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Ms Annie MacIver  
Director of Children's Services, West Sussex County Council  
County Hall  
West Street  
Chichester  
PO19 1QT

Dr Katie Armstrong, Clinical Chief Officer, NHS Coastal West Sussex CCG  
Mr Jon Philpot, Local Area Nominated Officer, West Sussex County Council

Dear Ms MacIver

### **Joint local area SEND inspection in West Sussex**

Between 26 February 2018 and 2 March 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of West Sussex 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 CQC.

Inspectors spoke with children and young people who have special educational needs and/or disabilities (SEND), parents and carers, and 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 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.

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

### **Main findings**

- Leaders from across education, health and care services are working together with increasing success to improve outcomes for children and young people who have SEND. There is a clear and well-focused SEND strategy, which is known

and understood across the local area. Recent changes in senior leadership positions, particularly in the local authority, have led to a more coordinated approach to implementing the reforms of the Children and Families Act 2014. Consequently, leaders have successfully built on some very strong services in the local area and are beginning to improve those which could be better.

- Local area leaders' evaluations are comprehensive and accurate. Leaders have identified precisely what is going well and where further development is needed. As a result, the SEND strategy and leaders' plans to improve the impact of the SEND reforms, although in some cases late in development, are focused on the correct areas of need. Leaders have rightly recognised that some practice in the local area is strong and should be celebrated, for example the impact of the parent and carers' forum (PCF), the quality of therapy services and a strong short break offer. Leaders also recognise that there is a long way to go, particularly in offering children and young people who have SEND and their families a consistently strong experience of education, health and care services.
- Despite recent improvements, the local area is recovering from a legacy of diminished support for front-line services. For example, since 2010, schools have had much less access to the educational psychology (EP) service. This means that the opportunity for school leaders to discuss the needs of children who are causing concern has been limited. Consequently, the quality of identification relies heavily on the knowledge and skills of front-line staff to know and understand how the different needs of those already in school can be presented.
- The limited support from central services has restricted the opportunities available to train staff to sufficiently plug the gap in expertise. As a result, many children and young people get a long way through their education before their needs have been accurately identified. Where this is the case, parents' experience of services has been very negatively affected and there has been a sharp rise in the need for tribunals. The SEND strategy includes plans to address staff training needs by sharing good practice. However, leaders rightly acknowledge that more needs to be done to improve the timeliness of identification for some children and particularly those with an autistic spectrum disorder (ASD) or similar needs.
- Some schools have a clear understanding of the SEND strategy and are playing a significant role in delivering it. For example, the social, emotional and mental health (SEMH) project, funded by the local authority, is being delivered by a special school through their hub. However, other school leaders show limited ownership of the strategy and do not understand the collective responsibility for delivering the changes needed within the reforms. Consequently, children and young people who have SEND and their families report a mixed experience of education. Improving inclusion is a main focus of the local area's SEND strategy, reflected in the development of Area Inclusion and Improvement Boards. One headteacher reported on the impact of this as being excellent, with anecdotal evidence of how this is already helping to spread good practice. However, the strategy is still very early in its inception. It is clear that there remains a long

way to go before it has the impact needed across the local area.

- The PCF is a key partner in driving through the reforms in the local area. It has demonstrated that it plays an effective role in co-producing services with local area leaders, while representing the views of parents and carers robustly and with compassion. PCF leaders are keen to extend opportunities for co-production with service leaders and to do more to support and challenge leaders to improve services for families, particularly in areas of weakness.
- Provision for children and young people who have SEND in their early years is very effective. There is strong and established partnership working between education, health and care professionals that work with children between birth and when they start school. Consequently, early identification, particularly for those with complex needs, is effective. Families also experience a joined-up approach and do not have to tell their story repeatedly when dealing with professionals.
- The new Integrated Prevention and Earliest Help Service (IPEH) is highly effective and delivering improved outcomes for many children and young people who have SEND. The implementation of IPEH has brought together separate services previously provided through the Early Childhood Service. This includes the Healthy Child Programme, delivered by the health visiting and school nursing services. This model of working is successfully promoting a single point of access for families and joined-up working across partner agencies with a streamlined approach to identification of need, assessment and referral pathways. Several front-line professionals describe the service as highly effective and improving the timeliness of support for families and vulnerable children and young people. Many families who have used the service share this view.
- Local area leaders have established strong and well-conceived joint commissioning arrangements. For example, the majority of health services that support children and young people who have SEND are commissioned jointly by the local authority and clinical commissioning groups who work within the local area. As part of the SEND strategy, there are plans to expand and develop the impact of joint commissioning further. For example, the Therapies in Schools (TIS) pilot project has been developed to strengthen and support the relationship between the NHS Physiotherapy and Occupational Therapy teams, and the curriculum within three special schools. The vision is that the TIS project will enable the schools, families and therapists to work in partnership to deliver life-learning opportunities that blend the child's educational aspirations with their therapeutic needs. A structured evaluation is built into the project. Although in its infancy, the TIS project is a good example of the local joint commissioning and of positive partnership working. Therapists spoke very positively about this development.
- Some parents rightly hold their children's schools in very high regard. These schools are seen as highly inclusive, effective in meeting children's needs and supportive of families because leaders in them actively listen to the views of children and young people and their parents. In some areas, school leaders are

