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Ms Maggie Lilburn, NHS Newcastle Gateshead Clinical Commissioning Group

Deborah Mason, Local area nominated officer

Dear Ms Lock

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

Between 6 February 2017 to 10 February 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Gateshead 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 Care Quality Commission (CQC).

Inspectors spoke with children and young people who have disabilities and/or special educational needs, parents and carers, 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.

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

### **Main findings**

- Senior leaders have a strong commitment to implementing the reforms and ensuring that children and young people who have special educational needs and/or disabilities are safe and achieve the best outcomes.

- The close working partnerships between health, social care and education services are developing into a well-integrated multi-agency approach to meeting the needs of children and young people who have special educational needs and/or disabilities and their families.
- The local area has successfully worked to increase the involvement of children and young people and to give them the support they need to have a stronger and more influential voice. The active young people's forum is a valuable source of information about the difficulties that young people face in Gateshead.
- Multi-agency work is well developed and effective for babies and children aged 0 to 4 years old, for children and young people with complex needs and disabilities, and for children in the care of the local authority.
- There is good evidence of services being jointly commissioned at the outset of the reforms. However, leaders did not take enough account of children and young people's needs, nor did they consider how these services would work in an integrated way. Since 2016, leaders have taken a strategic and coordinated approach to jointly commissioning the services that children, young people and families need.
- Leaders have gathered accurate information about the level of need in the local area. They are starting to use this information to inform future plans and to anticipate where needs may arise in future. The local area's self-evaluation is honest and accurate.
- Processes are in place to gather information for education, health and care plans. Occasionally, however, opportunities for some key staff, such as school nurses and providers in nursery settings, to provide important information and observations about children are missed. Plans are not always written with parents and carers in mind and some contain too much jargon.
- The information, advice and support provided by Parents in Power and Barnardo's are a valuable resource for those seeking additional help and guidance. Parents and carers who know of, and have used, the Autism Information Hub are very satisfied with the support they receive.
- Parents and carers are positive about the work taking place to support their children while at school and at times of transition from nursery to primary and on to secondary school and college. Sometimes vital equipment does not transfer with a young person, especially when they are moving on to further education, and their swift start to learning is delayed.
- The local offer is clear, easy to follow and signposts families to other sources of help and information. However, many families have limited knowledge of the local offer, as do some school staff. There is much work to do to ensure that families know where to get help and how to access the support that they need.

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

### **Strengths**

- Families and new-born babies benefit from the consistent approach to early screening and development checks by midwives and health visitors. These promote good early identification of the needs of babies and young children. There are clear systems in place for health professionals to refer children for further assessments. As a result, children's special educational needs and/or disabilities are identified quickly and accurately. This leads to early engagement with health professionals.
- The pre-school health and care panel acts as a single point of reference for early concerns and, if appropriate, will recommend children for assessment for an education, health and care plan (EHC plan). Children who are not meeting developmental milestones are referred to services, assessed quickly and receive timely support from the most appropriate service to meet their needs.
- There is good delivery of the healthy child programme by health visitors, including a pre-school check at age four, leading up to children entering school. For toddlers aged two and a half years old, an integrated review is in place. This enables appropriate intervention and support for children and their families where the child is making less than expected progress. Children who have sleep problems are well supported by services.
- Children who have hearing impairments and those who have visual impairments are effectively supported by specialist teams who provide very early identification and continuing support and assessment from birth to adulthood.
- Assessments and checks on children and young people, together with early discussions between teachers and parents, mean that concerns about delays in children's development and progress are identified quickly by education providers.
- Completion rates of EHC plans are high and all transfers are completed within timescales. Parents and carers are involved in the production of their children's plans. Some children and young people told inspectors that they have been involved too.
- A positive aspect of the local area's work is the multi-agency support provided for children and young people with complex needs and disabilities and their families. The team around the family (TAF) approach involves identifying individual needs at an early stage in a child's life, with all the relevant agencies involved in assessing the needs of the child and producing a plan of support which is regularly reviewed. Around 20% of all children and young people who have special educational needs and/or disabilities are supported by such teams.
- Services such as speech and language therapy, occupational therapy and physiotherapy work effectively and collaboratively in assessing children and

young people with additional needs. Assessments are detailed and include ideas and suggestions for ways of working with children, particularly in schools. Inspectors saw good evidence of therapists working together to achieve the best possible outcomes for children.

