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Simon Hairsnape, Clinical Commissioning Group Chief Officer
Les Knight, local area nominated officer

Dear Ms Davidson

Joint local area SEND inspection in Herefordshire

From 26 to 30 September 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Herefordshire 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 (HMI) from Ofsted. The team members were 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. They visited a range of providers and spoke 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 some areas of strength and areas for further improvement.

Main findings

- Leaders have a clear understanding of the strengths and weaknesses of the different partners who contribute to the implementation of the reforms. This, combined with a strong sense of purpose and aspiration to improve outcomes for children and young people who have special educational needs and/or disabilities,

means that partners are taking increasingly effective action to ensure that the reforms are implemented well.

- The joint commissioning team has recently been strengthened by the appointment of a joint commissioning lead. Leaders have developed new care pathways and commissioning arrangements in order to streamline children and young people's access to appropriate services.
- The service provided by the tier 3 child and adolescent mental health services (CAMHS) is of a very high quality. The service has improved since the reforms were introduced.
- The children and young people who spoke with inspectors indicated that they are happy, safe and well supported. Their independence is being developed well and they have high aspirations for themselves.
- The local area has clear procedures in place to check that children and young people who have special educational needs and/or disabilities are safe. Evidence seen during the inspection indicates that appropriate action is taken if concerns arise about children or young people's safety or well-being.
- Specialist educational provision is of a high quality. Differences in the rates of academic progress from starting points between pupils who have special educational needs and/or disabilities and other pupils nationally and in Herefordshire are diminishing. However, the progress of those who have special educational needs and/or disabilities is not as rapid as other pupils in the local area.
- Education, health and care plans (EHC plans) are timely and have a clear framework, but the information required from health and social care is not consistently broad enough. Often, planned outcomes are too generic and are not suitably focused on what young people want to achieve. Some plans have little evidence of co-production with parents and few directly reflect the views of young people.
- The health needs of young children are identified quickly and the healthy child programme is delivered well. However, health practitioners are not equal partners in the planning of provision for children and young people who have special educational needs and/or disabilities. Often they are on the periphery of the planning processes.
- There are unacceptably long waiting lists for some community therapies. For example, some families have been waiting for up to a year to be seen by the occupational therapy and the speech and language therapy services. This means that many children's needs remain unassessed and they do not receive timely support.
- Leaders acknowledge that there have been difficulties in children's social care services being able to ensure that they fulfil their duties in the past. Leadership changes and effective action to recruit and retain staff are now allowing them to become full partners within multi-agency working.

- There is too much variability in the effectiveness of different services' information systems and some professionals do not follow information-sharing protocols. This hinders strategic planning.
- The local offer website is only used by a small proportion of parents and even fewer children and young people. Most parents get their information directly from providers rather than one central information point. This is because many do not know that the website exists and those who have accessed it do not find it useful.
- Leaders acknowledge that communication with parents needs to improve. Many parents are not aware of the full range of services that are available locally and some do not feel that their voice is heard. A few parents expressed a view that they had not been fully consulted about developing appropriate provision in the local area.

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

Strengths

- There are clear care pathways in place for health professionals to refer children for further developmental checks via the single point of referral team (SPORT). This means that the needs of young children are identified quickly.
- New-born babies in Herefordshire all have neonatal blood-spot screening tests. Robust systems ensure that the vast majority of young children are tested, including those who move into the area, and results are processed quickly. Any baby identified as having additional needs is referred to SPORT for early assessment and prompt access to appropriate services.
- Health visitors deliver the healthy child programme well. A two-year integrated review enables appropriate intervention and support for children and their families where progress is less than expected.
- Identification of need has improved since the reforms were introduced. There is now a system for early identification of children and young people with complex needs who will need continuing support as they become adults. This ensures that services are developed in accordance with the likely needs of young people as they move into adulthood.
- All community therapy services report that the requests for information for EHC plans are timely and that they usually receive a copy of the draft plan for consideration. This means that health professionals are able to check that therapeutic needs and related resources are properly identified in the plan.
- EHC plans are produced in a timely manner. For example, in 2015 a higher proportion of plans were issued within 20 weeks than the English average.
- The needs of children and young people have been identified more effectively since the reforms. Consequently, there are few appeals as a result of

dissatisfaction with assessments or plans. Mediation has also been used effectively to reduce the number of appeals.

