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Dear Ms Hagger

Joint local area SEND inspection in Northamptonshire

From 15 May 2017 to 19 May 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Northamptonshire 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 two Children's Services Inspectors from the Care Quality Commission (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 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 strengths and areas for further improvement.

Main findings

- Leaders from across education, health and care share a strong commitment to improving outcomes for children and young people who have special educational needs and/or disabilities. Local area leaders have worked effectively together to secure improvements, including improvements to mechanisms to help keep children and young people who have special educational needs and/or disabilities safe.
- Leaders are reflective and their self-evaluation is broadly accurate. Work to secure improvement is suitably focused and is making a difference. Leaders recognise that their understanding of the impact of their work on improving outcomes has often not been precise and plans for improvement not consistently sharp. The new director of children's services (DCS) and the designated clinical officer (DCO) have brought renewed clarity and insight since taking up post last autumn. Lines of accountability are clearer and sharper. Senior leadership capacity has been strengthened and a more coherent strategy is being put in place. This is leading to even more joined-up approaches between education, health and care services. The local area is well placed to secure further improvement.
- The local area's approach to identifying children and young people's special educational needs and/or disabilities is increasingly effective. Typically, agencies work well together to ensure that children's needs are identified and assessed quickly and suitable provision is put into place.
- The Inclusion Network, run by the special school teaching alliance in partnership with the local authority, provides highly valued support to schools across Northamptonshire. The network makes a strong contribution to improving provision for children who have special educational needs and/or disabilities.
- A high proportion of new education, health and care plans (EHCP) are completed in the required timescale. The local area is on track to meet the 2018 deadline for transferring from statements of special educational needs to EHCP. The time taken to complete a transfer has much improved in the last six months.
- The local area has embraced co-production, consulting with children, young people and their families in order to improve services.
- The voice of the child is typically captured well in EHCPs. However, the extent to which the outcomes defined in plans closely match children and young people's needs and aspirations is variable.
- Children and young people who have special educational needs and/or disabilities achieve well in the area's special schools, all of which are at least judged to be 'good' by Ofsted, and a high proportion outstanding. The academic achievement of this group of pupils in mainstream schools is more variable. Work to improve provision is making a difference. Pupils' attainment by the end of key stage 2 has improved steadily in recent years and is close to that of similar pupils nationally. However, pupils' progress by the end of both key stages 2 and 4

remains lower than that of other pupils with similar starting points.

- Work to secure the post-16 education and training experiences that would enable young people who have special educational needs and/or disabilities to progress successfully into employment is at a relatively early stage. However, improved understanding and communication between area leaders and providers is starting to make a difference.

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 ensuring that accurate and timely identification is effective and is becoming increasingly successful.
- The successful implementation of the 'healthy child programme' and clear arrangements between services across the local area ensure that children who have special educational needs and/or disabilities are identified at a suitably early stage.
- Children's centres play a key role in early identification and the library service contributes well to this. Trained staff offer support and advice to parents who might have underlying concerns about their children. Activities, such as the 'book start' reading programme, enable children to be assessed at an early stage against basic development targets. Library staff refer children on to a children's centre for further assessment when needed.
- A range of services, including portage, the autism service and early help services, have been brought together into a single specialist support service (SSS) to ensure strengths in existing practice, such as in the portage service, are built on and shared across services.
- Professionals typically have a shared understanding of when an EHCP is needed. Effective communication and training across the area have ensured that professionals understand and can apply the Northamptonshire special education needs descriptors accurately. As a result, the proportion of children with a statement or EHCP is now in line with the national average, having previously been high.
- Local area officers keep track of the timeliness of new assessments and conversions. A high proportion of new plans is issued within the 20-week timescale. The timeliness of statements converting to education, health and care plans has increased notably in the last year. The local area is on track to meet the 2018 deadline for transferring all statements to plans.
- The 'high needs panel' supports a robust approach to ensuring the effective identification of children without a statement or plan who need support beyond that which the school can provide from existing funding. Clear criteria for applications, and regular reviews of the impact of the funding granted, help to

ensure accurate identification of need and good value for money.

- Transition arrangements from paediatric health services to equivalent services are timely and effective. Routine planning includes dialogue between practitioners and young people to ensure that appropriate provision for continued care and support is in place. This can begin as early as age 14, especially where complex needs are identified.
- The local area has made good use of census information to identify the projected future growth in the volume of children and young people who will need specialist educational provision. New special schools are being created to meet growing demand. Two new special schools and a special free school have opened in the last year.

