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Lucie Walters, Chief Officer, CCG  
Adrian Williams, Local Area Nominated Officer

Dear Mr Nash

### **Joint local area SEND inspection in Sutton**

Between 22 January 2018 and 26 January 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Sutton 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 Care Quality Commission (CQC).

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, 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 were implementing the SEN 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**

- There has been insufficient progress over time in implementing the 2014 reforms. Current leaders are trying to increase the pace of developments and to streamline the area's strategy. However, providers and parents remain concerned about the quality of leaders' communication and oversight of the reforms.
- Leaders correctly identify strengths and areas for development in the local area but have not appreciated how far behind they are in implementing the reforms. This has resulted in an inaccurate self-evaluation of their work.
- In response to the reforms, local area leaders established a provider to deliver many of the support services for children and young people who have SEN and/or disabilities. This has taken more time to become established than expected and, consequently, the impact of this work is not fully evident.
- Leaders have not adequately checked the quality of education, health and care (EHC) plans. As a result, too many children and young people who have SEN and/or disabilities have plans which contain vague objectives despite, for example, having detailed information provided by health professionals. Leaders have insufficient information about the impact of EHC plans on outcomes for children and young people. Their self-evaluation lacks rigour in explaining how well they have used the reforms to improve the planning and review process for those who have EHC plans.
- Leaders in the area have allowed the independent advice service for parents to dwindle. They have accepted staffing issues as an excuse for an ineffective service, which was described to inspectors as failing young people in the area.
- Area leaders do not currently have effective ways of monitoring intended outcomes for pupils who have SEN and/or disabilities. They are over-reliant on comparisons to national figures in their self-evaluation. This limits their capacity to monitor the impact of further improvements they are planning to make.
- Underdeveloped joint working is restricting opportunities to share good practice in the area. Poor communication has led to tensions developing between some schools and local area leaders. Some providers told inspectors of feeling 'at a distance' from the EHC plan assessment and review process.
- Current area leaders have recognised that improvements to the way children and young people are consulted need to be a priority. They have commissioned some interesting projects to help gather views. However, leaders have not yet had time to act on some important findings that are emerging from these consultations.
- Parents and providers typically told inspectors that they lacked confidence in the local offer because they are not convinced it is up to date.

- Leaders' work to understand and respond to the aspirations and ambitions of young people as they prepare for adulthood has had a limited impact. The range of options for them after the age of 16 remains limited, particularly for young people with more complex needs.
- Health professionals work well together in the area to ensure that the health needs of children and young people are identified and met effectively, including those with complex needs.
- A community paediatrician undertakes both the roles of designated doctor for children looked after and the designated medical officer (DMO). This role is across Sutton and another local area. The demands on both roles and a lack of dedicated capacity for the DMO role have limited the strategic impact of this leader. For example, the DMO is unable to attend the partnership boards relevant to SEN on a regular basis. The DMO has not been involved in the development of the local area SEN strategy.
- Children and young people say they feel safe and are taught well about how to keep safe. Professionals demonstrate an astute understanding of the prevalent risks to children and young people who have SEN and/or disabilities.
- Leaders and providers working with particularly vulnerable children and young people are using the reforms well to improve the identification of any SEN and/or disabilities and the response to meeting their needs.
- Professionals have worked well together to improve the identification of needs of children in the early years.

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

### **Strengths**

- Professionals from different services in the early years communicate well with one another when identifying the needs of children. This is helping to pick up needs earlier and reducing the need for parents to tell professionals about their child's needs more than once.
- Professionals working with vulnerable groups are effective in picking up and responding to needs when they become known to their services. For example, the youth offending team (YOT) is successful in identifying any speech and language needs of young people when they become known to the service.
- The reforms are enabling professionals to identify more accurately the nature of a child's or young person's need. This includes whether the need is based on a long-term disability or a learning difficulty or is the result of an event such as a trauma, which may result in a short-term need. As a result, the response to the need is better informed.

