

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk



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Ms J Ivory
Director of Children's Services, Blackburn with Darwen LA
10 Duke Street
Blackburn
BB2 1DH

Julie Higgins, Accountable Officer, East Lancashire/Blackburn with Darwen Clinical Commissioning Group
Susan Hayward, Local Area Nominated Officer, Blackburn with Darwen Borough Council

Dear Ms Ivory and Ms Higgins,

Joint local area SEND inspection in Blackburn with Darwen

Between 17 June 2019 and 21 June 2019, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Blackburn with Darwen 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 are implementing the SEND 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 strength and areas for further improvement.

Main findings

- Since 2014, the local area has made considerable progress in implementing the SEND reforms. Recent changes made to the leadership and governance of SEND

have accelerated the local area's response to the reforms. The provision for children and young people with SEND is now a high priority for all key partners. An independent external review commissioned by the local area in 2018 shone a light on the effectiveness of provision across the local area. The findings from this review provided the catalyst for further change. Leaders have ensured that recent actions build on the foundations put in place following the introduction of the reforms.

- Leaders have an accurate view of the effectiveness of the local area in its implementation of the SEND reforms. They have paid heed to the intelligence provided by the comprehensive external review and a recent 'stocktake' as well as their own in-depth knowledge of the local area. This depth of knowledge is reflected in the SEND strategy. Consequently, leaders have made considerable progress in addressing the area's most pressing issues. Parents, carers, children and young people and professionals recognise the improvements made to SEND provision since 2014.
- The recently-appointed director of children's services has provided the impetus which has accelerated the local area's pace of improvement. She has strengthened the leadership and governance of SEND. Leaders of SEND clearly understand their roles and responsibilities. They have built on existing strengths while challenging weak practice to secure a more equitable offer for children and young people. Across the local area, leaders, managers and staff share the aspirations and ambitions of their senior leaders.
- Leaders' and managers' deep and accurate knowledge of their local area is not fully reflected in improvement plans. For example, leaders have aspirations for children and young people with SEND 'to live happy, healthy and fulfilled lives' but plans do not make clear how leaders will know if this has been achieved. Too much emphasis is placed on parents' and children and young people's experience of the processes rather than the positive differences the provision makes to their lives.
- The strength of the local area is in the close working relationships between professionals across education, care and health. The moral purpose, enthusiasm and commitment of this group is palpable. Professionals' 'can do' attitude means that most emerging issues are swiftly resolved. Professionals have rightly-placed confidence in each other's experience and expertise. Furthermore, they do not shy away from challenging each other to ensure that children and young people get the best possible provision regardless of their needs.
- The local area has demonstrated a clear capacity for improvement. For example, the local area's response to rising demand for social, emotional and mental health support has made a positive difference to children and young people. Training and support for education staff has meant that early intervention and prevention work for school-age children is available in their schools. School-age children value the wealth of easily-accessible advice and support available to them now. As a result, they report that they are more willing to seek help and support as they know and trust the adults involved.

