

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.ofsted.gov.uk
lasend.support@ofsted.gov.uk



10 October 2016

Ms Sally Robinson
Director of Child and Adult Services
Hartlepool Borough Council
Civic Centre
Hartlepool
TS24 8AY

Ali Wilson, Hartlepool and Stockton-on-Tees clinical commissioning group chief officer

Danielle Swainston, local area nominated officer

Dear Ms Robinson

Joint local area SEND inspection in Hartlepool

During 3 October to 7 October 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Hartlepool 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 team inspectors including an Ofsted Inspector and a Children's Services Inspector from the Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, representatives of the 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 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 also met with leaders from the local area for health, social care and education. Inspectors 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 of Education, Children's Services and Skills (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 (CCG) are responsible for submitting the Written Statement of Action to Ofsted.

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

Main findings

- The impact of leaders on the quality of services for children and young people who have special educational needs and/or disabilities in Hartlepool varies widely. Consequently, the experiences and outcomes for different groups of children and young people, and their families, in relation to education, care and health are too variable.
- Inspectors found some examples of effective practice in education, care and health services that enrich and enhance the lives of children and young people. Conversely, weaknesses in monitoring and evaluating the effectiveness of other aspects of the same services mean that leaders are, at times, not well enough informed to intervene quickly when improvement is needed.
- The needs of the youngest children and those who have complex health needs are identified and assessed effectively and in a timely way. Education, health and care provision for these children and young people is flexible and highly personalised. As a result, they are achieving better outcomes.
- Many families told inspectors that they do not know how to get the help and support their children need. Some families told inspectors that they find the local area's arrangements confusing and, at times, frustrating, as a result of long waiting times and because their views are not always heard or valued.
- Although, compared with the national picture, a high proportion of existing statements of special educational needs have been converted to education, health and care plans in a timely way, too few new assessments are completed within the required 20-week timescale.
- Health leaders' analysis of children and young people's needs is limited, and the local area's approach to jointly commissioning services is not focused on the difference these services will make to children, young people and their families.
- Leaders do not have a clear view of how well the local area improves outcomes for children and young people who have special educational needs and/or disabilities. This is because the outcome measures in plans focus on what services will be delivered and not on the difference these services will make.
- Inspection evidence indicates that children and young people who have special educational needs and/or disabilities are kept safe and protected from harm. However, leaders do not routinely evaluate the effectiveness of the local area's safeguarding arrangements for this key group of children and young people. Consequently, leaders do not know what is helping the children and young people to feel safe in Hartlepool and what could be improved.
- Inspectors recognised the deep commitment of frontline staff who work with children and young people who have special educational needs and/or disabilities. This was echoed by many families who shared their views with inspectors.

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

Strengths

- The needs of the youngest children who have special educational needs and/or disabilities are identified quickly and accurately as a result of effective work in newly formed teams of community-based education, health and care professionals. The use of early help assessments provides these children with timely and well-targeted support.
- Children's centres provide the communities they serve with access to a range of services that support timely identification and assessment of children's needs. Effective training and development is helping staff to spot more quickly children whose development is atypical.
- Parents and carers report that children's education and care needs are identified and assessed effectively through the autism transition pathway. Much is done to work out how best to support Years 5 and 6 pupils so that they are ready for the move to secondary school.
- Children with complex health needs are identified effectively. Care coordination plans successfully capture the voice of children and young people, for example: 'I find lumpy foods difficult so please give me smooth food and thickened fluids.' This helps professionals to understand what is important to each child and know how best to support them.
- Professionals in schools and settings are knowledgeable about what makes children and young people who have special educational needs and/or disabilities vulnerable and how to protect them from harm and keep them safe and well.

