

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk



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Sara Williams
Director of Children's Services
London Borough of Lewisham
1 Catford Road
Lewisham
SE6 4RU

Martin Wilkinson, Chief Officer, Lewisham CCG
Paul Aladenika, Local area nominated officer

Dear Ms Williams

Joint local area SEND inspection in Lewisham

Between 2 October 2017 and 6 October 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Lewisham 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.

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

Main findings

- Leaders are strongly committed to working together to implement the reforms and drive improvement. They have established a range of effective partnerships between education, health and social care teams. These are having a positive impact on the way the local area provides services to meet children's and young people's needs.

- Self-evaluation is accurate. Leaders evaluate the performance of services thoroughly across all ages and use their findings to identify where improvements are needed. For example, the recent review of services for children identified with autistic spectrum disorder (ASD) has bolstered the local area service provision. However, there is still a long waiting time for their assessment to be completed.
- Training for professionals and parents, including in the early years, across the local area is of high quality and available free of charge. This helps to ensure effective communication so that the needs of children and young people are identified accurately and met successfully.
- Joint working between professionals from different services is a positive development. The breadth of services housed at the Kaleidoscope centre is valued by professionals and enables them to meet the needs of children and young people effectively.
- The allocation of a dedicated educational psychologist to work three days each week with children looked after is a strength. This contributes effectively to ensuring that the safeguarding of children and young people who have SEN and/or disabilities is a high priority. This includes all children looked after and young people from Lewisham regardless of where they live, including those placed out of area.
- There have been improvements in meeting statutory timescales for completion of education, health and care plans (EHCPs). For example, the educational psychology service has eliminated its backlog. Similarly, the rate at which statements of special educational needs are being converted to EHCPs has improved and there is a realistic plan to complete these by the 31 March 2018 deadline. However, overall timescales are behind those in other areas of the country but similar to those in other London boroughs.
- There have been improvements in the quality of EHCPs. However, outcomes relating to social inclusion and participation are not always included in the plans. In addition, communication between the different professionals contributing to the plans is not always effective and this limits their impact.
- The special educational needs coordinators' (SENCo) forum is effective. It supports SENCos from Lewisham schools well by providing training, opportunities to discuss issues and support. The SEN panel and the SEN advisory board are also effective. The involvement of the designated medical officer (DMO) in SEN panel meetings is a particular strength and this contributes significantly to joint working.
- The involvement of child and adolescent mental health services (CAMHS) with young people is strong. For example, CAMHS professionals attend a monthly meeting run by the young people to support those who have emotional and mental health difficulties. In addition, young people contribute to the monthly CAMHS advisory board meetings to share their views.
- Parents' and professionals' knowledge of the local offer is very limited. While some parents said that they know about it, many more said that they did not. Even where parents know about the local offer, few find it a useful way to find out about the range of services offered.

- The number of tribunals has been high for some time but there has been a recent reduction. This demonstrates a high level of dissatisfaction among parents that is now starting to diminish.
- Outcomes for pupils at the end of key stages 1 and 2 are positive but those for key stage 4 are less so. Leaders take effective action to identify and provide support for improvement in those schools where outcomes are not good enough. This work is proving to be successful in improving the quality of education in some schools.
- The local area has successfully reduced the proportion of young people who have SEN and/or disabilities and are not in education, employment or training. The numbers compare favourably with national figures.
- Children and young people who receive SEN support are more likely to be excluded from school than their peers.

