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ITEM 11b

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Acting Director of Children's Services
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Matthew Webb, Chief Officer, Milton Keynes CCG
Caroline Marriott, Local Area Nominated Officer, Milton Keynes Council

Dear Dr Heath

Joint local area SEND inspection in Milton Keynes

Between 8 and 12 October 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Milton Keynes to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) 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 one of Her Majesty's Inspectors and a children's services inspector from the CQC.

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

Main Findings

- Leaders in Milton Keynes are united in their ambition for children and young people with SEND to achieve the very best outcomes. Leaders and

practitioners are determined in their approach to securing continuing improvement. They successfully use increasingly flexible approaches to work effectively together, keeping children and their families as their central focus.

- Leaders' evaluation of the local area's strengths and where continuing improvement is needed is accurate. Leaders use this analysis intelligently and effectively to plan their joint efforts for continuous improvement. For example, the coordinated approach to reviewing and developing the youth offending team for young people who have SEND is achieving positive results. Leaders show clear capacity to build successfully on the recent improvements.
- Many parents are highly appreciative of the support their children receive across education, health and social care. They say that practitioners frequently 'go the extra mile' to offer additional help. Nevertheless, some parents also explained that there is some variability in the quality of support offered, especially for those children and young people without an education health and care (EHC) plan. Some parents told inspectors that they still feel they must 'fight' to get the right help for their children. Consequently, some children do not have their needs identified early enough to ensure timely support of their needs.
- Co-production, where practitioners and families work closely to review and plan services together, is working well for many families. For example, the excellent work to include parents in the procurement process for new hospital beds, better suited to children's needs, has made a positive difference to children's experience in hospital. The parent carer forum, PACA MK, is well represented in the local area's SEND strategy group, ensuring that parents' views are considered well. Some work has also begun to encourage young people's participation and give them a voice in the development of SEND provision across the local area, although this is in the early stages of development. Leaders acknowledge that co-production is not yet fully established right from the start, when planning strategic developments.
- The local area provides a suitably comprehensive offer of support, advice and training for practitioners and for parents. For example, the inclusion and intervention team provides helpful advice and training to schools and parents about meeting children's needs. Many practitioners spoke highly of the inclusion forum. They like the way the forum provides direct access to specialist expertise to help them plan appropriate support for children and young people with SEND. Speech and language therapists and occupational therapists provide useful drop-in sessions for parents. The SEND independent advice service (SENDIAS) successfully provides parents with a wide range of advice, training and support. For example, many parents told inspectors about the interesting annual SEND information day.

- The local area is working proactively to sharpen the accuracy of the identification of children and young people's needs. Locally developed initial assessment materials are being used effectively to support professionals to understand children's needs and plan effective support. Practitioners explained that these assessment tools provide them with a helpful 'common language' to discuss children's needs.
- The local area has established a clear diagnostic pathway for autistic spectrum disorder (ASD). There is a broad range of specialist educational provision across the local area to meet children's needs. However, some parents and carers say they still find it hard to find out about the specialist support available to them, once their child has received a diagnosis.
- The clinical commissioning group (CCG) plays a central role in the successful implementation of the SEND reforms. There is strong evidence of the effectiveness of the designated clinical officer (DCO). For example, the quality of health contributions to the EHC needs assessment process is being improved through the DCO's involvement in the quality assurance of EHC plans. Helpfully, the DCO represents health at key strategic groups, and there is visible accountability to the CCG.
- The proportion of new EHC plans completed within the expected 20-week timescale is higher than seen nationally. Leaders across the local area are working well together to continually enhance the quality of EHC needs assessments and plans, a continuing priority which leaders recognise.
- There is a distinct pathway of valuable support for early years children with complex needs. However, for young children with less complex needs, some parents report that help can be inconsistent. For example, integrated developmental checks for two-year-olds are not taking place and around a quarter of children in the early years are not receiving a two-year check from the health visiting service. As a result, the swift identification of children's needs in the early years is variable.
- The strong work of the local area to prepare young people who have SEND for adulthood is effective. Practitioners work flexibly to support young people to plan their next steps in education, and support them to live independently and find employment. As a result, the proportion of young people with learning difficulties in paid employment in Milton Keynes is above the national average. However, the transition and access to adult health services can be difficult for some young people.
- The best possible educational outcomes for children and young people who have SEND are a clearly stated aim of the local area's strategy. However, while currently broadly in line with national averages overall, educational outcomes are stronger, and improving more rapidly, in the primary phase than in the early years or secondary phases of education.

