

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



22 June 2018

Mr Ewen Weir  
Director of Children's Services, Newcastle upon Tyne  
Civic Centre  
Barras Bridge  
Newcastle upon Tyne  
NE1 8PU

Dr Mark Dornan, Clinical Chair at NHS Newcastle Gateshead CCG  
Amber Burton, Local Area Nominated Officer, Newcastle City Council

Dear Mr Weir

### **Joint local area SEND inspection in Newcastle upon Tyne**

Between 30 April 2018 and 4 May 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Newcastle upon Tyne 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 (SEN) and/or disabilities, parents and carers, along with local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a variety 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, including some areas of strength and areas for further improvement.

## Main findings

- Newcastle local area has made slow progress in implementing the disability and special educational needs reforms since 2014. There are significant weaknesses in the strategic leadership and governance of these reforms. The absence of an effective strategy that is known and understood by all partners has hindered progress in the local area.
- Local area leaders have not made sure that arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities are effective. Leaders have not identified a meaningful range of outcomes to measure improvements in children and young people's education, health and care.
- Leaders' ability to jointly plan, commission and provide the services children, young people and families need is at an early stage of development. Consequently, the need for specialist services for autistic spectrum disorder, speech, language and communication, and social, emotional and mental healthcare needs outstrips current provision in the local area.
- The clinical commissioning group (CCG) does not have a thorough enough understanding of the local area's effectiveness or its statutory responsibilities for children and young people who have SEN and/or disabilities. This impedes its ability to tackle weaknesses and sustain good practice.
- Currently, local area leaders do not have an effective way of evaluating the quality of their work and the impact it has on improving outcomes for children and young people who have SEN and/or disabilities.
- Children, young people, parents and carers have a mixed experience of the services they receive and the difference they make. Some have received timely and effective support as soon as their children's needs have been diagnosed, while others report that getting the support their children need is a 'fight'.
- Consultation with parents, carers, children and young people takes place. However, strategic co-production, whereby those who provide services involve children, young people and families in meaningful discussion and strategic decision-making, remains an aspiration.
- Local area leaders have been slow to respond to the findings of external surveys, including the Healthwatch survey of parents' and carers' views, in a timely way.
- Dedicated and committed frontline staff in education, health and care work hard to help individual children, young people and families find the help they need. Formal support services for parents and carers and informal online networks provide useful information about sources of help and support.

- Services to identify, meet and support the needs of children and young people who have a visual or hearing impairment are a strength in Newcastle. Children, young people and their families value the specialist help they receive and the difference these services make to their achievement, care and well-being.
- The local area's focus on preparing children and young people who have SEN and/or disabilities for employment is raising their ambitions and increasing their aspirations. A series of small, focused projects and initiatives are enabling some young people to secure paid employment. This brings additional benefits to their confidence, independence, health and well-being.
- Local leaders and frontline staff are knowledgeable about the additional risks and increased vulnerability of children and young people who have SEN and/or disabilities. Training and recommendations from recent safeguarding reviews have been shared across Newcastle and further steps have been taken to keep children and young people who have SEN and/or disabilities safe. Children and young people told inspectors that they feel safe.

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

#### **Strengths**

- The identification of children and young people who have hearing or visual impairment is swift and effective. Parents appreciate the efficient response from services, 'sometimes within a couple of hours of hearing their children's diagnoses'. A bespoke approach to identifying the education, health and social care needs of each child or young person is valued by parents. Parents also told inspectors that specialist teams answer their questions, provide valuable information and tell them where they can get support and help.
- Generally, the identification of children's needs, at the earliest opportunity through neonatal screening checks, is established and works effectively. Effective links between maternity staff, health visitors and general practitioners (GPs) through regular meetings provide opportunities to share information about children and families and prioritise support. This supports joint working between healthcare partners.
- There are good links between early years settings and the health visiting service, which support joint working and the early identification of children's needs. Each early years setting has a linked member of staff from the health visiting team. The two- to two-and-a-half year checks completed by early years settings and the health visiting service are not fully integrated but the results are shared between these services.
- School-aged children benefit from a universal service that offers health checks in

Years 6, 9 and 13, and access to a drop-in facility from Year 7 in the schools they attend. School nurses also have a good oversight of children and young people who are home educated when information about them is shared by education or healthcare services. This aids the timely identification of children and young people's needs at important stages in their school years.

- Extensive training and support for school special educational needs coordinators (SENCOs) support the early identification of children and young people who might benefit from further assessment. When children are identified, there are clear processes for considering education, health and care (EHC) assessments. These arrangements are helping panels to make informed decisions. EHC plans are written in clear language.

