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**27 March 2020**

Jane Moore  
Director of Children and Family Services  
Leicestershire County Council  
County Hall  
Glenfield  
Leicester  
LE3 8RF

Andy Williams, Chief Executive Officer, Leicestershire Clinical Commissioning Group  
Paula Sumner, Assistant Director, Education and Early Help, Local Area Nominated Officer

Dear Mrs Moore and Mr Williams

### **Joint area SEND inspection in Leicestershire**

Between 3 February and 7 February 2020, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Leicestershire 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 officers 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 disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders from the 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 are jointly responsible for submitting the written statement to Ofsted.

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

## **Main findings**

- Since 2016, there has been a determined effort to implement the disability and special educational needs reforms effectively. Leaders have an accurate understanding of the strengths and areas to develop in Leicestershire's SEND arrangements. They are aware of the deficiencies in SEND provision for children and young people.
- There is a detailed strategy in place to improve the process of identifying, assessing and meeting the needs of children and young people with SEND across education, health and care. The strategy is ambitious and accurately identifies the necessary actions. However, leaders are not implementing this strategy in a way that is improving the overall provision for children and young people with SEND. Although leaders have taken significant action to put in place a range of reforms, some important initiatives are yet to be introduced.
- There are significant weaknesses in education, health and care (EHC) assessment and planning, the quality of EHC plans and the accuracy of amendments made to these plans after annual reviews. Inspectors identified too many errors and shortfalls in EHC plans.
- There has been a lack of oversight and monitoring of the outcomes identified in EHC plans. Some outcomes are not specific to the child or young person's needs. Too often, health and care outcomes are missing from plans. Education, health and care professionals do not work together well enough to draw up these plans.
- Leaders acknowledge that there is no system in place to check the quality of EHC plans. A structured approach to assure the quality of new plans and improve existing plans is due to be implemented in the next few months.
- There are children and young people who are waiting too long for neurodevelopment assessments to identify autism spectrum disorder (ASD). The process to pursue such diagnosis is fragmented and often confusing for families. Area leaders are currently redesigning this service, but this work is at an early stage. Too many children and young people are disadvantaged by long waiting times for necessary medical assessments. This has a particularly negative impact on decision-making during EHC assessment and planning. Inspectors identified that current practice for this pathway is not compliant with National Institute for Health and Care Excellence (NICE) guidelines.
- Commissioning arrangements between education, health and care do not sufficiently ensure that the needs of children and young people with SEND

aged 0 to 25 are recognised and are then met. There is no effective joint commissioning strategy in place. Sometimes, information that professionals collect is not used to inform joint commissioning decisions.

- Some parents are exasperated with the systems for identifying and assessing their children's needs. They find that access to some services is complex and difficult to navigate. While some parents have helpful experiences, the opposite has been the case for others. They describe a long and emotionally exhausting experience to get their children's needs met.
- Leaders in education work collaboratively to provide children and young people with SEND with the support and resources they need. Leaders in the local authority, special schools and teaching school alliances offer valuable training and support for staff working in schools. The shared practice is helping to improve outcomes for children and young people with SEND.
- There are well-established working relationships across education, health and care services to identify and meet the needs of young children and their families.

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

### **Strengths**

- Education, health and social care staff work together well to support the early identification of children's needs in the early years. There is a coordinated approach to the sharing of information so that children's needs can be identified in a timely way. For example, health visiting and other partnership services deliver a range of early interventions and support for families effectively. This includes the use of initiatives such as a parenting programme and the use of a digital platform for parents to access information relating to their child's development.
- Some children and young people with SEND and their families benefit from the well-established working relationships across front-line health, education and social care services. For example, the speech and language therapy service (SALT) works closely with early years services to support early identification of speech and communication delay. An early talking course is offered to children by professionals working across education, health and care agencies. SALT professionals attend SEND multi-agency clinics to share information across agencies working in the area.
- Health professionals working within school partnership trusts use a shared electronic record system to access relevant information about children, young people and their families. This enables professionals to have a holistic view of

children's health needs and to develop informed and coordinated packages of care.

- Children and young people with SEND have access to a range of health services, including through the '0–19 Chat Health' service. These services help identify and support the social and emotional well-being of children and young people who experience poor mental health.
- The local offer for children and young people with SEND provides extensive education, health and care guidance and information to support children and young people and their families. Area leaders work with families to ensure that information is relevant and well promoted. Data collected by leaders and by inspectors during the inspection suggests significant use of the local offer website, including through social media.
- Young people with SEND entering the youth offending service (YOS) receive appropriate support and helpful assessments to identify their needs. Accurate identification of needs is helping to reduce the number of young people with SEND who reoffend.

