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Mr Matthew Sampson
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Freeth Street
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Mr Andy Williams, Sandwell and West Birmingham Clinical Commissioning Group,
Accountable Officer

Dr Kevin Rowland, Local Area Nominated Officer

Dear Mr Sampson

Joint local area SEND inspection in Sandwell

Between 16 January and 20 January 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Sandwell 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, 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 disability and 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 of action to Ofsted.

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

Main findings

- There is a legacy of poor practice in the local area, particularly in children's social care, and improvements are not being made quickly enough.
- Key leaders are aware of the strengths and areas for development in the aspects for which they are responsible. They are reflective and responsive and they have taken action to make some improvements to provision and outcomes. Nevertheless, inconsistencies remain in the quality of provision from different services.
- Leaders and staff are not held to account closely enough across the local area. There is no clear overarching accountability structure to ensure that provision is coordinated and effective action takes place in a timely manner. Systems and structures that help key leaders to challenge the underperformance of individuals or teams are not good enough.
- Children's social care in Sandwell was judged by Ofsted to be inadequate in January 2015. Although there are signs of slow improvement, this is a significant weakness within the local area.
- The designated medical officer (DMO) role is not having sufficient impact on driving forward disability and special educational needs reforms in Sandwell. There is no strategic identification of key work-streams, and frontline health professionals are not clear about the role of the DMO.
- The child and adolescent mental health service (CAMHS) is not fulfilling its statutory role in cooperating with the local authority to integrate provision that would promote the well-being of children and young people who have special educational needs and/or disabilities. For example, as frontline practitioners are not fully aware of their responsibilities with regard to education, health and care (EHC) plans, they are not contributing consistently to the process. This is limiting the local area's ability to work in partnership with children, young people and their families towards positive outcomes.
- The timeliness, suitability and quality of statutory assessments and plans are not good enough. The local area does not meet some of its statutory duties related to EHC plans and it is in danger of not meeting others.
- EHC plans vary in quality and often do not contain relevant information about health or care.
- Children and young people who have special educational needs and/or disabilities make slower academic progress from their starting points than other pupils in Sandwell. Moreover, their absence and exclusion rates are higher than those of their peers and too few move into paid employment when they leave education.

- There are some examples of high-quality provision in the local area. The local authority's inclusion services provide valued and effective support and training to schools. All special schools are good or outstanding and child development services delivered from the Coneygre Centre are strong.
- Some productive partnership work, centred on a culture to improve provision and outcomes for children and young people, is evident in Sandwell. The special educational needs and/or disabilities (SEND) partnership board is well supported by a range of professionals.
- Parents and young people feel listened to, and feedback from parents and young people is having a positive influence on some of the services that young people and their families receive.
- There is evidence of co-production of EHC plans and high levels of parental engagement. All the young people who spoke to inspectors felt well supported and showed clear ambition for their futures, including, where appropriate, employment.
- Despite widespread weaknesses in children's social care, many professionals from within the local area take prompt and appropriate action if safeguarding concerns arise for children and young people who have special educational needs and/or disabilities. The settings visited teach children and young people how to stay safe, and the children and young people who have special educational needs and/or disabilities who spoke to inspectors all said that they feel safe.

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

Strengths

- Since the reforms were implemented, the local area has become more effective at identifying children and young people's special educational needs and/or disabilities. A range of services within Sandwell build on the high-quality early identification tools and good coverage of the universal 0 to 19 healthy child programme to identify additional needs. For example, speech and language needs have been identified through the work of therapists within the youth offending team, and human rights assessments for children and young people who are newly arrived in the country are used as an opportunity to identify special educational needs and/or disabilities.
- When young children who have an active care plan start school, their plans are reviewed within the first term. This supports their transition, as identified needs are shared and addressed quickly.

- The specialist local area school nursing team works well with children and young people who are not in mainstream school settings. If an active intervention is required, systems are in place to provide these children and young people with detailed health assessments and care plans. This service has increased the timeliness of the identification of needs of children and young people who, for example, are new to the country, are not in employment, education or training or are known to the youth offending team.
- As the needs of children and young people have begun to be identified more effectively, there have been few appeals as a result of dissatisfaction with assessments or plans. No mediation cases went to appeal in 2014/15 and, although the number of cases that went to appeal in 2015/16 increased, the vast majority of concerns were resolved through mediation. The process for identifying needs is improving and mediation is used effectively to resolve a very high proportion of concerns.