Areas for development

- Leaders' understanding of families' experience of identification and assessment is limited. There are too few opportunities for families to be heard and not enough consideration is given to what they say, for example at the point of, or indeed following, diagnosis.
- Many families told inspectors that the systems for identifying and assessing children and young people's needs are confusing and hard to access. These systems were described by parents and carers as 'opaque' and needing to be 'simplified and explained'. Too often, families have to repeatedly 'tell their story' to health professionals in different settings.
- Too few assessments are completed within the statutory timescales. When compared to the national average, the proportion of assessments completed within the required 20-week period is low.
- The impact of training in the disability and special educational needs reforms is too variable. For example, while leaders are confident about the knowledge and skills of health services staff, they do not monitor the impact of training and

development on the identification of children and young people who have special educational needs and/or disabilities.

- The existing mechanism for sharing information about checks completed by early years practitioners and health visitors is not robust. This limits the effectiveness of the local area's arrangements for identifying children and young people's additional needs.
- Leaders in the local area do not evaluate the effectiveness or impact of arrangements for identifying and assessing the needs of specific groups of children and young people, for example those who have special educational needs and/or disabilities who are also looked after by the local authority.

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

Strengths

- Jointly commissioned education, health and care services are effectively meeting the complex health needs of some individual children and young people.
- The range of short breaks provision is greatly valued by children and young people and their families because it is flexible, needs-led and highly personalised. Similarly, carers' grants are used creatively and flexibly to provide valuable help and support for families.
- In the 19 to 25 age range, well-planned and effectively coordinated learning programmes are helping some young people with severe and complex needs to develop their independence and work-related knowledge and skills. This includes work experience, work placements and supported internships. Expectations for these young people are high, and a determined and purposeful drive helps them to achieve better lives.
- The 'all about me' section of education, health and care plans is consistently and effectively co-produced with children, young people and their families. One parent told inspectors, 'It is like my son has written it himself ... it is not like a medical journal.' Children and young people themselves say that these plans help other people to understand what is important to them.
- Families who use the local area's special educational needs and disabilities information, advice and support service (SENDIASS) say that they have received invaluable help, enabling them to have a stronger and more influential voice.
- There are many good examples of schools working individually or together to develop new provision which meets children and young people's needs well, for example by using specialist training and support from speech and language therapists to develop staff knowledge and skills and improve children's learning and development.

- Children and young people who have special educational needs and/or disabilities are supported well by the occupational therapy and physiotherapy services to access the specialist equipment they need.
- Children and young people with diabetes are supported well by dedicated children's community nurses. Case studies show that children with diabetes and their families are supported effectively when they move from primary to secondary school and from children's to adults' services.

Areas for development

- The process for checking the quality of education, health and care plans is applied inconsistently. The health outcomes in these plans are imprecise and do not always link with the assessments of children and young people's needs. Plans for some of the children who have special educational needs and/or disabilities who are also looked after by the local authority do not align well with their personal education plans. Consequently, reviews of their plans are sometimes superficial.
- Of the families who spoke with inspectors, very few knew about the local offer or how to get help and advice in the local area. Many are heavily reliant on others to help them make sense of the resources and support that are available. Some parents and carers described feeling particularly vulnerable and isolated at the point of their child's diagnosis.
- Children with additional needs who receive care from a number of health services do not always benefit from a coordinated approach to assessing and meeting their needs. This episodic and condition-led approach inhibits the development of joined-up healthcare planning and leads to a lack of clarity for parents. For example, children and young people on the autism diagnostic pathway can wait for 10 to 12 months for a diagnosis, and too many families experience long waiting times for speech and language therapy or to see a paediatrician.
- Transition arrangements for children and young people who have special educational needs and/or disabilities moving from paediatric to adult health services are not always well supported. While there are strong arrangements for some children and young people, transition arrangements for others are less effective.
- Leaders do not make the best use of some of the strongest and most valuable resources in the local area to improve the quality of services. Highly effective practice resides within individual services, settings and schools and too little is done to help professionals 'learn from the best'. Similarly, leaders do not give sufficient prominence to the views of children, young people and families in evaluating what is working well and where improvement is needed.
- Inspectors identified weaknesses in leaders' understanding of the effectiveness and impact of specialist provision. The local area has been too slow to develop an approach to commissioning services which is sharply focused on improving outcomes for children and young people who have special educational needs

and/or disabilities. This includes poor arrangements for providing personal health budgets.

