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Alison Rogers, Head of joint commissioning (CCG and London borough of Bexley)
Kathy Roberts, Local area nominated officer

Dear Ms Tiotto

Joint local area SEND inspection in Bexley

From 3 October to 7 October 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Bexley to judge the effectiveness of the 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 CQC.

Inspectors spoke with children and young people who have special educational needs and/or 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 some areas of strength and areas for further improvement.

Main findings

- The Bexley local area has reviewed the roles and responsibilities of strategic leaders from education, health and social care services to take account of the reforms. Better communication and a common purpose are allowing leaders to work more closely together to acquire an accurate understanding of the area's strengths and development priorities. They have ensured that there are effective systems for keeping children and young people who have SEND safe.
- The area's self-evaluation is accurate. It has correctly identified that more needs to be done to raise standards for pupils who receive SEN support within the area's secondary schools. It also acknowledges that children and adult social care teams need to work more effectively together and with families, when young people become the responsibility of adult social care services.
- Leaders monitor the local context carefully to ensure that the needs of children and young people who have SEND are met. They are increasingly able to plan for services that will be needed in the future. For example, they have recognised that more children and young people have autism spectrum disorder (ASD) in Bexley than elsewhere in the country and have provided additional services, such as the Bexley Early Autism Service (BEAS), to support these children well.
- The clinical commissioning group (CCG) has not appointed a designated medical officer (DMO) or designated clinical officer (DCO). The day-to-day support for children who have SEND is provided by a nominated paediatrician who carries out this part of the DMO duties effectively. However, the strategic planning and development functions of the DMO/DCO are not being fulfilled.
- Leaders are working closely with the parent and carer forum, Bexley Voice, to address the concerns of parents who are not satisfied with the support provided for their children. Representatives from Bexley Voice recognise the positive changes that have been made within the local area since the arrival of the current director of children's services. For example, they now meet regularly with senior leaders to discuss parental concerns. However, some parents have still to benefit from recent improvements and are still experiencing long waiting times, gaps in services and poor communication.
- The quality of education, health and care (EHC) plans is variable. Although most new plans are completed within the required timescale of 20 weeks, there are too many exceptions that take considerably longer. Some plans are finalised before contributions from all professionals have been included and this is not rectified until an annual review takes place. Local healthcare providers and the CCG do not know how many requests for contributions to plans have been received and do not monitor the timeliness of their responses.

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

Strengths

- All Bexley schools have been provided with detailed guidance to help them identify the needs of children and young people with SEND accurately. Special educational needs coordinators (SENCOs) within early years and primary settings apply the guidance in a consistent manner.
- When further advice and guidance are required, SENCOs can refer individual cases to the Bexley early intervention team, which is recognised by schools as being extremely helpful in quickly identifying the needs of their pupils and suggesting the next steps to be taken.
- Information held by schools, including for those pupils receiving SEN support, is sufficiently detailed and usually well managed. For example, some SEN support files include all of the pupil's education, health and care needs to inform a request for statutory assessment, should this become necessary.
- Children who have SEND and attend nursery settings are well supported. Therapists visit nurseries to allow children and their parents to attend appointments in a setting with which they are familiar. Transitions from nursery providers to schools are planned and supported well by staff from both providers. This ensures that the needs of the child are fully identified and understood before the move takes place.
- The two-and-a-half-year integrated health check, carried out by health visitors, is well established across Bexley. This is shared with and used by nursery nurses to ensure that they have an accurate understanding of children's needs.
- Health visitors in Bexley have good working relationships with GPs in the area and routinely attend monthly meetings at GP surgeries. Children and young people who have SEND are discussed, including those who are subject to child protection measures. This provides GPs with important information to inform their work with vulnerable children and their families.
- The child and adolescent mental health service (CAMHS) transformation programme has resulted in the implementation of a Children's Emotional Well-being Service (CHEWS). Children and young people can now self-refer to CAMHS online via Headscape, a 'one-stop shop' for information about a range of mental health issues that may be affecting them. Having undertaken an online screening check, further assessment can be undertaken by CAMHS practitioners. Although this service is new, it is already being well used.

Areas for development

- The SEND identification guidance is not used well by some secondary school leaders and SENCOs. This is resulting in additional requests for statutory assessments when pupils transfer to secondary schools because their needs are not fully understood or supported.

- A lack of capacity in the educational psychology (EP) service is slowing the identification of pupils who have SEND. Schools and parents are frustrated by long waiting times to see an educational psychologist before a request for a statutory assessment can be approved. This means that some pupils wait an unacceptably long time before their needs can start to be assessed.
- Training on the SEND reforms and the local offer is not provided to all health visitors and school nurses. They are not always equal partners in the development of EHC plans and are not routinely invited to contribute to them. The needs of some children and young people are not fully identified because important information is not shared.

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 training and mentoring provided to SENCOs are highly valued and well attended, particularly by primary school SENCOs. Support for children and young people is provided in a timely manner and their needs are better met when SENCOs know what services are available and how to access them.
- The needs of children looked after who have SEND and those supported by the youth offending teams are met well. Individuals are provided with tailored programmes of support that are regularly monitored and evaluated to ensure that they are effective.
- The strategy for supporting the needs of children and young people who have sensory impairments is regularly reviewed and effectively implemented. Specialist teachers of children and young people who are deaf and/or visually impaired provide valued support to pupils with sensory needs placed in mainstream schools. Additional specialist support and services are located within the borough and in nearby areas. Parents were mostly positive about the quality of this support.
- All children entering the school system who have additional healthcare needs have a detailed medical care plan in place. School nurses support education staff and provide training to enable pupils to access the wider curriculum, including taking part in school trips and visits. School nurses also undertake work with individual pupils to enable them to receive healthcare services more successfully through personalised approaches, for example, helping pupils to overcome their fears when receiving injections.
- Children and young people under 18 who need nursing care at home in Bexley are effectively cared for by the children's community nursing team. They work as part of a larger team that includes the continuing healthcare team, specialist community paediatric nurses and specialist school nurses. This allows continuity of care to be provided to children and young people who may access all of these services.

