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4 August 2017

Mr John Wilson  
Director of Children's Services, Wakefield  
City of Wakefield Metropolitan District Council  
Bond Street  
Wakefield  
WF1 2QW

Jo Webster, Chief Officer, Wakefield Clinical Commissioning Group  
Mariam Haque, Local Area Nominated Officer, City of Wakefield District Council

Dear Mr Wilson

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

Between 12 June 2017 and 16 June 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wakefield 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 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 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 of services.

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 area's clinical commissioning group (CCG) is 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**

- There are significant weaknesses in the local area's arrangements for completing specialist diagnostic assessments of autistic spectrum disorder (ASD). Inspectors are not assured that the local area has secure plans for tackling these significant weaknesses. As a result, the local area is required to produce and submit a Written Statement of Action which explains how these significant weaknesses will be addressed.
- Leaders and front-line staff have a deep and shared commitment to the disability and special educational needs reforms and to 'getting it right' for children, young people and families. As a result, the local area's arrangements for identifying, assessing and meeting the needs of children and young people who have special educational needs and/or disabilities are improving.
- Critically, however, the impact of the disability and special educational needs reforms on children, young people and families in Wakefield is mixed and the quality of education, health and social care services for children and young people who have special educational needs and/or disabilities is too variable.
- Variability is especially evident in the outcomes achieved by children and young people who receive support for their special educational needs and/or disabilities. In some schools and settings, children and young people make exceptional progress as a result of the highly effective support they receive. In others, children and young people make slower progress and achieve less positive outcomes because their needs have not been identified, assessed or met in an effective and timely way.
- Importantly, education, health and social care leaders have an accurate understanding of the local area's strengths and the areas needing more work. Their thoughtful and diligent approach to securing further improvement can be seen in the plans they have developed and the actions they are taking. A strength of this approach is the greater involvement of parents and carers in co-producing the local offer of resources and support for children, young people and families in Wakefield.
- In almost all cases, education, health and care (EHC) plans are completed within the required timescale of 20 weeks, and the local area is on track to complete all transfers of statements of special educational needs to EHC plans by March 2018, the government's deadline. The quality of EHC plans is improving and many plans, and sections of plans, are effectively co-produced with children, young people and families. However, the contributions made by health professionals to EHC plans are sometimes weak and plans have too few meaningful health and social care outcomes.
- Parents and carers make a strong and influential contribution to implementing the disability and special educational needs reforms in Wakefield. They are passionate about working with local area leaders to make things better for

children, young people and families. Parents and carers receive high-quality support from 'Team Wakefield', the parents and carers forum, and the Wakefield Early Support, Advice and Information Liaison (WESAIL) service.

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

### **Strengths**

- There is an effective approach to identifying, assessing and meeting the needs of children and young people who have special educational needs and/or disabilities in many schools in Wakefield. Special educational needs coordinators (SENCOs) in these schools work in close partnership with families and monitor children and young people's learning and progress well. As a result, children and young people who may need additional help or support are identified quickly and get the help they need.
- Effective training is helping education, health and social care professionals to identify children and young people's needs accurately and in a timely way. This is especially the case for children and young people who are looked after by the local authority. Initial and review health checks for children and young people who are looked after by the local authority and placed in Wakefield are consistently completed within statutory timescales.
- Specialist services for children aged 0 to 5 are well coordinated and effective. As a result, the youngest children's needs are identified and assessed accurately and in a timely way. SENCOs who are responsible for early years settings in each area of Wakefield are quick to spot children who may have special educational needs and/or disabilities.
- Health practitioners use ages and stages questionnaires (ASQs) and newborn behaviour checks to identify children aged 0 to 5 who may have additional needs. Health checks for school-aged children and young people include routine checks on hearing and vision at school entry. Local area leaders have decided to introduce universal health checks for Year 7 pupils, those in their mid-teens and young people aged 16 to 18 so that new or emerging health needs are identified quickly at these important life stages.
- Mental health practitioners are accessible in the community through their links with schools and the early help hubs. They provide a range of support which includes direct work with children, young people and families and training for school-based practitioners. This supports the early identification of children and young people who may have social, emotional and mental health needs.
- A very high proportion of EHC assessments are completed within statutory timescales and the local area is on track to complete the transfer of all statements of special educational needs to EHC plans by the government's deadline of March 2018.