Areas for development

- Although education health and care plans have some consistent strengths, some aspects need further attention. Plans clearly capture the voice of the child and their ambitions and needs. The provision and the small steps needed to achieve well educationally are also well defined. The plan is a useful tool for reviewing the child's progress and effectiveness of the provision. However, the provision needed to meet the child or young person's health and care needs and fully prepare them for adulthood is often not so clearly defined.
- Professionals' understanding of what they should regard as a 'care need' for children and young people below the threshold for social care is variable. EHCPs typically do not make reference to the care children and young people might need to engage in the community and be as independent as possible. For example, when parents or a young adult receive a direct payment, the purpose of this is not routinely defined in the EHCP. Plans also do not consistently reference when a child is receiving support from social services.
- The health outcomes defined in EHCPs are often very generic. For example, the outcome recorded in the health section of a plan quite often just states that medical advice should be sought and followed. The specific provision needed, the outcome to be achieved, and the responsible professionals are not always clearly defined. The employment and independent living outcomes that young people aspire to, and the nature of the provision needed to realise these, are also typically not well defined.
- At times, out-of-date information is used to inform the transference of a statement to an EHCP. As a result, some plans are not sharply focused on meeting the child or young person's current needs. A number of parents raised concerns about this.
- A small proportion of parents expressed frustrations about the timeliness of assessments when a child is reaching the end of a key stage and due to move to a new provider. Of particular frustration has been the timeliness of assessments in advance of moves to post-16 and post-18 education. The situation is improving but leaders rightly recognise that this remains an area for attention.

- There has been a lack of clarity across the local area about what level of need would signal that an EHCP might be required post-16 and post-18. This has created anxiety among some parents. Typically, leaders now have a better understanding of this area of work than they did previously. This, combined with more effective communication with schools and post-16 providers, is helping to improve the situation.

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

Strengths

- Clear, joined-up arrangements are in place for referring children and young people to the correct services for assessment. The referral management centre provides a single referral point for professionals from different agencies across the local area. This helps to ensure that referrals are passed through to the most appropriate service to assess and meet children and young people's needs. The 'multi-disciplinary integrated panel' reviews cases on a weekly basis that are difficult to signpost to ensure that the referrals are passed on to the correct team.
- Leaders use a range of appropriate strategies to review and improve the effectiveness of assessments and provision in the early years. Feedback from parents, regular sampling of assessments and moderation of progress checks for two-year-olds help to highlight areas for attention. This is helping to ensure a more joined-up approach. For example, children assessed in an early years setting now automatically receive a health visitor assessment to ensure that their health needs are fully assessed.
- The local area is taking effective action to ensure that early years settings and schools are well equipped to assess and meet the needs of pupils who have special educational needs and/or disabilities.
- The 'talking success' programme, run by the speech and language therapy service, has equipped school practitioners with the skills needed to identify and support children with speech, language and communication needs and prioritise children who will need referral to specialist services.
- The introduction of the 'developing and enhancing early language programme' (DEEL) is promoting effective practice across early years settings. The programme provides a helpful range of training and support for practitioners and parents.
- School leaders have benefited from a range of support from the Inclusion Network. A high proportion of the area's schools engage in the activities of the network. Conferences and events, specialist advice and bespoke support have all contributed to improved assessment and provision in schools.
- The local area has implemented a range of successful strategies to help schools to meet the needs of children with social, emotional and mental health needs

(SEMH). This includes a multi-agency SEMH panel where pupils and schools that need support are identified. The support provided includes educational psychology assistants working in schools to equip practitioners with useful strategies to support pupils with SEMH. An indicator of the success of this work is the drop in permanent and fixed-term exclusions.

- Local area leaders display a clear commitment to co-production with children, young people and their families. Strong links with the Northants Parent Carer Forum (NPPFG) help leaders to gain insight into parents' and carers' experiences and to identify areas for improvement. The forum reports success in improving transport provision and access to autism services.
- Regular communication with the young people's group 'shooting stars' has proved an effective way for professionals to better understand the views and experiences of young people and involve them in planning events and improving communication in the local area. For example, young people from the group worked with the local area to co-produce an easy read guide to the local offer. A consultation is currently underway to improve the way young people's transport needs are captured in EHCPs.
- Both NPF and shooting stars have been fully involved in planning the recent series of '20:20' consultation events. Leaders are committed to ensuring that the findings from these events will play a key part in informing the development of the local area's new three-year strategy and action plan.
- At individual level, the 'one page profile' is proving an increasingly useful tool for capturing the voice of the child in their EHCP and identifying provision that will meet their needs effectively.
- The local offer is easily accessible to stakeholders. It is comprehensive, informative and straightforward to navigate, and has an active social media profile.
- Parents value the advice and support provided by the well-utilised information advice and support service (IASS). The advice provided helps parents to successfully navigate their way through a broad and complex range of services.

Areas for development

- The extent to which mainstream schools meet the needs of children and young people who have special educational needs and/or disabilities is variable. Provision is improving and pupils spoken to during the inspection were typically very positive about their experience of school and felt well supported. However, leaders recognise there is more to be done to ensure that this is more consistently the case across the area.
- Parents' understanding and experiences of the assessment process are very dependent on the school their child attends. Where teaching is not effective in meeting the needs of pupils, parents are understandably concerned. Unsurprisingly, parents sometimes believe that the only solution is to request that their child receives an EHCP, and are frustrated when informed that their

child is not eligible. In some cases, this is compounded by poor communication between schools and parents about additional support that is already in place.