Areas for development

- Despite improvements, children and young people's needs are still not identified accurately enough. Some schools do not identify needs precisely and some do not record them accurately. As a result, Sandwell has a much higher proportion of pupils identified as having moderate learning difficulties than the English average and the recorded proportion of pupils with autistic spectrum disorder is smaller than the national average. Professionals from the local area acknowledge that the accuracy of assessment and the recording of need must improve.
- Children and young people who are looked after in Sandwell still do not receive timely health assessments. This means that their needs are not identified quickly and limits the support that this group of vulnerable children and young people receive in the local area.
- Compared to the English average, a smaller proportion of EHC plans were issued within 20 weeks in 2015. This significantly improved from 34% in 2015 to 87% in 2016. However, it is still the case that the official process is slow to begin after needs are first recognised.
- More than half of statements of special educational needs and a high proportion of learning difficulty assessments have not yet been considered for conversion to EHC plans. The local area is still within the statutory timeframe but a great deal still needs to be done in a short space of time.
- EHC plans are dominated by educational needs and frequently lack health and social care information. At times, information from health and social care professionals is not received and, occasionally, even when it is received, it is not used. This means that needs are not fully identified within plans. There is no established process for health and care professionals to check the plans before they are issued to parents.

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

- There is evidence of some high-quality transition work in Sandwell. Parents and professionals report that the early years transition pathways are effective. The 'transition plus' pathway has been extremely successful in re-integrating pupils who have special educational needs and/or disabilities into mainstream education after some time in short-stay schools.
- Assessment for adult care provision begins when a young person is 14 years old. Young people who access children's therapy services often benefit from planned transitions to adult integrated care services. Adult social care services have commissioned a community grant programme to provide inclusive activities for young people and engage with them to understand young people's aspirations for adulthood in Sandwell.
- Children and young people's views and experiences are effectively taken into account across health services and used to shape the services. For example, the Sandwell School Nurse Ambassador Project (SSNAP) trains, facilitates and supports children and young people to become ambassadors for school nursing and public health within schools. During one meeting with young people, a health ambassador explained how she had been involved in promoting the health agenda within the school. This inclusive process is empowering young people to influence the school nursing service and is giving vulnerable young people a voice.
- Children, young people and their parents are listened to. There is a well-established parents' group in Sandwell which has a productive influence within the local area.
- The children and young people who spoke with inspectors are happy with the education and support they receive and feel supported. They expressed their wishes to be as independent as they can be and the vast majority want to enter the world of work. Every young person who made their views known during the inspection wants to have a job.
- Joint commissioning is beginning to develop more rapidly across the partnership in Sandwell. A draft joint commissioning plan, which is influenced by the joint strategic needs assessment (JSNA) and the SEND partnership board, identifies further opportunities to improve local area pathways such as the communication, language, autism and social skills (CLASS) strategy.
- A fully integrated therapies service, accessed via 'faster access to Sandwell therapy assessment' (FASTA), means children and young people benefit from multi-agency initial assessments. Therapeutic groups, such as 'Twinkly Tuesdays', support a holistic assessment and a 'tell it once' approach.

- Child development services and the inclusion team are usefully located in the same building. This aids communication between the teams and helps vulnerable children's needs to be met in a timely way. Multi-agency assessment supports the setting of individual outcomes with families. The partnership work of the inclusion support service is strongly valued by parents and professionals. The service is particularly strong in supporting transition pathways in the early years, both within the local area and to educational provision out of Sandwell.
- Inclusion services provide a range of support and training to schools in the local area. This has been effective in improving aspects of provision, for example behaviour management, although the service needs to assess its own success in helping schools to improve academic progress more closely.
- Some health and education professionals work well together. For example, speech and language therapists have helped to improve provision in a number of schools, including contributing to the English curriculum in one of the schools visited during the inspection.
- The previously very long wait of two and a half years in 2014 for a specialist diagnosis for autistic spectrum disorder is steadily reducing. Multi-disciplinary therapeutic groups support early assessment and decide whether it is appropriate for a child to continue on the multi-agency autism (MAA) pathway at that time. Continued reduction of the diagnostic period for autism means that children and young people's needs are beginning to be met in a more timely fashion.
- Effective information, advice and support to help young people and their families plan for the future are given by SENDIASS (the area's special educational needs and disabilities information advice and support service) and Connexions. The Connexions service provides targeted careers advice to children and young people who have special educational needs and/or disabilities and contributes to EHC plans. As a result, more young people are engaged in purposeful education.
- Children and young people benefit from appropriate training for their independent travel. This has helped to improve the attendance of some young people and, along with other targeted action, helped to boost independence and resilience.
- The published local offer contains the required information, and leaders within the local area continue to respond to feedback from parents and professionals about how to develop it further. Plans are in place to make it more accessible for young people and their families.

Areas for development

- There is no clear accountability structure across the local area to ensure that the needs of children and young people who have special educational needs and/or disabilities are assessed and met in a timely and coordinated manner.

