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Mrs Louise Rees
Director of Children, Adult and Family Services
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Glebe Street
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Ms Jayne Downey, Clinical Commissioning Group Chief Officer

Mr Geoff Catterall, local area nominated officer

Dear Mrs Rees

Joint local area SEND inspection in Stoke

From 11 to 15 July 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Stoke 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 a children's services inspector from the CQC.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, representatives of the local authority and National Health Service (NHS) officers. Inspectors visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. They 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

- Leaders' evaluation of how well the local area is implementing the reforms is broadly accurate. It is informed by a clear understanding of strengths and weaknesses. There is a tangible desire from all partners to implement the reforms well.
- The identification of children and young people who have special educational needs and/or disabilities is rigorous and routinely reviewed by professionals from health, education and social care to ensure that the process is effective. Appropriate systems are in place to ensure that the needs of all children and young people are identified from an early stage.
- The clinical commissioning group (CCG) has invested in the appointment of a designated clinical officer (DCO). As a member of the SEND strategic board, the DCO promotes and champions the special educational needs and disabilities agenda effectively across the CCG and with providers.
- The parents' forum is involved at a strategic level in implementing the reforms. This group seeks the opinions of a wide range of parents and uses this valuable information to help to improve the provision in the local area.
- There are positive examples of co-production, where parents, children and young people and professionals work together to decide how to meet the needs of individuals. Parents value many aspects of the support that they receive.
- The children and young people who communicated with inspectors indicated that they were happy with the support that they receive from education settings, health services and social care provision. However, there was little evidence of their opinions influencing plans to address their needs.
- A significant proportion of education, health and care (EHC) plans do not have the breadth of information required from health and social care. Some plans do not take enough account of the long-term aims of children and young people.
- The local offer is only used by a small proportion of parents and young people. Most parents get information directly from parents' groups, the information and advice service, health and social care providers and education settings rather than from one central information point.
- Specialist provision, both in mainstream settings and in special schools, is of a high quality. However, a gap remains between the rate of academic progress of children and young people who have special educational needs and/or disabilities and that of other pupils, both in Stoke-on-Trent and nationally.

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

Strengths

- Families with children under five who move into the local area are all visited by a local health visitor and checks are made to ensure that early neonatal screening

has taken place. A full health needs assessment takes place and arrangements are made for any outstanding assessments or immunisations and vaccinations to take place. This means that children who are not meeting developmental milestones are identified at the earliest opportunity and referrals are made for further specialist assessment. The positive impact that this work is having is illustrated by a number of cases. For example, within two weeks of a health visitor carrying out a visit to a family newly arrived to the country, referrals had also been made to the paediatrician, portage worker and early years forum. A care package had been created within a short space of time.

- The identification of children and young people who have special educational needs and/or disabilities is increasingly strong. Professionals have a good understanding of how to identify and meet the needs of those in specific circumstances, including children looked after by the local authority, those educated at home, pupils at risk of exclusion and children from minority ethnic groups.
- The early identification process, particularly of the youngest children, is strong. The needs of deaf children are identified quickly and the additional needs of children and young people in special schools are identified effectively. For example, speech and language needs are identified quickly in a range of settings.
- The healthy child programme is delivered well in Stoke-on-Trent. Health visitors identify needs accurately and promptly. The 'Stoke Speaks Out' toolkit, health assessments and other appropriate tools are used well to identify needs and signpost appropriate help and support.
- An effective youth intervention team supports young people who become known to the criminal justice system. The team includes dedicated speech and language therapists and child and adolescent mental health services (CAMHS). Evidence from the local area shows that the comprehensive health screening of young people entering the youth justice system for the first time often identifies previously unmet health needs and reduces the need for Tier 3 CAMHS services for the cohort.
- The local area has responsive commissioning arrangements specifically tailored to the children and young people of Stoke-on-Trent. The joint strategic needs assessment (JSNA) has been revised to ensure that current and emerging needs are communicated to the health and well-being board. The new strategy is now more focused on outcomes and there is a direct link between the JSNA health and well-being strategy and the SEND joint commissioning strategy. Public health, the CCG and the local authority are all working together effectively to deliver this.
- Children's commissioners are now commissioning adult services to take into account the 19- to 25-year-old cohort. The use of key performance indicators within health contracts is helping to ensure appropriately swift access to health services for children and young people requiring assessments.
- As the needs of children and young people are identified more effectively, the number of appeals resulting from dissatisfaction with assessments or plans has

declined. The number is now below the regional and national averages. Mediation has also been used well to reduce the number of appeals.