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

Strengths

- Rates of progress of primary-aged children who have special educational needs and/or disabilities in reading, writing and mathematics are comparable with, and sometimes better than, those for other children nationally with similar starting points.
- Individual health services are working well to improve the health outcomes of children and young people who have special educational needs and/or disabilities.
- Services are provided sensitively and with care and compassion. Short breaks provision effectively helps children and young people to develop their confidence, independence and skills away from their families.
- Well-planned, coordinated and highly personalised learning programmes are effective in supporting young people in the 19 to 25 age range to develop their functional skills, lifeskills and work-related learning skills. This, importantly, improves their independence and employability.

Areas for development

- The outcome measures in education, health and care plans tend to focus on what services will do for children and young people and not on the difference these services will make. As a result, leaders do not know how well the local area improves outcomes for children and young people who have special educational needs and/or disabilities.
- Leaders in the local area do not analyse outcomes for children and young people who have special educational needs and/or disabilities rigorously enough. The learning and progress of children and young people with different needs, and those who are also looked after by the local authority, are not systematically analysed. This means that leaders cannot evaluate the effectiveness of provision on key groups of children and young people, which weakens future planning.
- Leaders' understanding about what is helping children and young people who have special educational needs and/or disabilities to feel safe in Hartlepool is not well developed because leaders do not routinely seek their views.
- The progress of children and young people who have special educational needs and/or disabilities in secondary schools is not as strong as it is in primary schools. While some young people achieve outcomes which help them to be well prepared for the next stage of their learning and their adult lives, others do not. Comparative analysis of the learning outcomes of young people who have special educational needs and/or disabilities in the 16 to 25 phase is lacking.

- Levels of absence, persistent absence and fixed-term exclusion for children and young people who have special educational needs and/or disabilities are too high, especially in the secondary phase, when compared with the national averages for all pupils. Leaders are not doing enough to increase levels of attendance and reduce fixed-term exclusions.
- The existing arrangement for the role of designated medical officer or designated clinical officer in the local area is not providing the influence needed to ensure better health provision and improved outcomes for children and young people who have special educational needs 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:

- inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities
- weaknesses in providing the clear and timely information, advice and support that families need
- weaknesses in the strategic joint commissioning of services for children and young people who have special educational needs and/or disabilities
- weaknesses in the monitoring of the effectiveness of services in improving outcomes for children and young people who have special educational needs and/or disabilities.

The approach to responding to findings from inspections, including the production and review of the statement, is set out in Annex A of the local area SEND inspection handbook.

Yours sincerely

Nick Whittaker
Her Majesty's Inspector

Ofsted	Care Quality Commission
Cathryn Kirby HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services Children, Health and Justice.
Nick Whittaker HMI Lead Inspector	Elaine Croll Children's Services Inspector
Liz Cornish Ofsted Inspector	

CC: Clinical Commissioning Group
Director, Public Health for the Local Area
Department for Education
Department of Health
NHS England

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6 Cumberland Place
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Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, representatives of the 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 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 also met with leaders from the local area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

