

29 August 2017

Ms Florence Kroll
Director of Children's Services
Royal Borough of Greenwich
35 Wellington Street
Woolwich
SE18 6HQ

Ms Joanne Murfitt, Chief Officer, Greenwich Clinical Commissioning Group
Ms Tracy Russell, local area nominated officer

Dear Ms Kroll

Joint local area SEND inspection in the Royal Borough of Greenwich

Between 10 July 2017 and 14 July 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Greenwich 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 in the local area have interpreted the reforms skilfully when planning improvements in the provision for children and young people who have special educational needs and/or disabilities. High aspirations are at the heart of leaders' work. As a result, outcomes are improving.

- People working in the local area report feeling supported, well trained and able to influence change. They say that the reforms and the local area's former Pathfinder status have led to improvements in training and support for their staff. They appreciate easier and quicker routes to accessing services brought about by leaders' actions in response to the reforms.
- Leaders have ensured that arrangements for joint commissioning are effective. Leaders from health, education and social care services work together efficiently when planning and budgeting for services. The co-production of services, advice and guidance (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) is well understood by local area partners, young people, parents and carers. Inspectors learned of a range of services and support which was working better because a range of views had been considered. For example, young commissioners have designed the questionnaire for interviews held when a young person returns home after going missing. The parent carer forum, Greenwich Parent Voice, was involved in the relocation and redesign of the integrated therapies service and the 0 to 19 public health nursing service. Greenwich Parent Voice representatives describe recently improved relationships with all partners, which have led to better planning, monitoring and evaluation of co-production.
- Education, health and social care professionals collaborate well. They understand one another's work. This allows timely and effective working to improve outcomes for children and young people.
- Leaders have evaluated the local area's strengths accurately. They have based their analysis on secure evidence and have understood the spirit of the reforms. Leaders take an honest and open approach to assessing weaker areas and setting in place clear plans for improvement.
- Children and young people who have special educational needs and/or disabilities are strengthening their progress compared to others nationally in both primary and secondary schools. Leaders in the local area accurately and effectively evaluate any relative weaknesses in the progress of particular groups of pupils. They use this information well to set priorities for further improvement.
- The proportion of young people who stay within education, employment or training is increasing. However, leaders recognise that the work of preparing young people for adulthood does not start early enough in some cases.
- Children and young people in Greenwich say that they feel safe in their schools and local communities. Effective opportunities exist for them to learn important skills to improve their independence. Leaders in the local area understand the prevalent risks in the community. For example, they are aware of gang-related incidents locally. A small number of young people told inspectors that they had witnessed this in their school, but were confident that staff were there to keep them safe.
- There is currently no designated medical officer (DMO) or designated clinical officer (DCO) in Greenwich. This limits oversight of health professionals'

contribution to the special educational needs and/or disabilities (SEND) reforms and the involvement of health leaders in strategic developments.

- Leaders in the local area recognise that the proportion of new education, health and care plans (EHC plans) completed within the 20-week timeframe is too low. Recent improvements to the local area's strategy for improving the pace of this process are leading to well-founded confidence in the impact of planned improvements.
- The process of transfer from statements of educational need to EHC plans has been too slow. Changes in leadership and the use of inefficient software systems to store and organise information have held up timescales.
- The local offer is available on the internet and includes a wide range of information about services, sources of support and advice. However, some parents are not aware of this offer and others told inspectors of their difficulties in either gaining access to or understanding the information it contains.