- The majority of families who expressed their views, feel that their children get the help and support they need. Moreover, these families value the advice and guidance provided by professionals. These levels of satisfaction are reflected in the low incidence of tribunals and complaints.
- The local area has put in place opportunities for parents, children and young people to share their ideas and to give their feedback. The 'friends of the local offer' group has helped to make considerable improvements to the local offer website. This website now has a wealth of information about the range of provision available including nurseries, leisure activities and support groups. The website is organised well so that parents can access information which is relevant to their particular needs.
- Local area leaders gather comprehensive advice and guidance to inform education health and care (EHC) plans. The views of parents, children and young people are incorporated into these plans. Both parents and professionals find the planning and review meetings helpful. However, the EHC plans do not capture some of the 'small things' that would make a big difference to the lived experience of children and young people with SEND. For example, the provision of a library card or leisure centre pass to enable children and young people to pursue their interests or access to transport so that they could attend a sports club out of town. Furthermore, health services do not routinely receive final copies of EHC plans, so staff are sometimes working from an incomplete record. This hampers the effectiveness of these plans in improving the coordination of services to meet children and young people's needs.
- The high-quality service provided by the SEND advisory team is valued by parents, children, young people and professionals. These experienced and expert advisory teachers provide effective support, training and advice. This ensures that provision effectively meets children and young people's needs across the schools and settings in the local area.
- For pre-school and school-age children there is careful planning for transitions at each stage of their lives. Professionals work well together as well as with children and young people and their families so that they are well prepared for their next steps. Consequently, schools, colleges and settings report that there are very few children and young people who join with unidentified needs, and most make a successful start to their next stage of education. Where children and young people do present with unidentified needs, such as international new arrivals, the local area is quick to put in suitable support while assessments take place. Parents of very young children speak highly of the support available through groups such as 'Little Treasures'. These groups are a lifeline for parents. For example, they help parents to meet other families facing similar challenges. Moreover, the co-location of services in local neighbourhood children's centres makes it easier for parents to access appointments and clinics.
- The majority of children and young people in the local area attend good or better schools. Across most of these schools, outcomes are improving for

children and young people with SEND. Local area senior leaders have put in challenge and support to those providers where overall effectiveness is less than good. The local area makes good use of the wealth of experience and expertise from across the different types of provision. The willingness of school leaders to provide high-quality support to schools in challenging circumstances makes a positive difference. In addition, peer-to-peer SEND reviews are helping schools to accurately evaluate their strengths and weaknesses and so prioritise their actions.

- Strategic leaders have started to improve their use of a wide range of data to inform their decision-making. They have improved the reliability of data they collect. However, leaders do not make sufficient use of information about patterns and trends, for example where numbers of children and young people identified with a particular need are increasing, to inform and evaluate their commissioning of services.
- The new appointments made by the local area, including the head of education, designated clinical officer (DCO) and strategic director of transformation, have re-energised the local area's implementation of the SEND reforms. These new leaders share the director of children's services' ambitious vision for the local area. Importantly, these leaders are already making a positive contribution to the realisation of the long-term vision for children and young people with SEND.
- Senior leaders from health, education and social care work closely together. Increasingly, they are commissioning services jointly for groups of children and young people as well as individuals. However, there are gaps in commissioning in some health services. This is linked to the lower levels of satisfaction reported by parents and carers. The neurodevelopmental assessment pathway is not fully compliant with the National Institute for Health and Care Excellence (NICE) guidelines for all age groups. Furthermore, the transition to adult health services is difficult for too many young people.
- Children's needs are generally identified well before they start school. This leads to the timely assessment of needs and the provision of appropriate and effective support. However, children and young people are waiting too long for access to some therapies and mental health services.

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

Strengths

- The healthy child programme is being delivered effectively. Over 95% of pre-school developmental assessments are conducted on time. All children and young people who move into the area receive a health assessment from a health visitor or school nurse. This helps to identify any unmet health needs at the earliest opportunity.

- The children's services 0 to 19 team is alert to the early identification of SEND. For example, they recognise that SEND is more prevalent in certain ethnic minority groups. In order to ensure better identification and support, the service has employed members of staff who speak the languages of the most significant black and minority ethnic groups in the local area. This means that professionals can speak directly to parents and their children. This helps professionals to identify any speech and language difficulties more accurately.
- There are emerging strengths in joint commissioning in Blackburn with Darwen. The local area has a joint commissioning strategy. Services such as the youth offending team, occupational therapy and the child and adolescent mental health service (CAMHS) are commissioned jointly by health and children's services. Local leaders are clear about the benefits of joint commissioning. There are well-developed plans to jointly commission new emotional well-being and mental health services in the area.
- The common assessment framework (CAF) process is used effectively across the local area to identify unmet needs. In the sample of records reviewed by inspectors, we saw that this process is used consistently well by professionals. Parents and professionals told us that this coordinated approach leads to all professionals gaining a clearer understanding of the child or young person's needs. Consequently, identification of children and young people's additional needs is timely, and needs are met holistically.

