

27 June 2018

Ms Sheila Smith  
Director of Children's Services, North Somerset  
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Mark Hemmings, transformation manager (children and maternity)  
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Dear Ms Smith

### **Joint local area SEND inspection in North Somerset**

Between 14 May 2018 and 18 May 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of North Somerset to judge the effectiveness of the area in implementing the disability and special educational needs (SEND) 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 (SEN) and/or disabilities, parents and carers, local authority and National Health Service officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEN 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(s) are jointly responsible for submitting the written statement to Ofsted.

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

## **Main Findings**

- The local area has experienced significant changes in leadership and staffing following the implementation of the 2014 SEND reforms. The process of change is still ongoing. In addition, a wide-ranging reorganisation of the clinical commissioning group (CCG) and ongoing significant financial challenges have reduced the local area's capacity to implement the SEND reforms effectively. As a result, the provision that children and young people who have SEN and/or disabilities across the local area receive, and the outcomes they achieve, are not good enough.
- Leaders acknowledges that there is no SEND strategy in place. As a result, not enough children and young people who have SEN and/or disabilities are being provided with the quality of support and services to which they are legally entitled as laid out in the 2014 SEND reforms. Leaders demonstrate a commitment to making these improvements. However, the impact of actions taken are yet to be seen.
- Leaders in the local area have failed in their duty to meet the statutory deadline for the conversion of statements of special educational needs to education, health and care (EHC) plans. Not all statements were converted by the April 2018 deadline. While the local area has plans in place to convert these statements before September 2018, this delay remains an area of concern.
- The timeliness of the local area in producing EHC plans is too slow. Too many EHC plan assessments are not completed within the statutory timescale.
- Leaders in the local area do not have secure systems in place to check the quality and impact of their work. They have been too slow to identify and tackle weaknesses to drive improvement in the quality of services for children and young people who have SEN and/or disabilities.
- Parents and carers are overwhelmingly negative about their experiences of, and involvement with, the local area. The majority feel that they are not listened to by officers. They told inspectors that they have 'been let down by the service' and typically have to 'fight' to get their child's needs assessed to secure timely and appropriate support. Consequently, parents are largely dissatisfied and concerned about the services and provision that their children receive.
- Leaders in the local area recognise that outcomes for children and young people who have SEN and/or disabilities are not good enough. In 2017, achievement at the end of key stage 1 for those with SEN support improved in reading, writing

and mathematics. However, these improvements are fragile and not replicated for other children and young people with SEN and/or disabilities in key stage 2 and key stage 4.

- The local area's website for the local offer is not fit for purpose. Many parents, children and young people who have SEN and/or disabilities are not able to access it easily and are often unaware of its existence. Parents and carers told inspectors that the local offer was 'cumbersome' and 'frustrating to use' with many giving up on trying to access what they were looking for, describing it as a 'minefield.'
- Too often, the quality of EHC plans is poor. Plans do not consistently include contributions from health and care professionals to ensure that they meet the needs of children and young people effectively. Indeed, parents described the plans as 'education plans'. As a result, children and young people's health and social care needs are not being effectively identified, assessed and met. This shortcoming does not enable children and young people to achieve strong outcomes.
- Too many children and young people who have SEN and/or disabilities are excluded from school too often. There has been little analysis of data from the local area to identify trends and patterns to explain why these exclusions are happening. While there is evidence that leaders have begun to take action with the introduction of the out-of-schools panel, it is too early to see rapid and sustained improvements.
- The CCG is not currently in a position to fulfill all of its statutory duties, due to the lack of a designated medical and/or clinical officer (DMO/DCO). Consequently, strategic oversight of the health needs of children and young people who have SEN and/or disabilities in North Somerset is limited. There are plans in place to address this limitation. However, children and/or young people are at risk of not having their needs identified, understood or met.
- Leaders report that they have faced, and continue to face, financial challenges. Despite these challenges, inspectors observed some strong practice delivered by highly committed professionals. Nevertheless, leaders do not implement their plans effectively to provide the services required to identify and meet the needs of children and young people in the local area. Parents report that this failing is causing distress and worry for them.
- Joint commissioning in North Somerset is underdeveloped. While the local area has made agreements to fund services jointly, inspectors did not see sufficient evidence of true joint commissioning designed to meet fully the education, health and social care needs of children and young people who have SEN and/or disabilities.
- Professionals in the local area do not have an understanding of the importance of working together with parents, families and children and young people to plan services which benefit children and young people who have SEN and/or disabilities. This lack of effective collaboration and co-production results in services

being delivered that do not reflect or meet the needs of children and young people who have SEN and/or disabilities and their families. As a result, their needs are not being met effectively.

