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20 August 2018

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Ross Graves, Managing Director, Southwark CCG
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Dear Mr Quirke-Thornton

Joint local area SEND inspection in Southwark

Between 25 June 2018 and 29 June 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Southwark 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, 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 have undertaken a rigorous self-evaluation of their strengths and weaknesses in implementing the reforms. They use a wide range of information to inform their judgements. While most aspects of their work have been evaluated accurately and in detail, there are a few areas where leaders have been over-generous in their evaluation. These are in relation to the:
 - overall quality of education, health and care plans (EHC plans)
 - extent to which parents and providers express satisfaction with the local area
 - extent to which the collective voice of parents is used effectively to inform the joint commissioning of services and in that way further improve the local offer.
- The number of children and young people in the local area who have an EHC plan has risen sharply over the last three years. This includes the number of children and young people who have more complex needs. The proportion of children and young people identified as having autistic spectrum disorder (ASD) has also risen. It is above average in primary, secondary and special schools. Over half of the children looked after in Southwark have SEN and/or disabilities.
- The rise in the number of EHC plans issued and the rise in ASD diagnoses have placed significant pressure on resources across health, education and social care teams. Leaders have put in place a long-term plan to create additional school places to meet needs. These plans are enabling special school provision to expand, alongside additional places in resource-based provision in primary and secondary schools. A new special free school is also due to open in September 2019, with an overall capacity of 120 spaces. A new facility for young people at Bishops House is planned to open in the coming months. This will specialise in offering work-related courses and routes into employment for 16 to 25 year olds.
- The local area is inclusive. There is a range of initiatives that aim to include more families, children and young people in society, for example schemes to help identify and provide support for any child or young person arriving in the local area who may have any SEN and/or disabilities. Leaders make effective use of the fair access panel which reintegrates young people into education and/or helps to prevent them being excluded from school. Other projects such as parenting programmes support families in staying together, helping parents to manage their children's needs.
- Pupils of different ages say that they know how to stay safe in the local area, including in their travel to and from school and when online. They also say that they feel welcome in the local area, when accessing leisure activities or visiting health professionals, for example. Leaders are aware of the risks facing children and young people and they share information effectively. They have

clear policies in place, such as for children missing from education or for those being educated at home. There are regular projects on staying safe involving children and young people who have SEN and/or disabilities. For example, in recent years groups have researched into and presented to the safeguarding board on topics such as knife crime, child sexual exploitation and online safety.

- The support, information and advice service (SIAS) is provided in-house by Southwark local authority. It is highly effective. It is particularly valued by families and young people. Collectively, parents and young people are full of praise for the service's accessibility, the continuity of care that they receive, and the quality of advice, guidance and representation that they are given.
- There are several excellent examples of co-production (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) involving young people. For example, young people worked with a social media organisation to help spread knowledge of the youth offer. Young people also took part in a project to explore and support mental health. They created an animation video to help others manage stress. Young people have also been involved in mystery shopping and feeding back on services, in order to improve the youth offer further.
- One of the main areas for improvement already identified by the local area is the development and roll out of provision for 16 to 25 year olds. This includes developing more effective ways of preparing young people for adulthood, widening the local offer and improving outcomes for young people in terms of employment and assisted living.
- Parents have mixed views about their level of satisfaction with the local area. While some parents were pleased with the timeliness of response and accessibility of advice across education, health and social care, others are unhappy with the support that they receive. Parents want to see further improvement in the availability of services in the local offer, to better meet their children's needs. Some parents also state that there is a need for more deep and meaningful conversations with leaders, so they feel more involved in influencing the developments taking place in Southwark for their children.
- There is a designated medical officer (DMO) and a designated clinical officer (DCO) in place. Both professionals work closely and effectively together to support health services. The DMO and DCO have completed a detailed analysis and audit of health provision. They promote effective health practice for children and young people who have SEN and/or disabilities. For example, children looked after with an EHC plan who require multiple health assessments now benefit from coordinated health appointments, helping the 'tell it once' approach.
- The designated doctor for children looked after is providing effective leadership of the specialist health service for this group of children and young people. A high number of children looked after are placed out of the borough. The

designated doctor and nurse have ensured that there are effective arrangements to allow health professionals to travel to children's placements. This ensures that both the initial and follow-up review health assessments are completed in accordance with statutory timescales.

