

12 July 2017

Mr Clive Jones
Director of Children's Services
Telford and Wrekin Council
Addenbrooke House
Ironmasters Way
Telford
TF3 4NT

Mr David Evans, Clinical Commissioning Group Chief Officer
Mr Andy Cooke, Local Area Nominated Officer

Dear Mr Jones

Joint local area SEND inspection in Telford and Wrekin

Between 22 May and 26 May 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Telford and Wrekin 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.

One of Her Majesty's Inspectors from Ofsted, with a team consisting of an Ofsted Inspector and a children's services inspector from the Care Quality Commission (CQC), led the inspection.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers and officers from the local authority and the National Health Service (NHS). 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.

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

Main findings

- There is a clear will, drive and determination in Telford and Wrekin from the director of children's services and other leaders to improve the provision for children and young people who have special educational needs and/or disabilities. As a result, the outcomes and services for those who have special educational needs and/or disabilities are rapidly improving.

- Leaders new to their posts in Telford and Wrekin, including the director of children's services, recognised that the implementation of the disability and special educational needs reforms was too slow. In the summer term 2016, the local area restructured its management arrangements and appointed key staff to lead on education, health and care policy and practice. As a result of these improvements, there is a significant increase in the pace of change and in the effectiveness of provision for children and young people and their families. The training and support for staff have also improved, although there is some way to go until training is good enough. Leaders and staff in schools, colleges and early years settings confirmed that there have been significant improvements this academic year and that staff new to Telford and Wrekin are like a 'breath of fresh air'.
- The local area's checks and evaluation of its performance are generally thorough and accurate. Leaders know which services are effective and those that need to improve. Leaders use the information from these evaluations to inform and develop suitable actions that focus clearly on appropriate priorities to improve children's and young people's outcomes. However, the local area's action plan lacks specific and measurable milestones against which leaders can judge the local area's and leaders' effectiveness.
- The 'tell it once' culture in Telford and Wrekin is not well developed. This means that children and young people and their families often have to tell their story repeatedly, even to staff in the same service at follow-up appointments.
- The arrangements for the joint commissioning of services for children and young people who have special educational needs and/or disabilities aged 0 to 25 are too variable. Leaders do not use the joint strategic needs assessments to identify older children's and young people's needs well. As a result, leaders are unable to consistently commission and deliver services effectively and efficiently. The role of parents and carers at this strategic level is also lacking.
- The waiting times for health services, including those for children and young people who have mental health difficulties, are unacceptable. A few parents are justifiably concerned that the waiting times, particularly for child and adolescent mental health services, negatively affect their child's social and emotional well-being. In addition, the services provided by school nurses and children's community services, such as physiotherapy, are insufficiently developed. This contributes to delays in the early identification and referral of children with additional needs.
- Commissioners of health services do not have a clear view of whether their actions are having a positive impact on improving children and young people's outcomes. Strategic and operational leadership has been weak, including making clear the roles and responsibilities of the designated clinical officer. As a consequence, the CCG have been slow to implement the reforms and the code of practice. The CCG is beginning to address these issues and their improvement plan aligns well with the local area plan. Leaders are implementing the priorities for development so that services meet the needs of children and young people and their families better. For example, leaders and staff support children who

have special educational needs and/or disabilities well in the early years as a result of effective identification and assessment procedures.