- Typically, children and young people who have SEN and/or disabilities have access to the local area's short-break service. Young people told inspectors that they enjoy the opportunities to visit new places, for example going to equestrian centres or a gym. Such activities improve their self-esteem and confidence and provide welcome respite for parents and carers. However, a significant number of parents reported to inspectors that they were unaware of the short breaks on offer and how they could access these.
- Senior leaders and officers take their responsibilities to safeguard children and young people seriously and have focused on improving safeguarding procedures and practice. Concerns raised are acted upon quickly and professionals work together to keep children and young people in North Somerset safe.

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

#### **Strengths**

- Children in the early years benefit from joint working practices across the multi-agency workforce. Joint working supports the 'tell it once' approach as well as ensuring that the 'right early years service is provided at the right time for the right child'. Parents report that the support they receive from early years partners is strong and positive, with Springboard being referred to as 'amazing' and 'our lifeline'.
- Professional development for staff from different agencies across the early years phase is a strength. For example, leaders provide training in autism and downs syndrome to support the work of staff on the ground. This effective training ensures that there is a common understanding and approach to the care, education and support of these children and their families and carers.
- The developing role of 'specialist childminders' is leading to a more confident and varied choice of skilled providers for families with pre-school children.
- Multi-agency inclusion support in the early years (MAISEY) identification panels prioritise children who are on child protection plans. As a result, children are kept safe, their needs are met and families receive the support that they require more quickly.
- Some school leaders have established and driven innovative projects and provision in their schools which have increased their ability to meet the needs of children and young people who have SEN and/or disabilities. In such cases, pupils' attendance and outcomes are improving.

- A local area SEND board has been in operation since 2014. Membership has been extended recently to include representation from a broad range of services from the local area. Professionals are now beginning to work more collaboratively to support children and young people who have SEN and/or disabilities in the early identification of need. However, leaders recognise that it is too early to evaluate its effectiveness.
- Inspectors found some examples of the SEND reforms being successfully implemented by a number of practitioners. The hearing impairment service was one such example. Timely, clear and helpful advice to schools and parents from this service is welcomed. In addition, the recent work of social care with the service 'Turning the tide' has contributed to the decline in the number of children and young people who have SEN and/or disabilities entering the care system.

### **Areas for development**

- The needs of children and young people are not identified well enough. There is a lack of clarity among parents and professionals regarding referral pathways. Identification pathways are not clear and are not joined up. Too many parents and carers report that they have to fight to get their child's needs identified. In addition, many feel that they are not believed by professionals when they raise their concerns. For example, a significant number of parents shared their frustration and despair with the social communication autism multi-professional pathway (SCAMP), child and adolescent mental health service (CAMHS) and EHC plans pathways. Too often, delays occur in the identification and assessment of their child or young person's needs. Parents describe how they have to resort to funding assessments themselves so that their children get the help they need.
- The time taken by the local area to produce EHC plans is too slow. Too many are not completed within the statutory timescale, resulting in parents' anger and frustration. Parents typically say, 'My experience of dealing with professionals within North Somerset has left me jaded and defeated.'
- Parents and carers report that, with the exception of the early years, the 'tell it once' strategy identified in the SEND reforms is not consistently embedded within the local area. Too often, they have to 'repeat their story' to a variety of professionals. Consequently, the lack of an effective strategy heightens their anxiety and stress when trying to obtain guidance and support to meet the needs of their children successfully.
- The local area has no established system in place to quality assure the EHC plans once they have been written. Therefore, the overall quality of plans is inconsistent, and many are poor. Children and young people's needs are not always accurately recorded and do not consistently reflect the full range of education, health and social care needs. In addition, the plans are not routinely written in a way that is

easily understood by children and their families. Outcomes are not precise enough and, too often, they do not take account of the child's wishes or aspirations. Indeed, many parents reported that the EHC plans do not meet the needs of their children. The poor quality of the EHC plans significantly reduces the local area's ability to meet effectively the needs of children and young people.

- Joint commissioning in North Somerset is underdeveloped. The local area has agreements in place to fund services jointly, such as the work of the mental health nurses to provide support to early years professionals. However, there is not enough evidence of effective joint commissioning designed to meet the SEND population's needs fully and to identify needs in a timely way.
- Children, young people and their parents are not routinely involved in working with leaders to develop and shape services. As a result, services often do not reflect the needs of children and young people who have SEN and/or disabilities and their families, and do not meet their needs well enough.

