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**24 April 2019**

Mr Martin Gray  
Director of Children's Services  
Stockton-on-Tees Borough Council  
Municipal Buildings  
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Stockton-on-Tees  
TS18 1XE

Nicola Bailey, Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group  
Joanne Mills, Local Area Nominated Officer, Stockton-on-Tees Borough Council

Dear Mr Gray

### **Joint local area SEND inspection in Stockton-on-Tees**

Between 4 February 2019 and 8 February 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Stockton-on-Tees to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) 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 with SEND, 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 SEND 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 strengths and areas for further improvement.

## **Main Findings**

- Local area leaders have not ensured that the 2014 reforms have had the necessary impact on improving provision and outcomes for children and young people with SEND.
- Leaders are not jointly planning, commissioning and providing education, health and care services in a way which is improving the outcomes achieved by children and young people with SEND. Leaders acknowledge that there is still work to do to ensure that joint commissioning helps the local area to meet the education, health and care needs of children and young people with SEND more effectively.
- The quality of education, health and care (EHC) plans sampled is too variable. A few are good but many are poor. The quality of professional advice and the extent to which it is incorporated in plans are too varied. Health professionals are not always able to check that their advice has been incorporated accurately into EHC plans. Frequently, EHC plans do not give a clear or holistic view of the needs of children and young people and the outcomes are not sufficiently aspirational or measurable. EHC plans sometimes include information that is out of date.
- Coproduction (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all) is not sufficiently embedded in the local area's approach to improving the outcomes of children and young people with SEND.
- There is some parental dissatisfaction in the local area. During the inspection, parents raised concerns about children's and young people's needs not being met. The majority of parents who spoke to inspectors said that there is a lack of effective communication between services and families.
- Frontline staff work hard, individually and in their teams, to make a difference to children and young people with SEND and their families. Many were praised highly by parents. However, families have contrasting experiences of the local area's arrangements for identifying, assessing and meeting the needs of children and young people with SEND.
- Of note, however, is that there has been a renewed focus on improving the local area's SEND arrangements more recently. Leaders are determined to ensure that the reforms now make a positive difference to the lives of children and young people and their families. They are more ambitious and believe in 'getting it right'.

- Leaders have a realistic picture of the local area's effectiveness in identifying, assessing and meeting the needs of children and young people with SEND. The local area's self-evaluation is detailed and comprehensive. The plans that are in place as a result are sensible and focused. Leaders know what needs to be done and understand that progress since the reforms has been too slow.
- The SEN and engagement team is well respected and gives good-quality help and guidance to teachers, support staff and special educational needs coordinators (SENCOs) in schools. School leaders appreciate the support that is given and, rightly, have confidence in the advice that they receive. Increasingly, the support provided by colleagues from enhanced mainstream schools is valued by school leaders.
- There is a more cohesive and coherent approach to supporting children aged 0 to five years. Frontline practitioners in early years services show a clear commitment to improving health, education and care provision for young children with SEND. Partnership working is contributing to better outcomes for this group of young children.

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

### **Strengths**

- Local areas leaders have an accurate view of the effectiveness of arrangements for identifying the needs of children and young people with SEND. The local area's self-evaluation has correctly pinpointed where the identification of needs is strong and where further development is needed.
- The support that education professionals receive from the SEN and engagement team is increasingly effective. It is helping more individual schools and SENCOs to correctly identify children's and young people's additional needs. Teachers and school leaders appreciate the advice that they are given. In addition, teachers from enhanced mainstream schools are beginning to share their expertise more widely.
- Children in the early years benefit from having their health and development assessed to identify emerging needs. For example, for the most vulnerable children, an integrated developmental assessment for two- to two-and-a-half-year-olds using ages and stages questionnaires and progress reviews is completed with the parent by a member of the health visiting team and an early years education professional. All other children benefit from separate reviews being shared between health and education settings to ensure that all professionals have full information to inform their practice. This integrated approach supports parents to 'tell it once' and ensures that a child's holistic

needs are identified in a timely way. This is highly valued by many parents and professionals alike.

- Children and young people are able to access a monthly physiotherapy drop-in clinic in each of the four Stockton-on-Tees localities. This enables parents to seek advice and support for their children where they have concerns about their physical development, without the need for a referral. Parents are supported to deliver basic interventions themselves or an onward referral is made when this is appropriate. These drop-ins are appreciated by parents.
- The work of the parent and carer forum is valued by local leaders and by parents. For some parents, this support has been a lifeline in helping to have the needs of their children identified. Similarly, the work of the special educational needs and disability information, advice and support service is praised by the parents who have accessed it. Several parents are effusive in this regard.