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

Strengths

- Leaders use a range of information effectively to understand the needs of the local area. They use this to identify those children and young people who have SEN and/or disabilities and to ensure that services are provided in a timely manner.
- The daily speech and language drop-in sessions are a strength. These are open to all children and young people up to the age of 19 and are held in different parts of the borough on different days. This helps to ensure that children, young people and their parents have easy access to the services.
- Training for professionals and parents across the local area is strong. Many staff, including school SENCOs and providers from the private, voluntary and independent sector, noted that training was often of high quality and readily available. In addition, training is often free to professionals, parents and providers. This is having a positive impact on the knowledge and ability of practitioners to identify children and young people's needs accurately.
- Following the new-born bloodspot screening process health visitors offer joint home visits with a specialist nurse to discuss the results and ongoing needs, if appropriate. These joint home visits enable health professionals to support families when problems are identified early in a child's life.
- Most schools in Lewisham report that access to support services for children and young people is good. They are especially positive about the service level agreements they have with the different services. This is because the agreements define clearly the service to be provided and how it is to be delivered.
- Although parents' views are mixed, many feel that their children's needs are identified quickly and early. An example is the identification of children with complex needs. Parents are especially complimentary about the social care team

for complex needs, including 'team around the child' meetings. Professionals work with parents at each stage of the EHCP process to identify what is best for the child.

- There has been positive action to tackle the backlog of statements of special education needs that need converting to EHCPs. For example, the number of statements remaining to be converted has fallen from over 700 in May 2017 to 400 in October. The local area has a credible action plan to complete the remaining conversions by the 31 March 2018 deadline.
- The co-location of services at Kaleidoscope is valued by professionals and by many parents. This is because it enables professionals from different services to liaise effectively and this supports appropriate onward referrals. Parents feel that the ability to make one visit for a range of services is especially valuable. It cuts down travelling time and reduces the number of absences from school to attend appointments.
- The health visiting service supports pupils who are moving from nursery provision to early years classes effectively through the targeted three-and-a-half year reviews. As a result, pupils' needs are identified before they transfer into Reception classes.
- There has been an improvement in the proportion of annual health checks completed by GPs for young people over 14 years of age who have SEN and/or disabilities. This area of work is supported by the transforming care partnership and has seen the health checks rise from 40% to 55% over the past year.
- Following a recent review of the ASD pathway, the local area has made changes to ensure that needs can be met as early as possible. These changes included:
 - a pilot of an educational psychologist contributing to the ASD assessment clinic one day per week
 - a contribution to the SENCo forum offering tailored training
 - the development of processes to increase the involvement of SENCos from identification through to diagnosis
 - providing greater clarity to schools about how to support pupils by responding to their needs while waiting for an ASD diagnosis.
- The development of the joint strategic needs assessment (JSNA) focusing specifically on the youth offending service is especially positive. Together with the training of staff across the different professional areas, this has enabled the service to spot previously unidentified needs. For example, a liaison and diversion officer visits young people who are held at police stations. This enables professionals to identify needs and provide support, including speech and language assessment.

Areas for development

- Despite recent improvements in meeting statutory timescales for completing EHCPs, the local area has struggled. The figures show that the timescales are

consistently behind those in other areas. This means that not all children and young people are having their needs identified quickly enough.

- Parents' views about access to services in the local area are inconsistent. While many are confident about the way their child's needs are recognised, others feel that service is poor.
- Where services have been recently recommissioned, local area partners are not always clear about what is included. For example, the current lack of clarity about the school health service means that there is a gap in the way some children's needs are identified in primary schools. This is because schools, school nurses and other partners do not have a common understanding of the recommissioned arrangements.
- There has been a significant backlog in the reports prepared by the educational psychology service for EHCPs. Between April 2016 and March 2017, 75 plans were more than 12 weeks late. While this has improved, there are still some delays.
- The one-year and two- to two-and-a-half-year reviews cover between 70% and 75% of children. Around a quarter of all children do not attend. This limits the opportunity for the early identification of needs.
- The two-year reviews for children are not integrated with those carried out in early years settings. This lack of coordination limits the opportunity for joint working and the 'tell it once' approach.
- Not all schools understand that the requirement for evidence of a child's need to be gathered over four terms is flexible. This results in delays in referring children to the SEN panel to request formal assessment.

