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3 September 2019

Ms Rachael Wardell
Director of Children's Services, Merton
London Road
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James Blythe, Managing Director for Merton and Wandsworth Local Delivery Unit
Karl Mittelstadt, Local area nominated officer, head of policy, performance and partnerships

Dear Ms Wardell and Mr Blythe

Joint local area SEND inspection in Merton

Between 10 June 2019 and 14 June 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Merton 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, along 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 with 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 are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group(s) are jointly responsible for submitting the written statement to Ofsted.

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

Main Findings

- Leaders' strategic decisions have not ensured that the area is far enough on with implementing some key aspects of the SEND reforms. The partnership between the local authority and the CCG has not been effective enough.
- Health leaders have not ensured that professionals are sufficiently well trained to contribute effectively to the education, health and care (EHC) plan assessment, planning and review process.
- There is consistent participation of social care professionals in the identification and assessment of children and young people with SEND in Merton.
- Leaders have not checked the quality of EHC plans systematically enough. EHC plans are typically overcomplicated and include an overwhelming range of aims. The health contribution to and inclusion in these plans is weak.
- There is more to be done to secure strategic oversight of Merton's SEND arrangements across community health services. The local area's 'Children and Young People's Plan' extends from 2015 to 2019 and SEND developments are included within it. However, during this period children and young people with SEND have not received a good enough offer, particularly from health services.
- The local offer is not well enough known or used in Merton.
- The reforms have been used well by the local area to improve the identification of SEND. This has been supported by service reshaping that has taken place over the past three years, resulting in improved performance.
- All but 15 statements were converted to EHC plans by the March 2018 deadline. Providers and parents describe the conversion process as being smooth.
- There is a wholehearted and consistently effective commitment to ensuring children and young people have a voice in decision-making. This was reflected in the way in which young people expressed their views in this inspection. As a result, leaders know about children's and young people's ideas and views. For example, leaders have sought and used the views of girls with autistic spectrum disorder (ASD) when formulating their strategy.
- There are some effective and well-developed examples of joint commissioning in the area. Some of these benefit from the insight of young people with SEND.

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

Strengths

- Early years practitioners share expertise in the identification of needs effectively. For example, training in autistic spectrum disorder and in language delay helps providers to gather more compelling evidence of suspected needs at an earlier stage.
- Health visitors demonstrate determination and persistence in making contact with children who have been placed in temporary housing in the area. This provides good opportunities to identify any potentially unmet needs.
- Children and young people accessing the 'Smart Centre' for children and young people with SEND benefit from effective speech and language screening to identify any unmet needs.
- The local area has correctly focused on making sure that mainstream schools are better supported and challenged to meet needs of children and young people with SEND who do not have an EHC plan.
- Opportunities for the early identification of young children's needs have increased. More children than in the past attend the developmental health checks, which are part of the Healthy Child Programme.
- Children's centre staff engage well with families who are eligible for two-year-old funding by making attempts to contact parents of children who meet the criteria to offer them support.
- Children under five with emerging speech, language or communication difficulties have good access to a range of activities tailored to their needs within children's centres. These sessions help to develop children's confidence and help parents to become more confident in supporting their child's development at home.
- Children and young people have good support from health visitors and school nurses through open access to drop-in clinics. This increases the opportunities for early identification of need.
- Young people in contact with the Youth Justice Service benefit from effective screening for possible health and educational needs.

Areas for development

- Parents in some settings are concerned about how well specific learning difficulties such as dyslexia and social, emotional and mental health needs are identified.

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

Strengths

- The co-location of services helps children and young people with profound needs to use direct payments more effectively. Systems for making direct payments enable parents and young people to exercise a wide choice in accessing activities and services.
- Leaders make robust and regular checks to ensure that the needs of children who reside in Merton and attend schools outside the area are well met. Leaders in schools outside the area speak highly of the commitment of Merton's local area leaders and their knowledge of pupils' needs.
- The quality and timeliness of medical advice provided by community paediatricians have improved. Training provided by the designated medical officer (DMO) alongside tightened administrative processes have contributed to these improvements.
- The integrated complex needs team has made it easier for children and parents to access their services. Therapists complete comprehensive assessments of children's needs with appropriate packages of care which support children to improve their outcomes.
- Children with ASD have good access to specialist help and support before they have received a formal diagnosis. Parents are also able to access support which helps them to better understand their child's development and how to support them.
- Children with complex needs benefit from child-centred, multidisciplinary integrated care pathway meetings promoting holistic approaches to supporting the whole family.
- The independent advice service is highly regarded in the local area and ambitious to extend its reach and influence still further. Local families have contributed to its stability and development during a period of change of leadership.
- The Parent Carer Forum, Kids First, understands the main concerns and positive views of parents in the area. It provides a strong voice and important challenge to area leaders. It is trusted by the parents who use its service.

