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Ms Sarah Newman
Director of Children's Services, Westminster City Council
Westminster City Hall
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SW1E 6QP

Jules Martin, Managing Director of the Central London Clinical Commissioning Group
Steve Comber, Local Area Nominated Officer, Westminster City Council

Dear Ms Newman and Ms Martin

Joint local area SEND inspection in Westminster

Between 9 March 2020 and 13 March 2020, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Westminster 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 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, local authority and National Health Service (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.

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

Main findings

- Leaders from education, health and care are ambitious for children and young people with SEND. Through their ambition, outcomes for these children and young people have improved. Leaders and managers work closely together to deliver improvements as demand for services increases. Local area managers know children and young people well and take their responsibilities seriously.

- Leaders' work to secure improvement is suitably focused and it is making a difference. Leaders know their local area well. Their self-evaluation is accurate, and they have devised appropriate plans to address the identified weaknesses. Leaders have built capacity effectively within the local area to tackle these weaknesses.
- Leaders have improved the quality of education, health and care (EHC) plans. They have improved the process for the completion of EHC plans. As a result, the proportion of plans that are completed within 20 weeks is high.
- The designated clinical officer ensures that commissioned healthcare services across the area are effective at both strategic and operational levels. She is well known to providers and parents and carers. She provides a crucial and effective link between partners across the local area.
- General practitioners (GPs), hospital paediatricians and other healthcare practitioners work together in an integrated way in the communities they serve. There are exciting initiatives such as the family hubs, where practitioners work together to support children, young people and families. In addition, the child health GP hubs are increasingly effective in delivering a strong child health system.
- Leaders' approach to identifying SEND is effective. Agencies work well together to ensure that emerging needs are identified and assessed quickly, and suitable provision is put in place. Leaders commission services jointly for the benefit of individuals and groups of children and young people. However, they recognise that more needs to be done to develop the identification of needs for young people requiring SEN support, who are aged between 16 and 25.
- Families are becoming increasingly influential in the design and implementation of services across the local area. Parents appreciate the support of 'Make it happen', the Westminster parent and carer forum. It provides a focal point for them to work with professionals to co-produce services in the local area (a way of working where children and young people, families and those that provide the services work together to create a decision or a service that works for them all).
- Children's and young people's wishes and aspirations are captured well in EHC plans. Educational providers are closely involved in the local area's response to meeting the needs of children and young people with SEND. Leaders have established effective systems to build the skills and expertise of school staff, including special educational needs coordinators (SENCOs). This ensures that schools identify pupils' needs quickly.
- Children and young people who have autism spectrum disorder (ASD) are not always assessed and diagnosed quickly enough. In the most extreme cases, children and young people wait for an assessment or diagnosis for up to a

year. Leaders are well advanced in their work to create a standardised approach across the area, making sure the best practice is shared.

- The virtual school works closely with staff who support children and young people with SEND who are looked after. This ensures that any education or care needs are identified early and met well. However, some children looked after wait too long for their initial health assessments. This means that for these children, their health needs may not be identified or met in a timely way.
- The local area has not always ensured that some children and young people have timely access to specialist equipment and resources. Some children have to wait too long for vital equipment, such as wheelchairs.

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

Strengths

- Leaders' approach to ensuring accurate and timely identification of needs is effective. The needs of babies and children under five are identified promptly because of the early involvement of appropriate professionals. As a result, they receive packages of care and support that lead to good outcomes.
- Early years staff work closely with healthcare professionals. They have a visible presence and work closely with the three 'family hubs', which helps to strengthen joint working. Arrangements for screening and early identification of specific health conditions and disabilities, including hearing loss, are effective, and professionals produce reports with minimal delay.
- Professionals have a shared understanding of when an EHC plan is needed. Plans are increasingly tailored to individual needs. Leaders have acted decisively to reduce the completion times for new plans. Nearly all assessments are now completed within 20 weeks. Effective quality assurance systems are in place. Parents are fully involved in the process.
- Staff in the youth offending service quickly identify healthcare needs and communication difficulties in children and young people that they work with. Professionals from different services, such as speech and language therapy, work closely together to ensure that these young people receive the support they need within an appropriate timeframe.
- The parent and carer forum, the special educational needs and disability information and advice service and other parent groups provide effective face-to-face support and easily accessible information for parents.
- SENCos receive effective training and professional support. This contributes well to the processes for identifying children's and young people's needs.

School leaders are increasingly confident in identifying whether needs are related to SEND or other factors, such as deprivation or other vulnerabilities.

- Healthcare teams, including paediatricians, school nurses and health visitors, form an effective integrated approach called 'Connecting Care for Children'. This approach is influential in diagnosing and meeting the needs of children and young people with SEND in the community as opposed to those in hospital settings.
- Teams of specialists work closely with GP services and child and adolescent mental health services (CAMHS). They also focus on sharing skills between community and educational professionals and parents, leading to a reduction in hospital appointments.