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

Main findings

- The impact of leaders on the quality of services for children and young people who have special educational needs and/or disabilities in Hartlepool varies widely. Consequently, the experiences and outcomes for different groups of children and young people, and their families, in relation to education, care and health are too variable.
- Inspectors found some examples of effective practice in education, care and health services that enrich and enhance the lives of children and young people. Conversely, weaknesses in monitoring and evaluating the effectiveness of other aspects of the same services mean that leaders are, at times, not well enough informed to intervene quickly when improvement is needed.
- The needs of the youngest children and those who have complex health needs are identified and assessed effectively and in a timely way. Education, health and care provision for these children and young people is flexible and highly personalised. As a result, they are achieving better outcomes.
- Many families told inspectors that they do not know how to get the help and support their children need. Some families told inspectors that they find the local area's arrangements confusing and, at times, frustrating, as a result of long waiting times and because their views are not always heard or valued.
- Although, compared with the national picture, a high proportion of existing statements of special educational needs have been converted to education, health and care plans in a timely way, too few new assessments are completed within the required 20-week timescale.
- Health leaders' analysis of children and young people's needs is limited, and the local area's approach to jointly commissioning services is not focused on the difference these services will make to children, young people and their families.
- Leaders do not have a clear view of how well the local area improves outcomes for children and young people who have special educational needs and/or disabilities. This is because the outcome measures in plans focus on what services will be delivered and not on the difference these services will make.
- Inspection evidence indicates that children and young people who have special educational needs and/or disabilities are kept safe and protected from harm. However, leaders do not routinely evaluate the effectiveness of the local area's safeguarding arrangements for this key group of children and young people. Consequently, leaders do not know what is helping the children and young people to feel safe in Hartlepool and what could be improved.
- Inspectors recognised the deep commitment of frontline staff who work with children and young people who have special educational needs and/or disabilities. This was echoed by many families who shared their views with inspectors.

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

Strengths

- The needs of the youngest children who have special educational needs and/or disabilities are identified quickly and accurately as a result of effective work in newly formed teams of community-based education, health and care professionals. The use of early help assessments provides these children with timely and well-targeted support.
- Children's centres provide the communities they serve with access to a range of services that support timely identification and assessment of children's needs. Effective training and development is helping staff to spot more quickly children whose development is atypical.
- Parents and carers report that children's education and care needs are identified and assessed effectively through the autism transition pathway. Much is done to work out how best to support Years 5 and 6 pupils so that they are ready for the move to secondary school.
- Children with complex health needs are identified effectively. Care coordination plans successfully capture the voice of children and young people, for example: 'I find lumpy foods difficult so please give me smooth food and thickened fluids.' This helps professionals to understand what is important to each child and know how best to support them.
- Professionals in schools and settings are knowledgeable about what makes children and young people who have special educational needs and/or disabilities vulnerable and how to protect them from harm and keep them safe and well.

Areas for development

- Leaders' understanding of families' experience of identification and assessment is limited. There are too few opportunities for families to be heard and not enough consideration is given to what they say, for example at the point of, or indeed following, diagnosis.
- Many families told inspectors that the systems for identifying and assessing children and young people's needs are confusing and hard to access. These systems were described by parents and carers as 'opaque' and needing to be 'simplified and explained'. Too often, families have to repeatedly 'tell their story' to health professionals in different settings.
- Too few assessments are completed within the statutory timescales. When compared to the national average, the proportion of assessments completed within the required 20-week period is low.
- The impact of training in the disability and special educational needs reforms is too variable. For example, while leaders are confident about the knowledge and skills of health services staff, they do not monitor the impact of training and

development on the identification of children and young people who have special educational needs and/or disabilities.

- The existing mechanism for sharing information about checks completed by early years practitioners and health visitors is not robust. This limits the effectiveness of the local area's arrangements for identifying children and young people's additional needs.
- Leaders in the local area do not evaluate the effectiveness or impact of arrangements for identifying and assessing the needs of specific groups of children and young people, for example those who have special educational needs and/or disabilities who are also looked after by the local authority.

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

Strengths

- Jointly commissioned education, health and care services are effectively meeting the complex health needs of some individual children and young people.
- The range of short breaks provision is greatly valued by children and young people and their families because it is flexible, needs-led and highly personalised. Similarly, carers' grants are used creatively and flexibly to provide valuable help and support for families.
- In the 19 to 25 age range, well-planned and effectively coordinated learning programmes are helping some young people with severe and complex needs to develop their independence and work-related knowledge and skills. This includes work experience, work placements and supported internships. Expectations for these young people are high, and a determined and purposeful drive helps them to achieve better lives.
- The 'all about me' section of education, health and care plans is consistently and effectively co-produced with children, young people and their families. One parent told inspectors, 'It is like my son has written it himself ... it is not like a medical journal.' Children and young people themselves say that these plans help other people to understand what is important to them.
- Families who use the local area's special educational needs and disabilities information, advice and support service (SENDIASS) say that they have received invaluable help, enabling them to have a stronger and more influential voice.
- There are many good examples of schools working individually or together to develop new provision which meets children and young people's needs well, for example by using specialist training and support from speech and language therapists to develop staff knowledge and skills and improve children's learning and development.

