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Dear Mr Doughty

Joint local area SEND inspection in Cornwall

From 3 July to 7 July, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Cornwall 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.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, 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.

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

Main findings

- Leaders and managers from education, health and care drive the local area's strategic direction as outlined in the 'One Vision' plan. They are ambitious to improve outcomes for children and young people who have special educational needs and/or disabilities (SEND) and are delivering improvements despite reducing resources and an increasing demand for services. Local area managers know their children and young people well and take seriously their responsibilities for children's safety and safeguarding. Where a safeguarding concern is raised, they respond swiftly and appropriately.
- Leaders actively promote innovative practice. The local area's children in care services are a national leader in the development of health passports for care leavers. The local area makes good use of grants received from other sources, such as the Big Lottery fund, to increase resources and improve provision in areas of comparative weakness. For example, the new HeadStart programme is enhancing the capacity of the local area to identify and intervene earlier to meet the emotional and mental health needs of children and young people.
- Leaders have a sound understanding of the strengths and areas for development across the partnership. Senior education, health and care professionals work together well to monitor the arrangements for tracking and assessing the education, health and care needs of children and young people who have SEND during their weekly meetings. However, action plans for the delivery of SEND services require further development so that they focus more strongly on the impact of the service and include measurable, time-limited success criteria that link to the local area's overarching strategic key performance indicators.
- The review of the Joint Strategic Needs Assessment (JSNA) has helped to refine and update the identification of local needs and improvement priorities. Senior leaders used feedback well to influence strategic decisions and inform One Vision, the local area's strategic plan for education, health and social care services for children, young people and their families. Young people who have SEND provided feedback in helping to shape local priorities.
- The close professional relationships demonstrated by partners working with early years children and in support of children and young people looked after are a strength of the local area.
- The local area has made good progress in transferring statements of special educational needs. Currently, over three quarters of those children and young people in the local area who previously had statements are now on education, health and care (EHC) plans. Most recent data shows that the local area is well placed to complete the conversion of all statements of special educational needs within the statutory timeframe of March 2018.
- Children and young people who have autistic spectrum disorder (ASD) are not currently well served by the local area. In the most extreme cases, children and young people were waiting for an assessment of need or diagnosis for over two years. Previous actions to address delays in diagnosis have not delivered the level of coordinated support or sustainable improvement required. The local area is

aware that many of those awaiting assessment are unlikely to match the criteria for autistic spectrum conditions, confirming the need for better screening at the point of referral.

- On too many occasions, communication with parents of children and young people who have ASD is poor, or schools fail to demonstrate an understanding of the needs of the individual child or young person. As a consequence, relationships between the parents and the school too often breakdown, resulting in children and young people being offered a restricted curriculum or choosing to be home educated. In response, the local area's children and young people's autism strategy is beginning to have an impact by increasing the number of autism champions in schools, improving multi-agency training, and increasing the capacity of staff to identify and support children and young people who have ASD. However, there remain substantial delays in the assessment process.
- The provision for many children and young people who have poor emotional and mental health is limited: too many experience lengthy delays in being seen by specialist services. Parents and professionals expressed concern at delays in accessing specialist child and adolescent mental health services (CAMHS) and that waiting time varied according to which part of the local area you live in. Children and young people who have severe or complex mental health needs are often placed in specialist in-patient provision a long distance from their homes. NHS Kernow Clinical Commissioning Group (CCG) with NHS England has recognised this issue as a priority and it is developing an action plan to meet local need and provide suitable facilities in the local area.
- Although the timely completion and quality of EHC plans has improved, almost half of the parents involved in the inspection did not feel their child and they were fully involved in making decisions about the provision and support for their children, and almost a quarter felt their views were not fully reflected when plans were reviewed or amended.

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

Strengths

- The early diagnosis of babies and pre-school children and the prompt and effective involvement of appropriate professionals lead to packages of care and support that improve outcomes. Arrangements for screening and early identification of children in the early years are well managed. For example, the identification of children with specific health conditions and disabilities, including hearing loss, is timely and professionals produce reports with minimal delays. Parents who experience anxiety and loss following the birth of their child reported that they value the care, sensitivity and support displayed by health and care staff.
- The local area's performance in the delivery of the Healthy Child Programme is very good compared to other areas in England. It provides effective screening

and monitoring of children's health and development in the early years. Health visitors make their mandatory visits in line with required timescales and the targeted support for children and their families who require additional advice around health, well-being and parenting is effective.