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

Strengths

- Leaders have an accurate understanding of how well services perform. They use their knowledge to pinpoint exactly where improvements can be made to best effect.
- Joint working, where experts from different services work together to meet the needs of children and young people, is a positive development. Staff are enthusiastic about this approach to their work. They value the benefits it brings to working conditions as well as how effectively children and young people's needs are met.
- The short breaks service, including direct payments, provides support for over 300 children and young people. For example, young people are enabled to walk to school or college by themselves, helping them to develop their ability to take part socially. In addition, social workers help parents to make the most of their benefits. This enables parents to better support their child.
- The SENCo forum is effective in supporting SENCos and providing well-developed

multi-agency opportunities to discuss issues. The forum is chaired by the principal educational psychologist and provides access to a wide range of specialist training. Staff consider this training to be first rate. As one SENCo noted, 'This is the best training I have ever had.'

- The way the SEN panel and the SEN advisory board make decisions is robust but fair and transparent. The involvement of the DMO in SEN panel meetings provides a broad health perspective that helps to inform decision-making, as does the attendance of representatives from therapy teams. This helps to ensure that the work of the panel and the advisory board is effective and consequently it is rated highly by staff and some parents.
- A strength of the work of the SEN panel is that it offers a team around the child meeting to all parents who are not given an assessment or provided with an EHCP. This means that any disappointments can be managed sensitively and that children and young people receive alternative support. This is helping to reduce the number of tribunals.
- Links between health visitors and GPs are strong. This supports the prompt identification of needs and appropriate referral where necessary. It also supports the 'tell it once' principle.
- The service level agreement with CAMHS has had a positive impact on the assessment of children and young people with possible ASD. This enables CAMHS to offer consultation to those children being assessed for ASD, even if they are not currently open to CAMHS. This recent development has strengthened the assessment process in line with best practice guidance.
- The hospital at home nursing team provides care that would traditionally have required an inpatient stay. As well as reducing bed pressures, this has a positive impact on children and families by keeping them together during treatment.
- The 'Drumbeat' service provides effective training and support for professionals and parents. Its ASD outreach work is valued by parents, who feel it supports their children successfully.
- The speech and language therapy service works with those schools that commission additional input for children who do not meet the threshold for specialist speech and language services. This has a positive impact on outcomes for this group of children.
- Therapists support pupils transferring from primary to secondary school well. They offer a range of activities that enable pupils to deal with the anxiety of moving schools.
- CAMHS participation with young people is strong and influences service design and delivery. Young people attend and contribute to the monthly CAMHS Advisory Board meetings as well as meeting with commissioners to share the views of young people. They work with professionals in the recruitment of staff, forming part of interview panels. As a result, the service meets the needs of Lewisham children and young people more effectively.
- Children and young people are offered a collaborative service through the joint initial assessment (JIA) clinic if it is considered likely that they will need

multidisciplinary health treatment. This reduces the need for several appointments and ensures that the different services work together to provide comprehensive treatment and care. In addition, this ensures that needs can be more accurately identified and met.

- The quality of EHCPs has improved over time. Health and social care factors are more likely to be included than previously and outcomes are more focused. This is resulting in plans that better meet the child or young person's needs.
- The special needs nursing team offers a strong service for children with complex needs in special schools and for those who attend mainstream schools and have an EHCP. As a result, these children receive well-coordinated support for their health needs.
- Health visitors, children's centres and midwives have developed an information 'pathway' that helps parents understand the universal 0 to 5 services. This is a welcome development and exemplifies the emphasis on joint working.
- Specialist equipment for children and young people with complex needs is readily accessible. A weekly equipment panel that includes leaders from health, social care, and the local authority ensures balanced and responsive decision-making.

