

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



19 August 2019

Mr Andy Smith
Strategic Director of People's Services, Derby
Corporation Street
Derby
DE1 2FS

Dr Chris Clayton, Chief Officer, Derbyshire Clinical Commissioning Group
Sarah Walker, Local Area Nominated Officer, Derby City Council

Dear Mr Smith

Joint local area SEND inspection in Derby

Between 17 June 2019 and 21 June 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Derby 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 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 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.

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 strength and areas for further improvement.

Main Findings

- The local area has made too little progress in implementing the SEND reforms. Since 2014, there have been frequent changes to leadership in the local authority. These changes led to delays in leaders implementing the reforms effectively. Some initiatives were inconsistently applied and poorly coordinated. Despite a more proactive and determined approach by leaders over the last three years, too much time has passed before the necessary focus has been given to children and young people with SEND.
- There is an inequality of provision for children and young people with SEND across services in Derby. While a small number of parents have had positive experiences, the reverse has been the reality for many. Some parents feel isolated and unable to access the services they need for their children and for their families. This is because support is not adequately accessible or well known. For example, parents who speak English as an additional language or who have sensory impairments described how it is difficult to find the information they need without support.
- Local area leaders are aware of the deficiencies in SEND provision. They know how far behind they are in carrying out the reforms. However, there is no coproduced overarching strategy to identify and meet the needs of children and young people with SEND. Consequently, the development and delivery of leaders' plans have been disjointed. This has led to confusion among professionals across education, health and social care services, as well as parents. Leaders have not communicated effectively their long-term intentions to improve provision for children and young people with SEND.
- Over the last three years, there have been purposeful efforts to improve the procedures for identifying, assessing and meeting the needs of children and young people with SEND. However, the local area has failed to establish the cohesive and joined-up actions needed to implement the reforms. Too many initiatives have yet to be introduced or have only been established in recent months. Service leaders and parents describe repeatedly that new initiatives have often not been shared with them effectively.
- Leaders have shown a lack of oversight and monitoring of the effectiveness and impact of initiatives since the implementation of the reforms. This has added to delays in making the changes required to progress the implementation. For example, waiting times for children and young people to access a wide range of services are too long and there is no coproduced, specifically targeted plan to address this issue effectively across education, health and social care services.
- The joint commissioning arrangements for services across education, health and social care are not adequately ensuring that the needs of children and young people with SEND are known or subsequently met by professionals.

Not enough consideration has been given to how joint commissioning arrangements can secure high-quality long-term outcomes for this group of children and young people.

- Parents and professionals have little confidence in the ability of leaders to improve provision for children and young people with SEND. Poor communication has resulted in parents' and professionals' frustration with leaders. Proposed plans to implement changes to SEND provision are not clearly shared or explained.
- There are serious weaknesses in the system and processes for the assessment of children and young people with SEND for an education, health and care (EHC) plan. The timeliness and completion of EHC assessments are too variable and the quality of EHC plans is generally weak. Inspectors' scrutiny of a range of EHC plans identified many examples of impersonal, poorly defined outcomes. The system to assure the quality of EHC plans is not consistently effective.
- The timeliness and quality of professionals' assessments for the identification of children's needs vary too much. This has contributed significantly to the high number of EHC plan applications that lead to mediation. Too many families have to resort to mediation or begin the process of appealing decisions about an EHC plan at a tribunal hearing. Resources are wasted and parents caused unnecessary anxiety because a high proportion of appeals are conceded by the local area before reaching the tribunal stage.
- Across Derby, there are education and health settings and services that are successful and inclusive. They are an example of what is possible and what can be done. Leaders of the local area are beginning to use these examples more effectively to share good practice.
- The early years provision for children in Derby is strong. There are well-established working relationships across services that identify and meet the needs of children and their families to improve long-term EHC outcomes. Parents value the support they receive from a range of professionals within the early years services.
- Educational outcomes for children with SEND in the early years and key stage 1 are improving as a result of targeted intervention work and training for teaching staff. Increasing proportions of children are achieving a good level of development at the end of the Reception Year. The proportion of children attaining the expected standard in the Year 1 phonics screening check has risen to be above the national average. Although outcomes for children at the end of key stage 2 are showing some signs of improvement, leaders are aware that outcomes and rates of progress for children and young people at the end of key stages 2 and 4 are not yet good enough.