### **Areas for development**

- Although well supported by services such as the child and adolescent mental health services (CAMHS) and other clinical staff, the youth offending service does not have direct access to SALT. Area leaders have not given due consideration to national research that suggests that many young people entering the youth justice system have undiagnosed speech, language and communication needs.
- The coordination of education, health and social care services and support across the area is inconsistent. Although some services work together well, this is not the case for all. Some children and young people with SEND do not experience a well-planned and consistent approach to identifying their needs. As a result, some parents and school leaders are frustrated and have resorted to paying for private assessments to identify children and young people's needs and ensure consistency in provision.
- Identification of children and young people's needs is not always accurate. For example, a large proportion of children and young people with SEND are identified as having a primary need of moderate learning difficulty (MLD). Area leaders recognise that MLD identification may be ambiguous and is contributing to a significant proportion of children and young people being incorrectly placed in specialist or mainstream provision.
- There are no integrated two-year-old checks in place across health visiting services and early years settings. This means that opportunities for early identification of children's needs may be missed. It can also lead to families

having to explain their circumstances more than once to several different professionals.

- Information about children and young people with SEND who are electively home educated is not shared effectively between the local authority and the school nursing service. Area leaders cannot be assured that all those who are electively home educated are offered a school nursing service. As a result, identification of their health needs may be missed.

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

### **Strengths**

- The children's community nursing team provides specialist support as well as offering training programmes for school staff and parents. This supports children and young people with SEND to have their needs met.
- Children and young people with SEND who need emergency medical treatment can receive care in carefully modified facilities. For example, the local children's hospital emergency department has been adapted to meet the needs of children and young people with SEND.
- Therapy services work effectively and collaboratively to assess children and young people with additional needs. They undertake joint assessments where this is appropriate for the child. All referrals to therapy services are through one single point of access. This means that therapists can share information effectively.
- Some schools have set up successful partnerships to meet children and young people's educational needs well. For example, young children can attend specialist early years provision on a part-time basis. This gives them the opportunity to experience different educational settings as well as preparing them for transition into primary school.
- Parents value specialist provision resource units and special schools. They greatly appreciate the effective way these provisions meet their children's needs.
- Children and young people with SEND spoke positively about their schools and were able to identify professionals who help and support them. Children and young people can attend a variety of inclusive after-school activities, such as sports clubs, swimming, music and social events. These activities help them to build their confidence and socialise.
- Young people with SEND are supported by the recently redeveloped transition team in adult social care services. Young people, including those with the most complex needs, are supported to make well-informed transitions into adult life. The team ensures that all eligible young adults receive care

assessments. A range of supported living opportunities, further education and internship programmes provide options for those aged 19 to 25.

- Parents and carers of children and young people with SEND find the advice and support they receive from the Special Educational Needs and Disability Information and Advice Service (SENDIAS) extremely helpful. Advisers and trained volunteers work closely with parents and carers and support them well.
- Children and young people with SEND who are also in the care of the local authority are closely monitored by the virtual school. The leader of the virtual school ensures that children and young people's needs are regularly assessed and, where appropriate, the requirements of their EHC plans are met.
- 'Care navigator' services support families and professionals to coordinate care for children and young people with SEND. Parents and professionals spoke positively about care navigators arranging 'team around the table' meetings to improve collaborative work between education, health and social care professionals.
- Specialist services are available for children and young people with SEND through the 'inclusion offer'. Children and young people with SEND and their families told us how they value the expertise and resources provided by services such as those for children and young people with visual and hearing impairments.

### **Areas for development**

- The quality of EHC plans is poor. Too many plans are inaccurate and do not adequately reflect children and young people's needs. Education professionals report that the strategies they have suggested are often out of date by the time a plan has been finalised. Some parents described their annoyance with inconsistent and delayed approaches to the identification of their children's needs, including as part of the EHC assessment, planning and review process.
- In their current form, too many EHC plans do not provide the quality of information that professionals and families need. Too many plans lack precision and contain errors. Some are based on out-of-date assessments of need. Inspectors saw examples of plans for some children and young people with complex health needs where vital health advice and outcomes had been omitted. Useful contributions from health and social care professionals are frequently not included in the plans.
- There is no effective system in place to assure the quality and usefulness of EHC plans. Leaders' recent work to improve EHC plans has led to advances in the quality of contributions from health professionals. This is not, however, consistently evidenced in plans.