- The local area is working well together to reduce the number of children and young people who have SEND being excluded from school. The proactive approach of leaders and practitioners is having impressive results in reducing the number of permanent and fixed-term exclusions in the secondary sector. However, leaders' early work has not yet resulted in a similarly significant reduction in primary schools. Helpful work has recently started to gain a better understanding of the number of mainstream children who have SEND, who do not have an EHC plan and who are experiencing internal exclusions and part-time timetables, so that this figure too can be reduced.
- Parents and carers of children who have complex needs and have the support of a social worker from the children with disabilities (CWD) team value the help they receive. Flexible and proactive support, particularly when young people move from children to adult social services, helps to make the transition smooth. Close and consistent relationships between social workers and families mean that support is carefully tailored to meet children's individual needs. However, where children and young people do not meet the thresholds for the help of a social worker, parents report that the quality of support is more variable, particularly at times of transition.

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

Strengths

- Leaders are tackling effectively the legacy of previous over-identification of children and young people who have moderate learning difficulties. Leaders rightly recognised that this resulted from weaknesses in the identification of children's communication and interaction difficulties. In response, the local area has produced an impressive local assessment tool which is being used successfully by practitioners across Milton Keynes. As a result, children and young people's needs are now identified more accurately and consistently. The impact of this improvement has been an appropriate reduction in the identification of moderate learning difficulty and an increase in the more accurate identification of ASD.
- Health visitors provide timely assessments for new families moving into Milton Keynes from overseas. All newly arrived families receive a 'transfer-in' visit from the health visiting service. As a result, children's health and development needs are assessed in a timely manner when they arrive.
- Leaders across the local area are actively committed to ensuring that practitioners have the skills they need to identify children and young people's additional needs swiftly. A recent local authority re-structure created the inclusion and intervention team to strengthen this work. The team provides a wealth of easily accessible advice, training and support, which practitioners

value highly. The team is having a positive impact in supporting more accurate and timely identification of children's needs.

- Practitioners are working well together to identify children and young people's needs. For example, increasingly close work between mainstream and special settings is successfully enabling mainstream schools to sharpen their assessment of children's needs.
- In the early years, education, health and care professionals work closely together to ensure that children with the most complex needs are swiftly identified. There are strong links between the complex nursing team and education settings. Social care professionals also provide effective support for children and their families in the early years. The speech and language therapy (SALT) team has developed helpful communication guides which teachers use effectively to support transition into Reception Year, so that children's communication needs are known right from the start. Children receive timely assessment for neuro-developmental disorders from the child development centre in Milton Keynes. As a result, there is a successful and coordinated approach to the early identification of young children's complex needs.
- Babies and young children who have hearing impairment are swiftly identified. Infants have rapid access to further audiology assessment when needed. Consequently, the extra help and support these young children need is offered without delay.
- Health and education services are improving the identification of children's needs in a helpfully responsive way. A good example of this is when children and young people with a speech and language need have better access to local SALT services through a combination of open drop-in clinics and direct referrals from practitioners if more targeted support is required. Occupational therapists also offer weekly drop-ins for parents for initial assessment, advice and support. Consequently, the early identification of children's additional needs is improving and leading more readily to appropriate packages of care.

Areas for development

- Health visitors are commissioned to provide the mandatory health visitor checks; however, the local area is currently offering targeted antenatal contacts only and recognises that the current number of completed two-year checks is too low. The service is working effectively to improve this aspect of work. For example, health visitors are using new processes to follow up diligently families who miss appointments. However, because not all children receive these checks, this may result in some delay in early identification and assessment of need.

- Health practitioners working in different teams do not consistently have access to the same information system. Consequently, practitioners working with young children do not reliably have all the information they need to provide effective coordinated support.
- The identification of young people's social needs as they move into adult services is inconsistent when they do not have the support of a social worker. Parents of these young people report that they have found it difficult to get an accurate assessment of their children's social needs as they prepare for adulthood.
- The identification of young people's health needs on transition to adulthood is variable. For example, practitioners are not reliably aware of the services available to young people. Inspectors were told that there is no community nursing service to support enteral-feeding for young people leaving paediatric care. However, this service does exist. Too few young people over the age of 14 who have learning disabilities are receiving their annual health check with a general practitioner.

