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21 March 2017

Ms Linzi Roberts-Egan  
Deputy Chief Executive, Families Directorate  
Waltham Forest Town Hall  
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Walthamstow  
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Kelvin Hankins, CCG Assistant Director Contracting  
Andy Beckett, Director of Disability Enablement Service (DES), Local area nominated officer

Dear Ms Roberts-Egan

### **Joint local area SEND inspection in Waltham Forest**

Between 23 January 2017 and 27 January 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Waltham Forest 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 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, social 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 group(s) are jointly responsible for submitting the written statement to Ofsted.

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

## **Main findings**

- The Waltham Forest local area has reviewed the roles and responsibilities of strategic leaders from education and social care services to take account of the SEND reforms. The resulting Disability Enablement Service (DES) has allowed a joined-up approach to working, which ensures that children and young people with SEND and their families are well supported. Working practices have been strengthened, and professionals support and challenge each other to be increasingly effective.
- Leaders have an accurate understanding of the area's strengths and weaknesses because professionals work and communicate well with each other. They have ensured that there are effective systems in place for keeping children and young people who have SEND safe.
- The clinical commissioning group (CCG) has appointed a designated medical officer (DMO). However, the strategic planning and operational functions of the DMO have not been effectively developed or monitored. Significant areas for improvement identified by the CCG have still to be addressed. For example, some health professionals are still not making a strong enough contribution to education, health and care (EHC) plans because the systems for doing this are underdeveloped.
- The quality of EHC plans is very variable. Although most new plans are completed within the required timescale of 20 weeks, the final version shared with parents often lacks sufficient detail to be useful. Some plans are finalised before contributions from health professionals have been included or checked. In some cases, parents and their children have not been actively involved in agreeing the content of the plan. There is too much jargon or confusing terminology that has been cut and pasted from professional reports. Very few plans include desired outcomes that are specific or measurable. Parents and professionals are therefore unable to judge how well children and young people have been supported.
- The parent carer forum is influential and widely appreciated. It has ensured that the local offer is regularly updated and is useful to parents. The success of this work can be seen in the increasing number of visits being made to the local offer webpages every month.
- The majority of parents within Waltham Forest who shared their views with inspectors were generally satisfied with the support provided for their children. The parent carer forum works closely with the independent information and advice service, provided by the Citizens Advice Bureau, to ensure that any concerns are addressed as quickly as possible. This is reflected in the low number of requests for mediation support and tribunal hearings, compared to other areas.

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

### **Strengths**

- Many parents are complimentary about the work of the early years service and children and family centres. Professionals build positive relationships with families and understand their needs well. An increasing range of services can be accessed within the same centre, and joint assessments are carried out whenever possible. This saves time and leads to speedier identification of SEND and fast-tracking to appropriate services.
- Transitions from nursery providers to schools are planned and supported well. This ensures that the needs of the child are fully identified and understood as soon as they start school.
- The identified needs of children and young people are regularly reviewed to ensure that any further support that may be needed can be planned well in advance. For example, professionals from all services meet regularly and work closely together to ensure that a wide range of options are available for young people when they leave school or college.
- Neo-natal screening is well-established and initially undertaken by the midwifery services. Health visitors follow up any issues, with effective systems in place for identifying and recalling new-borns. Infants and families new to the country are offered neo-natal screening when they arrive in Waltham Forest to ensure that any needs are quickly identified.
- Children benefit from a review of their health by school nurses when they first start school, but also at Year 6 and Year 10. Children are able to access advice and support through regular 'drop-ins', which offer them an opportunity to discuss any health concerns and be signposted to appropriate services.
- Some schools ensure that all education, health and care needs are fully explored as soon as pupils receive SEN support. This allows a request for statutory assessment to be prepared quickly, should it become necessary.

### **Areas for development**

- It is taking too long for statements of special educational needs to be converted to EHC plans. Far fewer children and young people with statements in Waltham Forest have been issued with a plan, compared to other areas. This means that some care and health needs may not be fully identified. Leaders have taken appropriate action to address the existing backlog, and some early improvements in the rate of conversion are starting to be seen.
- Not all parents have been supported to make a full and complete contribution to their child's EHC plan. Sometimes, the information gathered from parents and their child fails to identify all their needs. In some cases, social care and health professionals have not been invited to make a contribution to the plan because

no one has realised that they are supporting the family.

