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Nicola Bailey, Chief Officer, Durham Clinical Commissioning Group
Paul Shadforth, Local Area Nominated Officer, Durham Local Authority

Dear Ms Whellans

Joint local area SEND inspection in Durham

Between 27 November and 1 December 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Durham to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

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

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, local authority, National Health Service (NHS) and public health 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 of action to Ofsted.

This letter outlines our findings from the inspection, including some areas of

strengths and areas for further improvement.

Main findings

- The impact of the disability and special educational needs reforms on children, young people and families in Durham is highly variable. Access to information through the local offer and the quality of education, health and social services for children and young people who have SEN and/or disabilities are inconsistent.
- Leaders across the local area are not implementing the reforms required by legislation consistently or swiftly enough. Local area leaders do not have a deep enough understanding of the reforms and, crucially, what it means to put the needs of children and families at the centre of services in education, health and care.
- Key challenges, such as the changes in leadership in Durham County Council and delays in filling some posts in health service teams, have also contributed to the slow implementation of these reforms.
- Strategic planning is weak. The local area's plans are not informed by a sufficiently robust audit of children, young people and family's current and future needs. As a result, these plans do not focus sharply enough on the things that will make the biggest difference to children and young people who have SEN and/or disabilities.
- Local area leaders do not have quality assurance and monitoring procedures that are strong enough to ensure consistent service quality or to inform the decisions they make when commissioning services and deploying resources. Consequently, the capacity of some services to support children and young people who have SEN and/or disabilities, such as those who have speech and language difficulties or autistic spectrum disorder, are too thinly stretched. Waiting times for such services are unacceptable.
- Children, young people and families have too little say in strategic decision-making about services and the support they need. Events and activities have involved representatives of parents, children and young people's groups in telling their stories and contributing to surveys. Despite this very valuable activity, inspectors heard little evidence that their views had been acted upon to secure improvement for all children and young people who have SEN and/or disabilities and their families.
- Many parents report dissatisfaction with their experience of the system in Durham. Children, young people and families' experience of services and support, including schools and other education settings, is highly varied.
- The high rates of exclusion and absence among children and young people who have SEN and/or disabilities in some secondary schools inhibit them from achieving good outcomes. Together with a significant number of out-of-county placements, they serve to demonstrate that for many families their

children's needs are not met as well as they should be in the local area.

- The local area's arrangements for jointly commissioning services are at a very early stage of development. Leaders' current plan sets out how they intend to begin jointly commissioning services effectively. However, a lack of precision about intended outcomes in these plans means that, currently, they are not helpful. Until the local area has fully completed its extensive range of reviews it is unable to prioritise and plan appropriately.
- The identification of children and young people's needs has improved. This is, in part, in response to a proactive approach by leaders to streamline the process of writing support plans. Communication among health professionals has improved and early screening information is being used more effectively.
- The local area's response to implementing the reforms is resulting in more cohesive and coherent support for children aged zero to five years. The work to identify and support very young children who have additional needs is beginning to have a positive impact on their development and learning.
- Pockets of highly responsive and effective support and care, such as the high-quality services for vulnerable children and those who are in the care of the local authority, are not typical.
- Support for young people aged 16 to 19 is increasingly well coordinated and effective in promoting their inclusion and preparing them for adulthood.
- Safeguarding arrangements are effective. Education and care providers who work with children and young people have systems in place to ensure that absence for whatever reason is quickly shared with care workers, parents and the local authority. Children and young people who shared their views with the inspection team felt safe and well cared for. None said that they felt unsafe, and all spoke confidently about how they are able to discuss their concerns with adults in schools.

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

Strengths

- Local area leaders have responded to the need to make the assessment process clearer to those who work with children and young people who have SEN and/or disabilities. Networks to bring agencies and providers together and tools to support special educational needs coordinators (SENCOs) are helping to improve the identification of children and young people's needs. The quality of support plans for individual children and young people in schools and settings is also improving. As a result, SENCOs in settings, schools and colleges are identifying children and young people's needs in an increasingly accurate and timely way.
- Parent and carer networks and the special educational needs and disability

information, advice and support service provide useful and helpful support to parents. For example, a parent said, 'I don't know what we would have done and would not have been able to apply for a plan if it had not been for them.'

