

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



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Jill Colbert
Director of Children's Services
Sunderland City Council
Civic Centre
Burdon Road
Sunderland
Tyne and Wear
SR2 7DN

Dave Chandler, Chief Executive, NHS Sunderland Clinical Commissioning Group
Pam Robertson, Local Area Nominated Officer, Sunderland City Council

Dear Ms Colbert and Mr Chandler

Joint area SEND inspection in Sunderland

Between 21 June 2021 and 25 June 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Sunderland 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 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 are 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 from the 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 (WSOA) 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 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

- There have been significant developments since Together for Children started to work on behalf of Sunderland City Council to deliver children's services in April 2017. The number of specialist education settings for children and young people with SEND has increased. New schools have opened, and more additionally resourced provision (ARP) has been developed. Area leaders now have a clear ambition for children and young people with SEND in Sunderland.
- Some aspects of health provision have been developed even more recently. The recruitment of a new designated clinical officer has increased capacity within health provision. However, several health pathways and processes are still being formalised and occupational therapy services are disjointed.
- Leaders have a realistic picture of the area's effectiveness in identifying, assessing and meeting the needs of children and young people with SEND. The area's self-evaluation clearly identifies what needs to be done. Improvement plans are in place that are designed to further improve the area's effectiveness.
- However, over time, area leaders have not ensured that the 2014 reforms have had the necessary impact on improving provision and outcomes for children and young people with SEND.
- Leaders are not jointly planning, commissioning and providing education, health and care services in a way that is improving the outcomes achieved by children and young people with SEND rapidly enough. Leaders acknowledge that there is work to do to ensure that joint commissioning helps the area to meet the education, health and care needs of children and young people with SEND more effectively.
- Leaders have not ensured that information and data about children and young people's needs are comprehensive enough to support improvement in area SEND arrangements in Sunderland. For example, in relation to children and young people's emotional well-being and associated mental health services, there is a gap between children and young people's experience and what leaders think that they have been offered.
- The quality of support for children and young people at times of transition across all services and age ranges is too variable. For example, planning for transition to adult services starts too late and is not explained well to families. This problem

was exemplified by one parent who said, 'Everything goes at 18.' Many parents and carers feel that they need to find out everything themselves without sufficient or timely support.

- Co-production (where children and young people, families and those who provide services work together to decide or create a service which works for them all) is not consistent within the area. Area leaders do not always involve children and young people and their families when making decisions about how best to meet their needs. Although several parents who contacted inspectors were happy with much of the support that their children were receiving, others talked of the need to 'fight' to have their children's needs identified and met.
- Leaders have developed a 'SEND ranges' document. These ranges are descriptions of need and how best to meet them. They were co-produced effectively. Substantial training and sharing of information took place to support the implementation of the SEND ranges. There is now a 'shared language' and understanding, between parents and education, health and care professionals, about children and young people's needs and how this links to their educational provision.
- The virtual school provides effective support for children and young people with SEND who are looked after by the local authority. This includes children and young people who are educated outside of the area. Headteachers are positive about the support that they receive from the virtual school when supporting those with SEND.
- There are several strengths in the way that health professionals identify the needs of children under two years old. For example, specialist physiotherapists regularly screen new-born children who are at risk of not meeting the developmental milestones. Also, speech and language therapists provide a communication assessment for all children aged between three and five years old in education settings. This is an additional opportunity to identify any young children with speech, language or communication needs.

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

Strengths

- The support that education professionals receive from the local authority's SEND team is effective. This is helping more individual schools and special educational needs coordinators (SENCOs) to correctly identify children's and young people's additional needs. Teachers and school leaders appreciate the advice that they are given.