- Families new to the area and children under five are not yet benefiting from a comprehensive offer from the health visiting service. Plans to address this have been agreed. However, expectant mothers are not routinely receiving an ante-natal visit. The two and a half year integrated health check is not yet well established across Waltham Forest. Assessments to support early identification of SEND through the mandated checks are not at the expected level. Consequently, the health needs of some children with SEND have still to be identified.
- Medical assessments are not being commissioned for young people aged 19 to 25 years who have SEND. The health needs of this group of young people are not being identified or supported well.

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

### **Strengths**

- Professionals within education and social care work together closely. Information is shared through electronic records that align across services and inform face-to-face meetings. Service leaders challenge each other to make further improvements as part of regular review cycles. Children, young people and their families are supported well by staff who are well informed and respond quickly to any concerns that arise.
- As part of the integrated approach to delivering services, the transition to adult social care services is planned well in advance with parents and young people. Families usually remain with the same allocated social worker, whom they know and trust. Some social workers have worked closely with families over a long and sustained period of time to provide continuity of care.
- Leaders regularly consult with parents to determine how their needs can be met more effectively. Such consultations form part of the area's review cycles and have led to improvements in the support offered. For example, the short breaks offer has been expanded and now offers more choice. This allows parents to select from a menu of options to match their individual circumstances.
- Children and young people are provided with regular opportunities to share their opinions. Leaders listen to and act on their views. For example, leaders have provided more opportunities for volunteer and work placements in the areas that young people with SEND have expressed an interest in. The child and adolescent mental health service (CAMHS) has reviewed how it communicates with young people since they expressed a preference for receiving electronic notifications of their appointments.
- Most children and young people who are referred to CAMHS are seen within 18 weeks. The service also supports parents well. A recent initiative has been the successful introduction of a parenting group that provides group therapy to improve parenting skills and promote well-being.

- The fair access panel includes professionals from a range of services who support children and young people who have SEND. The panel identifies appropriate school places, but also ensures that children and young people have access to a wider range of services within the local area. For example, some apprenticeship and internship opportunities have been ring-fenced for young people who have SEND to allow them to take their next steps towards independence.
- Schools are increasingly commissioning services to provide bespoke packages of care that meet the different needs of their pupils very well. The speech and language therapy (SALT) service, the educational psychology service and CAMHS all work closely with school leaders to provide training and support for staff and parents, as well as planned interventions for pupils. This work is promoting better communication skills and a wider understanding of mental health issues.
- Children under the age of five who need additional help to communicate are able to access early support. This is provided by the SALT team who work as part of the health, exercise and nutrition for the really young (HENRY) group. This targeted support has been very positively evaluated by parents.
- Schools are taking the most helpful information from EHC plans and ensuring that the needs of children and young people are well supported. Person-centred reviews are used very effectively to ensure that aspirational targets are agreed and all progress is carefully evaluated. This allows schools to judge what support has been effective and when further changes need to be made.
- Children and young people attending special schools are supported effectively by the special school nursing service. Nurses provide direct care for pupils as well as supporting staff with health care plans and training. Some schools have employed their own staff to liaise with nurses, disseminate training and support the daily health needs of pupils. This allows schools to tailor support to match the needs of their pupils, staff and settings more closely.
- Detailed health assessments are completed by specialist nurses for children looked after. They visit out of area placements to check that the health needs of this group are supported appropriately.
- Special school nursing, child development nursing and community children's nursing services provide an integrated children's nursing service. They work together closely to provide high-quality care to children and young people who have more complex needs.
- The children's development centre (CDC) ensures that most assessments are carried out jointly by a range of health professionals. Families receive a simple written summary of the discussions and actions agreed after each assessment. As a result, parents can hold professionals to account more strongly for the quality of support their child receives.
- Most children who are referred to community paediatricians benefit from early assessment and support from therapists before the appointment. Children and their parents are able to access the CDC playgroup which offers a further opportunity for assessment and support. As a result, paediatricians are better

informed when they meet the family for the first time.

### **Areas for development**

- The CCG have been slow to implement some of the necessary reforms. They have not yet addressed the significant areas of concern identified a year ago as part of the CCG action plan. These include improving communications between health agencies and other professionals at a strategic level, improving the capacity of the DMO role to deliver the SEND reforms and ensuring that all health professionals make a full contribution to EHC plans.
- Health practitioners are not consistently or sufficiently involved in the EHC plan process. Health visitors and most universal school nurses are not being asked to contribute to plans. Some health professionals do not receive copies of draft plans to allow them to check the accuracy of their contributions. Not all health practitioners are routinely using the agreed template for writing health input to plans and instead submit discharge summaries or assessment reports. Consequently, the plan is not appropriately focused on outcomes. In some cases health practitioners were unaware that a child or young person had an EHC plan because the systems in place to alert them to this are unreliable.
- Some children and young people are waiting unacceptably long periods of time to receive an assessment and support from the occupational therapy services. This can be as long as 39 weeks for non-urgent cases.
- Children and young people who are referred to CAMHS with autistic spectrum disorders are not benefiting from a physical assessment to inform their support plan. This is not in line with the recommendations made by the National Institute for Health and Care Excellence (NICE).