working together to jointly commission additional access to speech and language therapy (SALT) and educational psychologists, for themselves, so that they are better placed to identify, assess and meet the needs of children and young people who have SEND in their community.

- The lack of a designated medical officer or clinical equivalent (DMO or DCO) is a weakness. Despite leaders' own evaluations identifying the need to appoint a DMO or DCO, progress has been slow. Consequently, there is poor oversight of the implementation of the reforms across health services. This means that the contribution from health services to assessment processes is not governed or consistently quality assured. Health staff have also reported a lack of awareness or ownership of the local area's SEND strategy, because they believe they have not contributed sufficiently to its development at a strategic level. Local area leaders have committed to appointing a DMO or DCO in the near future. However, at the time of the inspection, no appointment had been made.
- Leaders have rightly identified that the assessment and diagnosis of ASD needs to be improved. There are currently multiple pathways that may be followed for diagnosis of ASD. Children and young people wait too long for formal assessment of ASD through the child and adolescent mental health service (CAMHS) and child development centre diagnostic pathways in West Sussex. Parents report that this makes the assessment of their children confusing and worrying, because they do not get the help they need in a timely way. The issue is exacerbated by weaknesses in the identification of needs in schools. Since 2015, considerable work has taken place to review the ASD pathway in West Sussex and this is a good example of co-production. A draft pathway has been developed for a single service with a clear point of access and a coordinating clinician throughout the pathway, but its implementation is in the early stages.
- The short-break offer in West Sussex is excellent. There are many more opportunities for children and young people who have SEND and their families than is typical. Feedback from children, young people and parents that use them was on the whole very positive. Parents rightly reported frustration that the quality of this offer reduced significantly when their children turned 19. Some also reported a lack of appropriate short breaks for those who use wheelchairs.
- There are a number of weaknesses in the education, health and care (EHC) plan application, assessment and drafting processes. Too few EHC plans are delivered in the 20-week timescale. Parents report a mixed experience of these processes. When the processes do not work well, issues include getting agreement to assess, access to professionals to contribute to assessments and receiving plans of poor quality at the draft stage. Many parents complained about the timeliness of this process. One parent told us that it was 21 months between agreement to assess and receiving her child's final plan. Where this is the case, parents describe their experience as being worse than before the reforms. Conversely, other parents describe a much-improved experience. They describe their children's EHC plan as reflecting their needs and aspirations very well. Many of the EHC plans seen by inspectors reflected the view that person-centred planning in the area is improving.

- Progress in delivering a cohesive offer for young people who have SEND post-16 and up to 25 across education, health and care has been slow. Some areas of strength, such as the short breaks, are not maintained for young people when they turn 19. Similarly, many areas of the health offer for young people end when they turn 20. The proportion of young people with a disability getting paid employment has remained stubbornly low in West Sussex. Area leaders are aware and have plans to improve this area. However, in some cases, the pace of improvement is slow.
- There are clear examples of the SEND strategy leading to improved outcomes for children and young people who have SEND. Academic outcomes are improving, albeit from a low starting point in some key stages. Children and young people who have SEND leave school having attained much better results than children with similar needs nationally.

