

Ofsted  
Agora  
Cumberland Place  
Nottingham  
NG1 6HJ

**Textphone** 0161 618 8524  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



3 September 2019

Mr John Pearce  
Corporate Director, Children, Adults and Health  
South Tyneside Borough Council Local Authority  
Town Hall  
Westoe Road  
South Shields  
NE33 2RL

David Hambleton, Chief Executive Officer, South Tyneside Clinical Commissioning Group  
Beverley Scanlon, Nominated Officer, South Tyneside Borough Council

Dear Mr Pearce and Mr Hambleton

### **Joint local area SEND inspection in South Tyneside**

Between 24 June 2019 and 28 June 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of South Tyneside 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 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 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**

- Since 2014, the local area has made insufficient progress in implementing the disability and special educational needs reforms. As a result, children's and young people's needs are not identified, assessed and met in an effective way.
- Important aspects of education, health and care (EHC) assessment and planning need further development. There is variation in the engagement of local area professionals in the statutory assessment process. Until recently, EHC plans lacked detail, specificity and, for the majority of children and young people, any real ambition.
- Local area leaders do not have a comprehensive enough understanding of the day-to-day experiences of children and young people with SEND, and their families.
- Coproduction (a way of working where children and young people, families and those that provide services work together to make a decision or create a service which works for them all) for individual children, young people and families, and at a strategic level, is not well enough established as a way of working in the local area.
- Joint commissioning to meet the needs of children and young people with SEND is not well established. The development of a better, more integrated, approach to joint commissioning is undermined by weaknesses in the partnership's analysis and understanding of the needs and experiences of children, young people and families.
- Quality assurance systems are at an early stage of development and the local area's evaluation of its own effectiveness is not sufficiently robust.
- Despite gaps in service commissioning, some children and young people access high-quality services that make a positive difference to the outcomes they achieve.
- Too few families know how to get the help and support that will make a difference. Communication between EHC professionals and between the local partnership and families is not strong enough.
- Committed frontline professionals in EHC services go the extra mile and make a valuable difference to children and young people with SEND and their families. The last 12 to 18 months have seen a redefined and more determined focus on the SEND agenda in South Tyneside.

- The identification of young children's needs is a strength. EHC professionals work in a joined-up way to meet the special educational needs of children aged 0 to 5.

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

### **Strengths**

- The specialist health visitor for SEND supports a range of families in a highly effective way and acts as a conduit between universal and specialist health teams. The health visiting service supports the identification of children's needs well through the timely completion of the five health and development reviews that are carried out as part of the Healthy Child Programme.
- Co-location of services, such as midwifery, 0 to 19 services and community children's nursing teams, is effective in promoting information sharing and supporting identification of children's and young people's new and emerging needs.
- The early help team-around-the-child approach is working effectively for those families who opt in to the service.
- The educational psychology service is highly regarded. Assessments carried out by the service are comprehensive and helpful. The hearing impaired service is equally valued. In the early years, parents appreciate the early identification of their children's needs and the help and support provided by the portage service.

### **Areas for development**

- The experience of children, young people and their parents going through the SEND system is too variable. The introduction of 'Ranges' (South Tyneside's guide to the assessment and identification of SEND) is bringing consistency to assessment. However, some parents recount significant issues with the timely and accurate identification of their children's needs, the quality of support plans and the way in which plans are implemented and reviewed.
- Some parents who are concerned that their children may have SEND are unsure how to raise this with educational settings and professionals. They are not signposted routinely to support and advice sources in the local area.
- The recent introduction of a single electronic records system is enabling some health practitioners to better understand the range of health assessment and interventions that families are receiving. However, there is some way to go to ensure that all relevant professionals have access to this system and that information is shared and supports the 'tell-it-once' approach effectively.

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

### **Strengths**

- At an individual level, there is evidence of improved planning to meet children's and young people's needs. Following training facilitated by the local authority, many special educational needs coordinators (SENCOs) are using South Tyneside's new 'Ranges' document well to identify and meet individuals' needs.
- Health visiting services provide training for professionals to support children under five years old with their speech, language, communication and behavioural needs. This is helping to mitigate the impact of longer waiting lists for specialist assessment from other teams.
- Transitions have improved, especially between Nursery and Reception classes. Planning to enable seamless transition between different phases of education is taking place earlier than previously.
- The children, young people and families who access a short break are very positive about the range and impact of the activities on offer.
- The 'lifespan' approach within the Lifecycle Mental Health Service facilitates transition into adult services well. This approach also helps to identify and support children and young people with mild to moderately severe mental health needs that were previously unmet.
- The educational psychology service, alongside the pre-school and portage service, provides a comprehensive training offer to schools through service-level agreements and to early years settings.

### **Areas for development**

- Parents told inspectors that children and young people receiving support for SEND are excluded informally, sometimes on repeated occasions, from schools in the borough prior to gaining admission to specialist provision. Some children and young people are spending long periods of time out of school.
- Parents told inspectors repeatedly that the quality of the provision for children and young people with SEND and the level of understanding of their needs are not good enough.
- There are gaps in commissioning to meet children's and young people's needs, despite the work of the committed frontline professionals. As a result, too many children's and young people's needs are not met well.
- Weaknesses in planning and a lack of joined-up working impact negatively on

families' experiences of services. There are weaknesses in how the whole system comes together to support children's and young people's needs. Training and workforce development focusing on children and young people with SEND have not been fully implemented.

