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Mr Julian Wooster
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James Rimmer, Chief Executive Officer, Clinical Commissioning Group

Dear Mr Wooster and Mr Rimmer

Joint local area SEND inspection in Somerset

Between 9 March and 13 March 2020, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Somerset 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, 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 area, including the area's self-evaluation. Inspectors met with leaders from the 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

- Fundamentally, area leaders have started to implement the SEND reforms too late. Leaders from education, health and care services have been distracted by their individual challenges. This means there has been little effort to work together to implement the reforms until very recently. Consequently, there are widespread weaknesses in the identification and meeting of children's and young people's needs. Their outcomes, and those of their families, are not being consistently improved.
- Joint working between services is underdeveloped. Leaders are beginning to work together more. However, the reality is that there is not effective and consistent joint working across the area. There is still a culture of blame between services that has not yet been fully resolved. This indicates that children, young people and their families are not at the centre of leaders' thinking. A history of services working in isolation and a lack of direction has led to a very poor experience for children and young people with SEND and their families.
- The autistic spectrum condition (ASC) assessment pathway in Somerset is dysfunctional. On the one hand, health professionals are reluctant to identify ASC in children too young. On the other hand, assessments are not considered once children are older than six. The lack of a robust pathway means that children's needs are not accurately identified and assessed. This leads to too many children and young people with ASC and their families not having their needs met. The outcome for these families in Somerset is often very poor. Their experience of the system is causing distress to many children, their parents and their families.
- Joint commissioning is limited and in its infancy. Leaders have started work to develop systems and processes to improve governance and move things forward, but this is taking longer than it should. This means that, in a period of declining budgets, opportunities to pool resources to tackle areas of need in the area are underutilised. Therefore, leaders are missing the chance to improve outcomes for children and young people with SEND and their families, while achieving financial efficiencies.
- The quality of assessing and then meeting needs across the area is inconsistent and often weak. Too much depends on which professionals are involved in children's and young people's lives or where families live. This results in an inequality of experience for children and young people with SEND and their families. The inequality has been exacerbated by recent initiatives to make the best use of limited resources across the area. Consequently, many children's and young people's needs go unidentified for too long. Many end up

in crisis because their needs have not been met in a timely way or they are affected by the variability in the system. As a result, the gap in academic performance of children and young people with SEND in Somerset is wider than is typical nationally.

- The quality of education, health and care (EHC) plans reflects the lack of joint working between education, health and care services. EHC plans are generally education plans, with little and often no input from health and care professionals. There is some evidence to show this weakness has been identified, but improvements are recent, patchy and rare.
- EHC assessment and planning systems are not working well enough. The timeliness of the assessment process for plans is too slow. Systems for managing assessments are not effective. For example, templates for health contributions to EHC plans are not consistently submitted on the agreed format. Some frontline staff push to ensure that children are put forward for assessment, but others do not. This means that access to assessments and what is included in plans are not equitable across the area. Many children and young people wait too long to receive plans that reflect their needs and outcomes.
- There is too much variability in the implementation of the reforms across front line services. Although leaders are aware of the variances that families experience, initiatives to develop greater consistency are not working quickly enough because they are too new or have not yet started. As a result, even when children and young people have had their needs identified accurately, many do not then have these needs met well enough, particularly in the school system. Where there are strengths in practice, they are isolated and the result of the excellent work of individual staff or leaders. Good practice is not shared across the area well enough. Parents describe being at the mercy of 'the luck of who you get'.
- The rate of exclusion of children and young people with SEND is too high. Due to weaknesses in identification, too many go through the system with their needs not being met. Variability in the strength of school provision means that when children and young people do present with challenging behaviour it is not managed well. This has led to high levels of identification of social, emotional or mental health (SEMH) needs. Too many children and young people are not accessing education, because they are excluded or their parents look to provide for their needs by educating them at home. Furthermore, there is little in terms of access to services for the most vulnerable children who are educated outside the formal education system.
- There is limited capacity to bring about the improvements that are needed. Leaders have an accurate picture of the challenges they are facing. To address them, a number of useful appointments have been made within the local authority and the CCG. However, a legacy of poor experiences for families has

led to widespread mistrust. The lateness in starting to implement the reforms, combined with large challenges, such as the variability in the school's system and the ASC pathway, means there is a significant amount for leaders to do. Similarly, the new Designated Clinical Officer has not been in post long enough and does not have the time on her own to bring about the improvements to health services that are sorely needed.