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

Strengths

- There are a variety of systems and procedures in place to identify any SEN and/or disabilities in a timely way. The use of special educational needs inclusion practitioners is having a positive impact in aiding early identification. The team of five practitioners works within specific areas in Southwark. Part of the practitioners' role is acting on health notifications for new arrivals in the local area. They successfully make contact with all newcomers within two weeks.
- There are a variety of ways that families can drop in to services such as 'Chattertime', without the need for a formal referral. This gives families an opportunity to engage with health professionals and helps to identify any potential special educational need early.
- The youth offending team works highly effectively with both the special educational needs and health teams. For example, the timely involvement of speech and language therapy and/or assessment helps to identify needs quickly. It also ensures that there is continuity of care, where young people already have identified needs.
- Almost all statements of special educational needs were converted to EHC plans by the 1 April 2018 deadline. A very few cases have yet to be converted. Leaders explained these to the inspection team and are confident that these will all be converted by July 2018.
- In 2016, 100% of EHC plans were issued within the 20-week deadline. In 2017, this fell, but is still above the national average. This fall was in the main due to a lack of capacity in the health team to process and contribute to requests. Leaders reviewed their processes, and evidence shows that, particularly since the beginning of this year, there has been a sharp rise in health reports being submitted by the required deadline.
- The co-location of the universal family nurse services and allied therapies at Sunshine House, alongside the use of shared systems, facilitates the timely and appropriate sharing of information.
- A range of geographically dispersed health visiting clinics take place across Southwark. Many of these daily clinics have been designed to meet the needs of the diverse population. For example, one clinic 'Mama Espace' (Mum's

Space) has been designed to encourage women from Spanish-speaking communities to attend and seek support.

- There are effective links between the health visiting early help service and midwifery in the local area. Midwives will make referrals if it has been identified that a child is likely to be born with additional needs. They ensure that a care plan is put into place, so that the mother is supported to meet the additional needs of her child once born. Vulnerable women who receive support from this service are visited weekly, often at home. This service ensures that young children from deprived and/or isolated families have their health needs met more quickly.

Areas for development

- One issue that has already been identified by the local area is the need to remove inconsistencies in identification of SEN and/or disabilities in the early years, particularly within private nurseries. This can lead to some children not receiving the early help that they might need. Leaders have put in place an inclusion fund that schools or nurseries can apply to in order to receive funding to support the identification and meeting of children's needs.
- Although leaders have provided training to further education colleges on identification of need, routes to identification for young people aged 16 and over are still developing. The local area is also currently implementing its 'all age disabilities [0–25]' strategy bringing children's and adult teams together into the one structure. It is too early to see the impact of this on improving provision for children and young people with disabilities, for example in improving transition arrangements.
- Some parents feel unhappy with the level of support and contact that they receive from local area staff during the process of obtaining an EHC plan for their children. Some parents also reported that it was difficult to obtain an EHC plan.
- The two-and-a-half-year-old developmental check is not fully integrated. A lack of capacity within the health visiting service means that this check is only being carried out in a small number of settings. As a result, for some children, needs may not be identified in a timely way.
- The school nursing service currently has reduced capacity. As such, no additional health questionnaires are completed at key transition points at Years 7 and 9. This reduces the opportunity for school nurses to identify and respond to additional and emerging needs.

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

Strengths

- Children and young people who were involved in developing and evaluating the youth offer spoke positively about it. This included their testing out of services through acting as mystery shoppers. Some parents said that they find the local offer informative and useful. There are also examples where the local area has improved access for children and young people who have specific needs, for example by providing autism training for library staff. Some clubs and activities are popular, such as the Charlie Chaplin adventure playground. However, there are waiting lists for some provision, which leaders are working to reduce.
- The SIAS service is valued by families and young people. There are a wide range of examples where parents and/or young people received high-quality and timely guidance. The service evaluates its work regularly. Parents speak highly about its availability, continuity, accessibility and impartiality. The following comments echo many of those heard during the inspection: 'I go to sleep knowing I have support'; 'it is their knowledge that makes the difference – they know the services' and 'their support and advice made a huge difference'.
- Thresholds for assessment are well communicated and available via the local offer. Providers are familiar with the thresholds. Before formal assessment and decision-making at the SEN panel, the local area holds pre-panel meetings to review documentation. This makes sure that the full information needed to support a decision at the final SEN panel is in place.
- The SIAS offers targeted sessions and support for young people aged 16 to 25, for example offering a programme to schools called 'journey to adulthood sessions'. There is also a 'results day drop in', which is held annually in a local library. Young people were very complimentary in talking about the impact of the SIAS in providing effective support.
- Orient Street is the local area residential unit offering respite and has recently been refurbished. Families were involved in planning its refurbishment, which included providing more facilities to meet more needs, such as sensory provision. Since refurbishment, referrals to the service have increased sharply, and the service is working through the waiting list to complete assessments, to maximise access to and use of the facilities, including use during the day.
- Leaders have an integrated approach to joint commissioning, and there are examples of parental involvement in the commissioning process, such as the recent taxi contract. Parents were also involved in the re-organisation of the early help service. Inspectors evaluated a range of case studies that illustrated how social care professionals had put in place effective support packages for children, young people and/or their families.

