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Mr Robert Henderson
Director of Children's Services London Borough of Kingston upon Thames
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Tonia Michaelides, Managing Director, Kingston CCG
Charis Penfold, Local area nominated officer

Dear Mr Henderson

Joint local area SEND inspection in Kingston upon Thames

Between 17 September 2018 and 21 September 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Kingston upon Thames 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 (SEN) and/or disabilities, 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 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 CCG 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

- Leaders' self-evaluation broadly identifies the right strengths and weaknesses. However, their self-evaluation does not give sufficient depth, for example in relation to outcomes. Leaders have not recognised the significance of some of their weaknesses. Insufficient progress has been made in implementing the reforms. Overall, too many children and young people who have SEN and/or disabilities do not receive the support and provision that is needed to meet their needs.
- Leaders are clear about their vision and desire to improve the life chances for children and young people who have SEN and/or disabilities. However, their plans and systems for implementing the reforms mean that their vision is too far from becoming a reality. Improvement planning is weak. For example, the CCG did not provide inspectors with any assurance that they know the health needs of children and young people who have SEN and/or disabilities.
- Education, health and care plans (EHC plans) are of poor quality. The main reasons for this are:
 - weaknesses in the processes for ensuring that health professionals contribute to and check draft EHC plans before they are finalised
 - a consistent lack of outcomes and/or provision that are specifically tailored to the individual needs of the child or young person at the centre of the EHC plan
 - the process of drafting EHC plans, including some schools taking responsibility for writing the EHC plan and/or sections of it, puts an overemphasis on educational outcomes and provision. This means that, at times, there is a disregard for the detail needed for the required health and social care provision and/or outcomes
 - there were too many transfers of statements of special educational needs to EHC plans that were issued prior to the 31 March 2018 statutory deadline where professionals knew that they were not fit for purpose and would need an early annual review.
- Inspectors found numerous examples where the process of drafting EHC plans, annual review processes and amendments to EHC plans were not consistently being undertaken in line with the SEN code of practice. Parents and providers told inspectors that they have to 'chase' or 'insist' that specific provision is included in the final plans. They report that it takes far too long to hear back from the local area.
- Leaders have not used their joint strategic needs analysis (JSNA) and local knowledge about Kingston effectively. For example, underestimating the number of new EHC plans that were likely to be issued and the demand for therapies such as occupational therapy.
- Leaders do not show a detailed overview of the children and young people who

have SEN support needs in their self-evaluation. Although leaders do monitor the academic outcomes of this group, they openly acknowledge that health and social care services are not consistently tracking and monitoring the overall health and social care needs and outcomes.

- The CCG does not have an effective oversight of the delivery of services for children and young people who have SEN and/or disabilities. Their benchmarking processes (how they compare the impact of their work to other CCGs) are weak. Furthermore, the absence of rigorous plans that demonstrate how the CCG will sustain and track progress did not provide assurance that they are able to make the improvements that are needed.
- There are some effective examples of joint commissioning and co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all). These include the single point of access and the integrated disabilities service. The parent carer forum (PCF) and leaders worked collaboratively to produce the 'golden binder'. This is an informative and useful resource for SEN and/or disabilities support and advice. However, joint commissioning is not securely embedded by this stage of the reforms.
- The early years provision for children in Kingston is a significant strength. Information is shared quickly between professionals and they have a detailed understanding of nursery provision across Kingston. Inspectors saw examples of how young children had been supported to communicate more effectively, with the same strategies being used by the home and the provider to provide a coordinated approach.
- Portage (a home-based service of support for pre-school children who have additional learning needs) is flourishing. It is readily available and is highly valued by parents and early years providers. Portage helps children who have SEN and/or disabilities to secure a place in suitable early years provision.
- Parents value the input of individual staff members who work across education and/or health and/or social care. Parents cited examples of support, including from their children's current provider, that they are given and the difference that it makes to their lives.
- Most parents who contributed to the inspection are unhappy with the local area. They cite significant concerns, notably about communication to and from the local area, instability in staffing and the management of the transfer process of statements of special educational needs to EHC plans. These parents have lost confidence in the local area to meet their children's needs effectively in a timely way.
- The relationship with the PCF in the last few months has been a difficult and challenging one for both the PCF and leaders. At the time of the inspection leaders and the PCF were trying to resolve their differences. Just after the inspection, the PCF gave notice that it will be closing at the beginning of October

2018. Overall, leaders have not ensured that they have established a productive and positive relationship with parents and/or their representatives.

