

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
enquiries@ofsted.gov.uk  
[www.ofsted.gov.uk](http://www.ofsted.gov.uk)  
[Lasend.support@ofsted.gov.uk](mailto:Lasend.support@ofsted.gov.uk)



24 October 2016

Mrs Julie Fisher  
Deputy Chief Executive and Director of Children's Services  
Surrey County Council  
Penrhyn Road  
Kingston upon Thames  
Surrey  
KT1 2DJ

Sarah Parker, Clinical Commissioning Group Chief Officer  
Susie Campbell, local area nominated officer

Dear Mrs Fisher

### **Joint local area SEND inspection in Surrey**

From 17 to 21 October 2016, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Surrey 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. 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.

As a result of the findings of this inspection, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector of Education, Children's Services and Skills has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. The Chief Inspector has also determined that the local authority and the area's clinical commissioning group (CCG) are responsible for submitting the written statement to Ofsted.

This letter outlines the findings from the inspection, including some strengths and areas for further improvement.

## Main findings

- Overwhelmingly, the parents and carers of children and young people who have special educational needs and/or disabilities, and who spoke with or contacted inspectors, lack confidence in the local area's leaders and services. This is the result of parents' continuing difficulties in obtaining the timely and accurate assessment of, and planning for, their children's needs. The area is making only slow progress in dealing with a significant backlog of applications for assessment. Half of new applications for assessment are managed in a timely way.
- The strength of parental dissatisfaction with the outcomes of statutory assessment, and the weak content of education and health care plans, results in high rates of appeal to first tier tribunal. A large proportion of appeals are settled before tribunals take place, indicating an acceptance by the local area that these are likely to be successful. A high proportion of tribunals are found in favour of the parent.
- Leaders recognise the need to improve performance and rebuild relationships of trust with parents and carers. Leaders' summary evaluation correctly identifies most of the areas where significant and urgent improvement is needed. Changes in senior local authority leadership in the last year are welcomed by parents, schools, health commissioners and providers. Nevertheless, parents and school leaders are clear that insufficient improvement is evident.
- Weaknesses in the area's information management systems restrict the coordination of information, slowing assessment and planning processes. Furthermore, these weaknesses limit leaders' analysis, so that staff at all levels are insufficiently held to account for the rapid improvement which is required. In addition, parents and schools continue to experience widely varying quality of service from the county's four administrative areas.
- Families' representatives and school leaders comment positively that leaders are now 'listening'. Some parents and carers, more recently seeking support for their children's special educational needs, report a more timely response. Parents' and carers' views have been put at the heart of some recent policy decisions, for example about short breaks and transport arrangements. Nevertheless, the systematic involvement of parents and carers in planning, monitoring and evaluating services is not well established. In addition, the range of parents whose views are considered by leaders is limited.
- The joining together of the six clinical commissioning groups, under the Surrey CCG Collaborative, has established a solid foundation on which to build a commissioning partnership with the local authority. A joint commissioning strategy is in preparation for launch in December 2016, in line with the progress of other authorities nationally. The leadership of Guildford and Waverley CCG within the collaborative is strong.

