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Mark Creelman, Locality Executive for Merton and Wandsworth SW London CCG
Deborah Johnson, Head of SEND and inclusion, Local Area Nominated Officer

Dear Ms Popovici and Mr Creelman

Joint area SEND revisit in Wandsworth

Between 27 and 29 June 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Wandsworth 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 17 December 2019.

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. This was declared fit for purpose in July 2020.

The area has made sufficient progress in addressing both of the significant weaknesses identified at the initial inspection. This letter outlines our findings from the revisit.

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 two significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation.

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:

Leaders must urgently improve the planning and assessment arrangements for education, health and care (EHC) plans to better meet children's and young people's needs and aspirations and meet statutory timescales.

EHC plans are better than they were in November 2019. Leaders have more oversight of their quality and routinely check new plans. A programme of evaluating EHC plans that have been in place for some time is underway. Objectives in EHC plans are now written in simpler language. They are more specific. This makes the EHC plan easier for children and young people to understand. The views and ambitions of children and young people are now more frequently at the heart of plans. EHC plans now support the social development of children and young people more often. Some parents and carers say this has increased the confidence and happiness of their child. Education setting leaders think EHC plans are better organised and written. They express confidence in the skills and capability of case workers responsible for writing them. They say this leaves special educational needs coordinators with more capacity to get on with putting plans into practice. However, parents think there is still more to do to improve the quality of plans.

Although the quality assurance framework leaders have introduced is enabling them to identify and tackle some recurring weaknesses in EHC plans, this is not bringing about all the improvements needed in the health assessment process which contributes to plans. Health reports are sometimes not received before plans are issued. Some EHC plans are late in being finalised because of these delays. There has been some improvement to the quality of health outcomes in EHC plans but this remains inconsistent. It is not always clear how the health needs of children and young people with SEND will be met when reading plans. Although some steps have been taken to rectify these weaknesses, it remains unclear how overall improvement will be made in a timely manner.

Professionals in education, health and care think joint working with the special needs assessment service has been positive and they feel better equipped to contribute more effectively to the EHC plan and review process. However, they recognise the

need for further improvements in both timeliness and quality of health contributions to EHC plans.

Area leaders are providing some social workers with more knowledge and insight into the role of EHC plans in meeting the needs of children and young people with SEND. This enables them to write better advice for an assessment of a child or young person's needs and offer more support to parents and carers in the assessment process.

The timeliness of the assessment process for requesting an EHC plan has improved, particularly in recent months. Leaders have a clear plan to improve the timeliness of annual reviews but too many of these still do not happen on time. Leaders in colleges and secondary schools have noticed a more organised and effective process for conducting annual reviews when children and young people are moving to the next stage of their education.

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

- At the initial inspection, inspectors found the following:

Leaders must evaluate the impact of the local area's work in embedding the reforms more comprehensively by establishing a consistently agreed and applied framework for doing so. Use the findings from this to share strong practice and rectify weaknesses.

Leaders now have a cohesive strategy for making further improvements to SEND provision in Wandsworth. Leaders are learning from and taking more account of the views of parents, carers, children and young people when evaluating the impact of their strategy. Parents' representatives have more trust in area leaders to listen to them when they raise concerns. Leaders are now clearer about where strengths and weaknesses in provision lie and are able to act on this information more promptly and effectively as a result. Leaders of education providers are more confident about the oversight area leaders have of SEND provision in the area. The SEND strategy and its governance has been developed with partners across education, health and social care. However, the designated medical officer does not yet influence SEND service provision enough. The designated clinical officer is very new in post and has had little time to make an impact on the overall improvement journey within the area. Although professionals and leaders speak positively of the improvements made to the governance arrangements that are in place, it is not clear how all key health services and professionals have been included in the overall improvement journey in Wandsworth.

There is more evidence of practitioners and providers sharing expertise. For example, schools work with each other to review the way they put EHC plans into practice. Staff in some secondary schools and colleges are working together to

improve the way preparation for adulthood is considered in EHC plans of older secondary school pupils with SEND.

There are also good examples of service improvement as a result of effective joint commissioning. For example, professionals from child and adolescent mental health services have worked with partners in education to better meet the needs of children and young people with SEND. We heard that this has particularly benefited children and young people who are at increased risk of mental health crisis.

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

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

Yours sincerely

Andrew Wright
Her Majesty’s Inspector

Ofsted	Care Quality Commission
Caroline Dulon Regional Director	Dr Sean O’Kelly BSc, MB, ChB, MSc, DCH, FRCA Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services
Andrew Wright HMI Lead Inspector	David Roberts CQC Inspector

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