- Providers state that leaders in the local area both listen and consult with them. For example, leaders are currently shaping their new strategy for SEN called 'SEND Futures' that will be implemented from 2020. A range of consultation with families, providers and young people has been undertaken to help listen to different views and shape future priorities.
- Leaders have recently put in place some new strategies to respond to where they have identified a need for improvement. These include: the recent appointment of transition workers; a new system to manage referrals for primary and secondary schools and an inclusion panel to help reduce exclusions in secondary schools. It is too early to see the impact of these initiatives.

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

Strengths

- In the early years there is strong evidence of joint working between a range of front-line staff. Leaders have ensured that there are a variety of effective ways to share information, such as the collocation of services and effective record-keeping. These combine to help staff to access and share information about children quickly. Parents typically 'tell their story once'. This ensures speedier and accurate identification of children's needs in the early years.
- Inclusion and improvement advisers work in the early years. Their role includes visiting nurseries to give advice and to carry out observations. This helps to train nursery staff and enables them to identify needs more quickly.
- Providers value the range of training and opportunities that they receive, for example the network meetings for SEN coordinators (SENCOs). The meetings enable SENCOs to share best practice and to hear from specialist therapy staff. Collectively, SENCOs feel well supported.
- There is an established single point of access system into community paediatrics and therapy services. All new referrals are discussed in a weekly 'team around the child' meeting. As a result, this is supporting the earlier identification of SEN and/or disabilities effectively and providing access to specialist support services. Children and young people who have more complex needs, such as a stammer, are typically seen by a speech and language specialist within four weeks.
- Health visitors are proactive in sharing information with other health and early years services. This supports the early identification of need and the delivery of support to children and families. For example, assessment from the two-year-old health check is shared with nursery providers.

Areas for development

- There were 17 statements of special educational needs that had not been transferred to EHC plans by the 31 March 2018 statutory deadline. Of those 17, 11 were not finalised due to parents not agreeing to the plan and the remaining were due to the need to seek further advice or a data error. At the time of the inspection there were three statements waiting to be transferred.
- The timeliness of issuing new EHC plans within 20 weeks has decreased sharply from 89% in 2017. This was largely due to delays in receiving advice from health professionals. However, there are encouraging signs that timeliness is improving. The proportion issued on time is currently 69%.
- Specialist school nurses do not consistently have access to the complete record for the children and young people who have SEN and/or disabilities that they are working with. Inspectors found examples of significant delays in care plans being uploaded into the children's electronic health record. The records being used by the specialist school nurses are often incomplete.
- The health visiting services are not delivering the full healthy child programme effectively. Information about the delivery of two-and-a-half-year-old health checks completed by the health visiting service suggests that the local area is not carrying out enough of these checks. During each of the three-monthly cycles since September 2017 less than 60% were completed. This hinders the early identification of new or emerging health needs at this important stage of a child's development.
- Professionals who work across the 0 to 19 years old universal health services do not have sufficient awareness of children and young people who have SEN and/or disabilities. Inspectors did not find sufficient evidence of joint working between education, health and social care. The health needs of different groups of children and young people are not being effectively represented, for example in the EHC plan.
- Children and young people who have SEN and/or disabilities wait too long for a diagnostic neurodevelopmental assessment. Some health professionals report that waiting times are currently up to 18 months. Leaders are aware that waiting times are unacceptably long. However, children and young people who are waiting for an assessment can access speech and language therapy for support before their assessment takes place. The support provided to this group of children once they have had a diagnosis is mainly confined to a summary report with recommendations for parents and providers. Follow-up appointments are not routinely offered. This hinders any further assessment of children and young people's needs.
- Children and young people who have SEN and/or disabilities are also waiting too long to access occupational and/or speech and language therapy services. The thresholds for access to occupational therapy services are high and are currently

restricted to children who have more complex health needs. Children who are referred into speech and language can wait up to 10 months for an initial assessment. Therapy services have not been reviewed for a long period of time and a local review has only just started. Leaders do not have an effective short-term action plan in place to improve the situation.

- Leaders are not effectively identifying and tracking children and young people who have SEN support and who are also vulnerable. For example, those who are receiving their education at home.