- The provision of a designated medical officer and a designated clinical officer by the CCGs is a sound decision, ensuring focused leadership and advice to the whole health community as well as supporting progress in individual cases. However, the designated medical officer and designated looked-after children's doctor do not coordinate their work well. This is particularly for those looked-after children who have special educational needs and/or disabilities who are placed in schools out of the area.
- Children and young people across the county currently experience unequal health and therapeutic provision. The planned move to a single, county-wide community health provider from 2017 is a suitable response to this identified concern, but is not yet established.
- Leaders have been unsuccessful in promoting the 'local offer' of provision to all parents. Many of the parents whom inspectors met were not aware of this central facility, despite it being developed and then redesigned in partnership with parents' representatives. Furthermore, the required plan, setting out as part of the offer how statements will be transferred to education, health and care plans (EHC plans), is not complete.
- The local area identifies relatively low numbers of pupils needing school support for their special educational needs, while identifying relatively high numbers requiring statements or EHC plans. Leaders have rightly identified that this indicates weaknesses in the early identification of special educational needs.
- The increasing absence and exclusion rates for children and young people who have special educational needs and/or disabilities have not been recognised by the local area as a priority for action.
- Parents told inspectors about longstanding problems experienced with prompt access to children's and adolescents' mental health services (CAMHS). A promising new service model was introduced in April 2016, although the impact is not yet fully realised. Helpfully, this was designed in cooperation with parents and service users.
- The school-age children and young people who have special educational needs and/or disabilities, identified by the local area, achieve well compared with their peers in similar local areas.
- Provision at post-16 and post-19 is improving. The number of young people who have special educational needs and/or disabilities and who are in education, employment or training increased year-on-year from 2012 to 2014 (the latest published information) to match the national picture. The local area is successfully developing an increasing range of relevant options for these young people.
- Ensuring the safeguarding of children and young people is a stated priority of the local area. All the children and young people met by inspectors in their provision felt happy, safe and cared for well. They reported that staff and leaders deal well with concerns, including bullying. Clear relationships of trust were observed by inspectors, between adults and the children and young people in their care. School leaders feel well supported by the local area in safeguarding their pupils.

Officers demonstrated to inspectors how they ensure the safeguarding of children and young people placed in non-maintained and independent settings, sometimes outside the county.

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

### **Strengths**

- Health visitors and school nurses have good liaison and communication with general practitioners (GPs). In some cases, this is helping to share concerns and identify needs at an early stage, but the picture is not consistent across Surrey.
- Parents of children with sensory impairment report prompt and accurate identification of their children's needs.

### **Areas for development**

- In most cases, the local area fails to meet statutory timescales for the assessment of children's and young people's special educational needs and/or disabilities and the provision of EHC plans. A significant backlog of cases remains. The efficiency of these processes is undermined by weaknesses in staff knowledge and skills, particularly in the administrative areas into which the county divides itself. Parents and schools further identify high levels of case-worker turnover as an important contributory factor. Some very recent signs of improvement are evident, particularly in the management of recent applications for assessment, although this remains inconsistent.
- Targets for developmental checks during the early years are not being met across the local area, despite year-on-year improvement. Recent changes to clinical governance and monitoring have reduced waiting times in the last year, leading to some earlier identification of children's needs and engagement with appropriate services. Nevertheless, this improvement is inconsistent across the county, and from a very low base.
- The efficiency with which children's special educational needs are identified in early years varies considerably across the county, linked to the range of expertise available, particularly in private and voluntary settings.
- Compared with similar council areas, Surrey schools identify a lower proportion of pupils requiring school support for special educational needs. However, a relatively high proportion of pupils in Surrey are identified as needing a statement of special educational needs or an EHC plan. Area leaders have identified this weakness and have begun working with schools to support earlier and more accurate identification of need. It is too soon for measurable outcomes to be seen from this work, but some parents and school staff enthusiastically described to inspectors the positive impact emerging for individual pupils.

## **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 vast majority of schools in Surrey, including special schools, were judged to be good or better in their most recent Ofsted inspection. This presents a stronger picture of school provision for pupils who have special educational needs and/or disabilities than seen nationally. Parents are generally complementary about the provision schools make, while being highly critical of the way the local area works centrally.
- School leaders value the support and challenge provided to special educational needs coordinators through the local authority network.
- The early years portage service engages well with parents and is a strength. This service supports young children well to engage with the world, and sometimes their own parents, for the first time.
- School leaders report timely intervention for individual pupils by effective local authority specialist teachers. These central staff also provide valued training and development for school staff to improve the day-to-day support received by pupils they work with as specialists.
- Effective work in schools is supporting children and young people to make a successful transition to the next stages of their education. A focused central team of transition workers now supports pupils moving into post-16 education, employment or training. This recent development followed challenging feedback from parents and carers in a survey during 2015. Since June 2016, a young people's group has been working in detail with local authority officers to improve this experience further.
- Since September, supported internships for post-16 pupils who have special educational needs and/or disabilities are being developed in partnership with colleges of further education. The programme has been adopted enthusiastically by college leaders but it is too soon for any measurable impact to be seen.
- A further recent development has seen the youth offending team working closely with local authority officers to identify and provide for all young people who have special educational needs and/or disabilities entering the criminal justice system. However, the local area does not routinely check the achievement of this vulnerable group. Inspectors found effective procedures in place for overseeing young people in custody.
- Young people have recently been involved in interviews for staff to deliver CAMHS support to under-18s. This is a positive sign of their involvement in the formation of services.
- Proactive work undertaken by specialist school nurses in Surrey schools now enables all pupils requiring a blended food diet to be supported successfully.