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

Strengths

- An extensive range of useful help, training and advice supports practitioners well, ensuring that children and young people's needs are typically well met. For example, the inclusion forum successfully provides schools with an opportunity to discuss how well they are meeting children's needs. Forum members offer support and challenge, in an open and professional environment. The shared focus on meeting children's needs is resulting in support being more precisely matched to their needs. The local area responds swiftly when required to support settings to meet children's needs, for example by providing fast EHC needs assessments to secure appropriate support without delay.
- EHC needs assessments are completed in a timely manner and the quality of EHC plans is continually improving. The local area has worked proactively to take a more personal approach to the EHC needs assessment process. For example, educational psychologists have adapted the way they work so they can attend face-to-face meetings with parents and professionals to agree the outcomes targeted in children and young people's EHC plans.
- Children and young people with complex needs receive effective support. A good example is the recent joint project between the local authority and a group of schools to provide enhanced support for a group of children as they moved from primary to secondary school.

- An effective integration framework is well established in the local area and is positively influencing how services are jointly commissioned. There are many examples of effective joint commissioning, including pooled and aligned budgets to deliver services, for example the local transformation partnership to improve mental health services, the integrated equipment procurement service and the multi-professional youth offending service.
- Meeting parents' wishes, children and young people with complex needs are increasingly attending educational provision close to their home. As a result, there has been a reduction in the number of children and young people having their needs met outside of the local area. Positive work is underway to continue to improve the range of available local specialist placements, for example, establishing new provision for young people over the age of 16 who have mental health needs, and the effective joint work with special schools to create new provision to support young people's transition.
- Practitioners are continually improving services in response to feedback from parents and young people. For example, acute hospital staff listened to parental feedback and introduced initiatives that are improving the experiences of children and young people who have SEND who attend the paediatric ward. A nurse champion role for ASD has been developed, resulting in the introduction of calming areas, a sensory trolley and a training programme for staff to help them understand the challenges children and young people with ASD may face in a hospital setting.
- Most parents spoke very highly of the support they receive from SENDIAS. Leaders take a reflective approach to the development of this service and are continually improving the way they work in response to customer feedback. As a result of this successful approach, leaders have seen a 55% increase in new referrals to the service since April 2018. Work is underway to improve and extend the offer of information and advice to young people. Young people are actively participating in developing this aspect of the service.
- Parents who have a named social worker from the CWD feel well supported. They feel listened to and describe practitioners who have a helpful 'can-do' attitude. There is a helpfully flexible approach to developing short breaks provision, for example working with voluntary services and adapting packages of support in response to identified need, such as creating a Saturday youth group. Many parents who have used short-break vouchers say that they are valuable and enable them to enjoy activities as a family. Leaders are currently working to improve the less well-developed offer of respite and short-breaks for children and young people with complex ASD and challenging behaviour.
- The relevant professionals work successfully together to meet the special educational needs of children looked after. The children looked after nurses are co-located with social care colleagues. This supports immediate notification of a child becoming looked after, which in turn leads to timely

initial health assessments. Within the children looked after team, a child and adolescent mental health service (CAMHS) worker offers helpful consultations to professionals and foster carers, together with direct support to children and young people. There are many examples of effective joint work in this team, which supports children to remain in educational placements.

- Children and young people are receiving improved support for their mental health. Previously, CAMHS local transformation planning focused on improving access to mental health support for children and young people presenting in crisis at the local hospital. Recent service developments are having a positive impact in meeting the needs of those children and young people. They now receive timely assessments and can be safely discharged home with relevant follow-up support. Leaders are successfully working to improve the commissioning of local emotional health and well-being services to support children and young people who do not meet the threshold for a specialist CAMHS service. Plans are well advanced to train school staff, using relevant accredited programmes. Over 80% of schools in Milton Keynes have identified a governor to champion emotional health.
- The SALT team is skilfully meeting children and young people's needs well. For example, children and young people attending special schools who have been diagnosed with ASD are benefiting from an improved speech and language care package.

