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**20 June 2021**

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Director of Children's Services  
Richmond Upon Thames  
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TW1 3BZ

Martin Ellis, Director of Transformation, SW London CCG

Alison Stewart, Designated Clinical Officer for Special Educational Needs and Disability

Charis Penfold, Director for Education Services and Local Area Nominated Officer

Dear Mr Dodds, Mr Ellis and Ms Stewart

### **Joint area SEND inspection in Richmond Upon Thames**

Between 14 and 18 June 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Richmond Upon Thames to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (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 one of Her Majesty's Inspectors and a children's services inspector from the CQC.

Inspectors spoke with children and young people with 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 were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders 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 area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 (coronavirus) pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

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

## **Main Findings**

- Leaders in Richmond made insufficient progress in implementing the 2014 reforms up to 2018. They have more recently developed a coherent strategy to drive forward their work. Leaders' self-evaluation of their work is broadly accurate, but many of the actions they have identified to address priorities remain at an early stage of development. Leaders are still working on broadening the range of people who contribute to this work.
- Weaknesses in managing and communicating important information, such as that concerning the reviews of education, health and care plans (EHC plans), have only very recently been ironed out.
- The designated clinical officer's (DCO's) role, created in 2019, is now influencing the SEND agenda, both in health and with partner agencies. Leaders have undertaken focused work to implement quality assurance processes and influence the strategic approach taken by providers. The DCO now advises on joint commissioning. They are central to the EHC plan quality assurance process and to work with the parent carer forum (PCF).
- Children and young people with SEND in Richmond are not served well by arrangements to help them make an effective transition between different stages in their development across all services. This is particularly ineffective after young people reach the age of 16. Too many delays remain in communicating outcomes of annual reviews. Leaders have now developed a well-considered transitions pathways protocol with contributions from education, health and social care professionals. However, this has yet to have sufficient impact on the weaknesses in assessing and meeting the needs of young people as they prepare for adulthood.
- Relationships between area leaders in Richmond and parents and carers have been problematic over time and continue to be so. As a result, co-production between parents and professionals remains underdeveloped.

- There is effective support for children and young people with SEND who are at risk of exclusion, poor attendance or becoming missing from education.
- Leaders have taken too long to establish an effective procedure to check on the quality and timeliness of EHC plans and annual reviews. As a result, there are inconsistencies in how well objectives in EHC plans meet the needs of children and young people.
- Training for professionals to help them identify, assess and meet the needs of children and young people with SEND is well received and involves professionals from education, health and social care.
- Parents told us that it is unnecessarily hard work to secure the means to assess and meet their child's needs. Often, they feel they have to push hard. They worry that parents who may not have the ability to do this for whatever reason may miss out on what their children are entitled to.
- Surveys completed by parents as part of this inspection indicate that parents are particularly unhappy about the support children and young people receive to prepare for life as an adult.
- The CCG is committed to improving the lives of children and young people. Their health and care plan for 2019 to 2021 prioritises children and young people with SEND. For example, work is being undertaken to embed the new integrated therapy service and to work with general practitioners on annual health checks.
- The DCO is providing opportunities for families to share their views about health provision in Richmond with leaders. This means that the DCO and other partners are influenced by parents' views in their work to drive improvement.

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

### **Strengths**

- Early identification of needs for children and young people with SEND is well established in health providers in Richmond. For example, neonatal screening and the healthy child programme help identify needs promptly. Parents of pre-school children have open access to advice and support from the therapy services. This universal offer is delivered in children's centres as 'Chat and Play'. This is an opportunity for early identification of need. The regular sessions also offer more general advice to parents to help them understand their child's development and needs.
- Specialist nurses review records of care leavers in custody to identify unmet need. There are examples of young people being referred to specialist services such as autism spectrum disorder (ASD) assessment. This is a positive step in

joint working to support young people whose needs were previously unidentified.

- Early help panels and resilience networks are effective in helping schools to get advice early about potential needs. School leaders find these useful in discussing and identifying the social, emotional and mental health needs of children and young people.
- Training for special educational needs coordinators (SENCOs) to identify needs is effective. For example, SENCOs have attended mock assessment panels to learn more about how evidence of an emerging need is considered. This has also been extended to include health and social care professionals. This is improving the quality of identification and advice provided for assessments. Providers feel this has specifically improved understanding of the identification of ASD needs.