Areas for development

- The area recognises that the performance information which they use currently does not inform their strategic planning sufficiently well. The data used by leaders does not provide them with the specific information they need to identify and anticipate patterns and trends. There is a clear commitment to collect more useful data to improve commissioners' understanding of needs better and to inform their decisions about service provision.
- The two-year-old health and development review is not integrated in the local area. Health visitors send a copy of the findings to the child's nursery but do not routinely receive any information in return. Health visitors report good joined-up working with nurseries based in children's centres but state that this can be variable with other settings. Each nursery has a link professional from the 0 to 19 team. However, not every nursery makes good use of this service. This means that opportunities for early identification through joined-up assessments are lost.
- Parents tell us they are not listened to when their children's needs are less obviously visible. Parents describe having to 'fight' for professionals to recognise their child's needs. Parents' frustrations are compounded by long waits for neurodevelopmental assessments and some mental health services. This means that for this group of children and young people there can be delays in accurately identifying their needs.

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

Strengths

- Stakeholders from across the local area, including children, young people and parents and carers, are well represented and their voices are listened to. Their views are taken into account at an operational level and, to a lesser extent, at a strategic level. Parents and carers have been involved in the 'refresh' of the local offer and the design of the local area SEND strategic plan. The parents of children and young people who have an EHC plan value the annual review meetings and feel able to contribute fully to the process. The majority of parents who responded to our surveys, are happy with the support their child receives once their needs have been identified.
- Parents' views are taken into account at strategic level via the parent carer forum, known as Blackburn with Darwen Parents in Partnership (BwD – PIP). This group has recently increased its membership to make sure that it is more representative of local parents and carers. As a result, this partnership fulfils its aim to be 'the strong voice of parents and carers at the heart of Blackburn with Darwen's delivery of services for children and young people 0 to 25 years with disabilities and additional needs and their families'.
- Local area leaders, including school leaders, are continually seeking to improve services. Strong partnership working has led to effective provision for pupils with SEND within the vast majority of schools. The SEND coordinators' networks are highly valued. These networks enable professionals to develop their skills and share strong practice. This makes a positive difference to the effectiveness of provision for children and young people with SEND in schools. For example, in many schools, staff have worked with children and young people to involve them in setting their targets and developing their aspirations for the future. In the best examples, children and young people can make a direct link between the support they have received and the progress they have made.
- The local area SEND panel was established in response to the reforms in 2014. This panel decides whether children and young people should be assessed for an EHC plan. There are education, health and care professionals represented on the panel. This results in a holistic approach to making decisions about whether an EHC needs assessment is required. The panel also provides feedback to schools on the quality of their submissions. Schools have used this feedback to help them further improve their support to children and young people with SEND.
- Children and young people from across the local area benefit from the high-quality SEND support service. This service provides effective assessment, advice and training to schools and settings as part of its core work and is free at the point of delivery. School leaders, parents, children and young people were extremely complimentary about the positive impact of this service.

