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Peter Rooney, Chief Officer, North Cumbria Clinical Commissioning Group  
Hilary Fordham, Chief Officer, Morecambe Bay Clinical Commissioning Group  
Amy Holliman, Nominated Officer, Cumbria County Council

Dear Mr Macilwraith

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

Between 18 March 2019 and 22 March 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Cumbria 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 two children's services inspectors from the Care Quality Commission (CQC).

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), 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 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, care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning groups are jointly responsible

for submitting the written statement to Ofsted.

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

## **Main findings**

- The impact of the SEND reforms on children, young people and families in Cumbria is highly variable. Some children and young people have their needs identified, assessed and met in a timely and effective manner. Where this is the case, outcomes for children and young people are improving. However, this is not routinely the case.
- The local area has been too slow to implement the reforms. System leaders have not ensured that the implementation of the reforms has been prioritised sufficiently. Leaders have had to contend with significant staffing turbulence and structural reorganisation across the health landscape. This, in conjunction with an inadequate judgement for children's services and growing financial challenges, has caused leaders to lose focus on the implementation of the SEND Code of Practice.
- Leaders are beginning to develop a clearer understanding of the main strengths and weaknesses in the local area's approach to implementing the reforms. They are open and realistic about the improvements that need to be made to improve the lived experience of children, young people and their families. They are in the process of repositioning oversight of the SEND reforms within the council to ensure that the local area's work in this area is given greater priority.
- Leaders' understanding of the local area's effectiveness has been enhanced by a recent increase in the amount of consultation that has taken place with parents and carers. However, limited performance data and the lack of robust contract monitoring means that leaders have insufficient information to ensure that they have a precise understanding of where services work well and where they do not. This restricts their strategic oversight and impedes their ability to plan effectively for improvement generally and within their respective areas of responsibility.
- Leaders' plans to improve the local area address the broad areas that are key to remedying weaknesses and implementing the reforms. Despite this, they lack precision and do not contain specific, ambitious and measurable targets for improvement.
- Overall, there is a lack of joint working between health, care and education. Leaders across the partnership have not collaborated to plan, commission and

deliver services for children and young people with SEND. Although there are promising examples that indicate a potential sea-change in this area, the joint commissioning of services remains rare.

- Many parents and carers have lost faith and trust in the local area. Although they are understanding of the local area's situation and financial limitations, they feel as though they must battle to gain access to the services that their children require. Many parents and carers feel immense frustration. Some report how weaknesses across the local area have taken their toll on their own well-being and that of other family members.
- Co-production is weak. Children, young people and their families have too little say in strategic decision-making about services and the support that they need. Leaders recognise this and have recently started to involve parents and carers more routinely in the re-design of services. For example, they have developed parent advisory groups in each of the county's three areas to look creatively at improving the local offer for short breaks and direct payments. Where opportunities for co-production are embraced, services typically meet the needs of families and lead to positive outcomes. However, such examples remain the exception rather than the rule.
- The local area has not ensured that vulnerable children and young people are consistently well supported. In particular, those children and young people with autism spectrum disorder (ASD) and/or those who face challenges in relation to their social, emotional and mental health often do not receive the support that they need. This sometimes leads to these children and young people falling into crisis.
- There has been a significant increase in the number of children and young people who are permanently excluded from school. In some cases, this leads to children and young people being out of formal education for a considerable period. The number of children and young people with SEND who are electively home educated is also high. Some parents and carers choose to electively home educate their children because they feel that schools cannot meet their needs.
- The provision for SEN support children and young people varies markedly across the local area. Leaders have a strategy for improving provision for this group, but they do not have clear systems and procedures to ensure that this strategy is consistently and effectively implemented across settings.
- Children and young people typically receive effective support that facilitates smooth transitions at key points in their lives. For example, children are capably supported when joining primary schools. A great deal of planning also typically ensures seamless transitions between secondary schools and

post-16 providers. Despite this, transition from child to adult services, particularly those related to health, is less coherent. Moreover, children and young people are not routinely provided with an adequate level of support to prepare them for adulthood.