## Areas for development

- Although many families feel that leaders and practitioners in the local area listen to them, this is not the experience of all parents and carers in Wakefield. Some families do not feel heard and some are frustrated by the timeliness and appropriateness of the response from education, health and social care professionals when they raise concerns.
- Neonatal blood spot screening, also known as the heel prick test, does not meet the 'achievable level'. This is one of the national standards for take-up of this screening test for newborn babies. Also, the number of checks completed by health visitors varies too much.
- The CCG does not have oversight of the effectiveness of annual health checks for young people aged 14 to 25 who have learning disabilities. As a result, local area leaders do not have a clear enough view of this group of young people's health needs. The CCG has recognised this weakness and has already identified the key actions needed to secure improvement.
- Information-sharing arrangements between health services are not always effective. For example, information from newborn infant physical examinations is either limited in detail or not shared in a timely way. This makes it difficult for health visitors to identify what, if any, needs have been identified at this important check.
- Managers in front-line health services cannot easily identify children and young people who have an EHC plan in their health records. This reduces the effectiveness of ongoing identification and assessment of their needs. It also limits the ability of those managers to check, and therefore be assured, that children and young people's needs have been identified and assessed accurately and in a timely way.

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

### Strengths

- Children and young people in the schools and settings visited by inspectors said that their needs are understood and being met. Importantly, children and young people told inspectors that adults listen to them and work out how best to give them the help and support they need.
- Parents and carers make an important contribution to implementing the disability and special educational needs reforms in Wakefield. They are passionate about working with local area leaders to improve services for children and young people who have special educational needs and/or disabilities. Local area leaders

are starting to use what they are learning from families to work out how to improve the accessibility of information about support in the local area and, crucially, to improve the local offer of services for children, young people and families.

- The quality of 'my support' plans and EHC plans is improving as a result of a determined drive to get them right. The 'all about me' and 'all about my child' sections of these plans are effectively co-produced with children, young people and their families. As a result, plans clearly describe what is important to children, young people and families in an easily understandable way.
- Many services in the local area are providing valued help and support which is meeting the needs of children, young people and families. For example, 'stay, play and learn' groups and sensory play sessions provide parents and carers with access to nursery nurses, health visitors and a range of other professionals. This supports further assessment of their children's needs.
- Children and young people's transition into schools and colleges is supported well by education and health professionals. Children's community nurses and special school nurses work especially well together in schools and early years settings. They provide high-quality training about how to manage conditions such as asthma, epilepsy and diabetes. These services help schools and settings to meet children and young people's needs which, in turn, impacts positively on their learning and the progress they make.
- Similarly, education, health and social care professionals provide effective support for children and young people who have complex health and medical conditions, which increases their participation in education. Some young people who have complex needs access services which have been jointly commissioned by education, health and social care leaders in the local area. Leaders make sure that the right services are commissioned by monitoring the progress these children and young people are making towards the targets and objectives in their EHC plans.
- High-quality support is provided for families from a range of services including the WESAIL service and Barnardo's. These services were described as 'brilliant' and 'amazing' by parents and carers who 'couldn't put a price' on the excellent support they have received.
- Many children and young people who have complex needs access a first-class short-break service in Wakefield. Again, education, health and social care professionals work together in an effective way to provide a service which is flexible and highly responsive to the needs of individual children and young people and their families. An example of this effective approach is the joint development of a programme of sex and relationships education by community nurses and social care staff. This programme is helping young people who have complex needs to learn how to keep healthy and stay safe.

