

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk



12 July 2019

Mr Damian Allen
Director of Children's Services, Doncaster LA
Civic Office
Waterdale
Doncaster
DN1 3BU

Jackie Pederson, Chief Officer, NHS Doncaster Clinical Commissioning Group
Riana Nelson, local area nominated officer

Dear Mr Allen and Ms Pederson

Joint local area SEND inspection in Doncaster

Between 20 May 2019 and 24 May 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Doncaster Metropolitan Borough Council to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) 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 with SEND, 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 SEND 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 strength and areas for further improvement.

Main Findings

- Local area leaders are committed to improving the life chances of children and young people with SEND. The strategies that they have used have secured improvements to the quality of health, education and social care provision. This is having a positive impact on the quality of services for most children and young people. The 'big picture' in Doncaster is one of steady improvement.
- The voice of children and young people with SEND is given high priority in Doncaster. Local arrangements ensure that the ideas of children and young people influence leaders' strategic planning and the development of services. For example, the local offer has been shaped by the voice of children and young people.
- The local area's self-evaluation is detailed, accurate and comprehensive. Leaders know what is working well and where improvements are needed. They are acting quickly to bring these about. Development plans are sharply focused on what needs to improve.
- Relatively soon after the reforms in 2014, decisions to align services geographically into 'neighbourhoods' brought easier access to support for children and young people with SEND and their families. This structure has enabled more effective communication between health, care and education professionals from that point.
- Local area leaders have a history of working together to improve services and outcomes for children and young people with SEND. Child and adolescent mental health services (CAMHS) work effectively with education professionals to support the needs of children and young people with SEND. Systems to identify emerging need operate in a well-established and timely fashion, especially for children and young people with hearing impairments, and young people who are involved with the youth offending service (YOS).
- Leaders have an accurate picture of the local area's effectiveness in identifying, assessing and meeting the needs of children and young people with SEND. As a result, the development plans that are in place are strong. Leaders know what needs to be done and are moving at a pace to further improve provision and outcomes for children and young people.
- Support for children in the local area aged 0 to 5 years is cohesive and coherent. Frontline practitioners in early years services show a clear commitment to improving health, education and care provision for young children with SEND. Partnership working is contributing to better outcomes for this group of young children.
- Inspectors have identified some areas for development. For example, some children and young people with SEND do not always receive effective support

at points of transition. Education, health and care (EHC) plans are not of a consistently high quality. Rates of absence and the number of fixed-term exclusions are too high for children and young people with SEND. In addition, the progress that children and young people make by the time they leave Year 11 is slower than that of their peers nationally.

- Although there are examples of effective joint commissioning and co-production (a way of working where children and young people, families and those that provide services work together to decide or create a service which works for them all), local leaders have been slower to implement these aspects of the 2014 reforms than others.
- There is variation in the quality of schools' work in the local area. Despite the support offered by the SEND education support team, this variation is having an impact on how well the needs of children and young people are met.
- Only a few parents to whom inspectors spoke were aware of the local offer or the special educational needs and disability information, advice and support service (SENDIASS). Many of the parents in individual schools and settings were unaware of the support that is available from Doncaster Parents' Voice. Consequently, even though the quality of the support offered in the local area is relatively strong, parents that were unaware of this support described feeling isolated.

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

Strengths

- The needs of children aged 0 to 5 years are identified early and swiftly. This is because early childhood health programmes and working relationships between health, care and education colleagues are well established. Professionals have a good understanding of each other's roles, they share information, and coordinate support effectively. A prime example of this is the way in which the health visiting service delivers the Healthy Child Programme in which families access a range of universal services from the antenatal period onwards. This helps to identify any additional needs that children have.
- Access to services is a relative strength in the local area. For example, children and young people do not need a formal diagnosis to access specialist health interventions. This ensures that children and young people's needs are identified in a timely fashion. Access to mental health services is an example of this.
- Children and young people with complex needs benefit from specialist health visiting and school nursing services to ensure that their individual and unique

needs are met. Because of this additional provision, health visitors and school nurses have more time to support other children and young people with SEND.