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

Strengths

- Leaders in the local area have made effective decisions, acting on suggestions from parents, to locate services involved in early identification of children's needs in children's centres. This is contributing well to the early identification of needs in the local area.
- Multi-therapy appointments (where a child requires input from three or more health professionals) are now coordinated and carried out at the child's home. This 'tell it once' assessment supports accurate identification of needs. Greenwich Parent Voice members reported that feedback from parents has been 'overwhelmingly positive'. One parent said, 'Once you're locked in to the system you feel like you are in safe hands.'
- School leaders say that the support provided by the local area helps them to identify the needs of pupils before an EHC plan assessment is completed. As a result the most appropriate placement for the child or young person can be decided earlier.
- The youth offending team capitalise on opportunities to identify the needs of young people while in custody. They act effectively to reduce the proportion leaving custody without a place in education, employment or training.
- Children and young people from families in the armed forces who move into the area benefit from leaders' response to the reforms. Educational psychologists from the local area work with those from the Ministry of Defence to help pick up needs which may have been missed previously.
- Children of parents in domestic violence refuges benefit from effective arrangements to check that their needs are identified accurately.

- Children looked after have timely assessments of their health needs. In the most recent three-month time period, all children coming into care had an initial health assessment within statutory timescales. Ninety-seven per cent of children in care had their review health assessments within required timescales in the same period. The significant improvement in the timely identification of needs in this cohort has been achieved through partnership working and implementation of early escalation processes. Children looked after placed out of area benefit from continuity of provision. The nurses of the children looked after travel to complete review health assessments and child and adolescent mental health services (CAMHS) practitioners can travel up to 60 miles out of borough to engage young people in therapeutic interventions. This means that professionals in the placement area better understand a child's background and needs.

Areas for development

- Children and young people referred for autistic spectrum disorder (ASD) assessments wait too long to complete the assessment process (12 months). Although waiting times have been halved over the last year, there is still further work to do. The local area have realistic plans in place to reduce the waiting times further, including accounting for the rising numbers of children and young people referred and diagnosed with ASD.
- There is currently no DMO or DCO in Greenwich. This means that oversight of health practitioners' contribution to the SEND reforms is limited. The clinical commissioning group (CCG) is committed to recruiting to the post.
- Timescales for conversion of statements to EHC plans remain a challenge. Local leaders recognise that the pace of conversion must pick up in order for the statutory deadline to be met. A strategy has been drawn up which sets out how the conversions will be completed by the April 2018 deadline. Leaders are rightly confident that this key deadline will now be met.
- The proportion of new EHC plans completed within 20 weeks is too low. Some parents think that the progress leaders have made in the conversion process is not good enough. The current 20-week timescales have reduced from 40% to 30%. This does not represent a sufficiently rapid improvement.
- Weaknesses in the organisation of information and a period of instability in leadership have meant that a coherent strategy for meeting timescales has only recently emerged. Some parents expressed concern about what they perceived as recruitment problems within the area, which they think has meant that assessments have not been carried out in a timely or effective manner.
- Identification of needs by the 0 to 19 years public health nursing service is limited. Only 60% of children have had a one-year review and a similar proportion of two-and-a-half-year-olds receive an integrated developmental review. This means that some children's needs are not identified at the earliest opportunity. Leaders in the local area recognise this and are monitoring the early impact of changes they have made to services.

- Leaders in the local area recognise that the needs of some groups of children and young people should be identified more effectively. For example, the arrangements for identifying the social, emotional and mental health needs of girls in key stage 3 are rightly seen as a priority for improvement.