The effectiveness of the local area in identifying children and young

people's special educational needs and/or disabilities

Strengths

- Children's needs are typically identified well in the early years. There is good evidence of joint working between education, health and social care staff to identify and plan ways to share information about children quickly and effectively. The co-location of health visitors and children's centres has supported this process. For example, health visitors undertake developmental assessments within local children's centres alongside early years workers. Children accessing the children's centres benefit from ongoing assessments that support areas of need, such as speech delay.
- The Derby Opportunity Area programme has sensibly been used to support improvements in the identification and provision for the high proportion of children and young people in Derby with SEND. For example, as part of the 'Talk Derby' initiative, health visitors are receiving additional speech, language and communication training to support the early identification of children's needs. Additionally, a speech and language therapist is linked to each locality and school. Consequently, the early identification of children's speech, language and communication needs in the early years and primary settings is good.
- Children and young people with SEND have access to a range of emotional health and well-being services. Teachers and other school staff have received specific training to help them identify and support the social and emotional well-being of children and young people who experience poor mental health.
- Young people with SEND entering the youth offending service receive appropriate support and beneficial assessments to identify accurately their needs. Specialist services, such as the child and adolescent mental health services, ensure that these young people receive the appropriate support and advice. Accurate identification of need and good-quality support are contributing to the reduction in the number of young people with SEND who reoffend.
- Children and young people benefit from school nursing services in Derby. For example, the delivery of the National Child Measurement programme and health screening questionnaires enables nurses to identify an emerging or existing SEND.
- Children and young people with SEND, and their families, are able to access the early help offer and related assessments. The offer is ensuring that an increasing proportion of children and young people are guided and supported through the right pathway to identify their social care needs.
- Local partnerships and forums, such as special educational needs coordinator forums and the primary strategy group of schools, are well regarded by

professionals. They provide additional support, training and information to practitioners working in schools. This enables school staff to be more consistent in their identification of children's needs within early years and education settings.

- The local area has wisely used population census information to identify the needs of children and young people, including those with SEND. This information has been used to inform the Derby Opportunity Area programme of work in schools. For example, good-quality focused work to raise standards in the early years and in phonics has demonstrated particularly strong impact on improving outcomes for children with SEND.

Areas for development

- Health visiting services are not delivering the full healthy child programme effectively. Antenatal contact appointments are not routinely offered to all expectant mothers. In addition, the long-term absence of some nursing staff has led to a shortfall in the capacity to identify new or emerging health needs in children at a crucial stage of their development. Consequently, some children do not have their needs identified at the very earliest opportunity.
- Other than in the early years, education, health and social care services do not work together to identify the needs of children and young people with SEND effectively. The coordination of services and support is therefore weak. Some systems and processes designed to identify needs for children and young people are not well established. Understandably, parents are not confident of receiving a well-planned and consistent approach to meeting their children's needs across different services.
- Children and young people with SEND do not always receive accurate identification of their needs from the education, health and social care services. For example, a disproportionately large proportion of children and young people with SEND are identified as having a primary need of moderate learning difficulty (MLD). Leaders of the local area have identified that MLD identification maybe ambiguous and is contributing to a significant proportion of children and young people being incorrectly placed in specialist provision.
- The local area does not currently have integrated two- to two-and-a-half-year checks in place across health visitor services and early years settings. Occasionally, families must explain their story to several different professionals. This results in unnecessary delays in the identification of some children's needs.
- Many parents describe their exasperation about inconsistent and delayed approaches to the identification of children's SEND across education, health and social care services. Parents often find themselves needing to repeatedly pursue professionals to follow up referrals and obtain feedback. A large

proportion of parents described an 'unfair' system where some access private assessments to get quicker results because of prolonged delays, while others are not able to do this.

