

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



3 August 2016

Mr Colin Pettigrew
Corporate Director, Children, Families and Cultural Services
Nottinghamshire County Council
County Hall
West Bridgeford
Nottingham
NG2 7QP

Ms Nicki Hodson, Designated Clinical Officer, Nottinghamshire County Clinical
Commissioning Groups
Ms Sam Walters, Chief Officer, Nottingham North and East Clinical Commissioning
Group
Derek Higton, Local area nominated officer

Dear Mr Pettigrew

Joint local area SEND inspection in Nottinghamshire

From 20 June to 24 June 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Nottinghamshire to judge the effectiveness of the area in implementing the disability and special educational needs 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 team inspectors including an Ofsted Inspector and children's services inspectors from CQC.

Inspectors spoke with children and young people who have special educational needs and disabilities, parents and carers, representatives of the local authority and National Health Service (NHS) officers. They visited a range of providers and talked to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors also met with leaders from the local area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

This letter outlines the findings from the inspection, including areas of strength and areas for further improvement.

Main findings

- Children and young people describe very positive experiences of the support they receive from health services, social care provision and their education setting.
- Inspectors found a high level of commitment to implementing the reforms from all stakeholders. Approaches such as the education, health and care hub meetings are promoting the improved identification of children and young people's needs and also improving their outcomes.
- The local area's evaluation about how well it has implemented the reforms is broadly accurate. However, the local area's self-evaluation does not include sufficient reference to the views of parents, children and young people.
- Most parents who spoke with or contacted the inspectors during the inspection had some dissatisfaction with at least a part of the access to health provision, social care services or education. The level of dissatisfaction was a concern to the inspection team and leaders from the local area, including the corporate director of children, families and cultural services. However, inspection evidence indicates that parental dissatisfaction is often successfully resolved when it is identified. Special educational needs appeals by parents across Nottinghamshire are at a lower rate than found nationally.
- Health visitors and school nurses are effective in identifying children's needs at an early opportunity and this helps them to put effective support in place to improve their outcomes.
- National comparative information indicates that fewer children and young people in Nottinghamshire are identified as having special educational needs and/or disabilities than found in other areas nationally. Significantly fewer children and young people than found nationally have an education, health and care plan. Children and young people tend to have their needs met quickly because families of schools are able to draw on expertise and funding from within their family of schools group.
- Fewer 16- and 17-year-olds who have special educational needs and/or disabilities in Nottinghamshire are in education or training than found nationally. The quality of preparation for adulthood of children and young people who have special educational needs and/or disabilities is a concern in Nottinghamshire.
- The local authority maintains a secure children's home. The provision benefits Nottinghamshire's young people and those from across the county. The commitment by leaders to multi-agency working is exemplary and ensures that a wide range of needs are met.

The effectiveness of the local area in identification of children and young people who have special educational needs and/or disabilities

Strengths

- Nottinghamshire local authority has systems of funding for its schools, so that the additional needs of children and young people who have special educational needs and/or disabilities can be identified and met more quickly than was previously found in the area. Inspectors found numerous examples where this has happened and was successful.
- The early identification processes undertaken by health visitors and school nurses are effective in identifying children's needs at an early opportunity. These professionals act swiftly to support families and make timely responses to children's needs. However, developmental checks are not yet integrated with early years settings. There is a reliance on parents to link information between health professionals and education settings.
- The 'concerning behaviours pathway' is effective in providing a comprehensive assessment and diagnosis for children with social communication needs. It collates a range of information from various professionals and draws on the 'getting to know me' form. As a result, children and young people are getting their specific communication, social, emotional and mental health needs met.
- Early years speech and language support through the early years teams in children's centres is strong and easily accessible. These teams support the swift identification of children's needs and this reassures parents and carers that their child will access the necessary support.
- The work of school special educational needs coordinators (SENCOs) is of a good quality. Highly skilled SENCOs are adept at supporting their colleagues to highlight areas of concern regarding the children and young people they teach. The most effective SENCOs then ensure that quick and effective interventions are put in place to support each child or young person to make progress. The best practice inspectors found includes guiding children, young people and their parents to organisations that can provide support that helps meet the families' needs.
- In the most effective examples, some groups of schools in areas of Nottinghamshire have employed a 'family SENCO'. This strategy enables school SENCOs to draw quickly on the expertise of others and creates the necessary time for areas to analyse the needs of children and young people. A strong example found in Newark related to a group of schools identifying a rise in the number of children and young people diagnosed with autism. The identification across the locality led to useful professional development opportunities for staff.
- The process for assessing children's needs for an education, health and care plan is rigorous. This is because the local authority hosts regular meetings of the different professionals through the education, health and care assessment

