

20 March 2019

Mr Nick Jarman  
Interim Director of Children's Services, Dorset  
County Hall  
Colliton Park  
Dorchester  
DT1 1XJ

Tim Goodson, Chief Operating Officer NHS Dorset  
Steve Clarke, Designated Clinical Officer NHS Dorset  
Rick Perry, local area nominated officer

Dear Mr Jarman

### **Joint local area SEND revisit in Dorset**

Between 11 and 13 February 2019, Ofsted and the Care Quality Commission (CQC) revisited the local area of Dorset to decide whether the local area has made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA) issued on 16 March 2017.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the local area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 3 August 2017.

**Inspectors are of the opinion that local area leaders have not made sufficient progress to improve each of the serious weaknesses identified at the initial inspection.** This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with seven groups of young people with special educational needs and/or disabilities (SEND), two groups of parents/carers, and local authority and National Health Services (NHS) officers. 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. Inspectors held meetings with two groups of headteachers and special educational needs coordinators (SENCOs) from mainstream secondary and

primary schools. Inspectors also met multi-agency representatives of the operational group involved in planning the new development and behaviour pathway. Inspectors viewed a range of information about the performance of the local area, including the local area's assessment of its work. Education, health and care (EHC) plans and case records for children and young people were viewed. Inspectors considered the responses of 433 parents who completed an online survey about the serious weaknesses identified in the WSOA and additional responses received during the revisit.

## Main findings

- **The weaknesses in strategic planning, integrated with health and social care, which include clear monitoring and evaluation arrangements to ensure that leaders are held to account for improving children and young people's outcomes.** Following the local area SEND inspection in January 2017, leaders took decisive action to tackle the identified areas of weakness. In addition, the local area developed an additional workstream to consider the effective and efficient management of SEND funding to strengthen the sustainability of future arrangements. The local partnership has strengthened leadership accountability and governance of the SEND programme. Members of the SEND Delivery Board and the pan Dorset Health Forum provide increased strategic oversight, ongoing review and challenge to leaders across the local area. They monitor progress in delivering their planned actions to inform further improvement to the delivery and effectiveness of their services. The SEND strategy (2018–2021) has been co-produced (a way of working where children and young people, their families and those that provide services work together to plan or create a service which works for them all) with families, children and young people. This work informs the local area's approaches to joint commissioning and the delivery of integrated support more effectively. Further work is needed to ensure that leaders check the quality and impact of the services they jointly commission to improve the outcomes and life experiences of children and young people.

The newly appointed designated clinical officer provides important leadership capacity to strengthen the contribution of health agencies and support wider partnership working. The new joint operational agreement, co-produced with parents and carers and NHS providers, provides a clear structure and expectations of SEND practice to direct the work of a wide range of health practitioners. Leaders have planned and implemented SEND-specific awareness-raising and training events. These events are beginning to strengthen professionals' understanding of their accountabilities across the partnership.

The local partnership benefits from active engagement and leadership by the Dorset Parent Carer Council (DPCC). They engage with local services successfully and involve children, young people and their families to gain an understanding of their experiences. This work is supporting the local area to develop and shape its services and provision to improve the support and outcomes of children and

young people. **Leaders have made sufficient progress to address the serious weakness.**

- **The low conversion rates from statements of special educational needs to education, health and care plans and a lack of timely completions of new EHC plans with appropriate and personalised outcomes.** Following the January 2017 local area SEND inspection, leaders prioritised the significant number of statements of special educational needs awaiting transfer to EHC plans. They were successful in meeting the end of March 2018 deadline for completing these transfers. While the requests for EHC plans continue to rise from schools and families, the timeliness of completed assessments and EHC plans has significantly improved and is now consistently well above the national average. Leaders recognise that the quality of EHC plans, while improving, remains variable. For example, the quality and degree of joint working with education, health and care, to identify and assess the needs of children and young people with SEND, remains inconsistent. Information about the levels of provision and support, together with the required frequency of implementation and review, is not clear in some case records sampled. Young people with SEND who spoke to the inspectors remain frustrated with the local area. For example, young people told inspectors that while they are aware of the information recorded in their EHC plan, they do not feel that the plans meet their current needs. This lack of clarity means that local arrangements to monitor progress of the children and young people effectively or hold relevant agencies to account are not yet secure. Nonetheless, EHC plans for younger children are generally of a better quality, resulting from increased multi-agency assessments and more effective joint working with education, health and care in early years services.