- There are some examples of improved strategic thinking, such as the recent investment in special school places. However, too many of the recent strategies to improve area SEND arrangements rely on frontline practitioners. The effectiveness of these strategies is patchy because of the variability in the commitment of frontline services to take ownership of families' needs. Consequently, despite the effort to start working more collaboratively, there is little evidence to show anything is leading to a better experience for children and young people with SEND and their families. In fact, in many respects their experience at this point is getting worse. The common experience described by the majority of families is one of financial challenge, emotional rollercoasters and being put under significant strain.

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

Strengths

- Joint working in the early years leads to effective early identification of children with complex needs. The 'multi-agency identification and support in the early years' meetings, known as MAISEY, are held six times a year. Staff identify children who need further assessment and extra support. The timeliness of identification is supported by the format of the MAISEY meetings. Following identification, appropriate support is given to families. For example, an allocated leader takes ownership of each case. They support the transition for children into an early years setting or school effectively.
- Speech and language therapy provision for young people in the Youth Offending Team is well established. Therapists provide frontline staff with the skills to understand the needs of individual young people. As a result, previously unmet needs are identified, and young people receive effective support.

Areas for development

- There are widespread challenges to early identification across the area. A period of diminishing access to services, including therapy services, and poor partnership working mean that frontline staff are often attempting to identify children's and young people's needs without the skills, support or access to

specialist knowledge that is required. Recently, education leaders have acted to address these issues. For example, due to the limited capacity within the educational psychology (EP) team available to schools, a new 'pyramid' approach has been introduced. This allows groups of schools to discuss children and young people collaboratively and get guidance from the EP service. However, the strategy relies on school special educational needs coordinators (SENCOs) attending these meetings and means the EPs do not meet children consistently. Consequently, EPs do not get a consistent picture of children's and young people's needs. Furthermore, there is significant work to do to ensure that SENCOs have the skills and experience required to consistently and accurately identify needs.

- Area leaders do not have a comprehensive knowledge of the needs of children and young people who receive support for their special education needs (SEN support) in schools. This means they are unable to track how well they do academically. Wide variance in their experience is not understood well enough. Therefore, area leaders cannot commission with accuracy the services and support needed for this key group of children and young people.
- Similarly, area leaders do not monitor the school nursing service robustly. School nurses are not identifying and analysing the health needs of the school-age population. The service responds to needs through drop-in sessions across the area and signposts families, carers and young people to appropriate services. However, a lack of overview means leaders cannot be assured that children and young people's needs are being identified or met.
- Referrals from therapy services to the community paediatrician must go through General Practitioners (GPs) in parts of the area. It is the same for parents who want a referral to the children and adolescent mental health service (CAMHS). Variability in this process delays children's and young people's needs being identified early.
- Systems across the area to ensure that health visitors are notified of families and pregnant women transferring into the area are not robust. This means that the identification of antenatal needs may be missed and that the needs of some families moving into the area are not identified in a timely manner.
- The effectiveness of early identification in schools is too varied. In some schools, leaders are a barrier to children's and young people's needs being identified. For example, children and young people with attention deficit hyperactivity disorder (ADHD) and ASC are not identified quickly enough, because their presentation is assumed to be behavioural issues rather than an indication of need. Many parents report they pay for their children's needs to be assessed themselves. This shows that not enough is being done to enable children and young people, particularly those who are disadvantaged, to have their needs identified in a timely manner. Consequently, there is inequity of opportunity across the area.

