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Adam Wickings, Chief Operating Officer, Kent Clinical Commissioning Group
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Louise Langley, Local Area Nominated Officer

Dear Mr Dunkley,

Joint local area SEND inspection in Kent

Between 28 January 2019 and 1 February 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Kent 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 Ofsted Inspectors and children's services inspectors 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 for health, care and education from the local area. 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 groups 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

- Too many children and young people with SEND do not get the support they need in Kent. Although many individuals, organisations and providers do their best, the fragmented system has created too many opportunities for the needs of these children to be missed.
- Parents and carers who contributed to the inspection are overwhelmingly negative about their dealings with the local area. Some told inspectors that Kent did not care about their children. Many parents and carers are rightly upset, angry and concerned about the services and provision that their children receive.
- The local area does not ensure that parents understand the systems in place to enable their children to get the support they need in school. This has resulted in a mistaken belief that an education, health and care (EHC) plan is essential to ensure their child's needs are met. The majority of parents who expressed their views during the inspection are not confident that the local area will meet their child's needs. A parent expressed the views of many when they described their efforts to get their child the support they needed as a 'constant minefield'.
- Not all schools and settings are willing to accommodate children and young people with SEND. One parent explained that eight of the 10 schools she contacted to discuss her disabled son did not want to offer him a place. The local area, including school and academy leaders, does not ensure that they reliably meet their duties in this regard.
- Leaders have not yet successfully prioritised the needs of children and young people with SEND. Local strategic groups, such as the 0–25 health and wellbeing board and the sustainability and transformation partnership, are not working effectively to tackle the existing weaknesses with the urgency that is required. This is illustrated by the gaps in health provision in special schools that have been known about since 2016 and which are far from being addressed by health leaders.
- Parents and carers have not been sufficiently involved in the evaluation of provision or the development of new services. Since the previous parent carer forum decided to disband, parents have not been represented with area leaders. A consortium of regional charities is now in place to develop parental representation in the local area. However, this arrangement is in the early stages of development.
- Health leaders have not been consistent in their membership of the 0–25

health and wellbeing board. Their absence has contributed to drift in addressing known deficits. Solutions to streamline the challenge of working across seven clinical commissioning groups (CCGs) are being sought but progress to implement one governing body and accountable officer for children is too slow.

- Joint commissioning arrangements are underdeveloped. Kent has one of the largest child populations in the country and seven clinical commissioning groups. This complex arrangement of health providers has impacted on the effectiveness of commissioning services to meet the needs of children and young people aged 0 to 25 with SEND as well as with EHC planning processes.
- Too many children have weak EHC plans. Although the local area met the statutory deadline for the conversion of statements of special educational needs to EHC plans, these resulting plans are not strong. Many children and young people have documents that do not accurately reflect their needs because up-to-date information was not gathered. For example, one 15-year old's EHC plan was based on a report he received when he was aged three.
- Children and young people with SEND experience unacceptable inequality when accessing services in Kent. Children cannot access the same health services in all parts of Kent. Systems to assess and review children's needs are weak. This has resulted in some parents securing additional support for their children using private assessments and the threat of legal proceedings. Other parents, who are unable to take such action, are frustrated by a system that appears not to care about their children.
- Educational outcomes for children and young people with SEND are not good enough. Too few children are being taught the phonics they need to become confident readers. Pupils in mainstream secondary schools, and young people aged 16 to 25, do not achieve well enough.
- The number of permanent exclusions for all children, including those with SEND, has significantly reduced. This is the result of partnership working within the local area. Locally run groups of school leaders work together to reduce the likelihood of permanent exclusion for vulnerable children. The local area is beginning to take action when pupils are seen to leave schools other than at typical times. This is particularly when associated with the risk of exclusion. Although in the early stages, this action is beginning to ensure that children are treated fairly and have access to the education they are entitled to.

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

Strengths

- The health visitor service is meeting its targets in four out of five mandated contacts. When undertaken, these checks help to identify new or emerging needs in children under five years of age. However, therapists' follow-up and review of some children's identified needs are less timely.
- Education and health staff worked together to develop free training for early years providers. The programme includes language development and the importance of physical development. Many early years settings have attended this training and say it is helping them to identify children who have additional needs more quickly.
- Children with complex needs identified before they are three years of age benefit from integrated support and key workers from health services. This supports a tell-it-once approach and provides parents with timely help. Some localities also benefit from integration with portage and universal health services. Parents who received this said it was very supportive. However, this collaborative approach is more effective in some parts of Kent than in others due to the differences in provision.
- Regular inclusion meetings, known locally as LIFT, provide support and guidance to schools and early years settings. Practitioners value the discussion and problem-solving approach. Where needed, collaborative working between settings and specialist teachers helps to tailor intervention and better meet children's needs. Most parents valued these approaches and could see the difference this makes to their children's progress and development. Primary schools report that the recent introduction of LIFT meetings for early years settings has begun to reduce the number of children starting Reception with unidentified needs.
- The identification of children with developmental language disorders is well supported through an accredited programme that ensures that all practitioners working with the child understand their needs. This means that children with most significant language difficulties are quickly identified and access appropriate treatment.
- The local authority has increased its investment in provision for children with SEND since 2014. This has increased the number of places for children with SEND in special schools, specialist resourced provision and early years settings. This has been achieved through effective partnership working with schools and settings. Examples of this work include a special school post-16 college and plans to create a secondary autism spectrum disorder (ASD) provision in an area where this is needed.