and commissioning hub. The hub ensures that the views of all the professionals contribute to the assessment decision.

- The integrated children's disability service, through the short breaks and personalisation service, offers a short breaks scheme. Children who are referred access a package of support that is awarded through a resource allocation system (RAS). This system is usually successful in identifying the needs of the child or young person.
- The inspectors evaluated a number of examples of short breaks and found that there was some innovative use of funding to identify and meet the needs of children, young people and their families; for example, supporting children and young people to develop the skills to access community facilities independently. However, communication about short breaks is not as effective as it could be across Nottinghamshire. Some parents stated that they found the systems for identifying needs and the allocation of funding confusing. Other parents whose children did not access the service were unclear about why they did not have the opportunity to participate in the scheme.
- Children who have special educational needs and/or disabilities who are also looked after by the local authority have beneficial support available to them, through the virtual school and from independent reviewing officers, to help with the identification of their needs.

Areas for development

- The local area's self-evaluation does not take into account enough information gathered from parents, children and young people.
- The 'tell it once' approach to identifying children and young people's needs is not well embedded. Although the use of a single electronic system aids health professionals' ability to see the information from some other teams, there are delays in communication between colleagues, particularly between acute and community services. A pilot project in one locality has reduced the number of times parents have had to tell their stories to different services. The project has improved the efficiency with which services are provided to children.
- Of the parents spoken to by inspectors during the inspection, too many stated that they would simply like more time to work with health, social care and education professionals. As a result, they felt that their child's specific needs were not identified as well as they could be.

The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities

Strengths

- In the best examples of assessing children and young people's needs, services forged excellent relationships with parents. Furthermore, the liaison between services was of high quality. This ensured that children's needs were placed at the heart of services' work and were met effectively. Inspectors found that some school-level provision was of high quality. This was particularly the case when SENCos were given sufficient time to fulfil their roles and work closely with pupils, and when they invested their time in taking part in relevant professional development programmes across their families of schools and beyond. This often resulted in pupils making substantial progress in their learning and development.
- Some parents described how they felt fully involved in meeting the needs of their children. They stated that professionals in education settings, health services and social care departments gave them the necessary time to talk about their child's current needs and their family. Due to positive relationships the local area leaders were successful in engaging many parents in the inspection process.
- The Nottinghamshire family of schools model provides high-quality information to support the transfer of pupils from primary to secondary school. Information gathered about primary-aged pupils by the partner secondary school staff often benefitted their transfer to the secondary school. The information was often based on the experiences of the children and at times could be enhanced by sharing more detail about the continuity of the curriculum offered.
- Universal health teams have good access to the support provided by the 'schools and families specialist support service. The support is highly valued and enables groups of professionals to better meet the health needs of children and young people.
- Teachers and leaders in the schools visited by inspectors were highly complimentary about the support provided to them by the single point of contact in the local authority. School staff described how useful this team is in giving them advice and support when they are unsure about how to proceed with a concern. Discussions with the team do not always lead to safeguarding referrals, but to other routes of support to enable children and young people to have their needs met.
- Inspectors found examples of effective support for children and their families in the early years settings visited during the inspection. In those examples, the parents and the professionals knew and were able to account clearly for how the needs of the children were being met. When the transition to school worked best, the schools involved were supported to be ready for each child, rather than the children being made ready for the schools.