- Leaders recognise that, historically, they did not complete many of the statutory assessments within the required timescale of 20 weeks. The local area has successfully addressed this issue and they now complete the vast majority of new education, health and care plans in time. The number completed in time is now comparable with other areas. The majority of children and young people and parents/carers who spoke to inspectors said that they felt fully involved in the statutory assessment process. However, the quality of the education, health and care plans are not yet good enough. Health and care assessments do not consistently inform children and young people's outcomes or targets and health and social care practitioners are not involved enough in contributing to the plans. In addition, a few children and young people and parents do not feel involved in the process and do not have a chance to give their views or to 'co-produce' the targets.
- The local area is on target to complete the transition of statements of special educational needs to education, health and care plans by April 2018. Information provided by the local area shows that the vast majority of statements of special educational needs that transition do convert to an education, health and care plan.
- A large number of annual reviews of statements of special educational needs and education, health and care plans are not completed in time. Leaders are taking effective action to reduce the backlog.
- The vast majority of special educational needs coordinators (SENCOs) in schools are qualified teachers and have the necessary experience or qualifications to carry out their role effectively. Many of the parents who spoke to inspectors were grateful for the information, help, support, advice and guidance they and their children receive. However, a few parents were concerned that a minority of primary and secondary schools do not identify, assess and meet their child's needs quickly enough.
- The local area education, health and care leaders have worked together with children and young people and parents and carers to develop a clear and well defined from birth to adulthood (0 to 25) emotional and mental health well-being strategy and service that they commission jointly.
- The local area has effective systems in place to seek the views of parents and carers through the parent/carer forum 'Parents opening doors' (PODS). The forum recognises that leaders have recently made many positive changes. PODS helps to develop the local offer website (online information about the services and support for children and young people and their families) and the local offer is well established. Posters advertising the local offer and how parents/carers can access non-electronic information can be found in a large number of public places such as libraries and health practices. A large majority of parents said that this information is useful and helps them to understand what support is available. However, a few parents that spoke to inspectors do not know what the local offer is or how they can access the information.

- The local area's safeguarding arrangements for children and young people who have special educational needs and/or disabilities are effective. Relevant agencies work together well to ensure that potentially vulnerable individuals are identified and safe. Leaders and staff are aware of those children and young people who are in care or who are educated at home or out of the local area. Leaders frequently and routinely check on children's and young people's attendance, welfare, health and well-being.

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

Strengths

- The director of children's services and other leaders generally have an accurate view of Telford and Wrekin's effectiveness in identifying, assessing and meeting the needs of children and young people who have special educational needs and/or disabilities. Leaders use this self-assessment to inform and produce suitable action plans that result in rapid improvements in education, health and care provision. However, leaders recognise that the action plans lack specific and measurable targets against which the effectiveness of their actions can be measured consistently.
- Leaders and settings staff generally identify children who have special educational needs and/or disabilities quickly in early years settings. Agencies work well together to support this process. The spread and accessibility of universal health checks on children under five and at school entry, including those for neonatal and vision and hearing screening checks is positive. This helps the early identification of children with additional needs. The links between early years settings and health visitors support collaborative working to help meet the needs of children and their families.
- The jointly funded speech and language therapy inclusion service for four to seven year olds supports the early identification of children that might need an education, health and care plan.
- Following a slow start, the local area successfully now completes the vast majority of new education, health and care plan assessments and annual reviews in time. The majority of children and young people and parents/carers who spoke to inspectors said that they felt fully involved in the statutory assessment process.
- The local area has changed all of the learning difficulty assessments (support plans for young people aged 16 to 25) to education, health and care plans. The local area is on target to complete the transition of statements of special educational needs to education, health and care plans by April 2018. Information provided by the local area shows that the vast majority of statements of special educational needs that transition do convert to an education, health and care plan.
- The transition arrangements for young people from key stage 4 to key stage 5 and then to further or higher education and/or employment are effective. This is

reflected in post-16 learners doing well in external examinations and the low number of young people not in education, employment and/or training.

- The local area has recently produced a five-year children and young people mental health transformation plan. The plan clearly identifies universal services that support the early identification of children and young people's emotional and mental health issues. There are signs that the implementation of this plan is improving early identification. However, it is too early to see a significant and sustained impact.

Areas for development

- Public health does not commission school nurses to complete staged universal health needs assessments on children and young people when they start school or throughout and after their schooling. This prevents the proactive identification of new or emerging health needs in children and young people as they develop and grow at these key life stages.
- Operational managers and leaders from health services at Shropshire Community Health NHS Trust and South Staffordshire and Shropshire NHS Foundation Trust are not able to identify children and young people who have special educational needs and/or disabilities reliably. Universal services, such as school nurses who provide 'drop in' services for schools, do not focus on children's and young people's additional needs and/or disabilities when carrying out their general 'drop in' assessments. This reduces the effectiveness of health and care practitioners to meet children's and young people's needs.
- Access to children's community services, for example physiotherapy, through Shrewsbury and Telford Hospital NHS Trust are not well developed. This contributes to delays in the early identification and referral of children with additional needs. The Shrewsbury and Telford Hospital NHS Trust were not involved in the local area self-evaluation. The partnership acknowledges this and recognises the need for a more joined up approach with this provider.
- Oversight and monitoring of registers and annual health checks completed by general practitioners (GPs) for those who have a learning disability aged 14 to 25 years is weak. As a consequence, the needs of this group are not identified. The CCG has not checked or evaluated this provision effectively. The CCG is in the process of resolving this issue with NHS England.
- Although the local area has improved the time it takes to complete statutory assessments the quality of the education, health and care plans is variable. For example, the child's or young person's long-term outcomes or targets for the end of a particular key stage or phase of life do not fully reflect the health, including community paediatrics, and care practitioners' assessments. In addition, a few children and young people and parents said that they did not feel involved in the process and did not have a chance to give their views or to 'co-produce' the targets. A few parents who spoke to inspectors said that they did not understand the targets and outcomes as professionals had used jargon and language they did not understand.

