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Paul Maubach, Chief Executive Officer, Dudley Clinical Commissioning Group
Matthew Smith, Local Area Nominated Officer

Dear Mr Samuels and Mr Maubach

Joint local area SEND inspection in Dudley

Between 20 May and 24 May 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Dudley 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 (HMI) from Ofsted, with a team of inspectors including another HMI, 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 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 to Ofsted.

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

Main findings

- Over time, there have been significant weaknesses in the local area's practice. Current leaders are beginning to address them, but many actions are not yet embedded, and they are yet to have an impact.
- Until recently, there has been insufficient focus on SEND and, as a result, the implementation of the reforms has been slow. Over time, there has been a lack of a strategic approach to identification, assessment and provision mapping in Dudley. This has led to poor outcomes for pupils with SEND.
- The needs of children and young people with SEND have not been accurately identified over time. There was an over-identification of moderate learning difficulties (MLD) in the past. This means that some children's needs were not met as appropriate provision was not put in place.
- There is a lack of understanding about inclusion in the local area. Leaders are beginning to change the culture, but a range of stakeholders still lack confidence in the system.
- There is a great deal of parental dissatisfaction in Dudley. Parents have correctly highlighted many weaknesses in the local area. These include poor communication; their voice not being heard; their lived experience not being respected; having to tell their story repeatedly; young people's needs not being assessed or met well; a lack of suitable local settings; too many young people not attending schools on a full-time basis; and the system is not equitable.
- The Designated Medical Officer (DMO) does not have enough capacity to promote good SEND practice across the health partnership. This means that there has been limited opportunity to provide the training and support to ensure that the workforce is adequately skilled and knowledgeable.
- The joint commissioning of services to meet the needs of children and young people with SEND is underdeveloped. Although senior leaders have clear plans to improve the effectiveness of the commissioning cycle, commissioning decisions have not been informed by performance information contained within the Joint Strategic Needs Assessment (JSNA).
- The commissioning of health visiting services and school nursing in Dudley is fragmented as teams are provided by two different provider trusts. This creates gaps in service provision for children who are moving into school. The school nursing service is not commissioned to provide support for children under five. This means that there is a cohort of children in educational settings which is not benefiting from the input of a school nurse until they reach their fifth birthday. This commissioned gap means there has been a delay in additional needs being identified and met.

- Co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) with parents is underdeveloped. Although there are examples of services which have been successfully co-produced with children and young people, co-production with parents is underdeveloped.
- Education, health and care (EHC) plans and processes are poor. Plans do not focus on outcomes and rarely help to prepare young people for adult life. Often, they contain very little information about health and social care.
- The local offer is underused and not easily accessible. It is not an effective way of communicating with parents and young people.
- Over time, outcomes for pupils with SEND have been poor. The attainment and progress of pupils with SEND is below that of all pupils nationally and absence and exclusions rates are too high. There is not a consistency of practice across the borough.
- There is a lack of local post-19 provision for young people with more complex needs. The transition between children's and adult services remains a weakness in the local area.
- Too few young people are entering the world of work. Not enough young people with SEND are benefiting from employment or supported employment opportunities.
- Leaders now have a clear understanding of the local area's strengths and weaknesses. Their self-evaluation is accurate, and leaders have identified the correct priorities that require immediate and urgent improvement.
- Leaders acknowledge that services for children were poor in the past. This extended beyond children's services to a wider culture of low ambition for children and young people with SEND. Since 2018, a refreshed leadership team has focused on improving outcomes for children and young people with SEND. They have developed appropriate improvement plans.
- Leaders have accurately identified that there is a lack of information to provide a clear, analytical picture of the SEND population and outcomes. This is a significant gap as performance information is required to ensure that future service design and commissioning will effectively meet children and young people's needs. The coordination of assessments between agencies is underdeveloped and information systems are not always compatible.

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

Strengths

- Young pregnant women and mothers benefit from holistic, tailored packages of support provided by the Family Nurse Partnership (FNP). Frequent observations

and the completion of targeted assessments are facilitating the early identification of need. Where needs have been identified, FNP ensure that young parents are provided with effective support and advice to help them to meet their child's additional needs.

