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Copied to: Helen Gregg, Local Area Nominated Officer

Dear Ms Ogle-Welbourn and Ms Jan Thomas

Joint local area SEND inspection in Peterborough

Between 10 June 2019 and 14 June 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Peterborough 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 (HMIs) from Ofsted, with a team of inspectors, including a children's services inspector from the CQC, an Ofsted Inspector and another HMI.

Inspectors spoke with children and young people with disabilities and/or special educational needs (SEND), parents and carers, local authority and 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.

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 are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

Main findings

- Leaders have not implemented the 2014 reforms quickly enough. Since 2016, progress towards implementing the reforms has gained momentum, but there is still a lot to do to make sure that the reforms are implemented fully and effectively.
- Concerns raised by inspectors are of no surprise to leaders, although leaders are not in agreement that the weaknesses are significant enough to require a Written Statement of Action. Leaders' evaluations and plans confirm awareness and understanding of the shortfalls. Actions to address weaknesses are often in place. Too many of the actions are at the early stages of implementation and/or effectiveness at meeting leaders' vision that special needs is 'everyone's business'.
- The role of the designated clinical officer (DCO) is not developed well enough to support the health requirements of the 2014 SEND reforms. The time and resources available for the DCO to make sure that health professionals play an active and equal part in improving provision and outcomes are too limited.
- Leaders use a variety of methods and opportunities to engage with families. Family Voice (the parent carer forum) and the special educational needs and disabilities independent advice and support service (SENDIASS) are particularly active in challenging the work of local area leaders. Despite these services being available, many parents and carers are not clear about what support is available to them. Effective communication is a continual source of frustration for parents, carers and leaders.
- Too often, parents and carers do not see the difference the 2014 reforms make to outcomes and provision for their children, and do not feel listened to. Too many parents and carers are told repeatedly by professionals in education and health services to 'wait and see' if things get better. Parental concerns about the quality of education, health and care (EHC) plans and the time it takes to access health services are well founded.
- Although some health provision is well established, such as the pathways for speech and language therapy (SALT), the neurodevelopment service, and social, emotional and mental health services, too many children and young people with SEND wait too long to get the help they need.
- The quality and range of provision for 18- to 25-year-olds lag behind that for younger children and young people. As young people reach adulthood, the range of opportunities and services reduces, which affects their aspirations to live full and meaningful lives.

- Strategic oversight of outcomes for children and young people with SEND is weak, which makes it difficult for partners to work together on measurable and meaningful targets. Recent changes to governance structures have put arrangements in place to ensure the impact of actions upon outcomes are effectively reviewed.
- Joint commissioning that is specifically for meeting the needs of children and young people with SEND is not established well enough. Too much activity relies on improving the universal services, without checking as to whether this is meeting the needs of children and young people with SEND well enough, or if further bespoke commissioning is required. This is particularly the case for health services.
- The co-production of plans and services is well established. Children, young people, parents, carers and professionals work well together to improve the quality and range of services.

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

Strengths

- Special educational needs coordinators (SENCOs), staff at the schools with specialist SEND hubs, and members of Family Voice are very active in providing a range of training for staff in schools. The training is well organised and well received. As a result of the training, staff are becoming better informed and more confident to pick up early indications of SEND.
- Recent training for SENCOs, about a graduated approach to meeting the needs of children and young people who may require SEN support, is leading to more consistent identification of their SEND needs. In addition, the identification and subsequent programmes are better documented to show the support provided.
- The peer reviews across the SENCO networks are successful in helping school staff reflect on how well SEND needs are identified, and if additional training is needed for staff.
- Children who are looked after benefit from rapid access to diagnostic pathways, such as those for attention deficit hyperactive disorder (ADHD) and autism spectrum disorder (ASD). Swift identification of needs means that professionals across health, education and social care services have the information they need to make meaningful plans for the children and young people.
- Early health assessments generally work well to identify the needs of the youngest children with SEND. Joint visits undertaken by multi-disciplinary teams successfully identify children's needs. Children's SEND requirements are captured well through the assessment reports.