### **Areas for development**

- The involvement of speech and language therapists (SALT) in picking up unidentified speech and language needs in young people who become known to the youth offending team has only recently been developed and is not yet in place.
- College leaders are concerned about how accurately the needs of young people have been identified before they start college in post-16 courses. This is because the last review in secondary school is not effective enough at understanding what provision would be most appropriate for some young people. This leads to emergency annual reviews taking place and leaders asking for more funding.
- Post-16 providers do not have sufficient information about students who do not have EHC plans but do have SEND. This means that they are not able to prepare for their arrival well enough. This is a direct result of planning not starting early enough. The aspirations of these young people are not considered fully and so their further education is not well planned. As a result, placements too often do not get off to a successful start.
- Leaders have recognised that the waiting time for the formal assessment of ASD conditions is too long. The COVID-19 pandemic has led to further delays in diagnosis.

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

### **Strengths**

- Education providers are positive about the training they receive from specialists to improve their skills in meeting the needs of children and young people in mainstream schools. For example, the educational psychology team, together with the virtual school, have helped school staff learn how to better support children with attachment disorders.
- Parents we heard from are typically happy with the support their child receives in school.
- School governors appreciate and find useful the training they were given early on in understanding the SEND code of practice. This means they are better placed to challenge school leaders about SEND provision.
- Children's social care staff meet regularly to review their work. One aspect that has improved is the focus on accessibility and child/parent-friendly language in plans related to social care.
- Health service practitioners work effectively with families and children to assess need. Some parents told us good things about individual professionals. Waiting times for therapy services meet expectations. For most children, referral to assessment is four weeks, with intervention around 12 weeks. However, this was not the typical view of parents who responded to the inspection survey who felt they had to wait too long.
- Joint commissioning projects have led to improvements in the way needs are assessed and met in a number of ways. For example, work with a residential care provider has improved opportunities for over 30 young people in need of supported living or accommodation. Leaders have taken steps to work collaboratively with agencies outside the local area to secure better value for money and so children and young people benefit from a wider range of expertise.
- Children under the age of five are seen promptly by a range of professionals when referred for an assessment for ASD. Therapists and paediatricians work together and offer an appointment within six weeks. Parents can also access support and guidance in managing the behaviour of their child and have opportunities to meet other parents. They can access these opportunities without a formal diagnosis of their child's needs.
- Leaders provide information on how to request a formal assessment of needs. This guidance has helped to improve the efficiency of the assessment process, including that of review panels. As a result, fewer requests for assessment are turned down.

- Health visitors successfully deliver the healthy child programme. As part of the two-year-old check, health visitors complete an assessment of children's social and emotional development. This means that any early signs of social or emotional needs can be identified and an appropriate referral made.

### **Areas for development**

- Leaders' work to help children and young people with SEND to plan and prepare for adulthood has not been effective enough. The local area has developed a 'pathways protocol'. This is well thought out and brings together health, social care and education at each stage from Year 9 onwards, with clear expectations at each point. However, this has only recently been finalised and is yet to be shared more widely.
- More needs to be done to develop the partnerships between schools and colleges, including through caseworkers. Leaders have recruited staff to work as pathway coordinators, but this needs time to embed. Up until very recently, there has been a lack of understanding of 16 to 19 provision in the transition process. College leaders say that they need better communication with the local area.
- The annual review process at Year 11 is not effective enough. Because of this, young people's needs and the provision they require post-16 are not pinpointed well enough. This leads to some starting college without the right level of support.
- Area leaders and PCF representatives offer contradictory views of the extent to which more recent initiatives are the result of co-production with parents.
- An effective process for checking on the quality and timeliness of reviews of EHC plans has taken too long to emerge in Richmond. The quality assurance process still has risks to its effective delivery. There are challenges in retaining and recruiting EHC plan coordinators. The range of viewpoints and expertise employed in sampling and checking EHC plans is limited. Local area leaders have yet to begin routinely sampling EHC plans in their regular visits to schools.
- The quality of professional advice contributing to EHC plans is inconsistent. Generic, wordy or vague objectives in plans are hard for parents or children and young people to understand. Plans do not focus early enough on preparing children and young people for adulthood. The views and wishes of children and young people are routinely recorded in EHC plans but less commonly considered in framing objectives.
- The information, advice and support service in Richmond is well regarded by parents who have used it. However, its reach is underdeveloped. It is not as accessible and appealing for young people to use independently as it should

be. The current contract between the local authority and the information, advice and support service is not up to date with practices such as support for parents if they wish to go to tribunal.