- The needs of deaf and visually impaired children are identified early. Screening and follow-up assessments take place promptly.
- The local area now has clear arrangements for identifying the needs of younger children with SEND. The early years complex needs panel and early years SEND panel help to promote a multi-agency approach to identifying need, coordinating intervention and managing the transition across different services. Since April 2019, procedures for identifying children's needs have become far more effective.
- The youth offending and connexions services have strong links with the special educational needs and disability information, advice and support service (SENDIASS) and work in effective partnership with health professionals. This ensures that young people with potentially undiagnosed SEND are identified and supported in accessing the most appropriate provision.

Areas for development

- The needs of children and young people with SEND have not been accurately identified over time. There has been an overidentification of MLD in the past. Consequently, a greater proportion of pupils with SEND, particularly in special and secondary schools, are identified as having MLD than can be found nationally. Over time, provision has not matched the needs of pupils in Dudley.
- Procedures for children leaving early years settings have not been moderated to align with national benchmarks. The local area has identified this and have begun to act so that children's needs are accurately identified.
- A few pupils join mainstream secondary school with unidentified and unmet needs. Leaders know that they need to increase the knowledge, skills and confidence of school staff in correctly identifying primary needs.
- The local area is undertaking a 'data cleanse' to ensure that it holds accurate information on SEND to inform commissioning decisions. It does not have the data to easily inform decisions at the moment.
- The school nursing service no longer uses health needs assessments, due to previous low returns of questionnaires. There has been no exploration of more innovative ways to collate health information, which could be used to identify need.

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

Strengths

- Parents have correctly identified good practice within some services and provided

by specific individuals. They praised the early support that families of deaf children receive; the visual impairment services; autism outreach; speech and language therapy, once accessed; the education psychology service; the early years team; aspects of child and adolescent mental health services (CAMHS); and individual frontline staff.

- There is a real passion in Dudley to adopt a 'Think Family' approach when professionals are working with children and young people with SEND. Health practitioners, in particular, recognise the importance of supporting family members when working with children and young people with SEND.
- Allied therapists work in an integrated and holistic way to assess and support the needs of children and young people in a variety of settings, including clinics, homes and schools. This means that children and young people have the opportunity to have their needs met in an environment that is most comfortable and accessible to them.
- There is a range of sensory support offered by occupational therapists to parents and professionals in Dudley. Parents access sensory workshops and they are provided with one-to-one support to help them understand and respond to their child's needs. Mainstream schools also access support and training to enable education staff to support children with sensory processing needs in the school environment.
- Children, young people and their families undergoing multidisciplinary diagnostic assessments are well supported. Families are allocated a key worker who supports the whole family through the assessment process. A good range of pre- and post-diagnostic support is also provided.
- The children looked after (CLA) health team have effective processes in place to ensure that the health needs of CLA who are placed out of area are effectively met in a timely way. CLA nurses will travel within a 40-mile radius to carry out statutory health assessments. This ensures that CLA placed out of borough benefit from continuity of care.
- The emotional health of CLA and care leavers is supported by the Lighthouse Links Service. This service, which is joint commissioned by the local authority and CCG, aims to improve the emotional well-being of children in care and to provide support for carers to improve placement permanence. This service, which has been co-produced with children in care, was commissioned as a result of the Ofsted inspection findings in 2016. This demonstrates that the local area has capacity to respond positively to previous inspection findings.
- There is a broad offer of universal, targeted and specialist emotional and mental health support for children and young people in Dudley. Services have been co-produced with the children, young people and families who use them, so that they are accessible, inviting and appropriately structured to meet children and young people's needs. For example, Positive Steps, which provides support for those with mild to moderate needs but who do not meet specialist CAMHS criteria, was co-designed with young people.