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

Strengths

- There has been a steady rise in the number of children and young people in Kingston who receive an EHC plan. The three main areas of need are diagnoses of autistic spectrum disorder, speech, language and communication needs and social, emotional and mental health needs. Currently, just over 38% of those who have an EHC plan are placed out of borough. Most of the issued EHC plans are for boys. Leaders are meeting more needs by expanding special school and resourced provision places in mainstream schools.
- Leaders regularly gather the views of children and young people who have SEN and/or disabilities. This helps them to influence improvement in the local area. For example, an 'Easy Info' group reviews information to make it more user-friendly for children and young people. A 'local offer and online media group' reviews websites and the local offer, pointing out which parts are not accessible and/or out of date. A team of young people also make videos and speak at training events and conferences. The involvement of children and young people is coordinated well by the team of participation officers.
- Leaders have created a 'recruit crew'. This is a large group of children and young people who have SEN and/or disabilities who are regularly involved in the recruitment of new staff. A young person told inspectors, 'If they are going to end up making decisions that will affect us, then we should have a view on whether they are the right person to work with people with special educational needs.'
- There has been an increased focus on working around the needs of the family and not just the child. This is helping to provide wider support such as parenting programmes and access to family support workers (FSW). Parents report that they are grateful for the advice and help that they receive from their FSW. This helps to improve the quality of life for families. Social care professionals support children and young people who are at risk of becoming looked after or who do meet the social care threshold effectively. This helps to put appropriate support in place more quickly.

- Health professionals, such as the substance misuse worker, work flexibly to meet the needs of children looked after and who have SEN and/or disabilities. This includes those who are educated outside of the local area. This flexibility ensures that the health needs for this group are being regularly assessed. Children and young people who have complex health needs are accessing the children and disability services. In the cases reviewed by inspectors, this group had access to short-break provision and respite care in the local area.
- The school nursing team offer an additional universal health check for children in Year 3. This is a further opportunity to assess any potential need and put in place additional support. Also, the community children's nurse provides support during the school holidays to provide continuity of care.
- The school nursing service provides training and support to help education staff meet children's needs while they are at school. School nurses are visible in most settings through 'drop-ins' which includes to a special school and the pupil referral unit. These strategies help provide children and families with an accessible public health service.
- Some parents know about the local offer and some are not aware of it. There are examples where the local offer has been improved, for example the widening of the Friday youth club to include children aged eight to 14 years old. There has been a sharp increase in the number of people who have accessed the local offer website over the last year. A dedicated local offer website manager works collaboratively to ensure that families are involved in the website's development. Leaders plan to improve it further, such as developing the young people's hub and the health section.
- The SEN and disabilities information, advice and support service (SENDIASS) is commissioned externally. It offers impartial and accessible advice and guidance. Staff are trained well. Feedback shows that parents value the support and continuity of care that they receive. The service is also accessible during the school holidays.

Areas for development

- The quality of EHC plans reviewed by inspectors was weak overall. In too many cases, outcomes and provision for health and/or social care were either missing and/or out of date, and/or lacked personalisation to the child or young person.
- Leaders have faced challenging circumstances in terms of the recruitment and retention of staff, for example in the education teams. This has meant that significant delays in other aspects of ensuring that the SEN code of practice is consistently implemented. For example, in the timeliness of dealing with amendments to EHC plans. These delays create uncertainty for providers and parents about whether resources or amendments will be forthcoming.
- Some parents are unhappy with the recently commissioned offer for short breaks

in the last summer holiday. Leaders acknowledge that refinements are needed, for example to the booking process.

- There is effective partnership work between some primary and secondary schools, such as joint training, pupil briefings and extended visits. This is helping to improve the transition experiences for some children and young people. However, this is not yet consistent enough to improve parental confidence in some secondary schools and for young people aged 16 to 25 years old.
- Children looked after who have SEN and/or disabilities are still not having their initial health assessment carried out within the statutory timescale. This was already identified by leaders as an area for development. Although this group are benefitting from timely review assessments of their health needs, these are not being informed by input from other professionals who are working with the child.
- Health professionals do not contribute effectively to the local offer and they do not show sufficient awareness of the local offer. This means that families are not routinely being made aware of possible help and support.
- The transition for young people who have SEN and/or disabilities into adult health services is underdeveloped and inconsistently managed. Health practitioners and parents report that this remains an ongoing challenge. This negatively impacts on the ability for young people to access appropriate health services in a timely manner. Leaders' work to improve the transition into adult health services is at an early stage of development.
- There is evidence that some providers are using part-time timetables inappropriately. Leaders have put plans in place to address this. Some parents told inspectors that they have been asked to keep their child at home, to bring them to school later or to keep them off from school on certain occasions.
- Specialist seating and equipment provided does not always follow the child when they move to another provider in a timely manner. A shortage of occupational therapist support means that where a provider has a special seat for a child, it is not able to be used until a fitting has been completed. This causes unnecessary delays and anxiety for the child or young person.
- Leaders are not evaluating the effectiveness of SENDIASS with enough rigour. As the service is jointly commissioned across Kingston and Richmond, they do not sufficiently look at trends in usage for Kingston families. This prevents them from using this specific information to inform their planning and in making targeted improvements.

