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Helen Bayley, Strategic Lead for Quality and Care Improvement Team, NHS Telford and Wrekin CCG
Julie Davies, Director of Performance, NHS Shropshire CCG
Julia Dean, SEND Service Manager and Local Area Nominated Officer

Dear Mrs Bradshaw and Mr Evans

Joint area SEND inspection in Shropshire

Between 27 January and 31 January 2020, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Shropshire 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 (HMIs) from Ofsted, with a team of inspectors including an HMI 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, as well as local authority (LA) 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 area leaders from health, 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 area's practice. HMCI has also determined that the local authority and the area's clinical commissioning groups (CCGs) are jointly responsible for submitting the written statement to Ofsted.

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

Main findings

- Strategic leadership across the area is weak. This is most notable in the leadership of the CCG. The implementation of the SEND reforms by the CCG has been too slow. There has been inconsistent leadership for SEND within the CCG and a lack of cohesive partnership working. Consequently, the focus on SEND has not been sharp enough due to competing health priorities across Shropshire. It is not clear how SEND services will be given greater priority in the area.
- There is no effective pathway for specialist assessment of autism spectrum disorder (ASD) for children over the age of five. Recently, leaders have taken effective action to ensure that some children are assessed. However, there remains a large number of children waiting for assessment. A sustainable assessment model to address this ongoing problem has not been implemented.
- Children and young people experience significant waits for speech and language assessment and treatment. The current speech and language therapy (SALT) service specification is not fit for purpose. Consequently, the SALT service is not meeting the needs of children and young people with SEND in the area.
- Area leaders' self-evaluation identifies some of the key issues in education, health and care provision for children and young people with SEND. Some of the area leaders' action plans and actions are informed by this self-evaluation. However, it is not clear what area leaders hope to achieve as a result of their activities because their plans have no measurable success criteria. Moreover, the area's SEND action plan does not include crucial health elements, such as community health services. Therefore, area leaders' ability to improve the range and quality of services for children and young people with SEND and their families is limited. This is a significant gap and means that children and young people do not get the help and support that they need.
- Area commissioners do not make effective use of the data available to them. Consequently, they do not accurately commission and plan services that meet the full range of children and young people's needs. Area leaders have been able to demonstrate that they are making some improvements. However, the absence of a SEND-specific joint strategic needs assessment to steer the direction of this work, combined with the lack of a robust action plan with measurable success criteria, means that area leaders are unable to evaluate the success of their actions.
- The area met the requirement to convert statements to education, health and care (EHC) plans within statutory timescales. However, there are inconsistencies in the quality of input from education, health and care into the plans. This is particularly so for those plans written before January 2019.

- The rates of exclusion for children and young people with an EHC plan in primary, secondary and special schools are significantly above the national averages. In addition, the rates of repeat fixed-term exclusion for children and young people receiving SEND support significantly increased in 2018/19.
- Knowledge of the SEND reforms and EHC assessment and planning processes across health services is inconsistent. A strategic approach to training and development that secures a good level of understanding from all professionals is absent.
- More recently, there has been designated clinical officer (DCO) representation at appropriate strategic and operational SEND panels and boards. This helps to assist in planning and to develop a thorough understanding of local health services. The current DCO has started work to improve SEND training and to develop a better knowledge of SEND across the health workforce.
- Many strategic leaders value and act upon the views of parents and carers. Most parents are satisfied with the way their child's school or college meets their needs. As a result, the number of tribunal cases is low, as is the number of complaints. The majority of these complaints are not upheld. However, a significant minority of parents are dissatisfied with the services the area provides for their children. Of particular concern for them is the lack of an effective service to support their children's emotional and mental well-being.
- The CCGs have engaged with groups of children, young people and adults with SEND to gain feedback on the effectiveness of services. Shropshire Young Health Champions have been trained to increase consultation, participation and engagement with young people with SEND. Leaflets have been produced in easy-read formats to ensure information is accessible. Feedback from people who access services, including adults with learning disabilities and ASD, has been used in their design. This positive work has not extended to include the parent and carer council (PACC), which reports that the CCGs have not fully embraced the benefits of co-production (a way of working where children and young people, families and those that provide the services work together to make a decision or create a service that works for them all).
- Generally speaking, academic outcomes for children and young people with SEND are strong. This is particularly so for pupils with an EHC plan.
- Area leaders have taken effective action to address some concerns within the BeeU Child and Adolescent Mental Health Service (CAMHS), which was not meeting targets. An in-depth review has been completed and a detailed recovery plan is now in place. As a result, the majority of children and young people now access more timely assessment and care planning, through an integrated and needs-based approach to delivering mental health services.

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

Strengths

- The service offered by Beam has good uptake and has been able to support more than double the anticipated number of children and young people. This demonstrates the positive offer it has for large numbers of children and young people.

Areas for development

- Not enough two-year-olds have their needs assessed by the health visiting service. This is particularly so for those children below statutory school age who are not accessing education. Despite area leaders' efforts to address this, the uptake of this important development check is below the locally agreed aspirational target. As a result, the opportunity for swift identification and subsequent referral to specialist services for assessment is lost for some young children.