- The SEND ranges document helps teachers and education, health and care professionals to identify and describe any additional needs that children and young people may have.
- School health profiling helps the 0 to 19 service to tailor the support that is offered. For example, the school health team supports children and young people with safe online access, friendships, emotional health and well-being.
- Digital developments over the last three years have helped public health staff to make sure that families only tell their story once. For example, electronic records are safely and easily accessed by health professionals to support multi-disciplinary working. Information stored using a single online platform can be easily accessed by professionals.
- In addition to five universal health visiting contacts for families (contacts with health visitors from 28 weeks of pregnancy up until the age of two and a half as part of the Healthy Child Programme), Sunderland offers an additional two contacts with families. This means that there are increased opportunities for professionals to identify children's needs.
- The timeliness of completing education, health and care (EHC) plans is above the national average. The newly formed 'SEND panel' is increasingly effective at administering applications for EHC plans. Area leaders are confident about the quality of evidence that is gathered for EHC assessments.
- New assessment hubs in schools for children and young people with social, emotional and mental health (SEMH) needs have contributed strongly to timely identification of their needs. Here, children and young people attend a hub for a specific period of time in order that their exact needs are identified.

Areas for development

- Leaders do not have a clear enough picture of children and young people's current and future needs in order to commission the right education, health and care services.
- Health data has not been used effectively in order to identify children's needs in the early years. Too many children enter school with unidentified additional needs despite additional contacts with families by public health teams. This trend has continued for many years without being understood.
- Integrated therapeutic services and their partner specialist agencies in education work well with individual children and young people who meet the threshold for accessing a service. However, these services are not routinely contributing to the identification of children and young people's emerging needs. This is limiting schools' and families' access to early intervention. For example, staff in settings see a need for sensory profiling, but they struggle to access this specialist assessment.

- Links between public health nurses and nursery settings are not consistently strong. Consequently, health visitor support is not always effective in identifying and reviewing needs.

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

Strengths

- There has been significant investment in increasing specialist provision for children and young people with SEND. New schools have been opened and there has been an increase in the number of ARPs within schools. Some of these settings have been opened in response to the growing number of children and young people with autism spectrum disorder (ASD) and those with SEMH difficulties in the area.
- ARPs provide effective support for children and young people who access them. Staff working in the ARPs are well trained to support individual children and young people, and to meet their additional needs.
- Area leaders work well in partnership with schools. Meetings for SENCOs provide schools with timely and relevant information. Training is appreciated by school staff. School improvement partners include a focus on children and young people with SEND during their visits to schools.
- Generally, practitioners in SEND services, school improvement, social care and health are knowledgeable and skilful. Once deployed, they make a positive difference to the children, young people and families they are supporting.
- Partnership working through the vulnerable pupil panel and the behaviour and attendance panel helps to meet the needs of children and young people with SEND. School leaders told inspectors that they feel involved in local decisions because of these panels. Special school leaders say that the area is quick to respond when a child or young person's needs escalate quickly, or they are in crisis.
- Services for children and young people who have a hearing or visual impairment support families well. These services help settings to meet the needs of children and young people, once they are known to professionals.
- The autism outreach service is well regarded by parents. Support for individual parents and carers of children with ASD, when this is accessed, is strong.
- The parent carer forum is active and influential. Parents and carers who access the group and the forum's services are highly appreciative of its work. The forum has worked proactively with the area during the pandemic. Surveys led by the forum were used to develop services and support at that

time. The special educational needs and disability information, advice and support service (SENDIASS) provides valuable help and support for families. Parents and carers who have accessed this service have positive views about the support they received.

- Area leaders have renewed the format of EHC plans. A more accurate needs assessment is now shared with families and professionals. Therapists receive copies of draft EHC plans so they can check that advice has been correctly included. Social workers from the disabilities team contact the families of each child or young person as part of the statutory assessment process. This has strengthened the social care contribution to the EHC assessment and planning.
- The school health team meets the needs of school-aged children in Sunderland well. For example, SEND nurse services are in place. Here, practitioners support families when additional needs have been identified. Sleep and positive parenting programmes are two examples of support they provide.
- Young people with SEND who are known to the youth justice service or are vulnerable to criminal exploitation are supported effectively through the work of the service.