Leaders have identified that further work is required to understand and respond to the diverse needs and experiences of children and young people with additional emotional and mental wellbeing needs. Health leaders have acted to strengthen the capacity of the local specialist child and adolescent mental health teams (CAMHS). As a result, time from referral to assessment of needs has significantly improved. Gaps remain, however, in local arrangements for the provision of early help and integrated support for children and young people with lower-level needs. Joint responses to children at risk of exclusion or who are not in education are not always sufficiently personalised or robust. **Leaders have made sufficient progress to address the serious weakness.**

- **A significant proportion of parents describe their concerns at the extent of the delays, the lack of support and lack of communication, transparency and involvement at strategic and individual level.** Parental satisfaction rates overall are low. A significant number of responses from parents were received during the revisit. The majority of parents who responded to the survey do not have sufficient confidence in leaders in the local area to provide the support and services for their children and young people. The DPCC voices parents' concerns at a strategic and local level to inform leaders' decisions. However, parents remain dissatisfied with the systems in place to plan and

implement services and provision for their children. For example, the time taken from referral to diagnosis for children and young people with autism is too variable. Children living in one area of Dorset are having to wait for significantly longer periods of time to be seen by health professionals compared to the other area. Many parents report that they still do not know where to get the help they need and report being passed from one professional agency to another. Those parents and carers who responded to the survey or spoke with inspectors continue to state that they do not know how to access information and advice about the services available through the local offer. This view continues to be prevalent, despite local area leaders' work to communicate a wide range of information through this offer and other media. Furthermore, some parents report that they do not know how best to voice their concerns when the quality of provision is not enabling their child or young person to achieve positive outcomes, for example when the EHC plan is not being delivered as agreed.

Parents spoke of the ongoing additional stresses they face when their children are excluded or on reduced timetables. Leaders ensure that children and young people missing education are appropriately tracked. However, they are fully aware that the limited availability of specialist settings has an impact on some children remaining out of school for too long. Parents, school leaders and SENCos describe how they value the support and guidance from professionals in the portage service, Learning Disabilities CAMHS team, Swifts team and the family partnership zones. This support helps to reduce parents' anxieties and provides opportunities to develop positive approaches to co-production. **Leaders have not made sufficient progress to address the serious weakness.**

- **The weaknesses in the monitoring and quality assurance procedures to challenge and support provision and improve outcomes for children and young people.** Quality-assurance systems are in place to ensure that the services and provision delivered result in strong outcomes for children and young people. Leaders are using their agreed joint action plans to check the impact of their work and to inform joint strategic planning. However, this work remains at an early stage of implementation and development. Consequently, leaders are not able to assure themselves fully that children and young people receive high-quality support and provision. Quality assurance of SEND practice by frontline staff is in its infancy. For example, learning from multi-agency case audits of EHC plans has only recently been undertaken. Given the very small sample size, learning is limited. This is recognised by leaders and a more targeted approach is due to take place from May 2019.

Work is under way to promote more equitable access to specialist health support for children and young people with autism spectrum disorder and attention deficit hyperactivity disorder. This work is being achieved through the development of a joint development and behaviour pathway. However, the investment requirements to deliver this pathway effectively are not yet fully planned or in place. As a result, some children and young people do not currently receive timely support to meet

their needs. **Leaders have not made sufficient progress to address the serious weakness.**

As leaders of the local area have not made sufficient progress against all of the weaknesses identified in the written statement, it is for the DfE and NHS England to decide the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and CQC will not carry out any further revisits unless directed to do so by the Secretary of State.

Yours sincerely

Jen Southall  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Bradley Simmons, HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Jen Southall HMI Lead Inspector	Susan Talbot CQC Inspector

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