- Children and young people who have special educational needs and/or disabilities are supported well by the occupational therapy and physiotherapy services to access the specialist equipment they need.
- Children and young people with diabetes are supported well by dedicated children's community nurses. Case studies show that children with diabetes and their families are supported effectively when they move from primary to secondary school and from children's to adults' services.

Areas for development

- The process for checking the quality of education, health and care plans is applied inconsistently. The health outcomes in these plans are imprecise and do not always link with the assessments of children and young people's needs. Plans for some of the children who have special educational needs and/or disabilities who are also looked after by the local authority do not align well with their personal education plans. Consequently, reviews of their plans are sometimes superficial.
- Of the families who spoke with inspectors, very few knew about the local offer or how to get help and advice in the local area. Many are heavily reliant on others to help them make sense of the resources and support that are available. Some parents and carers described feeling particularly vulnerable and isolated at the point of their child's diagnosis.
- Children with additional needs who receive care from a number of health services do not always benefit from a coordinated approach to assessing and meeting their needs. This episodic and condition-led approach inhibits the development of joined-up healthcare planning and leads to a lack of clarity for parents. For example, children and young people on the autism diagnostic pathway can wait for 10 to 12 months for a diagnosis, and too many families experience long waiting times for speech and language therapy or to see a paediatrician.
- Transition arrangements for children and young people who have special educational needs and/or disabilities moving from paediatric to adult health services are not always well supported. While there are strong arrangements for some children and young people, transition arrangements for others are less effective.
- Leaders do not make the best use of some of the strongest and most valuable resources in the local area to improve the quality of services. Highly effective practice resides within individual services, settings and schools and too little is done to help professionals 'learn from the best'. Similarly, leaders do not give sufficient prominence to the views of children, young people and families in evaluating what is working well and where improvement is needed.
- Inspectors identified weaknesses in leaders' understanding of the effectiveness and impact of specialist provision. The local area has been too slow to develop an approach to commissioning services which is sharply focused on improving outcomes for children and young people who have special educational needs

and/or disabilities. This includes poor arrangements for providing personal health budgets.

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

Strengths

- Rates of progress of primary-aged children who have special educational needs and/or disabilities in reading, writing and mathematics are comparable with, and sometimes better than, those for other children nationally with similar starting points.
- Individual health services are working well to improve the health outcomes of children and young people who have special educational needs and/or disabilities.
- Services are provided sensitively and with care and compassion. Short breaks provision effectively helps children and young people to develop their confidence, independence and skills away from their families.
- Well-planned, coordinated and highly personalised learning programmes are effective in supporting young people in the 19 to 25 age range to develop their functional skills, lifeskills and work-related learning skills. This, importantly, improves their independence and employability.

Areas for development

- The outcome measures in education, health and care plans tend to focus on what services will do for children and young people and not on the difference these services will make. As a result, leaders do not know how well the local area improves outcomes for children and young people who have special educational needs and/or disabilities.
- Leaders in the local area do not analyse outcomes for children and young people who have special educational needs and/or disabilities rigorously enough. The learning and progress of children and young people with different needs, and those who are also looked after by the local authority, are not systematically analysed. This means that leaders cannot evaluate the effectiveness of provision on key groups of children and young people, which weakens future planning.
- Leaders' understanding about what is helping children and young people who have special educational needs and/or disabilities to feel safe in Hartlepool is not well developed because leaders do not routinely seek their views.
- The progress of children and young people who have special educational needs and/or disabilities in secondary schools is not as strong as it is in primary schools. While some young people achieve outcomes which help them to be well prepared for the next stage of their learning and their adult lives, others do not. Comparative analysis of the learning outcomes of young people who have special educational needs and/or disabilities in the 16 to 25 phase is lacking.