Areas for development

- Leaders acknowledge that some schools' identification of the needs of older children is not precise enough. Herefordshire has a higher proportion of children and young people identified by schools as requiring special educational needs support than the English average and there is a much higher proportion of primary-aged pupils who are identified but have had no specialist assessment of type of need.
- Many health and community staff have not had any training specifically linked to identifying the needs of children and young people who have special educational needs and/or disabilities. They do not have a clear understanding of the reforms so they are unable to make sure that the requirements are met within their practice.
- Weaknesses in the quality of information-sharing from health professionals mean that early years providers do not receive the most up-to-date information about the children for whom they are caring. An unclear understanding about information-sharing protocols does not support the 'tell it once' approach. This means that families often have to repeat the same information to different agencies or providers.
- The health needs of those in specific circumstances, including children educated at home and those from minority ethnic groups, are not identified as well as educational needs. For example, health practitioners are not routinely notified about children who are home educated, so some of these children do not have their health needs identified, assessed and met quickly.
- The production of EHC plans is not integral to the health assessment processes for children looked after. This means that care planning systems are not fully integrated.
- At times, information needed for EHC plans about health and care needs is not received and occasionally it is not used. For example, universal family nurse services and the community children's nursing team are not routinely asked to contribute to the education, health and care planning processes.

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

- Joint commissioning has improved. As a result, the needs of children and young people are assessed and met more effectively than has been the case in the past.

- There are clear pathways in place for health professionals to refer children for further developmental assessment to the child development clinics and other therapists. This means that when needs have been identified, assessments are timely and provide clarity for both parents and other professionals.
- The needs of children and young people are assessed thoroughly by health, education and care professionals. Children and young people told inspectors that their needs were being met, particularly in special schools and in specialist settings. As assessment arrangements for tests and examinations are effective in a range of providers, pupils who have special educational needs and/or disabilities are well supported to do the best that they can when their academic ability is being assessed.
- The local area has robust procedures for protecting sensitive information about individuals, but this information is not always shared effectively. However, transition arrangements from early years settings into schools, between specialist providers and within the community children's nursing service are good.
- Since 2014, nursery settings have had a named early years link officer for inclusion. This has improved access to services and information for children who are identified as requiring further assessment and support.
- SPORT ensures that children in early years settings who are not meeting developmental milestones are referred into services, assessed quickly and signposted to the most appropriate service to meet identified needs.
- Children and young people benefit from specific and age-appropriate training for their travel arrangements. This has been most effective in boosting regular attendance, increasing independence and preparing young people for adult life.
- Children and young people have high aspirations for themselves. This is helped by the contribution of parents, schools and the effective information, advice and support service.
- Systems are in place to ensure that the needs of vulnerable groups are met. For example, the dedicated nurses work creatively to engage children looked after by the local authority in their health care assessments. This has resulted in almost all young people looked after attending their health assessment in the last year.
- Children looked after by the local authority who are placed out of area usually have their health assessments undertaken by Herefordshire nurses. A monthly tracking audit takes place to monitor the quality of health assessments for out-of-county children looked after by the local authority. This has helped to ensure that their needs continue to be met.
- Tier 3 CAMHS in Herefordshire are providing an exemplary service. The team work together in a flexible and responsive way to ensure that all children who are referred to the service are assessed quickly. Referrals are monitored daily to assess risk and prioritise action according to urgency. Effective use of technology enables staff to see children and young people in a variety of settings and to access and update their records easily. The service also provides advice for other

professionals who seek guidance about referrals to CAMHS. This means that appropriate referrals are made without raising unrealistic expectations.

- Children and young people with life-threatening or complex medical care requirements receive a good service from the community nursing teams. Their needs are assessed and met effectively.
- Children and young people receive regular dental examinations and treatment in one of the well-established dental access centres operating in every town. One dental surgery runs a Saturday club for children and Public Health England supplies specialist dental services for children with challenging behaviours. This means that an increasing number of children and young people who have special educational needs and/or disabilities are having their individual dental needs met and assessed.

Areas for development

- The views of parents are not used consistently in assessing the needs of children and young people. Parents do not feel fully consulted, the advocacy service is underused and parents' groups have not been suitably involved in strategic planning. Some parents believe that they are offered information but that they are not fully engaged in developing provision on a wider scale or co-producing EHC plans on an individual basis. Evidence seen during this inspection supports this view.
- Co-production is not embedded in practice. For example, there are few signatures of parents or children and young people on EHC plans. This indicates that co-production and collaborative working practices with families are not good enough.
- EHC plans have a disproportionate emphasis on education. Health and social care contributions are not consistently reflected in many plans. At times, health and social care information is only in EHC plans if it has a direct impact on learning in school.
- EHC plans do not consistently 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.
- Community therapists use paper records which do not always contain the most recent information. When children are assessed, speech and language, occupational therapy and physiotherapy assessments are detailed. However, this information is not shared well enough through the formal advice provided and therefore it is not included in EHC plans. Consequently, these plans are generic and not specific to the child or young person.
- There are inconsistencies in transition arrangements when children and young people move to the next stage of their education, particularly when pupils move from primary to secondary phases. Sometimes parents are concerned that

detailed information about young people is not always received by post-16 and post-19 providers.