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

#### **Strengths**

- Children who present with the most complex needs have their needs identified effectively in the early years. Co-located services in children's centres and child development centres ensure that families experience a coordinated approach and easy access to key staff. Consequently, children who do not meet early milestones are identified in a timely manner.
- The West Sussex practitioners use the Ages and Stages questionnaire to identify need at 12 months and two and half years. This supports timely and effective identification of need, particularly through the use of a standardised developmental assessment tool.
- Children and young people who have SEND have their care needs identified effectively. For example, the collaborative approach by the IPEH service ensures that health and care services work together to identify the support that is needed for families that meet their thresholds. This is providing a strong model for providing tailored care and support to families.
- The integrated service offers greater opportunity for a 'tell it once' approach for families and children. Practitioners within the service have been well trained in identification and assessment of children across the age range. Practitioners spoke positively of the benefit of being able to offer advice at the point of contact with parents.
- Children who transfer into the adult learning disability service have their needs identified effectively as they transfer into adult services. Consequently, they receive an appropriate package to support them through this process.

## Areas for development

- Not all children in West Sussex are benefiting from an integrated two-and-a-half-year check, despite the establishment of the IPEH. Staff capacity and administrative organisation across services are taking time to resolve. Consequently, some families do not benefit from a coordinated approach to checking children's progress at this important milestone.
- The identification of pupils who have SEND in mainstream schools is inconsistently effective. Minimal support from educational psychologists means that early identification relies heavily on the skills and experience of front-line staff. Inspectors heard a number of examples of schools not acting on parents' concerns and not identifying difficulties until they had become significant. In some cases, children's and young people's needs go undetected for many years. This is particularly the case for children and young people who have ASD, SEMH or similar needs.
- Local area leaders have correctly identified that their neurodevelopmental pathway, which includes the pathways for identifying ASD, is not effective. They have worked with parents and partners to develop a revised approach, although this is not yet agreed by commissioners. As a consequence, children and young people who need an assessment for ASD or other associated conditions experience long waits on the current diagnostic pathway. Many parents report that this puts unnecessary stress on their family, particularly if their children are having difficulties at school.

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

### Strengths

- The special schools in West Sussex provide a highly effective service for children and young people who have SEND and their families. The vast majority are judged as good or better and many are outstanding. Children and young people report that their needs are met well in these settings and that they are able to contribute to their own provision. One child reported that the best thing about their school was how well teachers helped them to understand what they are learning. Similarly, parents report that they have great confidence in the provision they receive.
- Children and young people who have SEND are well supported by the social care team for children with disabilities. The majority of these children benefit from support given by the Choice Team. This service is effective and provides ongoing monitoring of those children and their families who do not need a social worker to ensure that their needs are met well and in a timely fashion.
- EHC plans are person-centred and co-produced effectively. The majority of children and young people with an EHC plan spoken to said that they were



listened to during the assessment and review processes. One young person used the process to thank her school and all those involved in her support. 'I wouldn't be able to do as well in classes without all of you.'

- Central services to support schools provide an excellent service. School staff and parents consistently reported positively about the usefulness and impact of these services. For example, the Social Communication team provides useful assessments and reports that inform schools and parents well about how to support their children's needs. There were similarly positive stories about the EP service, speech and language therapy (SALT), and portage in the early years.
- Therapy services work effectively and collaboratively in assessing children and young people who have SEND. School leaders and parents agree that their service is strong and they provide very useful information about how to meet their children's needs. However, leaders and parents also reported frustration about the limited access to these services. Nevertheless, therapy professionals attend SEND panels where possible, particularly where children have more complex needs.
- The local offer website is well designed and contains a lot of useful information. The video about the graduated approach, although very new, is a particularly strong piece of work. However, although a large number of parents were aware of the website, many said they preferred to access information from other sources.
- Independent advice and support in the local authority is well coordinated and effective. There are multiple groups and advisers who support families well. For example, the support provided by the West Sussex SENDIAS (formerly known as the Parent Partnership) and AMAZE is highly regarded by those parents who have used them. Leaders of both organisations know the issues that parents are facing well. They provide very useful support, prioritising the needs of families. Consequently, children, young people and their parents are increasingly aware of their entitlements and where to go to get what they need.
- The Looked-After Children health team provides a personalised and successful service for children and young people who also have SEND. For example, the team's electronic record system flags those children with an EHC plan or additional needs. As a result, staff who work on the team can identify and support these children in a timely and effective way. Where a child looked after has SEND and an EHC plan, the team ensures that it aligns the actions from both plans. Furthermore, leaders within the service have recruited a learning disability nurse to increase the expertise and experience available to the service when designing support packages for children and young people who are looked after and have SEND.
- Local area leaders have recognised that there is limited support for families during the wait while an assessment for ASD or SEMH is taking place. Families asked for more training, information and individual support before, during and after a diagnosis. Local area leaders have begun a number of pilots to increase parental support, for example funding a support group for parents of children

with SEMH, and funding for Autism Sussex to work with a group of young people who have complex needs and are in danger of social isolation.