- Levels of absence, persistent absence and fixed-term exclusion for children and young people who have special educational needs and/or disabilities are too high, especially in the secondary phase, when compared with the national averages for all pupils. Leaders are not doing enough to increase levels of attendance and reduce fixed-term exclusions.
- The existing arrangement for the role of designated medical officer or designated clinical officer in the local area is not providing the influence needed to ensure better health provision and improved outcomes for children and young people who have special educational needs 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:

- inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities
- weaknesses in providing the clear and timely information, advice and support that families need
- weaknesses in the strategic joint commissioning of services for children and young people who have special educational needs and/or disabilities
- weaknesses in the monitoring of the effectiveness of services in improving outcomes for children and young people who have special educational needs and/or disabilities.

The approach to responding to findings from inspections, including the production and review of the statement, is set out in Annex A of the local area SEND inspection handbook.

Yours sincerely

Nick Whittaker
Her Majesty's Inspector

Ofsted	Care Quality Commission
Cathryn Kirby HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services Children, Health and Justice.
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lasend.support@ofsted.gov.uk



19 May 2017

Ms Eleni Ioannides
Director of Children's Services
Middlesbrough Borough Council
PO Box 505
Civic Centre
Middlesbrough
TS1 9FZ

Amanda Hume, Chief Officer, South Tees Clinical Commissioning Group
Caroline Cannon, Local area nominated officer

Dear Ms Ioannides

Joint local area SEND inspection in Middlesbrough

Between 20 March 2017 to 24 March 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Middlesbrough 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 disabilities and/or special educational needs, 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 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 strengths and areas for further improvement.

Main findings

- The disability and special educational needs reforms have not been implemented effectively in Middlesbrough. There are significant weaknesses in the strategic leadership and governance of the reforms and, since 2014, local area leaders have done too little to improve outcomes for children and young people who have special educational needs and/or disabilities.
- Children, young people and families are not involved enough in discussion and decision-making about the services and support they need. This weakness was exemplified by one parent who told inspectors, 'All I want is for people to ask how my child is, which is rare, listen to me and do what they say they will do.' Importantly, too few parents know about Middlesbrough's local offer or how to get the essential help and support they need.
- Leaders do not have an accurate understanding of how effectively children and young people's needs are identified and assessed. Equally, leaders do not have a clear view of how well children and young people's needs are met or whether they are achieving better outcomes. As a result, strategic planning is weak and leaders do not have a secure starting point for jointly commissioning services across education, health and social care.
- In contrast, front-line professionals are committed to working together to improve outcomes for children and young people who have special educational needs and/or disabilities. Specialist provision for some children and young people is strong because their needs are identified, assessed and met effectively and, as a result, they achieve good outcomes.
- Children and young people in the schools and settings visited by inspectors told the inspectors that they feel safe and well supported. Leaders in the local area are alert to the things that make children and young people who have special educational needs and/or disabilities vulnerable. Crucially, those who need help and protection are identified quickly and given effective and well-coordinated multi-agency support.

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

Strengths

- The needs of young children are identified in a timely and effective way. Health visitors provide targeted development reviews for three-year-olds and, in addition, run clinics for young children jointly with physiotherapists. As a result, those who need specialist help or support are identified quickly and referred promptly to other services.
- The needs of vulnerable children and young people who have special educational needs and/or disabilities are identified well because services are well coordinated and effective. For example, health visiting services, ante-natal

services and physiotherapy are provided jointly at a community hub for refugees in Middlesbrough. Similarly, children and young people who have recently arrived in the United Kingdom and may have complex needs are quickly placed in special schools so their needs can be identified and fully assessed. Also, children and young people who are electively home-educated are referred to the school nursing team and are always offered a service.

- Primary care practitioners complete a high number of annual health checks for young people aged 14 and over who have moderate, severe or profound learning disabilities. This supports the timely identification of their changing needs as they move towards adulthood.
- Children and young people who are vulnerable, exploited, missing or trafficked are identified quickly as a result of effective multi-agency work in Middlesbrough. Local area leaders have made sure that children and young people who have special educational needs and/or disabilities who may be vulnerable, or at risk, are identified, helped and protected.

