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Ms Cath McEvoy
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County Hall
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Vanessa Bainbridge, Executive Director, Adult Social Care and Health Commissioning
Samantha Barron, Local Area Nominated Officer, Head of SEND Strategies

Dear Ms McEvoy

Joint local area SEND inspection in Northumberland

Between 1 October 2018 and 5 October 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Northumberland 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 a team of inspectors including an Ofsted Inspector and a Children's Services Inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, along with local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and 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 met with leaders from the local area for health, social care and education. They 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 (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

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

Main findings

- Since 2014, the local area has made too little progress in implementing the disability and special educational needs reforms. Families in Northumberland have widely different experiences of the local area's arrangements for identifying, assessing and meeting their children's needs.
- Children and young people with SEND do not do well enough in mainstream primary and secondary schools. They do not make strong enough progress in reading, writing and mathematics in key stage 2 or in a wider range of subjects in key stage 4. Too many children and young people with SEND are excluded from schools in Northumberland.
- Local area leaders are not jointly planning, commissioning and providing education, health and care services in a way which is improving children and young people's outcomes. Leaders do not have a sophisticated enough understanding of what is working well and what could be better for children and young people with SEND and their families. Importantly, leaders are not currently able to measure or evaluate the impact of their work on the experience of children, young people and families or the outcomes they achieve.
- Families have a mixed experience of co-production (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all). Some have strong and influential voices. Others do not feel heard and told inspectors that, at times, leaders and practitioners lack important knowledge about children and young people with SEND.
- In the last year, there has been a determined drive to improve arrangements for identifying, assessing and meeting the needs of children and young people with SEND. As a result, confidence in local area leaders is strengthening and the pace of improvement is increasing.
- Leaders have an accurate understanding of the local area's effectiveness in identifying, assessing and meeting the needs of this group of children and young people. New leadership structures and recently developed action plans provide a more secure starting point for tackling the significant weaknesses in these arrangements.
- Frontline staff in education, health and care services, and in schools, work hard and are making a valued difference to children and young people with SEND and their families. There is growing confidence which is exemplified by the strengthening partnership between leaders and the local parent and carer forum, 'In it together'.

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

Strengths

- The local area successfully transferred all statements of special educational needs to education, health and care (EHC) plans by March 2018. Typically, EHC plans are issued within the expected 20-week timescale.
- Children's centres provide an effective service which supports the accurate and timely identification of young children's needs. Early years settings are identifying children's additional needs through a range of effective on-entry assessments.
- Effective support from specialist support services, such as the sensory and SEND support services, is helping some schools to identify children and young people's needs in an accurate and timely way.
- Special schools are skilfully identifying children and young people's previously unidentified needs when they transfer into these settings. Locality-based early help hubs support effective multidisciplinary working which contributes to the holistic identification of children and young people's needs.
- Some mainstream primary and secondary schools are identifying children and young people's needs well. Headteachers and special educational needs coordinators (SENCOs) in these settings understand the importance of accurate and timely identification and assessment of children and young people's needs. Crucially, they are deeply committed to working out how best to support children and young people with SEND and their families. The strong contribution that SENCOs make to identification and assessment of children and young people's needs is highly valued by parents and carers.
- Health visitors are providing the healthy child programme for all children and families in Northumberland. As a result, children are offered a programme of screening tests and developmental reviews which support the early identification of additional needs. The health visiting service also offers an extra contact for three- to four-month-olds to provide support for families who have concerns. This facilitates the early identification of children's emerging needs, well before the mandated 12-month developmental review.
- Local area leaders have an increasingly accurate view of the effectiveness of arrangements for identifying the needs of children and young people with SEND. Leaders are more committed to co-production, which is giving them a better understanding of the 'real-life' experiences of children, young people and families.
- The 'chat health' instant messaging service is used widely by children and young people in Northumberland. Children and young people aged 11 to 19 can use the service to text a school nurse for health advice. School nurses have found that chat health has helped them to identify several children and young people who have previously unidentified health needs.

- School nurses are providing drop-ins which provide children and young people with the opportunity to seek additional advice and support. They are well attended and have facilitated the early identification of additional needs.
- The majority of children and young people who are entering care receive initial health assessments within the required timescales.

