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8 January 2019

Mrs Helen Riley  
Director of Children's Services  
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Marcus Warnes, Clinical Commissioning Group Chief Officer  
Tim Moss, Local Area Nominated Officer

Dear Mrs Riley

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

Between 12 November 2018 and 16 November 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Staffordshire 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, an HMI and two Children's Services Inspectors from the Care Quality Commission (CQC).

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the 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 (CCG) 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**

- Children and young people with SEND in Staffordshire do not achieve well and are often ill prepared for the next stages of their education, employment and training. Ineffective leadership has resulted in a fragmented and dysfunctional approach to education, health and care agencies working together. This means that families do not get the help and support they need for their child. Inspectors were told that there is a sense of 'diminishing inclusivity' in Staffordshire and that children and young people are often not placed in the right educational establishment.
- Staffordshire has experienced significant organisational change since the revised code of practice was introduced in 2014. Children and young people with SEND have not received a consistently strong service during this time. As a result, outcomes are generally lower than those found nationally.
- Leaders have been very slow to bring together a single vision and strategy for improvement. Different teams work too much in isolation. There is not a joined-up approach to providing the right support for children and young people with SEND.
- A wide range of transformation has taken place in the last 12 months to 'catch up'. Improvements are starting to be made but the code of practice has not been fully implemented and changes are not adequately co-produced (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) with professionals or families. As a result, the vast majority of feedback from stakeholders is negative. The experiences of families and their children have not been good enough. For example, several families told inspectors that they feel they have to 'battle' to get the right support for their children. There is much work for the local area to do in winning the hearts and minds of the people it serves.
- Though Staffordshire's self-evaluation is honest and frank, and broadly reflects the area's key strengths and areas for development, it has not been collaboratively produced by representatives of education, health and care.
- At an operational level, there is much valuable and effective work taking place across the county which is not fully understood or shared. These strengths are particularly evident within the virtual school team (who oversee and support children looked after), the sensory support team, the youth offending service, the autism outreach team, and in the work of the designated clinical officers (DCOs).
- The effective work of the DCOs is not fully understood or shared. The DCOs have written a comprehensive 'health' self-evaluation and action plan. However, this information has not informed the local area's self-evaluation. Work that is taking

place in the health sector is therefore not fully captured.

- Leaders state that academic outcomes of pupils with SEND 'are just not good enough'. They are right. The progress that pupils with SEND make at the end of key stage 2 in reading, writing and mathematics is lower than other pupils in Staffordshire and all pupils nationally in every respect. The progress of pupils with an education, health and care (EHC) plan is particularly low by the end of key stage 2. By the end of key stage 4, the progress of pupils with SEND is more mixed. There are some better outcomes for pupils with SEND at the stage of 'SEND support', but the progress of pupils with an EHC plan is poor. Aspirations are not high enough.
- EHC plans have been converted within the statutory timeframe, and the proportion of plans issued within the prescribed timescales compares favourably to the national figure. However, families report that the quality of co-production is very mixed. In many cases, meaningful discussion and partnership are absent. The overall quality of EHC plans is weak. Inspectors found some plans that had not been reviewed for two years. Again, aspirations for children and young people with SEND are not high enough.
- Following a programme of detailed and valuable research, the local area identified several key issues that negatively affect Staffordshire's implementation of the SEND code of practice: the identification and support of special needs in schools and wider settings is weak; the expertise of special educational needs coordinators (SENCOs) varies considerably; and the extent to which some schools prioritise special needs and have a culture of inclusivity is a concern. As a result of these findings, the local area has prioritised a review of the graduated response (the steps a setting takes to support children and young people with SEND through assessing, planning, implementing and reviewing their approaches).
- Parents and leaders within the local area raised concerns about the overall spirit of inclusion in some settings. Too often, inspectors were given examples of pupils with SEND who were finding it hard to gain admission to a school.
- Historical data indicates that pupils with SEND attend school well compared to the national level of attendance, and exclusion rates are low. While there are some strengths with attendance, the picture with exclusions is now more complex. Permanent exclusions in mainstream schools are escalating. Local authority officers state that these pupils often have unidentified special educational needs. This view is supported by the leaders of Staffordshire's pupil referral units (PRUs). Leaders in PRUs are now making an increasing number of referrals for special educational needs assessments for pupils who have been permanently excluded.
- Given the increased demand on PRUs, many pupils are being placed on part-time timetables. This puts pupils with SEND in an even more vulnerable position. Leaders recognise that this situation can expose pupils to serious safeguarding risks, including child sexual exploitation, county lines (criminal exploitation) and

