a lack of understanding of how to get the help and support they need in the local area to improve outcomes for children and young people.
- The majority of parents and carers do not use the local offer. Many parents and carers, who gave their views during the inspection in significant numbers, are not aware of the local offer and consequently are unsure how to access the information and services they need. Leaders accept that there is a need for greater communication with families to promote the range of services and information they offer.

- Leaders have identified that, over a period of time, they have not been meeting the statutory requirement to complete EHC plans in the 20-week timescale. In addition, the inspectors found that many statements of special educational needs have not been converted to EHC plans in a timely way, particularly in readiness for transition to the next stage of the child's education, employment or training. However, leaders have recently taken appropriate action to address this. Since November 2016, the local area is on track to complete all new plans within the 20-week period. Also, the majority (77%) of decisions to proceed with assessment of needs are now being made within six weeks.
- The inspection team recognises the strong commitment of leaders and staff to improve the local area's work to safeguard children and young people. Safeguarding is a priority, driven by the recent appointment of the lead county councillor. This renewed focus on keeping children and young people safe is supporting leaders in education, health and social care to rigorously implement policies and procedures if they have concerns.
- In some settings, completed EHC plans include generic targets and lack essential information from health and social care professionals. These EHC plans are not tailored to the individual's needs and consequently do not support children and young people effectively to achieve their aspirations. However, the inspection found some strong examples of co-production, particularly in schools. Parents, children and young people appreciate the support, advice and care they receive from staff. Parents stated that 'teachers go the extra mile to listen to us and the views of our children to plan the support they need.'
- The local area provides high-quality residential provision for children and young people with complex needs. A team of committed and experienced staff ensure that services work together to meet their needs effectively, particularly in preparation for transition into adult services.
- The local area continues to develop a single pathway for young adults aged 19 to 25. Leaders have implemented joint commissioning arrangements to deliver improved services and outcomes. Regular SEND panel meetings are helping to support improved outcomes by prioritising resources for young adults. For example, the number of supported internships is rising. However, some young people told inspectors that they would like further opportunities to find paid work to enable them to achieve their aspirations.
- Health, education and social care professionals work together effectively to quickly identify the needs of the youngest children. The recent introduction of seven 'Family Partnership Zones' is supporting joint working with schools, health professionals, voluntary organisations and children's centres, and provides an example of the local area's recent work in developing a partnership approach. Parents say that they value the advice offered in these

children's centres and that staff identify their children's needs in a timely way. However, it is too early to see the impact of this work on improving children's outcomes.

- The local area's focus on improving the life chances of children who are looked after is effective. Outcomes have improved as a result of a rigorous focus on identifying risk and meeting individual needs. The proportion excluded from school has reduced in 2016. In addition, an increasing proportion make at least expected progress from their starting points. In 2016, all children who are looked after achieved the phonics screening check in Year 1, giving them a positive start in learning to read.

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

Strengths

- The local area's services to identify children who have special educational needs and/or disabilities in early years are effective. Children's centres work closely with local early years providers, schools and a range of local health and social care professionals, including GPs, therapists and the Portage service. This enables prompt and effective early identification of concerns about the health and development of children.
- The local area commissions a high-quality careers advisory service which supports young people to identify appropriate pathways for successful transition to adulthood. This work ensures that those with complex needs transfer to appropriate college courses or work-based learning placements. The proportion of young people not in education, training or employment in the local area post-16 compares favourably with the national average.
- Procedures to identify children and young people with sensory and behavioural needs in schools have improved since 2014. Professionals who work in the area's specialist services have increased the local area's capacity by providing training and support for colleagues in schools. Consequently, most children and young people receive timely specialist support so that they make at least expected progress from their starting points.