- The children's community nursing service is highly effective. Nursing assessments and care plans are comprehensive, clear and useful. Nurses support schools to manage the needs of children in settings effectively by supporting them to complete targeted medical plans. Plans seen were sharp and holistic and captured the individual needs of children very well. Consequently, children's access to education had been improved and their outcomes improved. This work has been recognised nationally in a document produced by the Royal College of Nursing.
- School staff receive useful training delivered by the nursing service which focuses on the delegation of clinical tasks. This means that school staff are clear about and understand what provision is needed for relevant children and young people. Furthermore, the end of life and palliative care services provided by the children's community nursing team is targeted, flexible and well received. Both children and young people using these services and their parents reported that the service meets their specific needs and wishes well.
- The 0 to 19 years service offered by health visitors and school nurses gives children and young people who have SEND a flexible and bespoke package of support. For example, children who have SEND and their parents are allocated a named practitioner to remain with the family during the transition from the early years into school. This is particularly useful for children with special educational needs, who may take longer to reach expected milestones, are still going through assessment and are often referred to multiple professionals. Parents reported that this helped maintain the momentum through the assessment process, eased the stress of transition and helped avoid having to retell their stories to multiple professionals during a difficult time in their child's journey.
- Local area leaders have a clear oversight of vulnerable groups across West Sussex. There are useful services offered to support these groups. In particular, the work of the IPEH has been successful. There is access to other services, which are well received. For example, children electively home educated, including the small number who also have SEND, are offered a universal health offer through the Healthy Futures Team delivery of the Healthy Child Programme. The service is also developing a working model in partnership with a national charity to support young people with their transition into adult services, focused on 16- to 25-year-olds with disabilities and/or learning difficulties. As a result, leaders know this cohort of young people well and are using this knowledge to develop better plans for provision in the future.

### **Areas for development**

- The quality of EHC plans, though improving, is varied. Although plans are person-centred and reflect well the children and young people they are for, some aspects of them continue to need improvement. For example, some plans have outcomes that are difficult to measure. Others lack specific information about the



provision that should be in place to meet children's needs. The majority of plans scrutinised lacked clear health and care outcomes, even when a strong contribution had been made by health and care practitioners to identify children and young people's needs. Nevertheless, clear quality assurance processes undertaken by local authority leaders have identified many of these issues. Plans are improving. Some have much clearer outcomes that are measurable and easy to use.

- While most aspects of a child's life are well captured by EHC plans, this is not the case for children's care needs. Frequently, plans do not adequately describe the care needs, even when children and young people are subject to child protection or children in need plans. This lack of clear information makes it more difficult for parents and children/young people to manage different plans and bring greater coordination of services.
- As much as central services that support schools were praised, most school leaders that were spoken to felt that they did not have enough access to them. In particular, leaders felt they did not have the contact needed to cater for the number of children and young people they felt would benefit from specialist support and expertise. For example, the lack of access to EPs was a particular concern because of the perceived importance of getting agreement for a statutory assessment.
- The SALT service has a large number of vacancies, which has impacted on the delivery of its service, including the support it offers to schools. For example, there is a system of allocating a link SALT for each school, which has received very positive feedback. However, the vacancies have meant that some schools do not benefit from this.
- Vacancies in the SALT service have also had a negative impact on some specialist areas of work, for example the dysphagia specialist post to support children with eating, drinking and swallowing difficulties. This vacancy has meant that advice and supervision cannot be provided to support staff. This corresponds with the difficulties described by parents in accessing the expertise needed for assessments to be completed in a timely fashion. Many parents describe funding assessments for themselves. Parents find these delays frustrating as many see having an EHC plan as the 'golden ticket' to ensuring that their children get the provision from therapy services that they need.
- Provision in mainstream schools for children and young people who have SEND is variably effective. Local area leaders recognise that there is more to do to ensure a consistently positive experience for children and young people who have SEND. The SEND strategy is focused on the right areas to address this. However, school leaders are not convinced that enough has been done to share good practice. Consequently, children and young people who have SEND but do not benefit from an EHC plan have a much more varied experience of having their needs identified and met.