- Access to services across the local area is inequitable. For example, special schools have variable access to different specialist therapies such as occupational therapy and physiotherapy. In some areas, families have considerably greater access to short breaks and leisure activities than they do in others.
- Most children, young people and families speak in glowing terms about individual professionals who have made a considerable difference to their quality of life. There are passionate, skilled and committed front-line workers across the partnership who make a discernible difference to families on a daily basis. Children and young people describe the warm, respectful and productive relationships that they enjoy with staff across the partnership.
- Some vulnerable groups are particularly well supported. For example, children looked after with SEND have their needs championed by the virtual school. Those at risk of involvement with the criminal justice system receive effective targeted support from the Youth Offending Team (YOT).
- Many families with children and young people with complex needs benefit from the effective arrangements for respite that are available.
- There are encouraging signs that the partnership is becoming more cohesive across the local area. Leaders are united in their recognition that the reforms have not been implemented well enough and that the lived experience of children, young people and their families has typically not been good enough. They share a commitment to working together to improve services. Consequently, leaders are beginning to establish the essential pre-conditions for the local area to embrace the spirit of the reforms.

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

### **Strengths**

- The location of children's centres has been carefully considered to ensure that they are available and accessible to the most deprived and isolated families in the county. This helps with the early identification of need for the youngest children.
- The introduction of a new electronic patient record system across the health

partnership has improved information-sharing and the identification of need.

- Children in the early years with speech, language and communication needs are identified effectively as a result of recently improved links between speech and language therapists (SALT) and health visitors. Members of the SALT team have trained health visitors and staff in early years settings to improve the identification of needs in young children.
- The area has established transition meetings to support children with education, health and care (EHC) plans, and those at SEN support stage, as they move from early years settings to primary schools. This enables coordinated planning between early years settings, schools and specialist teaching advisers, which supports the continuing identification of need.

### **Areas for development**

- A much higher proportion of primary-age pupils who have SEND are identified as having no specialist assessment of need than can be found nationally. Long waiting lists to see some specialists have contributed to this.
- A lower proportion of primary-age and secondary-age pupils who have SEND are identified as having speech, language and communication needs than can be found nationally. Parents and professionals report that arrangements in the local area are less effective at identifying speech, language and communication needs that are less obvious. A high proportion of children and young people who are known to YOT are identified as having unidentified needs relating to their speech, language and communication.
- There is considerable variation in the delivery of the healthy child programme across the county. Health visitors in the south of the county are not routinely carrying out antenatal visits, and only provide targeted support to the most vulnerable families. This lessens the ability of health visitors to identify need in the babies and infants of families who have no previously identified vulnerabilities.
- Systems for identifying emerging and/or less obvious needs in children and young people are underdeveloped. Many parents and carers expressed their frustration about schools' unwillingness to identify and assess need if their child's behaviour was not considered to be challenging. Others explained how they feel that professionals do not look beyond presenting behaviour to identifying underlying needs.
- Parents have been critical of the information available to them on the Local Offer. They feel that it has not been user-friendly and that it has been difficult to navigate. They feel that information and signposting primarily takes place through word of mouth, which they report can be hit and miss. This limits the

ability of families to identify potential need and to seek advice and support. Leaders are aware of these criticisms and have therefore recently made significant changes to the way that the Local Offer is presented.

- There is significant variation in the ability of schools to identify need. This is resulting in many pupils who are sent to pupil referral units arriving with unidentified and unmet needs that have caused a deterioration in their behaviour.

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

### **Strengths**

- A much higher proportion of children and young people with SEND are educated in mainstream schools and colleges than is typically seen elsewhere. Many of these schools cater effectively for pupils' needs and are highly regarded by children, young people and their families.
- The small number of special schools within the local area work together well to ensure that the needs of the children and young people who attend those schools are well met.
- Children, young people and families speak with great fondness of professionals across education, health and care who have made a positive difference to their lives. They often describe front-line workers going 'above and beyond' to meet needs.
- The very large majority of EHC plans are completed within the prescribed timeframe, although there is significant variation within the different districts that make up the local area.
- The virtual school adopts a rigorous approach to ensuring that the needs of children looked after with SEND are well met. Staff of the school act decisively to make sure that children access a provision that can meet their needs. They intervene swiftly if they are concerned by a decline in a child or young person's achievement, attendance or behaviour.
- Close liaison between the SEND and social care teams has strengthened the arrangements to safeguard children and young people with SEND.
- The needs of children and young people known to YOT are identified and met well. In many cases, staff from YOT ensure that unmet needs are identified through the effective use of screening. In particular, comprehensive and holistic assessments help practitioners to identify speech, language and communication needs. They then ensure that appropriate support is put in



place. This help has led to a big reduction in the number of young people with SEND receiving a custodial sentence. The quality of preventative work has also reduced the number of children and young people entering the justice system for the first time.

