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Sarah Thompson, Interim Chief Officer, NHS Enfield Clinical Commissioning Group

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Janet Leach, local area nominated officer

Dear Mr Theodoulou

Joint local area SEND inspection in Enfield

From 27 June to 1 July 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of Enfield to judge the effectiveness of the local area in implementing the special educational needs and disability 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 a children's services inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs and disabilities (SEND), parents and carers, representatives of the 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 special educational needs and disability 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

- The Enfield local area has taken swift account of the reforms. Professionals from education, health and social care agencies are working together effectively to support children and young people who have special educational needs and/or disabilities. Representatives from all agencies have a good understanding of their roles and responsibilities. Leaders and managers meet together regularly, share information and jointly commission services. Overall, the needs of children and young people who have special educational needs and/or disabilities are being identified more quickly and are being well supported.
- Leaders have an accurate understanding of the area's strengths and weaknesses because professionals work and communicate well with each other. They know that more needs to be done to support the growing number of children and young people living in Enfield with social, emotional and mental health difficulties (SEMH) or speech, language and communication needs (SLCN). However, some systems for tracking and evaluating the impact of their actions are not robust.
- Professionals across all services share a common purpose to identify and support those who have special educational needs and/or disabilities as soon as possible. The early intervention support service and staff within children's centres identify when children and families need support and help them to access this without delay. This is helping leaders to plan for additional services that will be needed in the future. For example, the educational psychology services (EPS) and child and adolescent mental health services (CAMHS) have a good understanding of the rising levels of need. This is because they track children and young people who are identified as receiving special educational needs and/or disability support from an early age.
- The clinical commissioning group (CCG) is under legal directions from NHS England because of its challenging financial position. Roles have been amalgamated to save money. There is currently no designated medical officer (DMO) or designated clinical officer (DCO) in post and the duties that would be carried out by these roles are shared by three different post holders. This limits the CCG's ability to strengthen and improve the health services being offered to children and young people who have special educational needs and/or disabilities.
- Representatives from parent/carer forums and special educational needs and disability organisations recognise the many positive changes that have been made within the local area since September 2014. They are actively engaged in further improvements such as improving the local offer and making it more accessible to users. Parents have benefited from training alongside professionals to help them understand the implications of the reforms. The independent advice and support services and the 'Our Voice' parental forum are working very effectively to assist parents with any concerns they may have. This is reflected in the low number of tribunal hearings and requests for mediation support, compared to other areas.

- The quality of education, health and care plans (EHCP) is variable. Although the number of statutory assessments completed within the required timescale is comparable to other areas, this is sometimes at the cost of the quality of the finished plan. Contributions from health and social care professionals are not always included or of good quality.

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

Strengths

- The transformation of the EPS and CAMHS working arrangements has led to more effective identification of children who have special educational needs and/or disabilities before they start school and throughout their schooling. Professionals link very closely with parents and providers to identify emerging needs. Speech and language therapists are working well with very young children to allow them to start school with their needs already identified and supported.
- Services are working closely together to ensure that children and young people who have special educational needs and/or disabilities are identified more quickly. Outreach teams from children's centres provide training to staff from privately run nurseries to help them to identify children who may need additional support. Detailed developmental reviews undertaken by health visitors have led to more referrals being made to occupational therapy and physiotherapy services. Social workers for children looked after attend initial health assessments and ensure that the paediatrician fully understands the child's needs and family history when children first go into care.
- Nearly all families are engaged with the early years services and children's centres. The small number of parents who are not accessing these services are known about and further work to engage them is carefully targeted. This is leading to speedier identification and fast-tracking to appropriate services.
- Parents can self-refer to some services without having to wait for a professional to diagnose a specific need or disability. This avoids the use of unhelpful labels and encourages parents to engage positively with the services available to them. As a result, more statutory assessments are being completed for children within early years settings.

