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Dr Ed Garratt, Clinical Commissioning Group Chief Officer, Ipswich and East Suffolk

Mr Nick Robinson, Clinical Commissioning Group Accountable Officer, Great Yarmouth and Waveney

Cheryl Sharland, local area nominated officer

Dear Ms Cook

Joint local area SEND inspection in Suffolk

From 12 December to 16 December 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Suffolk 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 Ofsted Inspectors and Children's Services Inspectors 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. Inspectors 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 (HMCI) has determined that a written statement of action is required because of significant weaknesses in the local area's

practice. HMCI has also determined that the local authority and the area's clinical commissioning groups (CCG) are responsible for submitting the written statement of action to Ofsted.

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

Main findings

- The needs of many children and young people are not effectively met. Feedback from parents, in response both to the inspection and to a recent survey undertaken by the Suffolk Parent Carer Network (SPCN), overwhelmingly reflects dissatisfaction, frustration and confusion regarding the local area's provision for children and young people who have SEND.
- Governance and the strategic leadership of the SEND reforms have not been rigorous or effective in developing a coordinated, cross-service approach to identifying, assessing and meeting the needs of children and young people. Only in recent months have leaders acknowledged that the implementation of the reforms has not been good enough. They have publicly recognised this and apologised to parents for the poor quality of delivery and slow pace in developing education, health and care (EHC) plans.
- The local area's 2015 to 2018 strategy for children and young people with special educational needs and/or disabilities is currently under planned review. It has not driven the reforms effectively.
- Senior leaders' evaluation of the effectiveness of provision, while generous, correctly identifies most of the areas where significant improvement is required. Leaders across services acknowledge the weaknesses in partnership working and in current processes. They are now working closely with SPCN to address inefficiencies in practice and gaps in service provision. Key weaknesses urgently need addressing. These include:
 - the poor quality and timeliness of assessment for, and transition to, EHC plans, including the seeking of advice from professionals and agencies where necessary
 - the lack of timely access to good-quality health services, particularly for speech and language therapy, occupational therapy and emotional and mental health support
 - the lack of advice, support and local provision for children with autism spectrum disorder and mental health difficulties
 - the quality of information about the local offer and the significant difficulties experienced by parents in accessing the information and support they need
 - the poor quality of some post-16 provision and the significant proportion of young people who are not in education, employment or training

- the consistency and quality of inclusive practice in schools and colleges.
- Since the reforms were introduced, the local area has attempted to implement a number of changes to better meet children’s and young people’s needs. These improvements have not been clear enough or well enough understood by different agencies. Joint commissioning of services is underdeveloped. The co-production of EHC plans, where services and families work together to identify, plan and review provision, is too dependent on the variable quality and knowledge of individual practitioners and providers.
- Poor communication means that many parents do not know about the local offer and lack the support they need to best help their children. Too many feel that they are driven to crisis point before additional support and advice are identified and put in place for them and their children. The timescales and processes underpinning the implementation of EHC plans are not clear to many frontline health professionals or to parents.
- Parents report very mixed views of the quality of advice and support for children and young people who have SEND in schools and colleges. When school staff and health professionals collaboratively identify needs and arrange appropriate specialist provision, parents are more confident that their children’s needs are met well.
- Very recent changes have been made to the leadership of the local area’s transition to EHC plans, to the quality assurance of the plans and to the process for implementing new plans. The local area now has the mechanisms in place to ensure that EHC plans are produced in a timelier manner and are of an appropriate quality.
- The role played by the SPCN in the drive for improvement is an emerging area of strength. The co-chairs of this group are determinedly ensuring that local area leaders engage with the feedback they get from parents. Leaders have taken on board the seriousness of concerns raised by parents. However, a number of parents did not know about this network or about how they could access support through advice agencies. This is a priority for development.

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

Strengths

- Practitioners across agencies are starting to understand the changes needed to fully implement the requirements of the code of practice, particularly the graduated approach to meeting needs. The local area has commissioned training for its frontline workforce relatively recently. This is building the knowledge and expertise of staff in their direct work with children and their families. As a result, the confidence and competence of teams across the partnership has increased

and they are better focused on identifying and meeting children's and young people's needs.