- Effective working by the specialist learning disability transition team helps to ensure a coordinated approach to the planning and delivery of healthcare to young people who are transferring to adult health services. Community nurses for adults support those with complex healthcare needs well, and joint appointments with the community children's nursing service and district nurses facilitate a smooth transition. Parents confirm that this support is highly effective.
- The newly opened children's development centre enables joint working between multi-agency and multi-disciplinary teams to ensure that the needs of children, young people and their families can be assessed and met successfully. Professionals coordinate appointments for families and carry out joint visits where appropriate. This helps minimise the disruption to families and allows for a coordinated approach when supporting more complex needs.
- The 'My Black Book' personal health file, provided to children and young people who have learning disabilities, allows them to take ownership of their own care. It is a clear, easy-to-use file that provides all healthcare practitioners with a good understanding of the young person's developmental needs, goals and achievements.

Areas for development

- Some pupils are not being supported to build on their earlier successes when they transfer to secondary school. Many parents report how their children struggle when they transfer to secondary schools because their needs are not understood or supported effectively. Some parents feel that they are made to feel unwelcome at secondary school open evenings.
- There have been improvements to how services are managed and to communication with parents. However, significant numbers of parents and carers living in Bexley remain dissatisfied with the support that their children have received and are unaware of recent improvements. Many are not familiar with the content and purpose of the local offer and do not know where to find the support they need. Common concerns relate to long waiting times for referrals and unacceptable delays in receiving some services.
- Parents also expressed concerns about the support provided by social care agencies. There has been a high turnover of social workers in the past, which has now stabilised. However, agreed thresholds for accessing support have not been communicated well with parents or schools and some confusion remains about who is responsible for providing some services.
- Transitions between child and adult social care services are not managed well. This is because arrangements for the support of individuals are not discussed or agreed early enough. Some young people and their parents are badly affected when long-standing care arrangements are changed or withdrawn at short notice.

- There are long waiting times for parents to access mediation services to try to resolve their concerns. Some parents feel that this service is ineffective and further delays the process of getting support for their children. The number of tribunal appeals in Bexley is higher than in other areas and reflects the dissatisfaction of parents. Additional independent advice and support for parents have been acquired, but have yet to have an impact on clearing the backlog of cases.
- There are unacceptable waiting times of over 12 months for some pupils to acquire a formal diagnosis for their autism spectrum disorder (ASD). This delays how quickly some are able to access support in a special school.
- There is a limited offer from healthcare agencies to meet the needs of young people aged 19 to 25 who have SEND, and the actual number who require this support is unknown. Vulnerable young people in this age group may not be having their specific healthcare needs met.
- Some children and young people who have SEND and who come into care are not receiving their initial health assessment within statutory timescales. This information is now reported to the CCG on a monthly basis but an effective approach to resolving this long-standing issue is still not agreed. This is affecting how well the needs of these young people are supported.
- School nurses are not currently commissioned to provide a service to children and young people whose parents have elected to home educate, and the healthcare needs of this group are not being supported well.

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

Strengths

- When EHC plans take account of the views of all agencies, children and parents, meaningful targets are set and outcomes improve. For example, in special schools, professionals from all agencies work together closely with parents to improve their child's communication skills, mobility and well-being.
- Over a third of children receiving SEN support in Bexley early years settings last year achieved a good level of development. This compares favourably with the national average for children receiving similar support.
- The academic outcomes achieved by primary pupils who have SEND rose last year. Most made the expected rate of progress from key stage 1 to 2 and more of them achieved level 4 or above. This was a significant improvement on the previous year and compares favourably with other areas across the country.
- Most children looked after who have SEND make good progress and achieve well by the time they finish key stage 4.
- Many young people between the ages of 16 and 25 years who have SEND achieved good outcomes last year. More achieved level 3 qualifications than last year by the time they were 19 years old. The number who sustained their placements in education, employment or training also increased.

- Children referred to the speech and language therapy service make good progress in improving their communication skills. For example, 20% of children who attended the summer intensive group sessions were able to be discharged from the service without the need for further support.
- Most children and young people who have SEND and are supported by the youth offending team make good progress. Reoffending rates are low and increasing numbers have been successfully reintegrated back into school placements.

Areas for development

- Strategic managers from health and social care do not gather a wide enough range of assessment information. For example, the progress score card used at the SEN board meetings to evaluate the effectiveness of the area's SEN provision only includes academic information. Leaders and board members do not check that children and young people who have SEND are achieving better outcomes in their social and emotional aspects of learning, health, well-being, skills for life or engagement with their community.
- Some children and young people with SEND make slower progress because transitions between primary and secondary schools and transitions to colleges are not well managed. They make slower progress because they have to wait for their needs to be reassessed.
- Some pupils who receive SEN support in secondary schools do not build on their earlier success in primary schools and achieve less well than their peers at the end of key stage 4. Last year, standards fell sharply and only 15.9% achieved five grades A* to C at GCSE, including in English and mathematics. The proportions making the expected rate of progress from their individual starting points in English and mathematics were also lower than the average.
- Some parents expressed concern that it is taking too long for their child's statement of SEN to be converted to an EHC plan. Fewer children and young people with statements in Bexley have been issued with a plan, compared with the national average.

Please accept my thanks for the time and cooperation 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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CC: Clinical commissioning group(s)
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