- Children and young people with a hearing impairment have their needs identified at an early stage; the hearing impairment service works closely with health colleagues to identify any additional needs from birth. The support that children and their families receive is swift and effective. It is appreciated by parents. These strengths are mirrored for children and young people with visual or physical impairment, who also benefit from early identification of any additional needs.
- Within the YOS, young people have access to a range of specialist services such as speech and language therapy and forensic psychology. As such, they benefit from a range of specialist assessments and interventions. This ensures that any previously unmet or additional needs they have are identified accurately and in a timely fashion.

Areas for development

- Some children and young people do not receive high-quality support at key transition points. Families report a wide variation in how much support they receive and how effective it is. Sometimes, preparation for transition between schools does not begin early enough or in a fully joined-up way. Within health services, the transition process between paediatric and adult services is of variable quality. Although improvements are under way, this is not having a consistently positive impact at this point.
- The emerging needs of children and young people with SEND are not consistently identified well by schools. As a result, any additional support is not always timely or appropriate.
- The health needs of some children and young people are not always identified at the earliest opportunity. For example, too few young people after the age of 14 access their annual health assessment. Health assessments for some children who are looked after are not completed within statutory timescales.

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

Strengths

- Arrangements for identifying any emerging SEND needs among young children aged 0 to 5 years are effective. Education, health and care colleagues work together in integrated teams to ensure that children's needs are met. As a result, children with SEND are accurately matched to

appropriate nursery placements in specialist or enhanced provision.

- Professionals in the portage service work effectively with children with SEND from pre-birth to school age. Professionals from the service support families in the home environment, as well as attending other settings to help to assess any additional needs. They then shape any support given more effectively. This service is highly valued by parents.
- Children from Doncaster benefit from an integrated two-year health review to assess any potential additional needs and support is provided accordingly.
- The General Development Assessment (GDA) pathway is the route for children and young people to be formally assessed for autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and non-global developmental delay. This pathway is increasingly effective. It helps to ensure that children and young people can access the most appropriate service to meet their individual needs.
- The local offer is informative and well considered. Children and young people are actively involved in its formulation and development. Indeed, local area leaders actively seek the views of children and young people with SEND. The Learning About Disability, Discrimination, Equality and Rights youth forum, and the youth council provide opportunities for the voices of children and young people to be heard. These are two examples among many.
- Children and young people appreciate the range of participation and involvement activities that take place across the local area. For example, within CAMHS, children and young people with SEND help to shape the development of services. Representatives are part of the scrutiny panel that holds senior local area leaders to account.
- SENDIASS in Doncaster is viewed positively by parents who have accessed the service. Many families value the support and guidance that they have received. Similarly, the networks and support provided by Doncaster Parents' Voice are appreciated by a range of parents.
- Within health services, families benefit from a 'tell it once approach'. Therapy services work effectively and collaboratively in assessing children and young people with additional needs. Joint assessments are in place where this is applicable. Support is particularly effective for children and young people with hearing impairment, and for those with ASD.
- Children at risk of hospital admission benefit from an 'Intensive Homebased Treatment Service'. As a result, hospital admissions have significantly reduced. More children can stay at home with their families.
- Children and young people with SEND who are educated at home have access to the school nursing service. There is a robust process for sharing information across agencies to ensure that the health needs of these children

and young people are met.

- Children and young people have open access to mental health services. Children and young people are placed on the most appropriate pathway to meet their individual needs and are seen in a timely manner. CAMHS works closely with local schools, with a link practitioner to all settings within 'neighbourhoods' to this end.
- Children and young people who are additionally vulnerable are, overall, well supported to make progress to meet their goals. Children and young people who are fostered talked animatedly to inspectors about the emotional support they receive. In addition, young people with SEND who are supported by the YOS make gains in their development due to the additional support that they receive.
- Children and young people who are looked after with SEND are well supported by the virtual school. Teachers and other professionals are attuned to any additional emotional needs these children and young people may have. Intensive support and tracking ensure that children looked after and young people make gains in their wider development and learning.
- The support that school leaders receive from the SEND education team is appreciated. Professional networks for special educational needs coordinators in schools are valued by school leaders.
- Children and young people with complex SEND are increasingly well supported at school. Members of the SEND education team support schools with a tailored and creative approach to help teachers to support individual pupils. In addition, special schools in the local area share their expertise with mainstream schools and offer packages of support for teachers. By doing so, some mainstream settings are developing specific expertise in supporting children and young people with more complex needs.