Areas for development

- Joint commissioning is underdeveloped in Sunderland. Leaders do not have enough up-to-date and relevant information to ensure that they are commissioning and providing the right services for children and young people with SEND. As a result, children and young people with SEND do not benefit from a cohesive approach to the organisation of support across the area in order to meet their needs.
- There is too much variability in the experience of children and young people who access neurodevelopmental pathways. Work is underway to support a review of the services involved to ensure that children and young people's needs are met at the earliest stage and without a diagnosis. Staff from the services involved are positive about the support they are receiving from commissioners to review these pathways.
- Children's emotional well-being and mental health services are fragmented and difficult to understand for parents and professionals. This means that some children and young people wait too long for their needs to be assessed and met.
- Occupational therapy (OT) services are disjointed. Only certain professionals can refer families to the service. Some parts of the service are only accessible

to a small number of children with specific needs. Consequently, some schools have bought in their own OT support.

- Parents of children and young people with SEND do not have access to sufficient short break provision. Parents say that they struggle to find appropriate community activities and groups for their children.
- Some children, young people and families do not have good enough access to the equipment and personal care products they need, such as pads from the incontinence service and suitable wheelchairs. Some families report that access to these essential products is a continuous struggle and a cause of significant distress.
- Education, health and care practitioners know about the online local offer and help parents and carers to access it when needed. However, many parents are unaware of the range of services available for children and young people with SEND and their families. Many have not heard of the local offer or SENDIASS.

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

Strengths

- Partnership work between the education team and headteachers is beginning to have a positive impact on outcomes for children and young people with SEND. For example, the proportions of children and young people with SEND who are subject to fixed-term or permanent exclusion are decreasing. The attendance of children and young people with SEND is improving and the proportion who are persistently absent is decreasing. The virtual school, the behaviour and attendance team, and the vulnerable pupil panel have made a strong contribution to this improvement.
- Overall, academic outcomes for children and young people with SEND are improving, especially in the early years and in primary schools. This is partly as a result of the increasingly ambitious and varied offer for children and young people across the area. The education team is on the front foot in this regard. A current focus on literacy in early years and staff training within nursery settings is contributing to this improvement.
- There has been a reduction in the number of appeals to the SEND tribunal. Leaders say that a more proactive approach and stronger relationships between parents and professionals have led to this decrease.
- The proportion of young people not in education, employment or training when they leave school at 16 is improving, specifically for those with SEND

receiving support without an EHC plan. The work of the virtual school is having a positive impact here.

- Young people with SEND who are known to the youth justice service or are vulnerable to criminal exploitation are supported effectively through the work of the service. As a result, fewer young people are subject to custodial sentences.

Areas for improvement

- Area leaders accept that they need better and more accurate data and information to improve outcomes for children and young people with SEND. The use of outcome measures across health services is underdeveloped.
- Leaders are building a more detailed picture of children and young people's current and future needs, but this work is at an early stage. The collection of information from children, young people and their families is varied in quality. The monitoring of this information is weak. It is not being used consistently well to support strategic or operational decisions.
- The take up of personal budgets is low. Some practitioners do not know how to help families access information about personal budgets. Parents and carers do not have easy access to information about how they can apply for financial support for leisure and community-based placements or personal health budgets.
- Although academic outcomes for children and young people with SEND are improving, they remain too low at key stage 4. The progress that key stage 4 pupils make and the standards that they reach are not strong enough. This is the case for those requiring SEND support as well as those with an EHC plan. Also, there is too much variation in the standards that young people with SEND reach on 16 to 19 study programmes.
- Transitions across all services and age ranges are too variable. Much of the support for families at times of transition is driven by individual schools. This is variable across Sunderland. In addition, parents feel that there is a 'cliff edge' when their children reach the age of 18. They do not feel supported and say that they do not have access to enough information.

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 areas of significant weakness:

- Joint commissioning, in a way that demonstrably and quickly improves provision and outcomes for children and young people, is not fully embedded.

The information used to inform this process is not comprehensive, and co-production with children, young people and families is inconsistent.

- The support for children and young people at times of transition across all services and age ranges is too variable in quality.

Yours sincerely

Michael Wardle
Her Majesty's Inspector

Ofsted	Care Quality Commission
Emma Ing, HMI Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Michael Wardle, HMI Lead Inspector	Lucy Harte CQC Inspector
Patricia Head, HMI Team Inspector	

cc: DfE Department for Education
 Clinical commissioning group(s)
 Director Public Health for the local area
 Department of Health
 NHS England