- Social workers in the children's disability team support their mainstream colleagues well, to ensure children's and young people's needs are recognised and met. An integrated approach to helping families access social care is being promoted through the very recent introduction of a multi-agency safeguarding hub. Schools report this to be a promising one-stop source of support for parents and carers or signposting to services.
- Adult social care leaders are taking effective action to ensure that suitable supported housing is available for young adults who have special educational needs and/or disabilities, supported well by the council's commitment to invest in appropriate accommodation.

### **Areas for development**

- The overwhelming dissatisfaction of parents and carers in the county's arrangements for assessment and planning leads to high rates of appeal to first tier tribunal. The vast majority of appeals made by parents are against the content of the statement or EHC plan provided. A high proportion of appeals are settled with parents before tribunals are held. Of tribunals which do take place, a high proportion are found in favour of the parents' submission. This suggests that parents' concerns are valid.
- Slow progress is being made in the required transfer from statements to EHC plans. 3,182 statements out of 5,874 remain to be transferred (54%). An ambitious recovery plan is in place, but progress is slow. Transition to EHC plans at post-16 appears to be going more smoothly. However, inspectors were unable to verify exactly how well transfers are progressing, due to contradictions in the information that managers use to track this work.
- Weaknesses in the local authority's information management systems limit coordination between the county's local areas and the central administration. Furthermore, these systems do not provide a ready analysis of the progress being made in meeting statutory requirements, to hold leaders at all levels of the organisation to account. These issues are recognised by leaders, but action to rectify them lacks urgency and is only at the stage of an options paper, which is under consideration. Any decision is yet to be proposed, or indeed made.
- The proportion of Surrey pupils who have special educational needs and/or disabilities placed in non-maintained independent schools is higher than seen nationally, undermining the equitable deployment of limited resources. To redress this issue, the council has firm plans to extend specialist provision within the local area in the near future, particularly for pupils with autism. These plans are sensibly linked to a rational needs analysis and have been designed in close partnership with school leaders.
- Early years discretionary funding arrangements are welcomed by some parents and providers. Others question why statutory assessment is delayed for children whose individual needs suggest this will ultimately be required. For children who have been receiving speech therapy in the early years, the standard requirement

for fresh assessment in the first term of Reception Year generally results in an unnecessary break in this intervention. This undermines children's progress.

- Waiting times for assessment and intervention in speech and language therapy, occupational therapy and physiotherapy are highly variable across the county and in some cases unacceptably long. Parents particularly identify issues with obtaining timely occupational therapy. In addition, local authority approval for therapy adjustments agreed at case reviews, is often delayed. Recognising these issues, leaders are currently commissioning a single provider for all these services, with effect from April 2017. A decision about the choice of provider is yet to be confirmed.
- Weaknesses in CAMHS are a continuing cause of concern and frustration for parents. In line with the national programme, 'Future in Mind', the service is beginning to implement a promising new delivery model. This is intended to improve access to services, through a single point of referral, from low-level need to intensive support and crisis intervention. Some parents who have accessed the new service reported a positive experience. However, the model is not yet fully implemented. A key element in the strategy is the provision of a named mental health contact for every school. None of the school leaders inspectors spoke with were aware of this.
- It is unclear whether the timeliness of health reports is a key factor in delaying assessment for EHC plans, as this analysis has not been done by the area. Parents and schools report that the necessary health disciplines and specialists are not regularly included in planning meetings. The result is that children's plans are not consistently, fully and comprehensively informed by these disciplines.
- A single EHC plan template is firmly in place across the county, supporting consistency in planning and review. However, the quality of plans varies greatly. Where EHC planning is effective, intended outcomes and precise strategies are set out clearly. This supports speech and language therapists, occupational therapists and physiotherapists, to work effectively with parents and schools. However, in many cases seen by inspectors, plans set out very broad aims, lacking clear measures of success. Plans frequently list the number of sessions to be provided by therapists, rather than the expected outcome of the therapy. This broad approach limits the precision of provision and effective review. More broadly, the development of meaningful and measurable outcomes continues to be a key area for improvement across all services and agencies.
- Pathways for children and young people with autism are fragmented. A lack of clarity exists about referral processes, for parents and professionals, resulting in a wide variation in waiting times. Those in the Surrey Downs CCG area do not have access to the same post-diagnostic pathway (the 'BEN' pathway) as those living elsewhere in Surrey. This weakness is known to leaders and is intended to be resolved following the review of outcomes from the pathway in April 2017. Mental health pathways for young people aged 19-25 years are similarly under developed.

