

26 February 2019

Mr Steve Reddy
Director of Children's Services, Liverpool
5th Floor, Director of Children and Young People's Services
Liverpool City Council
Cunard Building
Water Street
Liverpool
L3 1DS

Ms Jan Ledward, Chief Officer, Liverpool Clinical Commissioning Group (CCG)
Ms Suzanne Metcalfe, local area nominated officer

Dear Mr Reddy

Joint local area SEND inspection in Liverpool

Between 14 January 2019 and 18 January 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Liverpool 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 with special educational needs and/or disabilities (SEND), 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 are implementing the disability and 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.

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(s) (CCG) 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

- Leaders are clear about the shortcomings in SEND provision in the city and how far behind they are in implementing the reforms of 2014. The action plans that sit beneath the SEND strategy demonstrate the immaturity of implementation.
- While leaders have known of long-standing issues, too much time elapsed before the necessary action and focus was given to children and young people with SEND. Leaders have not taken the swift and remedial action necessary.
- Leaders are unable to provide convincing evidence of having made sustainable improvements to SEND provision. Far too many initiatives have only been established in recent months. This includes actions which would typically have occurred at the earliest stages of the 2014 reforms.
- The confidence among several parents and leaders in schools about the area's capacity to improve provision is low. Their views are tarnished by historic experiences of having promises made but not delivered. That said, they have expressed hope in the recent changes to leadership in the area.
- There are serious weaknesses in the education, health and care (EHC) planning process, the quality of plans and the timeliness of amendments to plans being made. Inspectors identified far too many deficiencies and little evidence of leaders' action to rectify them.
- Joint commissioning arrangements do not adequately ensure that the needs of children and young people with SEND aged 0 to 25 are known and are subsequently being met.
- Inspectors identified aspects of the local area's SEND arrangements which contravene the SEND code of practice and National Institute for Health and Care Excellence (NICE) guidelines.
- Too many children, young people and their families have not had their needs adequately met. Where needs have been met, it has been because of dedicated professionals working tirelessly with and for children and young people and their families.
- Across the city, there are education and health settings and services that are highly successful and inclusive. They are an example to others of what is possible and what can be done. Leaders are beginning to use these settings more effectively to share good practice.
- There is an inequity of provision for children and young people across services. While some parents have had nothing but positive experiences; the opposite has been the reality for many. The experience of some parents is that the starting point in Liverpool is 'no' and this is the beginning of a long and arduous fight to get their children's needs met.

- Children and young people with SEND in Liverpool are the epitome of ambition and resilience. They are always grateful for what they have received and determined that their peers should receive even better.

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

Strengths

- Transition workers from adult social care attend transition reviews in all special schools, to begin preparing young people for adulthood. This assures that their care needs continue to be met into adulthood. Named workers from adult social care are allocated to all children and young people with the most complex needs. These workers conduct a range of assessments, including carers' assessments, to ensure that young people's needs are correctly identified and that the transition process is seamless.
- The transition operations group brings together professionals from a range of disciplines to improve transitions, for example when children and young people move to a new school. This improves the planning, commissioning and delivery of transitions for those with the most complex needs
- The consortia in early years settings and primary schools provide professionals with opportunities to meet and share good practice. They also provide training and development to support staff in the early identification of additional needs.
- The health visiting service achieves a good uptake of four out of five mandated. An information-sharing agreement is in place between Mersey Care and Knowsley and St Helen's Teaching Hospitals NHS Trust to strengthen the notifications from maternity services. Good progress has been made to increase universal health checks through children's school years and includes questionnaires in Years 6 and 9. This aids the early identification of children's health needs.
- There is good access to speech and language therapy (SALT) and physiotherapy services via drop-ins at some children's centres in Liverpool. The provision of training to children's centre staff and health visitors helps to support the identification of needs at the earliest point.
- Occupational therapy (OT) and ADDvanced Solutions (a network that encourages, equips and empowers children, young people and their families living with neurodevelopmental conditions, learning difficulties and associated mental health needs) are accessible through children's centres where they deliver awareness sessions for sensory processing difficulties and provide pre-referral consultation.

Areas for development

- A lack of consistently joined-up approaches, multiple pathways and weak communication means that parents often must tell their story more than once.
- The local area is yet to develop a clear pathway for health staff to notify the local authority of children under five who they believe have SEND.

