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David Gallagher, Chief Officer, Tees Valley Clinical Commissioning Group

Clare Mahoney, Local Area Nominated Officer

Dear Ms Boulton and Mr Gallagher

Joint local area SEND revisit in Redcar and Cleveland

Between 22 and 24 November 2021, Ofsted and the Care Quality Commission (CQC), revisited the area of Redcar and Cleveland to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 23 April 2018.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted.

The area has made sufficient progress in addressing all four of the significant weaknesses identified at the initial inspection.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and local authority and National Health Service (NHS) officers. Inspectors looked at a range of information about the performance of the area in addressing the four significant weaknesses identified at

the initial inspection, including the area's improvement plans. Inspectors considered the 93 responses to Ofsted's parents' survey.

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.

Main Findings

- At the initial inspection, inspectors found the following:

There was poor shared understanding of the needs of children and young people who have SEND and their education, health and care outcomes.

Since Redcar and Cleveland's initial area SEND inspection in February and March 2018, the senior leadership of education, health and social care services has changed almost entirely. Considering the relative recency of their appointment and the impact of the intervening pandemic, leaders are well on the way to having a grip of SEND provision and the requirements of the 2014 SEND reforms.

To enable them to understand the needs of children and young people with SEND, leaders have taken action to establish an effective quality assurance process at a senior strategic level. As a result, leaders have a strong understanding of what actions are working and which ones are not delivering the intended impact.

Leaders have implemented training across their SEND workforce to improve everyone's shared understanding of children's and young people's needs. For example, they have provided training to improve the quality of their contribution to education, health and care (EHC) plans. The designated clinical officer (DCO) has done the same for health providers. In particular, this has focused on the more consistent writing of effective actions in EHC plans, which are specific, measurable, achievable, realistic and time-related ('SMART'). This is so that children's and young people's needs are clearly understood and stated.

EHC plans demonstrate that, overall: the views of children and young people are represented, although at times quite briefly; their needs are identified and described; if there is health and social care involvement, then this is stated; outcomes are appropriate to the children's and young people's needs; and actions are relevant.

Leaders know that there is still more to be done to bring all EHC plans to the necessary standard. They have started this process. In particular, there is work to be done to ensure that annual reviews are completed in a timely way. There is also more to do to ensure that the necessary contributions to EHC plans from health

professionals, and especially social care professionals, are made at the assessment and annual review stages.

School special educational needs coordinators (SENCOs) present a very positive picture of the area's work to ensure that everyone is on the same page. SENCOs feel supported by the area in developing a shared understanding of children's and young people's needs. For example, the regular support and challenge meetings held by the area SEND team are helping SENCOs to implement EHC plans with more confidence.

The increase in the area's dedicated SEND health team has strengthened how the area understands needs. The DCO and designated medical officer are clear about their roles and how they link in with multi-agency partners to improve services and outcomes for children and young people with SEND. For example, the DCO holds six-weekly parent and carer drop-ins. This means that there are opportunities to understand individual challenges and identify themes. The right structures and processes exist to support improvements that still need to be made.

Assessment panels on the neuro-developmental pathway support a shared understanding of needs at the earliest opportunity. This gives a fuller picture of the child or young person and means they can access the right support at the right time.

The area has made sufficient progress in addressing this area of significant weakness

- At the initial inspection, inspectors found the following:

There was a lack of an effective approach to jointly planning and commissioning the services that children and young people who have SEND need.

There is a transformed and much improved joint commissioning structure now in place. The DCO has been instrumental in building important relationships and bringing operational knowledge to commissioning conversations. Joint commissioning work is now planned and coherent, with robust systems of strategic oversight.

Leaders have established a centralised database of agreed information, shared across area teams, which enables them to have a handle on their area priorities. This is leading to more informed joint commissioning decisions. For example, there has been an improvement in the strategic commissioning of school places for children and young people with SEND, including the creation of a new free school. Decisions around commissioning of school places are no longer based on 'a wing

and a prayer,' but are information-led. School leaders report a greater strategic methodology behind the commissioning of school places.

The area's joint commissioning strategy is now engaging with academies and academy trusts, so that the area has a growing understanding of schools' commissioning activity. Consequently, leaders are now talking to school leaders about possibilities for shared commissioning.

