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Tessa Sandall, Managing Director, Ealing Clinical Commissioning Group  
Mary Umrigar, Local area nominated officer

Dear Ms Finlay

### **Joint local area SEND inspection in Ealing**

Between 21 January 2019 and 25 January 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Ealing to judge the effectiveness of the area in implementing the disability and special educational needs (SEN) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including an HMI and a children's services inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), 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 SEN 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**

- Overall, leaders are taking effective action and have demonstrated that they have the capacity to continue to make improvement. Leaders are open and honest in recognising their strengths and weaknesses in implementing the SEN reforms. They use a wide range of information across education, health and

care to inform their self-evaluation. It is detailed, and in most respects accurate. However, leaders have underestimated the level of dissatisfaction of parents and carers. Also, some of the actions currently being taken are late in their implementation.

- There has been a sharp rise in the number of children and young people in Ealing who receive an education, health and care (EHC) plan. The main areas of need that are becoming more prevalent are autistic spectrum disorder (ASD), speech, language and communication needs and social, emotional and mental health (SEMH) needs. Leaders are meeting more needs by working well with providers to expand places in mainstream school resourced provision, special schools and college provision for young people aged 16 to 25 years old.
- The role of the designated clinical officer (DCO) is well established and highly regarded, including by frontline professionals. It is rare to see a DCO who has been as successful in driving the spirit of the reforms, both strategically and operationally. The clinical commissioning group (CCG) proactively holds providers to account and uses an effective audit tool to assess their effectiveness.
- Joint commissioning is well embedded across the local area. It leads to effective, and often innovative solutions. This includes the Intensive Therapeutic Short Breaks Service (ITSBS) to support children, young people and their families, particularly those with complex and challenging needs. Inspectors reviewed evidence of positive collaboration in commissioning services. However, there are still gaps where the experiences and voices of parents are not being used effectively in monitoring the performance of commissioned providers. For example, the services for the bowel and bladder clinic and wheelchairs are not effective. They continue to have a negative impact on the quality of life experienced by children, young people and their families.
- Many parents who engaged with the inspection are unhappy. Their frustrations and disappointments include: the timeliness of assessing their children's needs and issuing EHC plans; the overall quality of EHC plans; communication; the wide variation in the quality of support provided by mainstream schools and waiting times for an assessment and diagnosis of ASD.
- The quality, range and impact of leaders' communication with parents is not good enough. There is an effective range of services and support for families available (for example, parenting support and early help assessments), but too many parents are unaware of these services. Therefore, some are not benefiting from the available support.
- EHC plans are of variable quality. Leaders' arrangements to quality-assure these plans have not been sufficiently robust.
- Ealing is a diverse and multicultural area. Parents new to the area are supported well by professionals and settings. For example, families with children under five years old who move into the area are all offered a home visit by a practitioner from the health visiting team. Inspectors heard from parents about how effective this had been in quickly providing a package of health and social care support.

However, the accessibility of the local offer and lack of clarity of information limit the scope for this group of parents to access services independently.

- Different teams of professionals work together effectively in the early years. This includes information-sharing and the geographical spread of provision. There is a range of ways for parents to access speech and language therapy (SALT) support. Most parents are positive about the support that they receive in the early years, particularly from children's centres. However, they report inconsistencies in the skills of staff in some private nurseries to identify SEND. As a result, they say that some SEND is not being identified until their child starts at primary school.

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

### **Strengths**

- In the early years, professionals work well together to identify needs, for example the specialist staff working in the early start team. The effectiveness of identification is also evident in the rise in the proportion of EHC plans that have been issued for children in the early years. Also, currently 90% of new births benefit from a visit from a member of the early start team.
- There has been a rise in the identification of speech, language and communication needs in Ealing over the last few years. This is partly because of the effective work being delivered by speech and language therapists. As a result, leaders have created a range of successful pathways supporting early intervention including drop-in sessions, the early years inclusion grant, training for school staff and parenting programmes.
- The local area has a commissioning arrangement with a special school to coordinate the network for special educational needs coordinators (SENCOs) and training for staff. SENCOs report that their meetings are well attended and useful. They regularly receive high-quality training and share expertise. This helps to improve the identification of SEND, for example in ASD.
- Leaders gain a detailed knowledge of the vulnerable groups of children and young people with SEND. This reflects the diverse nature of Ealing, for example those of a Gypsy, Roma, Traveller heritage and those young people known to the youth offending service (YOS). Leaders use innovative projects to meet specifically the identified needs of vulnerable groups, such as the safeguarding initiative for girls with SEND who are at risk of exploitation.
- Children looked after with SEND benefit from comprehensive initial and review health assessments. Health practitioners can identify children looked after with SEND in their caseloads. General practitioners (GPs) receive copies of the health assessments and plans, supported by a letter detailing any specific actions that they need to take for individual children and young people.
- There is an expectation that all young people and adults who have an identified

