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Mr Rory Patterson  
Director of Children's Services  
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Mandy Ansell, Chief Officer, Thurrock Clinical Commissioning Group  
Helen Farmer, Thurrock Clinical Commissioning Group  
Michele Lucas, Local Area Nominated Officer

Dear Mr Patterson

### **Joint local area SEND inspection in Thurrock**

Between 4 and 8 March 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Thurrock 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, local authority advisers and National Health Service (NHS) officers. Inspectors visited a range of providers and spoke to leaders, staff and those responsible for governance 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 information 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 is 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 have been too slow to implement the 2014 disability and special educational needs reforms. Leaders' assessment of the local area's performance identifies the same areas of weakness identified by inspectors, and plans are in place to address some of the weaknesses. However, leaders acknowledge that there was a lack of capacity to put things right quickly and a long way to go to make sure that the 2014 reforms are properly implemented.
- There is an over-reliance on individual professionals taking appropriate actions, and a lack of robust systems and processes to drive improvement. Parents and carers who expressed their views during the inspection feel that professionals do not help them enough. They often feel frustrated and bereft of help because emails and phone calls to professionals are not responded to. Consequently, there are children, young people and their families who are not getting their entitlement to the information, services and support needed.
- Parents and carers are routinely the driving force behind formal assessments and reviews of provision for their children. For example, health professionals are more likely to be invited to key meetings and their specialist reports inform the education, health and care (EHC) plans if parents and carers intervene. This often leads to action, but also results in inequality between the experiences of different families.
- An electronic patient-recording system is used widely across different health services. However, some general practitioners (GPs) remain reluctant to give health professionals access to patient information, which inhibits effective information sharing relating to children and young people with SEND. This weakness was the subject of a recommendation in Thurrock's 2015 CQC review of services for children looked after and safeguarding (CLAS).
- The quality of EHC plans and annual reviews is poor. Plans do not accurately describe the needs of, and provision for, the children and young people. This misinformation applies to EHC plans for those in special schools and independent schools, as well as other provision.
- The provision for children and young people aged 19 to 25 years, and for those in independent schools, or out-of-borough provision, is not well thought out and/or quality assured.
- Checks are not rigorous enough to make sure the needs of children and young people are met and their well-being protected. Too often, the electronic records of educational placements are out of date and/or inaccurate. The inaccuracies make it difficult to track where the children and young people are placed.

- During this inspection, inspectors identified nine children or young people whose whereabouts could not be quickly confirmed. Leaders immediately recognised the seriousness of the situation and made urgent enquiries to check the safety of those identified. By the end of the inspection, the whereabouts of all nine children or young people were confirmed.
- Elected members of the council are informed frequently about the local area's work for children and young people with SEND. The councillor responsible for advocating the achievements and well-being for children and young people makes sure that this work has a high profile and is debated routinely. Similarly, issues related to SEND are discussed frequently at meetings between senior leaders.
- Thurrock has a strong partnership approach to joint commissioning of services for children and young people with SEND. There are examples of strong practice where needs assessments and collective responsibilities have successfully steered service developments and redesign. There are, however, areas where commissioning has been retrospective rather than needs led, or not sufficient for what is needed, such as the provision for 19 to 25-year-olds.
- Services to support children in their early years are well coordinated. Children's needs are identified swiftly, and the children and their families receive support quickly.

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

### **Strengths**

- The needs of the youngest children, often with the most complex needs, are identified quickly and sensitively. Identification leads swiftly to offers of professional support and advice.
- For children with genetic disorders or those born prior to 33 weeks, the neonatal intensive care unit pathway ensures babies are seen by physiotherapists within a month. Many of the children's physical challenges are successfully addressed within their first year.
- Health visitors make good use of the two-and-a-half-year-old check to identify emerging developmental needs. Where indications of speech, communication and language needs (SCLN) are identified, professionals offer immediate advice and guidance, which can pre-empt the need to refer to specialist speech and language therapy (SALT) for assessment, and resolve low-level concerns.
- All children commencing primary education have their hearing and vision assessed, which is effective in identifying needs and facilitating children's access to sensory support at an early stage. Those already identified with a hearing or visual impairment often have an EHC plan prior to starting school, which helps

staff set up the appropriate support and reassure parents and carers.

