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Jill Houghton, Chief Nurse, NHS Cambridgeshire and Peterborough Clinical  
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Helen Phelan, Local area nominated officer

Dear Ms Ogle-Welbourn

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

Between 20 March 2017 and 24 March 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Cambridgeshire 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 two Ofsted Inspectors and a children's services inspector from the Care Quality Commission (CQC).

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 (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 strengths and areas for further improvement.

## Main findings

- Senior leaders in the local area are working well together to improve services for children and young people who have special educational needs and/or disabilities. They have clear plans in place to address their key priorities for improvement. Consequently, outcomes for the children and young people are improving.
- Strong and effective leadership is evident in joint commissioning arrangements. Open, well-established relationships between services and the alignment of budgets have resulted in an improving offer for children, young people and families. An example of effective practice is leaders jointly commissioning face-to-face and online counselling services as part of their work to improve emotional health and well-being. Children and young people were involved in the design of the services provided.
- Leaders' self-evaluation of the local area's strengths and priorities for development is accurate. They know that, following the implementation of the reforms in 2014, improvement was not as swift as it could have been. There are now credible plans in place to make rapid improvement; the actions being taken are making a difference.
- Improvements are evident, for example, in the support for children and young people who display challenging behaviour. As a result of local area leaders and school leaders working together, the number of permanent exclusions of children and young people who have special educational needs and/or disabilities has reduced by three quarters in a 12-month period.
- Children and young people who have special educational needs and/or disabilities progress as well as others at secondary schools and colleges. In 2016, the proportion progressing in line with national averages in secondary schools was close to that for all pupils nationally.
- The children receiving SEN support do less well at primary schools, making less progress than all pupils nationally during key stage 2.
- Young people are well supported as they move into adult life, with very high proportions staying within education, employment or training.
- Most specialist health services are meeting NHS waiting targets of 18 weeks, with significant improvement in access to child and adolescent mental health (CAMHS) and autistic spectrum disorder (ASD) assessments. Professionals hold clinics jointly to support the early identification of children and young people who have special educational needs and/or disabilities.
- Leaders ensure that the safeguarding of children and young people who have special educational needs and/or disabilities is given a high profile, including those placed out of the local area. Visits are undertaken to independent providers to check that the children and young people placed there are safe, and that the quality of provision meets the local area's high expectations.

- The designated clinical officer (DCO) was appointed shortly after the reforms were implemented in 2014 and has a good understanding of the strategic agenda, areas of strength and areas for further improvement. The DCO works proactively with partners to ensure that the contribution of health professionals is consistent across the local area and is improving over time. Leaders took appropriate action to recruit additional personnel when they recognised a lack of capacity in the clinical commissioning group to deliver the reforms effectively.
- A high proportion of new education, health and care plans (EHCPs) are completed within the 20-week timeframe. The timeliness of transfers from statements of educational need to EHCPs is improving, and the local area is well on track to complete all transfers by April 2018, as required. However, targeted services provided by health and social care are not consistently included within the EHCPs.
- The local area's website for the local offer provides a wealth of information and guidance, but some parents and carers do not know about this online information and others have struggled to find what they need on the website. The local area has consulted with parents and carers and responded to feedback by improving the website. In the recent survey undertaken by the parent carer forum, Pinpoint, fewer than half of the 547 respondents answered a question relating to the local offer website, and only half of these reported finding what they were looking for.
- Specialist services provided by education, health and social care professionals are of high quality and are well regarded. However, some parents and carers report that it is very difficult to access these services in a timely way, if at all. Some providers do not fully understand the roles of each service or the referral criteria and processes. This results in a delay in identification of need and frustration for families. One parent summed up the experience of accessing the behaviour support team as, 'Once we found them, they were brilliant – but it took months.'
- A significant proportion of parents and carers are dissatisfied with the arrangements and procedures for assessing children and young people's special educational needs and/or disabilities. This dissatisfaction relates to providers and to the statutory assessment and resource team (START). Parents and carers feel that they have to battle in order to arrange an assessment for their child and, in some cases, this has resulted in a lack of confidence and trust in the local area's effectiveness.
- Leaders consult with, and work alongside, parents and carers to co-produce a range of services, advice and guidance. Over a quarter of parents and carers who attended the webinar during the inspection reported being involved in co-production, including some who are dissatisfied with the response to their child's special educational needs and/or disabilities.