learning difficulty should receive a health assessment from the age of 14 years old. This now forms part of the Ealing Standard GP Contract. The CCG are proactive in supporting GPs in meeting this standard. At present, there is more to do to ensure that more children and young people receive their assessment.

- There is a commitment by leaders to further improve the offer provided by the health visiting and school nursing services. A new integrated 0 to 19 public health service has been commissioned. This has brought in new ways of working for school nurses and all families are allocated a named health visitor. This new service has been introduced to address the concerns of families who previously experienced difficulties in obtaining support.
- Children and young people with SEND receive timely support from SALT, occupational therapy and physiotherapy. Examples of good practice in therapy services include the development of new pathways with the local specialist orthopaedic hospital for hip x-rays to be carried out locally with the support of the physiotherapy team. This means that families are not having to travel into central London for routine diagnostic tests.
- There is a wide range of parent workshops available across Ealing, on themes which include how to support their child's ASD. Except for the 'early bird' course, these are not dependent upon a diagnosis. Parents find these useful.

### **Areas for development**

- There were 20 statements of special educational needs that had not been transferred to an EHC plan by the 31 March 2018 statutory deadline. The reason in each case was parents not agreeing to finalise plans until further amendments were made.
- In 2017, the timeliness of issuing new EHC plans within 20 weeks was well below the London and national average. This is in the main due to delays in receiving advice from health professionals. However, there are clear signs that timeliness is improving. The proportion of EHC plans issued on time is now on a trajectory to rise to at least 65% by the end of this year.
- Too many children and young people with SEND are not receiving timely health assessments. Furthermore, only 64% of eligible families benefit from the two-year-old health check. Both these weaknesses prevent the early identification of new or emerging health needs during this important stage of a child's growth.
- The integrated two-and-a-half-year-old health check has not been introduced across Ealing. Health visitors told inspectors that there was effective information sharing practice in those nurseries that were attached to children's centres. However, they stated that information sharing was more variable in relation to private nursery settings.
- The school nursing service do not offer support to children and young people who are home educated. As a result, the health needs of this group are not routinely monitored.

- Children and young people are waiting too long for neurodevelopment assessment, including for ASD. Assessments are compliant with the National Institute for Health and Care (NICE) guidance, with pre- and post-diagnostic support being available. The local area is working creatively to address long waiting times and the numbers of children waiting for assessment has reduced over the past 18 months. This is due to several initiatives, including short-term funding and some redesign of the service.
- There are weaknesses in the contributions made by health professionals to EHC plans. For example, child adolescent and mental health service professionals (CAMHS) being asked to contribute to an EHC plan when some children were still waiting for an assessment and/or a wait time of 22 months.
- Children and young people who are referred into some CAMHS services are facing long waits to access support, specifically those who are referred into the Supportive Action for Families Ealing (SAFE) and the CAMHS learning disability service.

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

### **Strengths**

- There are some parents who are happy with the support that they receive from the local area. Collectively, parental satisfaction was stronger in relation to: the support provided from children's centres; the short breaks service; special schools and alternative provision; and praise for the availability and impact of physiotherapy, occupational therapy and SALT.
- Leaders have improved transition planning for young people aged 16 to 25 years old. This includes the 'virtual transition meeting', which is ensuring that appropriate pathways for young people are being assessed by teams from education, health and social care. New employability and educational pathways are supporting more young people in securing appropriate provision. These initiatives are welcomed by parents.
- There is effective coproduction (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), though some examples are more recent. These range across education, health and care. One example is the recently implemented 'Building My Future' project. This is a social care project that, over two years, will work with over 150 young people aged 11 years and over who have more complex SEN and/or behavioural needs. This project includes opportunities for children and young people to learn about a range of topics including healthy food, relationships and keeping safe. It includes accredited courses such as the Duke of Edinburgh's Bronze Award. All stakeholders speak highly of the project.