Areas for development

- Leaders in the local area do not have a thorough understanding of the views and experiences of children, young people and families. This is a barrier to effective and equitable identification of children and young people's needs. Crucially, many parents and carers told inspectors that they do not know whom to speak to when they have a concern about their son or daughter and that sometimes the professionals they approach do not listen to them.
- Leaders have not evaluated the local area's effectiveness in identifying children and young people's special educational needs and/or disabilities accurately. They have a weak understanding of children and young people's needs. This limits the effectiveness of strategic planning, including arrangements for jointly commissioning services.
- In some schools and settings, staff do not have sufficient knowledge of the disability and special educational needs reforms. Equally, some staff in these settings are not knowledgeable enough about how to identify children and young people's special educational needs. While leaders recognise that this is a barrier to effective and timely identification of needs, they have not done enough to tackle this fundamental weakness.
- Although the local area's performance in completing education, health and care (EHC) assessments and converting statements of special educational needs to EHC plans has improved, local area leaders have not made sure that these plans have the necessary contribution from health practitioners. Local area leaders do not use information and data to identify children and young people who may have special educational needs and/or disabilities. This limits the effectiveness of strategic planning to improve services.
- Most children and young people placed in Middlesbrough who are looked after by the local authority and have special educational needs and/or disabilities

do not get timely initial health assessments. In contrast, the quality assurance of health assessments for children and young people who are looked after by the local authority and placed outside the local area is effective.

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

Strengths

- Front-line professionals are committed to working together to meet children and young people's needs. For example, joint education and therapy groups provide effective multi-agency assessment and short-term therapy programmes for young children. This contributes to earlier assessment of their needs and, when needed, timely and effective support and intervention. Similarly, school leaders in some settings work closely with professionals from child and adolescent mental health services to provide support that is highly responsive to children and young people's emotional needs arising from, for example, gender identity.
- Children and young people told inspectors that they feel safe and well supported in the schools and settings they attend. They also told inspectors that they feel safe when they use a short break service, for example when they go to the Youth Club at 'My Place' or take part in a leisure activity in their local community.
- New post-16 courses, for example at Middlesbrough College and those provided by Education and Services for People with Autism (ESPA), are meeting young people's needs and helping them to gain the qualifications and skills needed to move successfully on to further or higher education, employment and independent living.
- The local authority's SEN team provides effective support to schools and settings in Middlesbrough. This helps special educational needs coordinators work out how they can meet a child or young person's needs in their school or setting. Importantly, many parents told inspectors that the SEN team are an invaluable source of information and advice.
- There is a strong and effective multi-agency approach to assessing and meeting the needs of children and young people who have a hearing or visual impairment at the schools with an additionally resourced provision. Pupils at these schools spoke to inspectors about how the specialist support they receive is helping them to learn well and make progress.
- Similarly, many children and young people benefit from specialist services which meet their needs well. For example, children with a mild speech and language delay are effectively supported by an accessible and responsive speech and language therapy service. Also, some children who have social, emotional and mental health needs and autism have transferred successfully to mainstream secondary schools as a result of effective support provided by a special school.