Areas for development

- In 2015, a much smaller proportion of EHC plans were issued within 20 weeks than the proportion nationally. Although the timeliness of EHC plans has improved so that it is now similar to national figures, leaders acknowledge that there is still work to do to reduce the time that children and young people have to wait for their plans.
- Social care needs and assessments are not always included in EHC plans and health practitioners are not routinely asked for contributions to them. Consequently, some plans contained outdated or no meaningful health or social care information.
- At times when health practitioners had contributed to EHC plans, they were not given the opportunity to comment on the draft plans to ensure that their advice had been transferred accurately. As a result, the needs of children and young people were not always fully identified.
- There is uncertainty over how the draft plans are checked. The systems to ensure that EHC plans are checked by health, education and social care professionals, parents and, where appropriate, young people are unclear.
- Sensitive information about medical needs is protected. However, the paperwork used to obtain consent to sharing of information for education, health and care planning is not consistent and uses outdated terminology. This means that parents are not always giving appropriate consent.
- The needs of pupils were not always identified accurately in mainstream schools. With targeted training, this is improving, but leaders acknowledge that there is still a high proportion of pupils who are identified as having moderate learning difficulties who may also have other needs.
- The CCG is beginning to make progress in understanding transition requirements across and between health services. Work has begun to look at the transition process, and gaps in healthcare provision are now being addressed through partnership working. However, leaders are aware that primary care needs to be a key partner in these discussions to ensure successful transition.

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 processes for assessing children's needs related to education, health and social care are thorough. Children and young people told inspectors that they were happy and felt that their needs were being met by education, social care and health professionals. Their educational needs are met well in special schools, specialist provision and by the majority of mainstream providers.

- There are clear pathways in place for health professionals to refer children for further assessment to the child development clinics and other therapists. Children and young people have good and timely access to therapy services in the most appropriate settings. Therapy services work well together to achieve positive outcomes for children.
- The targeted intervention service that has been commissioned by the CCG is an effective way to support children and young people with emerging and existing health needs. This has reduced the barriers to accessing services and means that support is more targeted and timely.
- The provision of the school nursing service across Stoke-on-Trent is a strength of the area's work. There are good local arrangements from the two services commissioned. Robust procedures are in place to transfer children with known health concerns between health providers, and questionnaires are used regularly to help identify emerging health needs. The local school nursing targeted intervention service is responsive to referrals from parents, children, young people and other professionals. The service creates clear, outcome-focused health plans to ensure that identified need is met.
- Children and young people up to the age of 19 who have life-threatening and complex medical conditions and ongoing nursing needs receive good provision from the palliative and complex care nurses. There is a clear pathway to follow which includes the 'hospital at home' service. For the children and young people involved, this prevents the need for unnecessary admission to hospital.
- A local dental practice is working effectively with children and young people with additional needs to enable them to access continuing dental care through to adulthood. The service was highly commended by both parents and professionals during the inspection.
- The views of parents and carers are gathered routinely and are used well to inform strategic planning and the assessment of the needs of children and young people. The strong support from the advocacy service, the information, advice and support service, and the parents' groups helps this process. The views of parents are responded to more effectively since the new legislation was introduced, and co-production is improving.

Areas for development

- EHC plans have a disproportionate emphasis on education. Health and social care contributions are not yet consistently reflected in many EHC plans. At times, health information is moved out of plans if it does not have an impact on education.
- EHC plans do not always reflect the aspirations of children and young people and their families. They do not give children and young people a clear pathway towards their long-term aims related to employment, higher education, independent living and community participation. They rarely focus on wider outcomes such as positive social relationships, emotional resilience and stability. Leaders are aware that they need to improve.