### **Areas for development**

- Parents do not always feel that their views are heard or understood. A lack of meaningful coproduction results in parents feeling like they are 'done to and not with'. Although there are some examples of consultation with the parent and carer forum, this is underdeveloped. The partnership has more work to do to further engage parents in discussion and decision-making about services and support for their children. Some parents report that they have had to 'fight hard' to get their child's needs identified.
- Parents told inspectors of the need to tell their story several times to different professionals, sometimes within the same organisation. Thus, the 'tell it once' approach, which is at the heart of the 2014 reforms, is not embedded across health, education and care services in Stockton-on-Tees.
- The youngest children do not currently benefit from a universal assessment, in line with the requirements of the healthy child programme, to identify any emerging needs. As a result, some children do not have their health needs identified at the earliest possible stage.

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

#### **Strengths**

- 'Moving forward' documents, which transfer with children and young people as they change schools or settings, help teachers and other education professionals to understand their needs. Children and young people can,

therefore, make a strong start to their learning when they move to a new school. This includes children and young people who move from mainstream to specialist provision. 'Enhanced transition' programmes effectively support the most vulnerable pupils when they are changing school.

- Children and young people, including those who are non-verbal, have their views and likes captured well by health professionals. Inspectors reviewed a range of types of records, including health records and review health assessments for children looked after. The voice of children and young people was strongly captured and embedded throughout. This demonstrates a dedication to ensuring that health services have children and young people at the heart of their work.
- Children with an emerging or suspected speech, language or communication need benefit from open initial contact with the speech and language therapy service (SALT). Parents can refer directly to this service for advice and support. This system enables signposting to universal services for basic interventions and gives parents strategies to help them to support and monitor their children's needs. It also provides access to a SALT assessment and specialist intervention when this is appropriate.
- There is a clear vision and focus on improving the quality of education for children and young people with SEND. For example, local leaders have developed a strong rationale for enhanced mainstream schools. This is a positive development. Enhanced mainstream schools are increasingly successful at meeting children's and young people's SEND. The organisation of these settings is also supporting children and young people at times of transition. There is a clearer pathway for children and young people through their time at school and provision is more closely matched to their needs.
- Children and young people identified as having emotional, or mild to moderate mental health needs, benefit from a variety of services as part of 'Future in Mind'. This initiative improves access to support much earlier for children, young people and their families. It has also begun to reduce the number of inappropriate referrals to specialist child and adolescent mental health services (CAMHS).
- Secondary schools in Stockton-on-Tees have benefited from whole-school needs assessments to determine the most prevalent emotional and mental health needs within the school population. This has resulted in training for staff which is matched to the specific needs of children and young people.
- Children looked after in Stockton-on-Tees are able to access emotional and mental health support at the earliest opportunity. There is a new dedicated CAMHS service for them which bypasses the need for referral. As a result, the most vulnerable children and young people have their mental health needs assessed and met as soon as possible after identification.

- Young people with SEND who are known to youth justice services or are vulnerable to criminal exploitation are supported effectively through strong multi-agency partnerships.
- In addition, young people supported by the youth offending team benefit from timely access to emotional support, as well as assessment of their speech, language and communication needs. There is a CAMHS clinician and SALT practitioner within the youth offending team to assess vulnerable young people without the need for external referral. This means that young people have their needs assessed and met quickly and effectively.
- Children and young people in Stockton-on-Tees in mental health crisis receive a timely response. The crisis service is staffed 24 hours a day, seven days a week. The target of reviewing the young person within one hour of the call is achieved in the vast majority of cases. This swift response has seen a reduction in the number of mental health admissions and provides crisis intervention at the time it is needed.
- The support provided by social care to children and young people who have SEND and live with foster carers is highly valued. The consistency of the support offered by social workers enables these children and young people to flourish.
- Training and support for SENCOs is strong and well received by school leaders. For example, simple documentation to help teachers work out how to meet the needs of children and young people with SEND who receive additional support (but do not have an EHC plan) is increasingly effective. As a result, these children and young people are having their needs met more effectively in several mainstream schools.
- Young people referred into the autism spectrum disorder (ASD) pathway are 'fast-tracked' on the waiting list if they are over 16 to ensure that they will have completed diagnostic assessment before 18 when the current pathway ends.