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

Strengths

- Multi-agency working in Greenwich is strong. The needs of children and young people are being met in a timely manner as a result of this. For example, therapies services communicate effectively with education professionals to ensure that children can continue with planned activities when their health needs could be a barrier to participation.
- Joint commissioning is well developed. People know each other well and understand one another's work. Senior leaders in schools report feeling well-informed and included in the process as both users of services and partners in developing strategy. Young people feel involved in this work. They play a part in recruitment of professionals and bring their views to bear on the development of services which they are primary users of, such as youth clubs. Various child participation groups have been involved in the development (and redevelopment) of the local offer website.
- Area events intended to share good practice such as special educational needs coordinator network meetings are beneficial in helping professionals meet the needs of children and young people. Leaders in the area are mindful of highlighting and sharing good practice at networking events. Training and support for school governors helps them understand and challenge school leaders to respond to the reforms.
- Schools and other providers are positive about the improvements brought about by replacing statements with EHC plans. These typically include a broader range of objectives related to outcomes in education, health and social inclusion. Since the reforms, schools and parents report that the views of children are better captured during the EHC plan assessment process. As a result, the EHC plan has the child at its heart and some professionals report the process as being 'cathartic'. Young adults feel central to their EHC plan. They have regular meetings with staff to review their progress and are able to add new outcomes to their plans.
- Ninety-two per cent of the private, voluntary and independent nursery settings have received training and support, which has led to an increase in confidence to meet the needs of children and deliver individual programmes where required.
- There are examples of innovative commissioning to meet the needs of young people in Greenwich. For example, Oxleas Foundation Trust have subcontracted to Charlton Athletic Community Trust (CACT) to deliver some school nursing work

(Year 11 and Year 12). This means that children and young people have opportunities to engage with professionals that they may already know. It also gives boys more opportunity to work with male role models, which has been identified as a priority by leaders.

- A 'tell it once' approach is supported in practice by health professionals. For example, the children's community nursing team work with other professionals in the child development unit when a discharge from this service is being considered.
- Therapeutic service provision in Greenwich is centred on the needs of the child. Therapists provide effective support for other professionals working with children and young people who have special educational needs and/or disabilities. For example, CAMHS professionals provide training to social workers, speech and language therapists and education professionals. This helps children and young people develop the skills they need to participate in a broader range of social activities.
- Some therapy services offer community groups to empower children and young people to engage in activities with their peers. This includes a bike group, tricycle assessment groups and hydrotherapy sessions that progress to public swimming pool-based activities. Young people are encouraged to plan their own travel routes to access the groups, which supports independence and preparation for adulthood.
- Health services use feedback from parents to further improve service delivery. For example, the integrated therapies team consulted with Greenwich Parent Voice, which led to services being delivered through children's centres.
- A well-established and valued music therapy service in Greenwich is supporting children and young people who have special educational needs and/or disabilities. Teachers say that this work is improving children's resilience when learning. As a result, this service is supporting children and young people well in securing better education outcomes.
- High-quality support from Greenwich services specialising in hearing impairment, visual impairment and autistic spectrum disorders is consistently described as being of high quality by education settings and parents. For example, the 'I Can' provision for children aged between two and three is effective in meeting the needs of pupils who have speech and language difficulties.
- Schools are clear about what is offered by therapeutic services, which means that they can use funds appropriately to obtain additional services to meet children's needs.
- The parent forum in the local area, Greenwich Parent Voice, is well known, popular and seen as effective by providers, parents and carers.
- Learners in college with medical conditions play a full and active part in college life. Staff report being well trained and supported by health professionals to ensure that young people's needs are better understood.

- Children and young people are typically positive about the specialists they meet in health and education and can explain how they are being helped.

Areas for development

- Not enough parents and carers are aware of the local offer and other services such as the local independent information, advice and support service and Greenwich Parent Voice. A number of parents say that they do not know what support is available to them. Some parents think that the location of some services prevents them from accessing assessments or support because they live too far away from where this is provided. Some parents who speak English as an additional language say that there is little support or information for them to access in their first or second language. The methods used by leaders in the local area to increase access to internet-based information and guidance need to develop further.
- Not enough use is made of opportunities provided by the short breaks programme to support progress towards EHC plan objectives. This is particularly evident in relation to the participation of children and young people in the community. Professionals do not consistently consider the EHC plan objectives relating to social inclusion when planning short-break activities.
- Some parents say that they have had to tell the story of their child more than once in Greenwich. They believe that staff shortages have contributed to this. Some school leaders also expressed concerns that the pressures on staffing in the central team have led to delays in responding to amendments suggested by parents in EHC plan reviews.