- There is a strong portage offer which provides support to parents of pre-school children with additional needs. Portage practitioners provide effective and valued support to parents both pre- and post-diagnosis. Portage has well-established links with therapy teams, health visitors and the early intervention team to ensure that holistic packages of support are in place for families who have young children with SEND.
- The introduction and shared use of a new electronic patient record system has significantly supported allied therapy teams to develop coordinated and holistic packages of care for children and young people who have multiple needs. Improved access to health records is supporting the 'tell it once' approach for families across health services.
- Parents are fulsome in their praise of the SEND information, advice and support (SENDIAS) service. Several described the service as being 'invaluable'. Many parents described how they felt 'lost' and unsupported by the local area. They told inspectors that staff from the SENDIAS service have played a pivotal role in giving them the confidence, knowledge and understanding to challenge the local area to do better for their children.
- There is a good range of county-wide post-diagnostic support for children, young people and parents. Families are supported through their involvement in workshops that provide them with the knowledge and skills to help their children more effectively. For example, sensory and sleep hygiene workshops enhance parents' understanding of their children's health needs.
- Many of the most vulnerable children and young people, including those who are looked after and those awaiting EHC assessment, are appropriately fast-tracked for diagnostic assessments.

### **Areas for development**

- While there has been an increase in the number of ASD assessments carried out locally, some parents told us that they have paid for private ASD assessments because they felt that waiting times for specialist paediatric assessments were too long. Some parents also told us that they have sought assessment out of the local area to gain a second opinion for ASD diagnosis. Although there is an established county pathway to access second opinions for complex cases, this is also being used when parents do not have faith in the assessments that are undertaken locally.

- A relatively small number of families have taken advantage of personal budgets. Although some families have benefited from the creative use of personal budgets, too few have had their quality of life improved through access to this type of funding.
- The local area's short breaks offer is too narrow. Parents and carers feel that there is too little for older children to do and that many of the opportunities that are available are inaccessible.
- Accessibility of services for children and young people with SEND is inequitable across the local area. For example, waiting lists for child and adolescent mental health services (CAMHS), although high in all areas, are considerably higher in the west of the county.
- Despite improvements within health, parents and carers do not feel that the 'tell it once' approach is embedded across education, health and care. Families feel that they must repeat their story unnecessarily to different professionals.
- There is too much variation in the extent to which mainstream schools meet the needs of children and young people with SEND. A number of parents and carers expressed their concerns about the ability of their children's school to meet needs.
- Almost all pupils who are currently without a school placement have SEND. The majority of those currently out of school have been without a placement for over three months. The local area has no coordinated system for monitoring the number of pupils placed on part-time timetables across the county.
- There is a lack of suitable alternative provision across the county. Leaders have commissioned three new providers that will begin to address these gaps. However, the local area remains over-reliant on out-of-county placements for children and young people with particular needs. This puts further strain on budgets that are already stretched. It also puts pressure on the local area's pupil referral units. As a result, pupil referral units are unable to fulfil their intended purpose, which is to move children and young people to more appropriate long-term destinations.
- The support for special educational needs coordinators (SENCOs) is inconsistent. Some feel well supported and closely involved in the local area's work, whereas others do not feel well supported. Many SENCOs do not use the 'SEND Handbook' provided by the local area because they feel it is too rigid and therefore unhelpful. This further contributes to the pronounced variabilities that exist in the help that is offered to children and young people



who are at the SEN support stage and do not have an EHC plan.

- Due to weaknesses in the support for children and young people who are experiencing difficulties with their emotional and mental health, there has been a continuous increase in the number of children and young people falling into crisis. These issues are particularly acute among those children and young people with ASD. Leaders are aware of this and have begun to address the significant capacity issues across the child and adolescent mental health and emotional well-being pathway, which has led to a recent increase in the number of children and young people accessing support.
- There are consistent weaknesses in the quality of EHC plans. Plans are not being amended and updated in a timely way. Some plans contain information that is out of date and no longer relevant. EHC plans do not reflect a consistent focus on the voice of the child and their aspirations. Plans are typically focused on education at the expense of greater input from health and care. This prevents a more holistic approach to meeting the needs of children and young people. The lack of care contribution to plans does little to address the anxiety and isolation felt by many children and young people.
- The intended outcomes that are articulated in EHC plans are often vague and lack aspiration. The local area has been slow to introduce systems for quality-assuring plans. However, there are promising signs that the recent introduction of closer monitoring is beginning to improve the quality of plans.
- The parent carer forum lacks influence and does not have the capacity to significantly influence the local area and co-produce alongside professionals. Very few parents and carers have heard of the forum and the membership of the forum does not adequately reflect the diverse range of families who have children with SEND.
- In some cases, schools are not making the reasonable adjustments that are required as part of the Equality Act 2010. For example, some parents reported that their children were being denied access to trips and visits because of their SEND.
- Information-sharing and communication between midwifery and health visiting teams is not always effective. We heard that health visitors are not consistently made aware of when diagnostic tests such as scans and amniocentesis have indicated that a baby is likely to be born with additional needs. This limits the ability of health visitors to put holistic packages of support in place for families before babies are discharged home.
- School staff do not consistently receive training to support children and young people with conditions such as anaphylaxis, diabetes or epilepsy. This limits