- The introduction of the single point of contact for professionals and families known as the multi-agency early help hub (EHH), available to all children and young people, has significantly improved the response time to requests for help, information or support.
- Overall, 84% of EHC plans have been issued within 20 weeks. This compares very favourably to the England average of just under 60%. Senior leaders have acted decisively; their analysis identified that a high proportion of plans that missed the 20-week target were completed a week outside the required period. Subsequent improvements have resulted in 95% of assessments being completed within 20 weeks since September 2016.
- EHC plans are increasingly tailored to individual needs as a result of improved contributions from the professionals and agencies involved. In the local area, the low level of appeal to the SEND tribunal and low rates of formal mediation reflect the appropriate identification of need and support in EHC plans.
- As a result of effective operational leadership from the designated medical officer (DMO), the arrangements for identifying children who have SEND at the Special Education Resource Panel (SERP) are strong, with a very high proportion of health advice submitted within the required timescales.
- Frontline health teams recently introduced a notification system to identify children with EHC plans and ensure that the right support is in place. They now regularly monitor children and young people at greatest risk. School health profiles are used well to identify current levels of need and trends and promote a shared understanding of the child health population, including children and young people who have SEND needs.
- The local area's parent carer council, the special educational needs and disability information and advice service (SENDIAS) and other parent groups are providing effective face-to-face support and easily accessible information to parents.

Areas for development

- A lack of capacity across the local area resulted in the slow identification of need for some school-age children and young people who may have ASD. At the time of the inspection visit, 734 children and young people were referred for a diagnosis and were on a waiting list for assessment. These delays have prevented access to suitable provision and have too often resulted in deterioration in behaviour, poor mental health and a breakdown of school placements for those children and young people who have ASD.
- Although there have been over 9,000 viewings of the local offer website in the last year, a significant proportion of parents reported that the website is hard to

navigate when they are seeking information specific to their child's needs. A small minority of parents believe that the difficulty they had in finding out where to go for help or advice resulted in a delay in the identification of their child's special educational need or disability. The local area has appointed a local offer officer from September 2017 to further improve the communication and accessibility of information.

- Information held by education staff and health professionals about children and young people who are home educated, including those excluded from school, is not routinely shared. As a result, some children and their families do not access the health advice and support they need.
- The capacity of the health occupational therapy team is insufficient to meet the increasing demands for therapy of children who have ASD and specific sensory processing needs. Currently, children may have to wait up to two months from referral to assessment, including initial treatment, and five to six months for ongoing treatment.

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

Strengths

- The Portage provision for children and families of pre-school children is effective and a significant strength of the local area. Parents value the emotional support and ability of Portage workers to gain access to other professionals or services. Their timely support is helping children play a greater part in family life through play and improve their early communication skills.
- The vast majority of special schools and area resource bases (ARBs) across the local area provide a valued service to children and young people. A greater focus on work-related activities, including work experience for all young people except those with the most profound or complex needs, is helping to improve social, personal and independence skills and increase confidence.
- Further education provision for young people is strong. Well-managed transition arrangements between FE colleges and special schools reduce the levels of anxiety for parents and young people as they progress to college. The broad range of personalised programmes prepares young people well for adult life, and for employment and higher qualifications where appropriate. In recognition of the limited access to CAMHS in the local area, the colleges have commissioned independent qualified mental health workers. They, along with skilled teaching and support staff, provide a high level of emotional support and practical guidance in these settings.
- A suitable range of short breaks provision is available in the local area. Senior leaders are planning to consult on ways to increase the capacity of short breaks by integrating health and care services to ensure effective use and value for

money. The local area is promoting the benefits of direct payments to encourage parents to purchase short breaks or other forms of practical support.