### **Areas for development**

- There is a misconception held by parents, carers and professionals across all services and agencies that a medical diagnosis is needed before they can access support and/or get an EHC plan. Parents and carers often resort to making a formal referral for assessment and arranging support privately.
- Professionals across health, education and care give unhelpful advice to parents and carers about whether they will get an EHC plan or a statutory assessment. Parents and carers are often advised not to bother trying for a statutory assessment.
- Parents and carers understand that they will need to wait for appointments for their child to commence assessment for autism spectrum disorder and/or attention-deficit hyperactivity disorder (ASD/ADHD), but are frustrated that they hear nothing after referrals are made. They are left feeling anxious about whether referrals have been accepted or lost.
- Health visitors' developmental checks of children aged two-and-a-half-years are not integrated with the reviews by nursery staff in line with national expectations. In some cases, nursery settings do share their development check information with health visitors, but only on an ad hoc basis. The introduction of integrated developmental checks is at a very early stage.
- It is not easy for health professionals and managers to identify from case records when meetings and reviews relating to SEND have taken place, which reduces effective operational oversight and governance.
- The transfer of statements of special educational needs to EHC plans was not completed in time for the March 2018 deadline.
- Too many EHC plans are of poor quality. Many statements of special educational needs were converted to EHC plans to meet statutory timeframes too close to the deadline. In some case, information was simply, and inappropriately, cut and pasted directly from the old document to the new one.
- EHC plans do not accurately describe the needs of the children and young people, and the voice of the parents, carers, children and young people are too often lost. In too many cases, information is out of date or the school named as the provision is inaccurate.
- When EHC plans have specialists' reports as appendices, rather than integrating the information within the plan, the information is not seen as an integral part of the plan and reduces the usefulness of the plan.
- The effective design and implementation of EHC plans are too reliant on individual people, including parents and carers, rather than robust processes.

When professionals come together to tailor support for children, young people and their families, this most frequently happens as the result of direct liaison between professionals or parents and carers pushing for action, rather than formal requests or clear processes subject to effective managerial oversight.

- In January and February 2019, 100% of the statutory assessments were completed within 20 weeks as required. However, prior to that, too many took too long to complete.

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

### **Strengths**

- The early years offer for the youngest children with SEND is strong. Children and their families have good access to a wide range of services for health and education, through the Healthy Family Service, children's centres, private and voluntary provision, the Early Help Service and the Portage Service. There are well-publicised drop-ins for children with SCLN.
- Professionals offering support to young children and their families make referrals to specialist services promptly when needed, which successfully gets the help to where it is needed.
- Continuous assessment and support work well when children move to early years provisions, where staff are trained by the portage service or the SALT team.
- The 'All About Me' document supports the 'tell it once' approach well for the youngest children with SEND. Many parents, carers and professionals like the document and take every opportunity to update it as children's needs and interests change. The documents have been in place for long enough now for school staff to use them in key stage 1. Professionals find using the document as the basis for discussion particularly helpful for multi-disciplinary meetings.
- When children looked after are placed in schools out of borough and need an assessment for ASD, wherever possible, they come back to Thurrock for the assessment. This service maintains the contact with local clinicians. If placed further afield and there are protracted waiting times, the CCG spot-purchases the assessment, which means that support can be accessed quickly.
- There is good access to specialist integrated therapies assessments and consistently good performance against the 18-week target for assessments. The multi-disciplinary team has a well-established process, which has been strengthened by the addition of specialist health visitors and specialist school nurses. The team works successfully with staff in special schools and responds promptly to the rapidly changing needs of individuals. Co-case working and joint appointments across SALT, physiotherapy and occupational therapy are routine

practice.