- Health visitors identify children with additional needs well as a result of good compliance with the healthy child programme and the visits that underpin it. There is good antenatal and postnatal communication and liaison with maternity teams. This enables health visitors to identify vulnerabilities and initiate postnatal support in a timely and effective way.
- The integrated checks for two-year-olds undertaken by early years staff and health visitors enable children's needs to be identified holistically. Importantly, this also supports a 'tell it once approach' for families.
- Multi-agency early years panels prioritise where an assessment and further specialist reviews are needed. Access to early help is integrated effectively through the 'One Point' service. This ensures that the relevant practitioners in health, care and education are involved at a very early stage in providing support to children and their families. As a result, children aged zero to five years who are identified as having additional needs are seen quickly and by the most appropriate health professional such as a community paediatrician or occupational therapist.
- The needs of vulnerable groups of children and young people, such as children looked after, care leavers and young offenders, who have SEN are identified well at whatever age they enter these services. Children and young people are routinely screened for speech, language and communication needs and mental ill-health.
- In the settings, schools and colleges visited, some effective and creative solutions were found to support better identification of children and young people's needs. For example, in an enhanced provision for speech and language, good support to improve a child's communication unlocked better identification of needs such as hearing impairment, anxiety and autistic spectrum disorder.
- The good liaison taking place in the zero to 19 service, the 'One Point' service and the 'Stronger Families' programme is contributing to better and more timely identification of children and young people's needs. This is especially the case when a need for help and support has not been identified at an earlier stage in a child or young person's life.

Areas for development

- It took local area leaders too long to identify inconsistencies and the weaker contribution to education, health and care plans from health and social care services.
- Systems to support information sharing between education, health and social care professionals are at an early stage of development. Efforts to reduce

bureaucracy and streamline systems have quickened in recent months.

- The 'tell it once' approach, which is at the heart of the disability and special educational needs reforms, is not embedded across health, education and social care services in County Durham. Parents told inspectors that repeating their story to different professionals, sometimes within the same organisation, was often a source of frustration.
- Some parents told inspectors that they are not always listened to by education, health and social care professionals. For example, some parents said they have to be 'pushy' to make sure their children's needs are met and others said, 'My views didn't count.'

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

Strengths

- Support for children who have SEN and/or disabilities and who are also in the care of the local authority is well aligned to their needs and those of their carers. Services respond in a timely and effective way because individual social workers are diligent in making sure children and young people's needs are met.
- The 'Durham Works' initiative for 16- to 24-year-olds who are not in education, employment or training is increasingly focused on enabling them to become as independent as possible. Bespoke packages of support are well designed to meet young people's individual needs. As a result, a small number of young people are making transitions into supported work placement and internships.
- Good integrated work between occupational therapy and physiotherapy services is responsive to parents' aspirations for their children. There is evidence of co-production in the goals and outcomes in these children's treatment plans.
- The community children's nursing team provides timely, accurate and effective support to children and young people who have long-term and life-limiting conditions or disabilities, as well as to their parents, carers or advocates. This includes effective training for carers and schools to enable support to be provided to individual children and young people in their homes and settings.

Areas for development

- The capacity of the social communication and interaction team within child and adolescent mental health services to carry out timely assessments for autistic spectrum disorder is a concern. Funding injected into this service in 2016 provided additional resources to bring down the waiting lists

significantly. This funding ceased in March 2017 and waiting lists rapidly increased. Children and young people are triaged and seen quickly and then 'discharged' to a waiting list with a long waiting time before being fully assessed. This means they have to wait too long to have their needs assessed and met.