- The overall timeliness, suitability and quality of statutory assessments and plans need to improve, including when statements of special educational needs are transferred to EHC plans. Some pupils have moved into special schools without undergoing statutory assessment. Others, including vulnerable children and young people, have not had their provision or progress reviewed in a timely manner.
- Within the local area, there is no consistent strategic oversight of health and social care professionals' contributions to EHC plans. To compound this, health and social care professionals do not receive a draft copy of EHC plans, so they are unable to ensure that suitable provision and outcomes are in the final plan. This also limits partnership working with parents.
- Although improving, the quality of EHC plans varies. The plans have appropriate information about education but the quality of the reports from health, and particularly children's social care, is often not good enough. Leaders in the local area recognise that there is a need for multi-agency training in order to improve the quality of EHC plans but they are yet to address this matter.
- Partnership work between children's social care and other professionals is poor. The implications of the reforms are not widely known by those who work in children's social care and the pace of change within this provision is slow.
- Information about individual pupils is transferred securely to educational providers but it is not always shared well between health, education and care professionals. This means that children and young people's needs are not always fully assessed or met.
- Very few personal budgets have been agreed and feedback from parents indicates that many are unaware of their right to request one. Leaders acknowledge that the process for allocating personal education budgets needs to be improved.
- There is some high-quality post-16 provision but it is inconsistent. Leaders are aware that the local area needs to develop a coherent 16 to 25 offer, with all services and providers contributing to a single plan.
- Some children and young people experience long waiting times for an initial speech and language appointment (up to 24 weeks). There is a 'waiting time initiative' to address this issue but it is too soon to see an impact.
- The local specialist CAMHS provider has failed to implement fully the code of practice. Despite support at a senior level and via the SEND partnership board, the planned strategies are not in place. Commissioners and the wider partnership need to strengthen the accountability of CAMHS.

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

Strengths

- All special schools and a high proportion of mainstream primary schools are good or outstanding. Consequently, the vast majority of primary-aged pupils who have special educational needs and/or disabilities and pupils of all ages who have a statement of special educational needs or an EHC plan attend a school that is at least good.
- Academic progress and attainment, particularly at the end of key stage 2, are beginning to improve. Outcomes in phonics are a relative strength in Sandwell.
- The attendance of pupils who have special educational needs and/or disabilities is improving from a low rate. It is now closer to the national average than it has been in the past.
- Exclusions are reducing and no pupils have been permanently excluded from special schools since the reforms. Fixed-term exclusions of pupils with a statement of special educational needs or an EHC plan are now closer to the national average.
- Supported internships have been introduced successfully in one school in Sandwell. This initiative, which received funding from the local area, helps to build confidence and develops a range of skills. It has helped the young people involved to become more confident about leading successful adult lives.

Areas for development

- Pupils who have special educational needs and/or disabilities make slower progress from their starting points than all pupils nationally and other pupils in Sandwell.
- Progress for pupils with a statement of special educational needs or an EHC plan was particularly slow in key stage 2 in 2016. Writing has been the weakest element for pupils who have special educational needs and/or disabilities at key stages 1 and 2 since the reforms.
- Over time, key stage 4 pupils who have special educational needs and/or disabilities have made slower progress across the curriculum than all pupils nationally and other pupils in Sandwell. A smaller proportion of secondary-aged pupils attend good or outstanding schools, when compared to the national average.

- Levels of absence, persistent absence and exclusions are too high, especially in secondary schools. This is particularly the case for pupils who have special educational needs but do not have a statement of special educational needs or an EHC plan. Leaders have begun to take action to address this, but this action needs to have a greater impact on increasing levels of attendance and reducing fixed-term exclusions.
- As the quality of provision is variable, achievement rates for young people aged 16 to 18 and 19 to 25 are not consistently good.
- The proportion of adults with learning disabilities in paid employment is too low. Leaders are making improvements, for example with supported internships, but this development is not yet widely available.
- There is no formal input of the DMO into the transition strategy for children and young people who have special educational needs and/or disabilities. The reporting of outcomes by health professionals is recognised by leaders in the local area as an area that requires development.

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 levels of challenge and accountability across the local area – the local area must hold staff at all levels to closer account to build on developments and increase the speed of change; the local area must have systems in place to ensure that effective actions are completed in a timely and coordinated manner
- inadequacies in children’s social care – professionals within this aspect of the local area’s provision must play a full part in identifying, assessing and meeting needs in order to improve outcomes for children and young people who have special educational needs and/or disabilities
- the timeliness, suitability and quality of statutory assessments and plans, including when statements of special educational needs are transferred to EHC plans – the local area must ensure that statutory assessments take place for all pupils who move into special schools and that annual assessments take place within the prescribed timeframe
- the lack of engagement of leaders and frontline practitioners in the local specialist CAMHS service in processes to support children and young people who have special educational needs and/or disabilities and their families – there is evidence that these professionals do not understand the reforms and the impact on their role; their contributions to EHC plans are inconsistent and they do not attend relevant groups and boards to be able to participate in the partnership’s improvement agenda.

- outcomes for children and young people who have special educational needs and/or disabilities in terms of increasing academic progress, reducing absence and exclusions and increasing the proportion of young people who enter paid employment.

The approach to responding to findings from inspections, including the production and review of the statement of action, is set out in Annex A of the 'Local area SEND inspection handbook'.

Yours sincerely

Simon Mosley
Her Majesty's Inspector

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Lorna Fitzjohn, Her Majesty's Inspector Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: Department for Education
Clinical commissioning group
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