gang crime. While these safeguarding issues are acknowledged, and work is under way to reduce risks, there is more to do in ensuring that the local area's SEND action plan fully reflects how pupils with SEND will be safeguarded and how the situation will be monitored and evaluated further.

- Staffordshire's oversight of and relationship with schools have broken down. Leaders do not know enough about the effectiveness of provision for pupils with SEND. Above all, there has been an inadequate level of monitoring of alternative provision and independent schools. These settings are attended by some of the most vulnerable pupils with SEND. Work has recently begun to address this lack of scrutiny, but it is very late in being established.
- Work has taken place to establish both joint and aligned commissioning. An example is the commissioning of a joint integrated equipment service (all ages) using a pooled resource. While this joint commissioning is positive, health representatives report delays in acquiring equipment because of the referral process.
- In the past year, the local area recognised that there was more to do to improve the local offer. They have undertaken a range of consultation and development activities to achieve this. A revised website is in place. This service has now been launched with the aim of promoting easier access to information and support.
- Parents share mixed views about the local area's effectiveness. Inspectors received a very small number of compliments about the work of some individual schools. The vast majority of feedback was negative. The views outlined below are representative of the wide range of feedback that was submitted during the inspection. Parents stated that:
  - there is a lack of meaningful consultation between them and the local area
  - they have to battle with the system
  - access to services is complicated and confusing
  - they have to tell their story to different people and feel like they are in a game of 'ping pong' between services
  - it takes a crisis before action is taken.

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

### **Strengths**

- Transformation work has taken place to bring about locally based support for families. The 'South Staffs' and 'Leek' hub models appear to be having a positive impact on the identification of pupils' needs and the subsequent support they receive, but this is still at an early stage.

- Data is used to identify children and young people's needs but has not been used by all parties to devise a joined-up, collaborative approach to service improvement.
- The SEND information, advice and support service (also known as SENDIASS Staffordshire Family Partnership), is well regarded by leaders and families. This service is effectively led. Though face-to-face support has reduced over time due to the demand on the service and financial constraints, families view support as 'invaluable and trusted'.
- The area's recognised parent/carer forum, 'Voice for Change', has many committed members who actively engage with authority officers to review the effectiveness of the local area. This group does not fulfil all of the responsibilities set out in the code of practice. However, forum members have a level of experience and skills that, if fully harnessed by the area, can help address the weaknesses outlined in this letter.
- The local area is developing a clearer picture of the views of certain groups of children and young people and their families through a range of different strategies. These include Voice for Change, the Voice Project, and feedback from settings. However, many children and young people and their families state that their views are not understood. This is because the local area has not worked well enough with families over time to develop and transform services for children and young people with SEND.
- The health visiting and school nursing services have recently become a new 0 to 19 integrated service. This service offers the core healthy child programme contacts with an additional offer of contact for families between three to four months. This supports the early identification of children with SEND.
- The local area has very recently introduced 'ChatHealth', a text-based anonymous service for children and young people to access emotional health and well-being information. The service procedures were developed with the local police service. However, at this stage, the local area has not developed a system to monitor the impact of this service.
- Though there are a variety of different diagnostic neurodevelopment services, which can cause confusion for families, there is an established single point of access for all referrals. Referrals are triaged, and risk assessed, daily. Children and young people with SEND who have autism can access a range of post-diagnostic support services. This aids early identification and provides access to ongoing support.