- The quality of work undertaken within the early years settings visited is of a high standard. Working together arrangements are well established, with a good use of the team around the child (TAC) meetings to increase the likelihood of successful outcomes. This approach ensures that professionals identify children's needs in an all-inclusive way, with good support for wider family needs.
- Waiting time for appointments with community paediatricians are within target timescales and a flexible approach from health professionals, such as holding additional clinics, ensures a prompt response.
- Nursing assessments and care plans are comprehensive and provide a clear picture of children's needs and support requirements. Health professionals actively support the expertise and development of a range of schools, social care and other agencies to enable a shared approach to meeting the specific health care and support needs of children. Health visitors and school nurses are effectively engaged in supporting the delivery of the complex needs pathway, ensuring appropriate referral for children and young people who would benefit from early help, specialist assessment and review.
- Health advice to inform EHC plans is child-centred, clear and comprehensive. Consultant paediatricians play a strong leadership role, effectively coordinating the advice of other health specialists and therapists to provide a joined-up picture of children's health needs.
- Overall, speech and language therapists (SALT) work effectively alongside children and their families, and education, care and health professionals to promote young children's communication, confidence and learning. The SALT helpline is well used and valued by other health professionals, parents and schools. The improved access to advice has helped reduce by half the number of referrals that do not meet the criteria for specialist provision, and increased timeliness, with 90% referrals meeting target timescales.
- Local area staff manage the access to additional or specialist equipment to support children's mobility, communication or survival needs well. Therapists proactively anticipate changes in children's and young people's mobility and equipment needs as they mature and transfer to different settings. Joint occupational and physiotherapy clinics are supporting early identification of risks and identify actions needed to maintain health and well-being. The local area's equipment offer is of a very high standard, with high recycling rates enabling children and young people to have the equipment they need to ensure smooth transition through different settings as they move into adult life.
- The local area's children in care services are a national leader in the development of health passports for care leavers, with excellent feedback from young people about its value to them. Education, social care and the looked-after children's health professionals work together very effectively by sharing information about

children's needs and by regular monitoring and tracking children placed out of the area. The looked-after children health team for children who have SEND undertake comprehensive and child-centred health assessments. Practical use is made of clinical research and evidence-based practice to improve individualised care and support plans and promote the engagement and educational attainment of children.

- Inspectors saw examples of positive corporate parenting activity in practice. These included sensitive and carefully considered approaches to helping achieve a timely, coordinated response to addressing the care and treatment needs of children and young people who have SEND. Good joint working between NHS community and acute services aims to ensure that children and young people can access health services when they need to.
- Professionals and other staff plan and manage the care arrangements for children with high or complex health needs and disabilities appropriately. Continuing care transition arrangements are now aligned with EHC plans and the arrangements support a more inclusive approach to helping young people progress to adult life.
- Where children and young people are involved, they make valuable contributions to the shaping of services, the way in which information is shared and to the appointment of key staff. For example, members of the CAMHS young people's board reworded the letter young people receive when they are told they are not eligible for support from a CAMHS worker. The new letter provides practical advice on other sources of support that a young person or their parents would find useful.

Areas for development

- The joint planning between child and adult health, education and social care services as young people progress towards adult life is not effective, nor does it start early enough. Parents expressed frustration at having to give the same information to different services and at the delays in receiving important information regarding plans for their child's transition.
- The local area continues to place a relatively high number of children and young people with a mental health disorder in out-of-area in-patient facilities. NHS Kernow with NHS England has recognised this as a priority for action and an appropriate action plan is now in place to reduce external placements and develop suitable facilities in the local area.
- Parents highlighted a lack of availability of local services and options with regard to supported employment or accommodation. They reported that the good working relationships they developed with social workers from the children's team do not continue when they transfer to the adults' team. In the worst examples, young people with complex support needs are not allocated a named social worker and parents have to contact the duty social worker every time they require support or guidance.

- Two-year reviews are not yet sufficiently aligned to ensure that the development areas covered in the Healthy Child Programme two-year reviews are integrated with the early years foundation stage two-year progress check. Currently, health visitors and early years settings follow single agency approaches to assessing the development needs of children. Local practice is not in line with the SEND Code of Practice, which recommends the integration of such processes. This means that families may have to tell their story more than once and this detracts from an inclusive, shared focus on the child's wider needs and progress.
- Gaps remain in the availability of children's community nursing provision out of hours to support children and young people with high and complex health needs. Although the local area has developed a range of policies and procedures to promote personal health budgets, take-up rates in the area remain relatively low.
- The local area has increased the capacity and understanding of SENCOs. However, the quality of provision across the local area is variable, resulting in comparatively weaker outcomes in key stage 2 for those pupils who receive SEN support.