Areas for development

- Maternity services do not consistently ensure that information about women's ongoing pregnancies is accurate or that known antenatal needs are shared effectively with health visitors. This delays access to information about changing needs so that health visitors can take the most effective action to intervene.
- A significant number of children with ASD and social, emotional and mental health (SEMH) difficulties are not having their needs successfully met during primary school. Many parents said that primary schools do not understand their child's difficulties. Parents report that some schools use reduced timetables, temporary exclusion and one-to-one support to manage children's difficulties. Frequently, these children struggle to cope in secondary school. This is leading to a higher-than-expected number of EHC applications in early secondary education.
- Health staff use different ways to inform the local authority of children under five years of age that they have identified as possibly having SEND. This inconsistency prevents tracking of notifications by health leaders to ensure it works effectively across Kent and ensures that young children have their needs met
- Progress against the joint health check has not been delivered in line with other areas, due to the capacity of stretched services. This has an impact on the achievement of a tell-it-once approach. Progress to integrate the two- to two-and-a-half-year check between health visitors and early years practitioners has been halted. The service has linked community nurses with nursery provision rather than delivering an integrated approach. This prevents the achievement of a tell-it-once approach between staff completing these important checks and places too great a reliance on parents and carers to share the results, rather than having in place effective information-sharing and joint working agreements.
- General practitioners (GPs) are not carrying out all the annual health checks for those aged over 14 with a learning disability. This prevents the early identification of new or emerging health needs in this vulnerable population.
- Although LIFT meetings have the capacity to improve the quality of early identification in schools and settings, this is not happening. While stronger schools use the meetings as an opportunity to improve the support they provide, other schools simply view the meeting as an obstacle used to slow down the EHC process. When schools are not clear about the purpose of the LIFT meetings, parents do not receive a clear message about the support their child needs. Several parents said that their concerns were not taken seriously when being discussed at these meetings.

- The uptake of universal health checks for school-aged children at key points through their school years is low. This delays the identification of new and emerging health needs and limits intervening earlier. Work is being done by public health services to improve this and develop health profiles with schools.
- Children with SEND are not easily identifiable in health records at an individual, service or trust level. This makes it harder for health professionals to be aware of children's needs in a holistic manner and negatively impacts on the tell-it-once approach for parents and carers. This also reduces the effectiveness of leaders' oversight because they cannot easily identify the outcomes achieved by the health care received.
- Most parents are unaware of the local offer and do not know where to gain independent advice and guidance.

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

Strengths

- Many children and young people with additional needs said that they feel well supported by the range of professionals they meet. Most of those attending special schools and specialist bases are satisfied with the provision and support they receive at school. Although most parents who contributed to the inspection are not confident that the local area meets their child's needs, many were positive about individual schools, settings and practitioners.
- Although the support available for children and young people who have SEMH difficulties needs to improve, there are some recent promising developments worth noting. Access to the range of services to help these children has been streamlined through a single point of access. All new referrals are risk-assessed and prioritised via a duty triage system, which helps children receive the most appropriate interventions. Child and adolescent mental health services (CAMHS) are improving the transition from children to adult services. This has resulted in a better understanding of the adult pathways and services so that the young person can be better helped. Specialist teachers have received additional training to support aspects of SEMH in schools. The local area's endeavours to decrease exclusions have resulted in additional support for primary schools. For example, in some areas a previous primary pupil referral unit has become a nurture hub for pupils at risk of exclusion. This provision also offers parents help and advice.
- The augmentative and alternative communication (AAC) team offers a consultation pathway for children who do not fit their criteria but would

benefit from some additional support. This means that a greater number of children with communication difficulties are now being aided by the multi-disciplinary team.

- Some parents receive useful guidance from the early help service. Examples include helpful advice about behaviour management, information about local clubs and activities for their children and help with EHC plan assessments.
- The parents and carers of young children value the portage service. They say that services such as the 'more-than-words' course are very supportive. Parents report that this helps them develop the confidence and skills they need to better meet their children's changing needs.

