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**17 November 2019**

Ms Helen Lincoln  
Director of Children's Services, Essex

Ms Lisa Allen  
Clinical Accountable Officer, Basildon and Brentwood Clinical Commissioning Group

Dr Ed Garrett  
Accountable Officer, North East Essex Clinical Commissioning Group

Mr Andrew Geldard  
Chief Officer, West Essex Clinical Commissioning Group

Mr Terry Huff  
Accountable Officer, Castle Point and Rochford Clinical Commissioning Group

Ms Caroline Russell  
Accountable Officer, Mid-Essex Clinical Commissioning Group

County Hall  
Market Road  
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Copied to: Clare Kershaw, Local Area Nominated Officer

Dear Ms Lincoln, Ms Allen, Dr Garrett, Mr Geldard, Mr Huff and Ms Russell

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

Between 30 September 2019 and 4 October 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Essex 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 jointly led by one of Her Majesty's Inspectors (HMI) from Ofsted and a CQC inspector. Team inspectors were two HMIs, an Ofsted Inspector and two children's services inspectors from the CQC.

Inspectors spoke with children and young people with special educational needs

and/or disabilities (SEND), parents and carers, local authority officers and National Health Service (NHS) officers. Inspectors 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. Inspectors considered the views and comments from parents and carers from the open meetings, the webinar, emails and letters.

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 groups 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**

- The pace of change across education, health and care services has not been quick enough to implement the disability and special educational needs reforms since 2014.
- Since 2017, partners in education, health and care have worked more closely to improve services. Senior leaders now have a shared commitment to learn from one another, make use of what they know, and make sustainable change. Their work has not yet made the required difference to parents, carers and their children.
- There are significant areas of weakness in the local area's practice in identifying the needs of children and young people, in the way that partners work together to plan services, and in the quality of education, health and care (EHC) plans.
- The reasons why so many children are identified with moderate learning difficulties have not been investigated sufficiently to make sure that the identification is accurate. Not only does this mean that the children and young people may not be getting their needs met appropriately, but also that commissioners do not have the information they need to jointly commission the services needed.
- Insufficient progress has been made to improve the way that local partners work together to provide services for children and young people aged 0–25

with SEND. Senior leaders across education, health and care are still gathering information about gaps in provision and what is working well. They have been too slow to agree the outcomes that will be measured, how to measure and evaluate the effectiveness of their actions, and to use the information to jointly commission services.

- Too many EHC plans are of poor quality and are not as useful as they should be in helping professionals to work together to improve outcomes. Too often, the information within the plans does not give a complete picture of children's and young people's needs, particularly about health and social care.
- Parental satisfaction is mixed across the local area, often linked to two particular things: first, there is too much variability in the quality and availability of services between the four areas within Essex (known as quadrants) and the CCGs; second, the experiences of children and young people are often dependent on individual professionals rather than on consistently high-quality services and robust systems for sharing information.
- Appeals to tribunal are high and increasing. More decisions are made in favour of parents and carers than for the local authority. Most appeals relate either to parents and carers not getting a special school place for their children, or not getting the specialist provision that is identified in EHC plans, such as therapy. In some cases, appeals relate to EHC plans not including all of the specialist provision required to meet the needs of the children and young people.
- Many parents do not know about the local offer website and/or the activities available for their children, and find it difficult to find their way around the website.
- The Essex Family Forum (the parent carer forum) was relaunched in February 2018 and now communicates with a far greater number of parents and carers than before. The forum has recently established family champions, whose role is to gather the views of those groups of parents and carers who are not part of the forum.
- School leaders understand the need to change the way that local authority leaders and schools work together to improve the outcomes for children and young people with SEND. Headteachers have worked collaboratively with the local authority on the new inclusion values statement for schools. Not all school leaders have signed up to the values statement.
- In some aspects of their work, senior leaders have in place the foundations for improvement, including an ambitious programme for additional specialist educational provision. Leaders have an honest and broadly accurate picture of the current strengths, weaknesses and complexities of the practice across the quadrants and the five CCGs and the three sustainability and transformation partnerships.

- The Emotional Well-being and Mental Health Service (EWMHS) and the Essex Child and Family Well-being Service were co-produced with parents and carers. The services are starting to make a difference to the support available to parents and carers and their children.

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

### **Strengths**

- Typically, parents and carers are positive about the accurate, early identification of young children's needs, particularly for children under five years old.
- Educational psychologists in mid- and north-east Essex successfully identify the needs of some children and young people at risk of exclusion from school. The success of this work is attributed to recognising children and young people who may be affected by traumatic stress. The collective work of the educational psychologists and school staff is leading to improved attendance, avoiding the use of exclusions, and increased levels of parental satisfaction.
- The use of 'flags' and 'alerts' in health records successfully identifies the children and young people with an EHC plan who are known to different services. When used well, this helps professionals to consider how their work links with the work of other professionals. This ensures that parents and carers do not have to explain their children's circumstances more than once to different professionals.