Areas for development

- Although the short breaks service offers a wide range of services for children and young people up to the age of 18, these taper off as they become older. This is especially the case for activities that encourage young people aged 18 to 25 to take part in social events. Parents, too, feel that there are fewer activities to access once young people reach adulthood.
- The take-up of personal budgets is low. This includes direct payments and personal health budgets. The local area recognises that there is more work to do to promote this service and provide case study examples. Increasing the use of personal budgets is part of the local area's SEND strategy but this has not yet had an impact on the rate of take-up.
- Children and young people identified with ASD wait too long for their assessment to be completed. Although this waiting time has been reduced significantly, it is currently nine months. Leaders recognise that more needs to be done to improve these waiting times.
- While there have been improvements in EHCP plans, some inconsistencies remain. For example, health professionals who have contributed to the plans do not always see the draft or receive the final version. Similarly, social participation outcomes are not routinely integrated into the plans, including those identified by the short breaks service. As a result, joined-up working and effective communication for some children is not consistent.
- Although many parents are positive about the way professionals work together to assess their children's needs, there are others who are not. This mixed picture means that a large minority of parents do not feel that they, and their children, are getting a good enough service.

The effectiveness of the local area in improving outcomes of children and young people who have SEN and/or disabilities

Strengths

- Pupils of primary school age benefit from a high standard of educational provision. As a result, outcomes for pupils at the end of key stage 1 and key stage 2 are positive.
- The number of young people who have SEN and/or disabilities and are not in education, employment or training is reducing over time. The proportion who stay in education, employment or training is broadly average.
- Therapy services use outcome measurements to plan and evaluate the effectiveness of their work. For example, the speech and language service is using therapy outcome measures (TOMs) to track speech and language development and a child or young person's overall well-being. The evaluation of this process is used to better understand the impact of the interventions. There is a pilot to share TOMs with schools to help staff understand the impact of therapy intervention. This supports school staff in making appropriate referrals although it is too early to judge its impact.
- The quarterly multi-agency transition meeting provides an appropriate forum to discuss young people over 14 years of age. All professional groups at Kaleidoscope are represented at the transition meetings, which increases the chances of young people improving their outcomes into adulthood.
- Young people value travel training, which helps them to travel to school or college independently. They feel that the training has been successful. For example, a Year 13 student was proud that he could walk to school 'by myself'. Similarly, a Year 12 student currently going through the training was keen to finish so she could travel to college independently.
- Recent developments in health services for young people preparing for adulthood are positive. For example, CAMHS has developed strong relationships with the adult 'improving access to psychological therapies' (IAPT) service. This has resulted in an agreement that young people referred to IAPT, who are approaching adulthood, will be accepted by the adult service before they are 18 years old. Young people referred into CAMHS, who are approaching the age of transition and experiencing self-harm and/or suicidal ideas, are prioritised on the waiting list. This helps to ensure that young people receive a more timely service.
- The focus of the JSNA process on the youth offending service has resulted in some positive outcomes. For example, the early intervention with young people held at police stations is helping to reduce reoffending rates.

Areas for development

- Outcomes in key stage 4 are less positive than those in key stages 1 and 2. There has been a small improvement in outcomes over the past two years but, as leaders recognise, this is still not strong enough. Leaders have taken clear action

to identify those schools where outcomes are not good enough and have intervened to effect improvement. This includes all, schools regardless of whether they are a maintained school or an academy.

- The proportion of young people not in education, employment or training is higher for those who have SEN and/or disabilities than for others.
- EHCPs' health outcomes are not always sharp enough. As a result, the interventions are not easily understood and mean that parents may have unrealistic expectations of what the service can deliver.
- Children and young people who receive SEN support are more likely to be excluded from school than their peers. For example, 36% of all fixed-term exclusions were of those pupils identified as SEN support. This group makes up around 17% of the total school population and they are thus over-represented in the overall figures of fixed-term exclusions. While this is similar to the national picture, it nevertheless presents a challenge to the local area.

Yours sincerely

Brian Oppenheim

Her Majesty's Inspector

Ofsted	Care Quality Commission
Michael Sheridan Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Brian Oppenheim HMI Lead Inspector	Karen Collins-Beckett CQC Inspector
Roger Rickman Ofsted Inspector	

Cc: DfE Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England