- The specialist health visitors commissioned by the local authority public health department provide strong leadership. Health professionals have recognised gaps in assessment practice and the impact of these on the quality of the identification of specific needs. They are starting to address these gaps. Consequently, referrals to paediatricians for further assessment or diagnosis are increasingly accompanied by an appropriate range of information.
- The Early Learning Together programme is effective in identifying children's needs early in their lives and in helping parents to access an appropriate local provider to support their children's learning and development. Parents are helped to access free nursery places and are encouraged to flag any issues when a child may need additional support. Transition into school is mostly well managed, with a strong focus on promoting continuity of approaches and safe routines for children.
- Where 'team around the child/family network' arrangements are in place, the work of a range of health and education professionals is closely aligned and recognises the needs and wishes of the whole family in forward-planning. The 'Signs of Safety' approach to identifying children and young people who are vulnerable is effectively embedded in practice and this promotes early recognition of safeguarding concerns.
- In children's centres, robust joint agency work results in a shared vision for improving outcomes. The work of family support practitioners is valued by parents, who are sensitively encouraged to make good use of a range of parenting groups.

Areas for development

- The local area's approach to converting statements of special educational needs to EHC plans has been very poor. Too few have been completed and too many remain in the process of transition. Insufficient resources have been allocated to ensure that children's and young people's needs are identified and reassessed or that additional advice is sought when necessary. Parents report that long waiting periods, minimal assessment and a lack of communication have undermined their confidence in the process.
- The quality of the identification of children's and young people's needs is too variable across the local area and across services. It is over-reliant on individual expertise and the quality of providers and the clinical commissioning groups. As a result, there is significant inequality in the services provided. For example, the proportion of ante-natal visits and three-to-four month reviews completed on time in East and West Suffolk is too low.
- Health professionals are not involved quickly enough in determining the level of children's and young people's need or in planning the necessary support for them.

The lack of information sharing means that requirements for the co-production of EHC plans are not met.

- Referrals made to the child development centres are too often returned for additional information. This results in delays in assessment and diagnosis for children and their families. There is a backlog of referrals for autism spectrum disorder diagnosis and clinical psychology intervention. This places children, young people and their families at risk of reaching crisis point.
- When children and young people move between providers, identification of needs does not happen soon enough prior to transition. In particular, this is the case for the Year 11 transition to college. Schools and settings do not routinely have the opportunity to plan proactively together. This means that new providers cannot strategically respond to children's and young people's needs with an appropriate curriculum or provision.

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

- Parents and carers whose children's needs are identified early by health professionals, prior to school, receive positive support from specific professionals including family support practitioners, paediatricians, therapists and early years providers.
- There are good examples of special schools providing effective outreach services to improve provision within localities. Where the local area has established specialist support centres in schools, the expertise of special educational needs coordinators is used well. Knowledgeable practitioners exert a wider influence on the quality of provision and support that are accessible to children, young people and their families in the locality of the provision.
- Parents feel reassured by the college link courses established by some schools to help support young people to transition to the next stage in their education. This relatively recent approach is helping to raise young people's aspirations because it gives them a more informed understanding of the courses and opportunities that are available to them.
- The local area's development of the In Year Fair Access Panel (where school leaders collaboratively make decisions on how best to support and manage the needs of pupils at risk of permanent exclusion) is starting to address some of the challenges schools and settings face in meeting needs effectively. School leaders have a better shared understanding of the level of need within their district, and this has resulted in a reduction in the high proportion of pupils permanently excluded from schools.

- The Activities Unlimited provision is perceived positively by children, young people and their families. A range of short break services provide leisure activities, access to community resources and specialist services. These services enrich the lives of children and young people and successfully contribute to the processes for preparing them for adulthood.
- Overall, provision for looked after children who have SEND has improved in schools and colleges. This is because expectations of their achievement are higher and leaders are challenged more robustly by the local authority regarding the impact of their work. Wider social care involvement is proactively managed.
- Where needs are successfully identified, children and young people generally have easy access to the aids and equipment they need. This supports their independence and safety.