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

Strengths

- Children looked after and young people with SEND are well supported by the multi-agency Looked after Children's team. The virtual school closely monitors, evaluates and supports children and young people with SEND to ensure that their needs are effectively met. For example, children and young people with SEND are discussed as part of a weekly multi-agency vulnerable children's meeting. Professionals use a joint decision-making approach well to plan to meet individual needs.
- Children and young people with SEND with an identified health need benefit from specialist health visiting services. Highly effective examples of these services include the Disability Health Visiting service, Family First and the Family Nurse Partnership service. Additional specialist support and programmes of intervention are provided to meet the children's and young people's individual needs and to improve their long-term outcomes.
- Children and young people with complex health needs receive comprehensive support from the children's community nursing team. For example, specialist services such as the diabetes service and palliative paediatric service provide necessary resources and expertise to meet children's individual needs well. Bespoke training is offered to professionals and parents to ensure that children's needs are met within a range of settings.
- Therapy services work collaboratively in assessing children and young people with additional needs. Where it is appropriate, professionals from therapy services use joint assessments to determine appropriate support. This coordinated approach means that families only need to tell their story once instead of repeating it to several professionals.
- Young people with SEND are well supported into adult life by the Preparing for Adulthood team. The team ensures that all eligible young adults receive care assessments. Young adults and their families are routinely invited to a 'Talking Point' discussion to receive information and advice about their future options to ensure that their care needs are met.
- Parents of children and young people with SEND have high regard for the Special Educational Needs and Disability Information and Advice Service. Parents can obtain support and advice for a range of concerns. Staff within the service are well trained and provide a high standard of support.

- Professionals and parents value the support from the Specialist Teaching and Psychology service and the New Community's Achievement team. Professionals from these services provide essential support for families with transitions from home to other settings, and with explaining and interpreting information. They support parents who would otherwise be unable to access services to work with service leaders and school staff in the assessment and meeting of their children's needs.
- Provision for children and young people in specialist schools in Derby is of good quality. Parents and professionals believe that this reflects the bespoke nature of the packages of support offered by education providers.
- Children and young people with SEND speak positively about their schools and are able to identify professionals who help and support them. They are especially positive about after-school clubs, the 'Shared Lives' initiative, colleges and leisure opportunities within the city. They appreciate services that develop their independence and prepare them for adulthood, such as work-ready programmes, volunteering in the community, work experience, going out with friends and travelling independently.
- The views of children and young people with SEND are routinely represented through forums such as local youth forum, 'Voices in Action', which is led by the youth mayor. These forums help inform decision-making for professionals working in services across the local area.
- Professionals working in schools value the support of 'SEND peer reviewers' and 'SEND champions'. Professionals report that the joint working between reviewers, champions and teaching staff is improving the knowledge and understanding of SEND for all staff in schools.

Areas for development

- Joint commissioning arrangements are not adequately improving outcomes for all children and young people with SEND across the 0 to 25 age range. Leaders do not consider the needs of the local population sharply enough to commission appropriate services. Inspectors heard of parents' concerns that waiting times for a variety of health services are unacceptably high. This has a detrimental effect on the health and well-being of the children and their families. Typically, parents say, 'We are not struggling, we are in crisis.'
- The quality of EHC plans is poor. Although all statements of special educational needs were converted to EHC plans within the statutory timescale, this process was rushed and the quality of the plans was compromised. Professionals and parents report many examples of how plans have been inadequately reviewed, contain errors and provide inaccurate information. For example, a plan describing a child's needs in nursery provision had not been updated for three years, despite professionals sending

amendments to the local authority after each annual review.