Areas for development

- Until recently, the local area did not meet the statutory timescales for the assessment of needs for children and young people who have special educational needs and/or disabilities. In addition, parents confirm that they continue to experience long delays with the completion of EHC plans. Leaders are determined to tackle this as a priority. Some recent signs of improvement

are evident. Nonetheless, of the hundred or so parents who provided their views during the inspection, a significant proportion lack the confidence that the local area will provide timely assessments and effective support for their children.

- The education psychology service has experienced a lack of capacity over a significant period of time, impacting on the work they do to identify needs quickly. This has contributed to the delays in completing assessments and EHC plans in a timely way.
- Although health professionals are usually notified when an EHC plan is being considered and produced, the inspection found that the community nursing team, who work with children and young people with complex health needs and life-limiting conditions, were not always asked to contribute advice and information. Consequently, some EHC plans lack important input from health professionals. Many parents stated that they are unclear about what to expect in relation to the involvement of health professionals. They do not know who to approach to ensure that the plan is effective in meeting the health needs of their child and that it is kept up to date.
- The local area's 'graduated pathway' is known and implemented by schools, health and social care professionals. This approach ensures that professionals identify the needs of children and young people and plan appropriate targets with realistic outcomes. Where this works well, parents confirm that their children achieve and make good progress in their academic and personal development. However, inspectors found inconsistency in the implementation of this agreed approach. In particular, the inspection confirmed delays in early assessment of children's needs and, at times, a lack of timely and appropriate support, impacting detrimentally on children and young people's outcomes.

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

Strengths

- Leaders jointly commission education, health and care services to effectively meet the needs of young people with complex needs. For example, pupils at risk of sexual exploitation receive prompt support from health, social care and education professionals. Outcomes are positive. All young people identified as being at risk are now engaging with the support and this has led to a reduction of young people missing from home. The improvement in the number of young people receiving 'return to home' interviews has contributed effectively to these positive outcomes.

- The local area has recruited a special educational needs coordinator (SENCo) to support children who are looked after. This work is supporting schools to provide advice and to ensure that children and young people contribute their views to create personalised EHC plans.
- Special schools provide high-quality outreach support to teachers and pupils in mainstream schools. This work successfully helps pupils with EHC plans to remain in their local schools and continue to access mainstream provision. Nearly all schools that receive outreach support confirm that they value this support.
- The local area is working to build the knowledge and skills of staff in mainstream schools to improve the quality of assessment and provision. SENCos in schools are pivotal to this work. They provide advice, training and support to schools in their locality. However, there is some inconsistency across the local area. Some parents report that their child has benefited from timely assessment of needs and high-quality support. As a result, their progress is strong. However, many parents who gave their views during the inspection cite delays in assessments and lack of provision to meet the needs of their child.
- Parents value the support and information they receive from leaders of the parent/carer council and the local area's special educational needs and disabilities information, advice and support service (SENDIASS). 'They help us in a crisis' was the view of several parents and 'fill a gap when we are unsure how to access the support we need for our children'.
- Coverage of the Healthy Child Programme by health visitors is effective. This programme ensures that young children and their families benefit from development checks at key points in their early childhood. The two-and-a-half integrated health check carried out by health visitors, alongside early years providers, is firmly established in Dorset. Health visitors and speech and language therapists work closely with early years providers to help children prepare for school. The increased use of the school readiness toolkit by early years providers across the area helps children and their families to prepare effectively for transition to school.
- Parenting programmes provided within the local children's centres and the child and adolescent mental health services (CAMHS) teams are valued by parents. They confirm that this provision enables them to better understand and enhance their skills in communicating with and managing their children's behaviour. Parents typically stated, 'I use everything I have learned, and it has really helped me to cope.'
- The clinical commissioning group (CCG) closely monitors the performance of NHS providers to prevent delays in children's appointments and to ensure that they receive the support they need. Therapy teams meet expected levels of contractual performance in relation to the 18-week referral to assessment to

treatment targets. The latest CAMHS data indicates significant improvement in the timeliness of access to services: 90% of young people with more complex needs (tier 3) are seen within 4 weeks; 98% of those with lower needs (tier 2) are seen within the 8-week target. Time from assessment to treatment is also improving (90%) and CAMHS performance now compares well with other areas.