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

### **Strengths**

- The use of some children's centres as hubs for SEN services supports well the early identification of need. Young children who have special educational needs and/or disabilities attend specialist groups at designated children's centres. Parents and carers receive good support in an inclusive environment. The children's needs start to be met straight away, while more detailed assessments are undertaken.
- New EHCPs are completed in a timely manner. Providers and local area officers make sure that the views of parents and carers, children and young people are included in the plans. Providers, professionals and many parents and carers value the specific focus on the needs of the child or young person and the precise details about the provision that are needed to meet those needs.
- Intended outcomes set in the plans have improved since the reforms were introduced. They are now specific and measurable, particularly when they relate to educational needs. Therapy outcomes are clear and are supported by the effective use of short- and medium-term targets.
- The contribution of health providers to EHCPs is timely, with frontline professionals giving priority to consultation with children, young people and their families to inform the plans.
- Social care teams work together well to identify needs accurately and design services around these needs. They work closely with groups of parents and carers, children and young people to gain their views throughout the development of new provision. This means that new provision is closely matched to children's and young people's needs.
- Leaders analyse a range of information, including that from academic research, in order to understand how the needs of the local population are changing. This analysis informs the identification of children and young people who have special educational needs and/or disabilities and helps leaders to target services where they are needed most.
- Over 90% of new birth visits and the six- to eight-week checks of new born babies are completed. As a result, any needs evident at this early stage are likely to be picked up and can be addressed swiftly.
- Some specialist teams provide a swift and effective response to newly identified needs, for example the sensory support service becomes involved as soon as hearing impairment is identified at birth. When a significant event occurs in a young person's life, services work quickly to make sure that the right support and plans are put in place.

## Areas for development

- Communication with parents and carers is too inconsistent. Parents and carers are frustrated that when they raise a concern, providers do not always listen. Some parents and carers consider that their child's needs are not identified quickly enough and that providers do not ensure that specialist assessments take place as early as they should. Parents and carers receive mixed messages about what support is available, what is being done and what the processes are.
- Until recently, there was a gap in local arrangements for diagnosis and support for children and young people over the age of 11 with autistic spectrum disorders. The gap has been addressed through investment in additional resources to ensure that an effective pathway is in place to identify and support the young people and their families.
- EHCPs do not consistently include provision for children and young people to access social activities and participate fully in society. In these cases, although the needs are often identified and met, they are not included in the overall plan.
- Intended outcomes in some EHCPs, particularly at the end of secondary education, are too short term, such as setting targets for the end of key stage 4 but not taking a view beyond this. When targets are too short term, the young person joins a provider without a clear objective for the next stage in their learning.
- Antenatal checks made by health visitors are completed in fewer than half of all pregnancies in the local area and, as a result, not all families where there may be parental or environmental risks to an unborn baby are identified.

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

### Strengths

- Leaders from education, health and social care have established open, professional relationships rooted in transparency. Leaders collaborate effectively with parents to develop services that meet the needs of children and young people, such as the design of a lifelong pathway for SEND.
- Leaders jointly commission services effectively to make sure that needs are met. An example of effective practice is the support offered by the specialist schools nursing service, which means that the needs of children or young people with complex health conditions can be safely met in school settings.
- Professionals across the local area are organised in geographical teams to make sure that there is close joint working between agencies, including some universal services (available to all) and some which are targeted at specific groups. The professionals share information about individual children and

young people, making their work more cohesive and ensuring that needs are met more effectively.

- Timely assessment for those with sensory impairments results in swift and appropriate interventions which meet the needs of this group of children and young people well.
- Practitioners in educational settings recognise the improvements in provision, which have arisen as a result of the introduction of EHCPs. The focus on measurable and specific outcomes for each individual enables parents, carers and professionals to identify children's and young people's progress and areas for further improvement more accurately.
- There are strong relationships with independent providers where children and young people who have special educational needs and/or disabilities are placed. Regular visits result in open communication that is valued by the providers. The local area representatives use these visits to assure themselves that safeguarding arrangements are secure and that the quality of the provision is maintained to an appropriate standard so that the needs of each child or young person are being met.
- Special educational needs coordinators (SENCOs) from all educational phases, including post-16 providers, benefit from regular meetings where they receive training, share information and celebrate good practice. Attendance at these meetings is good.
- Leaders carefully track the provision for, and outcomes of, groups of children and young people, including children looked after, those known to the youth justice system and those who are educated at home. In doing so, leaders assure themselves that the children and young people remain safe. Health reviews for children looked after who have special educational needs and/or disabilities provide a comprehensive picture of physical and emotional health needs.
- Leaders engage effectively with parents and carers in shaping the improvement of services. Parental feedback has influenced the development of the autism and dyslexia pathways and informed fact sheets for parents and carers of children with Down's syndrome.