Areas for development

- Until recently, a lack of capacity across the area resulted in slow identification of need for some school-age children and young people who may have ASD. Since September 2019, an innovative approach to the identification of ASD is beginning to address this. The waiting times for initial assessments and support are improving. Parents are supportive of these changes, but more work needs to be done.
- Some children looked after wait too long for their initial and review health assessments. This means that some healthcare needs may not be identified. Leaders are working hard to address this and progress is being made.
- Parents' experiences of transition to a new provider are not always positive. The timeliness and quality of assessments in advance of moves to post-16 and post-18 education are too variable for young people receiving SEN support.

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

Strengths

- The diverse needs of very young children are well supported by specialist nursery settings and family hubs. Children benefit from effective joint working between different agencies, such as portage services, early help, and hearing and visual impairment services. Parents told us how much they value these services.
- Children and young people have access to timely support for their emotional health and well-being. There is a well-established children's mental health service. Practitioners work closely together, predominantly in the family hubs,

to provide consultation, observation and direct work with parents where there are emerging concerns about children's mental health.

- In some schools, a 'trailblazer' programme has been established to support children's mental health and well-being. Some who are not yet engaged in this programme are offered support through the 'be kind to your mind' programme. This is well received by young people and their parents.
- Support for children and young people with ASD is effective. The pathways in place for this support meet national standards. Paediatricians and CAMHS professionals offer some joint appointments and assessments for ASD to children and young people who also have mental health needs.
- Leaders have improved the knowledge, skills and understanding of school SENCos. Regular briefings, training and support enhance the effectiveness with which school professionals identify and meet pupils' needs.
- Children and young people whom inspectors spoke with greatly appreciate the support they receive in their schools or colleges. They spoke highly of the staff, whom they trust greatly, and praised the schools for adapting provision to meet their needs. One commented, 'My life has changed, and my behaviour transformed.' This sums up the positive responses from many of the children and young people.
- Speech and language therapy services have been significantly transformed to strengthen the universal support for children and young people. Drop-in sessions are available at family hubs, and therapists work closely with family workers to support parenting workshops designed to promote language development.
- There is a good range of short breaks provision in the area, including Saturday clubs.

Areas for development

- Children and young people who need a wheelchair are not provided with a timely or good-quality service. Commissioners are working closely with the providers of this equipment to address the issues of delays and quality of assessment, and delays in the delivery and in repairs of wheelchairs. However, parents, children and young people have not been fully consulted on this work. Leaders have engagement events planned to enable parents, children and young people to be consulted.
- Young people aged between 16 and 18 who are not in a special school or not supported by an EHC plan do not always receive speech and language therapy when needed. In addition, therapy provision for young people who do not have speech and language therapy as part of an EHC plan is dependent

on what individual schools choose to purchase. This has the potential to create inequity.

- Leaders' strategy for working with some families who find it difficult to engage with professionals is unclear. The family hubs are highly effective at identifying and meeting the needs of children and their families. However, some services available as part of the local offer are not well known by families.
- Parents of children with SEND told us that they face obstacles when they try to find nursery placements for their children. Some private nursery settings are often unwilling to offer a placement. Some settings told parents that they were financially unable to support children's needs.

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

Strengths

- Young people spoken to during the inspection reported that they participate in annual review meetings. This had helped them contribute to, and inform the next steps in their EHC plans or learning and care plans. They told us that this helped them do well at school or college.
- Leaders provide support and challenge to schools to improve academic outcomes for children and young people with SEND. Many schools have improved the attainment and progress of pupils with SEND.
- Pre-school children identified with SEND are well prepared for the transfer to school because of well-planned transition arrangements. These children settle quickly and make a strong start in primary schools. Leaders have focused on improving the outcomes of children with SEND in early years. For example, leaders have commissioned speech and language therapists to work with early years settings to share their expertise with staff.
- All special schools in the local area are judged to be good. Outcomes for pupils in these schools are strong.
- Many students benefit from courses that meet their needs in post-16 settings. They told us that they enjoy work experience opportunities and that courses contribute towards developing their independence and employability. A high proportion of students attain level 2 and level 3 qualifications.
- Most pupils with SEND attend well. The number of permanent exclusions is low. This is due to the impact of early help and highly effective partnerships between providers of alternative provision and schools. Leaders increasingly challenge those schools that use fixed-term exclusions and work with them to

devise alternative strategies that are in the best interests of pupils and their families.

- The majority of post-16 learning providers develop good working relationships with businesses and local employers. These organisations have a strong commitment to providing appropriate work opportunities, experiences and internships. As a result, young people with SEND are more likely to progress into paid, part-time or voluntary employment.
- Most parents spoken to during the inspection were positive about their children’s educational provision. Most could identify ways in which schools had helped their children to be more independent, confident and happier. School leaders have high expectations for pupils’ outcomes and provision.
- Healthcare services and professionals evaluate the impact of their work carefully and at an individual level. This helps to evaluate progress and indicates that many children and young people with SEND achieve positive health outcomes.
- Leaders have developed effective support for children and young people with challenging behaviour. Families who engage with the specialist support service consistently report improvements in their child’s behaviour.

Areas for development

- Leaders recognise that there is still room for improvement in the outcomes of children with SEND by the end of Reception Year.
- Leaders and providers should continue to reduce fixed-term exclusions for young people with SEND.

Yours sincerely

Philip Garnham
Her Majesty’s Inspector

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