Areas for development

- Education, health and care plans do not yet reflect enough information about the health and care needs of children and young people. Currently, there is a disproportionate emphasis on education. The plans do not contain sufficient, good-quality, time-limited targets, and this means that progress cannot be checked effectively at specified review points. The integrated children's disability service has set this as a priority area for improvement. Many parents described challenging circumstances in which they believed professionals in the education, health and care sectors did not always take their views into account. Inspectors found that parents and frontline professionals are committed strongly to the co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service that works for them all) of provision for children and young people who have special educational needs and/or disabilities. The partners do not currently seize on that sentiment and use it across the local area.
- The new integrated community, children and young people's healthcare service is not yet working as well as it could. This is particularly in relation to the provision of therapy services, such as speech and language therapy and occupational therapy.
- The local offer website outlines a good range of provision across education, health and social care. However, although many people are using the website each month, but too few parents and young people spoken to during the inspection knew anything about this resource.

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

Strengths

- Leaders across the local area demonstrate tenacity in improving outcomes for children and young people who have special educational needs and/or disabilities. Leaders in the local area are not scared to try new ways of working by piloting ideas in different areas of the county. For example, the local authority is reviewing how well children and young people's needs are being met in specialist education provision. Inspectors found that there were numerous examples of how the social care short breaks scheme contributes to improving lifelong outcomes for children and young people.
- Children and young people's outcomes are being improved because the local authority is effective in issuing new education, health and care plans within the 20-week timescale. This means that children and young people get access to what they need quickly.
- The proportion of children and young people who have special educational needs and/or disabilities continuing in education, employment or training at

17 years of age is increasing each year. However, this proportion is below the level found on average nationally.

- The local offer ensures that there is some effective educational provision for young people as they enter adulthood. This enables students to develop well and helps to meet their aspirations.
- Most parents told inspectors that their regular meetings with professionals, such as annual reviews, are useful. Common features of a successful process were that the meetings were well organised, the right information was collected in advance and the right people were contributing to the discussion. Many parents recognised that it is not always possible for all of the professionals to attend every meeting. These parents recognised that good-quality information shared in advance was helpful to improving outcomes for their children.
- Nottinghamshire County Council has developed an effective way of meeting the needs of children and young people who have social, emotional and mental health difficulties locally. Very few children and young people need to leave their locality to access provision. Schools are at the centre of the decision-making process. Funding is delegated to each family of schools, which enables them to commission the right services at the right time. As a result, since 2012, the number of children and young people who have special educational needs and/or disabilities who are permanently excluded from schools has been halved.

Areas for development

- Preparing young people and their families for adulthood is not given sufficient priority currently in the local area. Not enough information is provided to young people and their parents about adult education, health and care in Nottinghamshire and beyond. The transition arrangements for young people and their parents between being a child and an adult are not as effective as they could be across the local area. Too many young people and their parents spoke about their significant anxieties related to this point of transition in their lives. Local area leaders have produced a transition protocol to address these concerns. The full impact of this protocol is yet to be seen by children and young people.
- Individual support plans for the short-breaks scheme do not have enough clear and measurable outcome targets. As a result, children and young people, parents and professionals do not understand well enough if the short breaks are improving the children's and young people's preparedness for the next stage of their lives.
- Children and young people who have special educational needs and disabilities are more likely to have poor attendance and are also more likely to be permanently excluded than all other children in Nottinghamshire. The current strategies used to tackle this are not strong enough.

- Health teams do not always use effective outcome measurement tools (the means by which they are expected to assess how well they are doing). Plans are not sufficiently focused on health outcomes.

Thank you for the time taken to meet with the inspection team during the inspection process.

Yours sincerely

Phil Harrison
Her Majesty’s Inspector

| Ofsted | Care Quality Commission |
|--|--|
| Christopher Russell HMI Regional Director | Susan McMillan Deputy Chief Inspector, Primary Medical Services (North), Children, Health and Justice |
| Phil Harrison HMI Lead Inspector | Suzanne McDonnell CQC Lead Inspector |
| Liz Cornish Ofsted Inspector | Deepa Kholia-Mehta CQC inspector |
| | Lee Carey CQC Quality Assurance |

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