- The local area works effectively with children and young people to coproduce projects and services. Young people speak positively about these experiences. A group of young people were proud of the promotion and marketing materials they had prepared about the local offer. Future plans include a group of 'local offer champions' to visit schools to help advise others about what is available. 'Power Group' is another strong example where young people meet to discuss different topics and work together to plan events. One young person said: 'I would recommend Power Group because it's a good way to meet new people and new friends.'
- 'I-SAID' is the jointly commissioned SEN and disabilities information, advice and support service (SENDIASS). I-SAID offers impartial support, advice and representation on health as well as education and care. Typically, parents are contacted quickly within stated timescales. Parents who use I-SAID are happy with the help and support that they receive. Staff from I-SAID engage with a range of stakeholders to widen their knowledge of the service and to provide training, for example on the law in relation to SEND.
- Stammering services are available from childhood through to adulthood. The development of joint workshops between SALT and occupational therapy to meet the needs of families around challenging behaviour, social communication difficulties and sleep is effective. The roll-out of universal support for families with emerging communication problems is showing a decrease in the number of referrals to SALT for more specialist assessment. The use of a texting service has significantly reduced the number of families who do not arrive for their appointment.
- The support provided to families by key workers to coordinate packages of care is highly regarded by those who access specialist teams working in Ealing Services for Children with Additional Needs (ESCAN), family nursing and the child development unit. Inspectors heard from some parents about how invaluable this has been and how colocation is helping to embed the 'tell it once' approach. However, some feel that changes in staffing mean that they have to repeat their story to new staff. Some parents told inspectors that they feel overwhelmed by the amount of coordination they have to do themselves to be able to support their child in accessing services.
- Most children and young people who need additional support for their emotional health and well-being can access a wide range of CAMHS services. The integration of CAMHS practitioners into teams such as SAFE, 'Building my Future', and the Ealing Primary Centre are effective in providing a coordinated approach, and in preventing educational and/or family breakdown.
- The ITSBS has a positive and long-term impact in supporting those children and young people with the most complex and challenging SEND. For example, some young people who have received support are able to live in the community into adulthood. Children and young people who need specialist CAMHS receive a timely and effective service. There are clear systems in place to identify and

manage the situations facing those children or young people who are in crisis or at risk of being admitted into care.

### **Areas for development**

- The overall quality of EHC plans is too variable. While better quality was typically seen in those most recently issued, the variability comes from:
  - a lack of consistency in detailing specific and appropriate short- and long-term outcomes across education and/or health and/or care
  - the provision that is outlined in the plan not being specific enough and matched well to the specific input from professionals
  - a lack of sufficient detail about the 'what', 'when' and 'who' in relation to the child or young person's SEND provision.
- The methods and timeliness of communication within the local area have, overall, let parents down. Some key aspects of concern are:
  - the ease of and clarity of information that is on the local offer, this includes for example thresholds for short breaks and whether clubs and activities will be able to accommodate their child's specific SEND
  - difficulty for parents and carers in being able to identify how to contact professionals, for example in relation to the bladder and bowel service
  - professionals in the local area and schools not signposting staff to the local offer and/or services that are available in the local area. One parent said to inspectors, 'In today's meeting with the inspector, I learned about services that are relevant to my family.' Many parents expressed similar thoughts.
- The local area does not maximise opportunities to gather the views of parents, children or young people, for example, when carrying out reviews of a school's SEN provision. The parent carer forum (PCF) has a genuine commitment to working with leaders in the local area. However, leaders have not fully utilised their relationship with parents in working in true partnership to secure further improvement.
- The local offer is being reviewed. Currently, the needs of some groups of children and young people are not being well met by what is available. This includes clubs and leisure activities for those with ASD. A few parents also stated that their child's school was not supporting their child to access breakfast or after-school clubs.
- I-SAID staff have concerns about their capacity to attend meetings or annual reviews when they know parents and/or young people need support. This is due to the high caseloads of staff. A lack of capacity is also preventing I-SAID staff from being able to widen their contact directly with young people. Many parents have not heard of I-SAID and therefore the range of support that could be of use to them.

- Transition planning for young people aged 14 to 16 years old is not as effective as it is for those aged 16 years and over. This is because transition planning, for example during the Year 9 annual review and the inclusion of career planning in EHC plans, is of an inconsistent quality.
- Children and young people who are supported through an EHC plan are not routinely known to school nurses, even where there are complex health needs. As a result, their ability to provide effective support to this group is limited. Inspectors found that EHC plans are not readily accessible to health professionals on their electronic systems. This does not allow the professional to consider the impact of their work in relation to the holistic needs of the child or young person.