As a result of extensive mapping of services available in the area, provision such as speech and language therapy and equipment services are now jointly commissioned. Leaders are reviewing some of these services to understand the impact of their joint commissioning on children and young people.

Child and adolescent mental health service (CAMHS) staff now regularly attend multi-agency panels to support assessment of children and young people's needs. This is resulting in improved working relationships and improved knowledge of processes that support children and young people with SEND. Importantly it means that the emotional health and well-being service and mental health services are part of the area's SEND improvement journey.

Leaders know that there is more to do to further strengthen joint commissioning, but they have plans in place. For example, occupational therapy services do not meet all children's needs, although some changes have already been made with some early signs of improved access to the service. There is relatively little involvement of social care in joint commissioning, especially around respite and short breaks. Capturing the voice of children, young people, parents and carers in joint commissioning is a work in progress. Many parents who responded to Ofsted's survey are frustrated with the waiting times for a CAMHS appointment.

The area has made sufficient progress in addressing this area of significant weakness

- At the initial inspection, inspectors found the following:

There was poor evaluation of the effectiveness of the local area's arrangements for improving the education, health and care outcomes of children and young people who have SEND.

Leaders have established a system to enable them to measure the effectiveness of their actions. As a result, there is a clarity in their understanding of how they are doing in improving the outcomes of children and young people.

To provide them with the necessary information to evaluate their effectiveness, leaders have implemented a SEND data 'scorecard'. This provides a moment-in-time

snapshot of a range of outcomes across education and health, and provides them with milestones against which to measure the effectiveness of their actions.

To assist them in evaluating their effectiveness, area leaders have reviewed their processes to bring about greater consistency in the quality of professionals' advice for EHC plans. This has included, for example, training for health staff in writing 'SMART' outcomes. The multi-agency EHC plan panels are attended by education, health and social care staff, which means they can evaluate their effectiveness, respond to challenges and identify trends more precisely.

Changes to the area's ways of delivering emotional and well-being provision have supported staff to work together. Joint working has been strengthened because people are working towards the same outcomes. Staff report that they feel more aware of changes and have a route to raise matters that need reviewing or to celebrate positive changes. This means that unmet needs are identified at the earliest opportunity.

Leaders know that there are aspects of their evaluation of their effectiveness which require continued attention. For example, the way in which therapy services analyse the impact of provision across a cohort of children is not consistent. This limits leaders' understanding of the impact of the services.

The area has made sufficient progress in addressing this area of significant weakness

- At the initial inspection, inspectors found the following:

There was too little involvement of children, young people and families in meaningfully co-producing the services, resources and support they need.

At the time of the previous inspection, co-production and the relationship between the area and families were at a very low point. Since then, all parties have worked to start to rebuild trust, and to establish a parent carer forum (PCF), to support children, young people and families. They have persevered through numerous challenges, not least the pandemic. They have accessed regional and national support to now be in a position where they can work together to build effective co-production.

There is a shared appetite between the area and the recently formed PCF about further developing co-production. All partners agree that there is some way to go to ensure that co-production is consistently at the heart of service provision. For some parents, for instance, co-production has felt to them like a box-ticking exercise. For others, there has been a perceived conflation of 'consultation' with co-production.

However, the intent, passion and structures are in place to continue the journey, from a very low base, to getting co-production to where all parties want it to be.

Families and children’s voices are at the heart of the neuro-developmental pathway. Parents and carers choose which professional completes the initial screening form. This means that important information is recorded by someone that the family knows and trusts. There are structures in place to support the review of the pathway and ensure that the lived experience of children and families who access those services are at the heart of future service development.

A notable proportion of the parents who responded to Ofsted’s survey reported that they had been involved in co-production. They gave examples, for instance, of working with their child’s or young person’s school in securing an aspect of provision, and of joint working between portage and families. For other parents, however, successful co-production remains a challenge.

The area has made sufficient progress in addressing this area of significant weakness

As the area has made sufficient progress in addressing all the significant weaknesses, the formal quarterly support and challenge visits from the DfE and NHS England will cease.

Yours sincerely

Steve Shaw
Her Majesty’s Inspector

Ofsted	Care Quality Commission
Emma Ing Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Steve Shaw HMI Lead Inspector	Lucy Harte CQC Inspector

Cc: DfE Department for Education
Clinical commissioning group
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