Areas for development

- Whereas most early assessments work well, liaison between midwifery and health visiting teams is not strong enough across the local area to make sure that infants with additional needs are identified at the earliest opportunity.
- The agreed targets for the five mandatory contacts by healthcare professionals in the health visiting teams are not met, which reduces the opportunities to identify concerns about children's development.

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

Strengths

- Professionals are successful in their 'tell it once approach' with families, which includes the 'all about me folder', used when children and young people attend health appointments.
- Children and young people from birth to 16 years with complex health conditions get good support from the well-established children's community nursing (CCN) service. Families are supported alongside their children, and staff in educational settings are trained to meet health needs safely. This is supporting children and young people's attendance and participation at school.
- The neurodevelopment service offers treatment in a timely manner. Multi-disciplinary arrangements for diagnosis across age ranges are working well. The new processes have positively improved waiting times.
- Commitment to funding the post-16 out-of-area school placements is often agreed with the local authority early, leading to stability for the families as well as the children and young people.
- Planning meetings, to set targets and success measures in new EHC plans, are good opportunities for co-production between parents, carers, children, young people and professionals. Completed EHC plans often give a clear picture of their needs and aspirations, and what needs to happen for achievement within education.
- Health and education services provide some good opportunities for families and professionals to get advice when needed and that avoids the need for formal referrals. Support includes face-to-face appointments as well as telephone contact. The SALT drop-ins for pre-school children provide rapid and easy access to advice and support. The local hubs support SENCos by offering telephone consultations. Parents and carers can book one-to-one appointments with educational psychologists.
- The 'Big Youth Shout Out' programme successfully puts children and young

people at the heart of developments. The children and young people involved in this programme are passionate about 'nothing about us, without us' and make sure that the approach is followed.

- The 'Youth Champions', a group of young people supporting current work on preparing for adulthood, play an active role in getting their views across and keeping professionals on their toes. The group has, quite rightly, become a force to be reckoned with.
- The development of the local offer webpages for children and young people with SEND is a good example of successful co-production. Those involved, of all ages and abilities, make an important contribution to the appearance and accessibility of the information. More generally for parents, carers and professionals, it is easy to use the local offer website to find what is available.
- The SEN hubs are successfully developing the expertise of staff and promoting more inclusion in mainstream settings. Early indications are that the work supports improved outcomes for the children and young people with SEND.
- The SENDIASS team is well respected and offers appropriate challenge on behalf of parents and carers when needed. The service is seen as a critical friend and empowers parents to support their children. Parents and carers particularly value the knowledge of the partnership manager and the availability of the support.
- Some innovative work by staff in special schools, in collaboration with the colleges, is identifying the curricular needs of the children and young people with EHC plans. It is early days for the joint work, but gaps have already been identified and proposals made for extending the meaningful social and vocational aspects of the curriculum on offer.
- The new SEND strategy and the new provision for short breaks are good examples of meaningful and thorough co-production between professionals and parents and carers.

Areas for development

- There are significant weaknesses in meeting the demand for health services. A lack of resources means that children and young people do not get access to health services in a timely manner; they wait too long to get the support they need.
- Excessive waiting times for assessments and a lack of clear commissioning arrangements mean that children and young people are not always getting timely and appropriate access to the right medical equipment and resources. Too often, disagreements between different services about who will fund the essential resources at home and at school, such as continence products or correctly sized seating, hinder access to what the children and young people need. This makes day-to-day life a struggle for children, young people and their families.
- There are significant weaknesses in the quality of EHC plans, particularly in

relation to social care and health needs. Too many plans contain insufficient or inaccurate information, which reduces the usefulness of EHC plans in meeting the identified SEND needs. Most notably:

- too often, information about children’s and young people’s health needs is sparse or missing, even when the information is available and current
 - some health teams do not contribute to EHC plans or attend annual reviews, even when health needs are identified in the plans
 - although improving more recently, the involvement of social care advice in the formation of EHC plans has been lacking, and the local area has been too slow in making sure that social care partners play an active part in meeting identified needs
 - it takes too long for EHC plans to be updated following the annual reviews
 - the updates to EHC plans, following the review meetings, rely on the diligence of professionals, parents and carers, which leaves too much room for error and misunderstanding, and results in amendments being made to plans that are not appropriate
 - the problems are most significant when amendments are proposed to address changes in identified needs and resources.
- There is a gap in joint commissioning, as already identified by leaders, in health and education services to meet the particular needs of young adults. In particular:
- the provision for 16- to 18-year-olds with the most complex health needs is not organised well enough. Parents and carers find that transition to an equivalent adult service in some particularly complex cases is often difficult
 - the uptake of annual health checks by 14- to 25-year-olds is low and reflects a worrying lack of oversight by general practitioners (GPs) about how young people’s health needs are being met once the support from children’s health services cease
 - the planning and provision for 19- to 25-year olds are hampered by health services that do not match the range of support accessed up to the age of 18 years. There are, for example, no equivalent services for CCN and ASD.
- Parents, carers and young people are understandably critical of the short-break service. Currently, there are not enough short breaks on offer, especially during school holidays and, more generally, many families are not eligible to access the opportunities. Having identified the same concerns as the families, a new service has been commissioned and will be available soon. The new service is the result of a well-thought-through piece of joint commissioning between leaders and

parents and carers, but has been too long in the making.

- Personal budgets and personal health budgets are not used enough by parents and carers. The budgets are not well understood or promoted effectively, which reduces the options available to parents, carers and children to act upon what is best for them.
- A range of appropriate checks are carried out before children and young people are placed in out-of-area provision, such as independent schools, but little monitoring of the quality of the placement takes place after that. Some local authority officers attend reviews of EHC plans or personal education plans. New arrangements are planned from the autumn term 2019 in recognition of the lack of oversight.
- The support available through the SENDIASS team is insufficient to match the demand for its services. While the service recently received funding to employ an additional two part-time members of staff, capacity to undertake the expected support for parents and carers, as well as for children and young people, is limited.
- Although health partners are now part of the 'joint stakeholder group' (part of the new SEND governance structure), there has not as yet been any consideration to jointly commissioning the service with the clinical commissioning group (CCG). This is a recommendation in the new minimum standards for independent advice and support.

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

Strengths

- Educational outcomes are improving slowly, generally as a result of the school-wide improvements to teaching and learning. Similarly, the reduction of absence and exclusions, particularly fixed-term exclusions, is a result of targeted work for all pupils.
- Supported internships offer an increasing number of young people with SEND paid employment. There were four placements in 2017/18, and 16 in 2018/19. There are ongoing plans to increase the number next year. This provision supports young people well to enter employment in the local area. An increasing range of employers are becoming involved, including the local authority.
- Although not initially a popular choice for parents and carers, once they start the parenting courses on offer, they often find that the suggestions and strategies are useful and have positive outcomes for their family life.

Areas for improvement

- Leaders across health and education do not know enough about how well outcomes are improving for the children and young people with SEND. This is a significant weakness in the local area's strategic overview of the quality of children's and young people's outcomes. Information is only just being pulled together. The weaknesses are made worse by information systems that are not fit for purpose. Leaders have identified the weaknesses and will be implementing a new system in autumn 2019. Discussions between leaders are taking place to decide on the measures for meaningful, aspirational targets.
- In addition, leaders do not know enough about:
 - the extent of part-time placements, particularly for those identified for SEN support
 - the availability of five-day provision for post-16 college students
 - whether the outcomes for those placed out of area match the expectations of the commission.

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 the local area will tackle the following areas of significant weakness:

- Joint planning, including commissioning, and intervention are not sufficiently well established to make sure that all agencies and services play an active role in meeting the requirements of 2014 disability and special educational needs reforms.
- There is no quality assurance framework for the local area's work for children and young people with SEND. Intended outcomes for children and young people are not targeted, measured or evaluated well enough to inform leaders about the impact of the work to implement the reforms effectively.
- The current arrangements for the DCO in relation to the implementation of the reforms do not allow the postholder to fulfil the obligations of the role sufficiently.
- Early support is well embedded for children in early years, but does not follow through in all areas of the lives of children and young people as they get older. It takes too long for children, young people and families to get the support they need.
- The provision for young people aged 18 to 25 is not sufficiently developed to make sure that young adults have the full range of opportunities and support that they need as they move through into adulthood.

Yours sincerely

Heather Yaxley
Her Majesty's Inspector

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