Areas for development

- The arrangements for providing support for children and young people are too complicated. As a result, the quality of provision children receive is too inconsistent. Services for children in Kent are fragmented and multi-layered rather than unified and straightforward. The quality of provision and commitment to inclusion in schools is mixed. This means that the effectiveness of support that children receive varies according to which school they attend and which area they live in. Because of this inequality, many parents have to fight to get their children's needs met.
- Local area leaders are aware that they need to address inequity but progress in moving forward is woefully slow. This results in children being the recipients of poor access to the health services they need. Where CCGs are commissioning services differently across Kent, or using historical block contracts, this impedes the effective provision of needs-led services to include vision, speech and language therapy, wheelchairs, sensory needs and special school nursing for those aged 0 to 25 with SEND. This causes unacceptable delays for children's access to the help they require so their needs can be met effectively.
- Leaders in Kent have not ensured that they commission an effective ASD multi-disciplinary assessment pathway for those aged 0 to 25 that complies with National Institute for Health and Care Excellence (NICE) guidelines. This means children and young people experience unacceptable regional variation in their access to assessment, diagnosis and support. Individual providers have worked to try to reduce waiting lists in certain areas with some success, but this does not benefit all children in Kent. Access to occupational therapy assessment for those with sensory processing needs is another commissioning gap.
- Children on medication to manage attention deficit hyperactivity disorder (ADHD) do not have timely reviews of their ongoing needs by North East London NHS Foundation Trust (NELFT). This hinders the early identification of

children's changing needs if necessary, so these can be met effectively, and is not in line with NICE guidance.

- Health services are not consistent in their approaches to working effectively with settings to help meet children's needs. The sharing of care plans and reports is not always timely, which prevents settings from working jointly to meet the changing needs of children.
- Children and young people experience unacceptable delays and inequality of access in having their identified health needs assessed, reviewed and met. Waiting times for speech and language therapy (SALT) are nine months in parts of Kent and 14 months in others; assessments for ASD and ADHD are around two years; waiting times for wheelchair services, tier two services and CAMHS remain excessive. Oversight and review of children on long waiting lists are not consistent, hindering the detection of changes to children's needs. Where action has been taken by local area leaders, this is yet to have the necessary impact on reducing waiting times for children and young people.
- Local area leaders do not ensure that different assessment and planning processes are aligned for vulnerable children and those with medical needs. This prevents the needs of children from being fully understood and hinders the tell-it-once approach for children and young people.
- Links between GPs and health visitors in Kent are inconsistent in their effectiveness. This inhibits collaborative working towards a shared understanding of children's needs, so that these needs can be met and families can be well supported.
- Joint commissioning arrangements have not ensured that there are effective processes in place to ensure key professionals from education, health and care provide advice for EHC assessments within statutory timescales. Many parents say that is very difficult to get an educational psychologist's report. This is a similar issue for health advice, compounded by a lack of clarity as to who should be contacted, and how, to submit health advice following an assessment request. Leaders' plans to address this are not yet sufficiently comprehensive or multi-agency.
- The quality of EHC plans is too variable. The needs and provision that children require are not always clear and outcomes are too often not child-centred. The absence of an effective quality assurance process to address these shortfalls inhibits improvement and risks denying children access to the support they need. Some plans are too detailed and quickly become out of date. Other plans lack sufficient information to make sure that children receive the right support, for example broadly specifying 'weekly session of small group activities for 10 weeks' for a child with a learning difficulty.
- Too many professionals in the local area do not understand the purpose of an EHC plan. This has made it harder for parents to get good advice about

getting the right support for their child. Some parents told inspectors that they were not taken seriously when proposing that their child might need an EHC plan. This confusion has led to the view held by many parents that an EHC is the only way to ensure that a child's needs are met. There is no consistent approach to ceasing plans that are no longer required. At the time of the inspection approximately 600 young people retained plans that were no longer valid.

- The annual review process for EHC plans is weak. The process is not widely understood and is poorly attended by both health and social care practitioners. Some children's plans have not been reviewed for long periods. For example, one child whose plan was looked at had not had an annual review for three years. Required amendments to plans are also subject to extensive delays. Although the local area has recognised the need to improve this review process, the approach to amending EHC plans following an annual review remains inconsistent.
- Co-production with children, young people, parents and carers is not always achieved at an individual level through the EHC assessment, planning and annual review process. For example, not all children and young people are aware that regular meetings were held to review their support and progress. Many parents and schools expressed their frustration that plans remained unchanged following decisions at these meetings.
- The care needs of children and young people and their families are not well considered during the EHC process. Social care information in EHC plans is not sufficiently detailed, and in some cases is written in the wrong section. There is a lack of a proactive, risk-reducing approach to social care support. For example, travel training is effective but not offered consistently within 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