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

### **Strengths**

- The 'Surrey strategy for learners with learning difficulties 2011-2015' achieved its aims. The proportion of Surrey's young people who have special educational needs and/or disabilities in education, employment or training from age 16-19 and 19-25 rose steadily over the period, improving faster than the national picture. The proportion of Surrey students who have SEN who attain a level 3 qualification at the age of 19 has also risen over recent years to be above the national figure.

### **Areas for development**

- Delays in the identification and assessment of children's and young people's special educational needs, including in the early years, compromises individuals' progress. This is also the case when the provision of therapies is delayed and when families experience difficulties accessing CAMHS.
- Published information about the achievement of Surrey pupils identified as having special educational needs and/or disabilities compares favourably with the national picture. However, weaknesses in the identification and assessment of these pupils mean this picture is incomplete and cannot be relied upon as an accurate reflection.
- In 2016, achievement in Surrey at the end of key stage 1 fell sharply compared with the national picture. This decline affected all pupils including those who have special educational needs and/or disabilities. Education officers are working with school leaders to recover these standards in 2017.
- Rates of absence for school-age pupils who have special educational needs and/or disabilities, at school support and with EHC plans, have increased recently, after previously reducing. Absences for Surrey pupils at school support were above the national average for this group in 2015 (the latest comparable figures).
- There is a lack of clarity in the local area about the role of GPs in identifying a child or young person as being unfit for school due to anxiety linked to autism. As a result, some pupils experience unnecessary unauthorised absences and have limited support for learning at home. This issue is one of considerable importance to parents.
- Fixed-term exclusion rates for pupils who have special educational needs in Surrey's mainstream schools, at school support and with statements or EHC plans, remained above national figures in 2015, with exclusions for pupils receiving school support showing a rising trend. The rate of permanent exclusion for both groups of pupils also shows a continuing increase, rising to above the latest nationally published figure for pupils with a statement or EHC plan. This troubling picture has not been thoroughly evaluated by officers or identified as an area for improvement.

**The inspection raises significant concerns about the effectiveness of the local area.**

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness.

- The timeliness, suitability and quality of statutory assessments and plans, including when statements are transferred to education, health and care plans.
- The under-developed and often limited involvement of parents and carers, and the narrow range of those included, in planning, monitoring and evaluating services. The ineffective promotion of the local offer, and the incomplete statutory transition plan.
- The inefficient management and coordination of area information, in administrative processes, to inform evaluation of services and outcomes, and to hold leaders and staff at all levels to account for rapid improvement.
- The relatively low identification of need at school support level, indicating inefficiencies in the early identification of special educational needs and/or disabilities.
- The increasing rates of absence and exclusion experienced by children and young people who have special educational needs and/or disabilities in mainstream schools.

The approach to responding to findings from inspections, including the production and review of the statement, is set out in Annex A of the *Local area SEND inspection handbook*.

Yours sincerely

Siân Thornton  
**Her Majesty’s Inspector**

Ofsted	Care Quality Commission
Chris Russell Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services (North), Children, Health and Justice.
Siân Thornton Lead Inspector	Jan Clark CQC inspector
Sheridan Dodsworth Ofsted Inspector	

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