- The well-established arrangement for health visitors to be based at children's centres supports partnership working to identify, assess and meet the needs of young children.
- The proportion of assessments for an EHC plan completed in the 20-week timescale is higher than that seen nationally.

### **Areas for development**

- Providers told inspectors that there are sometimes significant delays in accessing appropriate placements once these are identified for children and young people through the EHC process.
- Parents and providers are not provided with enough information or guidance when an application for an EHC plan is declined. This can leave them confused and concerned about the way forward.
- The arrangements to identify the needs of some children and young people with social, emotional and mental-health needs are limited in their scope and impact. For example, the early signs that children may have difficulty managing their own behaviour are not picked up skilfully enough by professionals working in settings.
- While many statements have been converted to EHC plans, the local authority has not been able to confirm that all conversions will meet the March 2018 deadline. Leaders have recently become aware of a number of additional conversions which have increased the challenge they face to meet this deadline.

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

#### **Strengths**

- Social care professionals have worked effectively in helping young people who have SEN and/or disabilities described as being on the 'edge of care' to stay with their families.
- The support and assessment for children and young people in vulnerable groups are strong. For example, the head of the virtual school for children looked after has significant insight into the needs of these children.
- Area leaders are in the process of recommissioning the short breaks offer as a result of a thorough evaluation of needs.
- The SEN panel is improving joint working and helping professionals share a common and more detailed understanding of the needs of children as they are being assessed.
- The parent carer forum in the local area has significant insight into what is important to parents in Sutton. As a result, parents and providers were

overwhelmingly positive about the support they provide.

- There are also a few well-established examples of specific joint working. These include work with other areas on transport and jointly funded individual packages to help young people to move into placements that are more appropriate for them. However, some of joint commissioning initiatives are at an early stage or are being reconsidered as a result of consultation.
- A specialist school nurse practitioner is allocated to pupil referral units, the YOT, children out of education and those children identified as being educated at home. This means that there is dedicated support to help meet the needs of these vulnerable children and young people.
- The recent investment in the children's home care nursing service has resulted in an expansion of the number of nurses and has increased capacity. This is enabling the needs of more children and young people, particularly those with complex health needs, to be better met.
- Parents are positive about the early years services and the support offered for young children in Sutton. For example, the support provided by the portage service is well regarded by parents.
- Speech and language therapists and occupational therapists effectively support the assessment and intervention provision for three- to five-year-olds. This ensures that excellent provision is available for young children with additional needs. However, there are limited places available.

### **Areas for development**

- The strategy being developed by area leaders does not reflect a cohesive partnership approach to implementing the reforms. The means by which leaders intend to monitor the impact of the strategy on assessing and meeting the needs of children and young people are still under development.
- The quality of EHC plans is inconsistent. Many of those sampled during inspection included vague objectives and a poor response to information available about the specific needs of the child. Specialist providers confirmed that many EHC plans they receive are of a similar poor quality. Leaders in the area have failed to monitor the quality of plans over time. They have done too little to support the sharing of good practice in implementing EHC plans.
- Parents do not have sufficient access to an independent advice service. This results in some parents paying for their own legal advice, while others resort to seeking help from non-specialists. This is unacceptable.
- Some parents report concerns about the use of payment cards to gain access to activities with short breaks. They say that they have difficulties finding providers who will accept these cards. This limits the opportunities for inclusion available to these children and young people.
- A mediation service is commissioned in Sutton. However, some providers and

parents are sceptical about the way it is used and are not convinced that it is effective. They told inspectors that leaders do not want to mediate with families.