Areas for development

- The graduated response to identifying, assessing and meeting the needs of children and young people with SEND is not embedded in mainstream primary and secondary schools in Northumberland. As a result, families have an unacceptably variable experience of these arrangements. This undermines their confidence in the ability of mainstream schools to meet their children's needs.
- The two-and-a-half-year developmental check is not fully integrated in Northumberland. Sometimes, health visitors are not sharing the findings of ages and stages questionnaires (ASQs) with practitioners in early years settings. This delays their ability to identify young children's emerging needs.
- School nurses are not providing the full healthy child programme. For example, school health questionnaires which help to identify emerging or previously unidentified health needs are not being used. Some children and young people who are referred to the school nursing service are waiting four weeks to receive support. This is too long.
- While there has been recent improvement, historic weaknesses in arrangements for co-producing an accessible local offer of resources and support are limiting the local area's effectiveness in identifying the needs of children, young people and families.

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

Strengths

- The complex needs of some individual children and young people are assessed and met well because local area leaders work effectively with their families to plan and commission the services and support they need.
- Speech and language therapists, occupational therapists and physiotherapists work together in an integrated way to assess and support children and young people who have significant and complex needs. The portage service provides effective support for young children which includes a holistic assessment of their needs. Assessments are shared with pre-school and school settings, which develops their capacity to understand and meet children's needs well.
- Health visitors are providing 'health visiting plus', a high-quality programme which provides enhanced support to children and families who have additional

vulnerabilities. 'Health visiting plus' is available for children who are looked after, care leavers, young parents, and parents who have a learning difficulty or disability.

- Access to early help in primary mental health services has improved recently. The primary mental health team provide support, guidance and training which is helping professionals to better meet the needs of children and young people who have low-level and emerging mental health needs.
- Community paediatricians are using a 'think family' approach when completing person-centred assessments. This is increasing participation and engagement with families and improving the assessment of health needs.
- Highly effective person-centred planning in some special schools is contributing to the holistic assessment of children and young people's needs. This supports the planning and delivery of better, more personalised education, health and care provision which is leading to improved outcomes.
- SENCos in some mainstream primary and secondary schools are a trusted point of contact for parents and carers of children and young people with SEND. They have a crucially important role in working out how children and young people's needs can be consistently and effectively assessed and met.
- The special educational needs information, advice and support service (SENDIASS) is a high-quality service for families which is developing their confidence and capacity to work in partnership with local area leaders. This includes helping the local parent and carer forum, 'In it together' to contribute to strategic co-production in a supportive and challenging way.

Areas for development

- The negative experience of many parents and carers reinforces a perception that the needs of children and young people with SEND cannot be met in mainstream primary and secondary schools in Northumberland. Families told inspectors that SENCos in some schools are 'overworked and overstretched' and said that, 'Some SENCos have too little influence on teachers who don't know enough about children and young people who have additional needs.' Many feel that getting their children's needs identified, assessed and met has been 'a battle at every stage'. Few have indicated that there is an embedded 'tell it once' approach in this local area.
- Health practitioners are not sharing information about children and young people with SEND consistently well. Community paediatricians are not using electronic patient records. As a result, parents and carers are repeatedly required to provide information about their children's treatment, prescribed medicines and interventions. Speech and language therapists, occupational therapists and physiotherapists have variable access to children and young people's health records and the children and young people's service (CYPS) use a separate patient record system. This could lead to unnecessary delays in important

information about children and young people being shared, for example following a period of hospital admission.