- The capacity of the speech and language therapy service is insufficient to meet children and young people's needs in a timely way. The service is operating below strength, which is exacerbated by long-term vacancies that the service has not managed well. Throughout the inspection, parents and practitioners in other services expressed frustration about the delayed and limited accessibility to speech and language therapy services.
- The quality assurance process for education, health and care plans is ineffective. There is a system for sampling plans but it has not been effective enough in ensuring consistent, high-quality health contributions to plans. In some cases, professional advice is not submitted in a timely way and plans are approved with limited or no health input. In other cases, the quality of plans is poor. Too often, plans are task based with no focus on improving a young person's health progress which, as a result, cannot be measured or evaluated effectively.
- The take-up of personal health budgets is low and many parents and practitioners are not aware of them, or clear about how to access them. The clinical commissioning group acknowledges there is more work to do to make these available to families. In the small number of cases where personal health budgets have been provided, parents have used them to customise packages of support to meet their children's needs. Increasing concern in being able to access short breaks for children and young people is also widespread among parents and community paediatricians. Parents said that they are repeatedly told they don't meet the criteria to access a short break. This is a source of frustration for families who believe that they would benefit from a short-break service.
- Occupational therapy staff report that they have direct access to local-area-approved contractors and can procure specialist equipment and resources directly. However, parents told inspectors that this is not always the case. Some parents have timely access to specialist equipment while others told us they have to buy the equipment and resources their children need themselves. There is a lack of clarity in the information provided by the local area for families and, as a result, parents and carers have limited knowledge about the services they are entitled to receive.
- Children and young people's experiences of services and support, including schools and settings, is highly varied. Although parents are often grateful when their children receive support, their dissatisfaction with some services was a clear and consistent message throughout the inspection.
- Children and young people in the 'eXtreme' focus group recognise the inconsistency within services. These young people are committed to making a

difference and take their responsibility to speak on behalf of all children and young people very seriously. They are frustrated because they cannot always see the impact of their work on the experience of children and young people who have SEN and/or disabilities in County Durham.

- Parents and carers do not find the local offer accessible and it does not provide them with information they need about the services available in the part of the county in which they live.
- Opportunities to access physiotherapy services in the two health areas of Durham are too dependent on where families live. For example, there are differential arrangements for accessing this service between the north and the south of the area, leading to delays in some children's needs being met.

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 County Durham are helping children and young people who have SEN and/or disabilities to achieve better outcomes. The proportion of young people continuing in education, employment and training is above the national average. Children and young people are keen to learn, enjoy school and feel fully included.
- Some children and young people are benefiting from their health needs being assessed and met effectively. Case studies show that in a small number of instances the work of health visitors and school nurses helps children and young people to achieve good outcomes. Further case studies reviewed during the inspection demonstrate that emotional resilience nurses deployed in secondary schools are helping children and young people to feel less anxious and, as a result, more ready to learn.
- Compelling evidence demonstrates that the home visiting service for pre-school children who have learning difficulties or a developmental delay has a positive impact on their outcomes. This service, known as portage, demonstrates clearly that the support provided is successful in enabling children to make good progress in their learning and development from their individual starting points.
- The proportion of young people living in settled accommodation and taking up supported internships and work placements to support them in acquiring and developing skills for employment is increasing. This is especially the case for young people who are leaving care.

Areas for development

- Leaders do not collect and use all of the information available to them to track the progress of children and young people who have SEN and/or

disabilities. As a result, they do not have a full picture of performance for all groups of children and young people.

- A lack of rigorous quality assurance and monitoring processes also hinders the local area in acting in a timely way to make changes or adaptations to services and procedures. In some secondary and special schools the high rates of exclusion and absence among children and young people who have SEN and/or disabilities demonstrate that things are not working well enough for many of them and their families.
- Performance data from the speech and language service shows that timescales for referral to assessment, particularly for routine assessments, remain poor. This means there is a delay in children and young people having their needs met. Once they have been assessed, the timescales for receiving treatment show an improving picture.
- In light of these significant concerns, leaders' self-evaluation is inaccurate.

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 it will tackle the following areas of significant weakness:

- There are fundamental weaknesses in the local area's strategic leadership and governance which have resulted in the disability and special educational needs reforms being implemented too slowly.
- Leaders have an inaccurate view of the effectiveness of the local area. The analysis and use of performance information to tackle weaknesses in education, health and care outcomes are poor and there has been a lack of rigorous quality assurance and monitoring to inform decision-making.
- Poor strategic planning and joint commissioning arrangements have led to unacceptably long waiting lists for access to services, delays to treatment for some conditions, and variability of experience for children and young people who have SEN and/or disabilities.
- The local area does not have an embedded approach to strategic co-production with designated representatives of parents, children and young people to inform strategic planning and secure improvements.

Yours sincerely

Gina White
Her Majesty's Inspector

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Cathryn Kirby Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
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cc: Department for Education
Clinical commissioning group
Director Public Health for the local area
Department of Health
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