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

### **Strengths**

- Information gathered by MAISEY signposts professionals and parents effectively to appropriate services, identifies future health, education and care provision and provides support to access additional funding. As a result, the needs of those children, especially those who have more complex needs and/or disabilities, are met more quickly and more appropriately.
- Children and young people who are referred to specialist health services and therapies with unidentified health needs benefit from a nursing-led service. Arrangements within the nursing part of the child development unit are successfully improving access to assessments and reducing waiting times for families. Furthermore, the work of the nursing service supports professionals to ensure that the 'right families access the right services for the right reason'. This service is in its infancy, however, and it is too early to demonstrate clear impact.
- The local parent-carer forum has recently been re-established after a period of significant instability. It is driven by a desire to work with leaders in the local area to develop and improve provision and to provide a better quality of provision. However, the absence of an effective forum has resulted in a lack of strategic direction and improvement of services in the local area. Parents continue to voice their frustration and anxieties.
- The recent inclusion of early help practitioners in the EHC assessment process is beginning to increase the presence of social care information in some assessments and final EHC plans. As a result, some children and young people who would not ordinarily have social care involvement are now having a more

holistic assessment, which is leading to some improved outcomes. While a small number of parents commented positively about this development, the EHC plans reviewed by inspectors do not typically contain evidence of early help involvement. This is not supporting children and young people well enough to achieve their potential.

## Areas for development

- Parents are dissatisfied and exasperated with the local area's arrangements for assessment and planning to meet the needs of their child or young person. Most notably, the failure to meet statutory timescales for assessments and completion of EHC plans has resulted in a number of appeals to tribunal. Appeals have been settled with parents in recognition of the delays which have occurred. However, concerns have not been fully resolved, and the local area continues to receive appeals.
- Leaders have failed in their duty to convert all statements to EHC plans within the statutory timescale. There were 22 statements that had not been converted by the April 2018 deadline. The local area is committed to completing the conversions by September 2018. However, they have failed in their duty to meet the statutory deadline, and, at the time of the inspection, these cases remained unresolved.
- Inspectors found that half of all referrals for EHC plan assessments are declined. Professionals do not have clarity about what information needs to be provided to the panel as part of the referral process, in response to the local area's agreed graduated response. Consequently, children and young people are not provided with timely support to meet their needs.
- The local area is undertaking a review of the EHC plan process. The area has received a significant increase in requests for assessments, from 121 in 2014 to 201 in 2017. This increase has placed significant pressure on assessment services to meet statutory timescales. Local area leaders told inspectors that their achievement of the 20-week timescale, which was below national average but improving, has begun to 'slip' again and now sits at around 50%.
- The local area's analysis of data and information that they hold on outcomes for children and young people across services is weak. Leaders do not use the information effectively to plan and deliver services. Consequently, this shortcoming has a detrimental impact on the overall outcomes for children and young people who have SEN and/or disabilities in North Somerset.
- Children and young people in North Somerset do not benefit from timely access to some health services, such as through the CAMHS and the SCAMP pathways. Once they enter into treatment, they often experience frequent changes in their doctors. The CCG and health providers have faced significant challenges in recruiting and retaining experienced and substantive consultant paediatricians and CAMHS practitioners. The local area is experiencing clinic cancellations and

significant increases in waiting times. As a result, families experience delays in accessing assessments, interventions and diagnoses.

- Some children and young people over 11 years of age who have receptive and expressive language difficulties and who do not meet the criteria for commissioned specific speech and language therapy are unable to access NHS speech and language therapy services. Social care and education services will only provide planned support to these children where a diagnosis of autistic spectrum disorder has been made. The lack of planned support prevents children being able to access education and social activities fully and effectively and increases their risk of developing emotional difficulties.
- The local area has vacancies within the school nursing service. Leaders know that, when fully staffed, the service remains under-resourced. As a result, children and young people experience delays in having their needs assessed and met.
- The post of designated nurse for children looked after is vacant, with no firm plans to recruit to the post. As a result, this group of children have their needs met by a children's nurse who demonstrates dedication and commitment above and beyond her expected roles and responsibilities. However, this current situation is not a robust or sustainable service.

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

### **Strengths**

- In 2017, the proportion of children and young people identified as having SEN and/or disabilities and receiving support who achieved the expected standards in reading, writing and mathematics at the end of key stage 1 improved on the previous year.
- Innovative approaches to the delivery of provision in some schools and colleges, for example Weston College, are supporting improved outcomes, especially for those young people post-16 and in the 19 to 25 age group. Bespoke and personalised learning programmes offered ensure that young people access appropriate courses to meet their aspirations. In discussions, children and young people spoke eloquently and with confidence about the careers they are pursuing, for example in engineering, teaching and IT programming, and the support they receive from their school or college. As a result, the proportion of children and young people across the local area who are not in education, training or employment post-16 is below the national average.
- The percentage of 19 year olds qualified to level 3 is an improving picture and is now in line with the national average. These young people are gaining the necessary skills and qualifications to move successfully onto their next stage of education, training or employment.

