

Ofsted  
Agora  
6 Cumberland Place  
Nottingham  
NG1 6HJ

T 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)  
[lasend.support@ofsted.gov.uk](mailto:lasend.support@ofsted.gov.uk)



**17 December 2019**

Ms Ana Popovici  
Director of Children's Services, Wandsworth  
Town Hall Extension  
Wandsworth High Street  
Wandsworth  
SW18 2PU

James Blythe, Managing Director, Wandsworth Clinical Commissioning Group  
Andy Hough, Local Area Nominated Officer

Dear Ms Popovici and Mr Blythe

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

Between 4 November 2019 and 8 November 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wandsworth 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 CQC.

Inspectors spoke with children and young people with disabilities and/or special educational needs (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 strengths and areas for further improvement.

## **Main findings**

- Weaknesses in strategic planning have limited the local area's progress in implementing the reforms. They are not as far along as they should be.
- Education, health and care (EHC) plans are of poor quality. Timescales are not consistently met. Professionals do not always feel well consulted or involved in the planning and review process. Parents are often left feeling confused and frustrated.
- Recent turbulence in the special needs assessment service (SNAS) team has amplified concerns about the EHC plan process. Leaders recognised this and have a recovery plan in place for the service.
- Leaders realise there is variability in how well the impact of individual programmes, projects and services are evaluated. As a result, information gained from evaluation and quality assurance is not used well enough to further develop good practice.
- The early identification of need has improved because leaders have ensured that professionals are appropriately trained.
- The identification of additional health needs in children aged 0–5 is a strength.
- Co-production, (a way of working where children and young people, families and those that provide the services work together to create a decision or a service that works for them all) is well established and effective. We heard of, and examined, cases where parents had been involved at the earliest stages of service design and re-design.
- Leaders in the local area have an accurate view of their overall effectiveness in implementing the reforms.
- Leaders have an extensive and rounded view of pupils' educational achievement. This gives them an accurate and current understanding of the strengths and weaknesses of educational provision. They use this well to decide on priorities for training and to provide timely support and challenge.
- Parents, professionals, children and young people agree that there is a culture of mutual respect in the local area. This allows the voice of the child and the views of the family to be heard. However, the views and wishes of children and young people are not considered well enough in EHC plans when deciding on objectives.
- The Wandsworth Information, Advice and Support Service (WIASS) is highly regarded and complements the effective work of the local parent carer forum (Positive Parent Action).

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

### **Strengths**

- The 'Talk Shop' services provided by speech and language therapists linked to children's centres are effective. They ensure that children's additional needs are identified at the earliest opportunity and that children are referred to the right care and support.
- Health and education professionals in the youth offending team (YOT) identify the needs of young people effectively. Support for needs related to mental health, substance misuse and speech and language ensures that, where possible, young people within the criminal justice system have previously unmet needs identified. This reduces the risk of them entering adulthood still engaged with the criminal justice system.
- Autism spectrum disorder (ASD) pathways and the support offered to families while waiting for assessment are good in Wandsworth. Where additional need is identified, the referral process works well. While waiting for assessment, families can access a range of social, emotional and health support services in schools and children's centres.
- Professionals have been effectively trained and the early identification of needs has improved. Training in the identification of speech, language and communication needs is being used successfully by over 600 practitioners. As a result, parents and providers say that children in early years have experienced a 'more positive journey' since the start of the reforms.
- Parents of children with recognisable disabilities appreciate the portage, early help and psychology services. They reported that these services reach out to them and guide them through the system.
- Providers plan together to ensure a smooth transition from primary to secondary schools. This helps ensure identified needs are well communicated. As a result, children and young people arrive ready and able to learn.
- The children's disability service contacts all children on the disability register who are not open to the service at age 16. The service alerts them that they may be eligible for a Care Act assessment and ongoing social care support as an adult.

### **Areas for development**

- There are some variations in the timeliness of the identification of need. For example, children and young people whose needs are not immediately obvious do not have their needs consistently identified in a timely way. Some providers

told us that additional needs are not always identified at the earliest stage of a child's education.

- Changes in social care personnel have had a negative impact on the timeliness of responses from this team. The weaknesses in the EHC plan assessment and review process mean that EHC plan objectives relating to care are weak. They are not measurable, understood or well communicated.
- Bespoke ASD training for professionals has been rolled out across the early years sector, but this has not been extended to the school-age sector.

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

### **Strengths**

- WIASS developed its offer in partnership with parents. More recently, it has sought to do this with young people too. The introduction of drop-ins at a local college and workshops in schools has raised awareness among young people. They now know where to get the information they need to become more independent.
- Positive Parent Action is well known and appreciated by local parents. It has played a successful part in developing the local offer. This means that information, advice and guidance in Wandsworth are accessible and effectively meet parents' needs as they navigate the SEND system.
- The establishment of the '0–25 children with disabilities social work service' in 2016/17 has improved the experience of transition through the move from children's to adult services.
- Children's centres and the team around the child approach of the early help service provide a coordinated approach for children with and without EHC plans. This enables those with emerging needs to be appropriately supported.
- Parent representation on panels such as the complex needs panel is very helpful. Parent representatives ask challenging questions aimed at looking past terminology and jargon to help clarify decision making. These parent representatives also offer empathy and support for parents attending those panels.
- There are some well-established examples of joint commissioning across the partnership. For example, we heard that the ASD post-diagnosis six-week check is effective in ensuring children's health needs are met and parents receive support.
- The implementation of the Mental Health Trailblazer project in schools and additional input from the charity Place2Be are helping to ensure that the social,

emotional and mental health needs of Wandsworth's children and young people are being met.