### **Areas for development**

- Procedures, and how healthcare staff notify the local authority about children under the age of five who may have SEN and/or disabilities, are unclear to frontline healthcare staff and the designated clinical officer (DCO). As a consequence, some children's needs may not be identified in a timely manner.
- Local area leaders do not carry out systematic checks of EHC plans to assure their quality and that they sufficiently meet children's needs and are therefore fit for purpose.
- The healthcare service for children who are looked after does not have an effective way of identifying children and young people who have SEN and/or disabilities. Awareness of children and young people with continuing care needs who become looked after by the local authority is also weak. This reduces the visibility of these children and young people.
- Statutory initial and review health assessments for looked after children are not completed in a timely way. This hinders the early identification and review of this group of children's healthcare needs. Relationships have strengthened between partners to address this deficit, but this work is at an early stage of development.
- The completion of annual health checks and the creation of health action plans for 14 to 25 year olds who have a learning disability is not good enough. This is a barrier to the early and ongoing identification and assessment of this group of young people's needs.
- Parents lack confidence that the needs of children and young people who require support for SEN and/or disabilities are identified well. Parents' involvement in the identification of their children's needs is variable. Strengths in the way some settings work effectively to involve parents, carers, children and young people are not shared well enough to promote a consistent approach across Newcastle.

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

### **Strengths**

- Young children who have additional needs, and their families, benefit from a good range of support through multi-disciplinary and multi-agency working. The support provided through the early years additional support team and the disabled children's team is much appreciated by parents, carers and schools. The use of early help assessments supports a coordinated response for children identified with additional needs and their families.
- Assessments completed by social care for vulnerable children and young people help to identify undiagnosed SEN and/or disabilities. Children and young people who have entered care or the youth justice system, or who are vulnerable because they are in need, the subject of child protection plans, or are seeking asylum, benefit from these assessments. Those who have SEN and/or disabilities have named key workers who provide a consistent source of support which helps them to reach their goals.
- Healthcare services prioritise the referrals they receive for children and young people so that those at greater risk are assessed quickly so their needs can be met. An 'early help' offer for disabled children is enabling them to access a diverse range of effective support.
- The transition from children to adult services works well for children and young people who have disabilities. The arrangements for young people who have complex needs work particularly well in enabling a smooth transition between these services.
- The specialist health visitor for children who have complex needs is a valuable resource for the 0–19 health visiting and school nursing service. This leads to effective support which is valued by parents.
- Rates for the completion of statutory assessments for EHC plans are high, when compared with those nationally. The most recent information shows that healthcare services are providing more timely advice within the six-week timescale.
- Pre-school-aged children who have additional needs and/or physical disabilities, and their families, benefit from access to a range of support groups and therapy to help meet their identified and assessed needs.
- Schools and colleges are providing an increasingly diverse range of provision to prepare young people for employment.
- A diverse range of projects to support independent living within the local community is being expanded to the advantage of young people who have SEN and/or disabilities.

- The SENCo network, and other networks that support collaborative working, are valued by educational practitioners across the local area. Training for school governors is valued. Governors told inspectors that it helps them to understand their role in challenging and supporting school leaders and the importance of keeping children and young people who have SEN and/or disabilities safe. Findings from a recent serious case review have been shared widely across the local partnership.

### **Areas for development**

- The partnership has not done enough to develop and formalise its joint commissioning arrangements so that they benefit children and young people aged 0–25 years who have SEN and/or disabilities. Leaders' understanding of the needs of this group of children and young people is limited. This hinders opportunities to predict, plan and jointly commission effective services in a needs-led and timely way. For example, leaders have not published arrangements for joint commissioning, and nor have they formalised how they manage disagreements and disputes about provision.
- Access to support for autistic spectrum disorder, speech, language and communication, and social, emotional and mental health needs is not sufficient to meet children and young people's needs. Waiting times for autistic spectrum disorder diagnostic assessments exceed National Institute for Health and Care Excellence guidance.
- The way the CCG commissions healthcare services through block contracts is a barrier to providing the services children, young people and families need. This approach limits the CCG's understanding of children and young people's needs and the outcomes they achieve. It also weakens future planning and the commissioning of services that meet children and young people's needs. Consequently, some children and young people do not experience efficient and well-coordinated, multi-disciplinary assessments of their needs, which results in additional waiting times.
- Education and care services are not responsive enough to the needs of children and young people who have SEN and/or disabilities. The application of thresholds and eligibility criteria are unclear to parents and carers. Local area leaders have been slow to respond to this issue, which was also reported in an externally commissioned review in 2016.
- Health assessments do not always capture important information about children's needs. For example, the assessment template used by school nurses for children and young people at their school drop-in sessions does not prompt them to enquire whether a child or young person has SEN and/or disabilities or an EHC plan.