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

Strengths

- Young people in a college setting report that ambitious targets combined with the support and aspiration of their parents and college staff are pushing them to achieve well and get good results. The proportion of 19-year-olds qualified to level 2 and level 3 is improving. Potential barriers to participation in higher education, due to limitations in social development, are being successfully overcome.
- Young people who have special educational needs and/or disabilities have high aspirations to go on to employment and/or university. They are clear about the pathways available to support them in realising their ambitions.
- Children in the early years who have special educational needs and/or disabilities make good progress. The proportion reaching a good level of development has increased as a result of more effective identification of their needs at an early stage in their education.

- Pupils in school who have special educational needs and/or disabilities make substantial progress, including those without EHC plans. School improvement services say that the reforms have strengthened their capacity to challenge schools. Carefully considered objectives ensure that older pupils sustain progress in their personal development, including when they move to the next stage of their education. Leaders have implemented systems which have improved the way that leaders monitor this process.
- Transitions panels, attended by health professionals, provide a valuable platform for professionals to share information about children and young people. This ensures that the appropriate plans are in place to support their transition to adulthood. Parents and young people's views are at the heart of these plans.
- Children and young people are securing better outcomes in developing life skills. One parent said, 'We've been supporting my child to catch the bus on his own. I was far more worried than he was but he now uses public transport confidently. I couldn't ask for anything more!'
- The short breaks strategy is effective in ensuring that children and young people broaden and sustain their social and cultural development.
- Leaders in the local area are acting positively on the reforms to sustain outcomes for children looked after who have special educational needs and/or disabilities. Partnership work with social workers and the sharply-focused work of the virtual school ensure that objectives in EHC plans are more personalised. Training given to social workers in raising awareness of the reforms has made a difference. Health professionals are well engaged in the EHC plan processes. This allows appropriate and timely contribution to EHC plans and includes representation at panel meetings.
- There have been no permanent exclusions for pupils who have special educational needs and/or disabilities in primary schools. Rates of fixed-term exclusions are reducing overall, particularly for pupils without EHC plans. Leaders' commitment to inclusion and skilful exchange of expertise is sustaining these improvements.
- The proportion of young people who have special educational needs and/or disabilities who remain in education, employment or training is improving as a result of the reforms. Leaders have wisely decided to focus efforts on checking that young people endure in their placements and using the reforms to ensure a better match with the interests and needs of young people.
- Therapists regularly review the impact of their work on outcomes for children. Leaders in the service use these reviews effectively to hold frontline staff to account for their work. Young people recognise the benefit of this. For example, recently, four-fifths of young people receiving adolescent CAMHS services reported improved outcomes as a result of their engagement with this service.
- Health professionals are committed to improving preparation for adulthood for children and young people. Young people with EHC plans can access the integrated therapies service until they are 25 years of age. The MOVE (Moving

Opportunities Via Education) programme in physiotherapy identifies opportunities for independent mobility in childhood and school nurses review public health outcomes for 18- to 19-year-olds. This shows some evidence of preparation for adulthood in some services that young people may access.

Areas for development

- Some children and young people are poorly prepared by health services for adult life. Practice is not underpinned by a locally shared vision and policy, and, as a result, preparation does not consistently start early enough.
- Some parents say that they are anxious about arrangements for children and young people moving on into education, employment and training. Leaders in the local area recognise that current transition arrangements need strengthening, particularly the closer a child gets to adulthood.
- Too many boys placed in special schools are excluded.
- The progress of pupils who have special educational needs and/or disabilities is not as strong in key stage 4 as it is in key stage 2.
- Progress in mathematics in key stage 2, particularly for girls who have special educational needs and/or disabilities, is not as strong as it is for boys or in English.
- A small number of young adults feel that their anxiety is caused by 'people fighting' and an awareness of gun and knife crime. They felt this limited their ability to be as independent as they wanted to be.

Yours sincerely

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Cc: DfE Department for Education
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