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

### **Strengths**

- Pupils by the end of their key stages make progress that compares well to other pupils nationally. For example, at the end of key stage 4, Progress 8 in 2018 for SEN support pupils was in line with that of other pupils nationally.
- Leaders know the educational outcomes of schools in the local area particularly well. They carry out a detailed analysis and identify those schools where outcomes are not good enough. This includes pupils' progress in writing, which by the end of key stage 2 is below that of reading and mathematics. Many schools have received reviews to check on the teaching, leadership and outcomes being achieved by children and young people with SEND. This is helping to improve outcomes, including in writing.
- Some children and young people's needs are being met through placements in independent special schools. School leaders speak positively about the timeliness of information sharing and the support given to them by the local area, for example in helping to manage attendance.
- There is strong evidence in relation to young people's outcomes for those aged 16 to 25 years old, for example in the:
  - number of young people who complete their supported internship and enter paid employment
  - pathways for young people leaving special schools and following college courses, gaining for example the literacy, numeracy and work-related skills needed to access mainstream courses the following year
  - young people who have completed independent travel training, including those who travel to their work placement as part of their internship
  - high proportion of young people aged 16/17 and those known to YOS who are in education, training and/or employment.

- Leaders have appropriate plans in place to improve these outcomes still further.
- Many parents who spoke to inspectors are pleased with their child's school. They report that their child is more confident and happy, developing wider social and communication skills.
- Leaders have made a clear commitment to invest resources to develop and expand short break provision and plans have been co-produced with parents. This will significantly increase the number of nights available for respite in Ealing.
- There has been a sharp increase in the use of direct payments since March 2015. Support is also provided to parents to help manage their direct payments. There is currently no waiting list for access to the range of short-break support packages. Parents who spoke about short breaks were particularly positive about ITSBS, summer play schemes and the sitting service.
- Fixed-term exclusion rates for children and young people with SEND have decreased over time. This is in part due to improved provision, for example from the Ealing Primary Centre and additional support for pupils who have more complex behavioural needs. Overall attendance is close to the national average for other pupils.
- There is innovative careers work taking place within the Ealing Careers Cluster. This is improving careers guidance as part of the local area's preparation for adulthood initiatives. This involves an external training provider working with special and mainstream schools, colleges and over 40 employers. It is an inclusive project, adapted to suit a range of SEND. This has enabled young people to learn effectively about different jobs and adulthood.
- The Young Ealing Safeguarding group includes young people with SEND. Part of the group's work involves planning and delivering a programme called 'Contagious Consent' to young people in Year 9 in a local secondary school. This project and others such as the 'Power Group' give a range of ways for young people to develop their confidence, communication and public speaking skills.
- Health professionals carefully track the outcomes for children and young people from their therapies. For example, high proportions, including for children in the early years, achieve their physiotherapy and SALT goals that are set at the beginning of their therapy support package. Parents also reinforce these positive outcomes, for example in relation to their child's hearing or visual impairment.

### **Areas for improvement**

- Social care professionals, when evaluating parents' views about services such as early help and SAFE surveys, are not reviewing the impact specifically for children, young people and/or their families with SEND. Therefore, they cannot evaluate the impact of some of their work on this group explicitly.
- The number of children and young people with SEN support needs who are in education, training or employment for at least two terms following key stage 4 is

below the national average. This is in part due to weaker transition planning in Year 9 for those making their transition into key stage 4.

- Permanent exclusions, although reducing for pupils on SEN support, are above the national average. There is more work to do in the local area to meet the needs of those children and young people with SEMH needs. This is particularly to help further reduce permanent exclusions and the rate of persistent absence for this group, particularly in secondary school.
- There are still inconsistencies in outcomes being achieved for children and young people with SEND in some schools. Leaders know these schools and have appropriate actions in place. Although leaders analyse educational outcomes, they make overall comparisons to the national average for SEND pupils rather than to other pupils nationally. Therefore, potential gaps are not being systematically identified and tracked.
- Systems to be able to evaluate pupils' wider outcomes such as communication and social skills are not yet well developed.
- There is parental dissatisfaction with wheelchair services. Waiting times are too long following assessment and for when repairs are needed to equipment. Therefore, this has a significant negative impact on the ability of children and young people to access daily living.

Yours sincerely

**Sam Hainey**  
Her Majesty's Inspector

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