- The results of strengths and difficulties questionnaires undertaken by social care are not always shared or completed in a timely manner so that they can inform health assessments for children looked after. This limits their accuracy and, as a result, the emotional and mental health needs of children and young people may not be fully known. Some practitioners do not use any tools other than their own professional judgement to assess the mental health of children looked after. Consequently, children and young people do not have the opportunity to participate fully in these important assessments.
- Strategic co-production is weak. Although leaders gather the views of groups of children and young people, and parents and carers, these do not have enough impact on strategic decision making and the development of services in the local area. Consultation with groups of young people takes place, but mechanisms to feed back to them how their views are used, and the impact they have had, are inconsistent.
- Parents, carers and children and young people's experience of co-production at an individual level is varied. Some parents and carers are not satisfied that they are given the information, advice and support necessary to participate in discussions and decisions about their children's support. Some perceive this as a system of professionals talking to each other and feel 'left out'. Parent and carer groups report inconsistency and confusion about what parents of children and young people who are receiving support but do not have an EHC plan are told by schools. Some parents are involved in decisions about their children's support and are aware of their targets and objectives, but others are not. Consequently, some parents are disappointed that their children's needs are not identified accurately and their targets lack challenge.
- Information submitted for EHC assessments sometimes lacks specificity about the healthcare provision required, or has not been recorded accurately in the EHC plan. Some healthcare staff told inspectors that they have to make difficult decisions about healthcare provision because they do not have the capacity to provide the services children and young people need. This means that some children may not be receiving the therapy they need. In the absence of robust quality assurance and effective oversight of healthcare provision by the CCG, it is not clear how these shortcomings will be addressed.
- A 'tell it once' approach is not embedded in Newcastle. For example, parents and carers reported different experiences of transition between classes and school settings. For some, this is planned in a timely manner, is well coordinated, and gives them confidence that their children's needs will be met. Other parents and carers, though, had to tell their story repeatedly and some told inspectors that their children's needs were not understood.
- At all levels, staff are not knowledgeable enough about the disability and special educational needs reforms. The fundamental importance of putting children and

young people's needs and the views of parents and carers first is not well understood.

- The local offer meets requirements but is unwieldy and not easy to use. Leaders acknowledged these points in discussion during the inspection. Many parents get their information from their children's school or through forums such as 'Pass it on Parents'.

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

### **Strengths**

- In academic subjects, the progress made by primary-aged pupils who have SEN and/or disabilities is generally stronger than that of secondary-aged pupils.
- Since 2016, a strong record of small groups of young people moving into supported internships and paid employment has emerged. These small-scale projects are supported by skilled adult learning staff and employment skills managers who design bespoke programmes that are carefully tailored to the needs and interests of individual young people. This provision is enabling young people who have EHC plans to acquire confidence and make rapid gains in the skills needed for employment. These young people take pride in their achievements, enjoy their work and are keen to learn even more.
- Many young people feel positive about accessing leisure facilities in and out of school. Much work has gone into the development of an innovative resource for mobile phones which helps young people to travel independently. Some young people find it very useful and it provides some reassurance to parents about their children's safety.
- At an individual level, some services, such as speech and language therapy, physiotherapy, occupational therapy, the children and young people's service and 0 to 19 service are measuring and evaluating the outcome of their involvement with children, young people and families. This means they can evaluate the impact of interventions and, if necessary, refer children and young people to other services to help them achieve better outcomes.
- The CCG and DCO are appropriately involved in relevant strategic boards and panels that relate to children and young people who have SEN and/or disabilities. This supports joint discussion and decision making.

### **Areas for improvement**

- Although absence rates in primary schools are improving for children and young people who have SEN and/or disabilities, they are not improving in secondary schools. Absence rates for children and young people who have an EHC plan or



statement are twice as high as those for other children and young people in Newcastle.

- Some children and young people benefit from a personal health budget that gives them more choice about the services they receive. The CCG is aware that it needs to do more to broaden this important resource.
- Local area leaders have not established effective arrangements for identifying the impact their work has on improving outcomes for children and young people who have SEN and/or disabilities. There is no shared understanding of meaningful education, health and care outcomes.
- The local area is not using the information and intelligence it has about children and young people's needs well enough to inform the planning and delivery of education, health and social care services.
- The CCG and the DCO's response to the disability and special educational needs reforms has not been sufficient to ensure that the local area is fully compliant with the requirements of the SEN code of practice or has clear plans to address gaps.
- The CCG does not have a thorough understanding about the effectiveness of the SEN and/or disabilities arrangements in Newcastle to enable it to sustain good practice and improve any weaknesses. Tools to benchmark the local area's performance are not up to date and this hinders the CCG's ability to measure its progress in improving outcomes for children and young people who have SEN and/or disabilities.

**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 to strengthen leadership, management and governance of the reforms by:

- ensuring the strategic leadership of the partnership exercises its collective responsibility to meet the requirements of the code of practice and to respond to the areas for development and significant concerns inspectors have identified
- establishing effective arrangements to identify the impact its work has on improving outcomes for children and young people who have SEN and/or disabilities
- using this intelligence to inform joint planning and joint commissioning to better meet children and young people's identified and assessed needs
- making sure that meaningful co-production with parents influences the decisions that leaders make at all levels.

Yours sincerely

Gina White  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Cathryn Kirby Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Gina White HMI Lead Inspector	Elaine Croll CQC Inspector
James Hourigan Ofsted Inspector	

Cc: Department for Education  
Clinical commissioning group(s)  
Director of Public Health for the local area  
Department of Health  
NHS England