### **Areas for development**

- Although strengths are in evidence, too little progress has been made in improving the local area's effectiveness in assessing and meeting the needs of children and young people with SEND since the reforms were introduced in 2014.
- Many parents told inspectors that communication between agencies and families is weak. As a result, parents are not always aware of how professionals are working together to meet the needs of their children. This undermines parents' confidence. For example, despite efforts from some services to dispel the belief, parental perception continues to be that therapy

interventions must be delivered by qualified therapists on a regular and frequent basis in order for them to be effective. This limits the opportunity for families to fully engage in their children's interventions to meet their needs and improve their outcomes. It also leaves parents feeling that their children are not receiving the support they need.

- Historically, waiting times for ASD diagnosis for 0- to five-year-olds and five- to 18-year-olds were unacceptably long. In response, the local area has created additional capacity which has successfully reduced these waiting times. Despite this improvement, however, too many families have had long waits for the support and help their children need and waiting times are still too long.
- The recently appointed designated clinical officer (DCO) has correctly identified several priorities for action. Any positive impact of the DCO on the experience of children and young people and their families is not yet apparent.
- Young people with SEND approaching adulthood do not benefit from effective transition processes between paediatric and adult health services. Community children's nurses work with young people, where possible, to help them learn to manage their own conditions and medications. However, the lack of an effective transition pathway restricts a smooth transfer into adult services.
- Too many EHC plans are not good enough. Sometimes, there is limited evidence of reflection on the progress that children and young people made over the past year when the plans are being reviewed. As a result, plans do not always identify the changing needs of children and young people with SEND. Local leaders acknowledge that the quality of EHC plans is too variable and often weak. A new quality assurance framework has been developed to make sure that the needs of children and young people are identified, assessed and met. There is currently limited evidence of positive impact.
- The local offer has been reviewed and revised in consultation with parents. However, many parents who spoke with inspectors either do not know about the local offer or do not use it.

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

### **Strengths**

- The local area's self-evaluation correctly identifies an improving picture in the academic progress that some children and young people with SEND are making. For example, the progress that children and young people with SEND make by the end of key stage 2 in reading, writing and mathematics is

improving. The standards they reach are also improving. The progress that young people with SEND make in some GCSE courses is also improving.

- Members of the SEN and engagement team know where provision is leading to weaker outcomes and offer support accordingly. For example, the progress that children make by the end of key stage 1, and the standards that they reach, have been less strong in some settings. Additional advice and guidance have been provided to support improvement in these schools.
- Some individual children and young people achieve positive outcomes which reflect their ambitions and hopes for the future. This is because some services and settings in Stockton-on-Tees provide effective personalised support.
- Individual young people who access a range of supported internships, including 'Project Choice', are making stronger progress in being successfully prepared for adulthood.
- The local area has helped to reduce the number of 16- to 17-year-olds with SEND who are not in education, employment or training. Contact with 'Youth Direction', which gives advice and guidance linked to careers or next steps, is valued by young people.

### **Areas for improvement**

- Leaders acknowledge that the local area has not made enough progress in jointly planning, commissioning and delivering services for children and young people with SEND since 2014. The local area has jointly commissioned some services for individual children and young people who have complex needs and leaders have identified commissioning priorities for the future and developed a joint commissioning strategy. However, this is not underpinned by a sufficiently robust joint strategic needs assessment. Local area leaders are committed to improving services for children and young people with SEND but, since 2014, improvement has been too slow and the experience of children and young people with SEND remains too variable.
- Local area leaders do not have a clear or meaningful approach to measuring and evaluating the EHC outcomes achieved by children and young people aged 0 to 25 with SEND. Those written more recently by physiotherapists are focused and aspirational. However, frequently, outcomes written by other practitioners are actions or steps rather than a measurable outcome.
- Although decreasing, the rate of fixed-term exclusions is too high for children and young people with SEND. The number of children and young people with SEND permanently excluded from school is also too high. Local leaders are aware of this situation and have been working with mainstream schools to improve this picture.



**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:

- coproduction, engagement and communication with parents are underdeveloped
- the quality of EHC assessments and plans is too variable
- strategic joint commissioning, in a way that demonstrably improves EHC provision and outcomes for children, young people and families, is not fully embedded
- local area leaders have not developed an effective approach to measuring and evaluating EHC outcomes for children and young people.

Yours sincerely

Michael Wardle  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
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Cc: DfE Department for Education  
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