- Access to specialist equipment and training for families and school staff that support children with complex health needs is timely. This service helps promote the safety and inclusion of children at home and in school. The CAMHS learning disability nursing team contributes to the joint review of management plans to promote effective engagement and participation of children with complex learning and behavioural needs.
- Transition handover arrangements work well for young people with significant learning disabilities and lifelong needs. Pathways are in place between child and adult learning disability and mental health/Asperger's teams to enable young people who require ongoing help or review of needs to be appropriately supported. Young people who are looked after benefit from health passports on leaving care to ensure continuity of support.
- The local area is increasing the range of providers and learning programmes for young people in the 19–25 age range, including those with complex needs. They benefit from programmes which develop their independence and provide opportunities to learn new skills both in college and in the workplace. The local area confirms that ongoing work is taking place to develop further opportunities for this age group and the current provision on offer is effective in improving young people's life chances.
- The local area provides an innovative range of short breaks to families, which is valued by parents and children and young people. For example, a high number of children and young people who have disabilities attend activities funded through the short-break initiative. In addition, parents confirm that direct payments are helpful to provide support to their families. However, some parents stated that they are unsure how to access information regarding short breaks and consequently are not receiving the support they need.
- The number of supported internships for post-16 pupils who have special education needs and/or disabilities is rising. The number has risen from five last year to 15 currently, enabling pupils to benefit from partnerships with local colleges and work placements.

Areas for development

- Parents confirm their dissatisfaction with the local area's arrangements for assessment and planning to meet their child's needs. In particular, the failure over time to meet statutory timescales for assessments and completion of

EHC plans has resulted in continuing levels of registration of appeals to first-tier tribunal. Many appeals have been settled with parents in recognition of the delays which have occurred. However, leaders recognise the urgency of completing EHC plans on time. Since November 2016, improvements have been made.

- Leaders have prioritised the need to complete conversions from statements of special educational needs to EHC plans, particularly at the point of pupils' transfer to the next stage of their education, employment or training. Nonetheless, a considerable backlog of cases remains. In addition, there are inconsistencies across the area. Some statements of special educational needs have been converted to EHC plans in a timely way and are of a high quality. In other settings, children and young people were still waiting. In these cases, pupils did not know which school they were to attend next, adding to their concerns and those of their parents.
- The local area places a higher proportion of Dorset pupils who have special educational needs and/or disabilities than seen nationally in out-of-county provision. Leaders have prioritised the need to develop provision in Dorset, especially for pupils with complex communication needs and social, emotional and mental health difficulties. However, strategic plans to achieve these aims are not yet fully in place. Consequently, school leaders do not have clarity in how this strategic vision will be implemented, which is of concern to them.
- Assessments for autism and ADHD are taking too long and delays are increasing. These delays are having a significant impact on children and their families who wait to be seen, with many reporting uncertainty and stress as they wait for the final EHC plan to be agreed. Parents and schools also raised concerns about difficulties they have experienced in accessing CAMHS provision. Although waiting times have improved, parents are not clear about what they can expect from this service.
- The timeliness and coverage of initial and review health assessments, dental checks and immunisations of children and young people who are looked after, fall below locally agreed improvement targets. The specialist health team has been recently strengthened. However, this team does not have a complete and up-to-date picture of children who are looked after who have special educational needs and/or disabilities. Consequently, their approach to the provision of comprehensive health care plans is not yet of a high quality.
- Children's community nursing provision is currently available on weekdays. Consultation with families identifies the need to strengthen access out of hours. The children's services review of paediatric services in the area recognises the need to build local capacity to reduce their reliance on hospital-based care. However, currently 33 children and young people (out of 59) are receiving a personal health budget which supports increased choice and control in meeting their needs.