- Some young people who have SEN and/or disabilities articulate a clear understanding of their journey into adulthood. They know who is supporting them and they are clear that professionals can help and guide them to achieve their outcomes and aspirations in accordance with their wishes. For example, residential skills training to improve preparation for adulthood provides young people with the skills and opportunities for greater independence. The local area has high aspirations for their young people as they transfer to adulthood: ability to self-manage their medication, go to a night club, study at university or move in with a partner were all examples given.
- Leaders in schools report that they value the improved clarity of advice and support received from the child protection team and the local area designated officer team. Safeguarding allegations are followed up in a timely manner to minimise risk to children and young people.
- It was reported to inspectors that CAMHS do not close cases until the young person has attended their first appointment with adult mental health services. The local area ensures that a named professional retains responsibility for the care of the young person. In addition, adult therapy teams follow care plans and programmes devised by colleagues in children's services until they are able to assess the young person's needs. This service supports good continuity of care during the period of transition to adult services.
- The speech and language therapy service has been able to access guidance and training on outcomes. This training has resulted in a significant improvement in the quality of outcomes written into health contributions to the EHC process by this team.

### **Areas for improvement**

- Outcomes at the end of key stage 1 for those children with an EHC plan in relation to achieving the expected levels in reading, writing and mathematics dropped in 2017. This was in contrast to the outcomes of those with SEND support, who achieved positive outcomes. This decline was most notable in writing and mathematics. No child with an EHC plan achieved the expected standard in writing. Consequently, children do not enter the next stage of their education with the skills and knowledge required.
- In 2017, the proportion of all children and young people reaching the expected standard at the end of key stage 2 in North Somerset in reading, writing and mathematics was below the national average, at 68% compared to 71% nationally. This picture is also reflected in outcomes for children and young people who have SEN and/or disabilities receiving SEN support. Pupils make insufficient progress by the end of Year 6 in reading, writing and mathematics.

- Progress made by children and young people at the end of key stage 4 declined considerably in 2017 for all pupils. However, this is especially the case for those with an EHC plan or those who received SEN support.
- Delays in the assessment of children and young people's needs prevent them from making the progress of which they are capable. Some schools with the expertise and resources continue to support their pupils while waiting for decisions to be made. However, parents voiced concerns about the quality of support some schools offer, and the subsequent impact this lack of support has on the progress their children make.
- Leaders recognise that they do not have systems in place to monitor and analyse children and young people's outcomes effectively. Leaders do not have a good understanding of what is working well, or not, and why. As a result, children and young people who have SEN and/or disabilities are not achieving their full potential.
- The proportion of children and young people who receive a fixed-term exclusion from settings is too high. In 2017, the number escalated from 8.53% to 13.02%. Inspectors found little analysis of information undertaken by the local area to identify trends to explain this increase. While there is evidence that leaders have taken action with the introduction of the 'out-of-schools panel', it is too early to see sustained improvements.
- North Somerset does not currently have a DMO and/or DCO in post. Nobody is currently fulfilling the statutory functions of the role. Despite plans to fill these posts imminently, there is currently no one with strategic oversight of the SEND population in North Somerset in order to develop services to meet their needs. As a result, children and young people are at risk of not being supported to improve their outcomes through health support and intervention.
- Children and young people accessing health services across North Somerset do not always have their outcomes measured in a systematic way. Some services use outcome measure tools to determine the impact of their intervention with children. However, this work is inconsistent. Health services cannot be assured that the work they complete with families is improving outcomes for children and young people who have SEN and/or disabilities.

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

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

- the lack of strategic direction and planning by senior leaders across the local area to implement the SEND reforms through an effective SEND strategy

- the lack of capacity within the local area to implement the SEND reforms effectively
- the standards achieved and the progress made by children and young people who have SEN and/or disabilities
- the lack of a designated medical and/or clinical officer
- the variability of EHC plans, including the variable contributions from health and social care, and the processes to check and review the quality of EHC plans
- the underdeveloped arrangements for joint commissioning
- the often fractured relationships with parents and carers, lack of co-production and weak engagement and collaboration
- the lack of systems to track outcomes, including exclusions, for children and young people who have SEN and/or disabilities across the partnership.

Yours sincerely

<b>Ofsted</b>	<b>Care Quality Commission</b>
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cc: Department for Education  
Clinical commissioning group(s)  
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