Areas for development

- Health leaders do not effectively check the quality of health advice included in EHC plans. As a result, the quality of health input in these plans is weak.
- A number of key health partners who work with children with SEND are not routinely invited to contribute to EHC assessments and plans. These include the 0 to 19 nursing service, children's community nurses and specialists such as children and adolescent mental health services (CAMHS) and dietetics.
- When they do contribute to EHC assessments, health partners do not always receive copies of a draft EHC plan. This means that they have no opportunity to check for accuracy before plans are finalised.
- There is no effective process to amend or update EHC plans when they include inaccurate information. Therapists report outdated, incorrect information regarding a child's needs being 'pulled through' from previous years despite updates being submitted in an attempt to correct the information.
- Specialist advice provided by health partners intended to inform EHC assessments is not used well to inform EHC plans. For example, specific information about the involvement of the children's community nursing team to enable children to make the most of their education is not detailed enough.
- Health partners do not routinely receive a copy of finalised EHC plans and do not use these plans effectively to inform their work with children or young people with SEND.
- Area leaders have very recently introduced a new process for checking the quality of EHC plans, and they aim to use technology to streamline access to and organisation of plans. However, inspectors were not assured that strategic leaders knew exactly what this was intended to achieve or that they had explained their aims to those responsible for improving the quality of EHC plans.
- Young people with ASD and specific learning difficulties who are not eligible for adult social care have been identified by the local area as in need of greater support. Inspectors met parents who were very concerned for the welfare of their adult children. The local area has begun to address these needs and has commissioned a service from Mencap to focus support on these young people.
- Local area leaders recognise that there is more to be done to improve the proportion of EHC plans which are completed in the 20-week time period. There was wide variation in views about timeliness heard from providers and parents, but delays are a cause of great concern to some parents.

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

Strengths

- Most children and young people in Merton attend good or better providers which are typically held in high regard by parents. As a result, they typically achieve well academically by the end of each key stage of education. Targeted support has resulted in improvement in the attendance of pupils receiving support for SEND without an EHC plan in primary schools.
- The proportion of young people not in education, employment or training (NEET) is pleasingly low in Merton. Pupils who may otherwise be vulnerable to missing out on appropriate training placements or courses are well supported to access an appropriate course and sustain their placement.
- The children's community nursing team provides training to a number of relevant professionals and ensures that they are competent and successfully support individual children to attend and engage in education.
- There is good oversight of outcomes for looked-after children and young people with SEND. Leaders provide schools with strong and well-informed challenge. They make sure children who also have personal education plans are not subject to multiple meetings when these can be avoided by effective planning and collaboration.
- The number of fixed-term exclusions in secondary schools in Merton has declined at a time when exclusions of pupils with SEND have risen nationally.
- Children and young people with SEND enjoy a rich and diverse range of cultural and social experiences. They are not discriminated against in terms of social opportunities. For example, a partnership with a London ballet company inspires young people who are interested in dance.
- The children's community nursing team ensures that young people approaching transition to adulthood are appropriately prepared for their next step. A joint visit is conducted with district nurses shortly after a young person's 18th birthday. This has been welcomed by parents.

Areas for improvement

- Preparing for adulthood pathways in Merton do not consistently provide a positive experience for young people. Parents describe the 'cliff edge' that they face. There is uncertainty about future resourcing to meet the needs of their adult children as well as their carer support needs.
- Some parents and young people are anxious about the continuity of provision for those over 16 to build on and sustain their social and cultural development.

- There is a shortage of personal assistants in Merton. This limits capacity for young people, particularly those over 18 with complex needs, to continue to build on the outcomes they have already achieved.
- EHC plans are not used by all partners in the way that they are intended, to set realistic outcomes to support a child or young person's development. As a result, different services use their own internal plans. They do not use EHC plans to decide what extra help will be given to meet the child's or young person's needs. EHC plans are not focused sharply enough on how objectives will support children or young people to achieve what they want to in their life.
- The timeliness of support for transition to adulthood in social care is an identified area for improvement within Merton. Young people face delays in receiving their assessment of need from adult social care teams. The local area has identified the need to increase capacity and is in the process of recruiting staff.

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:

- A lack of cohesive oversight of, and effective planning for, the implementation of some key aspects of the reforms, particularly by health partners.
- The inconsistent quality and contribution of health partners and the poor utilisation of health information in EHC assessment and planning.
- Poor quality EHC plans compounded by ineffective quality assurance.

Yours sincerely

Andrew Wright
Her Majesty's Inspector

| Ofsted | Care Quality Commission |
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| Mike Sheridan Regional Director | Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice |
| Andrew Wright HMI Lead Inspector | Kaye Goodfellow CQC Inspector |

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| Andy Lawrence Ofsted Inspector | |
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cc: DfE Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England