- There are close links to dental health services across health teams. This ensures that children and young people with SEND who sometimes find it difficult to engage with dentists are having their oral health needs met. The dentistry service is also well placed to identify safeguarding concerns among vulnerable children and young people.
- Co-production across Wandsworth is a strength. We heard of and examined cases where parents had been involved at the earliest stages of service design and re-design. For example, the recent re-design of ASD pathways considered parents' views of where improvements could be made. This helped leaders to identify how changes could be made to better meet the needs of children and their families. Parents we spoke with spoke highly of co-production and 'being at the table' with commissioners at all stages of service design.

### **Areas for development**

- The content of EHC plans is poor. This is particularly the case for objectives aimed at meeting the health and social care needs of children and young people. This hinders professionals' decision making when considering requests for additional resources at panel meetings. For example, we saw cases where health information used in the final document had either been interpreted incorrectly or was out of date.
- Not all health practitioners are invited to contribute to the EHC plan process. Likewise, not all health professionals are provided with copies of draft EHC plans or final EHC plans. They do not have all the information they need to work with children and young people in their care. It also increases the risk of health records being incomplete.
- Turbulence in leadership and staffing in the SNAS team has resulted in a decline in the timeliness of EHC plans.
- There has been a muddled and inconsistent approach to the development of SEND strategy over time. It has restricted opportunities for practitioners to learn from examples of good practice. For example, a fragmented approach to the evaluation of jointly commissioned projects has limited the impact of some of this work. It has also left leaders with gaps in the quality and range of information they need to move further in implementing the reforms.
- Transition from community children's health services to equitable adult services is a challenge. Practitioners told us that finding similar adult health provision for the young people in their care can be time consuming and problematic. There is more for commissioners to do to better understand the problem and develop more equitable adult health provision pathways.

- The Preparing for Adulthood action plan is driving forward new initiatives and provision, but currently lacks a robust quality assurance framework. As a result, leaders do not know precisely enough what works for young people and enables them to achieve their wider goals.

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

### **Strengths**

- Providers collaborate well to keep the number of exclusions in Wandsworth involving children and young people with SEND low. Pupils identified as being at risk of exclusion receive good support when moving to secondary school. This helps them to make a promising start to Year 7.
- Most children and young people attend good or better providers and achieve well academically. Parents told us of the dedication and skills of the leaders and staff in the schools we visited.
- Leaders and providers consider the wider outcomes for children and young people well. For example, we heard of children and young people with SEND participating in local cultural events such as the Wandsworth Fringe.
- A variety of offers are available to help children and young people take a positive and active part in society, for example the 'pick and mix' summer project and a 'takeover challenge' for work experience in Romania.
- Leaders are working with schools to help them ensure that the curriculum for relationships education is accessible to children and young people with SEND.
- The proportion of young people in Wandsworth not in education, employment or training is low. We heard about some interesting provision such as the Project Search internship for Year 13 pupils at a local hospital.
- Health visitors have received training in the identification of developmental speech delay. Health visitors are now able to help improve outcomes for children and young people in Wandsworth where speech delay is indicated. For example, health visitors help parents to support speech development in their children. This means that a referral to speech and language therapy services is not always required.

### **Areas for improvement**

- Frustration is created when direct payments prove ineffective because they cannot be used to buy a required service. 'The cliff edge has moved from 18 to when the plan ceases,' according to one parent.

- We found limited awareness of the WAND card access to services, even among some provider leaders. This card is available to pupils with SEND to allow them access to services in the local area either free or at a reduced cost. This means that some children and young people have unnecessary limitations on their participation in social, sporting and cultural activities in the area.
- The recording of children’s and young people’s health aspirations and desired outcomes contained within EHC plans is limited. Most EHC plans seen did not articulate individual aspirations and desired outcomes well. It is often unclear what specific health outcomes for the future are necessary.
- Wandsworth CCG recognises the importance of the strategic leadership of the designated medical officer. It has invested further in the role, having identified that more work needs to be undertaken in the borough to improve multi-agency partnerships and EHC plan oversight.

**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:

- Urgently improve the planning and assessment arrangements for EHC plans to better meet children’s and young people’s needs and aspirations and meet statutory timescales.
- Evaluate the impact of the local area’s work in embedding the reforms more comprehensively by establishing a consistently agreed and applied framework for doing so. Use the findings from this to share strong practice and rectify weaknesses.

Yours sincerely

<b>Ofsted</b>	<b>Care Quality Commission</b>
Mike Sheridan Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Andrew Wright HMI Lead Inspector	Daniel Carrick CQC Inspector

Pat Tate	
Ofsted Inspector	

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