- The local area's arrangements for commissioning, planning and providing education, health and care services for young people aged 16 to 25 lack coherence. Too often, transitions between settings are not well coordinated across education, health and social care services.
- The quality of education, health and care (EHC) plans varies too much. Some plans lack detail, the descriptions of children and young people's health needs are too clinical, and the health provision in plans lacks specificity. Frequently, the health and social care contribution to EHC plans is limited and the targets and objectives in plans are not specific or measurable. The arrangements for making sure that contributions from a range of practitioners accurately reflect their professional advice, and the process for reviewing and updating EHC plans in a meaningful way, are, at this stage, not working well enough.
- The local offer is neither known about nor widely used by parents and carers in the local area. Families find the local offer difficult to navigate and use and, almost always, rely on the advice and guidance they receive from trusted professionals such as their school's SENCo, SENDIASS or 'In it together'.
- The child mental health pathway, including CYPS, has been redesigned significantly in recent months in response to unacceptably long waiting times for specialist mental health interventions. Improvements and changes have been made, including better coordination with primary mental health services, which are reducing waits substantially. Importantly, however, inspectors were told that children and young people have experienced long delays in their needs being assessed and met. This was exemplified by one young person who said, 'I had to wait for a year to see a specialist doctor and I think that is too long.'
- The special school nursing service is not equitably meeting children and young people's needs, in part due to capacity and current organisation. Some families feel frustrated by the poor accessibility of this service. There is a lack of integration in the local area's approach to meeting the needs of children and young people who have complex and life-limiting conditions.
- The post-diagnostic support for children and young people who have a clinical diagnosis of autism has several limitations. Paediatricians and some families told inspectors that there is a lack of sleep and sensory support for this group of children and young people, despite an increase in the demand for these services.
- The local area's self-evaluation of its effectiveness in assessing and meeting the needs of children and young people with SEND has many strengths. Importantly, however, local area leaders do not have a secure enough understanding of the impact of these arrangements on the outcomes achieved by this group of children and young people. Leaders do not use what they know about the needs of children, young people and families to work out how best to support them and, as a result, improve the outcomes they achieve. In some cases, important

information, including information about children and young people placed in schools outside the local area, is inaccurate or out of date.

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

Strengths

- Children's community nurses provide families of children and young people who have complex and continuing health needs with high-quality training and support. This enables children and young people's needs to be met in non-clinical environments, which reduces the need for families to attend multiple outpatient appointments.
- Some individual children and young people achieve positive outcomes as a result of timely identification and assessment of their needs and carefully integrated and highly personalised support.
- Children and young people with SEND told inspectors that they are well supported and feel heard. This was typified by one pupil who said, 'Teachers find ways of working around problems. You are pushed out of your comfort zone but with the help you need. I know this is helping me to do better.'
- Speech and language therapists, occupational therapists and physiotherapists are contributing to innovative and fully co-produced 'multi-agency goals assessments'. These assessments are used for children and young people who have complex and multiple health needs and to successfully align therapy care plans. This facilitates a 'tell it once' approach well and supports improved understanding of children and young people's needs which, in turn, is leading to better outcomes.
- Local area leaders have effective oversight of the quality of education, health and care provision for children and young people who are looked after by the local authority who also have SEND.

Areas for improvement

- Local area leaders do not have a comprehensive enough understanding of the outcomes that children and young people with SEND are achieving. Leaders do not have a meaningful way of measuring or evaluating these outcomes. Indeed, the fundamental importance of improving the outcomes this group of children and young people are achieving across the full 0 to 25 age range is not evident enough in the local area's strategy and improvement plans.
- Arrangements for jointly commissioning services in a way which is focused on improving children and young people's outcomes are underdeveloped. The local area has made too little progress in implementing this crucially important aspect of the disability and special educational needs reforms.

- The outcomes achieved by children and young people with SEND in mainstream primary and secondary schools in Northumberland are not good enough. The progress that this group of children make in reading, writing and mathematics in key stage 2 and in a wider range of subjects in key stage 4 is unacceptably poor. There has been a year-on-year increase in the number of children and young people with SEND who have been excluded from mainstream schools, either for a fixed period of time or permanently.

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:

- weaknesses in the local area's arrangements for jointly planning, commissioning and providing the services children and young people with SEND and their families need
- the graduated response to identifying, assessing and meeting the needs of children and young people with SEND is not embedded in mainstream primary and secondary schools
- the poor outcomes achieved by children and young people with SEND and weaknesses in successfully preparing them for their adult lives.

Yours sincerely

Nick Whittaker
Her Majesty's Inspector

Ofsted	Care Quality Commission
Cathy Kirby HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI, Lead Inspector	Nikki Holmes CQC Inspector
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cc: DfE Department for Education
Clinical commissioning group(s)
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NHS England