- A large number of annual reviews of statements of special educational needs and education, health and care plans are not completed in time. The local area is aware of this and is taking effective action to reduce the backlog. School leaders report that they invite health and care practitioners to annual review meetings but that they do not always attend. SENCOs and other school leaders feel unable to recommend relevant health or care updates or amendments to the education, health and care plan. A few parents who spoke to inspectors are concerned that the delay in the annual review and the lack of health and care practitioner involvement means that school staff and leaders do not identify or assess their child's changing needs quickly enough.

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

Strengths

- Children and families benefit from access to a range of services based at the Stepping Stones centre. A range of multidisciplinary assessments evaluate children's needs effectively. Parents and carers value the information, help, advice and guidance that the sensory inclusion services and Stepping Stones provide. The assessments of children's and young people's visual and hearing impairments are timely and effective in meeting the needs of children and young people.
- The universal school nursing service provides drop-in services in primary and secondary schools and almost all of the special schools. This provides children, young people, parents, carers and school staff with access to a public health nurse who can provide advice, guidance and support.
- The school nursing service has a dedicated practitioner providing universal support to children in special schools, pupil referral units, children that are home-educated and to potentially vulnerable groups such as Gypsy, Roma, Traveller children. As a result, these children and young people have access to a public health practitioner.
- The children's community nurses and school nurses complete medical plans and deliver training that supports schools in managing the medical needs of children and their access to education.
- In early years settings, health and education practitioners share information effectively so that children's ongoing education and health needs are assessed. Furthermore, children in these settings benefit from staff having had additional training in areas such as Makaton to help meet their needs.
- The vast majority of pupils in Telford and Wrekin who have special educational needs and/or disabilities attend good or outstanding schools. Almost all of the special schools are good or outstanding. The provision in special schools and pupil referral units helps pupils to make good progress from their starting points, including in their confidence, resilience, independence, behaviour and attendance. The vast majority of schools use the information from assessments to inform their planning for effective teaching, learning and assessment and support and intervention. Almost all of the parents who spoke to inspectors are satisfied that

their child receives a good quality of education and that they receive regular and useful updates on their child's progress.

- SENCOs in Telford and Wrekin schools are qualified teachers, experienced practitioners and many have the national SENCO award. The majority of SENCOs are highly effective in identifying, assessing and meeting the needs of pupils who have special educational needs and/or disabilities. Many of the parents who spoke with inspectors are very appreciative of the support their children receive as a result of SENCOs identifying and assessing their child's needs quickly and putting in place suitable intervention and support.
- Social care assessments are used effectively to support children and young people's and their family's needs. As a result, children and young people receive services and support that meet their care needs and help them to become independent and to improve their well-being.
- Parents and schools state that the involvement of parents and carers and children and young people in the identification, assessment and provision process is improving. This is supporting the improvement of information, advice and guidance that families receive. The vast majority of parents who spoke to inspectors are grateful for the help, advice, advocacy and guidance they receive from PODS and the Telford and Wrekin information, advice and support service. Information provided by the local area, and confirmed by inspectors, shows that the number of complaints and tribunals is decreasing as parents become more aware of the criteria for awarding an education, health and care plan.
- The local area has robust procedures in place to protect sensitive information. The sharing of information meets statutory requirements and current government guidance.
- School transport for pupils who have special educational needs and/or disabilities enables children and young people to access education safely and efficiently. Drivers and escorts work closely with schools, families and pupils to make sure that they meet pupils' needs and that the journey to and from school is a happy and safe one.
- Published information shows that the number of personal budgets taken up by families in Telford and Wrekin for education and care is above national figures. The local area uses 'pooled' budgets to provide specialised provision for pupils educated out of the local area that would not be available otherwise. The vast majority of parents who spoke with inspectors stated satisfaction with this process. The partnership checks the progress and well-being of these pupils effectively.