- An integrated approach to the two-year-old check has not been adopted by the area. This is a missed opportunity for partners to work together to assess and coordinate care of the child.
- Some children wait longer than they should for some specialist services such as the over five's neurodevelopmental assessment and intervention from the child and adolescent mental health services.
- Parents feel the online local offer, while providing useful information and direction to services, would benefit from further development so it becomes easier to navigate.

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

### **Strengths**

- Educational outcomes for children and young people in Richmond schools are a consistent strength.
- Rates of exclusion for children and young people with SEND are low.
- Successful, joined-up work has been done to secure the best attendance possible for children and young people with SEND during the COVID-19 pandemic.
- Outcomes for children and young people with SEND who were previously missing from education have improved. This is because there have been successful attempts to get them back to regularly attending mainstream schools.
- Children and young people with SEND, and their parents, are typically positive about the range of accessible activities and opportunities to engage in a sporting, cultural and social life in Richmond. Children and young people told us that adults in places they visit understand their needs.
- The short breaks offer in Richmond has been sensitively adapted to respond to the needs of children and young people with SEND during the COVID-19 pandemic. For example, parents have been able to use funding to buy recreational equipment for home use when community activities remained closed. However, there is concern among some parents that not enough people who may be entitled to short breaks know about them.
- The mental health support team, based in 32 school settings in Richmond, provides strong support to children and young people. The staff offer a variety

of interventions. For example, a transition workshop is offered to Year 6 children identified as being anxious about moving to secondary school. Teachers speak highly of the impact of this programme in supporting children to manage their emotional well-being.

- Young people with ASD and/or learning disabilities needing to transition to an adult neurodevelopmental service can be supported by the 'Your Health Care' programme. A transitional support worker helps the young person and their family to understand onward referrals. They accept self-referral from those over 16 years old, as well as referrals from practitioners to support early transition planning. Evaluation has shown that 80% of those seen needed further intervention.
- The community children's nursing service supported children with complex needs attending school during the COVID-19 pandemic. The aerosol generating procedure was reviewed and, in partnership with special schools, safe personal protective equipment was made available to school settings. Additional training was offered to the school and joint work was undertaken with the transport service to ensure children could access school safely and the staff had the right equipment.

### **Areas for development**

- The annual review process for EHC plans is not consistently effective. Reviews do not incorporate the views of children and young people consistently. Following annual reviews, recommendations are not acted upon promptly due to delays in communication and planning. This affects parents, school staff and young people's outcomes. It causes frustration and confusion.
- Parents, children and young people in mainstream settings with EHC plans are left unsure of their short-term progress towards end of key stage outcomes.
- There is variability in the consistency of information provided by health professionals in reviewing outcomes in EHC plans.
- EHC plans do not focus sufficiently on developing the independence of children and young people. There is insufficient focus on career aspirations in agreed outcomes. This means that children and young people are not as well prepared for adulthood as they should be from an early enough age.
- Some young people are very confused about when their speech therapy will end. This causes uncertainty about what support they will receive. It affects their outcomes because it interrupts the continuity in their care.
- The SALT service commissioned by the local authority and CCG does not provide a service for those over 16. The family, young person and further education unit are made aware of this through discussion and correspondence from Year 9. Sometimes, therapy is commissioned on an individual basis, but



this approach is not conducive to smooth transition or consistent specialist input.

### **The inspection raises significant concerns about the effectiveness of the area**

The area is required to produce and submit a Written Statement of Action to Ofsted that explains how it will tackle the following area of significant weakness:

- Over time, the area's transition arrangements have not been effective at identifying and meeting the needs of children and young people. In particular:
  - What young people need after the age of 16 is not identified early or well enough. This means providers do not know enough about how to meet young people's needs. Young people do not have enough support for a successful transition to adulthood.
  - The annual review process has benefited from recent improvement but still leaves many parents not informed quickly enough about its outcome. The annual review at Year 11 is not used well enough to inform post-16 provision.
  - The objectives in EHC plans are not focused sharply or early enough on developing the independence of children and young people.
  - Transition pathways in health are not embedded across the full range of services.

Yours sincerely

Andrew Wright  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Michael Sheridan Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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Cc: DfE Department for Education  
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