- Leaders acknowledge that aspects of the information, advice and support require development. Partners, including parents, are not signposted routinely to appropriate organisations for advice and support. Many parents are unaware of the local offer. It is difficult to navigate, with outdated information and hyperlinks that do not work. There is a lack of awareness about the parent and carer forum and its role.
- There is variation in the effectiveness of the diagnostic pathways for autism spectrum disorder between age ranges. The multi-disciplinary process that is in place for under-fives is not replicated for the five to 18 population.
- In EHC plans, education settings continue to be identified as the lead partner, rather than there being a strong holistic approach to meeting children's and young people's needs. Some plans have little or no information in the 'all about me' or 'parental views and aspirations for my child' sections. Children's, young people's and parents' views are not routinely incorporated into EHC plans. This is not in keeping with the person-centred approach advocated in statutory guidance.
- The quality of referrals received into health services is inconsistent. There has been limited exploration of the need for ongoing training for professionals and the audit of referrals. This leads to some children and young people 'bouncing' between services in the system. They do not access appropriate support in a timely way.
- Access to key services within health, for example to therapies, the Lifecycle Mental Health Service and children's and young people's services, remains an ongoing and increasing challenge, with lengthy waiting lists. There is more to do to tackle the legacy of historical cases and meet the levels of ongoing demand.

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

### **Strengths**

- There are compelling examples of a specific professional or a team of professionals making a difference for children and young people with SEND, and their families. For example, pupils who attend special school provision describe how their specific needs are met well. As a result, their behaviour has improved, they attend school every day and they are learning more to catch up with their peers. They appreciate and acknowledge the 'motivational

vibes' of their current provision and have very high aspirations for the future.

- In specific instances, commissioning is highly responsive to the individual child's or young person's identified needs. For example, a young person's health-related needs are being met fully because of the provision of a highly specialised piece of equipment in a very timely manner.
- The proportion of EHC plans issued within the statutory 20-week period has been above the national average over time.

### **Areas for improvement**

- Some EHC plans have not been reviewed in a timely way. For example, the EHC plans of some young people attending post-16 educational settings have not been reviewed since they attended secondary school. These plans contain no indication of the courses to be followed or the provision required. This lack of review fundamentally weakens local area leaders' ability to meet children's and young people's needs and improve their outcomes.
- Some parents report that they do not recognise their child in their EHC plan. The plans are not personalised well. Many are incomplete, some having no information included about the child's or young person's health and social care needs. Many plans lack ambition. There are few links between the child's or young person's aspirations and the outcomes in plans. Although SENCOs appreciate the provision of recent 'outcomes and provision' training, it is yet to bear fruit for South Tyneside's children, young people and their families.
- Leaders acknowledge that 'preparation for adulthood' is a priority area for development in the local area's provision. The local area does not have a clear understanding of the outcomes that young people aged 16 to 25 are achieving. There is insufficient provision and support for these young people to achieve their ambitions, travel independently and make choices about where they study, work and live. Different strands of the local area's work are not planned, coordinated and evaluated in a joined-up manner.
- Parents are not involved systematically as equal partners in the joint commissioning of services. Beyond the early years, there is a limited understanding of the roles and responsibilities of EHC teams across the local area. Currently, SEND services are not commissioned for children and young people across the full 0 to 25 age range. This important aim of the reforms is not being realised in South Tyneside.
- The joint commissioning unit is bringing partners together through South Tyneside's 'alliancing' approach. Despite this, the variation in how services are commissioned is far too wide. In some instances, committed practitioners have to work with children and young people beyond the specified age range to bridge gaps in support.

- Since 2014, leaders have not focused well enough on implementing the SEND reforms. The recent appointment of a designated clinical officer is redefining health leaders' focus. While it is too early to assess the impact of the role to date, the postholder has a clear plan of action to improve the SEND arrangements in South Tyneside.
- Leaders' understanding of children's and young people's aspirations and outcomes is not robust enough.
- The proportion of children and young people receiving support for SEND without an EHC plan and subject to permanent exclusion is not reducing over time. As the local area's data sets on exclusions do not include specific data for pupils with SEND, professionals are unable to evaluate if the actions they are taking are addressing the issue successfully.
- Beyond the early years, there is a limited understanding of the roles and responsibilities of EHC teams across 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:

- the quality of EHC plans, the regularity with which they are reviewed and the involvement of education, health and social care professionals in their development and review are too variable
- strategic, needs-led joint commissioning is not fully developed or embedded and there are unacceptably long waiting lists for some services
- leaders do not understand fully the impact of the local area's provision on the experience and outcomes of children and young people with SEND, and their families
- coproduction, engagement and communication with parents require development
- arrangements for meeting the needs of 16- to 25-year-olds with SEND and improving their outcomes, especially in preparing successfully for adulthood, are not fully effective.

Yours sincerely

Belita Scott  
**Her Majesty's Inspector**



<b>Ofsted</b>	<b>Care Quality Commission</b>
Emma Ing HMI Regional Director, North East, Yorkshire and Humber	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Belita Scott HMI Lead Inspector	Lee Carey CQC Inspector
Lesley Cheshire Ofsted Inspector	

cc:  
 Department for Education  
 Clinical commissioning group  
 Director Public Health for South Tyneside Metropolitan Borough  
 Department of Health  
 NHS England