- Settings value the support and training they receive from a wide range of services. School nurses contribute to school staff development, multi-agency meetings and work with parents to personalise planning and provision further for learners with health needs.
- All special schools in Dudley are good or outstanding and staff are using their expertise to help practitioners in other settings. Effective partnerships between special schools and mainstream schools are enabling staff from mainstream settings to develop their skills and meet the needs of pupils with SEND more effectively. For example, the assessment tool developed by special schools is used by mainstream teachers to plan activities to enable pupils with SEND in mainstream settings to thrive.
- There is some high-quality provision for pupils with SEND in mainstream settings. However, this largely depends on the commitment of the headteacher and the expertise of the SENCo.
- SENDIASS provide effective impartial, informed and personalised support for parents and young people. It is well led and responds positively to the increasing demand for support. Schools value the informal mediation service that SENDIASS offer. Parents, young people and education professionals appreciate the work the team does in providing information and guidance in a timely manner. Local area leaders are aware that they need to work effectively in partnership with the service and all stakeholders to ensure that SENDIASS forms part of a coordinated approach within Dudley's 0 to 25 strategy.
- The young people inspectors met during the inspection felt happy and well looked after. They were confident, articulate and said they liked living in Dudley. They have friends and enjoy a range of activities inside and outside of school. They want to move into the world of work and have thought about their post-16 education.

Areas for development

- Leaders are aware that current performance management and planning for SEND is hampered by inadequate data management and inconsistent information from different settings. At the time of the inspection, plans to address this had not been implemented.
- The local area has yet to establish and embed the dynamic risk register for children with SEND at risk of hospital admission. The intention needs to be swiftly implemented so that health, education and care are informed, undertake assessments and can put together effective packages of support.
- The local area has begun work to develop a SEND provision and funding matrix that would encompass specialist provision across different types of settings. This work makes admission criteria and pathways to such provision more transparent so that there can be equity of access across Dudley. However, schools and parents need to be confident that specialist provision in mainstream settings will have the top-up funding required to support this option.

- Many parents who contributed to the inspection are extremely dissatisfied with how the local area assesses and meets the needs of children and young people with SEND. They raised concerns about poor communication; lack of local provision; mainstream schools being unable to meet needs; pupils with SEND not attending school regularly; the poor quality of EHC plans; uncertainty about provision post-19; and a lack of equity in the system.
- SEND appeals were similar to the national average in 2016–17. All four mediation cases went to appeal in 2017. Recently, there has been an increase in complaints, appeals and mediation cases.
- The published local offer is poor. Many parents are unaware of its existence and others do not use it as it is difficult to access information. There are issues with ease of use and it is not kept up to date. As a result, many parents lack the information that they need to make decisions about how the local area can help to meet their child's needs.
- As many parents are unaware of what is available to them, the uptake of short-breaks is below the national average. Spending on respite has been low over time.
- Although there has been an improvement recently, EHC plans are variable in quality and often poor. Too many plans are not outcomes focused and they are not explicit about how to help young people prepare for adulthood. EHC plans lack specificity and pertinent health and social care information is often missing. Health practitioners are not always asked to contribute to plans and draft and final plans are not consistently shared with those who do.
- Early years settings do not consistently receive finalised EHC plans. Settings often rely on parents to inform them of children's needs. This limits the setting's ability to ensure that they are safely meeting children's needs and providing provision that will help children to achieve positive outcomes. This lack of finalised EHC plans also does not help to facilitate effective and seamless transition planning from nursery to school.
- EHC plans of CLA often have little information about social care. These young people often have to attend many health appointments, which is not conducive to the 'tell it once approach'.
- Although a greater proportion of EHC plans were issued within 20 weeks in 2016 and 2017, the quality of the plans was often poor. In 2018, timeliness declined significantly but it is beginning to improve.
- There are significant delays in referrals to the 0 to 5 autism spectrum disorder (ASD) service. This is because referrals to the service are only accepted from a paediatrician. This is the case even when parents have made multiple trips to their general practitioner (GP) prior to paediatric involvement.
- Children and young people with complex and multiple health needs are not consistently provided with hospital passports which communicate their health and support needs. This means that children and young people who experience

frequent hospital admissions may be required to tell their story multiple times. This does not support the 'tell it once approach'.

