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Interim Executive Director for Children, Families and Education, Croydon  
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Matthew Kershaw, Chief Executive, Croydon Health Services NHS Trust  
Kathy Roberts, Head of Service: SEND Transformation and Delivery

Dear Ms Jones and Mr Kershaw

### **Joint area SEND inspection in Croydon**

Between 4 October 2021 and 8 October 2021, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Croydon 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.

In reaching their judgements, inspectors took account of the impact of the COVID-19 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

- The 2014 SEND reforms were introduced at a time of considerable turbulence in education, health and social care in Croydon. Current leaders understand the context of the area well and, especially since 2018, have used their knowledge to develop a coherent and ambitious SEND strategy. This has improved the pace of improvement and means that leaders are tackling the right things in the right order.
- Leaders in Croydon evaluate the effectiveness of their response to the 2014 reforms accurately. They know what is serving children and young people with SEND well and where there is still more to do.
- Area leaders typically have the confidence and support of providers when introducing and evaluating changes aimed at identifying and meeting the needs of children and young people with SEND.
- Leaders have set up a system where providers located near one another cooperate to share expertise and resources. This works well to identify and provide effective early intervention for children and young people who receive SEND support. Parents said this has boosted their children's confidence and enjoyment. This approach is also helping staff to gather better evidence to decide when to ask for an assessment for an education, health and care (EHC) plan.
- Leaders make sure that representatives of parents, such as the parent carer forum, are involved in developing SEND strategy and contributing to checks on the quality of EHC plans. However, many parents and carers who spoke to inspectors said they lack confidence in how well EHC plans improve outcomes for their children. Many were dissatisfied with the assessment process. Over 80% of parents who took part in the online inspection survey did not think services in Croydon are helping prepare children and young people well enough for adulthood.
- Staff working with the most vulnerable children and young people with SEND communicate with each other effectively. These strong and well-established professional partnerships have helped to sustain support and meet the needs of these children and young people during the COVID-19 pandemic.
- Croydon offers a wide range of opportunities for children and young people with SEND to get involved in cultural, social and sporting activities. However, parents are not given enough information about the support, including financial support, they may be entitled to in order to enable their children to participate.
- Parents and some providers say they find the online local offer frustrating and sometimes inaccurate. Almost half of those responding to the Ofsted inspection survey said they do not find the local offer useful and just under a quarter said they have not heard of it.

- There are some gaps in jointly commissioned services in Croydon. As a result, providers sometimes find it difficult to plan in advance to meet the needs of children and young people. Leaders recognise that, until recently, children and young people have not been involved enough in joint commissioning.
- The designated clinical officer (DCO) is relatively new in post. They are overseeing and checking health professionals' contributions to EHC plans.
- Health services strive to provide consistent and far-reaching services to children and young people. However, restricted funding and staff shortages mean that health services are not always able to provide the quality of service that they would like.

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

### **Strengths**

- Speech and language therapists complete screening assessments when a child or young person becomes known to the youth offending service. This means that any previously unidentified needs can be identified and acted on.
- Leaders make sure that prompt and effective help is provided to identify needs of children and young people who arrive in Croydon as unaccompanied asylum seekers.
- The portage team is valued by professionals and parents. This team identifies the needs of young children at a very early stage. This enables the early years SEND team to put support and strategies in place for when children start nursery.
- The 'Chatterbox' speech and language staff based at each children's centre listen to parents' concerns. They continued to work remotely, using virtual meetings, throughout the pandemic. They work with families to offer advice and guidance.
- Support staff in schools who have taken part in the 'oracy project' are picking up speech, language and communication needs more accurately. As a result, earlier and more effective help is being given to children who are referred on to the speech and language service. It is also ensuring that those children who do not meet referral criteria receive the right support.

### **Areas for development**

- Education providers have found it difficult to access educational psychologists this year. This is due to staff shortages within the team. Previously, schools had access to 20 sessions each year, but this has been reduced to five. This is

limiting opportunities for providers to follow up concerns and seek expert advice.

- Some families face long waits for a diagnosis. This is especially the case for autism spectrum disorder diagnosis and those with global developmental delay who require support from the joint communications team. Health visitors support these families during this wait.
- The high rate of repeats of neonatal blood spot screenings can be stressful for new mothers and limit very early identification of some needs.
- Developmental checks on two-year-olds are not happening often enough in Croydon. This is due to historical underfunding and challenges with recruitment and retention of staff. The area is recruiting student health visitors to try to fill the gaps.