Areas for development

- Too few school-age children are benefiting from the effective delivery of the universal five to 19 healthy child programme. Managers and commissioners are relying too much on additional health needs being identified at the two- to two-and-a-half year check carried out by health visitors. Not all children attend this

check and in some areas, fewer than half are being screened. The school nursing service is not routinely searching for additional health needs because it is not commissioned to do this. There is a lack of evaluative information to demonstrate the impact of the healthy child programme in identifying any additional needs that children may have.

- The initial health assessments of children looked after are not always completed in a timely manner. Notifications from the local authority of children entering care take too long and a lack of capacity within the paediatric service delays their response. This is a barrier to the early identification of additional health needs for children and young people who become looked after.
- Health visitors do not routinely notify the local authority of children who may have special educational needs and/or disabilities. Other professionals such as paediatricians do this following a formal diagnosis. However, parents have to wait a considerable time for an appointment with a paediatrician. Some additional needs are therefore not identified as quickly as they could be.
- There are higher rates of exclusion for pupils with a statement or EHCP in Enfield than in other areas of the country. The SEMH needs of pupils attending secondary schools are sometimes not identified quickly enough, leading to some pupils becoming disengaged from their learning and being permanently excluded.

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

- The local offer is informative and very helpful to parents and young people. It includes a wide range of information to help them identify where to get support and how to access available services. Over the last six months, increasing numbers of people have used the local offer to gather information.
- The special educational needs coordinators from schools within the local area have received training to help them understand and implement the reforms effectively. They are able to demonstrate that children and young people with EHCPs and those identified as receiving special educational needs and/or disabilities support are having their needs accurately assessed and regularly reviewed.
- Representatives from all agencies meet regularly to evaluate requests for statutory assessment and assess all the available information before making a decision. Schools and parents receive helpful feedback to ensure that they understand the agreed thresholds that need to be met.

- School improvement advisers monitor the outcomes of school inspections carefully to identify when further improvements are needed in special educational needs and disability provision. They provide additional training and guidance to schools to help them support the needs of pupils who have special educational needs and/or disabilities more effectively.
- Professionals from all agencies work together very closely to ensure that children and young people who have special educational needs and/or disabilities get all the support they need. Children looked after benefit from the work of the Health and Education Access and Resource Team (HEART), which coordinates all the services that they need. A designated health champion pulls together the health input from medical staff and provides targeted training to ensure that any health needs are fully understood. Nearly all GPs have agreed to deliver annual health checks for those aged over 14 who have special educational needs.
- Officers from the local authority are amalgamating the different electronic information systems used by education and social care professionals. This has allowed social workers to access the EHC plan of every pupil and have a better understanding of pupils' learning needs. When all professionals have access to and review the same information, they are able to ensure that targets are meaningful and further support is commissioned quickly.
- The rising level of identified autistic spectrum disorders (ASD) is being addressed well. Pathways for those who have ASD are clearly defined and families are benefiting from a multi-disciplinary approach. For example, EPS, CAMHS and speech and language therapists are working together to support ASD communication needs in early years settings. Parents recognise the positive difference that this is making and are appreciative of the guidance and support offered by the Enfield Advisory Service for Autism and the Making a Positive Start (MAPS) group.
- The health provider, Barnet, Enfield and Haringey Mental Health NHS Trust, is developing a multi-disciplinary approach to support children and young people on their health journey. This better meets the needs of children and young people who receive care from a number of health disciplines but do not have an EHCP.

Areas for development

- Some parents felt that the written contributions made by health and social care professionals in EHCPs failed to reflect the discussions held with them. Others were frustrated by long waiting times for some referrals to assess their child's needs and the resulting delay in accessing any support. A few parents of children and young people who have hearing impairments were dissatisfied because recruitment issues had reduced the amount of support their children had received.