- School staff welcome the on-site support from the emotional well-being and mental health service (EWMHS) and outreach support from the special schools. The practitioners help staff understand and support the needs of children and young people, particularly those who do not meet the criteria for direct support from the service.
- The mental health service for children and young people has undergone significant transformation. This is as a result of a detailed needs assessment together with close collaboration between partners. There is now an integrated, system-wide approach under the EWMHS. Waiting times have significantly reduced, with more than 90% of children and young people seen within 18 weeks and 58% seen in less than six weeks.
- In response to the need for support for those children and young people, particularly in primary schools, with social, emotional and mental health needs, a new school well-being service (SWS) has been co-produced. Expectations are high that the programme is what is needed to support schools, children, young people and their families.
- In response to a growing need for language support for those known to the youth offending service (YOS), all YOS professionals are trained in SCLN. In addition, a new jointly funded post for SALT is to be established in the YOS.
- The SEND panel operates a robust structure for meetings and decision making. There is a shared understanding of the panel's work, which is valued by school leaders. The educational psychology service adds weight to the process and is fully committed to the coordinated approach.
- The local offer website invites parents, carers and young people to feed back on what is available and has a useful 'you said, we did' format to show what has changed as a result of their feedback. Information about the local offer is available in different languages and formats and has useful links to the local offers of neighbouring areas.

### **Areas for development**

- Leaders are unsuccessful in ensuring the effective sharing of the local offer of provision with parents, carers, children and young people. Too many families are not aware of the local offer. Those who do know about it say that the local offer either fails to include all aspects of support available or is unsuitable for what they need.
- Joint commissioning of services to support individual children and young people with SEND is common practice, but is sometimes reactive rather than pre-planned. Providers on the ground identify areas of unmet need and respond to these. This approach detracts from the strong strategic overview of what is

needed, affordable or good practice. Parents and carers use the provision initially and then must fight for it to be commissioned over the longer term. This leaves parents and carers caught between services and not clear about where funding is coming from.

- The designated doctor for children looked after has not yet met with the designated clinical officer (DCO). Strategic plans have not been developed and shared sufficiently to make sure that the work for those with SEND and who are also children looked after is closely aligned.
- The community children's nursing service has a very low level of understanding of the reforms, and its roles and responsibilities within the arrangements. Staff have not received suitable training. Given that this service provides daily support for children with highly complex needs in schools, this service is not as fully engaged as it needs to be.
- Health professionals are not sufficiently proactive in ensuring they influence the content and quality of EHC plans. Strategic monitoring and oversight are not developed well enough to ensure that EHC plans set out clear details about what provision needs to be put in place for optimal outcomes for the children and young people.
- Finalised, reviewed and updated EHC plans are not routinely shared with the health practitioners working with the children and young people. Across health services, EHC plans are not uploaded quickly enough onto case records, which means that the plans are not routinely available to inform day-to-day practice.
- Annual reviews of EHC plans and provision do not do the job for which they were designed. They are a constant source of frustration for parents, carers and professionals. Not all the relevant services and professionals, some of whom are working very closely with children and young people with highly complex needs, are routinely invited to contribute to meetings. The review paperwork is completed diligently by school leaders, but amendments are not followed up by the local authority. Too many EHC plans have not been amended appropriately for two years.
- Most of the youngest children undergoing assessment within the ASD pathway are seen within 18 months, which is too long a wait, although an improvement in recent years. When older children and young people are identified for an ASD assessment, they are seen sooner by a paediatrician.
- The education support and advice provided to those children and young people identified for SEN support who do not receive an EHC plan are not detailed enough. The support is too reliant on the expertise of special educational needs coordinators (SENCOs). The quality of support provided by SENCOs is too variable.
- Too often, time and energy are wasted when children and young people do not get an EHC plan initially but do so when information is resubmitted to the SEND panel. The confidence of parents, carers and professionals suffers when the SEND

panel does not have the information needed to make a firm decision the first time, or when the quality of a referral is not good enough, and therefore unsuccessful.