### **Areas for development**

- During the antenatal period and in the early years, the identification of children's needs is sometimes limited. Notifications of pregnancies, where appropriate, are not universally shared between the hospital trusts and the Essex Child and Family Well-being Service.
- The provision of universal antenatal and integrated two-and-a-half-year checks varies too much across the local area. There has been a drop in the number of checks made, which limits the opportunities to identify children's needs at the earliest point and to check on children's readiness for school.
- Arrangements within health services to notify the local authority of children under five with SEND are not thoroughly embedded. Procedures vary across the local area, which delays the identification of children's needs. Leaders are working to standardise approaches, but this has not yet been achieved.
- The Essex Child and Family Well-being Service does not proactively check for

health needs in school-aged children through their school years. This reduces the opportunity to identify children's needs or review children's changing health needs after the age of five. As a result, the service is reactive and, too often, does not provide what is needed to children in a timely and well-considered way.

- Children and young people entering social care services for the first time do not get good access to statutory assessments of their health needs. The timeliness of initial health assessments is poor. Although improved from last year, the current rate remains very low, at 17%. This deficit is yet to be fully understood and tackled by leaders to ensure vulnerable children and young people have their health needs effectively assessed and identified.
- The completion of annual health checks for those children and young people over 14 years of age with a learning disability varies too much. While there was a good uptake at some GP practices, other GP practices have not completed any checks on those children and young people known to them. When completed, the outcomes of the checks were not often shared with the special school nurse services. This lack of joint working limits the opportunities to meet children and young people's health needs.
- The number of children and young people identified with moderate learning difficulties is high. Local authority leaders have suspected for some time that the over-identification may be linked to weak teaching or to under-identification of speech, language and communication needs, and social, emotional and mental health needs.

## **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**

- The Multi-school Council is well established and growing in size and influence. The council meets termly and involves 138 schools. The council is a group of children and young people with SEND from across the local area. They provide opportunities to raise awareness within schools and with leaders about the needs and views of children and young people with SEND, particularly those with social, emotional and mental health needs. Local area leaders are keen to listen to what this group of children and young people have to say about what is important to them.
- For children in early years, professionals from education and health often work well together to meet children's needs. The collaboration leads to well-planned and smooth transition into early years settings, particularly for

children with the most complex needs.

- The EWMHS has increased its provision of services for children and young people looked after and for those with a learning disability. The provision was for those up to the age of 12 years and is now for those up to the age of 18 years. The extension of the provision and the strong joint approach are improving the identification and prioritisation of children's and young people's mental health needs.
- School nurses often provide children and families with good support. School nurses support those children who have already had their needs identified through home visiting, liaison and planning to help with transition to school.
- Specialist teachers give good support to school staff in assessing and meeting the ongoing needs of children and young people with visual impairment, hearing impairment, and profound and multiple learning difficulties. The collaboration between professionals ensures that there is effective planning for children and young people's needs, including planning for children and young people as they get older, or as their needs change. This joined-up approach also helps professionals to respond quickly when the unexpected happens and children and young people are in urgent need of support.
- Monthly meetings between local authority officers, health professionals and school special educational needs coordinators provide opportunities to share good practice for meeting children's and young people's needs.
- Current work to improve young people preparing for adulthood focuses well on a wide range of post-16 provision and on making plans in good time to explore options and concerns with parents and their children.

## **Areas for development**

- Strategic, needs-led joint commissioning is not sufficiently developed for children and young people up to the age of 25. As a consequence, the children and young people have not benefited from equitable access to services to meet their needs. The quality of, and access to, educational support and health services varies too much depending on where families live and the schools their children attend.
- The lack of shared learning expectations and outcomes across the CCGs has affected children and young people with SEND aged 0–25 in accessing the services they need to meet their needs. Weaknesses in commissioning and strategic oversight have resulted in unwarranted variation, gaps in provision and unacceptable waiting times before needs are assessed and addressed.
  - In some areas, the waiting time for autism spectrum disorder assessments can be as long as 18 to 24 months and post-diagnosis support is not effective, which is not compliant with National Institute for



Clinical Excellence (NICE) guidelines. An autism assessment has been developed in one CCG, with positive outcomes for families and their children, but the findings are not being used to develop practice in other CCGs at the required pace.