the ability of school staff to respond appropriately to medical emergencies.

- There is a lack of planning and provision to ensure that those children and young people who have been diagnosed with complex and life-limiting conditions have their psychological needs met.
- The experiences of children, young people and families who require a diagnostic assessment vary across Cumbria. In the west of the county, there is an established multi-disciplinary child development centre. However, in other parts of the county, diagnostic pathways are medic led. This contributes to the variation in the accessibility and effectiveness of assessment across the local area.
- There are pronounced variations in the accessibility of the core CAMHS service across the county. Children and young people who live in the west of the county are experiencing the longest delays, with some young people waiting in excess of 80 weeks to access treatment following an assessment.
- There have been increases in the number of children and young people requiring crisis intervention and admission to Tier Four facilities. This indicates that there is a significant cohort of children and young people who do not have their needs met until they are in crisis.

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

### **Strengths**

- Early years settings are well supported by health professionals. Health professionals also work closely with mainstream schools to support individual children and young people with complex health needs, such as those requiring the use of tracheostomies. As a result, many children and young people with complex conditions are able to remain in a setting of their choice.
- Children and young people who have asthma and serious respiratory conditions benefit from the support provided by the acute children's nursing team. This helps to prevent repeat hospital admissions and reduces strain on primary care partners.
- Academic outcomes for children and young people who have an EHC plan are an established strength. These children and young people achieve significantly better than similar children and young people nationally at both primary and secondary school. In 2018, children and young people leaving secondary school had made particularly impressive progress across the curriculum.

- The proportion of young people with SEND who access education, employment or training (EET) when they leave secondary school is above the national average. The proportion of young people who are in EET post-19 is much lower, but this figure has increased dramatically over the last 18 months. This improvement has been brought about through an increased range of post-19 options available to young people with SEND. Careful transition planning, including the involvement of the Inspira service, has also contributed to this improvement.
- Attendance at school of children and young people with SEND is much higher than that of similar children and young people nationally.

### **Areas for improvement**

- Although improving over time, academic outcomes for pupils at the SEN support stage have not been as impressive as those with an EHC plan. This reflects the inconsistent help that these children and young people receive in schools.
- Despite some recent improvement, too few families take advantage of personal budgets and access short breaks. This, coupled with the limited leisure opportunities available for different groups of children and young people, limits the amount of positive care outcomes for children and young people with SEND.
- Not enough attention is paid to preparing children and young people for adulthood. In particular, there is not enough consistent focus on providing children and young people with opportunities to develop their employability skills or to have a meaningful experience of the world of work. This contributes to continued weaknesses in the proportion of adults with a learning disability who are in paid employment within Cumbria.
- Young people do not routinely benefit from a systematic approach to preparing them for independent living. As a result, many parents and carers feel that the 'cliff edge' has simply been moved back from 18 to 25 years of age. Many anticipate that their children will be living in the family home for the long term.

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

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

- lack of a deep understanding of the needs of the SEND population in the local

area

- lack of a clear understanding among leaders across the partnership of the strengths and weaknesses in their respective areas of responsibility
- limited joint working, including the planning and commissioning of services to meet the needs of those with SEND, between education, health and care
- lack of trust and faith in the local area's work from too many parents and carers
- limited involvement of children, young people and their families in the co-production of the services, resource and support that they need
- weaknesses in the approach to supporting the emotional health and well-being of children and young people with SEND, particularly those with ASD who face challenges in relation to their social, emotional and mental health
- inconsistent application of the local area's strategy for identifying, assessing and meeting the needs of children and young people at the SEN support stage
- weaknesses in the local area's systems for ensuring a smooth transition between children and adult services and preparing children and young people for adulthood
- inequities that exist in access to, and performance of, services between different geographical areas within Cumbria.

Yours sincerely

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