- Despite the availability of some opportunities for young people over 16 to participate in social activities, such as the Saturday club, these are too limited, especially for young people with more complex needs.
- While information on the views of young people is available, this has not been used extensively enough to support strategic planning in the local area. For example, leaders have commissioned a project called 'Speak up Sutton', which has been very creative in obtaining young people's views. However, leaders are only just beginning to receive the outcomes from this.
- An ongoing programme to ensure that the local workforce has effective awareness of the Children and Families Act 2014 and the intentions of the reforms has not been maintained well. Some providers are frustrated about poor communication in response to their requests for guidance.
- Arrangements to give young people who have SEN and/or disabilities access to supported internships and supported employment opportunities are underdeveloped.
- Health visitors and school nurses are positive about the local offer. They use it to promote, inform and signpost parents to information and support available to them. However, they have highlighted that the local offer has not always been up to date and that the content has been unreliable.
- There is limited support for families waiting for diagnosis of their child's possible needs related to an autism spectrum disorder or attention deficit and hyperactivity disorder. Parents can access a parenting plus course but this is not entirely appropriate pre-diagnosis. Once diagnosis is confirmed, parents can join a post-diagnosis support group. Leaders anticipate that these issues will soon be resolved but this work is not yet complete.

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

### **Strengths**

- Most pupils attend provision which has the confidence of children, young people and their parents. Most attend schools and colleges which have been judged to be good or better by Ofsted.
- Some predominant risks to young people who have SEN and/or disabilities are well understood by professionals. For example, the difficulties young people with speech and language difficulties may have in giving consent to sexual activity have been picked up well. Providers say that they enjoy good communication with the police, who are proactive in responding to young people's concerns about safety. Young people were glowing in their views of how education about keeping safe is tailored to their needs.

- The attendance of pupils who have SEN and/or disabilities is rapidly improving, according to figures provided by area leaders.
- The high proportion of children who have SEN and/or disabilities leaving the early years with a good level of development reflects the effective response to the reforms by early years professionals.
- The proportion of young people who have SEN and/or disabilities who are not in education, employment or training is low and has remained low compared to national figures over time.
- Students attending specialist settings are being encouraged to have high aspirations, are positive about their future and are being well prepared for adulthood.
- Therapeutic services are making effective checks on the impact of their work with children. Outcomes are reviewed with the child and parents at periodic times throughout the intervention so that progress can be measured and goals and actions revised, if necessary, to meet the child's needs.

### **Areas for improvement**

- Leaders lack sufficient knowledge of the relative performance of pupils who have different primary needs or who face different circumstances. They recognise that more needs to be done to bring together information so that leaders have a deeper analysis of variations in outcomes between groups.
- Outcomes in EHC plans issued by the local area are often not clearly defined and are not sufficiently aspirational. This is particularly the case for young people over 16. Offers of support from colleges to help improve this are not being used effectively.
- Too many children and young people who have SEN and/or disabilities have been excluded, especially at primary school, over time. Leaders have taken recent action to improve the transition of pupils at risk of exclusion to secondary school, with early signs of success. They rightly see this as an ongoing priority.
- Some providers say that the expertise in supporting children and young people with behavioural, social and emotional needs is limited. This is having a negative impact on outcomes for these pupils. Some parents agree with this and it links to concerns about the risk of exclusion for this group of pupils.

### **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:

- lack of coherence and joint working between local area leaders, agencies and

schools, which is resulting in poor communication, inconsistent opportunities for social inclusion and a high number of exclusions, especially at primary school level

- poor oversight of quality and impact of EHC plans in meeting the needs of children and young people
- inequality of opportunity for families, which has arisen from a serious decline in the availability of an effective independent advice service in Sutton.

Yours sincerely

Andrew Wright  
**Her Majesty's Inspector**

| <b>Ofsted</b>                         | <b>Care Quality Commission</b>  |
|---------------------------------------|---|
| Michael Sheridan<br>Regional Director | Ursula Gallagher<br>Deputy Chief Inspector, Primary Medical Services, Children Health and Justice |
| Andrew Wright<br>HMI Lead Inspector   | Deborah Oughtibridge<br>CQC Inspector   |
| James Hourigan<br>Ofsted Inspector    |   |

Cc: DfE Department for Education  
 Clinical commissioning group  
 Director Public Health for the local area  
 Department of Health  
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