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

Strengths

- Parents who have accessed information, advice and support from 'SENDIAS', in Somerset, say it is an effective service. SENDIAS staff advocate exceptionally well for children, young people and their parents. The service is very well led. For example, the manager has undertaken a thorough review of the service and can precisely identify where their support is most needed. Evidence shows that when SENDIAS has been involved, outcomes for the families have improved.
- The parents and carers forum has established effective relationships with area leaders. The forum has helped leaders to understand the scale of the challenges facing the area in implementing the reforms. Area leaders are increasingly seeing the benefit of working with the forum to ensure that plans for improving services match what families need. Consequently, strategic co-production is increasingly well established.
- The local offer, known as 'Somerset choices', has a range of comprehensive and useful information for parents and professionals. However, too many parents are unaware of the local offer, and those who are say that it is too difficult to navigate in order to find what they want. Nevertheless, the recent co-production of a new local offer with the parents and carers forum is a positive step.
- Some schools in the area are highly committed to the reforms and make excellent provision for children and young people with SEND. Where this is the case, parents report very positively about how school staff support their children and signpost them to where they can gain valuable support as a family.
- Special schools, including pupil referral units and schools with enhanced provision, provide a strong service for the children and young people and their families who access them. For example, pupil referral unit leaders are usefully unpicking unidentified needs in the children and young people accessing their service. This allows them to meet their needs effectively. However, they rightly acknowledge that if their needs had been identified earlier, some children and young people could well have remained in mainstream education.
- The seven-day-a-week 'Enhanced Outreach Team', with an on-call children and adolescents mental health service (CAMHS) operational manager, is effective. The introduction of the service has seen mental health admissions lowering by more than half, and waiting times shortened. All of those being admitted are now being placed locally. This means that young people are benefiting from

shorter stays in local provision. Consequently, the provision minimises distress and keeps children and young people close to their social circles and families.

- Leaders have worked effectively to improve the area's approach to preparing children and young people with SEND for adulthood. For example, at Bridgewater and Taunton College there are a range of apprenticeships, supported internships and work placements that give young people tangible experiences to prepare them for the world of work. New opportunities have been harnessed through collaboration at Fiveways Special School and Yeovil College. Leaders in the area, school and college have worked together to facilitate post-16 courses in Yeovil when young people leave Fiveways school. Similarly, the development of The Mendip School's café has added opportunities to prepare young people with autistic spectrum conditions for the world of work. There are now greater opportunities for young people with SEND in the area to develop their life skills. This has raised aspirations and is an example of effective joint working leading to better provision and outcomes.
- Strategic leaders responsible for children looked after are benefiting from greater joined-up working. Health and social care leaders designated for children looked after and the virtual school headteacher are sharing information and good practice to help improve how they provide for this vulnerable group of children and young people. Opportunities to jointly commission work are being explored. However, this joint working is recent and has yet to filter down to effective collaboration on the front line. Furthermore, the majority of initial health assessments are not meeting statutory timescales.
- Care provision across the area is well received. For example, the short break offer for children and young people up to the age of 18 is strong and valued by families. Most health practitioners are aware of this service and speak positively about it. Other care initiatives also provide well for families. For example, the MAX cards support families to broaden children's and young people's social experiences.
- Some frontline staff make a real difference for children and young people with SEND and their families. Although this is the exception, where this is the case, families feel well supported.

Areas for development

- The autism spectrum condition assessment pathway is very poor. There are significant numbers of children and young people in the area who have been unable to access the assessment they need. Consequently, there is a large cohort of children, young people and their families whose needs remain unknown and, therefore, are not being met.

- The quality of EHC plans is typically poor. This is as a direct result of weaknesses in joint working across education, health and care, and the systems and processes for assessing children's and young people's needs. These weaknesses also mean the timeliness of completing EHC plans remains woefully slow. Consequently, children and young people and their families wait too long to have their needs assessed and met. Furthermore, outcomes in EHC plans are not specific or measurable. This means it is too easy for services to provide general support for children and young people, rather than ensure their needs are met precisely over time. Leaders have started work to improve the process. However, the impact is yet to be felt widely by children and young people with SEND and their families.
- The contribution of health and social care professionals to EHC plans is scarce. EHC plans are too focused on educational outcomes, even when a child or young person is supported by health or care professionals. As a result, those working with families are not able to contribute fully to meeting children's and young people's wider needs. For example, community children's nurses do not always know if a child in their care has an EHC plan. This means their contribution and the contributions of others working with the child are not shared routinely to inform practice.
- There is a significant lack of consistency in meeting children's and young people's needs across the system in Somerset. Even when the area has assessed a child or young people's needs accurately, there is no guarantee this will lead to their needs being met. Despite some very strong practice, large numbers of families told inspectors that their children's needs are not met, particularly in the school system. Area leaders recognise there is variability in the desire to be inclusive among schools. However, recent strategies to improve consistency have not made enough of a difference. The experience for children and young people identified as needing SEN support is too variable and sometimes poor.
- The implementation of the graduated response reflects the lack of consistency in the area. Leaders have undertaken some useful work to try and address this in the form of the 'Core Standards', which exemplify what schools should do to meet the expectations of the SEND Code of Practice. These have been co-produced with parents and schools. However, in attempting to develop these collaboratively, the standards have become burdensome and overcomplicated. Consequently, some school leaders and parents lack faith that their use will lead to the much-needed improvements in consistency.
- Area leaders have no overview of young people above the age of 14 years with a learning disability who are eligible or receiving an annual health review from their GP. People with a learning disability often have poorer physical and mental health. Leaders cannot be assured that the health needs of young people with SEND are being appropriately and regularly reviewed in the area.