- Local area leaders have created a culture where professionals feel able to gather informal advice and support from one another. Inspectors found numerous examples of professionals describing how they simply 'picked up the phone' to expert colleagues who were only too willing to help them. This spirit of partnership working has had a positive impact on meeting the needs of children and young people with SEND. For example, professionals are quick to respond when a child or young person's needs change suddenly. They work together to make appropriate interim support. This approach is successful in meeting children and young people's needs in a timely fashion.
- The co-location of therapists in children's centres has led to improved collaborative working. Children's centre and nursery staff benefit from being able to gain advice from therapists on an ad-hoc basis. This leads to staff being able to provide effective support at the earliest opportunity.
- Effective early years support is in place for children with additional needs. Parents hold the range of early years services in high regard. They value the timely and prompt triage process used by the portage service to identify and assess children's needs. Home visits, specialist support groups and parenting programmes provide constructive help and support to families when they most need it. Moreover, the early years support service provides good-quality advice and guidance to settings. Furthermore, early years specialist support assistants make a significant contribution to helping young children with SEND to overcome barriers to learning and get 'school ready'.
- The common assessment framework (CAF) process is used highly effectively by health, social care and education professionals across the local area to identify unmet needs. Parents and professionals told us that this coordinated approach leads to all professionals having a better understanding of the child or young person's needs and ensures there are no gaps in their care.
- School staff have received additional training on the identification of social, emotional and mental health issues and feel better able to identify needs. CAMHS professionals report an increase in appropriate referrals and the service now accepts 70% of referrals which demonstrates that other professionals understand their service offer. There is a mental health champion and a mental health first aider in the majority of schools in the local area. This strategy has been highly effective in meeting low-level mental health needs in school-age children.
- School nurses support children and young people with additional needs at transition into primary school, secondary school and college. Each young person is offered a full health assessment at each transition point, which includes a review of their physical, emotional and mental health needs. If additional support is required, this is delivered by the 0 to 19 team or appropriate referrals are made. This means that emerging physical or emotional health needs are identified at key transition points and aids the smooth transition between different settings.
- The DCO has a clear remit for change. She has already overhauled the EHC assessment health advice submission process. As a result of her audit, there has

been a noticeable improvement in the quality of health advice in EHC plans. Health professionals across the area describe the DCO as a valuable source of support and information.

Areas for development

- Sometimes the lack of clear targets in EHC plans reduces the ability of professionals, parents and children to measure, monitor and evaluate improved outcomes for children and young people with SEND.
- EHC plans are not fully reflective of children and young peoples' needs. Health services have not routinely received final copies of EHC plans and have relied on schools to share plans with them. There is also no process in place to monitor receipt of EHC plans. In health records reviewed by inspectors, plans were not always readily available. This means that staff are working from an incomplete record. Further to this, health staff do not have an opportunity to review the content of the plan to check the accuracy of the health advice.
- The local area is aware young people can be offered multiple health assessments if they are known to several services. Currently the youth justice and children in our care (CIOC) teams talk to each to see who is best placed to deliver the health assessment. Information is shared between services. However, the EHC assessment and the CIOC health assessments are not aligned. This means that young people experience multiple appointments and no single service has a complete record of the child or young person's needs. This may lead to delays in implementing support.
- Parents have concerns about their child's transition into adulthood. Despite information being available on the local offer website and the work of the 'New Directions' team (the local authority's careers information, advice and guidance service), many parents still feel anxious about their child's future. Parents' perception is that the range of post-16 and post-19 options open to young people with SEND is limited.
- The mental health needs of some young people aged 16 to 19 are not met as well as they could be. Currently, CAMHS is not available to young people between 16 and 19 years old. Some of these young people do not meet the higher thresholds set for the equivalent adult services. Funding has recently been secured to extend the CAMHS offer to this group from the end of the year.
- Current demand for psychological services for children and young people with lower-level mental health needs is exceeding capacity. This means that children and young people experience lengthy waits in having their needs met. This situation exacerbates the risk that children and young people's needs escalate in the meantime. In addition, there is inequity in the offer of emotional wellbeing services across the local area. Some schools buy in additional services, but some schools do not, meaning that levels of support are variable depending on where children attend school.

