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Cathy Gritzner, Southend Clinical Commissioning Group Interim Accountable Officer
Gary Bloom, Local Area Nominated Officer

Dear Mr Leftley

Joint local area SEND inspection in Southend-on-Sea

Between 1 October 2018 and 5 October 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Southend-on-Sea to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors, including an Ofsted Inspector and a Children's Services Inspector from the CQC.

Inspectors spoke with children and young people who have special educational needs and/or disabilities (SEND) and parents and carers, along with local authority and NHS officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

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

- The Southend Clinical Commissioning Group (SCCG) and Southend-on-Sea local authority have not prioritised the implementation of the reforms. Despite this work being given higher priority in the local area's planning over the last year, the implementation of the reforms has been too slow. Leaders have failed to meet their statutory duties under the Children and Families Act 2014.
- The SCCG was placed into special measures in January 2018 due to the continuing deterioration in its financial position. The challenges faced by the SCCG, coupled with several changes in the senior leadership in the local authority and SCCG, have reduced their capacity to work jointly to enact the reforms in a timely manner.
- In the last year, the local area has shown a capacity to jointly bring improvements to some services. It has also established a broad understanding of the weaknesses in the current provision. However, the local area is still in the process of identifying more precisely the joint issues and priorities that it needs to tackle. Equally, there is no clarity about how leaders and partners are holding one another to account for the implementation of the reforms.
- The SCCG and Southend-on-Sea local authority have now committed to an integrated commissioning plan and have created new staffing positions together to facilitate this plan. Nonetheless, it has taken too long for the local area to get to this stage in its joint working and, therefore, joint commissioning is some way off meeting the needs of children and young people with SEND.
- There is a lack of coherent and systematic co-production of services with children, young people and their families. This has hindered the local area's ability to identify what children, young people and their families want and need.
- The local area does not know enough about the range of academic and social outcomes for its children and young people with SEND, especially but not exclusively for those who are aged 16 to 25 years. The lack of information hinders the local area's ability to identify priorities for joint commissioning.
- The local offer website is of poor quality and is not effective in signposting children, young people, families or professionals to what is on offer. Some schools are not proactive members of the local offer and do not know enough about their role in it.
- The local area's work to improve the quality of provision has not been followed up in schools to ensure that practice is improving. As a result, leaders do not know with accuracy how well needs are identified, assessed and met across the local area.
- Education, health and care (EHC) plans are predominantly made up of education-based outcomes. There are stronger examples of healthcare needs being considered for children and young people with the most complex physical needs.

However, in other plans, inspectors found very little evidence of meaningful, accurate and updated information related to social care and health outcomes.

- The systems and procedures to check on the safety, welfare and quality of the educational experience that children and young people receive are not sufficiently robust. Children in care are checked appropriately by social care teams and by staff from the virtual school for children looked after. However, other children and young people with SEND who are placed out of area, are in post-16 provisions or in independent provisions, or are educated at home, are not checked on well.
- The 'early help front door' programme is becoming an increasing strength across the local area. This work is supporting children and young people in getting their needs identified more rapidly, and getting more access to provision and the support that meets their needs.
- The local area's SEND information, advice and support service (SENDIASS) and the Little Heroes support group are well thought of, and highly active. The people who run the provisions care passionately about improving outcomes for children and young people with SEND.
- Some children and young people with SEND access high-quality provision because of highly competent individual professionals who support them in schools, colleges, the health service, social care and local authority specialist teams. However, this is not a consistent picture across the local area.
- There were 27 children and young people identified by inspectors during this inspection whose whereabouts could not be quickly confirmed. Leaders acknowledged the seriousness of this situation and made urgent enquiries to confirm the safety of the children and young people. The local area was able to confirm the whereabouts of 26 of the children and young people by the end of the inspection. Through their own referral procedures, they were able to confirm the whereabouts of the final young person after the inspection finished.
- Inspectors were aware during this inspection that a serious incident had occurred and that this is under investigation by the appropriate authorities. While Ofsted does not have the power to investigate incidents of this kind, the information provided by the local area was taken into consideration during the inspection.

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

Strengths

- There are ongoing efforts within the local area to widen the numbers of the youngest children whose needs are identified early. The targeted programme of A Better Start Southend (ABSS) is working in conjunction with partner members in

health, care, education and the third sector. This is increasing families' access to professional expertise in supporting early identification of children's needs.