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

Strengths

- Improvements have been made to the ASD diagnostic pathway for under-fives to increase the timeliness of assessment and provide a more child-centred approach. For example, some children are seen in their education settings rather than having to be seen in clinic. This means that some parents do not have as far to travel and there is less disruption to the child's education. This has also addressed capacity issues in clinics, which were creating delays in children being assessed within acceptable timeframes. Although this is in its early stages, initial feedback from parents and clinicians is positive. A pilot project is also being implemented to provide tailored ASD assessment for four- and five-year-olds.
- The portage service (a home visiting educational service for pre-school children with additional needs) is highly valued by parents and professionals. It provides intensive support and helpful strategies for families, and is an effective link between other services. This helps families to understand the help and support available to them in the area.
- A small number of key stage 1 children with developmental language delay or severe speech problems benefit from intensive SALT and specialist teacher input provided by the severe speech and language impaired children's team. These

health and LA professionals work closely together to carry out joint assessments and create joint care plans that meet children's needs. This innovative service is available countywide and makes good use of technology such as video calling to conduct sessions with children when this is appropriate.

- The public health nursing team has dedicated SEND practitioners who help some families to access the support they need. This includes providing parents with ideas about how they can support their child's behaviour, and helping parents to have a clearer understanding of services available to them. The team also includes support workers for 0- to 19-year-olds, which helps to promote consistency for families as their child gets older.
- The children's community nursing team respite service helps to reduce anxiety for parents of children with acute and/or complex needs. The service provides opportunities for parents to take a break, safe in the knowledge that their child is being looked after well.
- There is effective joined-up working between occupational therapists provided by health and LA services. A 'trusted assessor' agreement is in place, which helps to avoid duplication in important activities such as checks on specialist equipment.
- The 0 to six meeting for health and area partners is highly valued by practitioners as it provides them with opportunities to share good practice and access peer-to-peer support. New initiatives such as the 'preferred provider' list have also been developed. This list contains early years settings that have undertaken enhanced training to provide a high-quality education for pre-school children with SEND.
- There is good support from education, health and social care professionals at key transition points. At the annual review, important information is shared between professionals to support a smooth transition for the child or young person. For example, a parent we met praised the support provided by the specialist visual impaired team in supporting her son's successful move to college.
- Therapists take a proactive approach to transition planning. For some children, this means that specialist equipment has been provided and/or training has taken place with school staff in readiness for a change of placement. Consequently, the setting is well prepared to meet the child's needs at the point of transition.
- The development of the hub model to provide specialist support for mainstream schools is having a positive impact on the lives of children and young people with SEND. Parents we spoke to whose children have a place in a hub told us that it had helped to improve their child's attendance and enjoyment of school.
- Area leaders continually look for ways to develop and improve the local offer. This includes the re-design of the local offer information page. A part-time local offer development officer has recently been taken on. Parents and young people did not always speak convincingly about how useful the local offer was to them. However, leaders' monitoring of the use of the local offer shows that a high number of people are regularly visiting the site.

- Co-production is well developed in some aspects of the area's work. For example, one of the next stages in the improvement of the local offer is to develop a local offer specifically for children and young people with SEND. Leaders are co-producing this with children and young people who are part of the Disability Arts in Shropshire (DASH) group. Young people have designed icons for the new website and are currently producing videos for it. They value this opportunity.
- Parents speak highly of the support and advice they receive from PACC, the Information, Advice and Support Service, and Autism West Midlands. Representatives of these services are strong advocates for children and young people with SEND.

Areas for development

- Children and young people over five years old wait too long for a specialist assessment for ASD and attention deficit hyperactivity disorder (ADHD). Area leaders do not have a robust plan to address this. As a result, many children experience significant waits and are not having their needs met within an acceptable timeframe.
- There is a lack of clarity for professionals and parents about the criteria and referral routes for ASD assessment for a child aged over five years old. Professionals reported confusion about who can make a referral for a child and whether referrals are currently being accepted or not. This does not assist in easing parents' worries.
- Despite timely initial assessment by BeeU, some children and young people who require certain types of support for their mental health wait too long for treatment to start. In addition, children and young people who need support from the BeeU learning disability team also experience long waits for a routine appointment. Parents and professionals shared their concerns about delays in children and young people accessing support from these teams.
- Children and young people with SEND wait too long to have their needs assessed and met by SALT services. There are a significant number of children and young people who have waited over 18 weeks for assessment. Leaders have put in place a recovery plan to address this, but any sustained effect of these actions is yet to be seen.
- Leaders across the area have failed to secure appropriate support for the local special school from specialist practitioners to ensure that staff are confident and competent in supporting the health and care needs of their pupils. As a result, therapy and special school nursing services are spending increasing amounts of time developing the knowledge and expertise of school staff. This reduces the time available to provide direct support for children and young people.