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

Strengths

- The CCG has clear governance and reporting arrangements in place for reporting on the delivery of SEND reforms. Senior leaders within the CCG and its appointed designated medical officer (DMO) recognise areas where further improvement is required in commissioning, co-production and quality assurance. They provide good strategic and clinical leadership to help address service gaps and improve outcomes for children.
- The learning disability nursing team, known locally as Swifts, responds to referrals within four weeks. This prompt action represents a significant improvement in the quality and responsiveness of the service. Decommissioning of a specialist residential service, with the transfer of resources to enhance community provision, has enabled a stronger focus on early intervention and prevention of crisis. The inspectors observed effective examples of targeted support and effective multi-agency work within a local children's home. As a result, young people with complex needs and behaviours have been able to experience a stable home environment that has prevented their admission to in-patient care.
- Parents report a high level of satisfaction with provision in Dorset's special schools. All are rated as good or outstanding by Ofsted. Nonetheless, many parents continue to request special school placements. Leaders recognise that they need to communicate their expectations of what they can provide more clearly to parents to reduce the levels of concern caused when applications to these schools are refused.
- Pupils with a statement of special educational needs or an EHC plan and those receiving school support for special educational needs make at least expected progress from their starting points between key stage 2 and key stage 4. Leaders analyse pupils' achievements in detail to spot underachievement. For example, they have identified that the curriculum offer for secondary-aged pupils requires further breadth and development to meet the needs of the pupils.
- Rates of attendance for pupils who have special educational needs and/or disabilities with school support and EHC plans are above the national average and improving from the previous year. Exclusion figures for these pupils are below the national average. In addition, leaders' determination to improve the outcomes for children who are looked after has resulted in fewer exclusions than previously, especially in Years 9 to 11.

- Innovative approaches to the delivery of provision to post-16 pupils and in the 19–25 age group are supporting improved outcomes. For example, bespoke and personalised learning programmes offered at Weymouth College and Westfield Arts College ensure that pupils and young people access appropriate courses to meet their aspirations. In discussions, pupils spoke with confidence about the careers they have chosen and the support they have received at their schools. As a result, the proportion of pupils across the local area who are not in education, training or employment at post-16 is below the national average. The proportion achieving level 2 and level 3 outcomes post-19 is above the national average.

Areas for development

- The proportion of pupils reaching the expected standard at the end of key stage 2 for all pupils in Dorset in reading, writing and mathematics is below the national average (45% in Dorset compared to 53% nationally). This picture is also reflected in outcomes for pupils who have special educational needs/and or disabilities receiving support and with EHC plans, particularly in writing but also in reading and mathematics. Pupils make insufficient progress by the end of Year 6, especially in writing.
- Delays in the assessment of children and young people's needs are preventing some pupils from making the progress of which they are capable. Larger schools with greater expertise and resources continue to support pupils while waiting for decisions to be made. However, this is not the case for all pupils. Parents voiced concerns about the quality of support some schools offer, and the impact this has on the progress their children make.
- Leaders have not sufficiently ensured that the work of professionals across the local area and the services provided are effective and of a high quality. Leaders in school confirm that they rarely get feedback about their work but are keen to know how to improve the work they do. This is not helping schools, settings and service providers improve their practice to deliver improved outcomes.

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:

- weaknesses in strategic planning, integrated with health and social care, which include clear monitoring and evaluation arrangements to ensure that

leaders are held to account for improving children and young people's outcomes

- low conversion rates from statements of special educational needs to education, health and care plans and a lack of timely completions of new EHC plans with appropriate and personalised outcomes
- a significant proportion of parents describe their concerns at the extent of the delays, the lack of support and lack of communication, transparency and involvement at strategic and individual level
- weaknesses in the monitoring and quality assurance procedures to challenge and support provision and improve outcomes for children and young people.

Yours sincerely

Catherine Leahy
Her Majesty's Inspector

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