- The health visiting service is working towards a universal offer of visits to women who are pregnant during the antenatal period. An increasing number of the most vulnerable women are being seen during their pregnancy. This approach is helping the local area to identify children's needs at the earliest possible stage of their development.
- A high proportion of families take up the offer of the two-and-a-half-year health visitor checks on children's development. Health visitors are using a range of indicators to review children's social, emotional and physical development. This is allowing professionals to identify children's needs, and get referrals in place, at an earlier stage.
- The speech and language service has developed an interactive screening tool that is used in the child's home and assists parents, carers and professionals to articulate any concerns about a child's early development. This supports earlier identification of children's needs and ensures that they receive a quicker referral to get the appropriate support.
- The early help offer in the local area (the 'early help front door') has been developed so that all referrals now go through 'one door' of coordinated multi-agency support. This is starting to help more children's and young people's needs to be identified at an earlier stage. It is also providing good information about where families can get further assistance. Professionals and families are positive about their experiences so far with this newer system.
- Staff in the early years educational settings speak highly of the guidance and training that they receive to identify early needs in the youngest children. They say that it is making a positive difference to their confidence in identifying these needs.

Areas for development

- The local offer website is not fit for purpose and does not meet the requirements of the code of practice. Most young people, and families, do not know of its existence. Equally, those who do know of the local offer tool, including healthcare, social care and educational professionals, do not find it accessible.
- There is no systematic way to gather the views of children, young people and their families about their satisfaction with the assessment process or, more generally, whether the processes for identifying, assessing and meeting needs are effective. This is especially the case for those young people who are refused an EHC plan.
- Schools do not routinely and proactively challenge the area's leaders about the local offer of support. The majority do not gather the views of the families that they work with and, when they do, they do not feed the information about the

effectiveness of the local offer tool or its content back to leaders. This affects the local area's ability to jointly commission services and provisions that meet the needs of children and young people.

- The local area has been too slow to address its long-standing concerns about how accurate schools are in identifying children's needs. Work more recently to train school leaders has not been followed up in schools. Leaders do not know whether this work with school leaders is improving the accuracy and quality of identification. This is particularly hindering their ability to review the provision for children with SEND but who do not have an EHC plan.
- Until June 2017, the local area was failing significantly to meet the 20-week statutory timeframe for the completion of new assessments for EHC plans. Action taken since this time has improved the timeliness of the assessment process. Since July 2018, the efficiency of the assessment panel has ensured that almost all the new assessment requests have been completed within the 20-week statutory timeframe.
- The access to and quality of support from the educational psychologist team are areas of concern among families and schools who gave their views during the inspection. This service is now trialling new ways to work to increase provision. The few schools and families who are involved in these trials are very positive about this experience. However, this is not part of the area's wider provision.
- Long waiting times to access a paediatrician are a concern reported by parents, carers and professionals alike, most notably for children over the age of five who are waiting for an assessment for autistic spectrum disorder and attention deficit hyperactivity disorder. More recent leadership of the SCCG has recognised the lack of timely and efficient assessments for young children and has rapidly reorganised the service to significantly reduce waiting times. However, many parents also comment that once they have a diagnosis, they are often left with little guidance about what to do next, or where to get further help.
- The local area has not developed the role of a designated medical officer (DMO) well enough. The area has not ensured clarity about how this role drives change in the area. The SCCG is not ensuring that there are high levels of accountability attached to this role, and that it is maximising the impact of the work being undertaken with the children and young people.

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

- There is a strong package of support for the youngest children with the most complex physical and cognitive needs. Professionals from various agencies work in a coordinated way to provide timely care for the children. The joint work

between professionals in occupational therapy and physiotherapy helps parents and carers to meet their children's needs at home. Parents also appreciate the advice and support they receive from the Play and Parenting Service when they need more intensive support.