- Professionals acknowledge that identification processes are not always the easiest for parents to use and follow. Jargon is used too frequently, and publications are not written in accessible language.
- The local authority has more to do to complete and share strength and difficulty questionnaires with health staff to inform children looked after health assessments. This hampers opportunities to screen and track emerging or changing mental well-being needs so appropriate help can be sought.
- General practitioner (GP) health checks for children and young people with learning disabilities are not achieving a good enough reach. This hinders the early identification of needs in this vulnerable population. Issues with the accuracy of data and GP registers are not new and actions to address them have been too slow.
- Health visitors are not sufficiently aware of children discussed as part of the early years consortia. The same is true for young children with an EHC plan who are not the subject of the early help assessment tool (EHAT). Actions and outcomes of this ongoing work are not shared effectively with health visitors and this impedes the achievement of a 'tell it once' approach.
- There are inconsistent flagging systems used by Mersey Care NHS Foundation Trust staff for those known to have an EHC plan. This reduces the visibility of the known needs of these children and young people to health professionals.
- The local area's approach to integrating two- to two-and-a-half-year checks via the children's centre is not consistent. This delays the early identification and shared understanding of the changing needs of young children.

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

Strengths

- The parent and carer forum (LivPac) has made significant progress over the last two to three years. It is now actively involved in the local area, overcoming geographical barriers by working collaboratively with schools and other services. They provide feedback and elicit feedback from other parents to inform service improvements and plans. They are represented at several boards and forums. Parents who contributed to the inspection value the service that LivPac provides. One parent described it as 'the ear that's always listening'.
- Partnership managers and consultant social workers provide support and advice to care practitioners. This ensures that they can assess care needs for those with SEND with greater accuracy and at an earlier stage.
- The local area works effectively to prepare content for and improve the structure of the local offer. It is regularly reviewed to ensure compliance with the code of practice and parents and professionals can suggest areas which require further improvement. The local area has developed an app which is a positive addition to the local offer and is well regarded by young people with SEND.

- There are SEND champions in each service within social care. They receive training and support from the education psychology service to ensure that their specialist knowledge is up to date.
- Good-quality health assessments are completed by specialist children looked after health staff. Assessments and health action plans are comprehensive and, where required, lead to onward referrals to relevant services to meet these children's needs better.
- Alder Hey Children's NHS Foundation Trust have community nursing services for children available 365 days of the year. Plans are in the early stages to increase children's access to advanced paediatric nurse practitioners from five to seven days to provide continued support in the home.
- Child and adolescent mental health services (CAMHS) are starting to use community, education and treatment reviews (CETR) through a multi-agency approach to meeting children's changing mental health needs. The CCG maintains an oversight of this identified group of children and young people. This enables a joined-up approach to meeting their needs.
- Parents of children in the early years settings visited experience joined-up working between education and health services as part of EHAT processes. This leads to more effective assessment and meeting of needs.

Areas for development

- Advice and information provided from education, health and care services are frequently delayed. This has worsened over the past three years and less advice is being received within the statutory six-week timescale.
- Decisions about assessments for an EHC plan are made by two professionals. This is despite the published terms of reference stating that it is a panel made up of multi-agency representatives. This is contrary to the fundamental principle of joint working.
- The quality of the EHC plans reviewed by inspectors is poor. Outcomes are inadequately written and at times arbitrary. For example, inspectors saw a plan which held the community paediatrician responsible for a child to access the curriculum and achieve their academic potential. This same plan was signed off by a senior health professional. Inspectors also saw examples of amendments being made in isolation without checking the changes with other professionals.
- Almost half of all EHC plans needing to be amended are beyond the statutory eight-week timescale. This renders the EHC plans meaningless and removes accountability and responsibility to meet children's needs from professionals.
- In the sample of EHC plans seen by inspectors, it was not uncommon for plans to be two or three years out of date. Inspectors also saw an example of an EHC plan from a neighbouring authority that had not been updated when the child moved to Liverpool in January 2015.
- Demand for special educational needs information, advice and support (SENDIAS) services is high, with approximately 70 new cases reported per quarter. Dedicated

staff provide telephone support to families, with the aim of reducing the need for face-to-face support but are unable to meet the current demand.