- The gaps in the commissioning of services for speech and language therapy (SALT), physiotherapy, occupational therapy and attention deficit hyperactivity disorder services between CCGs mean that some children and young people get access to assessments and support and others do not.
  - Some specialist nurses actively work with local schools to improve awareness of specific health needs and the impact on capacity to learn and behave well, but this is not a shared approach across the local area.
  - The specialist healthcare training service is not utilised across the local area because some children’s community nurses are unaware of the service.
- Significant weaknesses in the local area’s approach to joint commissioning have not ensured that processes for planning and implementing EHC plans is effective for children and young people aged 0–25 years with SEND. The weaknesses result in insufficient advice from the right professionals in health and social care services, which weakens the effectiveness of plans to meet children’s and young people’s needs.
- Some plans are not specific enough about what must be provided and do not always fully consider social care and health needs, such as tracheostomy care.
  - Information and plans linked to combinations of education, health and care needs are not sufficiently joined up to identify how support will be coordinated.
  - EHC plans are not shared effectively with health practitioners even when they had provided advice. Staff are unaware whether their advice is used accurately to specify the needs, provision and outcomes.
  - Ongoing provision in EHC plans is not always clear enough to make sure that young people moving from paediatric to adult services get continued support from like-for-like services, such as therapy services.
- ‘One planning’, which underpins assessment and support for children and young people identified for SEN support or with an EHC plan, is seen by many parents and carers as unhelpful in meeting their children’s needs.
- Annual reviews of EHC plans, including those for children and young people placed in independent schools outside the local area, are not consistently completed within the required timescales.
- The CCGs do not have robust oversight of the provision specified in EHC

plans, which limits assurance that needs will be met. This is exemplified by weaknesses in health provision at a special school that was not fully meeting children's and young people's needs.

- In some cases, parents and carers were not informed in a timely or compliant way that their children's EHC plans would cease.
- Children, young people and their families do not experience a 'tell it once approach'. They often have to explain their concerns and circumstances over and over again.
- Joint working between some paediatricians and settings is limited at times because information is not shared effectively and in a timely manner. Delays in typing some clinic letters and the quality of the information shared limit planning to better meet children's and young people's needs. Furthermore, too great a reliance was placed on parents and carers to share this information with settings.
- The demand for the Special Educational Needs Information, Advice and Support Services (SENDIAS) has increased to a point that the service is overwhelmed. Minimum standards for the service are not met. Increased demand is linked to the rise in appeals to tribunals.
- In schools, for some children and young people, reasonable adjustments are not made to help them to attend each day and to do well. A lack of basic attention to educational, emotional and behavioural needs leads to anxiety and not getting the learning that they are entitled to.
- Many parents and carers are not confident that their children's speech and language needs are met. The SALT services often give school staff relevant advice, training and programmes. However, this guidance is not always followed through in school. This has created much dissatisfaction among parents and carers.
- Children and young people do not always get the specialist equipment they need in schools in a timely way. In some instances, education and health services act quickly to adapt premises and provide sufficient funds and equipment. However, other children and young people experience lengthy delays in getting necessary resources. Where this occurs, schools and families often are forced to step in to provide whatever they can to support the child or young person in their care.

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

### **Strengths**

- The gap between the achievement of primary-aged children with SEND and



those with no SEND nationally is reducing, slowly but surely.

- The number of young people with SEND who are not in education, employment or training has reduced. Additional support is provided. For example, the young people now have pathways that are more specific to their needs.
- The local authority is committed to supported internships, with the ambition that the young people will secure paid employment within the local area. Now in its second year, the programme is successfully helping a small but growing group of young people to gain meaningful and useful skills for employment. Good practical support is provided to develop skills for independent living. The young people support one another and those in their second year are good role models for the new intake.
- Although at an early stage, some services, such as the educational psychology service and the Essex Child and Family Well-being Service, are starting to measure the meaningful outcomes of children and young people.

### **Areas for development**

- Weak use of measurable and clearly understood outcomes hampers the development of services, including joint commissioning for equality of provision across the local area.
- Strategic leaders across education, health and social care are still working on creating a shared agreement about the outcomes that they want for children and young people with SEND in Essex. Leaders are not reviewing the wealth of information that they have available to them well enough. They do not yet use this information to measure the impact of the work that they have already undertaken or to evaluate whether enough improvement is being made.
- Strategic leaders are sensibly looking for good practice across the services for education, health and social care. The ambition to systematically promote good practice is high, but at an early stage across most services.

### **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 joint commissioning arrangements between the local authority and the CCGs do not work well enough to provide children and young people with the services that they need.
  - Too much variation between the CCGs leads to inequality, inconsistency and unacceptably long waiting times for services.
  - Joint commissioning is not sufficiently informed by what is already known about the gaps in services for health and education across the 0–25 age range, across the whole local area.
- The reasons for, and accuracy of, the high proportions of children and young people identified with moderate learning difficulties are yet to be resolved. Potential over-identification could mask underlying difficulties in communication and language, and social, emotional and mental health development.
- Too many EHC plans do not include the information needed to secure high-quality outcomes for children and young people.
  - The EHC plans do not consistently secure the right professional advice to meet children’s and young people’s needs, and do not have specific details of the provision that will be put in place.
  - Strategic oversight is not effective in making sure that EHC plans are fit for purpose.

Yours sincerely

<b>Ofsted</b>	<b>Care Quality Commission</b>
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Cc:

Department for Education

Basildon and Brentwood Clinical Commissioning Group

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