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

Strengths

- The effectiveness of joint working in the early years supports timely and accurate identification of young children's needs. Collaboration between services means that children with SEND often have their needs met well in early years settings. Consequently, children with SEND achieve in line with their peers nationally at the age of five.
- Outcomes for children and young people with SEND in the 'West Somerset Opportunities Area' are improving because of better joined-up working between services. This includes the progress and attainment of children and young people who are identified as SEN support. Children with SEND who access the opportunity group early years settings receive tailored support to meet their needs. This sets the foundation for greater success as they move into school.
- Opportunities for co-production are improving. Leaders are increasingly responding to the views of parents through the strengthening relationship with the parents and carers forum. This has led to improvements in some areas of work, such as the local offer and the SENDIAS service.

Areas for improvement

- Evidence that outcomes for children and young people with SEND have improved because of the implementation of the SEND reforms in the area is limited. Even where services are beginning to work together more, this has not led to any palpable difference in the outcomes for children and young people with SEND or their families. The very large majority of parents who contacted or engaged with inspectors report no sense of their experiences getting better. Furthermore, many describe significant strain and stress as families have to continue to fight for what they are entitled to.
- A legacy of mistrust and poor identification and meeting of need means that appeals to the SEND tribunal are on the rise. This reflects the unhappiness and general negative experience of families. Even when area leaders are attempting to improve provision by meeting needs in a more strategic way, the legacy of mistrust means that parents still feel the need to battle for what they feel is best for their children.
- Children and young people with SEND achieve poorly in Somerset. Children do not build well on the outcomes they achieve at the end of Reception. The standards reached by these children and young people are lower than those seen nationally at the end of key stage 1, 2 and 4. Despite leaders accurately

analysing educational outcomes, the year-on-year trend of underperformance has not been addressed.

- The area's work to improve the life chances of young people with SEND as they move into adulthood has had limited impact. The numbers of young people accessing supported internships and supported living are low. Similarly, the proportion of young people who have learning disabilities securing paid employment is much lower than the national average and declining. Similarly, the proportions of young people with SEND attaining a level 2 or 3 qualification is low compared to national figures.
- The proportions of children and young people excluded or absent from school in the area is too high. Even though this has been the case for a while, insufficient action has been taken to reverse this trend. Weaknesses in early identification and meeting children's and young people's needs results in them presenting with behaviour that is challenging and worsening over time. Too often this presentation is seen as a social, emotional or mental health need, rather than understanding it has come about because of an underlying unmet need. Consequently, too many children and young people are identified as having SEMH needs and end up in crisis. This leads to high levels of exclusion, poor attendance or parents educating their children at home. The impact and pressure of this on families is significant.

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 lack of focus on the experiences of children and young people with SEND and their families when formulating strategies to improve the area
- the lack of leadership capacity across area services
- weak partnership working between services across education, health and care
- the ineffective assessment pathway for autistic spectrum conditions
- poor assessment and meeting of need caused by inconsistent practice leading to poor outcomes for children and young people with SEND
- the wide variances in the quality of education, health and care plans caused by weaknesses in joint working
- poor timeliness of the assessment, writing and publication of education, health and care plans

- poor joint commissioning arrangements that limit leaders' ability to meet area needs, improve outcomes and achieve cost efficiencies
- too many children and young people not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area.

Yours sincerely

Matthew Barnes
Her Majesty's Inspector

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cc: DfE Department for Education
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