- Children and young people experience unacceptable delays while waiting for their health needs to be assessed and reviewed. Waiting times in paediatrics, including specialist assessments, are excessive and pathways for autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are not compliant with NICE guidance. Children experience delays in having their ADHD needs and medication reviewed due to rising need and insufficient capacity.
- Children who enter care do not benefit from the timely completion of initial health assessments. Assessments completed as part of the comprehensive assessment tool for those in youth justice fall short of the standards expected by leaders. This delays the early identification of additional needs so they can be met to secure better outcomes for this vulnerable population.
- Links between health visitors and GPs in Liverpool and the sharing of children's records are inconsistent. This limits the effectiveness of joint work focused on meeting children's needs.
- Occupational therapy has developed traded services, but this is resourced from the existing workforce. This has an impact on the timely provision of a core universal service to children and young people.
- Children's access to wheelchair services is not always timely. Children and young people experience delays in accessing equipment to meet their changing needs.
- Equipment service specifications in Liverpool are not aligned with the different funding streams used to obtain children's equipment in the community, and in mainstream and specialist provision. This has an impact on the timely and efficient use of resources to meet children's needs.
- Inspectors heard from leaders and parents that some professionals, including those in schools, do not have the necessary understanding to work productively with children and young people with SEND. This can lead to frustration and a lack of meaningful engagement.

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

Strengths

- A small number of targeted projects such as independent travel training and supported internships are successfully promoting young people's independence. As a result, more young people with SEND attend college, access the community and live with greater independence.
- Short breaks are a valued service for parents; even though the waiting times for this service can be lengthy and the range of services available can be limited. Parents spoke of the lifeline that it provides to their children and families.

- Expectations for some children with EHC plans are high. There are examples within the local area where children have attended a specialist school, moved on to mainstream provision, then to college and then on to university.
- Children and young people who met with inspectors were inspiring and had clear aspirations. Several were attending or had finished college and university, with one having recently completed a Master's degree. Some were taking part in supported internships and working in paid employment. Young people are rightly proud of their achievements.
- CAMHS, SALT, OT and physiotherapy services use outcome measures to evaluate the impact of the interventions they provide at an individual level to children and young people. As a result, leaders have a clear understanding of which interventions make a difference to children.

Areas for development

- Joint commissioning arrangements are underdeveloped across the 0 to 25 age range for children and young people with SEND. Arrangements are not underpinned by a thorough understanding of the needs of this population. Inspectors heard of a young person's frustration at the lack of physiotherapy services on transition to adulthood. This had a detrimental effect on their health. At times, families are having to pay privately for health care. Inspectors also heard of health services ending when a young people reaches adulthood despite their medical needs not having changed.
- Transition arrangements for young people with ADHD between Alder Hey Children's NHS Foundation Trust and adult services are poor. This is because there is a significant backlog of 1,084 people in adult services already waiting an average of 95 weeks for an assessment. As a result, the trust has retained 150 young people who should have transitioned which has an impact on their existing caseloads.
- School leaders noted that SEND has not been a priority in Liverpool's school improvement strategy. This is despite there being city-wide issues around outcomes, exclusions and attendance, particularly for children and young people with SEND.
- Across all key stages, children with an EHC plan do not make good academic progress and this trend is worsening.
- Children and young people with SEND are the group who are most likely to be permanently excluded from schools; similarly, the proportion of children and young people with SEND who are persistently absent is higher than the national average.
- A culture of low expectations for children and young people with SEND is evident in pockets across Liverpool. While this is not the case for all providers, it is reflected in weak outcomes, high exclusion rates and poor attendance in several schools, most notably, at secondary stage. This is coupled with a culture that is not always inclusive across some mainstream schools.

- The proportion of young people with SEND who are not engaged in education, employment or training (NEET) is significantly higher than the national average.
- The reach of personal health budgets is low, yet parents told inspectors that they would like to be provided with this choice. This hinders opportunities for greater personalisation of children’s health care.

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 it will tackle the following areas of significant weakness:

- the failure of leaders to take the necessary actions to remedy known weaknesses
- the significant weaknesses in the EHC processes, timeliness and quality of plans
- the underdeveloped joint commissioning arrangements for 0 to 25 SEND provision.

Yours sincerely

Jonathan Jones
Her Majesty’s Inspector

Ofsted	Care Quality Commission
Andrew Cook HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Jonathan Jones HMI Lead Inspector	Elaine Croll CQC Inspector
Matthew Rooney Ofsted Inspector	

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