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Amanda Hume, Chief Officer, South Tees Clinical Commissioning Group
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Dear Ms Shaw

Joint local area SEND inspection in Redcar and Cleveland

Between 26 February 2018 and 8 March 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Redcar and Cleveland 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, along with 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 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 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

- Redcar and Cleveland local area has not made enough progress in implementing the SEN and disability reforms since 2014. There are significant weaknesses in the local area's arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities and improving their outcomes.
- Local area leaders do not have a clear or comprehensive enough understanding of the outcomes achieved by children and young people who have SEN and/or disabilities. This limits their ability to jointly plan, commission and provide the services that this group of children and young people and their families need. Importantly, leaders do not have an effective way of evaluating the impact of the local area's arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities on the education, health and care outcomes they achieve.
- The outcomes achieved by children and young people who have SEN and/or disabilities vary too much. In the early years and in primary schools these children make strong progress as a result of the effective support they receive. In contrast, there is a declining trend in the outcomes achieved by children and young people who have SEN and/or disabilities in secondary schools. Levels of absence and persistent absence are too high, rates of fixed-term exclusion are increasing and the progress that this group of children and young people make by the end of key stage 4 is declining. Too many are not in sustained education, employment or training at age 17.
- Families have a mixed experience of 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). Some parents and carers say that their children have received 'amazing support' while others feel that getting the help and support that their children need is a 'fight'. Many parents and carers use the local offer and find it helpful. However, others told inspectors that they do not know about the local offer and some said that they find it difficult to navigate and use.
- The local area's arrangements for identifying, assessing and meeting the needs of children aged 0 to five who have SEN and/or disabilities are effective. Education, health and social care professionals work in a joined-up and highly effective way and, importantly, families feel well supported.
- In primary schools, children's needs are generally identified accurately and in a timely way. From their different starting points, this group of children make progress which is better than other children nationally. Special school provision, and the additionally resourced provision in primary schools, meets the needs of children and young people who have SEN and/or disabilities well and is highly regarded by families.
- Frontline professionals in education, health and social care services are working hard to make a positive difference to children and young people who have SEN

and/or disabilities. There is a deep and shared commitment to getting it right for this group of children and young people and their families in Redcar and Cleveland. Parents and carers want to work with leaders in the local area to change the experience of children and young people who have SEN and/or disabilities and improve their outcomes.

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

Strengths

- The needs of children aged 0 to five are identified accurately and in a timely way because education, health and social care professionals work together well. There is an effective programme of health checks for young children, which are integrated well with those carried out by health visitors and early years practitioners. Families value this joined-up approach to the identification and assessment of their children's needs. This was exemplified by one parent, who said, 'Communication between everyone has been very good and we have been kept in the loop at every stage.'
- Initial health assessments for children looked after who have SEN and/or disabilities are carried out in an increasingly timely and effective way. The needs of this vulnerable group of children and young people are identified well as a result.
- Children and young people who have SEN and/or disabilities benefit from timely access to child and adolescent mental health services (CAMHS). As a result, diagnostic assessments of autistic spectrum disorders are generally completed within the required timescales. There is an effective partnership between CAMHS and the local authority's service for children looked after. This supports the early identification of social, emotional and mental health needs and enhances the care and support provided for this vulnerable group of children and young people.
- In early years settings and many primary schools, leaders use the wide range of information they collect about children's learning and development to identify those who have SEN and/or disabilities. The 'SEND ranges guidance', developed by local area leaders, is helping schools and settings to identify children and young people's needs in a more accurate and consistent way.
- Education, health and care (EHC) assessments are generally completed within expected timescales and the local area is on track to convert all existing statements of special educational needs to EHC plans by the March 2018 deadline.
- Children and young people who have SEN and/or disabilities are clearly identified in the electronic records used by health visitors and school nurses. This helps these health professionals to provide the timely and effective support that this group of children and young people and their families need.
- Local area leaders are beginning to use information about the needs of children

and young people who have SEN and/or disabilities to develop the services and support they provide. For example, leaders have increased the number of supported internships and created new pathways into independent living for young adults who have SEN and/or disabilities.