- The local offer, although comprehensive and informative, is not consistently well utilised. Parents spoken to were, in the main, not aware of it.
- Parental appeals to tribunals have increased notably in the past two years. Unsuccessful applications for assessment for an EHCP have been a main cause of this increase. Applicants often make a second improved application which is approved. The local authority does therefore not contest the original appeal. Leaders have sensibly set up 'way forward' meetings to smooth the application process and reduce appeals. It is too soon to see the impact of these on tribunals and parental satisfaction.
- Although children and their families are typically happy with health provision, there is some concern about the lack of communication between doctors of various disciplines, including GPs. Young people spoke of the frustration of having to tell their whole 'story' over again every time they have a consultation with a doctor they have not met before.
- The extent to which young people who have special educational needs and/or disabilities have their needs met as they progress towards adulthood are very variable. Post-16 courses on offer for those working below level 2 are not consistently providing sufficient opportunities for young people to undertake supported work-based learning, clearly linked to progression into paid work. Local area providers and parents commented on the lack of identified employers willing to take on young people for traineeships and similar courses.

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

Strengths

- The training and support provided by the Inclusion Network is helping school leaders to improve the quality of provision for pupils who have special educational needs and/or disabilities. Programmes such as DEEL and 'talking success' also make a strong contribution.
- Many young people spoken to during the inspection reported that they have had their voice heard in annual reviews. This had helpfully informed the plans for their next steps and has helped them to achieve well.
- The achievement of children and young people who have special educational needs and/or disabilities in the early years and by the end of key stage 2 is improving. Pupils' attainment has risen in recent years and is close to the national figure for similar pupils. Attainment in English and mathematics at the end key stage 4 has also improved, although not as strongly.
- All special schools in the local area are at least good and the majority are outstanding. Outcomes for pupils in these schools are typically strong.

- Pupils with a statement or an EHCP have low levels of school absence in comparison with similar pupils nationally. The proportion of these pupils with poor attendance has decreased over three years and is lower than the national figure. The attendance of pupils who have special educational needs and/or disabilities, but are without a statement or an EHCP, is in line with the national figure.
- Leaders recognised and took effective action to tackle a notable rise in exclusions of pupils who have special educational and/or disabilities that occurred between 2013 and 2015. As a result, incidents of fixed-term exclusions have subsequently decreased and rates of permanent exclusion are now low.
- The children and young people with whom inspectors met were typically positive about the range of activities they could access in their local community. These included various leisure opportunities, including clubs for sport, drama, art and dance.
- Special schools' nurses provide useful training to school staff, in special and mainstream schools. This helps to ensure that children and young people who have special educational needs and/or disabilities are able to take part successfully in educational visits and residential trips.

Areas for development

- The progress of children and young people who have special educational needs and/or disabilities without a statement or an EHCP varies considerably depending on the effectiveness of the school they attend. In 2016 pupils' progress by the end of key stage 2 and key stage 4 was below that of other pupils with similar starting points, in the county and nationally. Work across the area to improve provision for these pupils is making a difference. However, it is too soon to see the full impact of this on pupils' progress at the end of primary and secondary school.
- The proportion of pupils with an EHCP meeting the expected standard in the national phonics screening check was well below similar pupils nationally in 2016. Area leaders have rightly placed a high priority on equipping teachers and support staff with the skills and approaches needed to develop children's speaking and listening skills, through the DEEL programme. However, it is too soon to see the impact of this on children's improved phonics skills at the end of Year 1.
- The local area's approach to securing improvement, although broadly successful, has had some limitations. Until recently, the body with oversight of the strategy for children and young people with special educational needs and/or disabilities, the disabled children's and young people's delivery group (DCYPDG), did not have a clear line of accountability. Last autumn, area leaders made the wise decision to place the DCYPDG under the auspices of the 'Northamptonshire health and well-being board'. This has ensured that the DCYPDG is now clearly accountable to the DCS, DCO, executive level leaders and elected members.

- The local area’s own evaluation of its effectiveness in improving outcomes is broadly accurate. However, leaders have not kept an incisive understanding of the extent to which improved approaches to identification and assessment are leading to improved outcomes across the local area. Consequently, plans for improvement have not been consistently sharp. At times, leaders have restricted self-evaluation to checking that new approaches are in place, rather than considering the difference these have made to children, young people and their families.
- Local area leaders recognise there is still work to do to clarify the exact starting points for development work and enable sharp planning and evaluation. Encouragingly, recent moves to increase leadership capacity are starting to make a difference and a sound strategy for further improvement is being put in place.

Yours sincerely

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