Areas for development

- Current EHC plans reflect a disproportionate emphasis on education. Health and social care contributions are not yet reliably reflected in detail, although the quality of contributions from health is improving because of effective training and joint working. EHC plans do not consistently reflect the aspirations of children and young people and their families in the way outcomes are defined and provision is planned. Aware of this relative weakness, leaders are working to improve the quality of EHC plans through the local area audit and quality assurance process.
- Nearly all the parents that inspectors spoke to during the inspection did not find the local offer useful and some did not know about it. This means that many parents are not aware of the help and support that is available to them in Milton Keynes. Leaders are aware of this problem, and work is underway to redesign the local offer, together with parents, to better meet their needs.
- Some parents say that schools do not reliably provide the necessary support, particularly when children have been diagnosed with ASD and do not have an EHC plan. Parents explained that some schools do not access the training made available to them by the local area, and this means their children's needs are not met well enough. Sometimes parents find it difficult to raise concerns with schools about the support their children receive. They say that

schools do not always take their worries seriously and make it too difficult to pursue complaints.

- Children and young people who have extended stays in hospital do not routinely benefit from any formal educational support to maintain their progress. Instead, nursing staff act as facilitators with schools to try to support ongoing learning. The impact of this is that some children who experience frequent and extended hospital stays have gaps in their educational provision.
- Some children who have physical disabilities do not have access to a wheelchair at the particular times when they need one. This results from high thresholds for access to a wheelchair, from a service that does not always consider the needs of the individual well enough.
- Waiting times for CAMHS are too long. Children and young people who are referred are waiting up to 10 months to receive a service. Children and young people who require highly specialist mental health support are frequently transferred out of the local area for their care. There has been a recent increase in the number of young people requiring this high level of support and commissioners are working with the local CAMHS provider to increasingly meet these needs, whenever possible, in the local area.

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

Strengths

- The local area is clearly ambitious for children and young people who have SEND to achieve the best possible life outcomes so that they find employment, stay healthy and are successfully included in their community. As a result, the local area is holding schools and settings to account for the outcomes children and young people who have SEND achieve, with increasing firmness.
- Outcomes for children attending special schools are strong. Children and young people are prepared well for the next stage in their education, training or employment, because they receive help that is carefully tailored to their individual needs.
- Overall, the educational outcomes children and young people who have SEND achieve are broadly in line with national averages and are improving in the primary phase.
- Successful coordinated work across the local area has led to a reduction in the number of secondary-aged children and young people who are permanently excluded from school. Raised expectations and professionals holding each other more firmly to account are having a positive impact. As a

result of this consistent joined-up approach, there have been no permanent exclusions in the last 12 months for secondary-aged children and young people who have SEND.

- Outcomes for young people in the criminal justice system are improving, because leaders are working well together to tackle this priority. In the youth offending team, speech and language therapists carry out assessments at the young person's first point of contact with the system. A successful person-centred approach to meeting young people's individual needs is enabling professionals to successfully create bespoke packages of support for young people. As a result, many young people are enjoying a successful reintegration into education. The positive impact of this cohesive approach can be seen in the impressively low reoffending rates in Milton Keynes, which are the second lowest in the country.
- Young people told inspectors that they value the help they receive from schools and colleges to help them prepare for the world of work, through meaningful work experience, 'work ready' assessments, job coaching and independent travel training. As a result, the proportion of young people who have SEND in education, employment and training is above that seen nationally.
- The SALT team is making a positive contribution to improving outcomes for children and young people who have SEND across the local area. Speech and language therapists routinely use a helpfully systematic approach to evaluate the impact of interventions, and then adjust packages of support. Early indications are that this is having a positive impact for children and young people by supporting them to make good progress.

Areas for improvement

- Overall, the educational progress made by children and young people who have SEND is not fast enough in Milton Keynes. By the end of key stage 4, children who have SEND have made slower progress from their individual starting points than those without SEND. Leaders have rightly identified this as a priority in the SEND strategy and are taking determined action to tackle this, sensibly using expertise across education and health.
- The proportion of children in the early years who have SEND who achieve a good level of development is lower than that seen nationally. The gap in achievement between children who have SEND and others is greater in Milton Keynes than in other parts of the country.
- The proportion of children who have SEND receiving fixed-term exclusions in primary schools is above national figures. Children who attend alternative provision following exclusion receive skilful support to better understand their needs and provide them with the right help. However, the work to prevent

primary children from being at risk of exclusion in the first place is currently underdeveloped.

- Checks on children and young peoples' outcomes and the analysis of this information are not well developed in CAMHS, physiotherapy and occupational therapy services. As a result, practitioners and leaders are somewhat limited in their ability to evaluate their services' work to support continuing improvement.

Yours sincerely

Claire Prince
Her Majesty's Inspector

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