- Outcomes for looked-after children with SEND are in line with those found nationally. There have been no permanent exclusions involving these children in the last four years. The proportion of looked after children going on to education, employment or training has increased over the past four years.
- A higher proportion of young people with SEND go on to education, training or employment at 16 than is seen nationally.
- At an individual level, speech and language therapists and school nurses use effective tools to measure the impact of their interventions. This gives them an understanding of the impact of their work on improving children's

outcomes. The AAC service has made good use of data to review the effectiveness of its service for the children and young people and families who access it. The local authority has provided some schools with a tool to evaluate more effectively the quality and impact of provision for children with SEND. It is hoped that more schools will take up the offer of this free resource.

- Some children with complex needs benefit from coordinated transition at key points. For example, young children accessing assessment and observation placements in nurseries are well supported by specialist teachers as they move on to Reception classes in mainstream schools.
- Services for disabled children and young people have developed new ways of working to ensure smooth transition into adult services for a limited number of young people. The Kent pathway service, for example, offers young people aged 16 to 25 with a learning disability a short-term intervention to encourage independent living and access to work. This is a good service for the limited number of young people who receive it.

Areas for improvement

- Overall, academic outcomes for children and young people with SEND are too mixed. While many outcomes in primary schools are in line with national figures, these children do less well than similar children nationally at GCSE. Some parents are concerned that the comparatively high number of selective secondary schools results in limited choices for pupils with SEND.
- Outcomes for children and young people with SEND are limited because leaders have not prioritised their needs. Most leaders know that they need to work together to ensure that all children with SEND are achieving their potential. However, although plans are in place to improve the way that services are delivered, these have not yet made a difference. Children and young people with SEND do not yet feature significantly enough in plans to tackle the fragmented system currently operating.
- Local area leaders involved in the 0–25 health and wellbeing board and sustainability and transformation partnership are not working quickly to tackle current weaknesses, to improve children and young people's outcomes. This has been made worse by the inconsistent representation of health professionals at the health and wellbeing board. As a result, known weaknesses in provision have remained unchanged. While leaders know they need to simplify health governance, this has not yet happened.
- Joint commissioning arrangements for children and young people with SEND are weak. These arrangements do not meet statutory requirements. The absence of formal protocols impedes Kent's progress. Leaders are not using the information they have about the population and demand for services to

ensure that children and young people's needs are met and outcomes improve. As a result, commissioners do not have a good enough understanding of the negative impact of current services on children and young people. This was exemplified by a disabled child who could not receive equipment to meet their needs because the partnership could not agree who would pay for it.

- Rates of persistent absence of children and young people with SEND is higher than the average in similar areas. The rate of absence for pupils with an EHC plan has been increasing for four years.
- Transition does not start early enough for young people with SEND. While there are pockets of good practice, this is not yet the experience of most young people. Over-complicated commissioning arrangements when they move into adults' services slows their progress. Consequently, many young people are not well prepared for adulthood.
- The clinical commissioning groups do not have effective oversight of the health provision specified in EHC plans. Too great a reliance has been placed on contract monitoring of services, which lacks specificity and limits assurance that children's needs will be met. The quality of the health information on EHC plans is inconsistent and poor in places. In the absence of effective oversight, opportunities for improvement are impeded and may impact on children achieving better outcomes.
- Health services are aware of the need to improve children's outcomes. The CCGs have recognised the need to improve and formalise their designated clinical officer (DCO) arrangements. Plans are in place to recruit increased capacity to meet the strategic and operational requirements of this function but to date this function has not yielded an effective response to the reforms.

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 widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs
- the variable quality of provision and commitment to inclusion in schools, and the lack of willingness of some schools to accommodate children and young people with SEND
- the limited role parents and carers have in reviewing and designing services for children and young people with SEND

- the inability of current joint commissioning arrangements to address known gaps and eliminate longstanding weaknesses in the services for children and young people with SEND
- the poor standards achieved, and progress made, by too many children and young people with SEND
- the inconsistent quality of the EHC process; the lack of up-to-date assessments and limited contributions from health and care professionals; the poor processes to check and review the quality of EHC plans
- the governance of SEND arrangements across the EHC system at strategic and operational level and absence of robust action plans to address known weaknesses
- the unacceptable waiting times for children and young people to be seen by some health services, particularly CAMHS, tier two services, SALT, the wheelchair service, and ASD and ADHD assessment and reviews
- the lack of effective systems to review and improve outcomes for those children and young people whose progress to date has been limited by weaknesses in provision.

Yours sincerely

Phil Minns
Her Majesty’s Inspector

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