- Leaders, professionals and schools typically work well together in sharing information, as children and young people move from one setting or phase of education to another. A large proportion of the children and young people who have EHC plans are placed in settings outside of Southwark. Independent providers also commented about how the local area provides effective training and communication, for example about the annual review process. This has helped them to review children and young people's needs more effectively.
- The child development centre at Sunshine House provides families with children up to the age of 18 with a co-ordinated approach to care by teams comprising paediatricians, allied health professionals and psychologists. The co-location of well-resourced clinics at Sunshine House enables families to have their needs met in an environment where they feel comfortable. For example, there is an established and effective paediatrician-led sleep clinic to support families of children and young people who have sleep disorders. This innovative clinic has been successful in reducing the need for respite, helping families to stay together.
- The ASD clinics are effective in enabling the swift assessment and diagnosis of ASD. Wait times for assessments are on average eight weeks. There is a range of post-diagnostic support available to children, young people and families. This includes continuing contact with paediatricians up to the point of transition to adulthood, and the signposting of various workshops and parenting groups. Parents speak highly of the welcome and care that they receive at Sunshine House.
- There is effective transition planning in place for young people approaching adulthood in children and adolescent mental health services (CAMHS). A mental health practitioner works across the adult mental health service and the adolescent mental health team. Their role is to support those young people who have complex and continuing mental health needs. This arrangement helps young adults to become familiar with the adult mental health service. As a result, this increases the likelihood of them remaining engaged with mental health services after reaching the age of 18.
- The Hummingbird clinic at St Thomas' hospital provides an audiology service to children and young people with complex health needs, such as non-verbal autistic children who may find audiology testing distressing. The clinic provides an individualised approach, supporting any accompanying sensory needs that children and young people may have.

Areas for development

- Parents do not consistently feel listened to. Some cannot see how their views are informing decision making in the local area, for example in commissioning services to improve the local offer and meet their children's needs. Although leaders gather the views of parents and young people in different ways, they acknowledge the need to combine the feedback that they receive in order to

gain a more in-depth overview. They also recognise the need to have more conversations with parents.

- Some parents are not familiar with the local offer. Leaders know that there is a need to continue to improve the local offer. This is particularly through including more activities within the local area and broadening the range of short breaks that are available. Parents have requested more activities for children and young people who have more complex needs and/or disabilities. They have also asked for a review of activities that are made available during school holidays. The local area is currently undertaking this review.
- Although the views of children, young people and their parents are gathered and detailed information is brought together from a range of professionals, the overall quality of EHC plans varies. While better examples were seen, the variability comes from:
 - a lack of consistency in detailing specific short- and long-term outcomes across education and/or health and/or social care
 - the provision that is outlined in the plan not being specific enough. It does not include enough detail about 'who', 'what', 'when' and 'how' the provision will be put in place.
- Also, although contributions to EHC plans are made by health professionals, they are not routinely being provided with draft reports prior to the plan being finalised, so that they can check and comment on their content.
- With the increase in identification of ASD in the local area, leaders know that there is still more work to do to support mainstream schools. This includes in the training of staff and further improving access to the autism support team.
- The parents and young people's consortium (PYPC) is still relatively new. The parent carer council is one group that sits on the PYPC, alongside others such as Young Carers and Voices for Autism. A large proportion of parents spoken to during the inspection were not aware of the local area's work. Some do not feel that their expertise as parents is being considered enough by the local area.
- The capacity at CAMHS is currently reduced due to staff vacancies. Waiting lists in the neuro-developmental team and the 'CareLink' (children looked after) team have recently been imposed, due to increases in demand and a reduction in staffing capacity. This means that vulnerable children and families' multiple and complex needs are not always being met in a timely way.
- Leaders know that the local provision for young people aged 16 to 25, including the assessment and meeting of their needs, is not good enough. Currently, too many young people are having to be placed outside of Southwark. This therefore means that a travel burden can be placed on young people and/or their families.

- The local area recognises that applications to the mediation service have risen over the first four years since the reforms. An informal mediation process has been introduced which has resulted in a decrease in the number of cases going to formal mediation.