### **Areas for development**

- The pace of change has been too slow in Staffordshire. As a result, some children

and young people's needs go unidentified.

- There is a general consensus from all stakeholders (professionals and families) that collaborative practice over time has been weak. The vast majority of change, and any resulting impact, happens at a local provider or setting level.
- Education, health and care leaders have devised separate self-evaluations and action plans for their work. There is no joined-up approach to improvement work. As a result, the combined intelligence about children and young people's needs, and the resulting implications for support, are not in one strategy that is shared and understood by everyone.
- The local area's commissioned research findings state that there is much work to do to support settings' graduated response to meeting the needs of children and young people with SEND. Some schools do offer effective support. However, others require further challenge and support to ensure that pupils' needs are accurately identified at the earliest opportunity.
- Two pilot hubs (in South Staffordshire and Leek) are showing early signs of developing better strategies for identifying needs at a local level. However, there is more work to do in ensuring that these hubs are the right way forward, and that they take full account of children and young people's health and social care needs. Leaders have given insufficient thought to the role and potential impact of care within the two pilot hubs that are operating.
- The capacity of the SENDIASS service is stretched and enquiries are rising. Families report that they can reach the service, but that valued face-to-face contact is now diminishing.
- Parents state that there is confusion about how their child's needs will be identified, who they can go to, and how professionals across education, health and care will support them. This is because services are not joined up. It is confusing for families to know who to go to. They have to tell their story more than once. This causes frustration and delay in providing the right help and support.
- The local offer has been redesigned. It is easy to navigate and search for information about different services. However, beyond local area officers, very few people know about it or access it.
- Antenatal contacts are offered to all expectant mothers known to the 0 to 19 health team. However, information sharing between midwifery services across Staffordshire and the 0 to 19 service is not comprehensive. Where expectant mothers are not known to the 0 to 19 service, they do not have the opportunity to access early support.
- The local area does not currently have an integrated two-and-a-half-year health check in place across health visitor services and early years settings. As a result, families are having to tell their story more than once.

- Some children and young people looked after with SEND have numerous assessments undertaken by multiple professionals. There is no formal process for aligning these assessments. Children and young people are therefore having to tell their story several times to different professionals.
- Children and young people looked after with SEND are not routinely receiving an initial health assessment or review within the statutory timescales. Performance relating to these specific assessments, particularly in the south of the local area, has been poor for some time and leaders have been slow to respond.

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

#### **Strengths**

- More recently, EHC plans are becoming focused on children and young people's needs. Children and young people who have the most complex needs have their medical and social care needs documented well.
- The proportion of children and young people being considered and assessed for EHC plans within the statutory timeframe compares favourably to the national average. However, there has been a sharp decline in these statistics in recent months due to the lack of availability of educational psychologists.
- The pilot hubs (in South Staffordshire and Leek) are starting to offer a local means for ensuring that children and young people's needs are assessed and met in their community.
- The early education and childcare team have produced several videos to help families access additional child care. The videos exemplify how children with special needs can, and are, receiving additional support to help meet their needs. The early years team has also established clear information-sharing protocols with other agencies and has been central to the development work taking place in the pilot hubs.
- More young people with SEND are accessing education, employment and training. Inspectors met with young people with SEND who are accessing a range of programmes of study in college. Families and young people told inspectors that the education, training and work experience on offer was very much valued. However, though internships are proving successful for many young people, several families said they were unaware of this training option.
- Social care service leaders have identified several key areas for improvement. These include improving the language used by social workers in EHC plans, so that it is accessible for children and young people and their families, improving the quality of the care targets, and raising the expectations and aspirations of social workers. Work is well under way to address these shortcomings and some

strengths in joint working have been established with the virtual school team.