- Allied therapists are prohibited from making direct referrals to paediatricians and CAMHS, despite having the clinical knowledge and expertise to identify additional needs. This process causes unnecessary delay in the assessment and meeting of needs of children and young people with SEND.
- The current core CAMHS is only commissioned to support young people up to the age of 16. However, services that have recently been commissioned as part of the transforming care agenda, such as Positive Steps, are commissioned to support young people up to 24. Therefore, young people with more enduring and complex mental health needs do not receive the same levels of holistic support and intervention as those with mild to moderate needs.
- Transition arrangements for young people with continuing or complex health needs post-18 are ineffective and not supported by a formalised transitional pathway.
- There is a commissioned gap for some young people who require the input of physiotherapy post-16. Paediatric physiotherapy is not commissioned to provide support for young people post-16 who do not have a co-existing learning disability. Therefore, there is a significant gap before they can access adult physiotherapy service provision. There is also no commissioned paediatric provision for children and young people with musculoskeletal disorders in Dudley.
- There is a lack of local post-19 provision for young people with more complex needs. The transition between children's and adult services remains a weakness in the local area.

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

Strengths

- Over time, some pupils with SEND have achieved well in every key stage. They have made good academic progress in special schools and in some mainstream schools. A small number of pupils with SEND have attained high-level qualifications and moved onto university.
- Achievement rates for learners with learning difficulties and/or disabilities (LLDD) aged over 19 improved between 2015 and 2018. The achievement gap between LLDD and other students diminished for these groups of learners during this time.
- The number of exclusions for pupils who are identified as SEN support is declining. The proportion of pupils with statements or EHC plans who were excluded was lower than that of other pupils in Dudley between 2016 and 2018.
- Over time, the vast majority of pupils with SEND, aged 16 to 19, have remained in education.

- Children's community nurses provide effective support and training to parents to enable them to meet their child's health needs at home. This means that some children with complex health needs attend clinical settings less frequently. Similarly, the CAMHS crisis pathway is firmly embedded and has markedly reduced the need for inpatient admissions.

Areas for improvement

- There has not been a clear enough focus on improving outcomes for children and young people with SEND in Dudley. A range of outcomes are lower than those achieved by other pupils.
- Aspirations are not high enough. Effective strategies to improve attainment and challenge for the most able pupils with SEND to achieve well have not been in place. Schools do not routinely benchmark the achievement of pupils with SEND against all pupils nationally.
- In every key stage, pupils with SEND achieve less well than pupils with similar starting points. Their rates of progress are below national averages for all pupils.
- Very few young people with learning difficulties and/or disabilities in Dudley move onto paid employment. Employer engagement is underdeveloped, and some staff are not clear about how they can help young people prepare for adulthood.
- Absence rates for pupils with SEND are higher than those of other pupils in Dudley and all pupils nationally.
- Although they are starting to decline, exclusions for pupils who are identified as SEN support are higher than other pupils in Dudley and all pupils nationally.

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:

- Improvement strategies are not embedded, and they have not had a marked impact on improving outcomes for children and young people with SEND.
- The needs of children and young people with SEND have not been accurately identified or moderated over time.
- A strategic approach to assessment and provision mapping in Dudley is lacking. There is poor co-ordination of assessment information between agencies resulting in fragmented information systems.
- Joint commissioning is underdeveloped. It is not always informed by accurate analysis of performance data, which is required to understand areas of need and gaps in current service provision.

- The DMO has insufficient capacity to promote SEND agenda across health providers.
- Co-production with parents is weak. Co-production at a wider strategic level is underdeveloped.
- There is a great deal of parental dissatisfaction. The passion and commitment of the various parent groups has not been harnessed. Many parents feel disengaged with the system.
- There is a lack of understanding about inclusion in Dudley. The local area needs to change the culture and develop stakeholder confidence in the system.
- The published local offer is poor. It is underused and difficult to navigate.
- EHC plans are often of a poor quality. They are not outcome-focused and often lack information about health and social care. Completed EHC plans are often not shared with early years settings
- Pupils with SEND make slower progress than other pupils.
- Pupils with SEND have higher absence and exclusions rates than other pupils.
- There is a lack of local provision post-19 for young people with the most complex needs.
- Too few young people with SEND progress into employment.

Yours sincerely

Simon Mosley
Her Majesty's Inspector

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