- The health visiting team is working diligently to develop provision for children with complex needs. A specialist health visitor role has been created to support children under five with complex care needs and to support their families. Health visitors more broadly are also beginning to use the findings from the two-and-a-half-year development checks to look at area-wide issues facing the most vulnerable children and their families, and to review the services available to them.
- The work of SENDIASS and Little Heroes is very highly regarded. These two small teams signpost children and their families to find provision and apply for additional services, and they fervently champion the rights of children and young people. Professionals, families and young people are overwhelmingly positive about their experiences with these two groups. Many say they would be 'lost' without their encouragement, insightfulness and support.
- The occupational therapy service has recently worked with leaders in most primary schools in the area to train staff in basic skills to support children's needs. This is starting to help schools implement children's care plans more effectively. It is also creating a more streamlined path of support for those children who require additional, more specialist occupational health support.
- Young people up to the age of 18 years with SEND are now able to access emotional well-being and mental health service (EWMHS) specialist support. This is a significant increase in this provision, which previously only served children up to the age of 12 years. A parenting group that offers a six-week support to parents has also been established. Parents are appreciative of this provision, and leaders are using the early views of parents to shape the future of the course.
- The work to support those in need of medical tuition, either while poorly or in hospital, is of a good quality and is well monitored. This provision is effective in liaising between school and home, to ensure that the children and young people are well supported so that they do not fall behind in their schoolwork when unavoidably absent.
- Parents, carers, children and young people appreciate the support that they get from individual practitioners from schools, healthcare services, social care services and special educational needs teams within the local authority. There are examples of strong practice by individual practitioners.

Areas for development

- All too often, the universal offers open to children and young people in the local area are not tailored to the specific needs of children and young people with

SEND. The 'voice' of this group is also not being sought in a well-thought-out way. Consequently, leaders do not know how well they are meeting their needs.

- The monitoring of the provision for, and safety of, some children and young people is haphazard and of a poor quality. This includes those in out-of-area educational provisions, those in post-16 provision and those educated at home. Although there are ongoing checks made by social care teams where families are open to their service, the checks made by the local area on other children and young people with SEND are not frequent enough or well recorded. This includes those children and young people whose cases were once, but are no longer, open to social care teams. These integrated services are not working systematically to check what they mutually know about the safety, well-being and quality of education being received by these children and young people over time.
- Leaders do not look sufficiently at where lessons can be learned to improve future provision, such as in schools in the local area where there is a core group who have not had their needs quickly or securely met. The pupils are bounced around schools through exclusions or managed moves, and often move in and out of alternative provision in the area. Some become known to youth offending services. There is little review about how to stop the downward spiral or why this group of young people have ended up in this unsatisfactory position.
- A high proportion of children and young people who attend school part time have SEN. While schools within the local area are reminded about their statutory duties, part-time programmes are not reviewed well enough to ensure full-time educational provision that meets the pupils' social and academic needs. Information about part-time programmes is not informing the joint commissioning of other services and provisions that are needed in the local area.
- The EHC plans sampled during the inspection were of a varied quality. Where children have complex physical needs, there is a wealth of information about healthcare provision. However, in almost all the other plans sampled, there is a lack of any information about healthcare or social care needs or provision. Where this information exists, it is often outdated or does not reflect the current health and care needs of children and young people.
- The local area's system for recording, maintaining and reviewing children and young people's information about their SEN over time has been identified by leaders as not fit for purpose. Records are often incorrect or out of date. They do not correlate well with the more up-to-date recording system that social care teams use. As a result, leaders are not able to quickly see the bigger issues, or what has happened to support children and young people over time.
- There is a reasonable offer for short breaks and respite provision in the area, especially for children and young people with the most complex physical needs. However, leaders acknowledge that only a small proportion of families are accessing this offer. When speaking to families, it is evident that most do not even know that this offer exists, including those with children with SEND but without an EHC plan. Families are often confused about the existence of respite

provision and the methods to apply for it, and misunderstand the universal eligibility to this offer.

- The system for school nursing has been in a state of significant redevelopment, and the team has only recently reached full staffing capacity to enable it to take on a more extended role within schools. There is a lack of clarity in schools and among families about the role of the school nurse, and ongoing frustrations among schools, parents and carers about a lack of access to these highly sought-after professionals.
- More recently, school nursing drop-in clinics have been established in the majority of schools. However, there has been no review of whether this new provision is meeting or impacting on the needs of children and young people linked to their SEND.
- Children presenting with dysphagia are not able to access a local service that meets their needs due to a lack of commissioning arrangements for this provision. There is a limited service offered to individuals where applications are made, but this lack of provision is not supporting children to access a coordinated approach to care close to home.
- The speech and language service does not currently offer on-site provision to schools. Parents, carers and professionals note a severe lack of speech and language support to children in schools. However, there are very few schools taking up the offer by the speech and language service to buy in their expert training. Most schools do not know that this training exists.
- Children over five years of age presenting with emotional and behavioural issues but without a clinical diagnosis can be referred between services without resolution on who is going to take forward their care. This is not supporting children and young people to have their needs met, and can lead to their physical and emotional well-being being compromised.