- Too many EHC plans are inaccurate and out of date and are not received by parents and professionals in a timely way. Many professionals report that plans are not shared consistently across education, health and social care. Outcomes are typically ill-defined and have not been developed in an appropriately personal way. Inspectors saw examples of plans for some children with complex health needs where no health outcomes had been identified.
- In their current form, EHC plans do not provide the quality of information needed to be used readily by practitioners to understand children's and young people's needs and plan appropriate support. Useful contributions from health and social care are frequently not included in the plans.
- Some children with EHC plans who move between schools do not have their needs met in an appropriate or immediate way. Some EHC plans do not contain up-to-date information. As a result, professionals in schools do not always have the necessary resources or provision in place for a child when they start school.
- Across the local area, children and young people with SEND experience a varied quality of support from the school nursing and health visiting service. The demand for support from these services has increased over recent months. Some children and young people are reported to be waiting for longer periods than others to access the school nursing service, depending on the locality in which they live.
- Initial health assessments for children and young people are not consistently completed within statutory timescales. Some health needs are not identified or met at the earliest opportunity. Leaders have undertaken work to improve information-sharing between the local authority and health providers to ensure that health appointments can be arranged within 20 days. However, it is not yet possible to measure the impact of this work.
- Although a small proportion of professionals have received additional training to better understand the SEND reforms, this is too varied across services. There is not yet a demonstrable impact on the quality of the provision for children and young people with SEND across the local area.
- Health professionals use different electronic systems. Consequently, they do not apply 'SEND alerts' in files consistently to ensure that colleagues are aware of the needs of children and young people with SEND. As a result, children and young people with SEND are not easily identified and not all practitioners accessing the electronic records will be alerted to children's additional needs.
- The children's community nursing team does not offer an out-of-hours or weekend service. Children and young people with SEND are therefore

required to attend hospital accident and emergency services to have their needs met. This causes unnecessary anxiety for children and their families.

- Parents are frustrated with the lack of joint working between education, health and social care professionals. There was a palpable sense of desperation and confusion among parents who contributed to the inspection. The large majority are deeply concerned about the future for their children. Parents reported that they are constantly arguing – ‘fighting’ – with services in the local area to obtain support and assessments to meet the needs of their children. Some parents say they are passed between services and left to find their way through a complex system with little support. Other parents explain that they are not aware of how to begin the process to have their child’s needs assessed.
- Young people with SEND find that transition from some paediatric services to adult services is a challenge. Low numbers of young people over 14 years of age are accessing the annual health assessment they are entitled to. Young people with SEND do not consistently benefit from a seamless and coordinated approach to their care delivery.
- Children and young people are waiting too long for neurodevelopment assessments. Some support is available to them while they wait, such as drop-in clinics and parenting courses. However, parents say they feel isolated and their children are misunderstood by professionals working in schools while they wait for these assessments. Others report significant concerns about the impact of the delays on their child’s attendance, as well as their educational and social outcomes.
- Social care occupational therapy services currently have limited therapist capacity to deliver support and advice to children and young people with SEND. Parents report long waiting times before the therapist left and are now deeply concerned about when their child will have an appointment. Some children’s needs are currently unmet.
- Early years and primary school professionals and parents expressed their frustration about the process of children’s transition from early years settings to primary schools. Parents and schools wait too long to be informed by the local authority about places allocated to their children. Schools are sometimes ‘forced’ into the position of refusing admissions at the last minute due to poor communication from the local authority and a lack of the necessary specialist services and resources required to meet children’s needs.
- School leaders and parents are extremely concerned about the future of educational provision for children with SEND. There is a lack of clarity and assurance from leaders of the local area about the detail and sustainability of long-term plans to address the increased demand for specialist provision for children and young people with SEND.