### **Areas for development**

- The identification of new and emerging needs, particularly of school-age children and young people with social, emotional and mental health needs, is not focused strongly enough on early help to prevention.
- Information-gathering in education, health and care planning processes is occasionally fragmented in health services. Some staff are asked about their involvement with and knowledge of a child, whereas others, for example school nurses and providers in nursery settings, are not. This limits the quality of health advice and information in some EHC plans.
- Outdated practice in some primary and secondary schools means that a few parents and carers are not always informed, in ways they understand, about why additional support is being provided for their child. This shows a collective lack of understanding about the principle of co-production.
- Although the local area is completing EHC plans within the required timescale, the quality of some plans could be improved. A lack of clarity in actions and outcomes was noted in some plans. This means that plans are not as useful as they could be in precisely identifying the difference that support is intended to make to children and young people's education and health outcomes.

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

#### **Strengths**

- Most parents are very satisfied that their children's needs are clearly recognised in their plans and with the implementation of plans. Parents and carers have regular meetings and discussions with teachers, care and health professionals to review the impact of the work being done to meet their child's needs. Some parents said they had an active choice in the provision that their child currently attends, especially those who wanted their child to benefit from inclusion in mainstream schools.
- Children and young people who met with inspectors in schools and colleges were generally happy with the support they receive. They were positive about their learning and explained the difference the support had made to them.
- Good arrangements are in place to support children who have special educational needs and/or disabilities to make the transition to the next phase of education and into college. For example, at the earliest stage, when children transfer from nursery settings into school, teachers from the receiving school visit the nursery to observe them and seek information from nursery

staff to help the smooth transition of children into a new setting. Where possible, nursery staff accompany children to their new school to support their transition. A standard early years transfer document is used as part of the process. This helps children to settle quickly and ensures good information-sharing.

- Coordination between education and social care agencies working with children and young people who are in the care of the local authority is effective. Children who have special educational needs and/or disabilities and who require emergency placements are very well supported by social care services.
- Children and young people who have special educational needs and/or disabilities who are educated out of borough receive good support from the local area. Local area leaders ensure, through attendance at annual reviews and frequent visits, that children and young people are making progress. Short breaks are well aligned to individual pupils' needs and plans.
- A very small number of children and young people who have special educational needs and/or disabilities are electively educated at home. Access to further advice, support and procedures for requesting assessments are clear.
- Families who use the local area's special educational needs and disabilities information, advice and support service (SENDIASS), provided by Barnardo's in Gateshead, and the parent and carer partnership, known as 'Parents in Power', feel well supported. The number of parents and carers who self-refer to these services is increasing as a result of their effective support.
- Leaders in Gateshead have actively encouraged and developed the voice and influence of children and young people who have special educational needs and/or disabilities. Children and young people who attend the Young People's Forum, for example, are well informed, confident and articulate in giving their views. Their cogent arguments helped to avert a reduction in overnight short-breaks and residential stays at Grove House. Local area leaders are starting to canvass the opinion of children and young people who have used child and adolescent mental health services (CAMHS) in order to remodel the way services are delivered.

### **Areas for development**

- The language used in children and young people's EHC plans is not always clear to them or their parents and carers. Not enough care is taken to write plans clearly and to avoid using specialist clinical terms.
- The local offer is detailed and meets requirements but a lot of families and professionals do not use it. Often, parents and carers access information and advice by other means. For example, in one nursery it was recognised that not all parents had internet access and information was printed in order that

they could benefit from the detailed information it contains. Local area leaders need to do more to make sure that the local offer is widely understood and used.