- Many children and young people are waiting too long for neurodevelopment assessment and diagnosis. The current system is confusing for families. Leaders are planning to redesign the assessment system and simplify the process, but these plans are at an early stage.
- Health professionals are not consistently highlighting children and young people with SEND using the required flagging and alerts system within electronic health records. Consequently, children and young people with SEND are not easily identified and not all practitioners accessing the electronic records will be alerted to a child or young person's additional needs.
- Young people who are not in education, employment or training are not routinely known to health services. Health services often only become aware of them when the young person is at a crisis point in their lives.
- The early years and specialist school settings visited by inspectors expressed concerns about the lack of specialist health support for children with complex health needs. Some parents of young children are having to carry out healthcare procedures themselves because not all staff in early years settings are trained and competent to deliver them.
- Some professionals and parents find it challenging to access social care and some healthcare provision for children and young people. They encounter long waiting times to use child and adolescent mental health services (CAMHS), community paediatric services and SALT. Some schools and settings are funding their own health provision to avoid delays in assessments.
- Parents are concerned about the lack of specialist provision available, particularly for children and young people with ASD and social, emotional and mental health (SEMH) needs. Health and social care services were reported by parents as being not very accessible and sometimes missing from the EHC planning process.
- Some parents told inspectors that they are constantly 'fighting' with education, health and care services to access the support their children need. Some parents describe being passed 'back and forth' between services and feeling that they are required to navigate an unnecessarily complex system.
- Some parents find it difficult to access short breaks, social activities for their children and respite provision within the area. There is limited short-break resource for children under five years of age. For those who are older, there is limited short-break availability in the summer holidays.
- The short-break offer does not sufficiently provide for the diverse needs and disabilities of children and young people and their families across the area.
- The move from some paediatric health services to adult services is a challenge for young people with SEND. Less than half of 14-year-olds with SEND are receiving an annual health assessment. As a result, not all children

and young people with SEND are benefiting from a seamless and well-coordinated approach to their care.

- Too many children with SEND in the care of the local authority are not receiving their initial health assessment within the required time frame. Consequently, their health needs are not identified at the earliest opportunity.

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

### **Strengths**

- Outcomes for children with SEND in the early years are improving because of the effective early identification of their needs and the subsequent well-targeted support. Increasing proportions of children are achieving a good level of development at the end of the Reception Year.
- Leaders across education and social care are ambitious for young people with SEND. Young people told inspectors that they know what they need to do to achieve their ambitions. Some young people spoke of their ambitions to attain qualifications, go to college and take university courses. A large proportion of young people with SEND leave school to attend further education, enter employment or begin apprenticeships. Young people also told us that they enjoy work experience.
- Some children and young people with SEND told us that they like the many opportunities to take part in social activities in the area. For example, they told us that they play rugby, take part in musical performances, and go horse riding. They say that these activities give them the chance to make friends, learn new skills and do something they enjoy.
- Young people with SEND who are known to the youth offending service receive a comprehensive programme of support, including for their mental health. The majority do not reoffend as a result.
- Leaders in education routinely check on children and young people with SEND who move between schools and those who do not receive full-time education. They work closely with school leaders and parents to ensure that children and young people are safe and can access education.

### **Areas for improvement**

- Leaders have not committed to a joint commissioning strategy and there is a lack of coordination in the planning and delivery of education, health and care services. This limits opportunities to improve outcomes for all children and young people with SEND.



- Health practitioners are not always using outcome measures to record changes following health interventions for children and young people with SEND. When they are recording progress, health practitioners are not using this information well enough to improve health services and inform commissioning decisions.
- There have been some recent improvements in the writing of education, health and care targets and outcomes in EHC plans for children and young people with SEND. Nevertheless, there is still too much variation, particularly regarding health and care outcomes.
- Educational outcomes for children and young people with SEND from key stage 1 to key stage 4 are improving but are still too low. For example, too few children identified as needing special educational needs (SEN) support achieve the expected standard in the Year 1 phonics screening check. This negatively affects the development of their early reading skills. Young people identified as needing SEN support in key stage 4 make less progress and attain less well than similar pupils nationally.
- Area leaders have identified that some children and young people identified with SEMH and ASD are not having their needs met in appropriate provision. The SEND strategy includes a plan to provide additional school places and new provision to accommodate these needs. Some children and young people who, until recently, have been placed in educational provision out of the area can now be educated within Leicestershire. However, these improvements are at an early stage.
- Children and young people with SEND who have an EHC plan are more likely to be permanently excluded from school. In 2017, the number of permanent exclusions increased to above the national average. Information provided by area leaders shows that in 2019, the number of permanent exclusions is decreasing but remains high priority for leaders.
- Parents expressed their concerns about the negative effect that delays in assessments for ASD can have on their children's long-term outcomes. The lack of a clear process for diagnosis often means that parents feel ill-informed and do not know where to go for support. As some parents commented, 'We don't know what we don't know, and that can limit our children's choices for the future.'

**The inspection raises significant concerns about the effectiveness of the local area.**

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- The absence of a clearly defined joint commissioning strategy for 0–25 SEND provision.
- Systemic weaknesses in the quality of EHC plans, including: the drawing up of EHC plans; the inaccuracy with which the plans reflect children and young people’s needs; the absence of good-quality outcomes in EHC plans; the inconsistency with which plans include contributions from education and particularly health and care professionals; the lack of any formal quality assurance framework to improve new and existing plans.

Yours sincerely

Stephanie Innes-Taylor  
**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)  
 Director Public Health for the local area  
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