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

### **Strengths**

- Overall, children and young people who have SEND are achieving better outcomes as a result of leaders' work across the local area. Academic outcomes are improving in all key stages. Young people who have SEND attain better results in key stages 4 and 5 than is typical nationally.
- The effectiveness of joint working and inclusive practice in the early years is leading to strong outcomes for pre-school children who have SEND. Early years practitioners put an emphasis on implementing best practice when supporting children who have SEND to make progress. Statutory and non-statutory plans to support children with additional needs are developed collaboratively with parents. Consequently, the vast majority of parents spoken to whose children are in the early years and have identified SEND were very positive about the joined-up approach. They rightly believe that their children are making strong progress because they are able to support their child's learning at home, as well as understand what is happening in the early years setting.
- Locality partnerships across the local area have led to improved outcomes for many children and young people who have SEND. For example, the collaborative approach between schools and the children's community nurses has successfully improved attendance at school for children on palliative care pathways.
- The exclusion of children and young people who have an EHC plan has been successfully reduced. In 2016/17, there were no permanent exclusions of children with an EHC plan in West Sussex. Leaders have implemented a range of effective measures to challenge leaders when an exclusion is becoming likely. For example, it is expected that the IPEH will be involved with children and their families before an exclusion is considered.
- Opportunities for social development for young people up to age 18 is a strength. Young people take an active role in their communities. The local area provides a 'Compass Card' scheme to help improve access to leisure activities for 0- to 25-year-olds with additional needs in West Sussex. The Looked-After Children health team was very positive about how this benefits children looked after.
- Children and young people who have SEND receive a good service from the Youth Interventions team, which is part of the IPEH. The team assists children and young people who have SEND and their families to be more included in the community. For example, families are supported to access a range of helpful services, such as the local SEND youth group, art sessions and music groups. Children, young people and their parents all spoke positively about the support they were given by the Youth Emotional Support team. They all believed that their opportunities in the community had been improved as a result of those on offer and the support they had received to access them.

- Strategies to improve access to education, employment and training for young people who have SEND have been effective, albeit from a low starting point. The number of young people who have SEND who are not in education, employment or training is on the decline. An excellent example of joint working that has led to an improvement in this area was seen in the work between a special school and a further education college, supported by the local authority, resulting in improved outcomes for some young people post-16. Additional support in the FE college, provided by the special school, is leading to tailored pathways for high-functioning ASD pupils, enabling some to extend their key stage 5 and gain university places.

### **Areas for improvement**

- The variability in school practice has led to patchy provision for children and young people who have SEND, particularly for those identified as needing SEN support. Consequently, as leaders have rightly identified, there is more to do to share the best practice seen across the local area. The trend of rising exclusions of children and young people who have SEND and do not have a statutory plan has not been successfully tackled. Some children and young people who have SEND are still not benefiting from an improved experience of the system.
- Schools do not necessarily make good use of the effective transition information they receive from the early years. For example, one child entered school with very useful information passed on during transition about their needs and how to meet them. However, school leaders were not closely monitoring how well provision reflected what had been identified. Consequently, there was little evidence that this early identification was being well used to reduce the likelihood of later difficulties.
- Children and young people with ASD, SEMH or similar associated needs are not benefiting as well as they should from the reforms. Weaknesses in identification and variability across front-line practice mean that many go too long before their needs are appropriately met. Local area leaders are aware of these issues and have already started to improve local area practice. However, leaders' plans are still too early in their implementation to have made as much impact to improve outcomes for this group as is needed.
- Transition from children's into adult services is not supported consistently well. Although strategic plans to produce a 'life-long' service have been developed, these have yet to be taken forward effectively. While some young people are given the support and help they need, this is not the case for all young people. There is evidence that, for some young people with complex needs, transition into adult services is not well managed. This results in uncertainty and anxiety for young people and their families.

Yours sincerely

**Matthew Barnes**  
**Her Majesty's Inspector**

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