- Therapy services do not proactively work with local early help services to share information and provide a joined-up approach for families who are receiving support from both teams. Leaders recognise this as an area for improvement that will enhance and streamline the support received by children and their families.
- Several health services do not seek feedback from parents, carers and young people about the service being delivered. This limits each team's ability to respond to need and to develop its service in a more person-centred way.
- Area leaders and the SEND team have acted to improve the quality of EHC plans. Some plans contain good-quality input from education, health and care professionals. However, there is inconsistency in some sections of the EHC plans. For example, EHC plans do not always clearly explain the specific actions that need to be taken to help meet the child or young person's needs. This is particularly so for the actions relating to health needs. Leaders within the therapy services have recently developed a template to improve the clarity and consistency of the advice given. However, it is too soon to see the impact of these actions.
- EHC plans written prior to January 2019 are weak regarding the information provided in the wider outcomes section. In addition, not all plans for children looked after by the local authority contain input from children's social care. This includes plans written prior to, and since, January 2019.
- Many EHC plans are not updated in a timely way following an annual review. This may mean that a child or young person's needs are not being met well. For example, sometimes students begin college with an EHC plan that is years out of date.
- In January 2019, leaders established a multi-agency panel to quality assure EHC plans before they are published. As a result, some more recent plans show effective joint work by education, health and care professionals. This is most notable in EHC plans written for 19- to 25-year-olds and for three- to four-year-olds. However, these improvements are not evident in all plans. In addition, leaders recognise that historical EHC plans are still in the process of being updated.
- Some aspects of the support provided for young people's preparation for adulthood are limited. Area leaders are beginning to address this. For instance, they have asked a special school to trial a new Year 9 annual review process that has a greater emphasis on the identification of needs for future preparation for adulthood. However, the sustained positive effect of these actions is yet to be seen.

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

Strengths

- Over time, pupils with an EHC plan have made good progress. In 2019, for example, Year 1 children with an EHC plan achieved above the national average for similar children in phonics (letters and the sounds they represent). At key stage 2, standards achieved in reading, writing and mathematics were strong.
- The percentage of 19-year-olds with an EHC plan achieving level 2 or level 3 qualifications in English and mathematics in 2019 was above the national averages. However, there was a sharp decline between 2016/17 and 2017/18.
- The development of a supported internship programme is having a positive effect on outcomes for young people with SEND. We met with three young adults who have gained full-time employment or have secured an apprenticeship because of the programme. They were all thrilled.
- In 2018, the percentage of 17-year-olds receiving SEND support who were in education, employment or training was above the national average for similar students. The percentage of young people with SEND in paid employment is high, although there was a sharp decrease last year.
- The most vulnerable children and young people with SEND achieve positive outcomes. For example, area leaders' actions this year have resulted in a decrease in the number of children and young people receiving SEND support who were not in full-time education. Headteachers value the support provided by the headteacher of the virtual school. As a result, achievement for children looked after by the local authority is strong.
- The short-break offer includes a focus on preparation for adulthood. As a result, the number of adults with learning disabilities living independently is high. In addition, there is a high proportion of adults with a learning disability who access paid employment.
- Leaders have implemented several strategies to increase the number of young people aged 14 upwards with SEND who have an annual health check completed by their general practitioner (GP). As a result, the uptake has doubled, and area leaders have detailed plans to sustain this good progress, so that young people regularly have their health needs assessed as they enter adulthood.
- The range of opportunities provided for children and young people to develop their independence and life skills continues to increase. For example, we met some young people with SEND who had benefited from travel training and, as a result, were able to travel to college independently on public transport. Two young adults we met had passed their driving test.

Areas for improvement

- Pupils receiving SEND support do not achieve as well as they should. At key stage 2, although improving over time, the percentages who achieve the expected levels in reading, writing and mathematics are below the national averages for similar children. The percentage of 19-year-olds receiving SEND support who achieve level 2 or level 3 qualifications in English and mathematics is also below the national average and is declining over time.
- At key stage 4, the percentage of pupils with SEND achieving a good pass in English and mathematics is below the national average for similar pupils.
- Permanent exclusions for children and young people with SEND are significantly above the national figures. The number of repeat fixed-term exclusions for children and young people who receive SEND support is also increasing over time. Fixed-term exclusions for children and young people with an EHC plan in primary, secondary and special schools are significantly above the national figure.
- Young adults told us that they were disappointed with the range of leisure activities in the local area once they reached 18 years of age.
- Only seven young people leaving care have received a health passport that captures their health history. This is significant, given the high number of children and young people placed in Shropshire from other areas. This may be the last opportunity to provide a child or young person with a comprehensive picture of their health history. Area leaders acknowledge that this is an area for development.

The inspection raises significant concerns about the effectiveness of the local area.

The area is required to produce and submit a Written Statement of Action to Ofsted that explains how the area will tackle the following areas of significant weakness:

- Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services
- The lack of inclusion of health services' input into the area's SEND action plan
- Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways
- Significant waiting times for those needing assessment and treatment from the speech and language therapy service
- Inconsistency in the quality of input from education, health and care into EHC assessment and planning
- The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Yours sincerely

Lesley Yates
Her Majesty's Inspector

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cc: DfE Department for Education
 Clinical Commissioning Group(s)
 Director Public Health for the local area
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