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

Strengths

- Most children and young people attend good or better schools. As a result, most

pupils by the end of their key stages, including the early years, make progress that compares well to that of other pupils nationally.

- Leaders know the providers in the local area well. For example, they have rightly evaluated that there are some inconsistencies in educational outcomes across different providers, particularly for the SEN support group. Their school improvement strategies are working effectively to improve these outcomes. For example, in 2017 children who have SEN and/or disabilities in Kingston were not making the same progress in writing as their peers at the end of key stage 2. By supporting and challenging targeted schools to improve their quality of their teaching, the unvalidated 2018 key stage 2 outcomes suggest that the gap has decreased sharply.
- Learners who have learning difficulties and disabilities at ages 16 to 18 and 19+ achieve well in relation to their peers overall. There is also clear evidence of improving outcomes for young people who are aged from 16 to 25 years old. For example, in the:
 - number of young people who have successfully completed independent travel training over time
 - proportion of young people who complete supported internships and then move into paid employment and
 - an increase in the number of young people who are taking part in other training programmes as a pathway to future employment.
- Parents spoken to during visits to providers felt that their children were typically increasing in confidence. Some parents reported improvements in other outcomes such as their child eating more healthily.
- Sibling support groups and family support groups, hosted by specialist resource provisions, and by early years providers, provide structured programmes. These enable family members to explore autism, behaviour and communication. Evaluation of the outcomes showed improved confidence, increased family resilience and families being able to keep children and young people safe from engaging in risky behaviours.
- Young people who have more complex needs and who are on the cusp of adulthood are assessed for specialist health support packages using the adult's continuing healthcare framework. This gives the young people a greater consistency of service through the transition to adult health services.
- The 'post-16 panel' includes different professionals from adult social care, health, the preparing for adulthood and the 14 to 19 team. It supports the transition process for targeted young people who have SEN and/or disabilities to adult services. The panel's work includes being successful in relocating some young people back into Kingston with a 'wrap around package' of housing, college and social care support.

- The attendance of children and young people who have SEN and/or disabilities is broadly in line with their peers nationally. The rate of permanent exclusions is low.
- Young people who have SEN and/or disabilities have high aspirations, expressing that they would like to go to university/college, to live independently, have a meaningful job, get married and/or visit different countries. They told inspectors that they feel welcome in and around Kingston. They gave examples of a range of social activities that they choose to take part in.

Areas for improvement

- The local area has recruited to the post of designated medical officer (DMO). However, the impact of the DMO role is limited. It is inadequately resourced and the DMO has not been supported to fulfil their strategic responsibilities.
- More work is required to join up adult health, social care and housing in order to provide better solutions for young adults who have SEN and/or disabilities.
- The rate of fixed-term exclusions for children and young people who have SEN and/or disabilities in secondary school increased last year.
- There is a wide variation in how well providers use the annual review process to update the outcomes being achieved by children and young people. This includes when good progress has been made and/or targets have been achieved. This is limiting aspiration and challenge for children and young people as they move from one year to the next. Leaders have recently appointed dedicated annual review officers to lead on improvements.
- Leaders have not put in place ways to evaluate the wider outcomes, such as independence, that are being achieved for children and young people who have SEN and/or disabilities.
- Leaders know that there is more to do to secure even more young people moving successfully into employment. Recent improvements have been made to careers guidance, such as the 'next steps' interviews for young people in Year 11. There are also plans to roll these out for young people in Year 10. However, this is still not early enough. Young people are not getting the highest-quality careers, advice and guidance at an early enough age.
- The numbers of young people who are not in education, training and/or employment and who have SEN and/or disabilities is falling over time. This is partly because when young people do drop out of courses they are being picked up and supported.

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 overall poor quality and monitoring of EHC plans, including contributions from health professionals
- the timeliness of leaders ensuring that the annual review process and any subsequent amendments to EHC plans are consistently made in line with the SEN code of practice
- the strategic leadership and monitoring of the CCG’s work in implementing the 2014 reforms
- to ensure that there is a productive and positive relationship between parents and parent representatives, including a parent carer forum.

Yours sincerely

Sam Hainey
Her Majesty’s Inspector

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