Areas for development

- Local area leaders do not have a detailed or comprehensive enough understanding of children and young people's education, health and care needs. This fundamentally weakens their ability to jointly plan, commission and provide the services that children and young people who have SEN and/or disabilities and their families need. Crucially, this also weakens local area leaders' ability to set targets for improvement based on meaningful and measurable education, health and care outcomes.
- Local area leaders have a limited understanding of the views and experience of children and young people who have SEN and/or disabilities and their families. Some families do not feel heard and too many do not experience a 'tell it once' approach. This was summed up by one parent, who told inspectors, 'The whole process of EHC assessment is difficult, technical and owned by professionals.'
- Children and young people's needs are not identified and assessed in a timely or accurate way in some schools and settings. The needs of children and young people who have specific learning difficulties are not identified and assessed in a consistently effective way in primary and secondary schools. Importantly, information about children and young people's needs is not always used well at points of transition, for example between primary and secondary schools and between secondary schools and post-16 settings.
- The local area does not carry out universal health checks for children and young people during key stages 1 to 4. As a result, children and young people's emerging or unmet health needs may not be identified in a timely way. Plans to improve this are at an early stage of development.
- In contrast to the electronic health records used by health visitors and school nurses, children and young people who have SEN and/or disabilities are not clearly identified in the electronic records used by other health professionals. For example, children and young people who have an EHC plan are not easily identifiable to professionals in CAMHS.

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

- Families of young children benefit from the flexible way early years services are provided. This includes home visits and access to the services provided by

children's centres. Good joined-up work between parents, carers and professionals helps to ensure that young children's needs are assessed and met well.

- The needs of newborn and young children who have neuro-developmental difficulties are assessed and met well. This is, in part, because paediatricians, physiotherapists, health visitors and early support professionals work closely and effectively together.
- Section A of EHC plans, called 'getting to know you', is co-produced in an increasingly effective way with children and young people who have SEN and/or disabilities and their families. The things that are important to children, young people and families are written in a clear and understandable way in this section of plans. Similarly, section B of EHC plans, 'the child or young person's special educational needs', provides helpful information about children and young people's strengths and needs and the difficulties they experience.
- Children who have SEN and/or disabilities make strong progress in primary schools. There is an effective graduated response to assessing and meeting children's needs in many primary schools, including those which have additionally resourced provision.
- The specialist provision in mainstream primary schools and the special schools in the local area are highly regarded by parents and carers. Local area leaders have created new specialist provision, such as a multi-agency early years setting for two- to four-year-olds, to better meet the needs of some children who have SEN and/or disabilities.
- Independent careers information, advice and guidance provided for young people who have SEN and/or disabilities in special schools is highly effective. This contributes to the better outcomes this group of young people achieve at ages 16 and 19.
- Health professionals provide reports and advice for EHC assessments in an increasingly timely way because the notification system for providing this information works well. The local area's approach to multidisciplinary assessment for autistic spectrum disorders is well coordinated and effective. Post-diagnostic support for children, young people and families is signposted well by the multidisciplinary team.
- Many parents and carers, including those who have children aged 0 to five, told inspectors that their family's care needs have been assessed well. Some children and young people who have SEN and/or disabilities and their families have a personal health budget. This gives them more choice and greater control in making decisions about how their children's health needs are met.

Areas for development

- Local area leaders have not made sure that there is an effective approach to jointly planning, commissioning and providing services for children and young people who have SEN and/or disabilities in Redcar and Cleveland. Too little has

been done to implement this crucially important requirement of the 2014 disability and special educational needs reforms.