- The use of interpreting services is inconsistent because the responsibility for funding them is unclear in Gateshead. Good interpreting services are important in ensuring the effective engagement of children, young people, parents and carers.
- At points of transition, equipment does not always transfer with children and young people when they leave or move to another school, academy or college. This means that there is a risk that children and young people will be left without the vital equipment they need.
- The local area commissions a speech and language therapy service to provide support for children and young people aged 0 to 18 and up to 19 years of age if the young person remains in education. For young people over 18, there are gaps in this provision and the quality of the service is variable.

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

### **Strengths**

- An improving trend in educational outcomes and progress is evident in Gateshead since the special educational needs reforms were introduced. Upward trends are stronger in the early years and primary phases than in secondary and post-16.
- Most children in the early years are making a positive start to their education as a result of effective joint work and timely support from education, health and care services.
- Between key stages 1 and 2, in 2016, pupils who received support for their special educational needs made progress in reading, writing and mathematics that is comparable with, and sometimes better than, the progress made by other children nationally with similar starting points.
- Leaders believe that children and young people's special educational needs and/or disabilities are not a barrier to their achievement. They monitor the gaps between the progress that children and young people who have special educational needs and/or disabilities make compared to their peers in every provision in Gateshead and wherever children and young people are placed. Leaders delve deeper and take prompt action when they are concerned about rates of progress. Plans to secure improvement in outcomes for children and young people who have special educational needs and/or disabilities are monitored effectively by local area leaders.
- Participation rates of post-16 and post-19-year-olds who have a statement of special needs or an EHC plan in education and training are improving as a

result of more effective and coherent work to identify the barriers they experience.

- The extension of services and support beyond ages 16 and 18 is embedded and all young people have a place on a suitable course or a suitable placement. Well-coordinated, personalised learning programmes are developing in all post-16 providers in response to structured work by the local area. As a result, the range and quality of courses is improving.
- Increasing numbers of young people who have special educational needs and/or disabilities are successful in gaining the qualifications they need to move onto the next phase of education, training and employment. From a low baseline, the number of supported internships, apprenticeships and work placements is increasing. This is helping young people to enter employment with the skills and confidence they need.
- Support to prepare young people who have special educational needs and/or disabilities for adulthood is effective. Increasing numbers of young adults with learning disabilities have more choice and the opportunity to make decisions about where they live and who they live with. This is as a result of a wider range of schemes, including supported independent living, home ownership and shared tenancies in Gateshead.
- There are clear transition pathways within health services for young people at the age of 18 who have psychoses or learning disabilities. This enables young people to have continued access to services that support their identified and assessed mental health needs.
- Local area leaders have appointed a designated clinical officer (DCO) to support the clinical commissioning group (CCG) in meeting their special educational needs responsibilities. The DCO has a background relevant to the responsibilities of the post and is extremely knowledgeable about special educational needs and the work of all agencies.
- Accessible, high-quality information, produced by the CCG, is helping parents know when to seek advice and prevent children being taken to hospital or to the doctor unnecessarily.

### **Areas for development**

- While pupils who have EHC plans make increasingly strong progress in their communication, reading and mathematics skills, their progress is slower in secondary schools than it is in primary schools.
- Young people in secondary schools are largely positive about the support and teaching they receive. However, a small number are not always challenged as well as they would like and, as a result, they do not always make the swifter progress they want.
- The local area is meeting its legal responsibility to provide personal budgets to support young people who are moving into adult services at age 18. However,

there is more to do to explain the opportunities and options well in advance so that parents, carers and young people can make informed choices and plan ahead.

- Young people who have special educational needs and/or disabilities want to be able to travel independently in the same way as other young people. The need to better coordinate independent travel training and increase provision to meet demand is recognised by the local area. However, arrangements to do so are not underpinned by an audit of this demand or young people’s needs.
- Not all staff have accessed training about the special educational needs reforms, and some confusion exists. The health and care elements of EHC plans are sometimes misunderstood. A number of examples were cited whereby children who were deemed academically able and had additional difficulties were considered as not requiring such plans, despite the views of other professionals. Professionals were not always aware of how to request an education, health and care plan or their right to appeal.
- There are few families who are in receipt of personal health budgets. Commissioners have recognised that this is an important area for development.

Yours sincerely

Gina White  
**Her Majesty’s Inspector**

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