- At the point of transition between schools, equipment does not always transfer with pupils. This means that there is a risk of children and young people being left for periods without vital equipment necessary for their well-being.
- Although it has improved since the reforms, the post-19 offer in the local area is not yet good enough. For example, there is little support in adult services for young people over the age of 18 years who have autism or attention deficit hyperactivity disorder (ADHD). Leaders are looking at ways to develop the 19 to 25 educational provision and they are also working with more employers in order to provide young people with meaningful opportunities in the workplace.
- The quality of speech and language and occupational therapies is variable for young people aged 16 to 19 who have special educational needs and/or disabilities but do not attend a special school. Although adult speech and language services are provided by the same trust, arrangements for transition are not clear.
- All general practitioners (GPs) have a named health visitor and routinely hold meetings for vulnerable children and families. However, as recognised by leaders in the local area, the quality and content of these meetings are variable across Herefordshire.
- There are 47 families who are in receipt of personal budgets, but, as a result of the demographics and rural nature of the county, there is a lack of available services to offer choice and flexible care options. Commissioners have recognised that this is an area for development.
- Although the published local offer contains all the required information, it is not easy for parents and children and young people to use. Many potential users have not accessed the information offered on the website.

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

Strengths

- A high proportion of educational settings in Herefordshire, including all special schools, are good or outstanding. Consequently, most pupils who have special needs and/or disabilities attend a school that is at least good.
- Academic outcomes are improving and most pupils who have special educational needs and/or disabilities make good progress from their starting points. Consequently, differences between the outcomes of those who have special needs and/or disabilities and other pupils in Herefordshire are diminishing. The difference between the attainment of pupils who have special educational needs and/or disabilities and all pupils nationally is also getting smaller.

- Attendance is improving. The attendance of pupils who have special educational needs and/or disabilities but do not have a statement of special educational needs or EHC plan is getting closer to that of other pupils in Herefordshire and all pupils nationally. However, larger differences remain between the attendance of pupils with statements of special educational needs or EHC plans and other pupils in Herefordshire and all pupils nationally. Leaders are aware of this issue and are taking further action to address it.
- Exclusions are reducing. There have been no permanent exclusions of pupils with statements of special educational needs or EHC plans since the reforms were introduced. Few pupils who have special educational needs and/or disabilities but do not have a statement of special educational needs or an EHC plan have been permanently excluded. Fixed-term exclusions of all pupils who have special educational needs and/or disabilities are declining.
- During the inspection, children and young people talked with enthusiasm about their next steps in education and future career paths. They also reported that they are accessing leisure activities in the local area.
- The physiotherapy team offers services for children and young people aged 0 to 19 years who attend special schools. There are no waiting lists and the team works creatively to ensure that children's needs are assessed and met by inclusive practices. Day-to-day school processes, for example children becoming 'milk monitors' when upper body strength and social interaction need developing, are used to meet needs.
- Overall, the proportion of young people in employment, education or training is improving and compares favourably to national figures. The community children's nursing team plan flexible arrangements for transitions for children and young people who have complex health care needs in conjunction with young people and their families. This is leading to positive outcomes for these young people.
- Since the reforms, most 16- to 25-year-olds who have remained in education have retained places and, where appropriate, they have achieved qualifications. Employment rates have improved and the proportion of young people in settled accommodation has increased over time.

Areas for development

- Approaches to assessing and meeting the needs, long-term aims and aspirations of children and young people who have special educational needs and/or disabilities in the local area do not focus sharply enough on the outcomes to which the children, young people and their families aspire. This is particularly evident in EHC plans and in aspects of the health and social care provisions.
- The academic progress of pupils who have special educational needs and/or disabilities does not match the progress of other pupils in Herefordshire. Attainment for pupils who have special educational needs is lower than that of other pupils in the local area. Consequently, leaders in Herefordshire have prioritised improving attainment in key stages 2, 4 and 5.

- There are inconsistencies in the progress made by learners who have learning difficulties and disabilities aged between 16 and 25. In some settings they do well but not in others.
- Although improving, the attendance of pupils who have special educational needs and/or disabilities is lower than other pupils in Herefordshire.
- Fixed-term exclusions of pupils with special educational needs and/or disabilities remain higher than other pupils in Herefordshire.
- In the speech and language and occupational therapies, information is not routinely used in a strategic way to plan therapies and assess their impact within clear timeframes.

Yours sincerely

Simon Mosley
Her Majesty's Inspector

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