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

Strengths

- The SCCG has developed self-evaluation tools to identify its priorities for improvement. This is helping it to start to identify some of the services it needs to jointly commission with the local authority. Moreover, its special educational needs three-year plan puts children and young people with SEND at the very centre of what it is doing in its integrated commissioning plans. However, this work is still some way off improving the services for these children and young people.

- The transition for young people with the most complex cognitive and physical needs is well thought out, with agencies working collaboratively to meet the range of needs for these young people.
- Pupils who attend specialist schools, and their families, are generally very positive about the range of experiences, opportunities and outcomes that they receive in those provisions.

Areas for improvement

- The local area has only recently begun to develop a strategic plan that identifies the precise joint priorities and accountabilities for improving the outcomes for children and young people. Leaders have identified the broad significant weaknesses in the local area's provision and are now working together to better understand the precise nature of these weaknesses.
- Leaders have rightly identified that the gathering of children and young people's views, and their role in co-production of the provision in the area, are considerable weaknesses. These weaknesses have a negative effect on the area's ability to identify clear priorities and to develop joint commissioning arrangements for improving outcomes for children and young people with SEND.
- Throughout the inspection, it was difficult for inspectors to fully assess the local area's effectiveness in improving outcomes in all areas of education, health and social care. This is because leaders are not collecting evidence of their impact in a holistic or meaningful way. Leaders do not have an agreed understanding or clear processes for measuring how well children and young people are developing and achieving as they grow older.
- The local authority has recognised that children and young people with SEND are not making the progress of which they are capable across all key stages and including in the early years foundation stage. This is particularly the case for children whose SEND have been identified but who do not have an EHC plan. The local authority has developed systems to review the pupils' progress with greater precision, but this work is very new.
- The local area does not collect or have enough information about the well-being and achievement of children and young people with SEND who are placed in schools out of the area, or who are educated at home or in independent schools.
- Too many pupils access part-time education for too long. The local area does not know the impact of part-time programmes on the pupils' academic and social outcomes.
- Leaders' assessment of their effectiveness does not take into sufficient account the lived experience, aspirations and welfare of young people as they move beyond the age of 16. Young people's outcomes are too dependent upon the quality of the individual provision that they access. There are therefore some positive outcomes for some young people. However, leaders do not review these

outcomes to know where they need to hold providers accountable when they are not supporting young people well enough.

- The pathway for transition to adults' services is not seamless for young people with less complex needs. There are only limited numbers of joint consultant clinics for young people who do not have significant physical impairments. There is not a consistent strategy to ensure that a holistic approach is taken by healthcare services to support the child and family through the process.

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:

- The emerging leadership of the SCCG, public health, the local authority and education providers has not developed quickly enough to ensure precisely coordinated priorities, accountabilities and joint commissioning to improve the outcomes for children and young people.
- The local offer does not provide a service that is fit for purpose to meet the obligations in the code of practice. Local partners in health, social care and education, including schools, are not proactive in promoting co-production of the local offer. They are not ensuring that the local offer is adapted according to the views, needs and achievements of the children, young people and their families.
- Leaders have not worked together to ensure that EHC plans provide a meaningful multi-agency approach to meeting children and young people's academic, social, health and care needs. There are no clear accountabilities between agencies to make sure that children and young people's outcomes are well assessed, planned for, met and reviewed.
- Leaders have not developed a strategic partnership that makes sure that children and young people are in provisions that give them good-quality, full-time education. This particularly includes those educated at home, in post-16 provisions, and in out-of-borough provisions. Additionally, within the local area, too many pupils access part-time education for too long. Leaders of the local area do not know the extent of the impact of part-time programmes on the outcomes for children and young people. This lack of information is detrimental to the work of joint commissioning.

Yours sincerely

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