## Areas for development

- There are significant weaknesses in the local area's arrangements for completing specialist diagnostic assessments of ASD. Children and young people experience unacceptably long waits for these assessments. Many parents and carers expressed their deep concern about the profoundly negative impact of these delays on their children and on their family lives. Inspectors are not assured that these significant weaknesses are being addressed with the required urgency or robustness.
- Some parents and carers told inspectors that their children's needs have been assessed in an accurate and timely way and that plans and provision have been co-produced well. However, waiting times for some health and social care services such as speech and language therapy and child and adolescent mental health services (CAMHS) remain unacceptably long. This is a barrier to the timely assessment of children and young people's ongoing needs. Importantly, these delays unhelpfully reinforce a perception that families need to battle to access the help and support their children need.
- Leaders know that the experience of children and young people in different schools and settings in the local area varies too widely. Leaders are working hard to tackle this inconsistency but, currently, their actions have had too little impact on the quality of provision in some maintained schools and academies, and on the outcomes some children and young people achieve.
- Although the quality of EHC plans is improving, the outcomes in plans are often imprecise and plans have too few outcomes linked to children and young people's identified health and social care needs. Crucially, there is no effective arrangement in the local area for quality assuring health and social care contributions to EHC plans. There is an over-reliance on this being done at special educational needs panel meetings. This means that weaker contributions from health and social care professionals and services are not identified and addressed in a timely way.
- Similarly, although some children and young people who have complex needs access a high-quality short-break service, the range of short-break services in Wakefield are not meeting the needs of all children, young people and families. Local area leaders know that families have a variable experience of social care needs assessments and that there are gaps in the offer of short-break services. Parents and carers are currently co-producing a more needs-based approach to providing short breaks with leaders in the local area.
- Young people's transition from paediatric to adult health services is not supported consistently well. Health leaders are developing new pathways to improve these arrangements which, in some cases, are starting to make a difference to the services some young people receive. A notable example of the impact of this work is the well-planned care and support which is enabling a young person to live independently in a hall of residence while studying at

university.

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

### **Strengths**

- Many children and young people who have special educational needs and/or disabilities are making strong progress and achieving positive outcomes. In many schools and settings, children and young people attend well and make fast progress from their different starting points in English, mathematics and a wide range of other subjects and courses. This is because their needs are identified and assessed well, and they receive high-quality help and support.
- Many young people are acquiring and developing the knowledge and skills they need for further education, employment and independent living. A high proportion of young people move successfully onto further education at ages 16, 18 and 19, and achieve level 1 and level 2 qualifications. A high proportion of adults with learning disabilities have a job and live independently in Wakefield. Local area leaders have ambitious plans to increase employment opportunities for young people who have special educational needs and/or disabilities through an expanded programme of supported internships.
- Children and young people who have special educational needs and/or disabilities told inspectors that they feel safe in the schools and settings they attend in Wakefield. Local area leaders are acutely aware of the increased vulnerability of children and young people who have special educational needs and/or disabilities. They have effective oversight of the local area's arrangements for safeguarding this key group of children and young people.
- Local area leaders have developed a commissioning strategy which includes arrangements for jointly commissioning services for children and young people who have special educational needs and/or disabilities. Some services have been jointly commissioned in an effective needs-based way. Leaders understand the importance of co-producing these joint arrangements and have begun to strengthen the voice of children, young people and families in the commissioning process.

### **Areas for development**

- Local area leaders have an accurate picture of how well individual children and young people who have special educational needs and/or disabilities are doing. Crucially, however, the local area's data and information systems do not give leaders a sufficiently clear view of the outcomes this group of children and young people are achieving as a whole. This makes it difficult for leaders to check whether they are commissioning the services children, young people and families need.
- Leaders have demonstrated that many of the actions they are taking are

contributing to improved outcomes for individual children and young people. However, weaknesses and inconsistencies in the arrangements for identifying, assessing and meeting children and young people's needs in some schools and settings are limiting the impact of the disability and special educational needs reforms in Wakefield. As a result, the outcomes achieved by children and young people who have special educational needs and/or disabilities are too variable.

- There is no designated medical officer (DMO) or dedicated clinical officer (DCO) in post in Wakefield. There are key health staff engaged in the delivery of this role but these arrangements are not effective enough. The CCG has identified the need to develop the role of DCO in the near future.
- The impact of delays in the diagnostic assessment of ASD on their family lives was highlighted by many parents and carers. Rightly, parents and carers told inspectors that the detrimental effect of these delays on their children's learning, development and wellbeing 'could have been prevented'.

**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:

- There are significant weaknesses in the local area's arrangements for completing specialist diagnostic assessments of ASD. Inspectors are not assured that these significant weaknesses are being addressed with the required urgency or robustness.

The principal authority responsible for drawing up the Written Statement of Action will be the Wakefield CCG, and the local authority must cooperate with the principal authority in the creation of the written statement.

Yours sincerely

Nick Whittaker  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
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cc: DfE Department for Education  
Clinical commissioning group(s)  
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