- School staff who deliver interventions to improve children's emotional well-being and mental health can contact mental health practitioners for advice and support. However, there is no systematic oversight by qualified health professionals to provide the local area with reassurance about its quality and suitability.
- Children and young people wait too long to access speech and language therapy (SaLT) and occupational therapy. Waiting times for intervention are up to 35 weeks in these services. Schools report they do not feel well supported by SaLT services. There is a recovery plan in place which is aiming to reduce waiting times, but it is too early to evaluate its impact.
- Children and young people wait too long to receive an autistic spectrum disorder (ASD) diagnosis. There are gaps in the commissioning of the neurodevelopmental pathway. For example, there is no commissioned pathway for 11- to 16-year-olds. Currently, paediatricians complete these assessments in isolation rather than as part of multidisciplinary arrangements. This is not compliant with NICE guidelines. The local area is in the early stages of redesigning this pathway.
- There are significant variations in access to health services for older young people. A smooth transition to adulthood is difficult to achieve within some paediatric services as there is no equivalent adult health team. Parents describe feeling terrified when their child is discharged from the paediatrician when they reach adulthood. Some health practitioners keep young people on their caseload beyond their commissioned age range and some do not. This gap in the commissioning process leads to ad-hoc arrangements and inequity in service provision.

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

Strengths

- The 0 to 19 team uses an outcome measurement tool which allows data collection at a service level. This means that the service can measure its effectiveness and adapt care pathways as required.
- The local area ensures that there is effective early intervention to support young children and their families. Practitioners have ensured that the CAF is central to ensuring that children and their families have well-coordinated and appropriate support. The number of young children who are being supported through the CAF has increased significantly in the past 12 months. As a result of this timely intervention, more of these children are 'school ready' when they join their Reception class.
- Parents who spoke with inspectors were overwhelmingly positive about the quality of their child's educational provision. Most were generous in their praise of the positive difference that schools have made to the lives of their children and families.

- Increased early years identification and support are helping pupils with SEND to improve their attainment in primary schools. The proportion of Year 1 children with SEND meeting the expected standard in the phonics screening check has improved since 2014. These children's improving success in reading continues as they move through to the end of key stage 2.
- At the end of key stage 2, the proportion of children with SEND reaching the expected standard in reading, writing and mathematics has increased over the past three years and is well above the national average.
- Outcomes are improving for young people with SEND at key stage 4. These young people make better progress than similar young people nationally. At the end of key stage 4, more young people are achieving GCSE grade 4+ in English and mathematics. This is an improving trend and is well above the national average.
- Many young people benefit from a curriculum that meets their needs in post-16 settings. This helps to improve their attainment. For example, the proportions of students attaining level 2 and level 3 qualifications are above the national averages for similar students. The attendance and retention rates of this group of students are also improving.
- Leaders have supported schools to be more inclusive. The number of fixed-term exclusions for children and young people with SEND has reduced considerably over the past 12 months.
- The successful work of the youth justice service has been recognised. The team has received a national award. As a result of effective support, the rate of reoffending for this group has reduced significantly over the past 12 months.

Areas for improvement

- Therapists use outcome measurement tools to track the progress of individual children. However, while they are able to evaluate the impact of their interventions on individual children and young people, they do not collate this data at a service level. This hampers the service's ability to evaluate its effectiveness.
- Too many children and young people with EHC plans are persistently absent from school. Although some of these children and young people have complex medical needs, this frequent disruption to their education limits the effectiveness of the provision put in place and so hampers their progress.
- The local area's provision for young people when they leave school is not sufficiently well developed. While the quality and range of educational provision post-16 and post-19 is improving, the opportunities for employment and independent living are limited. Consequently, young people do not benefit as well as they should from the good start they have made. The local area's ambitious plans for adult services will benefit this group in the long term. However, for many young people with SEND, reliance on their families' support limits their

opportunity to live the 'ordinary lives in their local area' that the local area expects for them.

Yours sincerely

Pippa Jackson Maitland
Her Majesty's Inspector

Ofsted	Care Quality Commission
Andrew Cook Regional Director, North West	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Pippa Jackson Maitland HMI Lead Inspector	Louise Holland CQC Inspector
Phil Harrison Ofsted Inspector	

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