- The virtual school team works hard to meet the needs of pupils looked after with SEND. Leaders know pupils' needs well and undertake specific analysis and projects to follow up any trends in performance. The team is well led and managed.
- Inspectors received positive feedback from parents and school leaders about the work of the sensory support service and the autism outreach team. The hands-on support that teachers and families receive in their schools and communities is having a positive impact on the experiences of children and young people with SEND.
- There is a strong short-breaks offer through the local area's Aiming High service. Families value opportunities for their children to be included in clubs and activities.
- The designated nurse for children looked after has established a robust quality assurance process for health assessments of children and young people with SEND. These assessments are quality assured effectively by the health provider and the designated nurse.
- The special school nursing service is a strength. The service has a clear focus on the needs of children, young people and their families. Pathways and protocols are well organised. Pupils in special schools benefit from the support they receive from a dedicated special school nurse allocated to each school.
- All professionals can refer children and young people with an identified health need to the children's community nursing team. There are clear processes and procedures in place so that children and young people can access appropriate intervention in a timely manner. Children and young people requiring end-of-life palliative care have access to a fast-track process so there is support and intervention to meet health needs without delay.
- Children's community nurses deliver training to parents and health professionals to meet children and young people's additional health needs in a variety of different settings. The team has established links to other health services, including special school nurses, to ensure a coordinated approach to supporting families within the community.
- Therapy services have a clear process to manage their contribution to EHC plans. This ensures that responses are submitted on time and that the information provided is relevant and useful.
- The North Staffordshire risk matrix, used in the speech and language therapy team, ensures that services for children and young people, including those with SEND, are prioritised according to their need.
- Physiotherapy services for children and young people have a formal transition pathway into adult physiotherapy services. This arrangement supports forward

planning and the effective transition of children into adult services.

### **Areas for development**

- The ongoing assessment of children and young people with SEND at points of transition in education is weak. For example, schools and colleges reported that it is often difficult to gain information about pupils' needs from different settings. As a result, the needs of some children and young people are not consistently met. The inspection team noted several examples of poor communication between primary and secondary schools.
- Many leaders and families told inspectors that some schools are reluctant to admit pupils with SEND back into mainstream education. This lack of inclusion is very frustrating and disheartening for pupils and their families.
- Alternative provision panels have been recently established to support children and young people with SEND who have been permanently excluded. Work is under way to support pupils through their transition into PRUs and their return to mainstream provision. However, much of this work is new.
- Many families expressed concerns about the local area's arrangements for travel to and from schools and colleges. Parents state that they are not given adequate notice about potential changes to transport. The general management of this service causes users unnecessary stress.
- New pathways are being developed for the child and adolescent mental health services (CAMHS) and autism service. A joint protocol between one CAMHS and autism service has been implemented to support families to access the most appropriate support. Developments will be enormously welcomed by families who find the current system confusing and difficult to navigate. Several families say that they feel that they are in a state of 'ping pong' between different services. Many concerns were raised by parents and schools about waiting times.
- Co-production is very weak. Children, young people and their families do not feel that they routinely contribute to the plans and targets that are set. As a result, children and young people's ongoing needs can be overlooked or not supported effectively.
- EHC plans are largely focused on education, particularly the development of pupils' knowledge and understanding in English and mathematics. Where children and young people with SEND have an identified health or social care need, these are not always considered (except for pupils with the most complex needs). EHC plans do not focus sharply enough on preparing children and young people for adulthood. Consequently, children and young people's needs are not effectively met.
- The aspirations of children and young people are not heard sufficiently well. Where these aspirations are documented, they are not considered in the

development of targets.