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

### **Strengths**

- There are well-established networks between professionals working with children looked after and those known to other services that support most vulnerable groups. These teams share information well when they review EHC plans. Their strong communications have helped them to continue to meet the needs of vulnerable children and young people with SEND during the pandemic.
- The information and advice service is well regarded. Service managers have been creative in ensuring it is known about, accessible to and used by young people as well as parents.
- Community children's nurses and specialist school nurses are working effectively to coordinate the care of children with complex needs. The team includes an epilepsy nurse who contributes valuable expertise to assessments. These are undertaken jointly using the skills of both practitioners to work with the family and child. This supports the 'tell it once' approach and ensures that the family receives a comprehensive service.
- Support from the school nursing team is effective in special schools. Nurses attend case conferences and have set up care plans in the same format as an EHC plan. This makes it easier to transfer information between the two plans. The team's centralised position means they are accessible to both professionals and parents.
- The sensory support service works well with schools and colleges to build and implement packages of support for children and young people with SEND. Teachers for the visually impaired and deaf work with schools and colleges to provide support and guidance. The sensory support service makes a

significant difference to how well these children and young people access their education.

### **Areas for development**

- Too many annual reviews of EHC plans are not completed on time. But this is starting to improve. Leaders have introduced a dedicated team with a clear remit for its work.
- The quality of EHC plans is inconsistent. The intended outcomes in plans often include too much jargon. Sometimes they are too vague. Some parents lack confidence and belief in the EHC plan process to meet their children's needs. Health input is variable. Leaders have started work to improve the objectives in plans so that these focus more closely on preparing children and young people for adulthood. This has made a difference to some plans but not others.
- The DCO has been in post since December 2019. This has restricted the oversight and quality assurance of health contributions to EHC plans until recently.
- The uptake of personal budgets is very low. Personal budgets are available and provided through the Children with Disabilities Service. However, leaders need to do more to ensure that parents are given sufficient information about how to apply for and make use of personal budgets. Professionals do not have a secure understanding about the direct payment system so are unable to support families to access these.
- Paediatric therapies, particularly for young people post-16, are not commissioned effectively. This means that the needs of young people are not routinely met. Too often, providers need to buy in services because therapies are not planned well enough in advance.
- School nurses say they have so many schools in their caseload that they are unable to offer health promotion to children and young people with SEND. Due to staff turnover, gaps in school nurse capacity are even greater in some of the more deprived parts of the area.
- Waiting times are too long for initial assessments in the children and adolescent mental health services. A third of children and young people wait for over a year for the autism spectrum disorder and neurodevelopmental pathway assessments.

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

### **Strengths**

- Children and young people with SEND achieve well at school. Leaders operate a robust and well-organised system for challenging and supporting schools in promoting good outcomes for children and young people with SEND. Staff in special schools share their expertise and skills with other professionals.
- More children and young people are now able to continue their education close to home after the age of 16 because local providers offer courses which more closely match their needs. This also means placements are less likely to break down.
- Leaders make sure that children and young people who were previously missing from education get the help they need when they move to the area. They are well supported to attend school or college regularly.
- Speech and language specialists working with the youth offending service provide training for staff working in the judiciary. This helps them to communicate effectively with and understand the needs of children and young people they encounter with speech and language difficulties.
- Leaders have worked as an effective team to reduce exclusions among children and young people with SEND. Leaders do not back away from overturning a decision to permanently exclude a child or young person with SEND, if they think this is wrong.
- Children and young people with SEND in Croydon have a wide range of opportunities to take part in social and cultural activities. For example, the youth club project enables young people to try the Duke of Edinburgh's Award scheme, take part in fundraising and organise social events. This helps them to become more independent and develop the skills that lead to successful and fulfilled lives.
- School nurses offer training to teaching and support staff to help improve outcomes of children and young people with SEND who have asthma, anaphylaxis or epilepsy.

### **Areas for development**

- Outcomes in EHC plans are sometimes worded vaguely and in a way which makes it hard to identify if they have been achieved. This leaves children, young people and their parents uncertain about how effective EHC plans have been.
- Social workers do not always attend annual reviews even when a child or young person has been identified as being in need. When this happens, those

attending the review meeting do not have a full or accurate picture of the child or young person’s outcomes.

- Children looked after do not routinely have their personal education plan and EHC plans reviewed at the same time. This makes it more difficult for professionals to share an up-to-date picture of the child or young person’s outcomes. It also means that information is repeated unnecessarily.
- Parents and providers are concerned that transport arrangements for children and young people with SEND have recently become more inflexible. This means that some children and young people can no longer attend after-school clubs and activities which they enjoy and benefit from.

Yours sincerely

Andrew Wright  
**Her Majesty’s Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Michael Sheridan Regional Director	Mani Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Andrew Wright HMI Lead Inspector	Andrea Crosby-Josephs CQC Inspector
Joanna Walters Her Majesty’s Inspector	

Cc: Department for Education  
 Clinical commissioning group(s)  
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 Department of Health  
 NHS England