- The healthcare questionnaire designed by the DCO is not routinely used by special educational needs coordinators (SENCos) and parents to identify which health professionals are involved with their children.
- Until recently, CAMHS did not provide a full service to meet identified needs. Additional funding has been used to increase staffing levels and reduce waiting times, but leaders recognise that there is a need for further improvements in these areas. The Stoke-on-Trent emotional well-being and mental health strategy is beginning to have a positive impact on improving the service provided to young people and their families. This means that the needs of young people are now being addressed more effectively.
- General practitioners (GPs) are not routinely involved in meetings to discuss vulnerable children or those who have special educational needs and/or disabilities. This means that some GPs, as the primary record holder, do not have access to up-to-date information about children and young people.
- At the point of transition between schools, equipment does not always transfer with children if they move to another local area, school or college. There is a risk of children being left for periods without the equipment necessary for their well-being. In some instances, parents are being asked to send equipment from home.
- For those young people with special educational needs aged 16 to 19, but not attending a specialist provision, the therapy service provision is variable and has to be negotiated on an individual basis.
- Information contained within the local offer is not easily accessible for parents and children and young people. Many potential users have not accessed it.

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

Strengths

- Outcomes for those educated in special schools are strong. Pupils are prepared well for the next stage of their education, employment or training because they benefit from bespoke programmes of study that are linked to their interests and areas of strength.
- All maintained special schools in Stoke-on-Trent are good or outstanding. As a result, the vast majority of pupils with a statement of special educational needs or an EHC plan attend a provision which is good or better, and most make good progress from their starting points.
- Outcomes for children and young people who are identified as requiring special educational needs support or who have a statement of special educational needs or an EHC plan are improving. For example, current information indicates that the proportion of pupils who have special educational needs and/or disabilities who reach the expected standard in phonics continues to increase, and academic outcomes in other key stages improved between 2014 and 2015.

- The skills of practitioners in special schools are being used to help improve provision for pupils who have special educational needs and/or disabilities in mainstream schools. School leaders praised the support that they receive from special schools, particularly through the outreach provision. Leaders of special schools told inspectors that they were willing to do more.
- Exclusions are declining. There have been no permanent exclusions of pupils with statements of special educational needs or EHC plans since before the reforms were introduced, and the number of permanent exclusions of pupils who are identified as requiring special educational needs support has declined markedly. Fixed-term exclusions of pupils with special educational needs and/or disabilities have also declined in Stoke-on-Trent.
- The proportion of young people in education, employment and training is increasing. For example, a larger proportion of 16- to 17-year-olds who have special educational needs and/or disabilities were in education and training in December 2015 than that found nationally.
- Parents of young people attending post-16 provision in Stoke-on-Trent told inspectors that transition arrangements were improving and that there were regular reviews involving health, education and social care professionals. However, post-16 and post-19 transition remains a concern for many parents.
- The CCG has developed a range of outcome measures which are part of contractual requirements with providers. These outcome measures include the timeliness of advice and the review of draft plans for education, health and care assessments.
- There is a commitment among professionals from education, health and social care to build on the positive work that has been done so far and a shared understanding that, while there have been improvements, outcomes need to improve further.
- There has been a sustained improvement in the timeliness of the initial health assessments of children looked after by the local authority.

Areas for development

- The gap between academic outcomes for those who have special educational needs and/or disabilities and other pupils in Stoke-on-Trent remains. Leaders have rightly recognised that there is more to do to secure improved academic progress for pupils who have special educational needs and/or disabilities.
- Academic outcomes in mainstream schools are not improving consistently for pupils who have special educational needs and/or disabilities. Parents told inspectors that the provision in these schools depends on the quality of the SENCo and the importance that the headteacher attaches to improving outcomes for pupils who have special educational needs and/or disabilities. A higher proportion of mainstream schools than nationally are less than good.
- The attendance of pupils who have special educational needs and/or disabilities is lower than that of other pupils in the local area. Leaders are aware that they

have not yet taken effective action to reduce overall absence and persistent absence rates.

- Among health visitors there is an over-reliance on recording activities as opposed to planning to meet specific and measurable targets. Consequently, families and practitioners are not clear about the outcomes they are working towards in order to measure progress.
- Health assessments are not routinely available to the designated nurse to quality assure. This means that the designated nurse with responsibility for children looked after by the local authority is unable to fulfil the strategic responsibilities of her role.

Yours sincerely

Simon Mosley
Her Majesty's Inspector

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