Areas for development

- The 'tell it once' culture in Telford and Wrekin is not well developed. This means that children and young people and their families often have to tell their story repeatedly, even to staff in the same service at follow-up appointments.

- School nurses do not complete staged universal health needs assessments on children and young people when they start school or throughout and after their schooling.
- The health service's arrangements to identify and assess children looked after, including those who have special educational needs and/or disabilities, are weak. The completion of good-quality health assessments within statutory timescales for children looked after is variable. There are delays at the notification stage and in the health providers' response to the request for an assessment. Timely assessments are limited. As a result, the needs of children looked after are inconsistently met, resulting in their educational and health outcomes not being as good as they should be. However, the checks carried out by the designated nurse for children looked after are resulting in improvements to identification, timeliness and in the quality of assessments and subsequent plans.
- Leaders do not check the quality of education, health and care plans well. They do not routinely identify effective practice and areas for development. For example, the health and care assessments do not consistently inform children and young people's outcomes or targets. Health and social care practitioners are not involved in the education, health and care plan completion 'sign off'. As a consequence, the presence or suitability of health or care targets is not robustly checked. Leaders recognise this weakness and have produced a quality assurance framework that sets out the local area's intended arrangements for checking education, health and care plans. However, leaders have not yet implemented the plan.
- Waiting times for some services in Telford and Wrekin are too long. This includes Portage, speech and language therapy, physiotherapy, occupational therapy and community paediatrics. Children and young people experience unacceptably long waits for child and adolescent mental health service (CAMHS) and emotional health and well-being service (EHWS) assessments. For example, the average waiting time for a neurodisability assessment is 55 weeks. The longest wait time is 86 weeks. As a consequence, health practitioners do not fully understand the health needs of children and young people with social, emotional and mental health difficulties. The CCG has provided additional funding and have robust plans to address this issue with an expectation that CAMHS and EHWS will clear existing waits by August 2017.
- Pathways to support and prepare children and young people who have special educational needs and/or disabilities to move from paediatric health services to adult health services are not well established. As a consequence, not all young people receive timely and effective support from adult services to meet their needs.
- The training for frontline health staff about how to implement the special educational needs code of practice is not well developed. In addition, the training for staff on how to write good-quality education, health and care plan assessments and plans is variable. Leaders are not clear about how good practice in writing education, health and care assessments and plans is recognised and weaker practice challenged and improved.

- A few parents who spoke to inspectors are concerned that SENCos in a small number of primary and secondary schools do not identify and assess children or young people who have special educational needs and/or disabilities quickly enough. These parents feel that, as a result, their child's needs are not met, which impacts negatively on their emotional well-being and mental health. During the inspection, it was clear that the local area was aware that the identification and assessment of children and young people who have special educational needs and/or disabilities needed improving. They have begun to address this issue successfully. School leaders and governors appreciate and value the recent training provided by the local area. For example, SENCos and school leaders said that they had a much better understanding of the 'assess, plan, do, review' process, which enables them to meet children's and young people's needs quicker.
- A small number of the parents who spoke to inspectors are not aware of the local area's local offer or where they can find current and up-to-date information, advice and guidance. For example, some parents are unclear about how to access personal budgets. As a result, this group of parents are often left frustrated by the perceived lack of information.
- The positive way in which school and community nurses support schools to meet the ongoing medical needs of children is not shown on the local area's local offer.