- Children and young people with SEND who are educated in schools outside Derby are not effectively monitored by the local authority. Checks on the quality of the provision for these pupils are inconsistent. Representatives from the local area do not routinely attend reviews of children and young people with SEND in out-of-area school placements.
- A very low proportion of parents or young people access personal budgets in the local area. Some professionals told inspectors that families can find the process too overwhelming.
- Not all parents or young people are aware of, or can access, Derby's local offer for children and young people with SEND. For example, those who are new to the country or have a visual or hearing impairment cannot easily access the information available. A large proportion of parents who contributed to the inspection were not aware of the purpose of the local offer.

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

Strengths

- Outcomes for children in the early years and key stage 1 are improving. Educational outcomes for children with SEND in the early years and key stage 1 have improved over the last three years and are currently in line with or above the national averages.
- Although rates of progress are not strong, outcomes for children with SEND in reading, writing and mathematics by the end of key stage 2 are improving, with an increasing proportion of children attaining the expected standard by the end of Year 6.
- Some young people with SEND have clear aspirations for their futures. They were able to describe to inspectors what they wanted and they knew what they needed to do to achieve their ambitions. Typically, young people spoke of their ambition to get a job, attend college, go to university, get married and own a home.
- Professionals across services report that the majority of young people with SEND leave school and college to enter employment or move on to higher education. Some are also able to take up apprenticeships and work experience opportunities which are pertinent to their career choices.
- The appointment of a designated clinical officer in Derby is a strength. There is a clear strategic and operational oversight of provision for children and young people with SEND. Links between health and the local authority have

been strengthened as a result. These links are beginning to have a positive impact on the local area's ability to improve outcomes for children and young people with SEND.

Areas for improvement

- There is too much inconsistency and variation in the overall provision and outcomes for children and young people with SEND across Derby.
- Too many children and young people with SEND are permanently excluded from schools. In 2017, the number of permanent exclusions increased to above the national average. Information provided by the local area shows that, in 2018 and 2019, the proportion continued to increase. The proportion of children and young people with SEND who are persistently absent from mainstream schools is broadly in line with the national average. However, the proportion of children and young people persistently absent from special schools remains higher than the national average.
- Progress and attainment outcomes for young people with SEND in key stage 4 remain below national averages.
- Some children and young people with SEND are not able to access specialist equipment to meet their needs in a timely manner. Long waiting times to access funding to purchase equipment are sometimes traumatic for children and their parents. Parents typically expressed their concerns over the negative impact that delays can have on their children's outcomes, with comments such as 'Our children cannot live the lives they deserve to live.'
- Leaders across education, health and social care services do not have a coherent coproduced strategy with the common aim of improving outcomes for children and young people with SEND. The 'graduated response' approach is not consistently established across services and is not thoroughly understood by all professionals and parents.
- A significantly higher number of EHC plan appeals result in tribunals than seen nationally. Some children's and young people's outcomes are hindered while they wait for their needs to be appropriately assessed. There is no robust plan or process to address the growing trend of tribunals. Worryingly, a large proportion of parents feel that mediation and tribunals are becoming an engrained part of the prolonged process of their struggle to improve outcomes for their children.
- Systems and processes to identify the needs of children and young people are not consistently effective or adequately implemented. As a result, leaders do not have a comprehensive overview of the effectiveness of services or their impact on outcomes to be able to hold leaders to account at all levels.

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:

- the failure of the local area to take the joint commissioning actions required to implement the reforms across education, health and social care
- the lack of an overarching coproduced strategy for improving provision for and outcomes of children and young people with SEND
- the number of significant weaknesses in the EHC processes, timeliness, quality and outcomes of plans
- the long-standing systemic issues with waiting times to access a large number of key services
- poor parental engagement with plans for local area SEND provision and high levels of parental dissatisfaction.

Yours sincerely

Ofsted	Care Quality Commission
Emma Ing Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Stephanie Innes-Taylor HMI Lead Inspector	Rebecca Hogan CQC Inspector
Matthew Rooney Ofsted Inspector	

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