- Leaders do not know whether the quality of the educational provision in independent schools and other out-of-borough provision meets the needs of the children and young people. There are no systematic checks or visits to the provision. The information on the EHC plans is out of date and inaccurate, sometimes naming the wrong provision.
- Leaders did not have an accurate record of the whereabouts of some of the children and young people at the time of the inspection. They were only alerted to this fact by inspectors. Since September 2018, for those who are looked after, there are records of systematic checks on attendance and well-being.
- Young people over the age of 19 years are not getting the provision and support they need to build and develop skills towards early adulthood and make sure that they have equal opportunities as their non-SEND peers. The young people say that they are bored and do not know what is available for them. Level 1 courses are often repeated because of lack of suitable progression. Students attend college for only part of each week and opportunities for work experience are scarce.
- The support for those children and young people with social, emotional and health needs in primary schools is of current concern to leaders. The newly commissioned SWS will be rolled out from September 2019.

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

### **Strengths**

- Although still much lower than those with no SEND, the academic progress for children and young people with SEND from their individual starting points is improving.
- In 2018, in eight schools, the proportion of pupils with SEND achieving at least expected progress at the end of key stage 2 was the same as national non-SEND pupils. In the previous year, this was the case for only two primary schools. For the same measure at the end of key stage 1, the proportion rose from one school in 2017 to six in 2018.
- Children looked after with SEND often make as much progress from their starting points as all pupils nationally when in long-term placements. Their rate of attendance is close to national averages.
- There are several examples of children and young people who have been well supported by professionals to move from being educated at home to joining a



school in a timely way.

- Where goal sheets have been developed with therapists, parents and carers identify positive outcomes for their children in terms of specific changes and improvement to the quality of family life.
- The Sunshine Centre is helping children and young people with complex needs to have fun, socialise and make friends. The befriending group successfully enables young people with disabilities who are mainly in mainstream schools to become confident in using money, travelling around the local area more independently and eating out.
- The Inspire Centre provides a welcoming, safe and secure haven for young people with SEND. Those who, for a long time, have struggled to find their place within the education system, and others who are not ready for college or employment, often find success academically and socially.
- The Open Door's 12-week, time-limited mentoring programme is helping young people to settle back home, build self-confidence and self-regulate their emotional well-being.
- Parents and carers using the outreach services from the children's centres report immediate, positive changes in their children's social and language development.

### **Areas for development**

- Information about how well children and young people achieve in their personal development is not collected in ways that inform the local area's strategic work.
- Too many children and young people with SEND move between schools because their parents and carers are encouraged by professionals to do so, or to seek provision that has a good reputation to meet needs and that is inclusive for their children, specialist or otherwise.
- Too many managed moves for children and young people with SEND are unsuccessful, particularly in secondary schools.
- Exclusions for children and young people with SEND have increased, particularly in primary schools.
- Absence rates are higher for those with SEND than those with no SEND. Persistent absence for all children and young people in the local area has reduced, but has increased for those identified with SEND.

### **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:

- Inaccurate and incomplete records, and ineffective oversight mean that leaders did not know the whereabouts of some children and young people and what provision they have.
- Quality assurance is not rigorous enough to ensure effective governance and oversight across the provision and services for 0 to 25-year-olds with SEND. Leaders are reliant on working relationships rather than processes. Leaders are over reliant on the limited information given to them by educational providers about the quality of the provision they purchase.
- EHC plans and the annual review process are of poor quality. The local authority has no system in place to make sure that relevant professionals and services are notified when EHC plans need reviewing or updating. Professionals are not routinely informed of requests to submit written information within specified timescales. Too often, EHC plans are out of date and do not accurately reflect the needs or views of children and young people, or the views of the families. The information from EHC plans and annual reviews is not used to inform the commissioning of services, particularly, but not exclusively, for young people between the ages of 19 and 25 years.

Yours sincerely

<b>Ofsted</b>	<b>Care Quality Commission</b>
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