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

#### **Strengths**

- Children and young people who receive SEN support generally make good progress across all phases of education within Waltham Forest. In 2016, those at the end of key stage 2 had made better progress from their different starting points in reading, writing and mathematics than all pupils nationally with the same starting points. This was particularly the case for pupils receiving SEN support who had low prior attainment. Pupils receiving SEN support continue to achieve well when they move to secondary schools. More pupils acquired five GCSE passes at grades A\* to C last year than in previous years. Pupils with low prior attainment made above-average progress in English and mathematics compared to other pupils with the same prior attainment nationally. More young people receiving SEN support go on to achieve level 2 qualifications in English and mathematics by the time they are 19 years old than in other areas. Significantly

more acquired level 3 qualifications by the same age.

- Children and young people with SEND supported by the young offender teams receive a very effective package of support. A large majority of families supported through functional family therapy express high satisfaction rates, and recognise the progress being made by their children. The reoffending rates within Waltham Forest are the second lowest in London.
- The school link project, delivered by CAMHS, identifies a named person to provide information, advice and guidance to schools about emotional health and well-being. Schools involved in this project have significantly reduced the number of pupils who have been referred to CAMHS.
- The number of young people who have SEND who are not in education, training, supported placements or employment is low. Young people usually sustain their placements when they leave school or college, because they are provided with a wide choice of pathways and options that closely match their needs and aspirations. For example, more young people last year successfully took up paid employment within the Barts NHS Trust hospitals, as a result of the expansion of the 'Project Search' initiative.
- The number of young people living in residential care settings is low. This is due to the increasing number of supported living opportunities being developed within and outside the area that are made available to young people within Waltham Forest.
- Increasing numbers of young people are engaging with their Year 10 health review. School nurses have developed a health questionnaire with youth advisers for Year 10 pupils, and the response rate has increased from 24% to 40% in one year.

### **Areas for development**

- Children and young people with a statement of special educational needs or an EHC plan made less progress in reading, writing and mathematics than all other pupils nationally with the same starting points by the end of key stage 2. They made significantly less progress in English by the end of key stage 4.
- More pupils with a statement of special educational needs or an EHC plan are absent or temporarily excluded from schools in Waltham Forest, compared to all other pupils within the area and nationally.
- Senior leaders from all agencies are not gathering or evaluating a broad enough range of assessment information from schools and providers. They are sometimes unclear how outcomes for children and young people who have SEND are improving. For example, they are not checking that they are achieving good and improving outcomes in their social and emotional aspects of learning, health, well-being, skills for life or engagement with their community.
- Quality assurance arrangements to ensure that EHC plans are of an acceptable quality are weak. Although audits and evaluations take place regularly, they are not keenly focused on improving the quality of the plan, or providing helpful

feedback to those who write them.

- The health outcomes for young people with SEND who are 19 to 25 years old are not monitored or evaluated by health providers and commissioners.
- Health visitors and school nurses do not consider what the desired outcomes might be when working with children, young people and their families. They are therefore not able to evidence the impact of their work.

**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:

- The CCG has not ensured that the DMO role has sufficient capacity to address the areas for improvement that have been identified. For example, arrangements for ensuring that medical assessments are carried out for young people aged 19 to 25 years have still to be agreed.
- The CCG do not have an agreed role in reviewing and finalising EHC plans. They are not aware of the proposed health care provision prior to the plan being shared with families. This limits the CCG's understanding of the services that will need to be commissioned.
- The CCG has not ensured that a robust process is in place for health providers to contribute to EHC plans. Arrangements for practitioners to check the draft plan once completed, or to offer feedback before the plan is finalised, are not in place. As a result, many plans are not of a good enough quality.

Please accept my thanks for the time and cooperation all representatives from the local area gave to the inspection team. I hope you find the content of this letter useful in helping you to tackle the areas identified for further development.

Yours sincerely

Lesley Cox  
**Her Majesty's Inspector**



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