Areas for development

- Children and young people have not always benefited from a cohesive approach to the organisation of support across the local area to meet their needs. Joint commissioning arrangements across the local area have been slow to develop. Leaders have recognised this issue and sharply focused plans to further strengthen and build upon current joint commissioning arrangements are in place.
- Some children and young people with ASD and ADHD wait for too long for a formal diagnostic assessment of their needs, despite improvements because of the GDA pathway.
- There is too much variation in the quality of EHC plans. Health and care professionals do not contribute consistently well to the plans. The perspective

of the child or young person and their parents is sometimes missing. Desired outcomes in the plans sometimes lack precision. Aspirations for individuals are sometimes too low. As a result of this, some children and young people are not having their needs met precisely enough.

- There is variation in the quality of support provided by some schools for children and young people with SEND. The SEN education team is working to tackle inconsistencies in the effectiveness of 'SEN support' for children and young people in schools where this is an issue. Variation remains at this point, however.
- Although several parents that contacted inspectors were happy with much of the support that their children were receiving, others talked of the need to 'fight' to have the needs of their children identified and met. Despite the quality of the support on offer, many parents are unaware of the range of services available. Many have not heard of the local offer or SENDIASS.
- Opportunities for leisure activities in the community for young people with the most complex needs are limited.
- There is no paediatric splint service available for children and young people in Doncaster. As a result, children are not benefiting from specialist intervention that would improve their long-term outcomes.

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

Strengths

- There have been some improvements in the standards that children and young people reach and the progress that they make. For example, the proportion of children and young people with SEND reaching the expected standard in the phonics screening check has improved steadily. The standards reached by children and young people has been on an improving trend, both at key stage 2 and key stage 4.
- Children and young people who are looked after and who have SEND make gains in their learning due to the bespoke support they receive through the virtual school and local settings.
- The number of young people accessing supported internships has increased. In addition, Doncaster Project Search, which started in 2014, has been increasingly successful in supporting young people with SEND to secure employment.
- A greater number of young people are living independently due to more accessible accommodation being commissioned. For example, the housing department and the supported living service worked together to develop

Harmony House. This renovated accommodation also enables young people with SEND to develop the necessary life skills to live independently.

- On an operational level, health services use a range of systems to check that the work of professionals is having a positive impact for children and young people. 'Star outcomes' and feedback from children and young people from social media platforms have helped to shape services and to improve outcomes.

Areas for improvement

- Rates of attendance in school are too low for children and young people with SEND. Too many are persistently absent. Local area leaders have made sure that systems are in place to pinpoint individual settings where absence is a particular issue. They challenge these headteachers and governors to this end. Improvements at this point are too slow.
- The proportion of children and young people with SEND who receive fixed-term exclusions is too high. Similarly, the number of permanent exclusions of children and young people with SEND is too high. Local area leaders have forged positive links with multi-academy trusts and local school leaders with the intention of addressing this issue. This is beginning to have a positive impact. Several schools are now seeing a rapid decline in the use of fixed-term exclusions. All secondary schools have signed an 'inclusion charter' to limit the number of exclusions and to work creatively to support the behaviour of some children and young people with SEND. The number of fixed-term exclusions among these children and young people in Doncaster remains high.
- By the end of key stage 4, children and young people with SEND make less progress from their individual starting points than all pupils nationally, and other pupils in Doncaster. Although some gains in progress are evident, the rate of improvement is currently too slow.
- The CCG is not routinely collecting information about the holistic impact of their services in relation to children and young people with SEND. As a result, there are a few gaps in the understanding of senior leaders as to how to have a greater impact on the health outcomes of children and young people with SEND.
- Therapy and community nursing services have been under review for a prolonged period, which has led to drift and delay. Leaders are aware and have a clear plan to drive forward and implement the change.

Yours sincerely

Ofsted	Care Quality Commission
Katrina Gueli, HMI Acting Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Michael Wardle, HMI Lead Inspector	Rebecca Hogan CQC Inspector
Mark Emly Ofsted Inspector	

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