Areas for development

- There are significant weaknesses in the involvement of children, young people and families in discussion and decision-making about how their needs are assessed and met. Families do not know about the resources and support for children and young people who have special educational needs and/or disabilities in the local area. Few know about the local offer or specialist services such as the Special Educational Needs and Disability Information Advice and Support Service in Middlesbrough. This leads to unacceptable inequalities in the resources and support children, young people and families receive. Some children and young people regularly access a high quality short break, for example, while others simply do not. This was exemplified by one parent who told inspectors 'the more you know, the more you get'.
- The quality of support plans and EHC plans is too variable. The engagement of health professionals in education, health and care planning is underdeveloped and the quality of health advice in plans is sometimes poor. Oversight of the quality of these plans by local area leaders is ineffective. In part, this is because there is a lack of clarity about the strategic and quality assurance role of the designated medical officer.
- The availability and commissioning arrangements for some specialist services give serious cause for concern. The occupational therapy service and the provision of specialist equipment in Middlesbrough do not meet children and young people's needs. They wait too long for the services and specialist equipment they need and, as a result, their opportunities to participate in essential everyday activities are unacceptably restricted.
- Equally, information about children and young people on the pathway for recognition, referral and diagnostic assessment of autism is not shared purposefully during the education, health and care planning process. As a result, they do not get the timely help and support they need. Also, there is no post-diagnostic support for these children and young people and their families, which, too often, leaves them feeling vulnerable and isolated.
- Similarly, specialist careers information, advice and guidance for children, young people and families is not timely or effective. Too many young people and their families do not have the information and support they need to make informed decisions. As a result, some are fearful about their futures.
- In mainstream schools and settings, some staff do not know enough about how to meet the needs of children and young people who have special educational needs and/or disabilities. As a result of long-standing weaknesses in the local area's strategic leadership, a high proportion of these children and young people are placed in special schools within and outside the local area. This further restricts opportunities for staff in mainstream schools to develop the knowledge and skills needed to provide an effective and graduated response to pupils' special educational needs. Although leaders recognise that this is a barrier

to meeting children and young people's needs, they have not done enough to tackle this fundamental weakness.

- There is no robust strategy for jointly commissioning services across education, health and social care in Middlesbrough. This significant weakness has a profound impact on the effectiveness of the local area in meeting the needs of children and young people who have special educational needs and/or disabilities.

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

Strengths

- Some services and settings in Middlesbrough are helping children and young people who have special educational needs and/or disabilities to achieve better outcomes. Some children and young people's current and continuing health needs are assessed accurately and met effectively. Some young people are making strong progress on post-16 learning programmes and, as a result, are developing the knowledge and skills they need to be well prepared for the next stage of their lives.
- Many children and young people who use a short-break service are accessing high-quality activities which have been effectively coproduced with them and their families. These activities enable children and young people to be more visible and included, build their confidence, increase their independence and help them to develop crucially important communication and interaction skills.

Areas for development

- Local area leaders do not have a sufficiently clear understanding of the progress that children and young people who have special educational needs and/or disabilities make. Leaders do not collect, analyse or use information and data effectively. As a result, their evaluation of the local area's effectiveness in improving outcomes for children and young people is inaccurate. Again, this limits their ability to jointly commission the services that children, young people and families need.
- The outcomes in many support plans and EHC plans are not specific, clear or measurable enough. There are no clear or consistently used measures of health outcomes. This makes it difficult for leaders either to check the effectiveness of services or to work out how to develop and improve them.
- Information from statutory assessments in 2016 show that children and young people who have special educational needs and/or disabilities in Years 6 and 11 did not do as well in English and mathematics as other children and young people who had similar starting points nationally. Similarly, levels of absence, persistent absence and fixed-term exclusion for children and young people who have special educational needs and/or disabilities in mainstream primary and secondary schools are high and increasing. There is no secure evidence that,

typically, children and young people who have special educational needs and/or disabilities in Middlesbrough are well prepared for further education, employment or independent living.

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:

- There are fundamental weaknesses in the strategic leadership, governance and implementation of the disability and special educational needs reforms in the local area.
- Children, young people and families have too little involvement in discussion and decision-making about the services and support they need. The local offer is poor and, as a result, children, young people and families have a weak understanding of the resources and support available in Middlesbrough.
- Leaders have an inaccurate view of the local area's effectiveness. They do not gather, analyse and use information and data to drive improvement in provision and outcomes for children and young people who have special educational needs and/or disabilities in the local area.
- Strategic planning is weak and there is no strategy for jointly commissioning services across education, health and social care.

Yours sincerely

Nick Whittaker

Her Majesty's Inspector

Ofsted	Care Quality Commission
Cathy Kirby Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI Lead Inspector	Lucy Harte CQC Inspector
Jackie Lown Ofsted Inspector	



CC: DfE Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England