- The take up of personal budgets is very low. There is no evidence that personal budgets are discussed during the reviews of EHC plans.
- EHC plan annual reviews are not completed in a timely manner. Schools state that the local area does not challenge them when they submit their reviews of a child's or young person's needs late. As a result, changes necessary to meet a child's or young person's needs are not made quickly enough.
- There is a fragmented approach to assessing young people's complex needs beyond the age of 18 years. There is no arrangement in place that mirrors the work of the under 18 years panel. Similarly, care plans stop for children and young people with SEND at the age of 18 years and are re-started by a different team. As a result, families have to tell their story again.
- Preparation for young people transitioning from the children's community nursing team to adult services begins when they reach 14 years. However, appropriate adult services are not always readily available to meet the young person's health needs.
- Though a new integrated equipment service has been successfully commissioned, therapists report delays in securing the right equipment. A focus on achieving best value is delaying the response to referrals and access to the equipment that children and young people with SEND urgently require.

## **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 has higher proportions of young people with SEND in employment, education and training than those found nationally. More young people are gaining places in further education. An increasing number of young people are accessing internships with a wide range of providers.
- Short breaks are a strength. Families can access a range of activities based on their children's needs.
- The speech and language therapy team have gained an award in recognition of the impact of their work and the improvements in the service.
- The youth offending service (YOS) has operated a liaison and diversion pilot since 2012. This has reduced the number of first-time entrants to the criminal justice system and repeat offenders. The service are active members of the SEND partnership board and this cohort of vulnerable young people is a priority of board business.
- The special school nursing service co-produces 'patient journeys' with families which set out the impact of the interventions delivered by the service and how

these have made a difference to the child and the family.

- CAMHS and therapy services devise effective targets and monitor the impact of their intervention using a range of tools. These tools help services evaluate their work and support future plans.

### **Areas for improvement**

- Many leaders and families say that they experience difficulties finding places for children and young people with SEND in different settings. These difficulties were reported across a range of settings, including early years, primary, secondary and further education. This lack of inclusivity is a concern.
- Pupils with SEND make weak progress in reading, writing and mathematics at key stage 2. Outcomes at key stage 4 are mixed. Though more young people are accessing employment, education and training opportunities in further education, in 2017 a lower proportion of 19-year-olds with SEND were qualified to level 2 (including English and mathematics) than that found nationally. This poorer performance is also reflected in the proportion of young people with SEND who were qualified to level 3 in 2017.
- There has been limited oversight of the performance of pupils with SEND who attend alternative provision and independent schools.
- The rise in permanent exclusions in the local area is a concern. This rise has placed additional pressures on PRUs. As a result, there are high numbers of pupils on part-time timetables. This places these pupils at increased risk of harm.
- Though more young people with SEND are accessing further education, employment and training, there is much work to do in ensuring that preparation for adulthood is explored more meaningfully on an ongoing basis and during EHC plan reviews.
- Mediation is helping to resolve a high percentage of concerns that are raised by parents. Nonetheless, complaints and tribunal cases have risen in recent years.

### **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:

- Leaders in education, health and care have not worked together to organise roles and responsibilities, establish a united vision and strategic plan, communicate effectively, drive improvement or share what works well.
- Aspirations and expectations for children and young people are not routinely high

enough.

- Co-production is weak. Parents feel that the local area does not listen to them or their child. The ‘tell it once’ approach is not embedded. The local area’s relationships with schools and families are fragile.
- The quality of EHC plans is poor. Health and care workers do not contribute to the process effectively. The targets and outcomes in plans are not aspirational enough. The annual reviews of EHC plans are often not completed on time or do not contribute effectively to the review of the children and young people’s needs and the support and help they receive.
- The review of children and young people’s needs at transition points between key stages in education and from one phase of education to another is weak. As a result, children and young people are often not prepared for the next stage of learning, training or adulthood.
- A wide range of leaders and families raised concerns about the quality of the graduated response and spirit of inclusion in Staffordshire.
- The oversight of improvement work in schools, alternative provision and the independent sector is weak.
- Children, young people and their families do not yet have access to the right help and support. Arrangements for accessing some services are confusing and complicated.

Yours sincerely

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