Areas for development

- Governance and leadership across agencies have not established a sufficiently rigorous approach to strategic planning, or a clear expectation of joint commissioning. As a result, services are disjointed and the roles and expectations of the various partners in the assessment and planning process are not clear. Leaders have not held staff to account for the outcomes of their work. This has led to patchy provision and the impact of services for education, health and care is limited. Parents overwhelmingly feel they have to 'fight' to achieve full recognition of their children's needs.
- The time taken to assess children's and young people's needs is concerning. EHC plans are too variable in quality. Notification of review and planning meetings to practitioners and parents is not always timely. Attendance of professionals at these events is also inconsistent.
- Co-production of EHC plans is not well established. The quality and appropriateness of provision are too dependent on the skills of staff in different establishments and on how well they understand and engage with the services available. Too often, education is given the highest priority and health agencies are not involved in identifying and meeting needs.
- An overwhelming number of parents report that they have to seek advice from too many different places when they need information and support for their children. There is no single point of contact to facilitate the coordination of services and the co-production of plans. This leads to inconsistencies in the identification of a child's or young person's needs across providers.
- Leaders do not appropriately monitor how well schools and colleges assess and meet the needs both of pupils who have an EHC plan and of pupils identified as SEND support. Although there are some positive examples of school improvement services identifying and following up instances where provision is identified as weak, systems to check on provision are insufficiently well developed to improve outcomes for pupils and their families.

- Too often parents say that they feel they are a burden to schools and providers because of the costs incurred in seeking external specialist support for assessing and addressing pupils' needs. In addition, when applications for an EHC plan are turned down, there is no explanation of why this decision has been made, or any follow-up advice and support. This leaves parents, and sometimes schools, feeling unsupported and unable to meet children's and young people's needs.
- Too much time and resources are currently invested in dispute resolution. The number of complaints is high; at the time of the inspection, it already matched the figure from last year. Parents are commonly successful at tribunal because the local area has insufficient evidence to demonstrate that its response to needs has been timely and effective. The Special Educational Needs and Disabilities Information, Advice and Support Service (SENDIASS) and advocacy support are available, and in some instances are effective. However, in the main parents feel uninformed and unsupported.
- The pathway of provision from ages 0 to 25 is not secure. Young adults and their parents and carers expressed the view that adult social care is not proactive in supporting their needs. Health professionals noted gaps in support services in the transition to adulthood phase, including in mental health services and in the provision of appropriate resources.
- Review health assessments for looked after children are not sufficiently robust or well enough aligned to the EHC plan process. Reviews do not take enough account of the specific needs and wishes of children and young people.
- Some staff in universal, early years, school nursing and complex health needs services, and most staff in child and adolescent mental health services (CAMHS), have a limited understanding or experience of using EHC plans to help drive improved outcomes for children. Most child health records do not contain any copies of the plans. This is unacceptable given the time period since the implementation of the SEND reforms.
- The role and contribution of CAMHS to wider partnership working are very limited. Opportunities are missed for the early identification of risk to prevent a mental health crisis, school absence or placement breakdown. Parents do not know which agency or professional is responsible for addressing the needs of school-aged children who are presenting with a combination of developmental delay and emotional, mental health and behavioural needs. The local area has acknowledged the insufficiency of provision for children and young people with autism spectrum disorder and mental health needs. Early plans are in place to start to address this.
- Provision of support for children and young people with mental health difficulties out of hours is not well enough coordinated to prevent the need for admission to paediatric wards. In Great Yarmouth and Waveney, the recent development of follow-up visits to wards on weekend mornings is helping to reduce the need for young people to remain on the ward over the weekend if they are safe to be discharged.

- Therapists have a good understanding of children and young people's requirements. However, almost all work is undertaken virtually. Local arrangements are not designed to enable a joint face-to-face, co-produced approach to meeting needs. This leads to the risk that some advice is neither appropriately understood nor used to inform a child's plan.
- The capacity of speech and language therapists, CAMHS and occupational therapists in Waveney to provide longer-term direct work is insufficient. Action has been taken to provide targeted time-limited speech and language and occupational therapy input in East and West Suffolk. However, significant concerns remain about the sustainability of these arrangements. They are too variable and provision for some children is being purchased by schools or by the families themselves. This means they are not well enough supported and poses significant challenges in relation to governance, risk management, quality assurance and accountabilities.