- Some parents do not know where to get information, guidance and support when they need it. For example, some were unaware of the short breaks provision for children below school age. This is partly due to schools failing to direct parents to the local offer by linking their website or the school special educational needs and disability information report to it.
- A number of parents were worried that some secondary schools were not meeting the needs of pupils who have special educational needs and/or disabilities in an inclusive manner. They felt unwelcome at open evenings or transition events because the school did not appear to want pupils who have special educational needs and/or disabilities to enrol.
- Staff within the 0 to 19 years healthy child programme are not required to access mandatory online training for special educational needs and disabilities. This limits how well the needs of children and young people who have special educational needs and/or disabilities are supported.
- Children and young people and their parents do not have access to a school nursing service that is operational all year round. School nurses are only employed during term times and this limits how families get support during holiday periods.
- Not all initial assessments are followed up promptly. Some children and young people who are offered a block of therapy following initial assessments by speech and language or occupational therapists experience delays in receiving a timely review. This slows access to further therapy to meet their changing needs and has a negative impact on how well they are supported.
- Non-attendance at drop-in speech and language therapy sessions at children's centres is not followed up and some identified needs have not been supported. This has had a negative impact on some children's readiness for school.

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

Strengths

- The Educational Psychology service (EPS) and Child and Adolescent Mental Health service (CAMHS) are carefully evaluating the impact they are having and know where to target further support to improve outcomes.
- Children and young people who have special educational needs and/or disabilities in Enfield who attend early years provision or primary schools do as well as or better than their peers in other areas of the country. For example, they make the same or better progress in reading, writing and mathematics by the end of key stage 2.

- When agencies, parents and young people all contribute to a well-written EHCP, targets are meaningful and needs are well supported. This is leading to better outcomes for children and young people.
- The number of young people who have special educational needs and/or disabilities who are not in education, employment or training (NEET) at 16 to 17 years in Enfield is reducing. This is because those in danger of being NEET are identified earlier and provided with better support and guidance.
- Young people are being prepared well for their adult lives. Most successfully maintain their assisted living placements. Effective liaison with voluntary organisations and potential employers is creating further opportunities for meaningful employment for an increasing number of young people.
- Transitions are managed very carefully to ensure that positive outcomes are sustained. A speech and language therapist provides support for Year 6 pupils who have ASD to help them transition successfully to secondary schools. Young people who have more complex needs, moving from special schools to further education colleges, are supported well by the joint services for disabled children and adults' 'Moving On' project. Events and activities involving staff, parents and all professionals involved in their care plan prepare them well for their next steps. Consequently, most successfully complete the courses they elect to join.
- All agencies and professionals demonstrate high aspirations for children looked after who have special educational needs and/or disabilities. Nearly all remain in family placements because of the effective support they receive for their additional needs from the multi-agency joint service for disabled children.

Areas for development

- Outcomes for children and young people who have special educational needs and/or disabilities are not always identified, measured or evaluated on a regular basis. Leaders don't always know if improvements are raising standards.
- The outcomes for children and young people who attend special schools outside the area are not monitored closely enough. Leaders are therefore unable to evaluate whether they are doing as well as they could be.
- In Enfield, pupils who have special educational needs and/or disabilities are more likely to be persistently absent from their schools or excluded compared to other areas. The local area has correctly identified that further work is required to improve the outcomes of children and young people who have SEMH difficulties to help address this.
- Improved support for secondary pupils with a statement or EHCP has yet to have an impact on raising academic standards for this group. The amount of progress

that pupils make in English and mathematics by the end of key stage 4 is below average and standards fell further in 2015. Pupils with a statement or EHCP make less progress overall than those identified as needing special educational needs and/or disabilities support.

- The monitoring of outcomes for young people who have special educational needs and/or disabilities who are 19 to 25 years old is not tracked well and is difficult to evaluate. Health providers and commissioners acknowledge that there is more work to be done to improve support and promote positive outcomes for these young people. For example, there is currently no formally identified support from therapists for this age group.

Please accept my thanks for the time and cooperation that all representatives from the local area gave to the inspection team. I hope you find the content of this letter useful in helping you to tackle the areas identified for further development.

Yours sincerely

Lesley Cox
Her Majesty’s Inspector

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