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

Strengths

- Southwark council has used its schools capital programme to invest in developing provision for children and young people who have SEN/and or disabilities. This has helped to ensure that most attend good or better schools. Parents who spoke to inspectors were particularly pleased with the setting that their children were attending.
- Leaders have detailed systems in place for evaluating a variety of education, health and social care outcomes. They use these indicators to evaluate thoroughly the quality of education and/or projects that they have undertaken. They also use this information to compare themselves with other London local areas and/or national averages.
- The educational outcomes achieved at the end of all key stages for children and young people who have SEN and/or disabilities compare favourably with those of other pupils nationally. Leaders know where the inconsistencies are and challenge schools effectively to improve outcomes. Evidence of the challenge and support given to schools can be seen, for example in improved reading and mathematics outcomes in targeted primary schools.
- Rates of fixed-term exclusions for pupils who have EHC plans have declined sharply over the last two years. Rates of exclusions in secondary schools are low when compared with other local areas. Attendance for children and young people who have SEN and/or disabilities is close to the national average for other pupils.
- Leaders have a strategic approach to the use of joint commissioning, for example the recent involvement of parents in the tendering of the taxi contract and developments of the paediatric continence service. They have also involved young people in designing the specification for services that will help young people move into employment.
- There are also examples of successful work in commissioning services that help young people who have SEN and/or disabilities who are aged 18 years and over. This includes helping them to gain entry into employment and/or to take part in work experience. Visits and feedback from 16-19 providers provide effective case studies of appropriate preparation for adulthood, including through supported internships.

- A number of work experience placements for young people are also arranged within SIAS. The SIAS work experience scheme helps young people to develop employability skills and personal confidence. It also helps SIAS staff to gain the views of young people about the local area first hand.
- The healthy schools programme has been promoted effectively in the local area. Some schools particularly focus on vulnerable groups, including those who have SEN and/or disabilities. A variety of evidence showing impact is available, including pupils learning to eat more healthily and more schools being successful in gaining the silver and gold awards. The local area is also preparing to launch the healthy early years programme.
- There is a range of evidence and case studies showing the impact of social care in helping to improve outcomes for families, for example the regular evaluation of outcomes from referrals pre-and post-support into children's centres and early years. The evaluations suggest a strong improvement across a range of indicators, including physical health, family routines and meeting emotional needs. The 'family link' scheme also offers effective carer and short break support. Leaders are adding further capacity, through appointing new family support workers to offer support to more families.
- The complex needs school nursing team works effectively and collaboratively with children, families and partners from education and social care. The team provides co-ordinated care for school aged children who have multiple and complex health needs. This level of support has been effective in ensuring that children are able to remain in their education setting.
- There is a community paediatric continence service in place in the local area. This service has been commissioned as it was identified that there was a rising number of children and young people who were not continent and not receiving adequate levels of assessment, intervention and support. The introduction of the service has resulted in significant financial savings, due to a reduction in the amount of continence products that had to be provided. The number of children and young people who have become continent and report increases in confidence and self-esteem has risen.

Areas for improvement

- Leaders recognise that the local area's main development need is for more options for education provision for young people aged 16 to 25. The number of young people in paid employment and assisted living placements within the local area is not as high as it could be.
- Leaders monitor the outcomes being achieved by children and young people who attend settings out of the borough. However, their monitoring should be refined further, for example to focus particularly on settings where they have identified a need to receive clearer information about pupils' outcomes.

- The overall proportion of children and young people who are not in education, training and/or employment (NEET) is below the national average. However more work is needed to reduce the number of 16 to 19 year olds who are children looked after or who have an EHC plan and who are NEET.
- Work to reduce fixed-term exclusions in primary schools is under way, but it is too early to demonstrate impact.
- The use of short breaks is not meeting as many needs as it should, including for those children and young people who do not have complex needs. For example, current provision is underutilised overall. The local area has recently appointed a short breaks manager, who is reviewing provision, including visiting other local areas and surveying the views of families and young people. Leaders have accurately identified that the use of personal budgets needs to be enhanced further across all age groups.
- The equipment provided to children and young people with complex needs, such as wheelchairs and speech-assisted technology, does not meet enough need and therefore contribute sufficiently to positive outcomes. Inspectors heard that, due to strict eligibility criteria, some young people approaching adulthood are not allocated motor-assisted wheelchairs that would help them achieve a greater level of independence.

Yours sincerely

Sam Hainey

Her Majesty's Inspector

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