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

Strengths

- The local area has made good use of its experience as a member of the SEND pathfinder group. Parents are now involved as much as possible throughout the process in their child's early years. Additional training provided last year resulted in a more targeted approach from health and social care professionals, resulting in a greater focus on planned outcomes and actions that link to reducing the achievement gap. The approach, championed through the work of child development centres, is providing support and provision that is more closely matched to children's needs, including opportunities for children who have SEND to access mainstream schooling.
- Pre-school children who attend child development centres and those who have identified special educational needs and/or disabilities benefit from well-planned transition arrangements to their primary school and are therefore well prepared to transfer to school. These children settle quickly and make a strong start in their primary schools as a result of good, well-coordinated joint action from relevant agencies.
- The most recent data provided by the local area indicates that following the introduction of the Big Lottery-funded HeadStart programme, the children and young people involved improved their emotional well-being and became more resilient more quickly than similar children and young people not involved in the programme.
- The progress made by boys and girls with SEN statements, EHC plans or with SEN support at key stage 4 across a range of subject areas is better than similar

groups nationally as a result of improved identification of learning support needs and an increase in the effectiveness of SENCOs.

- Overall, the rate of persistent absence by pupils with SEN statements or EHC plans or those with SEN support is lower than in other local areas across the South West region and the national rate, as is the use of fixed-term exclusions. The rate of permanent exclusions has reduced in the last year to below the national rate as a result of the early help provided. Education welfare officers support and increasingly challenge those schools that use exclusions and work with them to devise alternative strategies that are in the best interest of pupils and their families.
- Where the local area's Supporting Change in Partnership (SCIP) team work with children and young people and their families, outcomes are positive. For example, challenging behaviour reduces, and communication improves, where relevant experts are involved to support sensory needs or reduce an individual's levels of anxiety. Families also receive practical assistance in accessing benefits, local activities or housing support.
- The majority of post-16 learning providers develop good working relationships with a few large national companies or local employers. These organisations have a strong commitment to providing appropriate work opportunities and experiences. As a result, young people are more likely to progress into paid, part-time or voluntary employment.
- Some children and young people who have ASD have positive outcomes in terms of attendance, progress and health where the school has a strong, practical commitment to inclusion and the social and emotional well-being of all pupils. These schools translate their commitment by placing a heavy emphasis on the professional education and training of teaching and learning support staff. In the most successful cases, parents reported life-changing experiences for them and their children following negative and damaging involvement with schools that were unable or unwilling to meet their child's needs.
- Strong leadership in public health and community health teams has enabled significant and sustained improvements in performance against all five mandatory healthy child programme checks carried out in 2016/17 compared to the previous year.

Areas for development

- The local area health commissioning and governance arrangements do not focus sufficiently on health outcomes. This limits the impact of work undertaken in key areas, such as increasing prevention of hospital admission and reducing health inequalities, including for children looked after.
- Too many children and young people who have ASD do not benefit from the necessary support and resources to be successful at school. A significant proportion of those electing to educate at home have primary needs of ASD and emotional and mental health. Delays in assessments and lack of a coordinated

approach have further hindered children's access to appropriate provision to improve their outcomes.

- Opportunities for appropriate and sustainable full-time, part-time or voluntary employment are insufficient. The lack of suitable supported internships and employers willing to offer employment to young people who have SEND restricts their opportunities and results in employable young people losing the skills and confidence developed in schools and colleges. The local area recognises the need to improve destinations for young people who have SEND and has ambitious plans to increase the number and range of supported internships and destinations. From September 2017, two enterprise advisers will work with employers, community groups and education and training providers to increase the capacity in this area.
- The progress made by pupils on SEN support in writing and mathematics across key stage 2 is low compared with outcomes for SEN support children in England. The improvement in the achievement in mathematics, spelling and grammar for key stage 2 children with SEN support and EHC plans is a priority for the local area.
- The tracking of progress and achievement of children who have SEND but without a statement or EHC plan who are elective home educated is at an early stage. As a result, the local area do not know where they need to intervene to ensure that each individual achieves their potential.

Yours sincerely

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