- High levels of absence and persistence absence, increasing levels of exclusion and declining academic progress indicate that the needs of too many children and young people who have SEN and/or disabilities are not being effectively met in mainstream secondary schools. SEN support plans and EHC plans for children and young people in these schools often lack the detail and specificity required. The quality of some plans indicates that the impact of children and young people's SEN and/or disabilities on their learning and development is not well understood.
- There are weaknesses and inconsistencies in the quality of independent careers information advice and guidance provided for young people who have SEN and/or disabilities in mainstream secondary schools. This contributes to the exceptionally high level of young people who have SEN and/or disabilities who are not in sustained education, employment or training at age 17 and the low retention rates on courses in several post-16 settings.
- Children, young people and families have a mixed experience of co-production. Some families feel consulted and involved in decisions about the services their children receive, but too many have not experienced meaningful co-production.
- The quality of EHC plans is too variable. Plans do not always explain how children and young people's needs have an impact on their day-to-day lives. Equally, the provision in plans does not always match children and young people's identified education, health or care needs. Too often, plans have minimal contribution from health and social care professionals and the outcomes are not specific or measurable enough. Local area leaders do not have strong enough oversight of the quality of EHC assessments and plans and, as a result, these weaknesses and inconsistencies persist.
- Some families find the local offer helpful and informative while others either do not know about it or find it difficult to navigate and use. There are gaps in the information it provides about some important health services for children and young people who have SEN and/or disabilities. Although local area leaders have reviewed and updated the local offer, parents and carers have had too little involvement in its design and development. The absence of an established parent and carer forum has hampered the implementation of this key aspect of the disability and special educational needs reforms.
- The commissioning of health services for children and young people who have SEN and/or disabilities up to the age of 25 is not well established across the range of health services and providers in the local area. In addition, local area leaders could not confirm that the well-established multidisciplinary approach to assessing autistic spectrum disorders for children under five is a formally commissioned arrangement.
- The uptake of annual health assessments for young people who have learning disabilities is low and has decreased in the last 12 months. There is a risk that this group of young people have unmet health needs.

- Parents told inspectors that they wait too long for the specialist equipment their children need. A lack of clarity about the funding arrangements for specialist equipment has contributed to these delays.

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

Strengths

- The outcomes achieved by some individual children and young people who have SEN and/or disabilities are improving. This is because their needs have been identified and assessed in an accurate and timely way and the support they receive is effective. Some children, young people and families receive services which are commissioned well in response to their individual needs. This helps them to achieve better education, health and care outcomes.
- New pathways into independent living and an increasingly effective programme of supported internships and travel training are helping some young people who have SEN and/or disabilities to achieve better outcomes. This group of young people are developing the knowledge, skills and confidence needed to work, live independently, be healthy and feel valued and included in the communities where they live.
- Children who have SEN and/or disabilities make strong progress in the early years as a result of the well coordinated and effective multidisciplinary support they receive.
- In primary schools, children who have SEN and/or disabilities make progress which is better than other children who have similar starting points, as a result of provision which effectively meets their identified and assessed needs.

Areas for improvement

- Local area leaders do not have a clear or holistic enough understanding of the education, health and care outcomes that children and young people who have SEN and/or disabilities are achieving. There is no systematic approach to measuring and evaluating these important outcomes. The local area's assessment of its effectiveness in improving outcomes for children and young people who have SEN and/or disabilities is weak.
- Levels of absence and persistent absence for children and young people who have SEN and/or disabilities are too high. There is a declining trend in the outcomes achieved by this group of young people at the end of key stage 4. The number of fixed-term exclusions for children and young people who have SEN and/or disabilities has increased significantly. This is unacceptable.
- There is no effective arrangement for jointly commissioning services across education, health and social care in Redcar and Cleveland. This weakness has a significant impact on the effectiveness of the local area in improving outcomes for children and young people who have SEN and/or disabilities.

- Some families' care needs are assessed well and many receive personal budgets or direct payments for a short break. Too often, however, there are no services in the local area to provide this help and support. Some parents and carers of children and young people who have social, emotional and mental health needs told inspectors that their children's care needs are not being met. As a result, these children and young people feel isolated in the communities where they live.
- The functions of the designated medical officer (DMO) are not formally agreed or underpinned by a job description. The ability of the DMO to influence more widely is limited by capacity and the absence of a formal arrangement. There has been a long-standing vacancy in the clinical commissioning group for the designated doctor for children looked after. The DMO does not have oversight of the effectiveness of arrangements for children looked after 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:

- Poor shared understanding of the needs of children and young people who have SEN and/or disabilities and their education, health and care outcomes.
- The lack of an effective approach to jointly planning and commissioning the services that children and young people who have SEN and/or disabilities need.
- Poor evaluation of the effectiveness of the local area's arrangements for improving the education, health and care outcomes of children and young people who have SEN and/or disabilities.
- Too little involvement of children, young people and families in meaningfully co-producing the services, resources and support they need.

Yours sincerely

Nick Whittaker
Her Majesty's Inspector

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cc: DfE Department for Education
Clinical commissioning group(s)
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