### **Areas for development**

- Inconsistent practice in the work of the statutory assessment and resource team (START) has resulted in parental uncertainty and frustration. This team has been restructured, but parental confidence in the assessment process remains low.
- Communication with parents and carers about some aspects of the reforms has not been clear enough. Parents and carers do not always know what support is available or how to access it. Local area officers do not consistently signpost parents and carers to the correct service when they are contacted for advice.

- The over-reliance of some providers on specialist services to identify and meet the needs of children and young people who have special educational needs and/or disabilities means that some children and young people wait too long before their needs start to be met.
- Initial health assessments and reviews for children and young people who are looked after are not timely. Health professionals are informed when children and young people enter the care system, but delays in making arrangements for appointments mean that statutory timescales are missed too often.

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

### **Strengths**

- Academic outcomes for children and young people who have special educational needs and/or disabilities are improving. The Progress 8 measure for pupils in Year 11 receiving SEN support in 2016 was very close to the national average for all pupils.
- Young people over the age of 16 who have special educational needs and/or disabilities do well. A high proportion of young people achieve success in their chosen college courses. Young people explained to inspectors how their courses are leading them to future employment opportunities.
- The proportion of children who have special educational needs and/or disabilities who reach a good level of development by the end of Reception is improving year on year. This is because early years professionals work effectively with schools and pre-school settings providing training, support and guidance which results in improved practice.
- Young people are well supported to live as independently as possible as they move into adulthood because leaders, parents and carers work effectively together to create specialist services when an emerging need is identified. A supported living project has been set up to meet the needs of several young people with complex needs, who were placed in a residential special school out of the local area. Parents, carers and local officers worked together with the school to set up supported-living homes and further education opportunities for the group, resulting in positive outcomes for their long-term future.
- There is an increased awareness of SEND within the healthy child programme, resulting in a sharper focus on the health and well-being of children and young people who have special educational needs and/or disabilities. The family nurse partnership contracts give priority to supporting pregnant young women who have special educational needs and/or disabilities.
- Children and young people who have special educational needs and/or disabilities access a wide range of social activities and opportunities.

Resources are available to support activities through personal budgets. A policy of allocating a specific amount of funding if a child or young person is eligible for the higher-rate disability living allowance results in swifter access to support. Parents and carers view this service as being fair and equitable.

- Leaders increase the capacity of schools to improve outcomes for children and young people who have special educational needs and/or disabilities. They do this by providing experienced SENCOs to support school leaders if capacity in the school is weakened through, for example, the long-term absence of the SENCO. As a result, the educational and health outcomes for children and young people continue to improve through periods of instability in a setting.

### **Areas for development**

- Academic outcomes by the end of primary school are not as positive as those in secondary establishments. In 2016, pupils receiving SEN support made less progress across key stage 2 than other pupils nationally. In particular, pupils with middle prior attainment underperformed in reading and writing. Leaders recognised this gap in achievement and commissioned a review of this aspect of their work. They implemented a plan to improve outcomes for this group, and actions taken are starting to have a positive impact on pupils' progress.
- Some schools do not give sufficient priority to high-quality teaching as the first port of call when tackling barriers to achievement. This has resulted in underperformance, particularly at primary school level.
- The choices available for families when making decisions about how their child's health needs will be met are limited because personal budgets for health needs are not fully implemented in the local area. Additional interim investment has been secured to help build awareness and strengthen practice.
- Some parents and carers consider that a lack of specialist input has a negative impact on the educational progress and health outcomes for their child. The thresholds for referrals to specialist support are not seen to be applied consistently; this means that parents do not have confidence that professionals will take appropriate or timely action.
- Leaders do not routinely analyse the range of information about outcomes for children and young people who have special educational needs and/or disabilities across all services. Consequently, decisions to inform future commissioning are not based well enough on robust information.

Yours sincerely

Gaynor Roberts  
**Her Majesty's Inspector**



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