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

Strengths

- Published information shows that children who have special educational needs and/or disabilities do well in early years and that the proportion of these children reaching the good level of development is in line with national figures.
- At key stage 1, pupils who have special educational needs and/or disabilities and children looked after generally do well in phonics in Year 1, and in reading, writing and mathematics at the end of Year 2, with the trend over three years being above national figures.
- The proportion of young people who have special educational needs and/or disabilities who are not in education, employment and training is below national figures.
- The proportion of students in post-16 education who have special educational needs and/or disabilities who retake and improve their English and mathematics GCSE is in line with national figures. Students at this stage of education broadly do well in achieving two or more A levels or equivalent. The trend over three years is broadly in line with national figures.
- The local area recognised that the absence, persistent absence (missing more than 10% of school) and number of fixed-term exclusions figures for pupils who have special educational needs and/or disabilities were all above national averages. The local area and schools have successfully addressed these issues. For example, the behaviour support and learning support advisory teams and the

educational psychology service provided training, support and guidance for schools and individual staff in order to identify and support vulnerable children and young people better. Information provided by schools and the local area shows that the levels of absence and the number of fixed-term exclusions are decreasing and are broadly in line with national figures.

- The local area has a good understanding of potentially vulnerable groups such as those who have English as an additional language or who are eligible for the pupil premium funding and who also have special educational needs and/or disabilities. Leaders across the local area track these groups appropriately and monitor their progress. As a result, the majority of pupils in these groups are doing well from their starting points.
- The local area knows all of the pupils who have special educational needs and/or disabilities and who are educated outside the local area. Leaders track and check the progress of all these pupils. Leaders and staff quickly address any social, health, academic or safeguarding issues. As a result, the majority of these pupils are doing well from their sometimes very low starting points. The local area pays close attention to the safety and welfare of the pupils educated at home or educated out of the area.
- The local area has worked together with a wide range of stakeholders, including parents and carers, to develop a jointly commissioned 0 to 25 emotional and mental health well-being service. This demonstrates the partnership's ability to identify and respond to the emotional well-being needs of children and young people by commissioning a new service. The CCG are overseeing the transition of this service from the previous provider to the new provider. It is too soon to measure the impact of this provision but information provided by the local area shows that the early signs are positive.
- The CCG have taken some steps to develop patient-centred outcome measures but there is more to do to broaden this.

Areas for development

- Pupils who have special educational needs and/or disabilities do not do well enough at the end of key stage 4. For example, the proportion of pupils who achieved five or more A* to C GCSE qualifications including English and mathematics was considerably below national figures in 2016. In addition, this group of pupils do not make good progress from their starting points across a range of subjects. Leaders have begun to address this issue through a range of training and support for schools. Information from schools shows that pupils' attainment and progress are improving as a result.
- At key stage 2, pupils who have special educational needs and/or disabilities and are at the SEND support stage do well in reading. The local area is aware that pupils of all abilities who have an education, health and care plan and those who are at SEND support do not do well in writing and mathematics from their starting points. The local area and schools have put in place a literacy and numeracy strategy to address this issue. Information provided by the local area and by

schools shows that this strategy is having a positive impact on improving pupils' reading, writing and numeracy skills.

- The roles and responsibilities of the designated clinical officer (DCO) are not clear. The CCG has not routinely or effectively checked the impact and effectiveness of this role. As a consequence, the response to children and young people's health needs has been much too slow. The CCG are aware of these weaknesses. They are reviewing and strengthening the arrangements and recruiting additional staff to support the planned improvements.
- Arrangements for the joint commissioning of health services for children and young people who have special educational needs and/or disabilities aged 0 to 25 are underdeveloped. The joint strategic needs assessment does not identify the needs of this group efficiently in order to support planning and commissioning decisions. The partnership acknowledges that there is more to do to align and use data effectively in order to make strategic decisions better. The role of parents and carers at this strategic level is lacking. The local area partnership is aware of this weakness and has taken appropriate action to improve this further.
- Uptake of personal health budgets is low. A few parents and carers who spoke to inspectors were not aware of them. The CCG have identified this as an area for improvement and is in the process of recruiting a children's practitioner into the complex care team to support this.
- The commissioning and provision of health services, such as health visiting and school nurses, focus more on the completion of activities than on developing and improving children and young people's outcomes. As a result, public health commissioners do not have a clear view of whether their actions are having a positive impact on improving children and young people's health outcomes.

Yours sincerely

Peter Humphries
Her Majesty's Inspector

| Ofsted | Care Quality Commission |
|--|---|
| Lorna Fitzjohn Regional Director | Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice |
| Peter Humphries HMI, Lead Inspector | Elaine Croll CQC Inspector |
| Liz Flaherty Ofsted Inspector | |

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