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

Strengths

- Clinical commissioning groups have been continuously strengthening their oversight, challenge and support of the work of providers. The number of pre-school children waiting for therapy since March 2016 and the length of time they wait for support have fallen.
- The proportion of children with SEND who achieve a good level of development at the end of the early years has risen over the past three years to be above that of children with similarly identified needs nationally.
- Because waiting times for CAMHS provision in East and West Suffolk are being closely monitored, they are starting to reduce. Close attention has been paid to the numbers waiting to be seen for longer than 12 weeks. This demonstrates necessary progress in an area that still requires significant further improvement.
- The role and contribution of the children's community nursing team, alongside others, are helping to ensure that most children with high and complex needs, including life-limiting conditions, are supported and safely cared for. This is both within the family home and in nursery settings and schools, when they are well enough to attend.
- The work of specialist youth support workers in combatting the high exclusion rates of 16- and 17-year-olds is effective. Progress being made through increasing the breadth of learning pathways available, such as supported internship, is beginning to have a positive impact. The In-Year Fair Access Panel's work resulted in a 20% decrease in the proportion of pupils permanently excluded between 2013/14 and 2015/16.

- Local area leaders have identified that the proportion of children and young people, including looked after children who have SEND, educated out of county is an area for priority action. The local area has implemented a rigorous new approach to quality-assuring out-of-county provision and has acted decisively to secure children's and young people's safety.
- Most health advice provided by the community paediatric teams, including therapists, is provided within statutory timescales with good lead clinician input in East and West Suffolk. Designated clinical officers have recently been appointed to support the work of the clinical commissioning groups. Leaders of the local area recognise that further capacity is required to address the areas where implementation of the SEND reforms is under-developed and ensure an equitable offer across Suffolk.

Areas for development

- Strategic planning has been weak because, at every level, intended outcomes for children and young people are not clear. Structures for accountability and governance are weak across the partnership. Reviews of the impact of reforms on outcomes for children and young people undertaken to date have been too superficial. There is no shared understanding of the expectations of services or individuals.
- In too many instances, the assessment and advice necessary to ensure effective transition from a statement of special educational needs to an EHC plan have not been timely or have not been sought. As a result, individuals are not well enough supported to make the progress they are capable of in improving their well-being or their academic outcomes.
- There is no strong evidence that the 2014 reforms have led to improvement in the academic outcomes achieved by pupils with SEND. Overall, at each key stage other than in the early years, pupils do not attain as well as similarly identified pupils nationally.
- The proportion of young people who are aged 16 to 18, who have SEND and who are not in education, employment or training is almost double that of other pupils in the local area. While this is decreasing because of new initiatives, it is still too high.
- The lack of appropriate provision means that the absence levels of pupils with SEND, while similar to national levels, are well above those of other pupils and are not reducing. Transport remains a barrier to securing the good attendance of young people in further education. Many parents report that their children are absent or unofficially excluded from school because their needs are not diagnosed or met.
- In the Great Yarmouth and Waveney clinical commissioning group, there are additional complexities because services are commissioned on a joint area basis

with Norfolk. Key performance information that would enable benchmarking at locality level and provide assurance of equitable delivery of health services across the Suffolk local area is not available. This means that the outcomes achieved for individuals and their families cannot be meaningfully measured.

- Frontline health professionals are not sufficiently clear about their roles as individuals or as a team in supporting improved outcomes for children and young people. Auditing is partial and limited to education. This is further evidence that the impact of health work is not well enough understood or evaluated.

The local area is required to submit a written statement of action to Ofsted which addresses how it will tackle the following areas of significant weakness.

- The ineffective governance and leadership of the joint strategic planning and delivery of the disability and special educational needs reforms.
- The poor timeliness, integration and quality of SEND statutory assessments and plans, this includes when statements of special educational needs are transferred to EHC plans, and the delivery of subsequent individual packages of support.
- The lack of local understanding of the support available and the poor quality of the local offer, including access to CAMHS support across the area, which lead to high levels of parental complaint and anxiety.
- The lack of joint working to monitor, quality-assure and maximise the efficiency of the work undertaken to improve outcomes for children in a diverse range of settings and circumstances.

Yours sincerely

Prue Rayner
Her Majesty’s Inspector

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